

Continuum of Education Provision for Children with Special Educational Needs

Review of International Policies and Practices

VOLUME TWO: APPENDICES

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

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VOLUME TWO: APPENDICES

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* Note for consistency this form is used throughout, even for US sources, except for proper nouns and quotations

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

1 Appendix A – Methods of identifying data sources, data collection and data analysis

The research had four phases.

- Phase 1 involved identifying the conceptualisation of the notion 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 using 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.

This Appendix describes the four phases of this research process.

1.1 Phase 1 – The Literature and Policy Review

1.1.1 Identifying and describing sources for the literature review

This review used systematic protocols for searching databases and identifying relevant academic literature related to concepts of the continuum in order to answer the question:

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

Due to the research timeframe and breadth of available online sources it was deemed appropriate to focus our search upon electronically available material. However given the nature of the question and the long history associated with this concept no time limit was placed upon publication date. An electronic search of databases, citation indexes and internet sites identified academic articles related to continua in an educational context. This first part of the review process was to map out the sources which are relevant to this topic. This search was conducted in between 17th and 21st January 2011. The following sites were searched:

- AEI
- ASSIA
- BEI
- BEI FC (this includes Education-line)
- BLPC
- Child Data
- Dissertation and Theses
- ECO

- Education Research Abstracts
- ERIC
- Papers First
- PsycInfo
- Social Care Online.

These searches used keyword terms drawn from the educational terminology of different countries and from the British Education Thesaurus. They sought the term continuum in relation to special education, inclusive education, additional support and additional educational needs using the terms listed below.

Access to education	Mental health	Support services
Additional educational needs	Mental retardation	Physical disability
Additional support	Moderate learning difficulties	Hearing impairment
Autism	Neurological impairments	Visual impairment
Behaviour problems	Partial hearing	Emotional disturbance
Blindness	Partial vision	Severe emotional disturbance
Cerebral palsy	Perceptual handicaps	Moderate general learning disability
Deafness	Personality problems	Severe / profound general learning disability
Disabilities	Reading difficulties	Autism / autistic spectrum disorder
Down syndrome	Severe learning difficulties	Specific speech and language disorder
Dyscalculia	Slow learners	Multiple disabilities
Dysgraphia	Special classes	Continuum of services
Dyslexia	Special educational needs	Continuum of provision
Hearing impairments	Special education teachers	Continuum of education – literature reviews
Inclusion	Special schools	
Inclusive education	Specialists	
Individual needs	Speech handicaps	
Learning difficulties		
Learning disabilities		
Maladjustment		

Table 1.1 Databases searched and number of identified papers

Database	Date searched	Number of records
AEI	17th January 2011	51
ASSIA	17th January 2011	249
BEI	17th January 2011	10
BEI FC (Includes Education-line)	18th January 2011	3
BLPC	18th January 2011	97
Child Data	18th January 2011	30
Dissertation and Theses	19th January 2011	390
ECO	19th January 2011	575
Education Research Abstracts	19th January 2011	165
ERIC	18th January 2011	826
Papers First	21st January 2011	28
PsycInfo	21st January 2011	426
Social Care Online	19th January 2011	68
TOTAL NUMBER OF RECORDS		2,918
Less identified duplicates		-464
Less identified as being from The Continuum International Publishing Group*		-75
NUMBER OF RECORDS TO REVIEW		2,379

* These were removed by the researcher conducting the search as they had been identified because of the name of the publishing company.

The citations were collated into four data files, recording for each source:

- author
- title
- date of publication
- source
- abstract
- online link.

1.1.2 Screening process

The citations were independently screened in a two-stage process. At 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 outlined below, which defined the scope of the review.

A paper was included if:	A paper was excluded if:
1. It does involve education	1. It does not involve education
2. It is to do with special education needs	2. It is not to do with special education needs
3. It does include the term 'continuum'	3. It does not include the term 'continuum'
4. The term continuum is linked to a physical or locational placement or to resource allocation	4. The term continuum is not linked to a physical or locational placement or to resource allocation
5. It is to do with provision or services	5. It is not to do with provision or services
6. Young people under 18 are included in the study	6. No young people under 18 are included in the study
7. It is available electronically	7. It is not available electronically
8. It is available in english	8. It is not available in english

The inclusion or reasons for exclusion or inclusion were recorded for each source within copies of the four data files. Each pairing of reviewers then met to discuss and moderate their findings. They compared the first 100 pairing, confirming that when different exclusion criterion had been applied and these were the frequent criterion (1, 2 and 4) they could accept the lowest exclusion criterion. However it was agreed to double-check whenever there was a rare exclusion criterion (3, 5, 6, 7 and 8). All those where there was an original disagreement about inclusion were discussed and if there was not enough information to include or exclude sources were always included. Final decisions were collated within a new data file. Seven duplicates were also removed at this stage.

Table 1.2 Papers excluded at Stage 1 on the basis of the agreed exclusion criteria

	File 1	File 2	File 3	File 4	Total
Criterion 1	252	488	208	346	1,294
Criterion 2	64	14	109	0	187
Criterion 3	59	65	2	2	128
Criterion 4	65	18	193	6	282
Criterion 5	4	2	1	0	7
Criterion 6	1	0	15	0	16
Criterion 7	0	9	108	0	117
Criterion 8	0	0	0	0	0
Included	100	37	190	14	341
Total	545	633	826	368	2,372

After the Stage 1 process, two sets of inclusion groupings were identified: 1) sources that focused upon descriptions of policy related to the continuum of provision or services and 2) sources that reflected theoretically upon the concept of the continuum in some way. It was recognised that the policy descriptions may offer implicit insights into the notion of the continuum but we sought explicit reflections upon the notion. As a consequence we rescreened all those sources that had been included, using the same quality assurance processes to identify which of these groupings they came under. At Stage 2 the titles and abstracts were screened by the same pairs of reviewers on the basis of the inclusion criteria outlined below.

The inclusion criteria at Stage 2 were:

Inclusion criteria in policy:	Inclusion criterion in theory:
If a source includes 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.	Reflects upon the principles and operationalisation of the notion of a continuum (or part of a continuum).

Two different approaches were taken to the sets of files at this point. For Files 3 and 4 the pair again had detailed discussions to moderate their decisions, recording their findings in four new data files. Where there was uncertainty or disagreement on the basis of the abstract the researchers accessed the full source to clarify the grouping to which it belonged. A list of those sources which met the inclusion/exclusion criteria within each grouping was then drawn up and all sources meeting the inclusion criteria and which were included in the theory grouping were collected together. The previous eight exclusion criteria were also borne in mind and so if a paper was no longer considered to meet the inclusion criteria it was identified and excluded. In File 3 for example, 69 of the 190 papers were discussed in detail, and two were excluded, one under Criterion 6 and one under Criterion 7; whilst in File 4, eleven were discussed in detail and seven were excluded, one under Criterion 4, two under Criterion 4 and four under Criterion 7.

Table 1.3 Papers identified as theory for inclusion in data extraction

	Theory	Policy (or other exclusion criterion)	Total
File 1	22	78	100
File 2	16	21	37
File 3	47	143	190
File 4	1	13	14
Total	86	255	341

For Files 1 and 2, the moderation took place on the theory papers after accessing the electronic copy of the document to assess whether the interpretation of notions of policy and theory had been consistent. As a consequence, two out of 22 papers identified as theory were reclassified as policy for File 1 and none out of 16 were reclassified from File 2 (see Table 3). Four members of the research team examined the 86 sources included under the theory criterion, accessing the electronic copy of the document. From the original 86 papers, 17 were unavailable, most of which were dissertations. Two of the sources of data were also recognised as being duplicates at this stage.

Table 1.4 Additional papers excluded at moderation

	Duplicate	Policy	Criterion 7	Total
File 1	1	2	9	12
File 2	1	0	8	9
File 3	0	0	0	0
File 4	0	0	0	0
Total	2	2	17	21

1.1.3 Data extraction

The final 65 papers out of the 86 theory papers (see Table 4) were then divided between four members of the research team for data extraction. Three members of the team worked with 27 of the papers and one member who would write the synthesis worked with the other 38 papers.

Table 1.5 Number of papers at start of data extraction

File 1	10
File 2	7
File 3	47
File 4	1
Total	65

Prior to beginning the data extraction the research team identified six papers (including two which had been sourced via a hand search) as key to any understanding of the conceptualisation of the continuum. These were read and members of the team discussed the kinds of data which they felt were significant. These papers are listed below.

- Booth, T. (1994) *Continua or Chimera? British Journal of Special Education*, Vol. 21 (1): 21-24 (hand search).
- Fuchs, D., Fuchs, L. and Stecker, P. (2010) The “Blurring” of Special Education in a New Continuum of General Education Placements and Services, *Exceptional Children*, Vol. 76 (3): 301-323.
- Nisbet, J. (2004) Caught in the Continuum, *Research and Practice for Persons with Severe Disabilities* Vol. 29 (4): 231-236.
- Norwich, B (2008) What Future for Special Schools and Inclusion? Conceptual and Professional Perspectives, *British Journal of Special Education*, Vol. 35 (3): 136-143.
- Taylor, S. (1988) Caught in the Continuum: A Critical Analysis of the Principle of the Least Restrictive Environment, *The Journal of The Association for the Severely Handicapped*, Vol. 13 (1) cited in *Research & Practice for Persons with Severe Disabilities* (2004), Vol. 29 (4): 218-230 (hand search).
- Taylor, S. (2001) The Continuum and Current Controversies in the USA, *Journal of Intellectual and Developmental Disability*, Vol. 26 (1): 15-33.

Each paper was assessed for relevance in relation to the inclusion criteria and the overarching 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. At the outset the team was aware that the majority of documents came from the United States, but by no means all; that a wide range of special educational needs was identified; and that all age ranges and setting types were discussed. However, the research team did not concern itself with collating information about: the population to whom the paper might refer, its country of origin, or its specific field in relation to special educational needs. Gathering these data was deemed to be superfluous to answering the question upon which the review focused. 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, being reclassified as policy. This resulted in 63 papers in the final synthesis.

Table 1.6 Number of papers in final synthesis on theory

File 1	10
File 2	7
File 3	45
File 4	1
Total	63

1.1.4 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 (from Files 3 and 4), breaking down the data into discrete parts so that it 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 two files (Files 1 and 2) then assessed the relevance of the categories to the concepts they had identified within the data. Following this, they allocated the concepts 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.

1.1.5 Identifying and describing sources for the 55 country review

We began our search with clear intentions to identify a broad spread of countries, geographically, economically, politically and culturally. We recognised that many countries would operate decentralised systems, but that given the high likelihood of a unifying national legislative framework we could begin with identifying one administration per country. Our initial list came from recommendations from the NCSE advisory group, the international advisory group and from the research team. Other countries emerged either as a result of questions about gaps within the broad spread (for example, have we considered Eastern Europe, South America or the Middle East in enough detail?) or because of an awareness of an interesting policy development or school practice. The extent of the search was restricted by the time available. The search was conducted between February 2011 and April 2011.

For all countries at least two sources of information were used. For European countries, Chapter 10 (Special Education Support) of Eurydice national descriptions was the initial primary source.¹ Eurydice is the European Commission information network on

1 http://eacea.ec.europa.eu/education/eurydice/eurybase_en.php#uk

education and these descriptions are compiled by education ministries or associated agencies. The reference year varied from country to country with most reflecting the situation in 2009-2010 and some 2008-2009. These descriptions have a prescribed table of contents which made it easier to find similar information across countries. That said, inevitably perhaps, the information under the uniform headings supplied by each country varied in scope reflecting national circumstances. The European Agency for Development in Special Needs Education national overviews were used in situations where they supplemented information available in the Eurydice descriptions; examples include financing information, or for countries, such as Switzerland, which do not participate in the Eurydice network. UNESCO International Bureau 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. The latest reports available were from 2008 which were written by member national education ministries and reflected the theme of the 48th Session of the International Conference in Education on the concept of inclusive education (here in its widest context including universal education, inclusion of ethnic and linguistic minorities and so on but also containing useful information on provision for special needs students). For some countries the latest report was for 2004 and themed the 'Development of Education' but these reports did include general information on special needs. Unfortunately for some countries there were no recent reports or no English language versions. Moreover, although the available reports contained similar themes the structure was looser than, for example, the Eurydice chapters. Another practical point was that UNESCO documents do not allow cutting and pasting of text so this meant writing up notes.

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. These proved extremely useful in many cases although of course they varied considerably in terms of detail and for many non-English speaking countries, English-language information was much more limited, if available at all. 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 such as the Disability Action Council in Cambodia.

For countries where information was limited from the above sources, we identified journal literature through bibliographic databases, primarily ERIC (the Education Resources Information Center).² Inevitably there was still the uncertainty surrounding the absence of information. Potentially, lack of information about a certain aspect of a special needs system in a given country might mean that aspect was not relevant in that country's system; or it may merely signify a gap in the online resources.

2 www.eric.ed.gov

1.1.6 Sources of information

Australia

Australian Government. Department of Education, Employment and Workplace Relations (no date) *Review of the Disability Standards for Education*. Available from: <http://www.deewr.gov.au/Schooling/Programs/Pages/reviewdisabilitystandardsforeducation.aspx> (accessed 26th April 2011).

Australian Government. Department of Education, Employment and Workplace Relations (2008) *National Report of Australia*. Prepared by the Australian Department of Education, Employment and Workplace Relations for the International Conference on Education Geneva November 2008. Available from: http://www.ibe.unesco.org/National_Reports/ICE_2008/australia_NR08.pdf (accessed 26th April 2011).

Australia (Queensland)

Bourkea, P.E. (2010) 'Inclusive Education Reform in Queensland: Implications for Policy and Practice', *International Journal of Inclusive Education*, Vol. 14 (2): 183-193.

Queensland Government. Department of Education and Training. *Education Adjustment Program*. Available from: <http://education.qld.gov.au/students/disabilities/adjustment/faqs/index.html> (accessed 26th April 2011).

Queensland Government. Department of Education and Training (2010) *Education for Children with a Disability: A Guide for Parents*. Available from: http://education.qld.gov.au/studentsservices/learning/disability/parentguide/docs/infoguide_parents.pdf (accessed 26th April 2011).

Australia (Victoria)

Association for Children with a Disability (no date) *Going to School*. Available from: http://www.acd.org.au/information/content/18_going_to_school.pdf (accessed 26th April 2011).

Association for Children with a Disability (no date) *Students with Disabilities in Mainstream Schools (FAQs)*. Available from: http://www.acd.org.au/inclusive_classroom/ic_students_mainstream_faqs1b.htm (accessed 26th April 2011).

Department of Education and Early Childhood Development (no date) *Additional and Special Needs*. Available from: <http://www.education.vic.gov.au/healthwellbeing/additionalneeds/default.htm>

Department of Education and Early Childhood Development (2010) *Better Opportunities, Better Outcomes: Strategic Directions for Victorian Services and Supports for Children and Young People with a Disability or Developmental delay and their Families*. Available from: <http://www.eduweb.vic.gov.au/edulibrary/public/commrel/policy/betteropportunities.pdf> (accessed 26th April 2011).

Department of Education and Early Childhood Development (2011) *Program for Students with Disabilities*. Available from: http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/PSD_Guidelines_2012.pdf (accessed 26th April 2011).

Thomas, T. (2007) The Impending Special Education Qualifications Crisis in Victoria, *Australasian Journal of Special Education*, Vol. 31 (2): 139-145.

Victorian Institute of Teaching. *Special Education Programs*. Available from: <http://www.vit.vic.edu.au/finditfast/Teacher-education-programs/Pages/SpecialEducationprograms.aspx> (accessed 26th April 2011).

Victorian Institute of Teaching. *Standards for Initial Teacher Education*. Available from: <http://www.vit.vic.edu.au/finditfast/Teacher-education-programs/Pages/Standardsforinitialteachereducation.aspx> (accessed 26th April 2011).

Barbados

Ministry of Education and Human Resource Development Available from: <http://www.mes.gov.bb/pagesselect.cfm?page=72>

Ministry of Education and Human Resource Development (2008) *The Development of Education. National Report for Barbados* (2008). Available from: http://www.ibe.unesco.org/National_Reports/ICE_2008/barbados_NR08.pdf (accessed 26th April, 2011).

McClellan, W. A. (2007) *Research: An Investigation into the Need for Effective Leadership Mechanisms in the Management of a Successful Inclusive Programme in the Primary School System*. Available from: <http://www.eric.ed.gov/PDFS/ED500461.pdf> (accessed 26th April, 2011).

Belgium (Flemish-speaking community)

Eurydice (2010) *Organisation of the Education System in Flemish-speaking Belgium 2009/10*. Available from: http://eacea.ec.europa.eu/education/eurydice/documents/eurybase/eurybase_full_reports/BN_EN.pdf (accessed 26th April, 2011).

Belarus

Ministry of Education in the Republic of Belarus and National Institute for Higher Education (2004) *Education in Belarus: National Report of the Republic of Belarus*. Available from: <http://www.ibe.unesco.org/International/ICE47/English/Natreprs/reports/belarus.pdf> (accessed 26th April 2011).

UNESCO International Bureau of Education (2007) *Inclusive Education: The Way of the Future*. Third Workshop of the IBE Community of Practice, Commonwealth of Independent States (CIS), Minsk, Belarus 29-31 October 2007. Available from: http://www.ibe.unesco.org/fileadmin/user_upload/Inclusive_Education/Reports/minsk_07/belarus_inclusion_07.pdf (accessed 26th April 2011).

Brazil

Glat, R. and Ferreira, J. (no date) *National Panorama of Inclusive Education in Brazil: Diagnostic Study and Challenges*. Available from: http://www.cnotinfor.pt/inclusiva/pdf/Educacao_inclusiva_Br_en.pdf (accessed 26th April 2011).

Ministry of Education (2008) *The Development of Education. Inclusive Education: The Way of the Future*. 48th Session of the International Conference of Education. Geneva – Switzerland 25-28 November 2008. Available from: http://www.ibe.unesco.org/National_Reports/ICE_2008/brazil_NR08_es.pdf (accessed 26th April 2011).

OECD (2008) *Overview of Country Results in TALIS*. Available from: <http://www.oecd.org/dataoecd/8/52/43071730.pdf> (accessed 26th April 2011).

UNESCO International Bureau of Education (2011) *World Data on Education in Brazil 2010/2011*. Available from: http://www.ibe.unesco.org/fileadmin/user_upload/Publications/WDE/2010/pdf-versions/Brazil.pdf (accessed 26th April 2011).

Bulgaria

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1.1.7 Summarising the 55 administrations

This system of data compilation allowed for the creation of a broad overview of the key features of special needs provision in 55 administrations (countries, states or provinces). We created an Excel spreadsheet with columns for information on the area identified within the original NCSE brief as follows:

- current legislation
- models for allocation of funding, resources and support
- resources/supports at school and classroom level
- qualifications or standards required for working in settings across the continuum
- resources/supports provided from outside and from within the education system
- approaches to the categorisation of individuals catered for along the continuum of provision
- placement/enrolment/eligibility criteria for the placement options and review procedures
- policies and arrangements for dual enrolment/placement
- contradictions, challenges and strengths of the system
- key organisations, agencies and posts/individuals with contact details.

Information about sources of information and key documents was also kept for future reference as well as any additional notes that seemed relevant.

It was fairly straightforward to identify relevant details to put under appropriate headings although areas of overlap did occur. For example, it wasn't always easy to

distinguish between ‘resources/supports at school and classroom level’ and ‘resources/supports provided from outside and from within the education system’ particularly where multiagency approaches were evident.

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. Initially we looked at 53 administrations in 49 countries. The fifty-fourth administration (Cyprus) was added at the point when we had begun to reduce the list; this slightly contradictory position resulted from a discussion with colleagues who had been working with Cypriot students and who highlighted the considerable changes that the administration had put in place in recent years. The fifty-fifth administration (New York) was added as we entered Phase 2 of the research, when ten countries were being identified for more detailed examination. Difficulties in accessing one country brought the US onto our list and we needed to identify a US state which could be suitable for a more detailed study.³

Table 1.7 55 administrations examined to gather an overview of nations

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

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 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 the sources of our information and the variability in the online reporting of the features of each administration. The groupings and themes established at this point therefore were very tentative and were intended to serve as directional indicators, highlighting where we might need to look more deeply.

³ Much of the literature linked to the notion of the continuum had its origins within the US and its national legislation seemed to provide a frame that was relevant to the aims of the research.

Table 1.8 Initial groupings and themes from overview of 55 administrations

Level of mainstream placement	Jurisdictions
Full or near mainstream placement /neighbourhood school principle (in principle or practice!)	Canada (Nova Scotia), Canada (Ontario?)**, Finland, Iceland, India (reservations about severely disabled), Italy, Norway, South Africa, Sweden, Brazil (?)
High level of mainstream placement with separate special schools/classes	Australia (Queensland/Victoria), Lithuania (?), Spain
High level of mainstream placement with separate special schools/classes if students are able to attend school	China (?), Kenya, Cambodia (?)
Mainstream placement and separate special schools/classes (multi-track)	Belarus, China (?), Estonia, France, Germany, Ireland, Japan, Jordan (?), Latvia, Netherlands, New Zealand, Northern Ireland, Poland, Scotland, Slovenia (?), US (?)
Traditionally two-track but in process of moving or recently moved towards greater mainstream placement , but to varying extents	Belgium (Flemish-speaking community), Brazil, Singapore and Switzerland
Two-track system (includes those with limited provision)	Hungary, Bulgaria, Romania
Not enough information	Israel, Nigeria, South Korea, Uganda

Funding Model	Jurisdictions
Personal budget travels with child/backpack approach (?)	Netherlands, Lithuania
Most funding goes to boards/schools	Majority of countries where funding information is available

Current or recent reforms	Jurisdictions
Moved from stratified special schools to those catering for different types of disability	Japan
Moves towards greater/fuller inclusion	Finland, Lithuania, Slovenia, Belgium, Brazil
Appropriate Education Policy	Netherlands

Other interesting features	Jurisdictions
Dual enrolment/cooperation between mainstream and special schools	Netherlands, Germany, Spain, Italy (but that doesn't make sense!) (Doesn't include countries where there can be part-time enrolment in special classes such as Ontario, Canada.)
Special school programmes 'cluster'	Australia (Queensland)
More cohesive and integrated policy direction	Australia (Victoria)
Continuum of services for under those under eight years	Cambodia

** Question marks signify uncertainty at this early stage about these initial interpretations of the data.

Other interesting features	Jurisdictions
Integrated service schools	Canada (Nova Scotia)
Suiban jiudu ('China's inclusion') – attempt at full inclusion without much support	China
Mass training of teachers on inclusion for teachers	Kenya
Need for greater teacher training to enable inclusion/ shortage of SEN teachers	Mentioned in majority of countries
Two-track system but some moves towards inclusion. Special schools still stratified by disability. Interesting model – voluntary agencies and SPED schools outside education system	Singapore
Resource issues. Full service primary schools interesting as attempt at greater inclusion?	South Africa
Less restrictive environment/fair and appropriate education	USA

1.1.8 Moving from 55 to ten

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

- one administration per country
- at least two or more countries from each identified grouping
- opportunities to gain insight into a range of issues linked to the notion of a continuum
- countries with relevance to the Irish context
- 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 1.9 25 administrations examined to fill in gaps from overview search

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

As part of our comparison we examined readily available data related to population (see Table 1.10).

Table 1.10 Population data drawn upon in comparing countries⁴

	Country	Population 2010	Population density per sq km	Percentage living in rural areas 2003
1	Australia Victoria	22,421,417 All	2.92	X
2	Belgium Flemish community	10,827,519	354.88	3%
3	Brazil	193,364,000	22.72	17%
4	Cambodia	13,395,682	73.99	81%
5	Canada Nova Scotia	34,207,000	3.43	20%
		All Canada		All Canada
6	China	1,339,190,000	139.54	X
7	Cuba	11204000	101.06	24%
8	Cyprus	801,851	X	30%
9	Finland	5,366,100	15.92	39%
10	Germany	81,757,600	229	12%
11	India	1,184,639,000	360.34	72%
12	Iran	75,078,000	45.56	33%
13	Italy	60,340,328	200.31	33%
14	Japan	127,380,000	337.13	35%
15	Kenya	40,863,000	70.13	X
16	Lithuania	3,329,227	51.06	33%
17	Mexico	108,396,211	54.95	25%
18	Netherlands	16,609,518	399.98	34%
19	New Zealand	4,383,600	16.32	14%
20	Norway	4,896,700	15.10	21%
21	Poland	38,167,329	122.06	38%
22	Scotland	5,194,000	65.6	X
23	Singapore	4,987,600	7,197.11	X
24	Spain	46,951,532	93.01	24%
25	US	30,9975,000	32.19	20%
	Ireland	4459300	63.45	40%

We then reviewed the 25 countries and established a shortlist of 14, which was sent to the NCSE as a starting point for discussion. Table 1.11 presents this shortlist.

Table 1.11 Initial shortlist from the research team

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

⁴ Source for population statistics: <http://www.worldatlas.com/aatlas/populations/ctypopls.htm> based on 2010 estimates
Source for rural population: http://www.nationmaster.com/graph/peo_per_liv_in_rur_are-people-percentage-living-rural-areas

Our recommended 14 were based on four criteria in order of priority:

1. represents a model in evidence elsewhere
2. offers a particularly useful insight into an aspect of the continuum
3. reflects an aspect of the Irish context
4. provides a geographical spread.

Once again we were aware of the relative uncertainty inherent within our data as a consequence of the online sources. However we provided the NCSE with the following justifications:

- Canada (Nova Scotia), Norway, and Italy had provision driven by a policy principle that positions the vast majority in mainstreams schools.
- Australia (Victoria), Lithuania, and Spain had provision driven by a policy principle that positions the vast majority in mainstreams schools with separate special schools/classes still in evidence.
- Kenya and Cambodia had provision driven by a policy principle that positions the vast majority in mainstream schools with separate special schools/classes still in evidence if students are able to attend school. Development issues may reveal very interesting insights into the policy push for great mainstream placement.
- Scotland represents mainstream placement and separate special schools/classes (multi-track) system. They have also had time to bed down policy changes initiated a few years ago. There seems to have been some changes in provision as a result of new policy but not much.
- Cuba represents a two-track system in relation to people with an intellectual impairment and behavioural difficulties. It is important to include a system which still maintains a two-track system, but little will be learned for the Irish context if there is no link to issues of inclusion. The Cuban education system has a reputation for being fairly impressive in spite of economic and social difficulties and, despite appearing to segregate children with intellectual impairments, seems to have successful outcomes in relation to children with a physical impairment.

The following other interesting features helped guide our thinking:

- Lithuania represents a country where the personal budget travels with the child (the 'backpack approach'), whilst the majority of countries pass the money to boards/authorities or schools.
- Spain has dual enrolment and an interesting model of team support for schools.
- Australia (Victoria) has a cohesive and integrated policy direction.
- Cambodia has a continuum of services for those under eight years.
- Canada (Nova Scotia) has integrated service schools providing insight in to multiagency working and operates the neighbourhood school principle.
- Kenya is attempting mass training of teachers on inclusion.

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. Choices that echo the demographic of Ireland include: Cambodia's population density; Lithuania's population, density and rurality; Scotland's population and density; Norway's population; and (slightly further away but still relatively close) Spain's density and rurality.

We also had reasons to be particularly tentative about some suggestions. We provided the NCSE with the following explanations:

- The United States provides a great deal of policy and legislation documentation, but we found it difficult to access information on a state level in terms of what provision really looks like beyond the federal legislation of IDEA and NCLB. For example the special education webpage for New York did not work. We are aware that each state operates in different ways and so to choose the US without having a clearer picture of where best to visit would seem an unnecessary risk.
- China was included because we felt the Suiban jiudu (*'China's inclusion'*) approach particularly in rural areas would be of interest although we too have some concerns about China, for example in relation to human rights. India is also interesting and we debated for some time about which of these two countries to focus upon. Both are enormous states with a range of complications within each country as a result of developing provision and variations in level and types of provision across the country. We felt other nations' developing provision from a low participation rate could offer us insights in a more manageable and definitive form.

We also provided our rationale for including Cyprus at this stage. We explained that Cyprus was included as the result of a last minute discussion with a colleague who highlighted it as a country which has undergone rapid educational (and political) change recently and has engaged with broadening the scope of mainstream education in a well co-ordinated way. It seems to have some interesting models to promote inclusion such as basing speech therapists in mainstream schools and the requirement that any new special schools must be built in the grounds of existing mainstream schools. At the Open University we have many masters level Cypriot students studying with us and it is very evident that this is a state with many teachers being encouraged to undergo rapid and profound shifts in their thinking.

As well as reasons to include countries within the recommended 14 we also provided reasons as to why we had not included others; these are outlined below.

- Japan was definitely interesting with several developments in recent years such as the move from special schools stratified by disability to those catering across a range of disabilities. The main reason for its exclusion was the population size and density, which is so different to Ireland. We also had a discussion about whether it was an appropriate time to contact Japan as they were still dealing with the aftermath of the 2011 tsunami.
- The Netherlands, which previously had the backpack funding system, was about to move to a new model; given the decision not to focus on England as a system

in the process of changing its model a similar decision was taken in relation to Netherlands.

- The education system in Finland as a whole has been widely held up as high-performing and the legislation is more recent. In some ways the policy was even more inclusive than in Norway. We spent a long time comparing the two, and concluded that Norway offered a similar but slightly more original approach to Finland. There was a policy emphasis on improving education for all and thus inclusive pedagogy is a key part of teacher training, aiming to reduce the need for special education. The use of categories is also noticeable by its absence.
- We also felt that Finland, like Ontario, has been much visited by researchers and that new lessons may be learned from visiting less frequently researched states and nations.
- Brazil appeared to have 37 per cent of its school-going population in private education. The advisors had requested we avoid systems with a high private education component. The population size and spread was also very different to Ireland, having a far higher urban concentration and far higher numbers.

1.1.9 Suggestions for the final ten

On the basis of the data gathered and the rationales laid out above there was agreement amongst the research team and advisors about focusing in more detail on seven countries (See one to seven in Table 1.12) with considerable further discussion around the final three. There was a strong view amongst the advisors that Japan provided a particularly useful insight into an aspect of the continuum given its shift away from impairment specific schools, whilst also providing a better geographical spread of countries. Spain was seen to have characteristics evident in other systems; however it was recognised that given the autonomous communities within the country, we ought to identify a particular region in the same way we had sought a state and province in Australia, Canada and the United States. There was also much discussion about whether we should focus upon Norway or Finland, both being seen as providing considerable insights into an effective community of provision. Cuba was felt to be in many ways an unknown quantity, with what would appear to be a very successful system for those with a physical impairment but far less so for those with a learning difficulty. This contradictory dual process seemed to offer considerable opportunities to examine factors central to successful outcomes. The final selection would give us data from five continents, including north, south and east Europe, the UK and the Caribbean.

Table 1.12 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

1.2 Phase 2– Collection and Use of the Ten Country Data

1.2.1 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. They were either recommended by the international advisory group or the NCSE advisory group or were known to the research team. For those countries without such a connection, searches were conducted of international publications and university department sites. A short list of researchers was created for each country and the names of possible in-country researchers were circulated amongst the research team and with the NCSE advisors and all were discussed in relation to their experience and knowledge of the field.

Potential researchers were contacted via email requesting their participation in an international review of provision for children identified with special educational needs. We explained that we were seeking experienced academics, researchers and administrators in ten countries who could provide us with details of policy and practice. Background to the study was given and we informed them that we had identified countries that represent practice evident in a variety of jurisdictions or that would give us particularly useful insights into the management and delivery of provision. We detailed our interest in children who experience difficulties in learning of any kind, from the start of their education system to the end of compulsory education, and that we wished to gather further information in 12 key areas as identified in the NCSE brief.

We also informed them that we would be circulating vignettes, each describing a child, and would like them to tell us how the system is likely to deal with that child. We made it clear that we were happy for them to discuss issues with colleagues and to seek out some information to answer questions, but that we were not expecting them to conduct lots of research on our behalf. We wanted them to draw on their knowledge and understanding of the systems in their country. We offered a small fee for three days work on the questionnaire and vignettes, and gave a four week time frame for completion of the work.

A failure to respond from any contacts within Cuba led us to identify a replacement tenth country. Given the large amount of data from the United States in the first part of the study and the developments identified at a national level in the original search it was considered sensible to try to identify a state within the US that would be suitable to visit. With the previously states examined, it had been hard to get any detail that specifically identified how the state varied from the national picture; however on the recommendation of the NCSE and a rapid search across a range of states it was agreed that New York state would provide enough information to give us a sense of what was happening in that particular administration. After an examination of the available documentation, a discussion took place around which the following three administrations would form our final selection: New York, Cyprus and Spain.

Table 1.13 Key issues raised in selecting an alternative tenth country

New York	Cyprus	Spain
<ul style="list-style-type: none"> • It is in our original category with Ireland, Japan and Scotland. • US has a great many service providers and has a legal model of dual enrolment. Emphasis is placed upon research-led practice (lots of rich irony to explored here). • US is very assessment led. • It ties in with findings from the continuum literature review and is one of the very few countries that make reference to the 'continuum of placement options' so we can map what we see to US literature. • 'Integrated co-teaching services' is an interesting model. • US inevitably influences global thinking. • The breadth of the continuum even within the mainstream seems wider than in some other systems ... though it does include private (?) • It's an example of strong federal legislation (IDEA) but offers a chance to get to grips with how this translates at state level. 	<ul style="list-style-type: none"> • It is in our original category with Ireland, Japan and Scotland at present but is moving towards the Spain category. • Cyprus is an island in change. There is new legislation, plus an attitude changing initiative. It involves old ways with a new ethos coming in on them. • Lots of emphasis is placed on specialist training. New special schools are obliged to be built within the bounds of a mainstream school and new and existing special schools must develop networks of contacts and joint activities with mainstream schools to minimise segregation, so attempts at making what separate provision there is even less separate. • Examples exist of bringing resources to the child such as speech therapists based in schools. 	<ul style="list-style-type: none"> • It is in our original category with Australia and Lithuania. • Focus is on pedagogy and flexibility of provision. • It has a broad vision of special educational needs (which includes gifted children, foreign children etc) and has different teams : educational and psychopedagogical counselling teams; early care teams and the 'special education maestros' and newer legislation than Cyprus. This would fit well with the Irish system of peripatetic survives (if it is still there). • Education Act is recent. • It has dual enrolment 'combined schooling'. • It has 'peripatetic special education maestros' who go to children's homes. • Spain has regional systems.

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 we selected New York. However, of the eleven academics we contacted we either got no response or they were unavailable. Given the timeframe we approached Cyprus.

The advisory team who co-ordinated the detailed responses to our questionnaire are listed below.

Australia (Victoria)

- Dr Mary Keeffe: Associate Professor Inclusive Education, La Trobe University, Australia.

Cambodia

Mr Un Siren: Vice Chief, Special Education Office, Primary Education Department (PED), Ministry of Education, Youth and Sport (MOEYS), Cambodia

Mr Thong Rithy: Deputy Director, PED, MOEYS, Cambodia

Prof Maya Kalyanpur, PhD: Inclusive Education Advisor, ESSSUP/FTI, MOEYS Cambodia.

Canada (Nova Scotia)

Dr Fred French: Associate Professor, Mount St Vincent University, Canada.

Cyprus

Dr Eleni Gavrielidou: Associate Lecturer, University of Nicosia, Cyprus.

Italy

Dr Francesco Zambotti: Research Assistant, Faculty of Education, Free University of Bolzano, Italy.

Kenya

Mr Festo Malundu Ndonge: Coordinator Special Educational Needs, Department of Educational Psychology, Moi University, Kenya.

Lithuania

Regina Labiniene: Ministry of Education and Science of the Republic of Lithuania, Lithuania.

Japan

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; and Prof. Akira Yokkaichi, PhD: Research Team, Institute of Disability Sciences, University of Tsukuba, Japan.

Norway

Rune Sarromaa Hausstätter: Associate Professor in Special Education, Lillehammer University College, Norway.

Scotland

Professor Sheila Riddell: Director of the Centre for Research in Education Inclusion and Diversity, The Moray House School of Education, University of Edinburgh, Scotland.

1.2.2 Questionnaire design

Each in-country researcher was provided with a questionnaire devised in close consultation with the NCSE, which focused upon the following areas.

- current legislation
- funding models and models for allocation of resources/supports
- professional standards
- resources/supports available at school and classroom level
- resources/supports provided from outside and from within the education system
- specialist/generic provision
- the categorisation of individuals
- placement, enrolment and eligibility criteria
- numbers of students identified with special educational needs
- dual enrolment and placement policies
- contradictions, challenges and strengths of the system
- key organisations, agencies and posts/individuals.

They received an answer template and detailed question guidance, presented below.

Guidance Notes for Narrative Questionnaire

International Review of Policy and Provision for Pupils with Special Educational Needs

Conducted by the Open University on behalf of The National Council for Special Education (NCSE)

What is the NCSE?

The NCSE was set up to improve the delivery of Irish education services to persons with special educational needs with particular emphasis on children. Undertaking research to provide an evidence base to support this work is a key function of the Council. This current research will assist in the development of policy advice on special education matters to the Minister for Education and Skills. It will also contribute to identifying and disseminating to schools, parents and other appropriate persons, information relating to best practice concerning the education of children with special educational needs.

What is the research about?

We are interested in policy and practice for children who experience difficulties in learning of any kind. Different countries have different labels for these children. In Ireland and England they are referred to as children with special educational needs. We are interested in individuals and services who design, deliver or receive additional special educational support within or in association with education. We wish to find out about children attending pre-primary, primary and secondary settings, from the earliest

placement (such as within nurseries or on ‘early support’ preschool programmes) to the end of second level/secondary education.

What we would like you to do

In the questionnaire template, please describe the situation in your country under each main heading using the questions below as a guide to your narrative. We have provided some basic information in the questionnaire template for your country. This information was gathered from readily available reports and journal articles. It may provide a starting point for your answers.

We appreciate that you may not be able to answer all these questions in detail. Understanding why you cannot answer a question will be very helpful to us. Please state in the questionnaire:

- **if there is no information available for a particular section or question**
- **if a particular section or question is not relevant to provision in your country**
- **if you could not provide information for some other reason.**

In answering these questions please refer us to or attach any relevant documentation, research or journal articles that are available electronically and in English, which will help us to understand the processes you are describing within your country. Please submit your narrative answers in English too. The deadline date for the return of your information is June 20th, 2011.

Please do not hesitate to contact us if you have any questions (please email Amanda Harper in the first instance).

1. Current legislation

- a. Please specify the current legislation for children identified with special educational needs (or the equivalent term within your country). If available in English, please provide a link to the full text of the legislation. It may be relevant to provide information on:
 - national Legislation about education for all children
 - national Legislation about special educational needs
 - national Legislation about specific groups of children
 - regional/federal/local legislation about education for all children
 - regional/federal/local legislation about special educational needs
 - regional/federal/local legislation about specific groups of children.
- b. Which groups of children or young people are covered by legislation which is specifically focused upon provision for children with special educational needs? For example age groups, types of disability or special need?

2. The categorisation of individuals

- a. Please explain whether categories of need are used locally and/or nationally within the system.
- If categories are used, what are they? (e.g. profound and multiple learning difficulties; emotional and behavioural difficulties)
 - If categories are used how are pupils allocated to them?
 - If categories are used who carries out the assessment? Does this include, for example, parents, pupils, families, teachers, support staff, external staff, assessment centres? How are they involved?
 - If categories are used how is placement within them reviewed and who is involved in this process?
 - If categories are used how are disagreements or appeals against decisions managed and who is involved in this process?
- b. Please explain whether data is gathered about the numbers of pupils identified with special educational needs.
- If data is available please tell us the numbers and percentages of pupils who are identified and how these break down within any categories used within the system.
 - If data is available please give us the latest figures for the numbers and percentages of children who do not attend school.

3. Funding models and models for allocation of resources/support

- a. Please provide an overview of the funding models and allocation of resources/ supports in your country in relation to special educational needs, taking into account the following questions where possible:
- What are the various levels of authority responsible for providing funding (e.g. national/regional/municipal)?
 - Is any specific service linked to a particular funding source (e.g. health funding to speech and language service)?
 - At each level, what is the percentage of overall educational spending at that level for special educational needs?
 - Where is the funding directed (i.e. to municipal authorities/schools/ individual pupils)?
 - Are there other bodies with responsibility for co-ordination and allocation of resources (i.e. at different levels or through different services)?
 - How is non-teaching support (e.g. care assistants/assistive technology/ transport/psychology/speech therapy) funded?
 - Does all the funding, or part of the funding, follow the pupil (i.e. going to whatever setting they attend)?

- Is any national and regional funding directed towards specific projects, services or institutions (e.g. a building schools programme, a national one-to-one support network; technology support; regional assessment centres)?
- Please identify any criteria and/or formulae used to allocate funding (e.g. per capita/ degree of need/type of need/diagnosis/age of pupil/number of service providers/qualifications of service providers).

4. Specialist/generic provision

- a. Please explain the different types of provision available within the system. Please tell us about:
 - i. Types of mainstream provision across the age range (e.g. types of schools for primary aged children). If appropriate, please describe the pupils with special educational needs which this provision serves.
 - ii. Types of special education provision within mainstream settings across the age range (e.g. unit attached to a mainstream school). If appropriate, please describe the pupils with special educational needs which this provision serves.
 - iii. Types of separate provision for pupils with special educational needs across the age range. If appropriate, please describe the pupils with special educational needs which this provision serves.
 - iv. How does provision vary across the country, for example depending upon regional factors or rural or urban settings?
 - v. If the categories we have provided (in i-iii) do not allow you to appropriately describe your system, please explain why.

We would be interested to know about generic provision, local schools, early years provision, primary provision, secondary provision, specialist provision for specific categories of special educational needs and mixed provision. (For example are there special classes or units or schools that cater only for one category of special educational need, i.e. pupils identified on the autistic spectrum, those who are deaf or who have an intellectual impairment, or are classes/schools mixed? Are there units for special education on mainstream sites which operate separately from the other provision on the site?)

- b. Are there children for whom no school place is available?

Please describe:

- who these children are
- what proportion of the school population these children represent
- where these children are placed, e.g. residential settings, hospital, home, behavioural units
- whether distance or virtual (online) provision is available to any or all of these children

- how this provision is managed. (e.g. level, from a school, with its own teachers or teachers from a school)
- any home tuition schemes that are available.

5. Dual enrolment and/or attendance policies

- a. Are any pupils enrolled in two or more settings at the same time (i.e. a mainstream school and special school)?

If so please explain how dual enrolment works in your country taking into account the following points where possible:

- Is placement on an informal or formal basis? (i.e. Is it an arrangement made between settings as they feel is appropriate or is it a result of official allocation processes?)
- What arrangements are in place at a local and national level in relation to funding of dual enrolment, provision of transport, insurance, capitation and curriculum planning?
- Is the aim to enhance academic or social outcomes or both?

6. Placement, enrolment and eligibility criteria

- a. Please explain how individuals identified as having special educational needs are allocated to different settings within the system and who is involved in the decision making.

- If criteria are used, what are they?
- If criteria are used who carries out the assessment? Does this include, for example, parents, pupils, families, teachers, support staff, external staff, assessment centres? How are they involved?
- If enrolment in particular settings is time bound what is the nature of the time scales?
- How are decisions made and reviewed and who is involved in this process?
- How are disagreements or appeals against decisions managed and who is involved in this process?

7. Professional qualifications and standards

- a. Please could you tell us:

- i. Who works with children with SEN in the classroom in mainstream schools?
- ii. What qualifications are they required to have before they can start this work?
- iii. Who sets these qualifications? (e.g. government agency/professional association).
- iv. Who monitors these qualifications? (e.g. government agency/professional association).

v. How is training delivered for these qualifications?

The people working in these classrooms might be described as:

- mainstream teachers working with all children
- mainstream teachers working with children with special educational needs
- special education teachers in the mainstream working with all children with special educational needs
- special education teachers in the mainstream working with specific groups of children with special educational needs
- support staff working with all children in the mainstream
- support staff working with children with special educational needs in the mainstream
- other mainstream staff who are key to the delivery of support in the classroom
- people who can work in the mainstream without qualifications.

b. Please could you tell us:

- i. Who works with children with special educational needs in the classroom in special schools or units?
- ii. What qualifications are they required to have before they can start this work?
- iii. Who sets these qualifications? (e.g. government agency/professional association).
- iv. Who monitors these qualifications? (e.g. government agency/professional association).
- v. How is training delivered for these qualifications?

The people working in these classrooms might be described as:

- teachers working with children in special schools or units
- special education teachers working in all special schools or units
- special education teachers working in specific types of special schools or units (e.g. schools for the deaf; or schools for children on the autistic spectrum)
- special education teachers working with specific types of children (e.g. children identified with an intellectual impairment, children with a visual impairment)
- support staff working with children in special schools or units
- support staff working in specific types of special schools or units
- support staff working with specific types of children
- other special school staff who are key to the delivery of support in the classroom
- people who can work in special schools or units without qualifications.

- c. Please tell us about professional qualifications (e.g. undergraduate teacher education, postgraduate teacher education, continuing professional development) that those working with children with special educational needs in **the mainstream** can acquire **after** they have begun teaching.

If this is applicable please give us a brief explanation of their scope. For example:

- whether they are compulsory or optional
- who sets these qualifications and/or standards (e.g. government agency/ professional association)
- who monitors these qualifications (e.g. government agency/professional association)
- how training is delivered for these qualifications.

- d. Please tell us about professional qualifications (e.g. undergraduate teacher education, postgraduate teacher education, continuing professional development) that those working with children with special educational needs in **special schools or units** can acquire **after** they have begun teaching.

If this is applicable please give us a brief explanation of their scope. For example:

- whether they are compulsory or optional
- who sets these qualifications and/or standards (e.g. government agency/ professional association)
- who monitors these qualifications and/or standards
- how training is delivered for these qualifications and/or standards.

- e. Please tell us about any national standards for individuals working with in either mainstream or special schools.

If this is applicable please give us a brief explanation of their scope. For example:

- who sets these standards (e.g. government agency/professional association)
- who monitors these standards.

- f. Please tell us about any qualifications and/or standards for schools or for whole staff training in schools in relation to the quality of support they provide for children with special educational needs. [You might include in this requirements for staff to develop knowledge of inclusive pedagogy for all pupils **or** knowledge of pedagogy designed for categories of special needs **or** knowledge of collaborative and reflective practice.]

If this is applicable please give us a brief explanation of their scope. For example:

- who has to achieve these qualifications and/or standards
- who sets these qualifications and/or standards (e.g. government agency/ professional association)
- who monitors these qualifications and/or standards

- how training is delivered for these qualifications and/or standards.
8. Resources and supports available at school and classroom level
- a. Please explain how pupils identified with special educational needs are supported within the school context. **As a guide, this might include resources/supports such as those listed below.** Please tell us as much as you can.
- whether support services are delivered in the classroom/outside the classroom but on the school site/offsite
 - what types of support staff and range of practitioners work with pupils and the roles they play
 - whether there are prescribed pupil teacher ratios and/or prescribed ratios for classes/schools with pupils with special educational needs
 - any formulae involved in the allocation of support at school level
 - the hours of support on offer and whether it is restricted to those identified with special educational needs/particular types of needs or if it includes the full range of pupils
 - whether the curriculum offered is the same for all pupils and is differentiated or whether it varies according to assessment outcomes/input criteria/practitioner judgement/the nature of the setting.

You may also wish to comment on other in-school approaches such as:

- how school social and physical environments are adapted for a range of pupils including those with less frequent access needs
 - the involvement of different types of support staff in planning
 - the involvement of different types of support staff in assessment
 - the use of peer to peer teaching strategies
 - the use of multimodal teaching strategies using many different inputs and resources
 - how physical and communication aids are provided
 - opportunities for staff to examine their own practice
 - opportunities for staff to discuss practice with colleagues from within and/or outside the setting.
- b. Please explain what methods are used for measuring the engagement, progression and outcomes of pupils with special educational needs.
- This may relate to formal and informal measurement (e.g. developmental assessment; in-class teacher assessment; national assessment frameworks; use of education, health or welfare plans).

9. Resources and supports provided from outside the school from the education system and other external systems.

- a. Please explain what services are provided from outside the school as part of the education system.
- b. Please explain what services are provided from outside the school from an external system (e.g. health or social welfare).

For both these questions we would be interested for example in knowing about: assessment services; speech and language services; physiotherapy services; psychology services; mental health services; care services; occupational therapy services; vocational services; behavioural support services; language support services; transport services; and medical services.

10. Contradictions, challenges and strengths of the system

- a. Please tell us about any problems associated with the aspects of the system discussed above – funding, standards, resources, training, assessment of the child placement, dual enrolment and so on.
- b. Please also tell us about broader issues which are recognised by policy makers, practitioners, parents, pupils and researchers. We would be interested for example to know about:
 - nationally identified issues related to special educational provision which are on the public agenda and which may be acknowledged by the current central government
 - locally identified issues related to special educational provision which have been raised by interest/pressure groups and may be politically contested
 - issues relating to regional or urban/rural inequalities in terms of access to provision and quality of provision, assessment of the child and resourcing.

11. Key organisations, agencies and posts/individuals

- a. Please identify key government agencies or centrally funded organisations associated with special educational needs in relation to:
 - policy development
 - assessment of special educational needs
 - resource/funding allocation
 - teacher and support staff qualifications and training
 - school standards
 - professional standards
 - research.
- b) For each of the above, please provide as many of the following as possible:
 - name
 - address

- website
- phone number
- email
- contact person.

Please provide as much information as you have available. We are not expecting you to seek out contacts for us. If one of the agencies covers more than one of these functions, you do not need to repeatedly give us the details, just highlight the agency against the function.

Thank you. We hope that you will be willing for us to follow up with you, by email, any queries we may have.

1.2.3 Rationale for the vignette study

Each of the in-country researchers also received seven vignettes. Vignette studies have become established as a way 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. The questions about the situations can be designed to both elicit quantitative and qualitative data (Hazel 1995). They can be used as research tools in their own right or, as in this research, to support and contribute to other information and further discussion.

Vignettes 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. The secondary, related, focus was to identify issues that could be explored further through in-country visits and that might inform a discussion of special needs education issues in Ireland. The advantages of using vignettes to do this are that they allow:

1. interpretation of actions and occurrences that allows situational contexts to be explored and influential variables to be elucidated
2. clarification of individual judgements, often in relation to moral and situational dilemmas
3. the discussion of potentially sensitive issues
4. an elicitation of cultural norms derived from respondents' attitudes and beliefs about a specific situation.

(Barter and Renold, 1999)

1.2.4 Development and completion of the vignettes

The number of special needs categories used formally within each country varied from none in Norway to 22 in Kenya. Our vignette accounts therefore 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 of and type of impairments and disabilities contained within the vignettes were refined through discussion with the NCSE and their advisory team. Each situation was built from a basis of 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 difficulties; profound and multiple learning difficulties; social, emotional and behavioural difficulties; and deafness. These vignettes are available in Appendix 3.

In each vignette the children were given names identified as the most commonly occurring in the country of enquiry (see Table 1.14). Balance was sought between genders.

Table 1.14 Names identified as most popular for use in vignettes in each country

Country	Names used in vignette
Australia	Jack, Ruby, Charlotte, Mia, William, Olivia, Thomas
Cambodia	Arun, Bopha, Channary, Kalyan, Borey, Vanna, Nhean
Italy	Francesco, Giulia, Sofia, Martina, Alessandro, Sara, Andrea
Japan	Ren, Yua, Yui, Aoi, Hiroto, Hina, Souta
Kenya	Gitonga, Kainda, Akello, Akeyo, Kiano, Aluna, Gacoki
Scotland	James, Sophie, Olivia, Ava, Jack, Emily, Lewis
Lithuania	Matas, Emilija, Gabija, Ugnė, Nojus, Austėja, Lukas
Norway	Lucas, Emma, Linnea, Sara, Emil, Sofie, Mathias
Ireland*	Daniel, Sophie, Ava, Emma, Jack, Sarah, Sean

* In addition the vignettes were completed by an advisor recommended by the National Educational Psychological Service in Ireland.

The structure of each vignette was the description of the child and their situation followed by a set of questions. The questions accompanying each description followed a defined format, outlined below.

PLEASE ANSWER THE FOLLOWING QUESTIONS.

If there are contradictions in the system or variables which will powerfully affect the outcome please suggest what these might be. If a question cannot be answered it would be helpful if you could suggest why.

Where would Daniel be educated?

How would his needs be assessed?

What support would he be offered?

Which services (if any) would work with education to support Daniel?

Where would the funding for Daniel's education and support come from?

What curriculum would he follow? (e.g. the same as his age-equivalent peers or a curriculum specially designed for his personal learning or a curriculum designed for a particular group of students unlike their age-equivalent peers)

Who would be involved in the decision about his education placement?

Who would be involved in the decision about his support needs?

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'. These are summarised below in Table 1.15.

Table 1.15 Vignette final question

Vignette	Final question	Aim
Autistic spectrum disorder	How would the placement and support change if there were no concerns about Matas's language?	To explore if provision was differentiated for children with Asperger's syndrome.
Learning difficulty	How would the placement and support change if Austėja's moments of bad temper led to self-injury?	To explore how provision might be different for children with learning difficulties who exhibit potentially dangerous behaviour.
Profound and multiple learning disability	How would the placement and support change if Gabija's mother was unable to care for her?	To explore provision for children with significant chronic care needs who do not have family support.
Cerebral palsy	How would the placement and support change if Lukas lived in a rural community?	To explore the influence of a rural location on the provision for children with severe physical impairment.
Dyslexia	How would the placement and support change if Emilija had rapidly deteriorating vision?	To explore services available for visually impaired children.
SEBD	How would the placement and support change if Nojus had frequent epileptic seizures?	To explore provision for children with epilepsy.
Deaf	How would the placement and support change if Ugnė's parents believed she should attend a school for the deaf?	To explore the influence of parental choice on children's provision and to raise issues of concern to the Deaf Community.

The use of the final question in this way allowed us to extend the range of special educational needs that we could learn about and inform 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 policies and practices that were relevant to these children: 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. Queries from any of the in-country researchers were responded to with an email across all countries. In addition the vignettes were completed by an advisor in Ireland, to offer a direct point of comparison.

1.2.5 Selection of the three countries

On receipt of the responses from the in-country researchers we compiled key points of interest for each country and, where practicable, for each topic area (see Appendix G). We created a 'ten country overview' spreadsheet which provided an overview of responses to each question. We also reconsidered the 'level of mainstream provision'

categories utilised in the 55 country analysis. We then provided a summary to the NCSE and their advisory group to inform our discussions about the three country visits.

The summary provided to the NCSE is outlined below.

1.2.5.1 Key points summary

In this summary paper we have compiled key points of interest for each country and, where practicable, for each topic area. An accompanying 'ten country overview' spreadsheet provides an overview of responses to each question. We have also reconsidered the 'level of mainstream provision' categories utilised in the 50+ country analysis. The summary ends with a proposed shortlist of countries with rationale.

1.2.5.2 Key points by country

Australia (Victoria)

The key points to emerge regarding Victoria, Australia, are:

- funding based on diagnostic framework which establishes eligibility
- stress on parental say once schools are identified
- right to attend local school
- interesting mix of separate special provision and programmatic mainstream provision including satellite centres (staff from special schools)
- dual enrolment possibilities interesting for Ireland – memorandum of understanding between two institutions
- rural provision issues
- teacher training – new programme at La Trobe to qualify for special/mainstream setting.

Cambodia

The key points to emerge regarding Cambodia are:

- most children with disabilities not in school
- lack of identification processes
- policy is inclusive education but no government funding for this (apart from awareness raising)
- sole reliance on NGOs and other international donors
- more remote and rural areas underserved
- lack of funding/resources/expertise
- issues with attitudes and awareness of disability
- however pilot projects in place – standardising teacher education, identification/assessment procedures.

Canada (Nova Scotia)

The key points to emerge regarding Nova Scotia, Canada, are:

- three tier model within school does seem more inclusive than the other models in Norway and Italy i.e. the least inclusive option is still very inclusive – in class with pull out for specific tasks
- system intended to be non-categorical in nature
- no separate special schools
- acknowledges system underperforms for behavioural problems
- issues with teacher training and expertise to cater for inclusion seem to be present as elsewhere.

Cyprus

The key points to emerge regarding Cyprus are:

- The questionnaire provides a detailed response – it comes across as fairly negative and critical of the system and is certainly a far cry from what had been picked up from the policy information at the 50+ country stage. This seems mainly down to the clash between inclusionary policy and legislation and exclusionary and uncoordinated practice.
- Law provides for intervention of a multidisciplinary team, which includes medical staff, educational psychologists and other specialists for assessment.
- Regional variation due to role of district committees.
- Dual attendance possible although only single enrolment.
- Funding issues – seeming reliance on charitable donations to fund everyday special educational need provision, and respondent goes deeper to imply reluctance on the part of state to deal with special educational need policy and funding issues.
- Seems to be some contradiction in how coordinated work is between special and mainstream teachers – e.g. generally described as lacking within mainstream schools but under dual attendance there is a statement that the two schools work closely together.

Italy

The key points to emerge regarding Italy are:

- near full mainstream provision although still a few special schools – however in practice provision varies from full and partial inclusion to ‘exclusion’ (pupil is alone outside the class with support teacher or in ‘special labs’)
- changes from general to more specific categories
- medicalised approach to resource allocation excludes some pupils
- general and worsening resource issues

- policy versus practice issues – such as role of support teacher who should support the whole class not just the SEN child in it
- political commitment to scholastic integration reinforced in recent integration in 2009: full-inclusive scenario, better definition of the responsibilities of different professionals among the inclusive processes at school
- national system.

Japan

The key points to emerge regarding Japan are:

- respondent says there is no difference in provision in urban/rural areas
- recent move from separate special schools by disability to schools for special needs education catering across needs likely to be of interest to Ireland
- respondent say two-track system works well in Japan
- early detection and intervention system in development
- comprehensive support system project may be worth further investigation.

Kenya

The key points to emerge regarding Kenya are:

- inclusion the policy but reality is most children with special educational needs are not in school and often those that are, are poorly served in mainstream; separate special provision preferred by parents for that reason
- lack of funding – parents expected to pay, or sponsors
- rural/urban divide in provision
- chronic underfunding and lack of assessment.

Lithuania

The key points to emerge regarding Lithuania are:

- move towards greater inclusion
- special (boarding) schools to be phased out into resource centres
- focus on teacher training – inclusive education element for all teachers
- generally difficult to get more of a feel for this country as additional information provided was generally policy info from same Eurydice/European Agency sources looked at in the first phase of the project.

Norway

The key points to emerge regarding Norway are:

- interesting conflict between the full inclusion and separate special camps; respondent suggests latest policy documents strengthen special education

- interesting although no official categories, medical diagnosis is still influential in practice
- no systematic provision across the country
- main special educational needs provision is in small groups in normal schools; this provision varies from school to school
- 'A system that in theory has the potentials to give good education for everybody. However it is a system that is clearly defined by resources – both money and knowledge'
- special education rising – implications for funding within the adapted/inclusive education context
- no extra funding/funding formula for special education.

Scotland

The key points to emerge regarding Scotland are:

- additional support needs a broader approach?
- split placements possible
- emphasis on inclusion in mainstream but still separate provision
- rural issues: most special schools in the maintained and independent sectors are located in the central belt; most children with additional support needs in rural areas are educated in local mainstream school.

1.2.5.3 Key points by question

1 Current legislation

Countries with recent/forthcoming legislative changes (last five years) include:

Australia – currently reviewing the Disability Standards for Education (2005). The Standards outline processes and considerations that education authorities and schools can access to make policies and practices lawful according to the requirements of the DDA.

Cambodia – Education Law (2007) Articles 38 and 39 – state encourages and promotes education of disabled learners and gifted learners. The 2009 Law on the Protection and the Promotion of the Rights of Persons with Disabilities.

Italy – 2009 Document no.4 – August confirms the full-inclusive scenario and better defines the responsibilities of different professionals among the inclusive processes at school. 2010 law no. 170: law about learning and financial resources for pupils with specific learning disability (dyslexia, dyscalculia, dysgraphia, dysorthographia), who were not covered by the framework 104,1992.)

Japan – Special Education Law of Japan. Amended in FY 2007 to incorporate the new 'Schools for Special Needs Education' system: one particular school can accept persons with several types of disabilities.

Kenya – Special Educational Needs Policy 2005.

Lithuania – Since 1st July 2010, education of special needs children transferred to municipalities as part of general education.

Scotland – Education (Additional Support for Learning) (Scotland) Act 2009. Equality Act 2010 (UK wide legislation).

2 Categorisation of individuals

The number of categories varies from none in Norway to 21-22 in Kenya. However, even in Norway where there is no official categorisation, medical diagnosis plays an important role in establishing the need or right to special education and concepts such as specific learning problems, dyslexia, social and emotional problems are used. Some countries' categories are a lot broader beyond impairment, disability or condition such as Kenya where, for example, the list includes earners who are living in the streets, orphaned, heading households, abused, from nomadic/pastoral communities and Scotland where the list is not exhaustive but includes, for example, children who have been bereaved, children who live with parents who are substance addicts etc.

3 Funding models/Models for allocation of resources and supports

- Wide range of funding models including:
 - donor-based (Cambodia and Kenya)
 - funding apportioned by using a diagnostic framework for disability (Victoria)
 - funding addressed to school systems needs not individual pupils' (Italy and Norway)
 - clinical/functional diagnosis required to access additional resources (Italy)
 - backpack funding for pupils attending mainstream (Lithuania)
 - no extra funding for pupils with special needs (Norway)
 - additional funds are allocated to mainstream schools by local authorities on the basis of an annual pupil census (Scotland)
 - reliance on funding for special needs from annual charitable fiesta (Cyprus).

4 Specialist and generic provision

- All countries even Norway and Italy have some separate provision. Canada (Nova Scotia) is the only country not to have any publicly funded special schools.

5 Dual enrolment and attendance policies

- Mostly not a feature – Australia and Scotland provide the best case studies for this theme.
- Not present in Norway, Italy, Japan or Kenya (where it is a criminal offence i.e. must children don't get a look in, in one institution let alone two...).
- Some split attendance for visually/hearing impaired in Cambodia.

- Some children with additional support needs have a split placement, so that they spend part of their time in a special school/unit and the rest of their time in mainstream school (Scotland).
- A dual mode facility may enrol students with mild, moderate and severe intellectual disabilities. This form of special school operates in some rural settings where the enrolments are not large enough to provide separate facilities (Victoria).
- Some parents choose 'dual enrolment', where their child spends part of each week at a local school and part of the week at a specialist. In this situation, the funding remains with the student and the schools share the funding allocation (Victoria).
- In Cyprus, dual attendance is possible but there is only one enrolment at the institution attended the most.

6 Placement, enrolment and eligibility

- Obviously varies by country – refer to the ten country spreadsheet for details

7 Professional qualifications and standards

- Most countries do not have special qualifications for those teaching in mainstream schools. Some countries have special qualifications for those teaching in special schools. Few have national standards.
- Refer to the ten country spreadsheet for details for each country but some points to note:
 - Appropriate qualifications for those teaching hearing/visually impaired (Scotland).
 - No standards regarding the amount of knowledge that teachers should have when working within special education (Norway).
 - Special teaching in schools is monitored but they are not monitoring the actual teaching, just that the juridical sides of the system is followed correctly (Norway).
 - Teacher training reforms in Lithuania mean each graduate is going to acquire necessary knowledge and skills for dealing with the diverse students' body, including sen pupils (Lithuania).
 - Primary teacher training will be at master's level in Italy.
 - Special school teachers in Japan should be licensed but only 70 per cent had licences in 2009.
 - All teachers should undertake an inclusive education model in training (Nova Scotia).

8 Resources and supports at classroom level

- Again this varies widely. Some interesting examples include:
 - Every school in Italy has a special team whose task is to fully profile the special pupil and to custom develop the piano educativo individualizzato (PEI).

- The Project for the Promotion of the Special Needs Education System was developed in order to lay the foundation for a comprehensive education support system for children with developmental disabilities, such as learning disabilities, attention deficit hyperactivity disorder, studying in regular elementary and secondary school classes. This project has been expanded to include preschools and secondary schools in addition to elementary and secondary schools, so that consistent support is provided to children with disabilities for the whole period from infancy to employment (Japan).

9 Resources/supports outside school from education system/other systems

- Again this varies widely. Some interesting examples include:
 - Early intervention ‘packages’ for children with autistic spectrum disorder are available from various community agencies (Victoria).
 - A network of private or municipal cooperative and associations take care of the extra school time of pupils with disabilities. They usually manage occupational therapy services, vocational services and transport for pupil with disability. Those centres are attended after school time or also during morning by young people who gave up studying (after 16 years) and adults (Italy).

10 Contradictions/challenges/strengths

- Obviously this varies by country – refer to the ten country spreadsheet for details; some of these points were covered in the ‘key points by country’ section above.

1.2.5.4 Summary

Table 1.16 Level of mainstream placement

Full or near mainstream placement /neighbourhood school principle (in principle or practice!)	Canada (Nova Scotia), Italy, Norway
High level of mainstream placement with separate special schools/classes	Australia (Victoria), Lithuania, Scotland
High level of mainstream placement with separate special schools/classes if students are able to attend school	Kenya, Cambodia
Mainstream placement and separate special schools/ classes (multi-track)	Japan
Two-track system (includes those with limited provision)	

Table 1.17 Based on vignettes, where would the child be placed?

Type	Italy	Norway	Australia	Scotland	Japan	Lithuania	Kenya	Cambodia
Mainstream	14	14	8	6	2	2	0	4
Special	0	0	4	4	10	12	10	4
Depends	0	0	0	4	2	0	2	0
No School	0	0	0	0	0	0	0	6

On reconsideration the initial categories are too crude; reasons are outlined here.

- Italy and Norway remain in Category 1 but even so both systems do have some separate special schools and even within very near full inclusion there is ‘exclusion’ i.e. those out of class with support teacher full-time or in ‘special labs’.
- Australia straddles Categories 1 and 2 – it has neighbourhood school principle, special educational needs programmes in mainstream schools but also separate special schools.
- Kenya and Cambodia – Category 3 applies here in terms of policy but the reality is most special educational needs children are not in school at all.
- Lithuania probably stays where it is. Special schools are being gradually phased out.
- Japan stays where it is or straddles Categories 3 and 4. Respondent has described it as a ‘two-track’ system but we don’t think it is that clear-cut as there are resource rooms in mainstream schools and special classes.
- Cyprus appears to be at the high level of mainstream placement with separate schools and classes category in terms of policy and legislation; however our respondent described the actual typical situation as withdrawal from mainstream class for number of hours, placement in special class/unit or placement in special school. Therefore the policy and practice do not match.
- Canada (Nova Scotia) appears to be the nearest to full inclusion of the countries studied: there are no separate special schools and all children are in mainstream classroom all or some of the time.

1.2.5.5 Country shortlist

In identifying these countries we were aware of a tension between taking the data on face value or being swayed by the voice of the in-country researcher and their tone. We were aware of the following issues related to the Irish context which emerge from past NCSE research. We have collated these issues under the categories of continua emerging from the literature.

Continua of space

- how to ensure capacity to move along the continuum
- how to overcome internal exclusion of special classes within mainstream settings
- how to manage dual enrolment possibilities.

Continua of staffing

- how to reduce paperwork, time for assessment, and workload on key gatekeeper personnel
- how to encourage greater collaboration between health and educational professionals and between health professionals employed by different services
- how to reconfigure a conceptualisation of ability and disability
- how to better understand the role of key non-teaching professionals

- How to develop effective working in a climate of staff shortages.

Continua of students

- How to avoid the allocation of pupils to a category of school for which they are not 'appropriate'
- how to capture and utilise student voice.

Continua of support

- how to enhance communication with parents
- how to ensure parental views are listened to and they are kept informed
- how to developing family counselling
- how the process of applying for support could be improved.

Continua of strategies

- how to develop and encourage training for support staff
- how to develop effective inclusive pedagogy training for teachers
- how to develop approaches to the process of resource allocation that break the link with an assessment and result categorisation of the child
- how to develop more consistent and more systematic approaches to recording the progress of pupils with special educational needs
- how to develop greater understanding of the use of technology.

Continua of systems

- how to balance general funding to a setting and specific funding for identified need
- how to overcome bias in resource allocation as a result of education setting, socio-economic circumstances and geographical location
- how to develop effective consultative outreach services by special schools
- how to identify and support schools facing multiple social challenges
- how to assist with coordination of transition between stages.

1.2.5.6 Our three suggestions on the basis of a review of the first eight reports are:

1. Italy

- Italy is near full mainstream provision but clearly has strong segregation within schools.
- A national system operates in Italy (regional variation was noted but the legislation and structure is national). Issues are familiar to Ireland, such as strain on resources and teaching quality.

- Funding is directed at the system rather than the child with special educational needs . In Italy, additional resource allocation is dependent on clinical/functional diagnosis.
- More specific categories have been recently introduced and system is highly 'medicalised'. Recent legislation has strengthened inclusion in Italy.
- There is limited choice of setting within the system but has two curriculum options which parents have voice in selecting.
- A focus is placed upon teacher capacity to achieve things.

2. Norway

Norway is near full inclusion but has very different approaches:

- A highly localised system.
- Strong support for separate special education.
- Big cities are still using a special school system/ small municipalities are mainly using fully integrated systems, small groups or special groups.
- Similar issues – strain on resources, teaching quality.
- Funding very different – no distinct funding for special education in Norway.
- No official categories used in Norway (although research says medical diagnoses significant in establishing case for special education).
- Respondent suggests latest special education is strengthened in most recent policy documents.
- Special schools service has become advisory resource.
- Pedagogy for all rather than special education pedagogy?

We also noted different attitudes towards the family and towards teacher capacity in these two countries. In Norway there was a particular focus upon the everyday, system wide support for the family, whilst in Italy there was an assumption that any consideration of support needs to consider the experiences of the teacher and the context in which they are working.

3. Japan

- More of a 'two track system' operates (and respondent describes it as such) despite moves towards a broader mainstream notion for special education.
- Japan has category-based schools, despite recent move towards 'Schools for Special Needs Education' system where one particular school can accept persons with several types of disabilities.
- It presents itself as a very clear continuum, with a separate education system for children with special educational needs. Clear echoes emerged of the traditional models of the continuum identified in the literature review.
- They seem to have confidence that two-track is best.

- They claim that rural and urban divide is not an issue.

We had a sense that Italy and Japan had a great deal in common with Ireland even though they have systems that starkly differ in some ways. We would hope to identify underlying issues which lead to similar challenges and experiences, since a range of variables from the Irish context would have less bearing. The Norwegian experience offers a very different system in all ways, apart from a strong ongoing commitment to special education. This presents an excellent opportunity to examine the value of the medical model without the need for categories, different rural and urban challenges, and a different training model.

Others (not in shortlist)

Cambodia and **Kenya** whilst fascinating are still hugely under-developed in special needs education and are extremely under-resourced. Policy is clear but there is little or no government funding to implement it. The bottom line is most children with special needs do not even go to school.

Lithuania is interesting, moving towards greater inclusion with special schools being phased out. The questionnaire didn't greatly add to what we had already got.

Scotland places emphasis on inclusion but some separate provision still takes place. Other interesting or relevant factors include:

- it being a near neighbour
- rural issues
- split placement, which is likely to be of interest.

Based on the response the system would not explore many of the issues faced within the Irish context. We are aware that this is partly because of the nature of the responses we have received. There are a range of complexities which we would have anticipated being more deeply examined. We have got back to the researcher to ask for some more detail.

Australia operates the neighbourhood school principle and has a 'programmatic' approach to provision within mainstream schools. It also has separate special provision. Moreover:

- its dual enrolment possibilities are interesting for Ireland (rural areas and satellite units for pupils with intellectual disabilities)
- 'satellite units' are also interesting, whereby students belong to a special schools but they have a memorandum of understanding with a regular school and the students are able to access classes or programmes.

Some rural issues emerged. For example, some rural settings have dual mode enrolments or they enrol students with a range of intellectual disabilities from mild to severe. Quality educational service delivery for students with disabilities to small rural communities is a constant challenge. However, it relies upon a diagnostic framework and has unresolved problems around staff training and delays in assessment. There may be limited lessons to be learned for application in the Irish context?

Cyprus: The actual situation described by the respondent is widely removed from the policy information gathered at the 50+ country stage of analysis. Although there are some interesting features such as dual attendance, multidisciplinary teams, speech therapists based in school there are a number of clear frustrations such as the exclusionary practice 10 years on the ‘implementation’ of the inclusionary legislation, lack of coordination between mainstream and special teachers, funding issues and regional variations.

Canada (Nova Scotia): Nova Scotia appears to operate a highly inclusive system. The questionnaire has not told us more about the integrated services schools which we had identified in the initial scoping work as potentially interesting. We have learnt that the system does not cater as well for behavioural problems but not much more at this stage about the strengths and problems. However, it has no separate special schools or units and it appears that the level of inclusion in the mainstream classroom is very high. We are told provision does not vary according to location. Lack of categorisation is similar to Norway as these do appear to still be in use for funding and administrative purposes.

1.3 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
- Japan.

It was also agreed that we should visit Ireland and conduct interviews using the same protocol as in these three countries. This visit would not be as intensive as in the three countries and would not entail site visits. It would however provide insights into the Irish context and provide comparison data when analysing the other interviews.

1.3.1 Arrangements for the four country visits

Visits to these three countries were co-ordinated by:

- Ireland: NCSE
- Italy: Dr Francesco Zambotti
- Norway: Rune Sarromaa Hausstätter
- Japan: Professor Hideo Nakata.

These visits involved two researchers from the research team. They were co-ordinated in an overlapping manner so that an overview of the all the countries was possible. Researchers A and B visited Ireland and Italy, whilst Researchers A and C visited Norway and B and D visited Japan. The researcher combinations were based upon experience of the Irish context and of special schools, given the experience of Researcher B in both these areas. Our choice was also influenced by a tentative interpretation of data that the medical model was stronger in Italy and Japan than in Norway and that the social model was stronger in Italy and Norway than in Japan.

Ethical clearance for the visits was sought from the Open University human participants and materials ethics committee. The committee was informed that we intended to conduct interviews with a range of practitioners, managers, parents, learners, and policy makers about the formal and informal process pertaining to the provision for children with special educational needs, not only exploring the specific special educational needs utilised within the vignette descriptions but also considering the full range of individuals identified as having special educational needs. It was made clear that the intention was to explore the continuum of provision as intended and experienced at a national, local, and institutional level; and that we would be particularly interested in the development of informal social networks between settings, within and between services, as well as the significance of social and professional capital, and how they are mediated by formal arrangements to maximise benefit for those within the system. We made it clear that interviews would be responsive, extended conversations (Rubin and Rubin, 2004).

We recognised :

- The need to be sensitive to individual members of a family or workplace who may wish to withdraw but feel unable to do so because others wish to continue.
- The need to be constantly alert to the potential for breaches of confidentiality between family members and or colleagues.
- Consent should be an ongoing, unfolding process, particularly in relation to vulnerable children and young people who may be identified for interview. This is particularly relevant given that the researchers will be potentially working through translators. The project needs to ensure participants are active, recognised and willing participants.
- When interviewing children, that our intention must be to do ‘research with’ them rather than ‘research on’ them.
- The shifting power relations which could exist in different research contexts: for example between an academic and a policy maker, a parent and child, or between colleagues. We need to be alert to behaviours which are problematic to the interviewees and the need to balance our desire to gather data.
- The potential to misinterpret responses, particularly given language and cultural differences. The project must be alert to the need for additional perspectives and forms of evidence before implying significant degrees of certainty. We will have to be sensitive to this as it arises.

All participants were given details of the research programme and informed of their right to withdraw at any point in the process. The research team all had a Criminal Records Bureau (CRB) check, so were cleared to talk to children and vulnerable adults. The agreement to participate was forwarded to each country in an appropriate language prior to departure. Translators were present throughout the interview processes in Japan and Italy. The project was registered with the Faculty of Education Data Protection Officer. Collected data was separated from personal identity information at the point of transcription, and note taking was coded from the outset. The key linking codes to identity information such as names, addresses and telephone numbers has been kept

secure and separate from the dataset, accessible only to the investigators. The personal information, recordings and transcriptions have been placed upon an OU secure server.

It was explained to our in-country research co-ordinators that the visiting researchers wished to speak to practitioners, parents, policy makers and children within different parts of each education and educational support system. Each visit was to be a five day period, except for Ireland which was to be for a two day period. We requested to visit a spread of urban and rural settings, covering early years, primary and secondary provision. We acknowledged that special provision took different forms in the countries we were visiting, but requested that we 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 provided a hypothetical timetable, shown below.

Stakeholders	Preschool Monday am Monday pm	Primary level Tuesday am Tuesday pm	Secondary level Wednesday am Wednesday pm	Special Thursday am Thursday pm	Multi-service Friday pm
Teacher experience An afternoon discussion	Monday pm (After school visits)	Tuesday pm (After school visits)	Wednesday pm (After school visits)	Thursday pm (After school visits)	Friday pm (After centre visit)
Parental experience An afternoon discussion	Monday pm (After school visits)	Tuesday pm (After school visits)	Wednesday pm (After school visits)	Thursday pm (After school visits)	Friday pm (After centre visit)
Special teacher experience An in-school discussion	Monday pm (During school visits)	Tuesday pm (During school visits)	Wednesday pm (During school visits)	Thursday am (During school visits)	Friday pm (During centre visit)
Support teacher experience An in-school discussion	Monday pm (During school visits)	Tuesday pm (During school visits)	Wednesday pm (During school visits)	Thursday am (During school visits)	Friday pm (During centre visit)
Manager experience An in-school discussion	Monday lunchtime	Tuesday lunchtime	Wednesday lunchtime	Thursday lunchtime	Friday lunchtime
Student experience An in-school discussion	Monday am (During school visits)	Tuesday am (During school visits)	Wednesday am (During school visits)	Thursday am (During school visits)	Friday pm (During centre visit)
Assessor's experience An evening discussion	Monday late pm (via local official)				
Inspectorate experience An evening discussion	Tuesday late pm (via local official)				
Health worker working with schools experience An evening discussion	Wednesday late pm (via local official)				
Teacher trainer experience An evening discussion	Thursday late pm				
Policy maker experience A final day discussion	Friday am				

We specified that either during our visits or separately (as appropriate), we would wish to carry out a series of (ideally three-person) group discussions with the following groups:

- parents of children receiving support
- children receiving support
- teachers with children with special educational needs in their class
- support staff/teachers (e.g. teaching assistants)
- school managers (e.g. heads of special needs/support departments)
- 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)
- people who conduct assessments of children therapists working in school (e.g.: speech and language, occupational therapy, educational psychology, behaviour, physiotherapy)
- teacher trainers
- school inspectors
- policy makers.

We acknowledged potential complexity of arranging such an itinerary and suggested that our co-ordinators:

- contact a local official within a regional/local education authority
- contact teacher trainers on graduate and post-graduate training courses run by their university
- contact local schools with whom they had worked.

1.3.2 The visits and data collection

Our 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.

In Ireland we met with 17 individuals in seven group interviews and one individual interview situation. We met:

- two members of the NCSE staff
- two representatives of parental support groups
- one member of the National Education Welfare Board (NEWB)
- one member of the Health Service Executive (HSE) and a support group
- two members of National Association of Boards of Management in Special Education (NABMSE)

- three practitioners from a mainstream primary and post primary schools
- two members of the Inspectorate
- one member of the National Educational Psychological Service (NEPS)
- one member from the Special Education section of the Department of Education and Science
one member of the Special Education Support Service (SESS)
- one member of the Teacher Education Section of the Department of Education and Science.

These interviewees had held various other posts within the system including mainstream school governor, secondary school principal, special school principal and teacher; some were also parents.

In Italy we met with 52 individuals in a range of group interview situations from three regions in northern Italy.

We met:

- six practitioners from an urban primary school: a deputy-head, teachers and support teachers (Province A)
- 12 practitioners from a rural primary school: a deputy-head, teachers and support teachers (Province A)
- one practitioner supply support teacher (Province A)
- eight practitioners from an urban lower secondary: a principal, a deputy-head, teachers and support teachers (Province A)
- six practitioners from a rural lower secondary: a principle, a support co-ordinator, teachers and support teachers (Province B)
- two psychologists working for a private support service
- two university teacher trainers
- one head of a private special school
- seven parents and a support worker from a parent association
- seven practitioners and administrators from a provincial preschool service: a provincial director, a service co-ordinator, teachers and support staff in two preschools (Province C).

Two of the interviewees had been provincial policy makers until recently. In addition to the interviews, we met pupils and observed practice and facilities in each of the seven educational settings visited, and asked questions about aspects of provision during these observations.

In Norway we met 37 individuals in a range of group interview situations with individuals from four communes in southern Norway.

We met:

- seven practitioners from a preschool: a principle, teachers, support teachers, students and advisor (Commune A)

- five practitioners from a pedagogic psychology service: one service leader, two preschools, one primary and one secondary advisor (Commune A)
- five practitioners from a Statped advisory centre; including a manager, researcher, administrator, psychologist and advisor
- six practitioners from a primary and secondary school: a principal, assistant principle, three support staff (Commune A)
- five university teacher and pedagogue trainers
- six practitioners from a strengthened school: deputy director, teachers and support staff (Commune B)
- three parents and one leader of a parent support organisation (Communes A, B, C, D).

Four of the interviewees had worked in senior positions in other services within their commune. In addition to the interviews, we met pupils and observed practice and facilities in each of the five educational settings visited, and asked questions about aspects of provision during these observations.

In Japan we met with 38 individuals from four prefectures in a range of group interview situations. We met:

- five practitioners from an urban primary school: a principal, teachers, a coordinator for special needs education, a visiting occupational therapist (Prefecture A)
- four practitioners from a private urban preschool: a president, a principal, teachers; six parents of children at the school (Prefecture A)
- three practitioners from a special school for children with intellectual disabilities: a principal, a teacher and a yogo (nursing) teacher; three parents of children at the school (Prefecture B)
- three practitioners from an urban primary school: a principal, a vice-principal and a coordinator for special needs education (Prefecture C)
- three practitioners from a junior high school: a principal, a deputy principal and a coordinator for special needs education (Prefecture C)
- two practitioners from an urban primary school: a principal and a specialist teacher for children with hearing impairment (Prefecture C)
- four practitioners from a special school for children with physical disabilities and intellectual disabilities: a principal, a deputy principal, the head of the physical disability unit and the head of the intellectual disabilities unit (Prefecture C)
- two members of a city's board of education (Prefecture C)
- A university professor with 27 year's experience teaching and educational administration experience in a prefecture that covers many remote areas and islands (Prefecture D)
- A university professor with specialist knowledge of special needs education in Japan.

In addition to the interviews, we observed practice and facilities in each of the six educational settings visited, and asked questions about aspects of provision during these observations.

The case studies subsequently produced (Chapters 6 to 9) did not attempt to represent the whole of the country's systems. 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. This framework was not designed to map back to the original continua, but to answer the questions which emerged primarily from NCSE commissioned research, using additional foci which had arisen from our analysis of the ten country questionnaires and the visit to Ireland. It was recognised that questions arising from under the broad six headings which elicited responses that did not correspond with those issues identified in relation to the Irish context could be mapped back at the point of the synthesis.

1.3.3 Interview framework

1.3.3.1 Who you are?

- Could you explain what your work role is?
- Could you explain the role of your service/organisation in delivering services for children with special educational needs?
- Could you explain how this service/organisation is funded?
- Could you explain the key challenges that you perceive you face in delivering services for children with special educational needs?

1.3.3.2 Issues of support

a. Supporting families

b. Their ability to access resources

- how to enhance *communication with parents*
- how to ensure *parental views* are listened to and they are kept informed
- how to *develop family counselling*
- how the *process of applying for support* could be improved.

1.3.3.3 Issues for students

a. Meeting the needs of students

b. Making them feel part of a school

- how to avoid the *allocation of pupils to a category of school for which they are not 'appropriate'*
- how to *capture and utilise student voice*
- how to overcome a *student's sense of social isolation*
- how to *enhance the experience of those identified with emotional, behavioural and attentional issues* who present most significant challenges to schools
- how to ensure provision for *many categories in a single setting*.

1.3.3.4 Issues related to systems

Resource allocation for:	Access to the special education system:
a. the child b. the setting.	a. entry criteria b. service coordination c. social equity.

- how to *balance general funding* to a setting *and specific funding* for identified need
- how to overcome *bias in resource allocation* as a result of education setting, socio-economic circumstances and geographical location.
- how to develop *effective consultative outreach* services by special schools
- how to identify and support *schools facing multiple social challenges*
- how to assist with coordination of transition between stages
- how to ensure *co-ordination of services* so schools have the capacity to include children with special educational needs
- how to *overcome constraints imposed by the need for formal* cognitive, behavioural and physical *assessments* before children and schools can be in a position to obtain resources.

1.3.3.5 Issues of space

- a. **Where children are placed for learning**
- b. **How they can move between types of settings**
 - how to ensure capacity to *move along the continuum*
 - how to *overcome internal exclusion* of special classes within mainstream settings
 - how to manage *dual enrolment* possibilities.

1.3.3.6 Issues around strategies

- a. **Training**
- b. **Teaching and learning approaches**
- c. **Assessment**

d. **Use of technology to support (a-c)**

- How to develop and *encourage training for support staff*.
- How to develop *knowledge of effective inclusive pedagogy* for teachers.
- How to develop *appropriate curriculum for pupils* with special educational needs.
- How to develop approaches to the process of resource allocation that *break the link with an assessment and resulting categorisation* of the child.
- How to develop more consistent and more systematic approaches to *recording the progress of pupils* with special educational needs.
- How to develop *greater understanding of the use of technology*.
- What are the *special education teaching strategies* which you adopt/witness/teach for children with special educational needs?
- What are the *inclusive teaching strategies* which you adopt/witness/teach which facilitate the learning of children with special educational needs?

1.3.3.7 Issues of staffing

a. **Workload**

b. **Attitudes**

c. **Collaboration**

- how to reduce *paperwork, time for assessment, and workload* on gatekeeper personnel
- how to encourage *greater collaboration* between health and educational professionals and between health professionals employed by different services
- how to encourage *greater communication* between health and educational professionals and between health professionals employed by different services
- how to reconfigure a *conceptualisation of ability and disability*
- how to enhance *staff belief in pupils* with special educational needs
- how to better *understand the role of key non-teaching professionals*
- how to develop effective working in a *climate of staff shortages and cuts*.

Not all issues were explored with all interviewees to similar depth. Each interview began with an explanation of the project and a reiteration of the participant's right to decline to participate and their guarantee of anonymity. Permission to use recording equipment was reaffirmed. Participants began by explaining who they were and their relationship to the education system. After this the interviews did not follow any prescribed order, but the interviewers maintained the focus upon the issues within the framework. Interviews ran for at least one hour. Some went on for over three hours. Some participants were interviewed in more than one setting. Across the three countries (Italy, Norway and Japan) there were 31 interview sites. 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 in-country translators were used, while in Norway interviews were conducted in English. In all these countries English was usually spoken by more than just one person in the interview situation however and frequently there were discussions to define the nature of the points being made. In writing up the transcripts the transcribers noted only the English contributions. This resulted in slightly different transcripts from Italy and Japan in comparison to Ireland and Norway. In the former the translator may have been translating the comments of more than one participant, whereas in the latter the transcriptions record one person's contribution. In carrying out the analysis of the data however the researchers returned to the original recordings to clarify who had made the statements that had been translated. There was also a process of checking the transcription against the original recordings to confirm accuracy.

Table 1.18 Interview sites and their code numbers

Italy		Norway		Japan	
Support teacher	0	Preschool 1	11	Preschool 1	22
Preschool 1	1	Primary-secondary school 1	12	Primary school 1	23
Preschool 2	2	Special school	13	Primary school 2	24
Primary school 1	3	Support group 1	14	Primary school 3	25
Primary school 2	4	Support group 2	15	Junior high school 1	26
Lower secondary school 1	5	Support group 3	16	Special school 1	27
Lower secondary school 2	6	Support group 4	17	Special school 2	28
Special school	7	Support service	18	University	29
Support group	8	University	19	Provincial administration office	30
University publishing house	9	Provincial administration office 1	20		
Provincial administration office	10	Provincial administration office 2	21		

1.4 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). Categories were built up through open-coding, with their relationships to each other identified through axial coding and through theoretical sampling framed by issues of relevance to the Irish context. 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, and this process informing the manner in which the next stage of data gathering was formulated. The final transcriptions were analysed by both researchers who had made the in-country visits. As each interview was analysed, specific quotes were identified that signified

issues, building up into categories and overall themes, which were drawn upon and deepened through the analysis of subsequent interview data. The number of new issues and categories reduced with successive interviews, though their overall number was consistent across the data. For example the Italian data produced 42 categories (see Table 1.18).

Table 1.19 Categories emerging from Italian data

<ul style="list-style-type: none"> • A job in education • Communication in the system • Control resides at all levels of the system • Different roles for support • Encouraging peer interaction and autonomy • Family engagement is essential • Highly qualified staff • It requires flexible resources • It's the people, it's the place • People's shifting experience of roles • Planning for inclusion is at many levels • Quality is not legally enforceable • School is a social service • Shifting values • Support staff build relationships across years • Support without certification • Systems description • The aim is always to be participating in-class • The class is a flexible notion • The desire to plan and question collaboratively • The desire to plan collaboratively 	<ul style="list-style-type: none"> • The desire to teach collaboratively • The desire to work collaboratively • The didactics of support are for everyone • The focus is on didactics • The nature of support • The negative impact of special training • The negative impact of training • The problem is within the child • The role of NGOs • The school is a place for everyone • The teacher is responsible • The tension around individual and collective right to support • There is a health and education divide • There is a hierarchy in the system • There is a lack of resources • There is a link between resources and labels • There is a primary and secondary divide • Trusting educational value of need • Using training to create a framework approach • What training is necessary • Why is specialisation harder to duplicate?
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Prior to final agreement on the data and the interpretation to be used in writing up the case study, the two researchers compared the inherent meaning of the categories, comparing and contrasting the quotations that each had selected to explicate that meaning. The final quotations used within the case studies aim to give a sense of the categories and the issues which they represent. They are not intended to present a cross-section of views across types of interviewees or types of settings. There has been no attempt to quantify the number of people who held a particular view nor to situate views within particular contexts or groupings. Their purpose is to present issues related to special education which are evident across a range of settings and individuals.

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2 Appendix B – The conceptualisation of a continuum of provision and a continuum of services – synthesis of the literature review

2.1 Introduction

This chapter presents a synthesis of the key concepts identified within the 63 papers. It presents this synthesis as a narrative description interweaving the concepts with clear links to the original source. All in all 194 concepts were noted which the research team associated with the notion of the continuum. A range of images were also identified as representations of the continuum or aspects of the continuum. These representations were recorded as concepts and have been redrawn prior to presentation below. Six categories were identified that unified the concepts evident in the extracts taken from the literature. The six categories are outlined in Table 2.1.

Table 2.1 Categories, concepts and sources for the synthesis arising from review

Category	Number of concepts	Number of 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

2.2 What is on the Continuum?

2.2.1 Continuum of settings

Norwich (2008) describes the current notion of the continuum of special education provision as being seen as linear, ranging from most separate to most included.

MOST SEPARATE

Full-time residential special school

Full-time day special school

Part-time special – part-time ordinary school

Full-time special unit or class in ordinary school

Part-time special unit/class – part-time ordinary class

Full-time in ordinary class with some withdrawal and some in-class support

Full-time in ordinary class with in-class support

Full-time in ordinary class

MOST INCLUDED

This notion is clearly in evidence across the literature from the earliest examples. The manner in which this notion of the continuum is represented changes but the characteristics are still fundamentally similar. In 1970 the movement from most separate to most included was represented as a cascade (see Figure 2.1 – Deno 1970 in National Association of State Directors of Special Education (1998)) whilst in 1975 and 1978 it was presented as types of pyramid (see Figure 2.2 IPS, 1975 and Figure 2.3 Pysh and Chalfant 1978) and in 1981 as stairs (see Figure 2.4 IOWA State Dept of Public Instruction 1981). In 1987 it was represented as a chart (see Figure 2.5 in Amond, 1987a and b) and in 1998 as a horizontal pathway with staging posts (see Figure 2.6 Aloia in National Association of State Directors of Special Education 1998).

Figure 2.1 Deno 1970

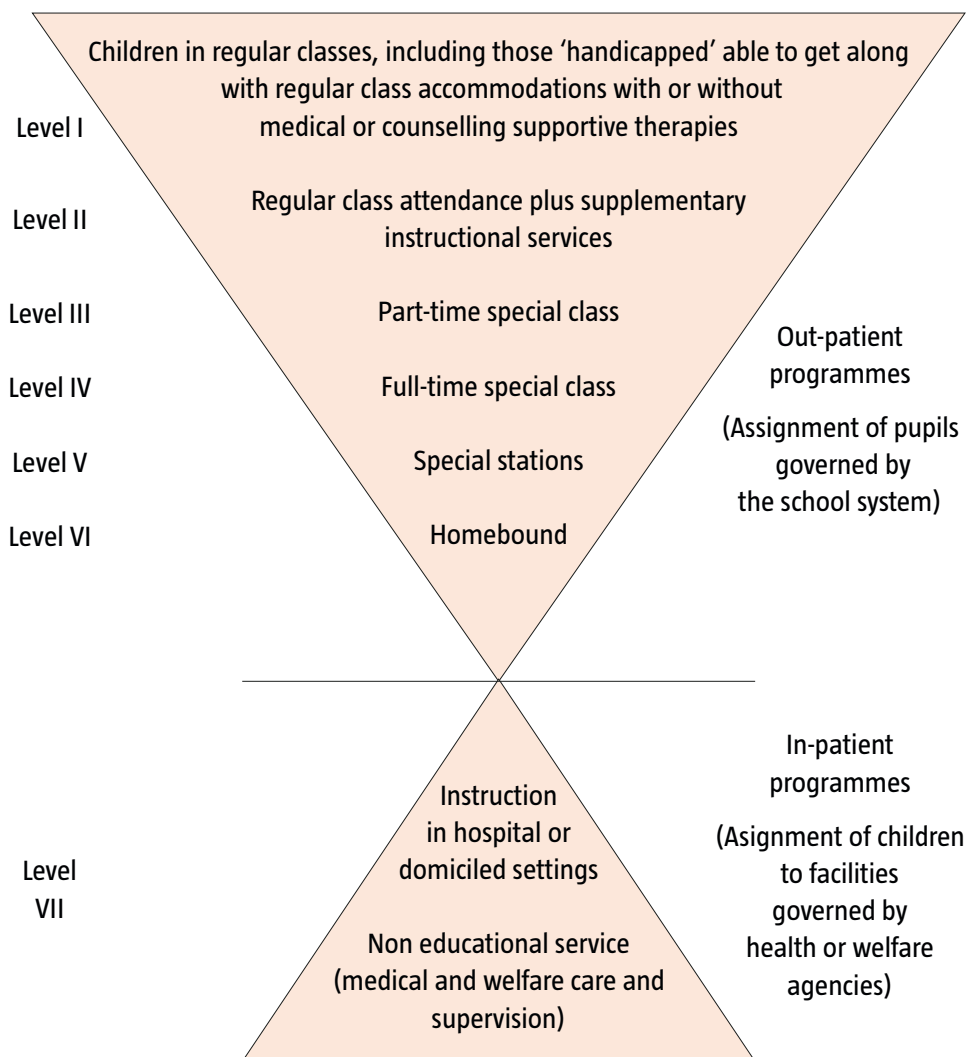


Figure 2.2 IPS 1975

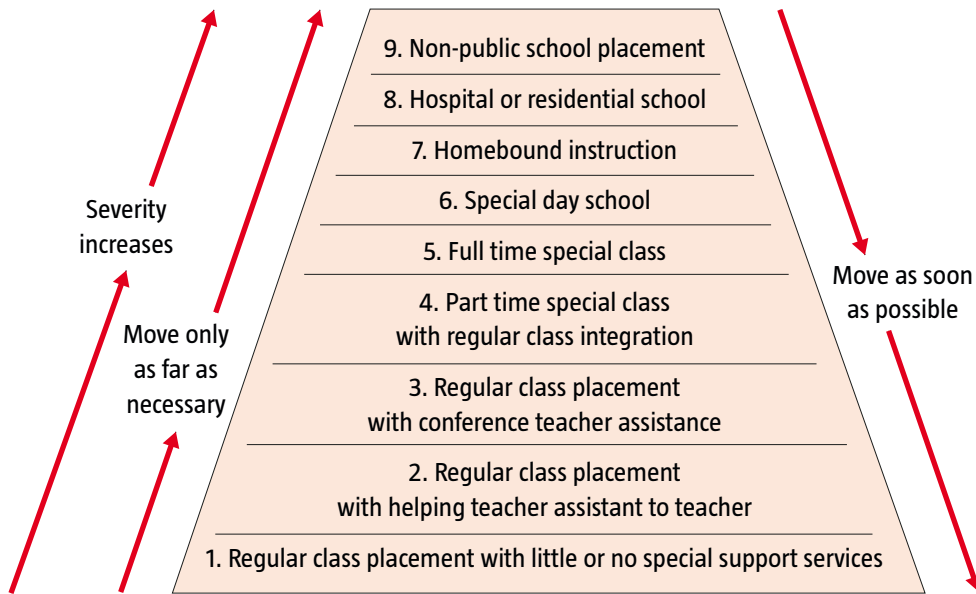


Figure 2.3 Pysh and Chalfant 1978

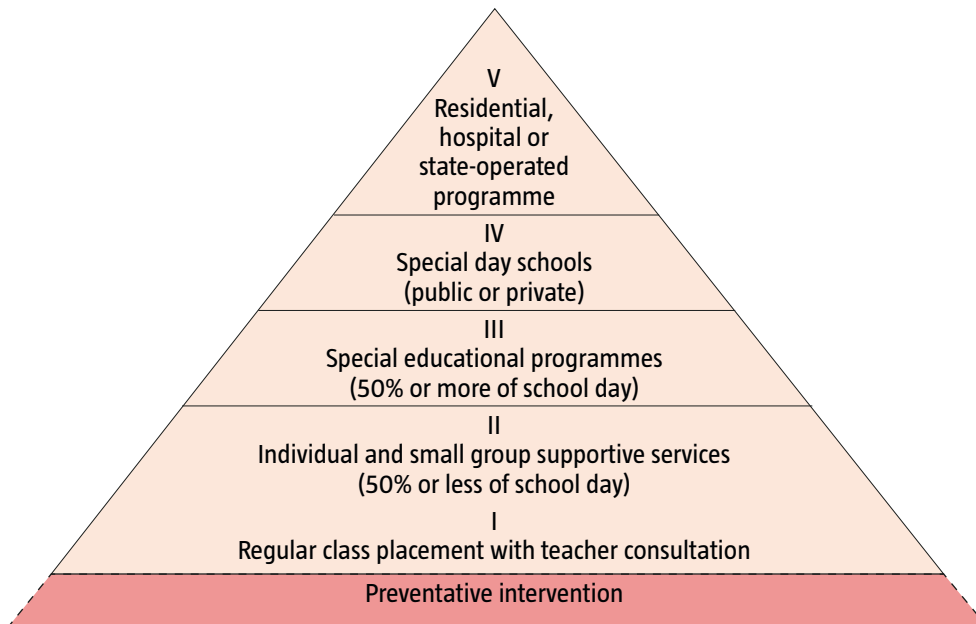


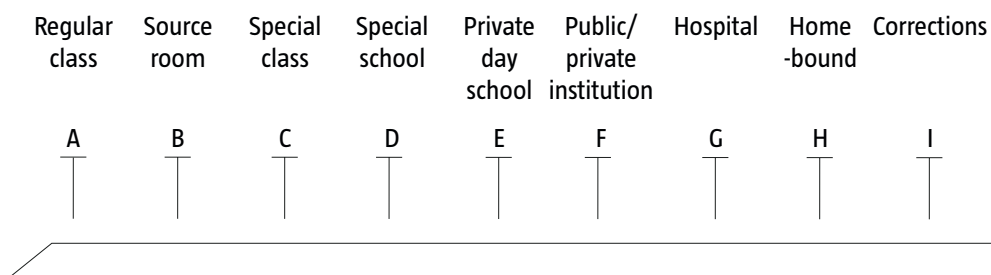
Figure 2.4 Sargent et al, 1981

1. – Regular programme
 - Regular programme with modification
 - Compensatory education programmes
2. – Resource teaching programme (minimum time)
 - Resource teaching programme (maximum time)
3. – Special class with integration ($\frac{2}{3}$ day integration)
 - Special class with integration (moderate integration)
 - Special class with integration ($\frac{1}{3}$ day integration)
4. – Self-contained special class (little integration)
 - Self-contained special class (no integration)

Figure 2.5 Amond, 1987

Least		Severity of handicap			Most
Level I	Level II	Level III	Level IV	Level IV	Level IV
Regular class Full time	Regular class + specialised Full time	Regular class Full time	Special school No regular class		Other environments
Regular class Support personnel	Regular class Support personnel	Regular class Support personnel	All special education Support personnel		Emphasis on treatment and therapies
Special education for instruction or therapy					
Least		Treatment emphasis			Most
Most		Instructional emphasis			Least

Figure 2.6 Aloia in National Association of State Directors of Special Education, 1998



2.2.2 Continuum as a programme and programmes linking with assessment

Even though the underlying principle is the same, the language used and some of the understandings of process within these representations are different. For example, the stages within the continuum are referred to in many papers as programmes (e.g. Pysh and Chalfant, 1978; Barresi, 1980; IOWA State Dept of Public Instruction, 1981; Adelman, 1989). However, the continuum itself continues to be constructed as a programme for all students, and is made up of:

a comprehensive set of responsive services spanning grade levels and subject areas, providing a variety of well-conceived opportunities to different students who have potential talent in many different domains. (Gentry 2009, p. 262)

Alternatively, the continuum can be seen as a series of programmes which are identified by space and personnel. In this construction assessment and diagnosis would typically be an ongoing characteristic across the continuum and is identified as the means of facilitating movement between the discrete programmes.

- Programme 1 involves consultative services

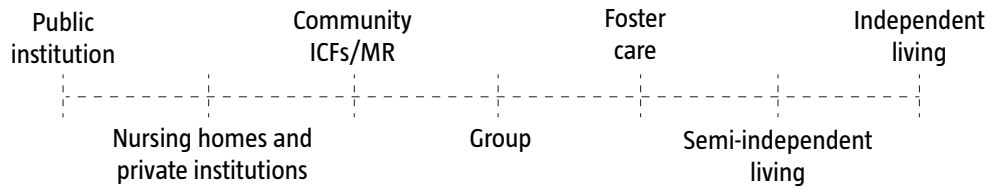
- Programme 2 involves assessment and a focus upon a child in the mainstream class with support material produced for staff
- Programme 3 involves an itinerant teacher providing individual or group support in mainstream class
- Programme 4 involves time in a separate resource room focusing on basic and life skills with intention to move back to mainstream class or to a diagnostic prescriptive programme
- Programme 5 comprises a separate class and separate curriculum in a regular school
- Programme 6 involves attending a special school
- Programme 7 involves placement in residential state institution (Maryland State Department of Education 1969).

2.2.3 Continuum of including and segregating provision

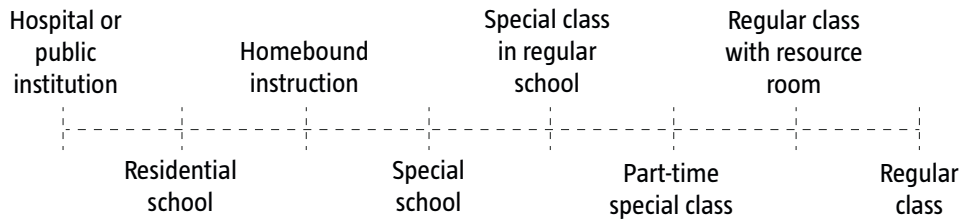
These shifts in description are partly a cause and/or consequence of changes in the language of legislation. In the United States, for example, many models refer to the range of provision from the 'most restrictive environment' (most separate) to the 'least restrictive environment' (most included). However, though the terms are echoed across time and documents, it is evident too that there has been a change in the nature of the settings situated on the continuum. In the earliest models (in the late 1960s and early 1970s) the continuum begins with non-educational and/or residential and/or institutional provision, then moves to instruction in the home before arriving at special schools. In the later models, the starting points tends to be the separate provision of the special school. At the other end of the continuum the shifts are of a different nature, with mainstream class placement as the norm, either with some support or with none and with prevention appearing as a precursor to this first stage in some models. Taylor (1988) described this type of shift in provision by talking about a shift from a traditional, least restrictive environment continuum to a community-based, least restrictive environment continuum (Taylor 1988). He defined three continua which encapsulated the services required to deliver provision across the lifespan of disabled people (Figures B7 and B8).

Figure 2.7 A traditional, least restrictive environment continuum

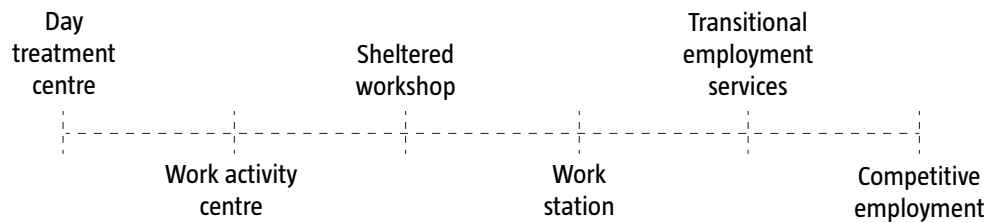
The residential continuum



The special education continuum



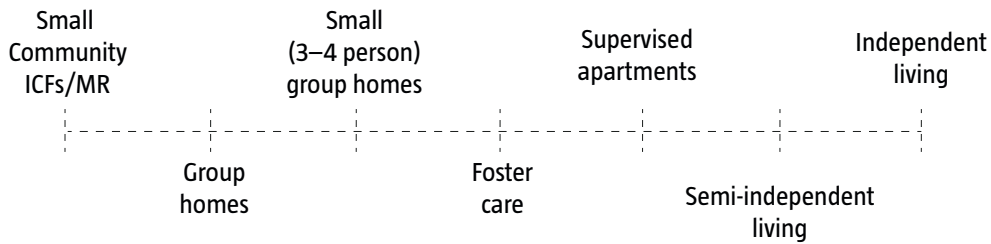
The vocational continuum



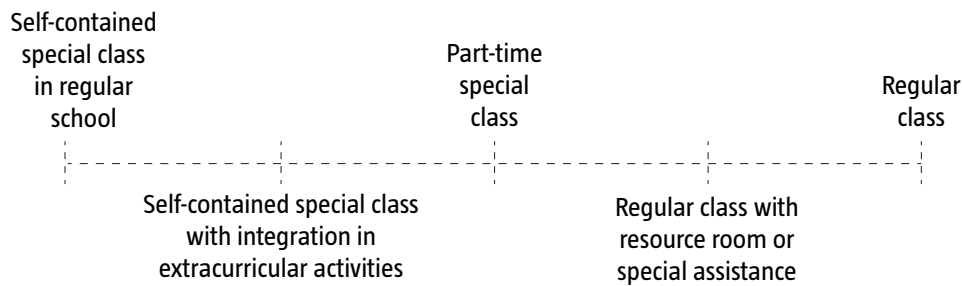
Source: Taylor (1988)

Figure 2.8 A community based, least restrictive environment continuum

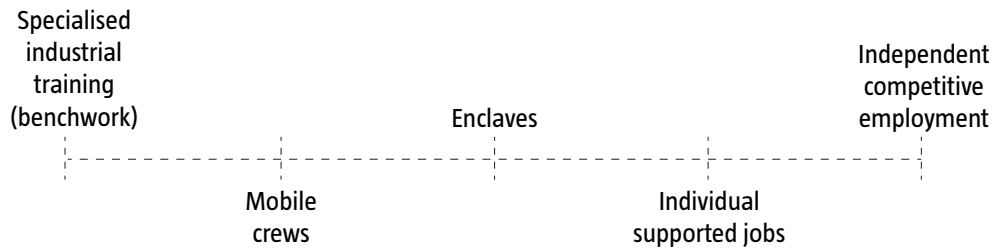
The residential continuum



The special education continuum



The vocational continuum

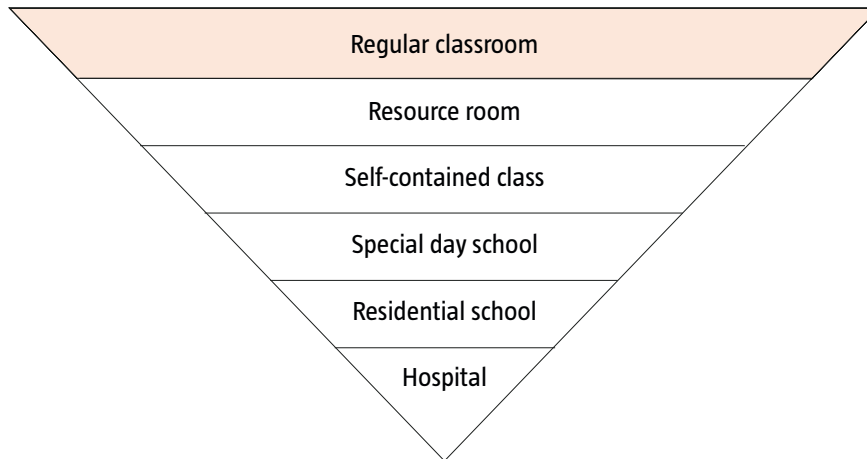


- ◀ - - More restrictive - - - - - Less restrictive - - ▶
- ◀ - - Least integrated - - - - - Most integrated - - ▶
- ◀ - - Least normalised - - - - - Most normalised - - ▶
- ◀ - - Most intensive services - - - - - Least intensive services - - ▶

Source: Taylor (1988)

Twenty-two years after Taylor, the historical change within the United States was represented by Fuchs, Fuchs and Stecker (2010) as a shift from a continuum (see Figure 2.9a) ranging from the regular class to hospital (with only the first category within the mainstream) to a continuum (see Figure 2.9b) which includes two tiers of mainstream provision prior to the same range of separate provision (with the first two tiers involving research-based whole class practice and then small group work). They then suggest another shift to a continuum (see Figure 2.9c) which includes three tiers of provision. These tiers are situated within the mainstream context, but blur mainstream and special provision with an acknowledgement that in resolving issues there may be a range of other tiers set up as a response to needs arising in context.

Figure 2.9a The traditional continuum of placements and services



Source: Fuchs et al (2010)

Figure 2.9b The continuum taking Response To Intervention into account

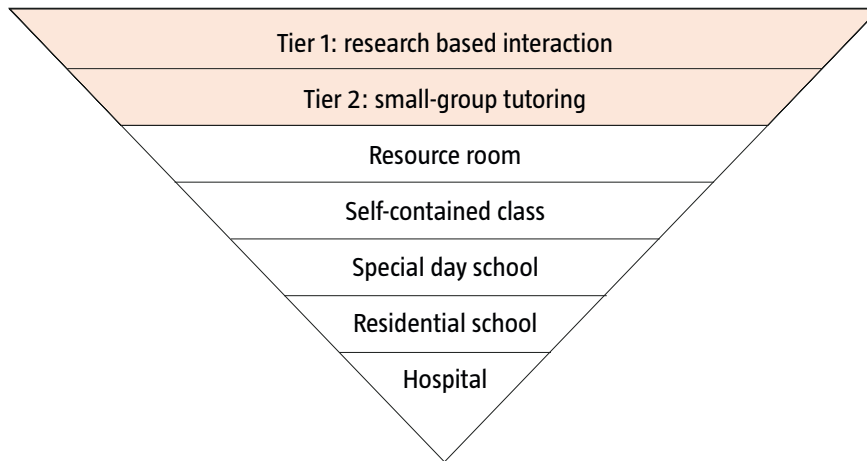
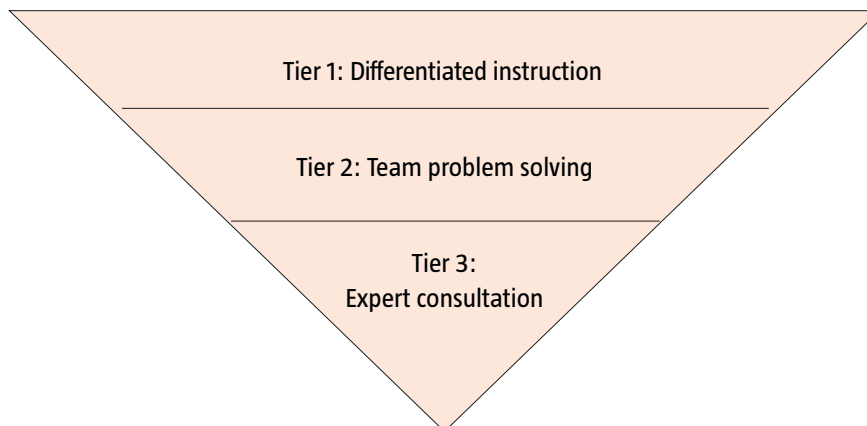


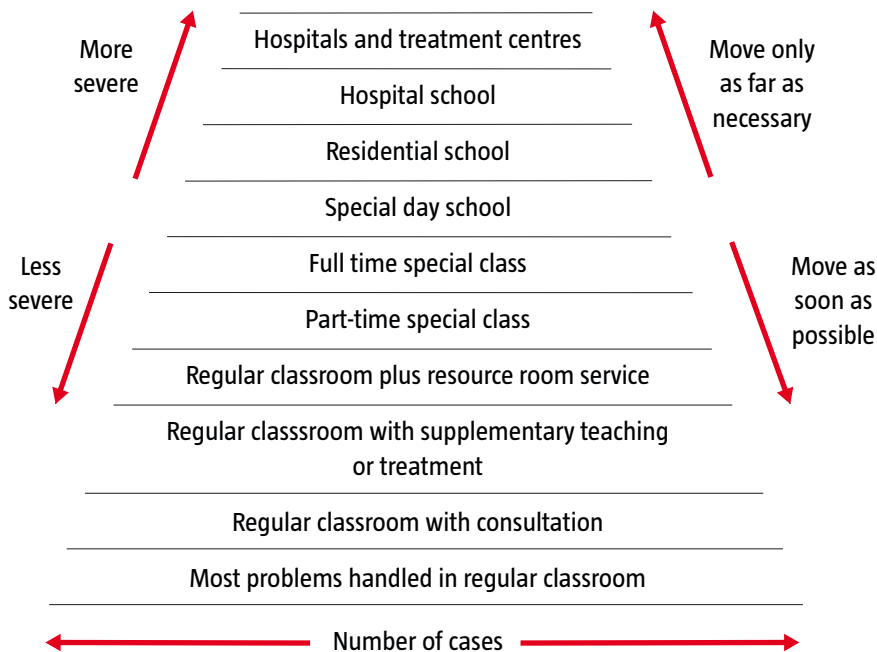
Figure 2.9c A new continuum of placements and services



This flexible blurring of special and mainstream represents a clear shift in the conceptualisation of the continuum but also a break from the hierarchical model of separate special provision which was described well before the concept of the continuum was proposed (see Figure 2.8; Reynolds, 1962). It is evident that the concept was not a reconceptualisation of provision but a linguistic shift, which facilitates a notion of

movement within the system. That is not to say that the notion of movement was not included in the earlier hierarchy model, but this model was intended to represent what was already being done, whilst the continuum was used as an aspirational concept within official reports and legislation.

Figure 2.10 Reynold's (1962) hierarchical structure of special education



2.2.4 A continuum of care for a continuum of need

This capacity of the continuum to both describe what is there and serve as an aspirational concept for what should be there has meant that it has come to be applied to a much wider range of services and provision associated with students identified with special education needs. Groups of administrators, for example, have been shown to view gifted and talented as one end of the continuum with special education as the other (Doyle, 2001). Medical practitioners position education provision as part of the continuum of care for children with disabilities. Allison et al (2007) describe a four tier continuum:

- Tier 1 is practitioners being alert, offering advice and guidance
- Tier 2 is medical practitioners supporting other professionals and families within everyday practice, offering training, outreach and assessment
- Tier 3 is social and medical practitioners in multi-agency teams offering assessment, intervention, consultation and training and carrying out research and development
- Tier 4 is tertiary services with out-patient and in-patient teams.

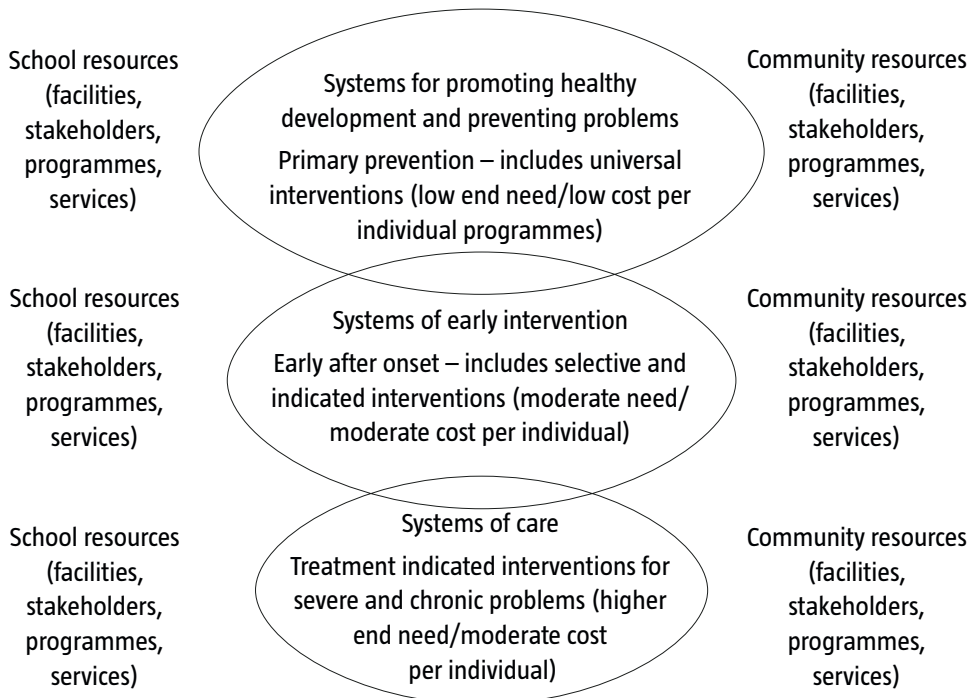
2.2.5 Continuum of policy for a continuum of in-school community programmes and services

The Center for Mental Health in Schools (CfMHIS 2004) suggest that the continuum can go from a (macro) social policy level to a (micro) individual treatment level, where Level

1 is dealing with economic inequality and lack of opportunity and Level 5 represents ongoing treatment for severe problems. They identify a continuum of policies. At one end, broad policies deal with preventative, social issues, aimed at wide numbers of people; at the other end the policies need to narrow, dealing with treatment, and aimed at small numbers of people (CfMHIS 2004). This model (see Figure 2.11) echoes Taylor’s view (2001) that the continuum of services needs to have mental health screening and early identification strategies, prevention and treatment integrated into the school environment. The model suggests there needs to be systems for prevention, systems of early intervention and systems of care, and a continuum of interventions. The stages of this model are summarised below.

1. Prevention
2. Pre-school programmes
3. Transition support
4. Improving and augmenting support
5. Specialised staff development and intervention
6. Intensive treatments involving outside agencies.

Figure 2.11 Interconnected systems for meeting the needs of all children (Providing a continuum of school-community programmes and services ensuring use of the least intervention needed)



Source: CfMHIS (2004).

Clare Dorer, Chief Executive of the National Association of Independent Schools and Non-Maintained Special Schools (NASS) in the UK, in evidence to the Education And Skills Committee, 2006, described it as a broad continuum, and expressed the desire to move away from thinking of any division between mainstream and special. Private provision is also part of this broad continuum, though not in competition with state funded provision

(Jones et al, 2008) according to some who work within it. Yet despite this breadth, some still maintain that the continuum must provide neighbourhood schooling for all (Idol, 1997). Here lies a tension with the earlier suggestion that the continuum can be seen as an aspirational tool. For those who cannot ignore the division between mainstream and special, private and public, the continuum constrains the capacity to provide inclusive education. The continuum can be considered to be effective but not inclusive. From this perspective – that of inclusion – effective education entirely in the mainstream can only be one placement option (Idol, 1997).

2.2.6 Continua of intervention type, practitioners, space and personnel

In an analysis of programme alternatives across the US, Barresi (1980) identified the need for a huge range of services and providers including: crisis intervention crisis intervention programmes; parent-infant programmes; counselling for students and parents; regional adolescent centres; cooperative programmes; sheltered workshops; alternate learning centres; gifted programmes; speech and language pathology programmes; trial placements; and composite programmes. Barresi placed the work study programme as the furthest point away from regular classroom on the continuum. This breadth of provision also calls for continuum of practitioners. Amond (1986) for example identified: regular classroom teachers, principals, counselors, nurses, social workers, psychometrists, school psychologists, special counselors, speech pathologists, audiologists, behavioural consultants, special education teachers, educational liaisons, staff of residential centers/facilities, physical therapists and occupational therapists.

In his attempt to capture the breadth of provision Taylor (1988) presented the continuum as three scales – the residential continuum, the special education continuum and vocational continuum (see Figure 2.8). In other models some aspects of these continua overlap. The breadth of services, settings, programmes and practitioners means that placement of an individual within the continuum does not neatly fall within a few levels either. Grotsky's (1978) model of the continuum (cited in National Association of State Directors of Special Education, 1998), for example, identified a typical sample of seven key sites of provision (from regular classroom to institutional placements) but included 35 options available for placement. The report by the National Association of State Directors of Special Education in the United States (1999) also recognised that the continuum involves alternative interventions both in-school and out of school; and that these can range from monitoring attendance to family counselling to alternative schools. It is perhaps unsurprising that it is described as a 'long line that keeps going' (beginning with positive role models) (South Carolina Continuum of Care for Emotionally Disturbed Children 1992) and yet ironically that some administrators should perceive it to be made up of categorical parts (Doyle, 2001).

2.2.7 Continua of intensity, levels, ratios and workload

A common element seen in different constructions of what is on the continuum relates to the intensity of provision. This can either be intensity in relation to amount of intervention experienced or support provided. For example Barnett, Van Der Hayden and Witt (2007) suggest it is not necessarily the activities that change across the

continuum (which they suggest is formed of three tiers – class wide, small group, and individualised) but the intensity of interventions, which vary according to evidence of progress. Barresi (1980) notes continua where the six levels are defined by the number of hours support received per day. For example, Maryland's six levels were:

1. students needing supplementary services in general education
2. students requiring special education instruction for not more than 1 hour per day
3. students requiring special education instruction for upto an average of 3 hours per day
4. students requiring special education instruction for up to than 6 hours per day and related services
5. students requiring special education package for the entire day
6. students requiring special education programme and personal care for 24 hours per day.

Whilst Minnesota had a continuum similarly defined by intensity of support, it had no special education services offered at Level 1, and at Level 2 services were for teaching staff only. Barresi (1980) also noted continua defined by the staff caseload or workload, namely where teacher-pupil ratios decrease as 'intensiveness' of the intervention increases. In addition, Beam and Breshears (1985) describe early years provision which details such an approach. Levels 1 and 2 of this continuum would have a teacher and special education teacher in class, and Level 3 would have initial in-class support and then move to special education teacher as advisor. This continuum is also framed by ratios of types of children, as follows:

- Level 1 is 1:1 'handicapped to non-handicapped' with 10-12 children
- Level 2 is 1:2 'handicapped to non-handicapped' 15-18 children
- Level 3 is 1:3 'handicapped to non-handicapped' with 15-18 children.

2.2.8 Continuum of levels of response related to severity of identified need

As this last version of the continuum suggests, the continuum frequently represents a level of response to the perceived, defined or assessed severity of need. The number of levels of response can vary, for example four in New Mexico (Barresi, 1980), where Level A represented no modifications of regular education to Level D where regular classroom education was deemed inappropriate, to an English model in which three stages were enough to indicate the amount of extra help needed to deal with increasingly complex issues (Copeland 2000).

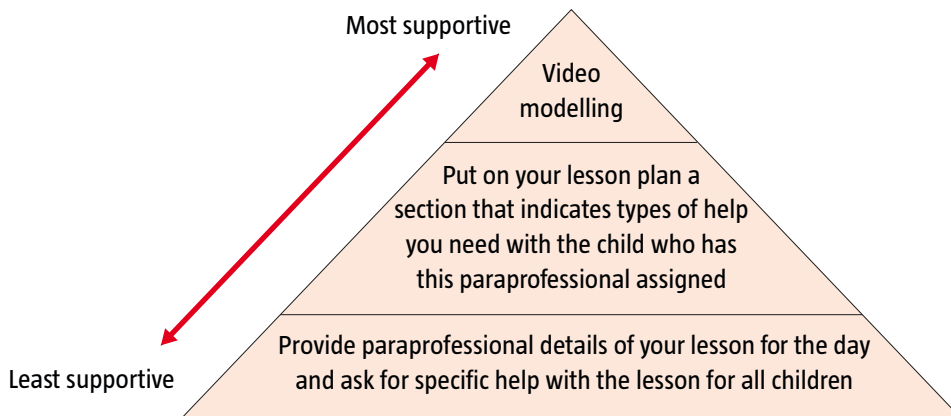
This notion of complexity or severity underpinned the concept of the continuum as a cascade based on individual or category based need. As is evident from states such as New Mexico (Barresi 1980) and Illinois (Pysh and Chalfant 1978) the more 'severe' the need the further away from the mainstream class the child can be placed, even though the aim is for the pupil to be removed as little as possible from the regular classroom. Despite a recognition that the nature and arrangement of settings should be considered (e.g. IOWA State Dept of Public Instruction 1981), placement upon this continuum was

based upon norms of intelligence and behaviour. Pysh and Chalfont (1978) provide detailed descriptions of the purpose, form and function of teaching practice and student support and the roles that need to be fulfilled in the different levels, and questions to be asked about appropriate points of transition. Their work also contains detailed descriptions of how severity could be recognised in relation to different areas such as: intellectual capacity, social and emotional maturity, chronological age, educational level and ability for a student to ‘maintain’ themselves in a setting.

2.2.9 Continuum of support for staff

As noted above a key defining feature of some of the descriptions of the continuum is the presence of support staff and their role in relation to other teachers and the students.⁵ Another continuum presents, therefore, in relation to the model of support provided to staff on the continuum. Haegele and Kozub (2010) for example discuss a continuum which spreads from most supportive to least supportive for support staff working in physical education (see Figure 2.13). They suggest not all levels of support on this continuum are necessary but are dependent upon appropriateness (i.e. the most supportive end of the continuum requires more engagement with the planning and learning of a child, while the least supportive end requires minimal effort). Furthermore, they argue that for each child the nature of the continuum needs to be focused on the intensity of support provided to practitioners.

Figure 2.12 A continuum of support that is suggested for using para-educators in adapted physical education classes



Source: Haegele and Kozub (2010).

2.2.10 Continua of diverse practitioner responses and instruction

The context of the continuum can also be seen to define how the continuum is delivered. For example, a continuum of diverse practitioner responses (i.e. a need for flexibility

5 A continuum of supports for elementary students with learning Disabilities (McLesky and Waldron, 2011) was published just after this review was completed. It is a triangular model with three levels, going from universal to targeted to specialised support. The number of students decreases as you move up the pyramid going from less to more specialised supports. This paper claims that the special education approaches have been proved to work with children with mild learning disabilities and that these can be delivered in the mainstream if there is a change in culture premised around shared responsibility for the learner.

in approaches to teaching) (Mercer, Lane, Jordan, Allsop and Eisele, 1996) recognises the need to avoid interpreting behaviours differently as a result of special versus mainstream training or working in either of those contexts. It recognises too the need to understand the different nature of approaches developed in different paradigms upon the continuum. They suggest a continuum of instruction which includes direct teaching, milieu teaching (a combination of child-directed activity and teacher prompts), responsive interaction (child directed, based on child-adult interaction), explicit and implicit instruction, authentic activities, process activities, connective activities (between concepts and application), peer interactive activities, coaching and behavioural management techniques (Mercer, Lane, Jordan, Allsop and Eisel 1996). This continuum (see Figure 2.12) stretches from explicit instruction involving most teacher assistance to implicit instruction with least teacher assistance. Within this model they also place different theoretical perspectives on learning and teaching which, if mapped onto other models of the continuum, raise interesting questions about how different approaches to teaching and learning are in separate and mainstream settings.

Figure 2.13 A continuum of instruction



Source: Mercer, Lane, Jordan, Allsop and Eisel (1996).

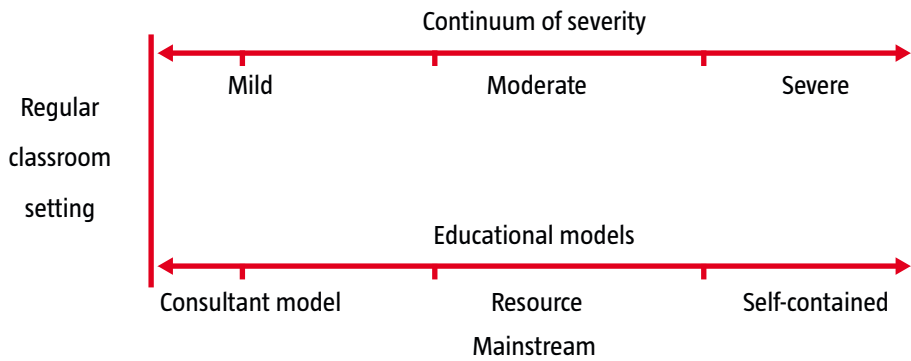
2.2.11 Continuum of transitions (through the system)

The significance of context is particularly relevant to movement within the systems. For example, a developmental continuum can be rooted within individual experiences rather than in relation to norms. Newcomb and Cousert (1996) identify a two-tier continuum, where the focus is upon major and routine developmental transitions; this focuses upon the ever changing needs of the key actors within the systems of service delivery. This model has two Tiers. Tier 1 is about promoting good health and mental health through these developmental transitions, whilst Tier 2 is for those who have received clinical diagnosis.

Many visual representations of a continuum include a line with arrows at the end. These lines represent the scope of an attribute within the continuum but they are also representative of movement across it. The intention of the arrow is to suggest flexible movement within the continuum; however, the double ended arrow can clearly demonstrate rigidity within the system. In the grid below, representation of the continuum (Special Education Instructional Materials Center, 1979) it is evident that the defining feature is the placement upon the continuum of severity (see Figure 2.14). In this continuum, if you are 'severe' you have to be in a self-contained educational model

and away from the regular classroom setting. When placement on the continuum of severity is based on 'within-child deficits' or attributes or categories such as moderate/severe /profound learning difficulties then these labels cannot be changed. Therefore no movement is possible on the top arrow at an individual level. It is a static population descriptor. Movement on the bottom arrow is therefore not likely as it is solely dependent upon changing one's position on that top double ended arrow.

Figure 2.14 Continuum as a grid

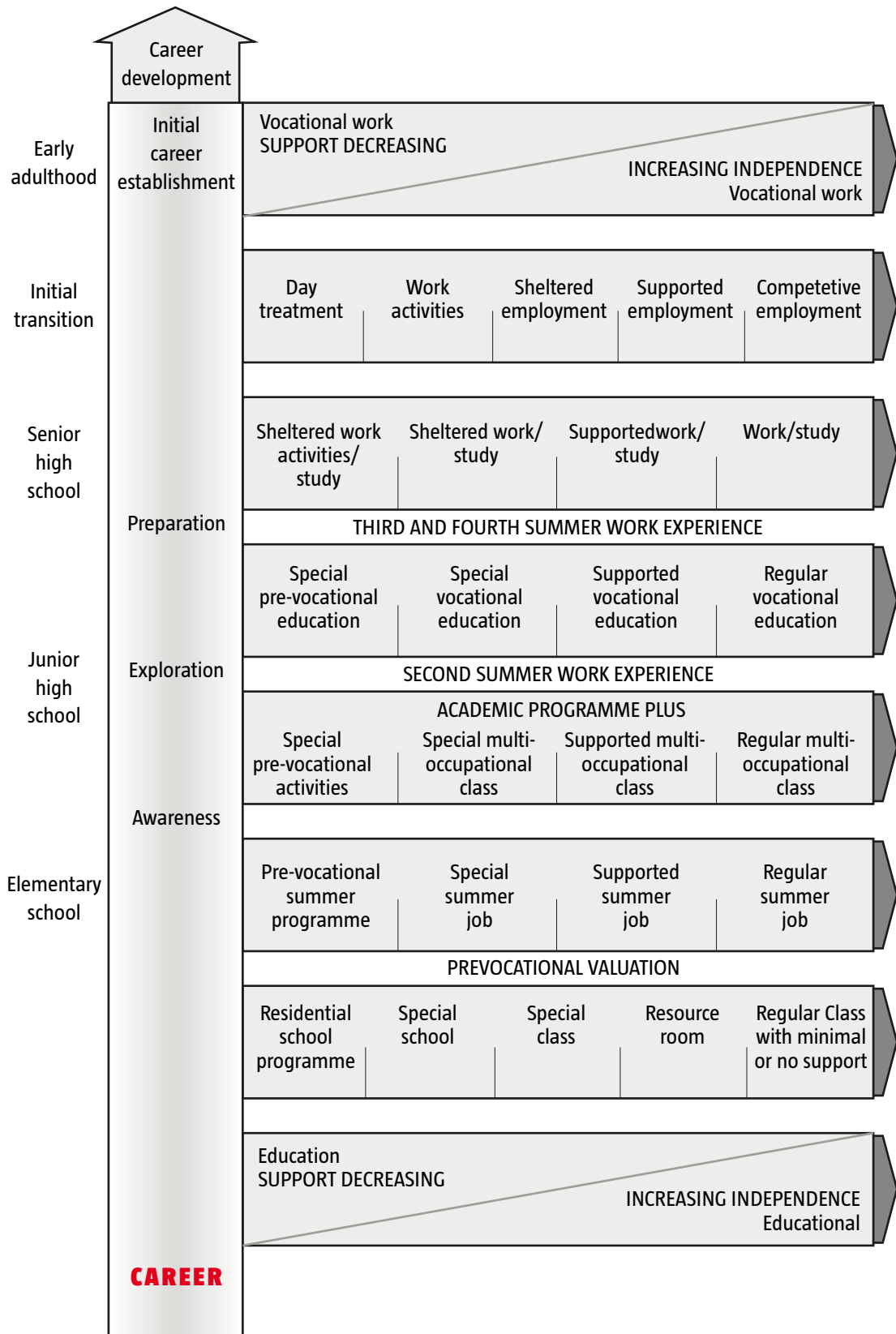


Source: Special Education Instructional Materials Center (1979)

2.2.12 Continuum of age linked placements including vocational support

The arrows on the continua frequently only point in one direction. This sense of movement is typically evident in the education of all children, as they move from early years, to primary and onto secondary settings. This is acknowledged by the Special Education Instructional Materials Center (1979) when they talk of the continuum as age linked placements from 0-18 years for all children. The IPS (1975) continuum also uses single-ended arrows to suggest that movement away from the mainstream is only as far as necessary whilst movement back to the mainstream should happen as soon as possible. In discussing vocational education for students with disabilities, Corthell (1984) presents a continuum as signpost (see Figure 2.15). This model aspires to create individual movement through the continuum, based upon a full range of options available to meet support needs at all points of vocational development. The continuum is governed on principles of least restriction, vocational development, system reinforcers and impediments and appropriate assessment linked to movement between programmes.

Figure 2.15 The vocational continuum as a signpost



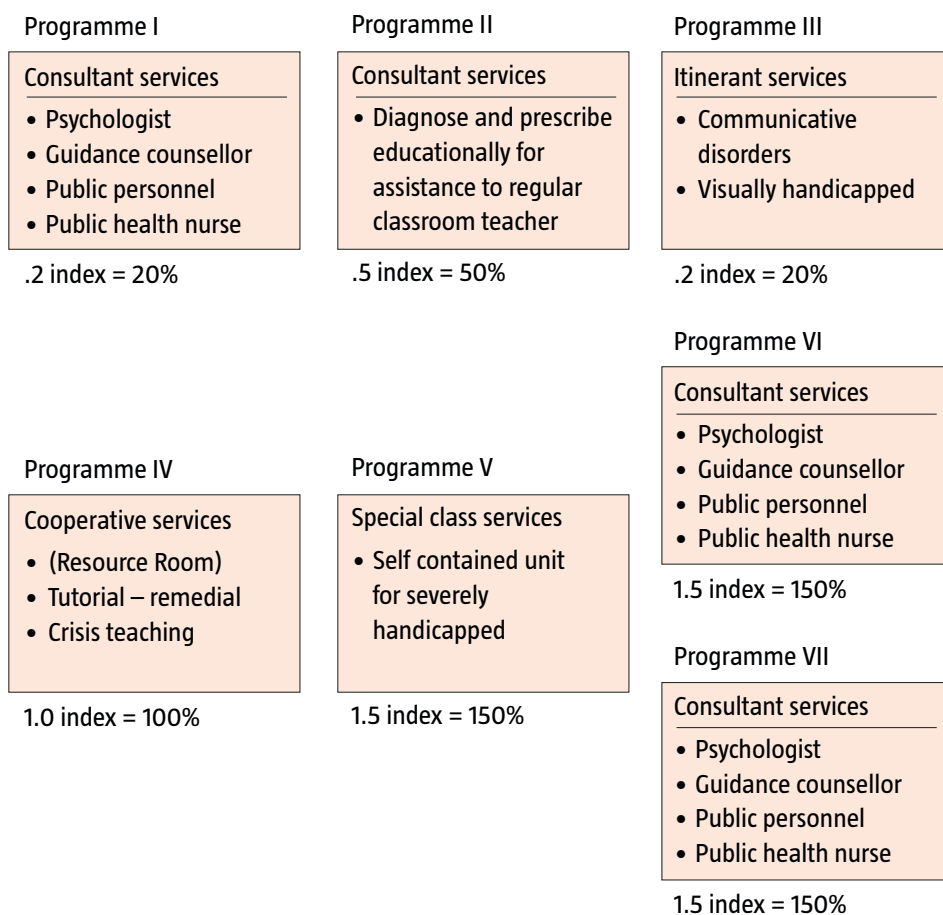
Source: Corthell (1984)

The movement is not just a physical movement of an individual through the system or between placements, it is also a shifting emphasis upon an aspect of the provision. For example, Amond (1987) states:

Emphasis upon treatment usually increases with the restrictiveness of placement, whereas emphasis on instruction usually decreases as placement restrictiveness increases (p39).

The need for this sense of movement is particularly evident when the continuum is represented without arrows. For example the continuum of programme design (Maryland State Department of Education 1969; see Figure 2.16) represents programmes as being isolated from each other. We will consider how we think about provision on the continuum and possible implications for practice later in this section.

Figure 2.16 The continuum of programme design⁶



Source: Maryland State Department of Education (1969)

⁶ The index represents the pupil design weighting: The intention is to reimburse settings on the basis of: *the number of pupils X average state per pupil cost + design value weighting*. The percentage is based upon the average cost per child in regular school placements.

2.2.13 Continuum of a single setting encapsulating a continuum of variables

Movement within the continuum however does not require movement across separated spaces and places. The Center for Mental Health in Schools (CfMHiS) (2004) suggest that a continuum can be provided in a single setting; with schools promoting good behaviours and preventing poor behaviours, responding to problems close to onset, and providing treatments for severe difficulties. This echoes the view of the continuum as being made up of, and dependent upon, variables such as the number and type of staff; staff commitment; capacity of itinerant staff to adapt to school philosophy; and external supervision and review (IPS, 1975):

The nature of the student population in each building determines the variety of service alternatives needed (IPS, 1975 p4-5).

These variables are also seen to come into play when positioning inclusive provision within the continuum. Doyle (2001) identifies an administrative perspective which see 'inclusion schools' as an option within the continuum contrasting with other mainstream schools on the continuum that are not inclusive. However, it has long been recognised that the capacity of a setting to offer provision to a wider range of students can be needs driven. For example, in rural settings where the continuum does not exist, rural exception can be applied and instruction can be adapted to meet the needs of the child (IOWA State Dept of Public Instruction, 1981). In such an instance it is worth asking whether it is the needs of the system or the needs of the child that are driving this change in pedagogy.

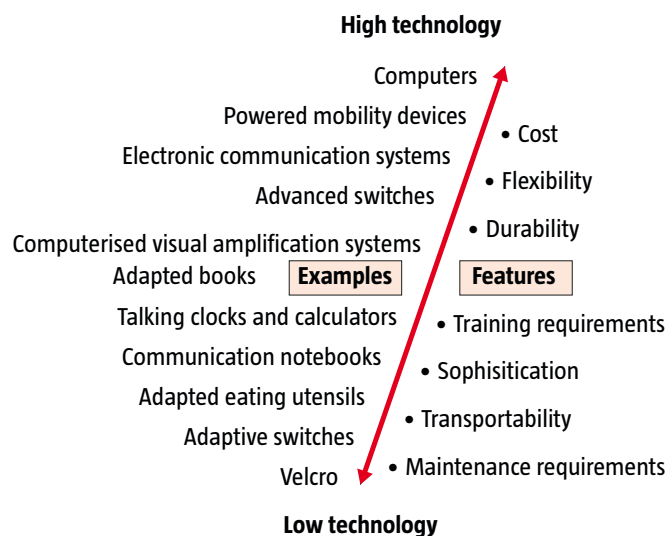
Given the view that inclusive provision can be provided within the continuum depending upon a range of variables being in place, it is worth noting that traditionally the continuum offers few services within the mainstream (Kamin and Berger, 2001). In light of this interpretation it is pertinent to contrast discussions about how many tiers are required to make an effective continuum. In the nine levels of the IPS continuum (1975) Level 4 was regarded as the level for re-integration. At Levels 3 and 4 there was some degree of withdrawal for work with support staff. At Levels 1 and 2 the support could be indirect. (Time spent 'in each arrangement' is commensurate with nature of child's deficit and ability.) However, in a more recent representation of the continuum (Reschly, 2005 in Kavale et al, 2008) the mainstream becomes the dominant location. In exploring the continuum this paper asks if there should be three tiers (from high quality instruction for all to small group tutoring to individual interventions) or whether there should be a fourth tier, which is simply the point at which a student enters special education.

2.2.14 Continuum of technology

This representation of a threshold through which a student passes reflects the continuum as the location for increasing the availability of rare resources (Hallenbeck, Kauffman and Lloyd, 1993). The nature of a point on the continuum can also be seen as a reflector of cost and accessibility, where the 'high tech' end is more expensive and harder to access. Drawing upon this last aspect, Parette and Murdick (1998) suggest a

continuum of assistive technologies represented as a single line of possibilities from high tech to low tech (see Figure 2.17), all of which could be made available in any setting on the placement continuum. The ten categories of assistance they identify are (a) mobility (b) electronic communication (c) visual aid (d) assistive listening (e) environmental access (f) computers (g) leisure/recreation (h) independent living (i) positioning and (j) adaptive toys. Of course links between technology and cost change across time as do the nature of the products within the categories.

Figure 2.17 Possible inclusive early year devices on the continuum of assistive technologies

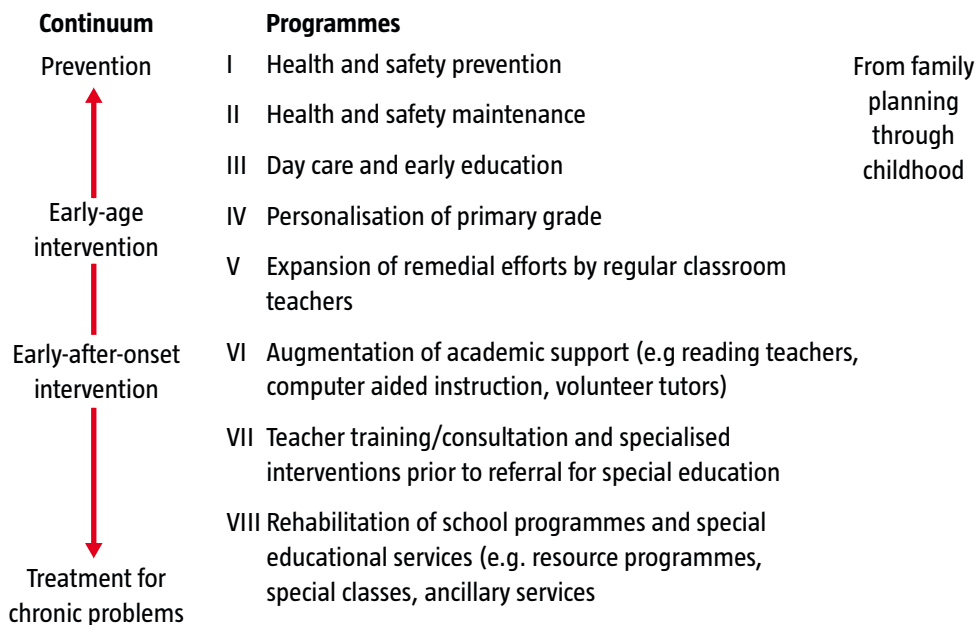


Source: Parette and Murdick (1998)

2.2.15 Continuum of regulation with areas for analysis

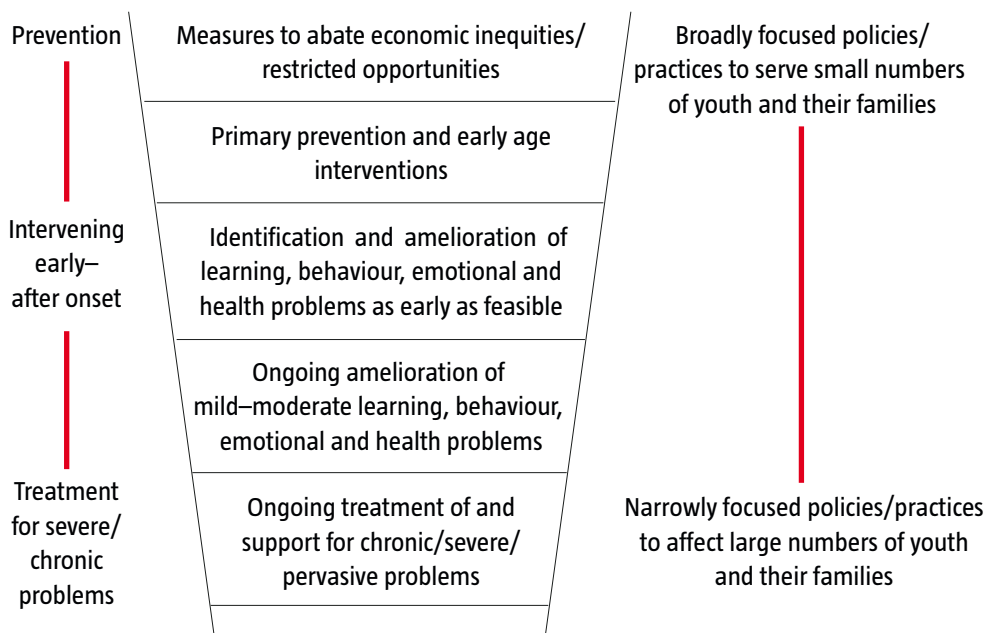
In some models, the continuum is made up of clearly defined regulations about how its parts are arranged, the nature of the roles within it, how buildings are run and access to different parts are managed (Ohio State Department of Education 1982). It is not merely a tool for appreciating the range of interventions which are intended to be as non-intrusive and least restrictive as possible (CfMHIS 2004). This notion of the continuum derives from its earliest conception as a cascade in which services used by a child are based on need. The placement is dynamic, participation can be at more than one level, encouraging due process, and provides clear guidelines for placement, reducing the reliance upon categories of impairment (Caster and Grimes, 1974). In these models the continuum is not so much about 'where' as much as it is about 'what'. So for example in Adelman (1989) and CfMHIS (2004) the continuum runs from prevention to treatment, which begin with the family and wider community education (see Figures B18 and B19), gradually narrowing its focus to the individual child or family. For Bercow (2010) beginning with the family means something else. He suggests that the continuum of provision of services around the family is premised upon identifying and addressing skills and capacity gaps, rather than starting with a theoretical perspective or resource availability and allocation.

Figure 2.18 Continuum of programmes for learning



Source: Adelman (1989)

Figure 2.19 Continuum of five fundamental areas for analysing policy and practice



Source: CfMHiS (2004)

Despite this focus on what happens on the continuum, the special part involves a separate school, institution or home instruction (e.g. Ohio State Department of Education, 1982) and as a consequence it has segregation and isolation as one of its defining features (Brown and Michaels, 2006).

2.2.16 Summary

In examining the literature it is evident that we cannot speak of a continuum as a single definable set of provision. There appear to be continua which are primarily concerned with where support takes place, presenting varying degrees of inclusion or segregation across a spread of settings or within a single setting, and across the age range; these continua 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 seem closely linked to another group which are concerned with the quantity of support that is being provided and the type of service which is providing it and also to a group which focus upon quality of support and how that is developed and reinforced. Finally there appears to be a group of continua which focus upon issues of governance, describing types of programmes, policy and rules, and also considering movement through the system and the issues which facilitate or restrict progress and how they should be evaluated. In Figure 2.20 we summarise the types of continua which 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.

Given the nature of any single continuum it is evident that a range of other continua are in play at the same time. The application of some concepts is also highly dependent upon context. For example we have placed the continuum of assessment within the continua of strategies because assessment is fundamental to understanding the learning situation and the child and providing the appropriate quality of support. But assessment is also a key factor within the continua of systems, in that in many systems it is associated with issues of governance and funding. Given that assessment is essential for high quality provision, however, and is merely a preferred route for governance and funding we have placed it within the continua of strategies.

In many ways our underlying assumptions about the continua and our place within them define the manner in which we operate. However, it is also evident that the manner in which we operate informs our view of what the continua are and our place within them.

Figure 2.20 The range of continua in evidence in the literature**Continua of space**

These continua are concerned with where support takes place:

- Continuum of settings
- Continuum of including and segregating provision
- Continuum of a single setting
- Continuum of age linked placements.

Continua of staffing

These continua are concerned with who is providing the support:

- Continuum of space and personnel
- Continuum of practitioners
- Continuum of diverse practitioner responses
- Continuum of staff caseload.

Continua of students

These continua are concerned with who is being supported:

- Continuum of need
- Continuum of severity of need
- Continuum of pupil-type ratios.

Continua of support

These continua are concerned with the quantity and type of support:

- Continuum of intensity of support
- Continuum of levels of response related to severity of identified need
- Continuum of intervention levels
- Continuum of intervention types
- Continuum of care
- Continuum of vocational support.

Continua of strategies

These continua are concerned with the quality of support:

- Continuum of instruction
- Continuum of assessment
- Continuum of technology
- Continuum of support for staff.

Continua of systems

These continua are concerned with issues of governance:

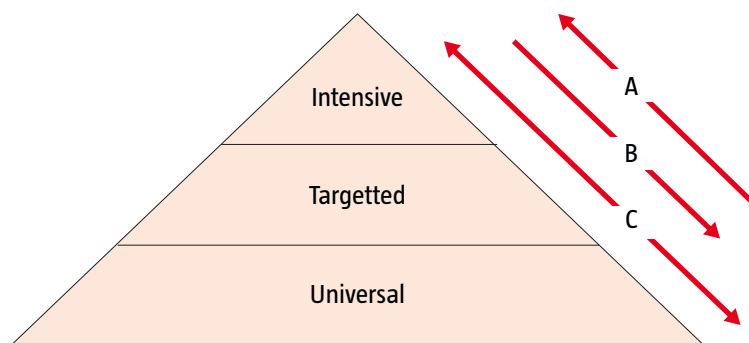
- Continuum of programmes
- Continuum as a programme
- Continuum of in-school-community programmes and services
- Continuum of policy
- Continuum of regulation
- Continuum of transitions (through the system)
- Continuum of variables (affecting how things work)
- Continuum of areas of analysis (of policy and practice).

2.3 How We Think about Provision on the Continuum

There is a long history of calling for a continuum of services (Zigmond and Baker, 1996); but is this because it is the best response for meeting the needs of students or because it arises from the dominant cultural view of how to most efficiently and effectively deliver services of support? Is it, as Herman et al (2004) suggest, simply a means of allocating limited resources, defining need for services, in which more costly interventions can be reserved for individuals who do not benefit from less intensive, school wide programming?

As we have suggested earlier (in relation to Reynolds, 1962), the continuum re-presented ways of thinking that were around before under a different name, but it has also be seen to re-emerge when new models of support are developed. For example, a US school-wide positive behaviour support initiative used a three-tiered intervention model (Walker et al, 1996), but it has come to be seen by many as representing a linear continuum development of support (Brown and Michaels, 2006). Significantly for this section of the chapter, the direction of the line which people add can vary. The model has three tiers of support: intensive, targeted and universal (see Figure 2.21). The intention of the model was that support could be in all areas and in any direction and that each supports the other (line C); however the linear dominant models that emerge (lines A and B) presuppose that either universal or intensive services are the starting point.

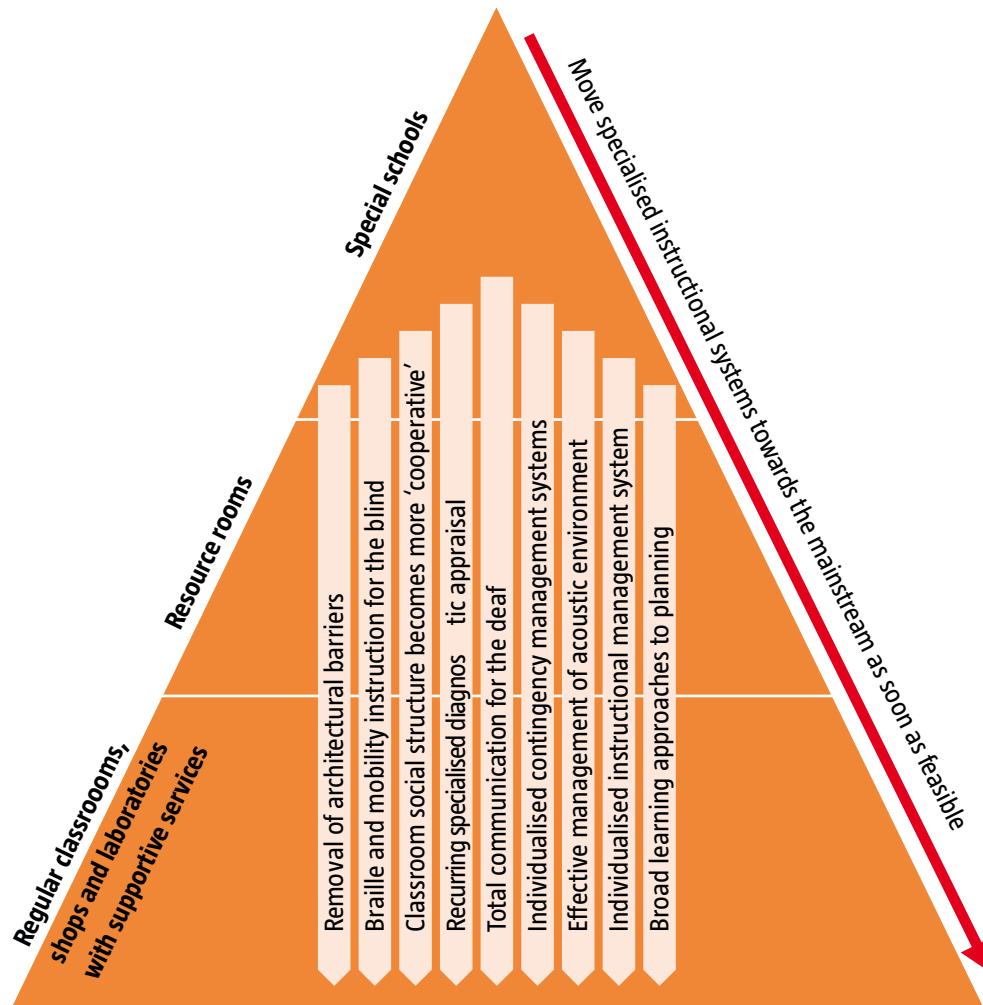
Figure 2.21 Differing perspective on verticality within the SWPBS three-tiered triangle



Source: Brown and Michaels (2006)

The different starting point for the continuum will by necessity produce quite a different response to situations which arise both with children, practitioners, administrators and policy makers. It will change the direction in which people are looking. For example, it becomes operationalised as creating new buildings for new needs rather than through the development of services (Taylor, 1988). How we view the children is affected too; if we provide children with disabilities with as much exposure to nondisabled children as possible (Yell, 1995) it encourages an unvoiced assumption that the 'special' child needs the company of the mainstream child more than the mainstream child needs their company. In some models of thinking the starting point of our thinking defines the direction of services as well. For example, in Reynolds and Birch's (1977) revision of the cascade model (in National Association of State Directors of Special Education, 1998) (see Figure 2.22) the services derive from the special sector.

Figure 2.22 Reynolds and Birch's (1977) revision of the cascade model



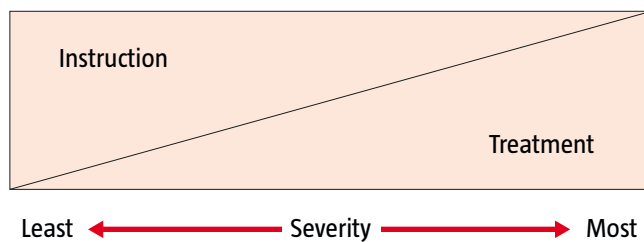
Source: National Association of State Directors of Special Education (1998)

This line of travel suggests that expertise and resources reside within the special sector. 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). For example, placement upon it is decided by experts conducting assessment (Block, 1996); whilst in a four tier model linking with mental health services, the later tiers involve professionals carrying out research and development (Allison et al 2007). However Gallagher (2001) suggests that the continuum is a reflection of the results of flawed empirical research and that the role of special education specialists operating as consultants or being positioned as the knowledgeable other drives the call for mainstream teachers to receive more training.

Clearly, how the continuum is viewed is critical and the language and the ideas we use to represent the continuum will limit our thinking. As is evident from the previous section the continuum has been conceptualised around spans of space, staffing, students, support, strategies and systems. However this is not the same as saying that the thinking

within each of those conceptualised spans is uniform. Renzulli (2002) suggests, for example, that the continuum of service delivery can be seen as an organisational model (grouping and moving between and among services) or theoretical/pedagogical model (to accomplish different kinds of learning). The continua also include provision which comes from quite different theoretical positions. Dockrell and Messer (1999) describe a continuum of speech therapy interventions which have approaches that are highly structured didactic/behaviourist at one end to naturalistic and child-oriented interventions which resemble natural child-parent interactions at the other. Similarly, Amond (1987) positions instruction (educational programming) and treatment (resources and services) as two separate responses to severity of need (see Figure 2.23).

Figure 2.23 Movement across the continuum



Source: Amond (1987)

A continuum of values and philosophies seems to exist. This arises from negotiated personal preferences, placements and practices (Vaughn and Schumm, 1995). Administrators, for example, have been shown to regard aspects of the continuum as being for socialisation of students with severe difficulties rather than their education (Doyle, 2001). There is also a view that there is something starkly different between special and mainstream thinking and that this dichotomy is limiting. In pointing this out the National Association of State Directors of Special Education (1998) are eager for the continuum not to be associated with a place, or regular or special categories, but with learning environments. It is evident though that different parts of the continuum are in competition with each other (Doyle, 2001). For example, the Illinois Coalition on School Inclusion (1994) suggest that people who fear the loss of the continuum and separate provision have constructed the notion of 'partial inclusion' within the continuum to maintain the status quo and of 'full inclusion' to imply that inclusive provision would not offer an array of flexible services, supports, curricula, instruction and personnel; the Illinois Coalition on School Inclusion suggest instead that supporters of inclusive provision wish to see a shift from special education having total control over a separate system within the continuum to being in a cooperative role with mainstream provision as the lead provider.

The models of the continuum which we have seen in the previous section do not help resolve these issues. On the one hand there is the frequent assumption that specialist knowledge resides within the special, on the other the continuum has regular school as the default option (Taylor, 1988). Removal from the mainstream is a last resort, with the implication that it is a lesser outcome (Illinois Coalition on School Inclusion, 1994). This puts both ends of the continuum on the defensive. The continuum is also represented as discrete components; for example, eight spaces on Taylor's special education continuum

(1988) or seven levels in Deno's cascade (1970); each in relation to the presumption of severity of need (Amond, 1987a). The continuum is a finite range of discrete placements within the least restrictive environment that meets special needs (Vaughn and Schumm, 1995) corresponding to academic achievement level (Madden and Slavin, 1983, cited in Fuchs and Fuchs, 1995), and delivering increasing security (Robertson and Bates 1998). The continuum is therefore not only synonymous with both a degree of segregation and intensity of services (Taylor, 1988); it also implies some restriction is necessary (Bliton and Schroeder, 1986). Yet its existence reflects a range of social factors (Robertson and Bates, 1998), and though it ought to correspond to instructional practices for an individual child (Vaughn and Schumm, 1995) is conceived differently for different types of special needs (Madden and Slavin, 1983, cited in Fuchs and Fuchs, 1995). It is also interpreted differently at local level, despite the same national legislation applying everywhere (Barresi, 1980) and having strong legal support (Yell, 1995). This is perhaps not surprising given the calls for the continuum to be available within a district (Yell, 1995) or going around the family in a regional 'hub' and 'spoke' model (Bercow, 2008).

As a result of the separation of philosophies and practices, there are calls to redefine relationships between special and general education, reordering funding and training to induce collegial and collaborative team working (Fuchs et al, 2010). Renzulli (2002) suggests too a need for bringing together different ways of viewing the processes within the continuum; if the organisational model can embrace the pedagogical model then perhaps there can be authentic learning in a segregated setting. It is also suggested that some approaches (such as response to intervention, which aim to evaluate and moderate the impact of interventions) could lead to a seamless continuum (Van Der Heyden et al, in Dupuis, 2010).

2.4 Aims for the Continuum

Surprisingly few sources (four in total) talked about the aims of a continuum. There were three broad areas for these aims: impact on the individual students; a focus upon inclusion in the mainstream; and effective use of resources.

The continuum has been seen as a way to avoid stigmatising individuals and focusing upon distinct impairments (Maryland State Department of Education, 1969). It is also a means to increase independence and community integration (Corthell, 1984). The intention is that the child should move along the continuum towards the mainstream as programmes remediate learning difficulties. The curriculum has increasingly aimed to maintain the student in the mainstream. For example in New York post-2000 the continuum is seen as having three levels: (i) general education with related services; (ii) general education with special education teacher support services; and (iii) collaborative team teaching between class teacher and special education teacher. Placement in a separate classroom can only be based on assessed academic and educational need (Kamin and Berger, 2001). The focus, therefore, is to keep the child in regular classes or maximise mainstream placement (Maryland State Department of Education, 1969). However, such an aim, and the aim to provide services within the mainstream (Kamin and Berger 2001), is in tension with another which is to deal with problems that cannot be dealt with in regular schools (Hendrickson, Smith and Frank, 1998).

In this latter context the continuum is seen as a way to maximise use of specialised staff and provide flexible individual support whilst reducing financial costs (Maryland State Department of Education (1969). As a result of developing the core community services it is seen as a way to reduce the need to provide separate support services (Corthell, 1984).

2.5 Why There Must be Working Together

A key aim identified across much of the literature for many years is for the different parts of the continuum to work together. This model of the continuum as a collective response rather than a linear one has resulted in the development of a number of different very non-linear representations being produced for the National Association of State Directors of Special Education (1998); for example the continuum as an layered ring (around the child (see Figure 2.24), the continuum as interlinking rings (around the child and family) (see Figure 2.25); and the continuum as a block (of child supports) (see Figure 2.26).

Figure 2.24 The continuum as a layered ring (around the child)

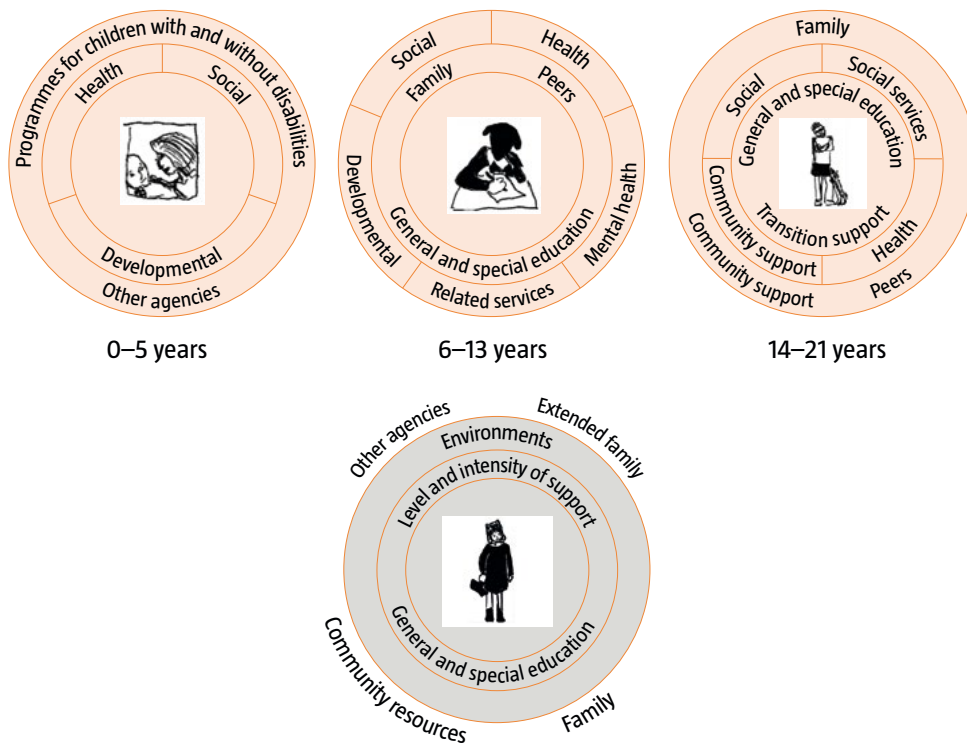


Figure 2.25 The continuum as interlinking rings (around the child and family)

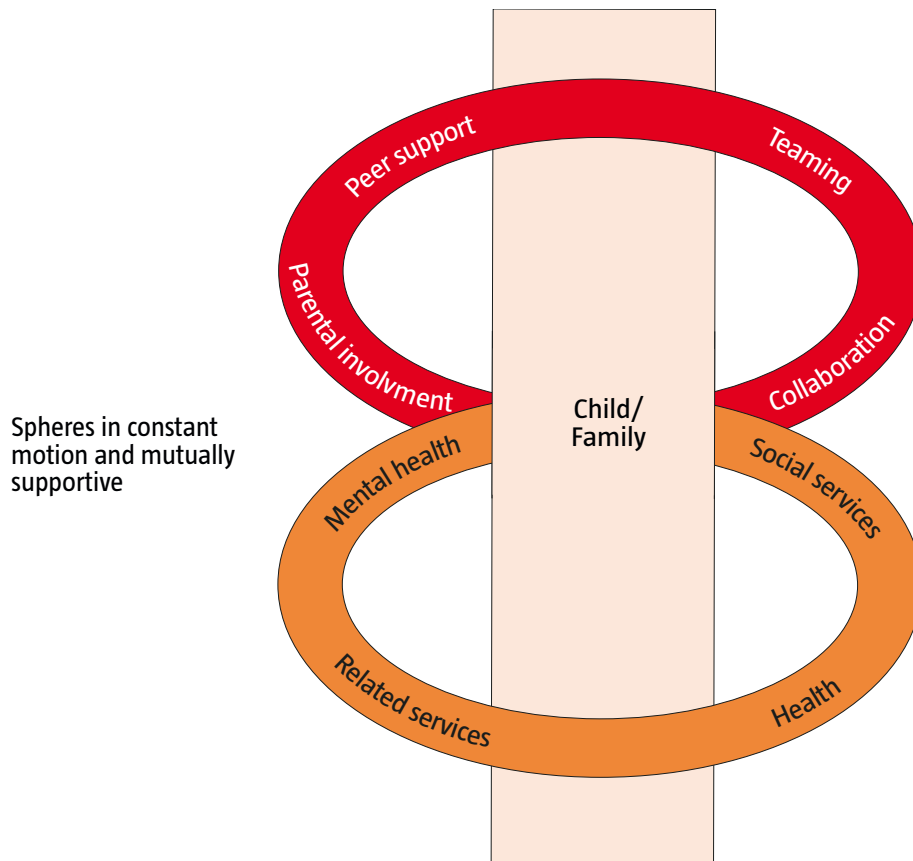
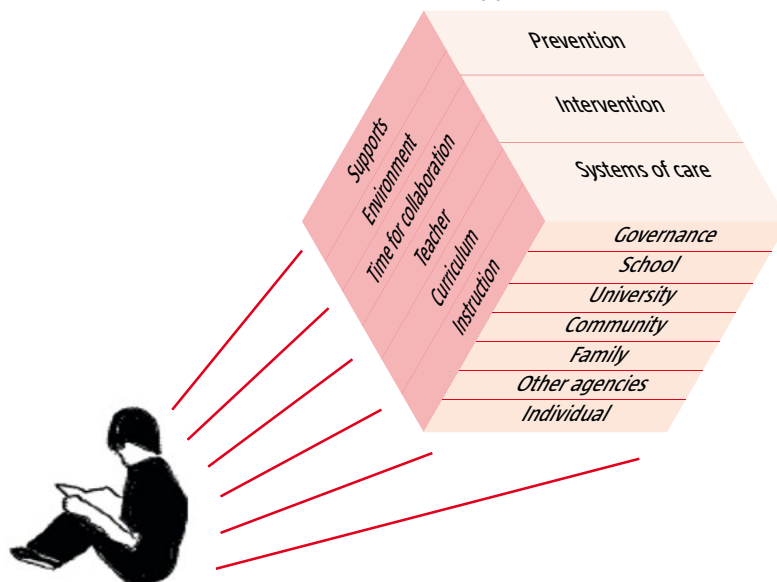


Figure 2.26 The continuum as a block (of child supports)



The underlying message is that an effective continuum needs a spread of services and levels of services:

A variety of services must exist both to serve students whose strengths and talents are obvious and to develop strengths and talents among students whose talents remain hidden or undeveloped. This requires not only a continuum of services but also levels of services. (Gentry 2009, p262, citing Renzulli, 1984)

It is seen as an interconnected system (Adelman and Taylor, 2001) involving a weave of provision, including multiple public and private providers using comprehensive community and school-based programmes to create a cohesive system of intervention. They range from systems of intervention as non-intrusive as possible to systems of prevention, with a system of care at one end of the continuum providing the preventative role (LACfMHiS, 2000). As the National Association of State Directors of Special Education explain:

It needs to be holistic and developmental, multifaceted, focusing on individuals, families and environments, least restrictive and non-intrusive, with interprogram connections daily and over time, involving prevention, early intervention and care (1998).

Support services need to be nested, initially creating a well balanced school environment in which a whole school culture focuses upon positive social behaviours, with a secondary and tertiary tier for increasingly specialised and intensive intervention with mental health and community services integrated and collaborative within the whole school process (Sugai, 2003). Education must operate in close connection with others so that a broad range of students can move across the continuum; it needs to be complemented by provision in the community, involving a shared responsibility with families and other agencies (Amond, 1987). Different settings need to share expertise with other parts of the continuum; for example, special schools need to develop capacity to support mainstream schools if an effective system is to be created (Hunter and O'Connor, 2006). Their services need integration too, as improving communication and collaboration in the mainstream can reduce pressure upon the specialist tiers (Allison et al, 2007).

The continuum can focus upon individual, family and environmental barriers and include prevention, early intervention and care (CfMHiS 2004). The services on the continuum can also be locally owned and cooperatively developed, lead by the teaching and support staff located in the responsible building (IN IPS, 1975). Support may be regarded as part of a social environment interaction; for example, in South Carolina (Motes, 1998) a link is made to an ecological approach, which bridges across settings' efforts at prevention and intervention, links these to environmental and systemic change, involving multiple agents for change, and positions family and individual functioning within social environment interaction. The aims are for an integrated continuum, implemented seamlessly. But for it to work and effectively confront barriers to learning, policy and practice, reform, restructuring and transformation are needed (CfMHiS, 2004).

2.6 How Children are Placed on the Continuum

There is a general underlying premise within the literature that because the continuum contains such a broad range of services each case needs to be reviewed individually (Ohio State Legislative Office of Education, 1995) and that every effort must be made to keep people at the most included end of the continuum (Amond, 1986). It is not possible to generalise about which type of placement is likely to be most appropriate for a particular child within any authority (Jones et al, 2008). The key issues for placement should be social and academic outcomes and instructional practices, with placement

being accountable to the pupil, not aiming to maintain particular resources, beliefs or commitment to a single type of setting (Vaughn and Schumm, 1995).

Given the nature of the separate places and services out of which the continuum is constructed and that categories are a key part of accessing different parts of the continuum, (Doyle, 2001) it is perhaps not surprising that there are calls for placement on the continuum to be based on scientific evidence. Kavale et al (2008) for example suggest that mainstream practice should be research based; entry to special education being consequent on scientific measures of student responses (Kavale et al, 2008). For some, location on the continuum is dependent upon assessment of developmental appropriacy, with movement through the levels not only being dependent upon age but allowing for the ‘handicapped’ being placed in classes with younger ‘non-handicapped’ (Beam and Breshears 1985). Similarly, some recommend movement across the continuum being dependent upon achievement test scores (Special Education Instructional Materials Center, 1979). Placement in many places therefore (such as New York pre-2000, as described by Kamin and Berger, 2001) is defined by age and category of impairment; it reflects discrete embodied differences between types of ‘conditions’ (Gallagher 2001) and the degree of skills that a person has developed at a particular point in time (Taylor, 1988).

However, placement on the continuum is open to bias (Amond, 1986); assessment (National Association of State Directors of Special Education 1998) and availability dictate placement more than educational need (Bliton and Schroeder, 1986), with people having to ‘earn the right’ to move across the continuum (Taylor, 1988).⁷

2.7 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. Jindal-Snape et al (2005) suggest that a continuum needs to be evaluated on the basis of what aspects of the continuum are available in a location, but there is a contradiction about what works because: research is equivocal; provision is not always delivered by people with appropriate qualifications in the appropriate environment; and content and delivery are not always appropriate for the child. Similarly, Brown and Michaels (2006) note that educators may never gain the skills needed to provide the intensive supports required; and Amond (1986) states that concepts underpinning interventions on the continuum must be shared by all involved but are frequently poorly understood and/or applied. This could be because the notion of the continuum puts emphasis upon diagnosis rather than teaching methods (National Association of State Directors of Special Education, 1998).

7 Sheehy (2011) confirms that bias is still evident within the system. He notes the role of the educational psychologist as gatekeeper to the continuum, and points to significant variations in placement recommendations between educational psychologists (Farrell and Venables, 2009). For example in one large education authority within the UK ‘half the EPs were responsible for referring 91 per cent of the children who attended special schools for children with EBD and MLD’ (Farrell and Venables, 2009, P. 118). The placement recommendations were strongly associated with the psychologist’s training, with those trained more recently being less likely to recommend separate provision.

Some suggest that a continuum of provision being matched to need is based on notions which might appear to be ‘common sense’ but which are ‘crude’ (Warnock report, DES, 1978 p 6). Booth (1994) reiterates this when discussing the 1993 Irish government report which felt it was ‘necessary to establish a continuum of services to match the continuum of special needs’ (1993, p23). He suggests that choice for parents only arises when their child has difficulties which are ‘severe’ enough to allow that option to be made available and that this suggests an assumption ‘about the naturalness of a relationship between severity and segregation’ (p23). Booth (1994) maintains however that although we can identify a particular level of support we cannot say that level can only be provided in one place; we cannot say that ‘a student “needs” segregation or integration’ (p23); it would appear therefore that intervention activities are artificially linked to different parts of the continuum (Amond, 1986) even though level of intensity is not synonymous with level of segregation (Taylor, 1988; McLean and Hanline, 1990).

A key part of the description of the continuum, and a possible means to overcome some of the concerns raised above, is the movement of the child within the continuum. However, movement along the continuum is not a common experience. There is a tendency to feel that a place on the continuum is the right place once it has been achieved, perhaps as a consequence of the effort involved (Jindal-Snape et al, 2005). The continuum can be seen to trap people, so that schools may never get to the students’ ‘top of the triangle’ (Brown and Michaels, 2006); as a result people ‘get lost in the continuum’ (Snell, 2006, p58, cited in Brown and Michaels, 2006) or get stuck at the ‘wrong’ end of the continuum, perhaps because one part of the continuum does not prepare you for another (Bliton and Schroeder, 1986) and because criteria are difficult to establish upon the continuum (Pysh and Chalfant, 1978). As a consequence, what are effectively bureaucratic requirements can deliver benign or harmful outcomes (Taylor, 1988; McLean and Hanline, 1990).

Another challenge which influences choice, placement and movement is that the continuum cannot be provided at a local level unless population numbers are very high and all services are centralised. In most situations and particularly for those with a low frequency diagnosis the continuum will only be deliverable at a regional level whilst the responsibility for the continuum lies at different levels – local, regional and national (Amond, 1986). As a consequence the continuum tends to be fragmented and the full continuum is rarely available (CfMHiS, 2004). Booth echoes this in a UK context, suggesting that given the wide range of needs of children a continuum of provision for those with needs identified infrequently can only be delivered on a national scale. As a result elements of the continuum of provision are ‘mutually exclusive’ (1994, p24) as the provision is only available at a distance from the local community. A meaningful continuum of provision cannot therefore operate in a socially inclusive manner.

The inherent barrier to socially inclusive operation is reinforced by the assumption underlying the continuum that some people need segregation (Bliton and Schroeder, 1986) and by its legitimisation of segregatory settings and restrictive services (Taylor, 1988; McLean and Hanline, 1990). It reflects unsuccessful accommodation of children, in increasing restrictive environments (Hallenbeck et al, 1993) as a response to ‘the realities confronting the general education classroom [that] mitigate against implementing

full inclusion’ (Gallagher, 2001, p. 642). There is clearly a complex relationship on the continuum between treatment, instruction and placement restrictiveness. For example, in the US the continuum for one group must be part of a continuum of all services, while providing the most appropriate placement meeting the principle of ‘least restrictive environment’ (Amond, 1986). However simply identifying a place as being least restrictive does not mean it is (Taylor, 1988; McLean and Hanline, 1990). The complexity is further downplayed by the the assumption that the continuum is ‘progress toward normalcy’ (Amond, 1986). To many the notion of the continuum is too linear (Taylor, 1988; National Association of State Directors of Special Education 1998; McLean and Hanline, 1990), and is particularly problematic for early years (McLean, M. and Hanline, 1990).

The notion of the continuum can also be seen to put emphasis upon service and away from the child as an individual (National Association of State Directors of Special Education, 1998). However if those designing provision recognise that challenges are not discretely linked to identified needs, then by focusing upon root causes they can minimise the trend to create a service for every identified need (CfMHiS, 2004).

The National Association of State Directors of Special Education (1998) identified the need for broad ranging change for the continuum to work effectively. According to this body, it needs to be more than outreach to community services and co-ordination of school services and resource centres and full service schools. It needs to be seen within parameters that are conceptual, operational and outcomes-based, considering its underlying values, how it is funded, resourced and led, and what it is trying to achieve. It requires re-evaluating the roles people play. Kamin and Berger (2001) suggest that an effective non-segregated continuum requires systemic reform, providing adequate and appropriate resources, staffing and staff training, information for parents, effective outreach, with oversight from a supportive administration. These challenges have been recognised for many years. In 1986, Amond identified the challenges as defining the intervention process, involving parental and child voice and participation in decision making, removing inter-professional obstacles, ultimately providing life-long support and meeting vocational needs. Yet still many of the systemic changes which have been called for have not materialised as expected; for example Children and Adolescent Mental Health Services (CAMHS) in the UK struggled to meet the demand for effective multiagency teams at Tier 3 of their service provision (Allison et al, 2007).

It would seem that many of the challenges identified over 30 years ago by Barresi and colleagues (1980, p. 12-14) as needing further research are as pertinent today as they were then. Though 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

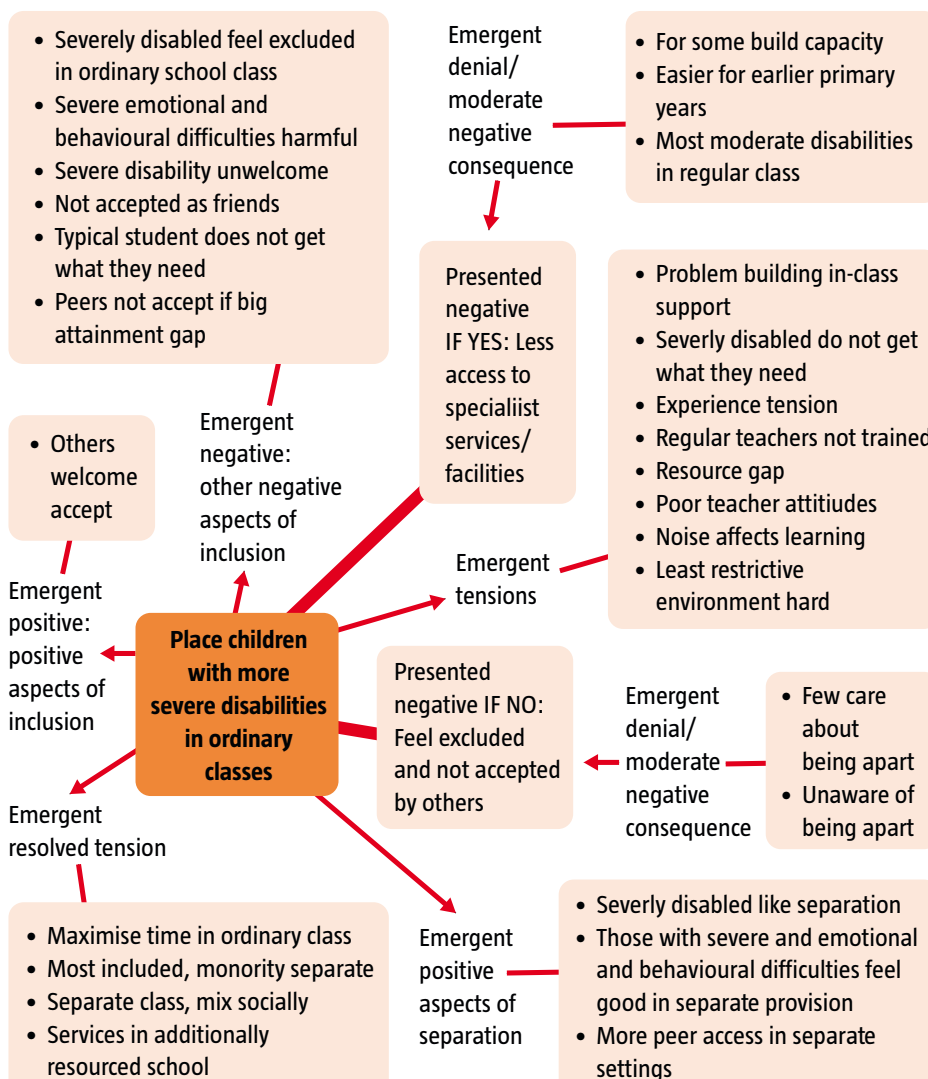
need to know how placement in separate provision was decided upon, what stopped it becoming a dumping ground, and what gaps emerged at points of transition.

2.8 Conclusion

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 conflict they create with the policy ambition of inclusion.

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 (England, US, Netherlands) suggests that there are common concerns across cultures about the nature and challenges of current provision and how best to position individuals within that provision.

Figure 2.27 Placement dilemma – shared recognition themes across the three countries



Source: Norwich (2008)

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 instils a sense of belonging and acceptance for all children in ordinary schools. If considering how we can increase participation in mainstream, he poses four questions:

- Identification: How can children with special educational needs or disabilities be identified?
- Placement: Where do children/young people learn?
- Curriculum: What do children/young people learn?
- Level of governance about educational provision: Which agency decides about provision? (p. 141)

Norwich suggests that in answering these questions we need to conceive effective provision as requiring more than one continuum, and identifies five flexible interacting continua, with layers of interpretation.

1. Positive identification of children with disabilities and difficulties:

- as part of the general system of monitoring and assessing learning progress and establishing individual or personalised needs
- as part of a wider group of those at risk of social exclusion, with additional needs
- as part of generic groups of those with disabilities (functionally defined)
- as part of those identified with medical/disorder categories – perhaps self-defined; with social identity related to medical category – for example, autistic spectrum disorder, Down syndrome, dyslexia.

2. Participation in:

- programmes and practices, including those that are academic, technical/vocational and creative/social rituals
- social and cultural aspects, including organisational ethos, group/class ethos and interpersonal relations.

3. Placement in:

- separate school (special school) linked to ordinary school
- same class (varying degrees of withdrawal)
- same learning group.

4. Curriculum/teaching:

- same general aims, different pathways/teaching approaches
- same areas and pathways/programmes, different teaching approaches
- same general teaching approaches with some differentiation.

5. Governance and responsibility of separate settings (under national regulations):

- regional system of governance
- local authority governance
- schools and clusters or federations of schools governance.

Norwich recognises that the conception of ‘flexible interacting continua of provision’, which arises from discussion with administrators and teachers from the Netherlands, the US and England, is underpinned by a political or ideological position in the context of their experiences in their own countries. This informs his conclusion that there is a limited future for special schools, and his conception that no single continuum can operate in isolation. He suggests that the 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. So for example, special schools must be linked to ordinary schools, the curriculum followed must be linked to the general common curriculum, and national and local governance must reinforce each other. The key dimensions of the continua need to be interconnected if a commitment to inclusion is to inform the development of educational provision, and will require a ‘move towards greater commonality’. 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. That is not to suggest that this review covers all the possible constructs either. Two additional continua were identified, for example, during discussions of an early draft of this chapter. A member of the NCSE advisory group was surprised that there were not a continua of the following concepts.

- How we think of people, running from the medical model perspective to the social model perspective; a continua that runs from seeing the problem in the person to seeing the problem as being rooted in our social systems and ways of being. This would possibly sit within the continua of staffing.
- How teachers are educated, running (possibly) from highly specialised to highly generalised, or highly qualified to unqualified. This would possibly sit within the continua of strategies.

Other continua, linked to a range of different services have also been identified. Taylor (1988), for example, (as discussed above) recognised three continua operating in relation to people with special educational needs: the residential continuum, the special educational continuum and the vocational continuum.

Key questions, therefore, are:

- Can we exclude these other kinds of continua when we are creating a frame for considering provision for children and young people?
- Can we ignore the baggage which accompanies the concept?
- 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's continua traditionally had institutional settings at one end and full participation in the mainstream provision at the other end. He suggested that continua were emerging which were conceived in a new way, as beginning within the mainstream communities within which we all live. In this conception, one end of the special educational continuum was a self-contained special class in regular school. However, he recognised that these new continua were open to similar critiques as the old continua, positioned as 'options' within bureaucracies administering and funding services.

Taylor (1988, 2001) identified the following problems. The continuum:

- legitimises restrictive environments
- confuses segregation with intensity of services
- is based on the idea that people must be made ready for inclusion/integration
- supports the dominance of decisions made by professionals
- provides a sanctioning of infringements of fundamental human rights
- is based on an inherent requirement that people earn the right to move
- suggests that people need to move as they develop and change
- directs attention towards physical settings and not towards the services and support required to thrive within the community.

To quote Taylor (2001):

The continuum, as a word, is falling into disrepute. Yet the LRE [least restrictive environment] continuum continues to serve as a conceptual foundation for the design of services for people with developmental disability. Whether explicit or implicit, the assumption is that there should be a range of service options or placements that vary in integration and opportunities for independence – or restrictiveness, self-determination, and so on – and that severity of disability should be the determining factor in deciding a person's living situation. As long as this assumption is unchallenged, approaches such as supported living, home ownership, self-directed supports, and individualised funding will simply represent new slots on the least restrictive end of the continuum. What is needed are not new slots, but changes in how services and supports are conceptualised. (Taylor 2001, p. 28-29)

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 which 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 which reflects the interconnectedness of our systems and the need for flexibility and for multi-dimensional responses. Such a concept recognises the context in most countries, including Ireland, where the spirit of legislation is towards inclusion and the pre-established systems represent a range of public, professional and political communities, where the direction of travel reflects the shifting views and complex experiences of the practitioners interviewed by Norwich (2000b).

The authors would suggest 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 which are available to all pupils. A move away from the continuum metaphor might also encourage new models of thinking to emerge which could reinvigorate thinking about possible futures. The assertion of a new metaphor would not remove many of the concerns around placement and ethos which this review of literature has explored. As Nisbet explains (2004):

The continuum remains. It is embedded in our financial structures for education and human services, and in most states financial incentives reward placement in more restrictive settings. Although there have been important changes in policies and practices since the publication of Taylor's paper, few would argue that we have yet to see the end of nursing homes, institutions, day programs, sheltered workshops, group homes, separate schools, self-contained classes, and restraints and aversives. For some individuals, like those labeled as having Autism Spectrum Disorders, there is a new call for separation under the guise of access to professional expertise and cures. This is not a new concept: it is the same argument that was used to rationalize the building of developmental centers. (Nisbet, 2004, p231)

Referring to notions such as self-advocacy, self-determination, general education, community inclusion, consumer-directed services, and universal design Nisbet suggests:

The next generation of reforms will move us from a vision articulated by professionals to one articulated by people with disabilities, and from a construct based in deviance to one based in a recognition of human diversity. (ibid, p. 235)

In order to facilitate this shift in thinking we will need different conceptual tools which enable us to move away from a linear concept of a breadth of provision with most separate at one end and most included at the other. Such a shift might be seen as threatening, perhaps undermining hard-fought-for resources or diminishing years of experience. It need not be a battle of ideals however. The shift in power implicit within Nisbet's comments is already enshrined in much national and international legislation. The challenge is how those goals are achieved without getting rid of what is already working well. As this review has shown, a key part of that challenge is to better describe the community within which support for children, families and practitioners is negotiated, mediated and experienced; within which needs, challenges and opportunities arise and are met. The community of provision would see the inter-related

weave of continua identified within this review reframed as a connected whole. There would be six overarching community perspectives:

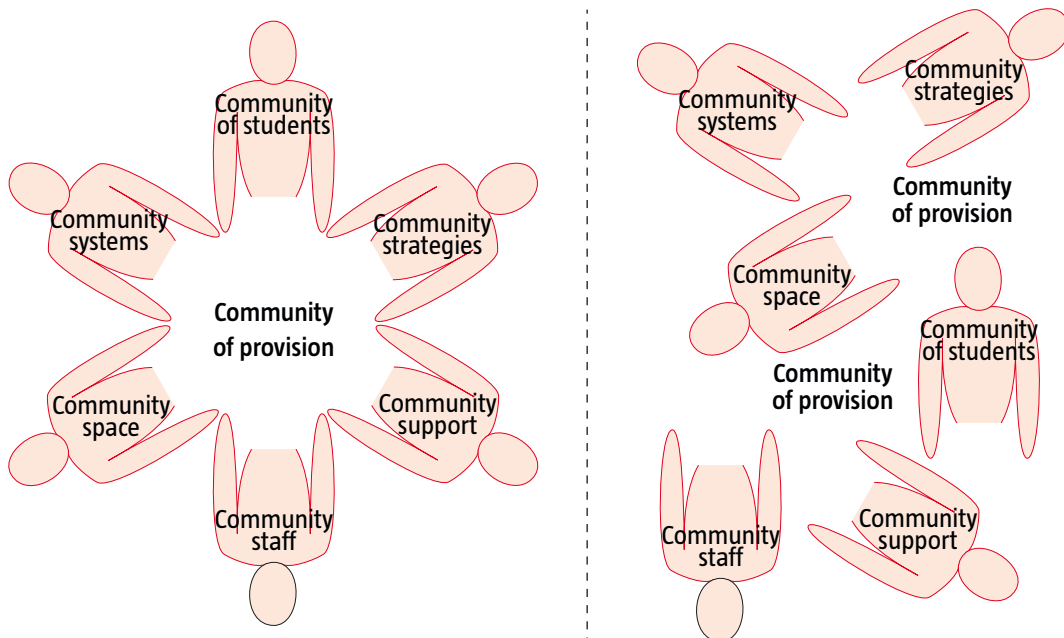
- **community space:** concerned with where support takes place
- **community staffing:** concerned with who is providing the support
- **community of students:** concerned with who is being supported
- **community support:** concerned with the quantity and type of support
- **community strategies:**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

Given the plethora of visual representations of the continua, The authors cautiously offer the following images of a community of provision, building upon the categories which have emerged in this review.

Figure 2.28a The community of provision is a focused collection of practices, services, policies and individuals

Figure 2.28b The community of provision is an interconnected but diffuse collection of practices, services, policies and individuals



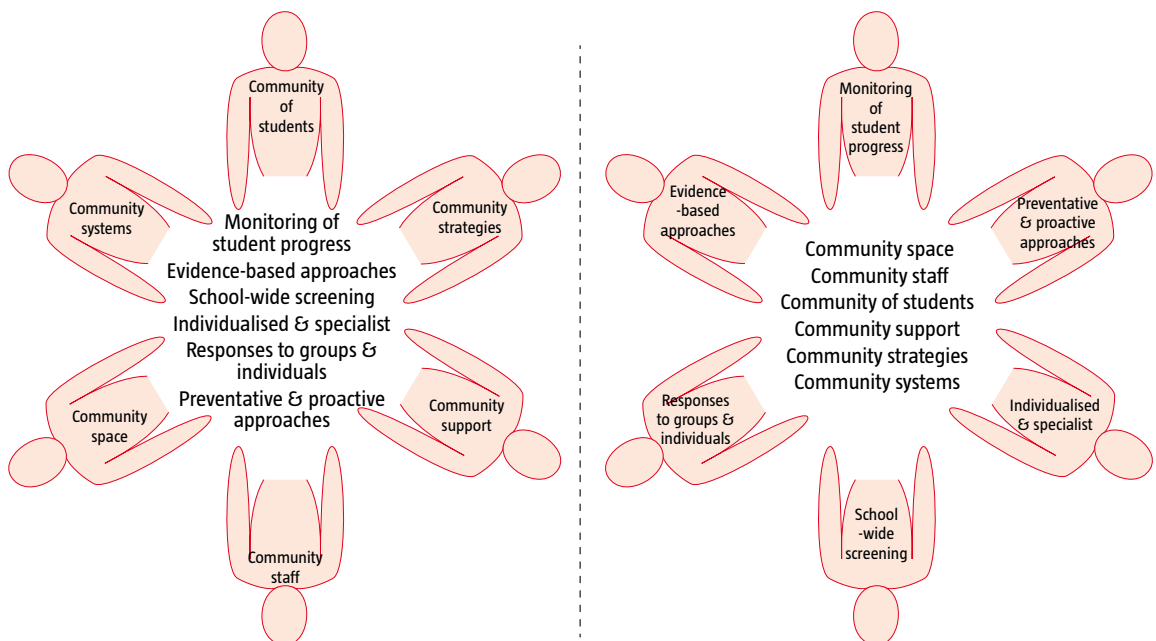
We provide two images: one which represents the inward looking nature of any community (Figure 2.28a) and one which represents the diffuse and separate experience which our categorical worldview brings (Figure 2.28b). Both represent the community of provision at a given moment and both represent opportunities 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 in the following ways. This would relate firstly, to the means by which the perspectives come to understand the model of delivery (Figure 2.29a) and secondly to the means by which the model of delivery defines the nature of the perspectives (Figure 2.29b).

Figure 2.29a The approaches advocated by the National Educational Psychological Service represented within a community of provision

Figure 2.29b The community of provision defined by their engagement with the approaches advocated by the National Educational Psychological Service



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3 Appendix C – Vignette Study

3.1 Introduction

A comparative exploration of the provision for children with specific special educational needs was carried out across ten countries using vignettes studies. This was part of Phase 2 of the research. The investigation brought together sampled responses from in-country researchers within ten countries, identified in Phase 1, to advise on the placement and educational options available for children with special educational needs. The in-country researchers responded to a series of vignettes that portrayed children experiencing different special educational needs. Having read a vignette the researchers responded to a series of questions in relation: to school placement options; assessment processes; support arrangements; service provision; curriculum responses; and those involved in placement decisions. An advisor from Ireland also responded to the vignettes.

The methodology of this study has been outlined in Chapter 2 and described in more detail in Appendix A, in particular the purpose of a vignette study and caveats regarding representativeness and sampling (i.e. the data gathered represents the views and experiences of the in-country researchers and cannot be interpreted to be representative of practices found uniformly across an entire country). In order to put the vignette responses in context, an overview of policies within each country was given, based on information agreed with in-country researchers as of 1st December, 2011. (For further details, see Appendix E, and the summary of Ireland’s policy background given in Chapter 6.)

3.2 Policy Background

3.2.1 Current legislation regarding school placement

The responses from our in-country researchers identified three countries as having explicit policies on the right of all children to attend a mainstream school: Canada, Italy and Norway. (Whilst other countries have rights in relation to attending a mainstream school, these typically had caveats that could prevent this. For example in Australia the Disability Standards for Education (2005) states that whilst a school needs to make reasonable adjustments to include a child, an ‘adjustment is not mandatory if it would cause ‘unjustifiable hardship’ to the provider’.

In Canada each province had jurisdiction over education rather than the federal government. Nova Scotia was one of the first to have legislation in its Education Act (2002) calling for the inclusion of children with exceptionalities, and subsequently revised with the aim of ‘full inclusion’. Its legislation included a formal appeal process for educational decisions and acknowledged the role of individualised programming, and supportive personnel such as school psychology and speech language therapy. The legislation covers ages five to 21 (below five was the domain of health and social services).

Similarly in Italy all children had the right to attend state schools within the mainstream compulsory education system. The 1992 Education Act (frame law no. 104) introduced legislation regarding key practices to support this integration: functional and clinical diagnosis, dynamic profile, and the right to an educational plan. The later 2009 document no.4 (August) reinforced the concept of ‘full inclusion’ and defined the responsibilities of different professionals (e.g. school principal, mainstream class teachers, support teachers, personal assistant). The focus was on the inclusion of pupils with disabilities within mainstream classes, and moving away from withdrawal tuition or special classes. The precondition to access dedicated additional resources was the existence of a clinical and functional diagnosis (‘certification’). This support did not occur for pupils with a specific learning disability (such as dyslexia, dyscalculia, dysgraphia, dysorthographia) (2010 law no. 170), who were not covered by the original frame law 104, 1992.

All children in Norway had the right to attend mainstream schools and receive adapted education (Education Act, 17 July 1998, Chapter 3). However, unlike Nova Scotia, Canada and Italy, the right to special education was maintained in legislation for children deemed not to benefit from ordinary education (Education Act, 17 July 1998, Chapter 5). In Cyprus the legal framework (The Education and Training of Children with Special Needs Law of 1999) introduced the notions of the ‘least restrictive environment’, ‘integration in mainstream settings’ and ‘the establishment of children’s rights’ and acknowledged the responsibility of the state towards children with disabilities. It brought these ideas to bear on issues of early intervention, identification of special needs and the organisation of special education. Our respondent indicated that the legal framework, when applied, followed an ‘integration’ model where the mainstream setting was not restructured in an attempt to educate all students.

The policy frameworks supporting the use of separate provision and children with special educational needs was seen to be situated in both educational and ‘disability’ policy and legislation. In Kenya there had been a Persons with Disability Act implemented since 2003, with a specific Special Needs Education Policy in 2005. These policies were reflected within the Children’s Act and the new Kenya Constitution (2010). In Cambodia the Education Law 2007 was designed to promote the education of learners with disabilities and gifted learners (Article 38; 39). More recently the Protection and the Promotion of the Rights of Persons with Disabilities (2009) aimed to address inclusive education through facilitating the inclusion of pupils and students with disabilities, including the creation of special classes to respond to the needs of pupils, accessible facilities and raising disability awareness.

In Scotland children with special educational needs were seen as falling under the remit of educational legislative protection for children with ‘additional support needs’ and equality legislation for children with disabilities (Education (Additional Support for Learning) (Scotland) Act 2004; 2009, Equality Act 2010). The category ‘additional support needs’ included any child with greater difficulty in learning compared with other children in the school, whereas children with disabilities were those who had a substantial and enduring impairment which made it difficult for them to perform normal

day to day activities. There was thus an overlap in the categories, but they did not map onto each other exactly.

The Australian educational policy framework was underpinned by the Commonwealth Disability Discrimination Act 1992 (DDA). The way in which this Act was operationalised was informed by Disability Standards for Education (2005). The Standards outlined processes and considerations that education authorities and schools could access to make policies and practices lawful according to the requirements of the Disability Discrimination Act. The Standards were under review in 2011.

Explicitly ‘two track’ systems were developed and supported by policy and legislation in several countries. The Republic of Lithuania adopted an amended Law on Education (17th of March, 2011). It contained two secondary legislation acts (‘Grouping of pupils with special educational needs and indicating levels of special educational needs’; and ‘Organization of education of pupils with special educational needs’) which indicated the responsibilities of schools’ founders, staff of schools, school support institutions, and parents in collaborating for the benefit of pupils with special educational needs. The amended act broadened the definition of special educational needs to encompass gifted and socially disadvantaged children. The education of special needs children was the responsibility of municipalities and part of the general education system. In conjunction with the local authorities, the government supported a network of state and municipal general education schools for pupils with special educational needs.

The Special Education Law of Japan (amended 2007), although relating to a clear ‘two track’ system, incorporated a change in the policy direction for special schools. Special schools could now accept learners with several types of impairments, rather than a single category.

3.2.2 Categorisation of pupils

The broad spectrum of categories used across the 55 countries has been discussed in Chapter 4. Within the selected group of ten countries the placement and support that children were offered in policy terms interacted with the categories used in the identification of special educational needs. In some countries these categories had a strong effect on the type of school a child attended, in other countries this effect was weaker or had little or no influence. The categories used are indicated in Table 3.1.

The Special Education Law of Japan was amended in 2007 to incorporate the new ‘Schools for Special Needs Education’ system, in which one particular school could accept persons with several types of disabilities. This meant that whilst the categories used in Table 3.1 were used within the educational system, they did not necessarily correlate with a specific type of special school placement. By contrast the categories indicated for Kenya had a more direct relationship to the type of educational placement and support that was offered.

Each state in Australia had an education authority that was responsible for funding the provision of educational services for students with disabilities. Although the criteria for identifying students who may be eligible for extra funding were similar (most use WHO or DSMIV criteria) the processes for gathering information about eligibility were distinct

in each state. Students with moderate to severe disabilities (approximately 3.8 per cent of the student population) were eligible for targeted funding from the Program for Students with Disabilities.

Table 3.1 Categorisation of individuals across the ten countries

Country	Categorisation	
Australia (Victoria)	<ul style="list-style-type: none"> • Physical disability • Visual impairment • Severe behaviour disorder • Hearing impairment 	<ul style="list-style-type: none"> • Intellectual disability • Autistic spectrum disorder • Severe language disorder with critical educational needs
Cambodia	<ul style="list-style-type: none"> • Students with visual impairments • Students with speaking impairments • Students with hearing impairments • Students with motor impairments • Students with tactile impairments 	<ul style="list-style-type: none"> • Students with psychological impairments • Students with intellectual or learning impairments • Students with fits or seizures • Other
Canada (Nova Scotia)	<p>Intended to be non-categorical. Categories of exceptionalities may be used for administration and funding purposes only.</p> <ul style="list-style-type: none"> • Cognitive impairments • Emotional/behavioural disorders • Learning disabilities 	<ul style="list-style-type: none"> • Physical disabilities/health impairments • Speech impairment/communication disorder • Sensory impairments, multiple disabilities • Gifted
Cyprus	<ul style="list-style-type: none"> • ‘Learning difficulties’ • Serious special learning difficulties 	<ul style="list-style-type: none"> • Physically or sensory impaired, • Behavioural or adjusting difficulties (ADHD, ADD)
Italy	<ul style="list-style-type: none"> • Blindness • Ipvision (Visual impairment) • Profound deafness • Ipoacusic (Auditory impairment) • Motor • Specific learning disability • Specific language disturbances 	<ul style="list-style-type: none"> • Generic developmental disturbances • Mental retardation • ADHD • Relational and affective disturbs • Behavioral disturbs • Praecox psychiatric disturbs • Other
Japan	<ul style="list-style-type: none"> • Visual impairment • Hearing impairment • Intellectual disabilities • Physical/motor disabilities • Health impairment • Speech and language impairment 	<ul style="list-style-type: none"> • Autism • Emotional disturbance • Learning disabilities • ADHD • Multiple disabilities

Table 3.1 Categorisation of individuals across the ten countries (continued)

Country	Categorisation	
Kenya	<ul style="list-style-type: none"> • Hearing impairments • Visual impairments • Physical impairments • Cerebral palsy • Epilepsy • Mental handicaps • Down syndrome • Autism • Emotional and behavioural problems • Specific learning difficulties • Gifted and talented 	<ul style="list-style-type: none"> • Speech and language difficulties • Multiple handicaps • Deaf blind • Living in the streets • Orphaned • Heading households • Learners who are abused • Learners of nomadic/pastoral communities • Learners who are displaced/refugees • Albinism • Other health impairments
Lithuania	<ul style="list-style-type: none"> • Mental health difficulty • Special cognition difficulties or underdeveloped cognition skills • Emotional, behavioural and social difficulties • Speech and other communicative disorders • Hearing impairment (hearing loss or deafness) 	<ul style="list-style-type: none"> • Eyesight disorders (visual impairment or blindness) • Limited mobility (motor and support apparatus defects) • Chronic somatic and neurological disorders • Multi-sensory disorders • Other developmental difficulties
Norway	<ul style="list-style-type: none"> • No official categorisation existed. Research suggests however that the practice was that medical diagnoses play an important role when defining the need for special teaching. Local evaluations made by the pedagogical psychological service of each child, used concepts such as specific learning problems, dyslexia, social and emotional problems etc. 	
Scotland	<ul style="list-style-type: none"> • Motor or sensory impairments • Are being bullied • Are particularly able or talented • Have experienced a bereavement • Are interrupted learners • Have a learning disability • Are looked after by a local authority • Have a learning difficulty, such as dyslexia 	<ul style="list-style-type: none"> • Are living with parents who are abusing substances • Are living with parents who have mental health problems • Have English as an additional language • Are not attending school regularly • Have emotional or social difficulties • Are on the child protection register • Are young carers •

Within Victoria, Australia the option existed for dual enrolment whereby pupils identified as having special educational needs were able to attend both special and mainstream schools. Similar to Japan, there was the option for special schools to enrol pupils from a range of identified categories. This was particularly likely to occur in rural areas where separate category specific schools may not exist.

In contrast to most countries the Canadian system used diagnostic labels for administrative purposes only. Our respondent emphasised that the educational responses to children were non-categorical in nature and that these labels served a purely administrative purpose. Educational programming would be based on students' individual strengths and challenges, rather than shaped by categorisation.

In Cambodia a relatively large number of children were placed within the country's additional 'ninth category' of 'other'. The number of pupils with impairments in school was small in comparison to the numbers of such children who did not attend school. Children with impairments constitute less than two per cent of the population of children in primary schools. In Cambodia their attendance rate dropped from approximately 85 per cent in primary school to 28 per cent in secondary school (UNICEF, 2008⁸).

The categories used in Cyprus (see Table 3.1) arose from legislation (Part 1 of Laws 113(I)/1999 - 69(I)/2001) that defined the categories of pupils who were in need of special support. In general terms this was defined as

- any child that had serious learning or special learning difficulties, or who had difficulty in adapting or functioning, due either to his/her physical or mental condition
- any child whose learning, adaptation or functioning skills were impaired compared to other children of his/her age
- any child who suffered from an incapacity which prevented him/her from using educational facilities of the kind that were generally available at school for pupils of his/her age.

The categories set out in Table 3.1 were derived from this definition: 'learning difficulties' (which was the most common), serious special learning difficulties, physically or sensory impairments, and behavioural or adjusting difficulties (such as ADHD and ADD). These were the most commonly used categories, although not all these categories of need were used nationally, namely by different district committees.

There had been a significant rise (over 45 per cent) in the number of pupils with disabilities within the Italian school system between 2001 and 2011. To give a scale to this increase, during school year 2009-2010 more than 200,464 pupils with disabilities (2.24 per cent of the school population) attended schools in Italy, 30 per cent of whom were girls. At this time these children were categorised as follows:

- psychophysical disability (94.7 per cent of pupils with disability in year 2009-2010)
- visual disability (1.9 per cent)
- auditory disability (3.4 per cent).

Following that, the categories given in Table 3.1 were used. They had little effect on school placement but could influence funding allocation.

⁸ Cited in Jiali Pan (2010), available at: <https://repository.library.georgetown.edu/bitstream/handle/10822/553858/panJiali.pdf?sequence=1>

In 2011 the definition of special educational in Lithuania was broadened to include gifted children, a category not present in all other countries, if they experienced difficulties in learning. Special educational needs was defined in terms of being 'in need of support and services in the process of education and occurs due to being exceptionally gifted, having inborn or acquired disorders or due external disadvantages' (The Law on Education, 2011). All pupils with special educational needs belonged to one of three groups: disabilities, disorders and learning difficulties. These three groups were divided into the categories indicated in Table 3.1.

The category list for Scotland in Table 3.1 was not exhaustive and inclusion in this list did not imply that any additional support would be necessary. However, the Scottish 2009 Act automatically deemed that all children and young people who were being looked after would have additional support needs unless the education authority determined that they would not require additional support in order to benefit from school education. This 'opt out' approach was not raised elsewhere.

3.3 Results

3.3.1 School placement

In general terms the vignettes revealed differences in the likelihood of children being placed in mainstream or special schools. This was summarised in Table 3.2. Given the additional final questions sought as part of the vignettes there were 14 possible examples for placement.

Table 3.2 School placement overview

	Aus	Cam	Can	Cyp	Ire	Ita	Jap	Ken	Lit	Nor	Sco
Mainstream	8	4	12	5	9	14	2	2	2	14	6
Special	5*	4	2†	8	3	0	10	10	12‡	0	4
Negotiated	0	0	0	1	2	0	2	2	0	0	4
No school option	0	6	0	0	0	0	0	0	0	0	0

* One placement response was not given.

† Whilst Nova Scotia, Canada is primarily an inclusive system, the young person described in one vignette could be placed in a day treatment programme.

‡ In these cases placement was possible in either a special class in mainstream or a special setting, and was seen as depending on resources present in the locality rather than more open negotiation.

This broad brush view of the data suggests that the children across a range of special educational needs were most likely to be educated in mainstream schools in Italy, Norway and Nova Scotia, Canada. Victoria, Australia maintained and supported a policy of special schools and classes, and utilised them for particular categories of pupils. The use of special schools as a separate option for groups of children was well developed in Japan and Lithuania. In Cyprus, special units within mainstreams schools, with some planned contact hours with mainstream peers, was an alternative to special school (and marked as 'special' in Table 3.2). The placement options in Kenya and Cambodia were

determined by the allocation of limited resources to support the placements indicated in Table 3.2. Without such resources (e.g. NGO support) children might not be able to attend schools.

3.4 Responses by Vignette

The results presented describe the responses given by the respondents to each of the individual vignettes. In each, the child's name from a single vignette was used. 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'. These are summarised in Table 3.4.

Table 3.3 Vignette final question

Vignette	Final question	Aim
Autistic spectrum disorder	How would the placement and support change if there were no concerns about Matas's language?	To explore if provision was differentiated for children with Asperger syndrome.
Dyslexia	How would the placement and support change if Emilija has rapidly deteriorating vision?	To explore services available for visually impaired children.
Profound and multiple learning disability	How would the placement and support change if Gabija's mother was unable to care for her?	To explore provision for children with significant chronic care needs who do not have family support.
Cerebral palsy	How would the placement and support change if Lukas lives in a rural community?	To explore the influence of a rural location on the provision for children with severe physical impairment.
Deafness	How would the placement and support change if Ugnė's parents believed she should attend a school for the deaf?	To explore the influence of parental choice on children's provision and to raise issues of concern to the Deaf Community.
Learning difficulties	How would the placement and support change if Austėja's moments of bad temper lead to self-injury?	To explore how provision might be different for children with learning difficulties who exhibit potentially dangerous behaviour.
Severe emotional and behavioural difficulties	How would the placement and support change if Nojus has frequent epileptic seizures?	To explore provision for children with epilepsy.

The use of the final question in this way allowed us to extend the range of special educational needs that we could learn about and inform our understanding of provision for children who might fit more than one 'category' of need.

3.4.1 Autistic spectrum disorder

The vignette relating to autistic spectrum disorder was as follows:

Matas is three years of age and lives at home with his parents and three older brothers. His father is a lawyer and his mother is a teacher of mathematics, living and working in the country's capital city. Matas is physically fit and healthy, loves playing outdoors and is the strongest swimmer amongst his brothers. However, his parents have become increasingly concerned about his lack of speech. Although he can use a few words, he rarely uses them in appropriate contexts and much of what he says consists of repeating back those words or phrases that are said to him. They have also noticed that he does not play with his brothers or other children in the neighbourhood. He seems to prefer to play on his own. Matas repeatedly lines up his set of favourite toy cars and becomes very annoyed when his brothers want to take any of the cars away. He has been watching the same film on video almost every day for the last six months. He can name each character in the film when asked 'who's that?' He can also become upset when his daily home routine is changed, for example, if his morning break does not have a banana. This causes him to scream and bang his head with his hands. In general, he appears to enjoy being at home and around his brothers.

The responses to this situation varied considerably across the countries. In general terms this variation was along the lines indicated in the school placement overview. In Norway, Italy, Australia, Scotland and Cyprus the child could attend their local preschool or day centre. In Japan the child might attend an education centre (specialising in child development issues) or a kindergarten in a special school. In Ireland the options for attending a mainstream preschool or specialised preschool existed, but following a formal assessment and confirmation of autistic spectrum disorder. A similar range of options was indicated in Canada; however there was an option for privately funded preschool support and assessment. A diagnosis of pervasive developmental disorder would ensure access to services that could support his transfer into school. In Kenya if residential care was accessible then this would be the first and favoured option, with a mainstream placement being less favoured. In Cambodia the child would be likely to remain at home, as teachers without special training might not choose to accept the child in pre-school.

If the child had no language problems, as might be the case in a diagnosis of Asperger's syndrome, then mainstream preschools rather than special schools would be the likely outcome in Lithuania and Ireland. A change of school was also indicated in Kenya where placement might move to a school specialising in emotional and behaviour problems. In other countries the location would remain the same (Norway, Cambodia, Nova Scotia) but the support staff working in school might change (Scotland) and focus more on behavioural issues, instead of providing a speech and language therapist (Victoria, Australia). These changes suggested that language issues were prioritised and fundamental in determining placement and support for young children, in relation to behavioural issues alone. In Japan the special school location would provide a

programme for pervasive developmental disorders, which would encompass both the original and altered situation.

All of these changes in provision were based on a view of the child's individual needs. By contrast in Italy, whilst the child's placement would remain the same the issue of most concern was how the child behaved and worked within a group of children. This was in parallel to any diagnostic assessments occurring away from the school in health settings.

This emphasis, in Italy, on assessing the child's social group within the school and how he/she related to them brought a new perspective to the issue of responding to need. However, the child's parents would be encouraged to take him for a health assessment. This would occur during a shared planning meeting at the school. Furthermore, without a formal assessment and a 'certification' there would be no immediate special support in class. A lack of certification would not be uncommon in this type of situation (perhaps due to slow diagnostic processes) and the pupil would remain in his local school without extra support, but in receipt of adapted teaching strategies delivered by his classroom teachers. Whilst assessment triggered resources in Italy, it did not act as a lever to a change of school, or indeed entrance to school.

In Norway, Matas's needs would be assessed within school by teachers or assistants, with the supervision of the Pedagogical Psychological Service (PPS). He would be offered the same support that exists for the rest of his class, with a possible outcome of extra support (special teaching) focusing on language development.

In other settings a range of psychologists and speech therapy services would assess the child and make recommendations. In all cases these were employed by the health system (Lithuania). The child might be referred to a multidisciplinary team (Ireland, Scotland, Cyprus) with access to other services such as occupational therapy and social services, triggered possibly by a preschool teacher (Cyprus) or a paediatrician (Victoria, Australia). In these cases the outcome would be additional support within the school to work on language development. In Ireland this might involve the allocation of a special needs assistant (SNA) and a resource teacher in mainstream preschool or specialised preschool, or a specialist placement with associated health service input.

In Kenya formal assessment would be carried out by teachers at an educational assessment centre and also by medical staff at a health centre (psychologist and doctors). A placement in a mainstream school was not seen as a favourable given issues such as class size (there could be over 60 pupils in a class) and so a residential placement in a school for children with learning difficulties was seen as the best outcome, where one existed.

Parental income would significantly affect the assessment services that could be accessed in Cambodia. These would be hospital based. Outside of these centres autistic spectrum disorder was a newly emerging issue and may not be recognised. Children like Matas might not attend school at all or attend a school for children with learning difficulties or mental health problems, where such schools existed.

In Japan, the assessment process was directly linked to the educational intervention. The child would be placed on the basis of an initial diagnosis in a special school, where he could be assessed with developmental tests, tests for adaptive skills and observation

of daily activities. This information would feed into a programme based on applied behavioural analysis and speech and language therapy. There was also a clear role for the teacher within this process, following diagnosis. As in other situations this approach gave a strong link between diagnosis and placement, but it also provided an explicit relationship between assessment, pedagogy and a personalised curriculum.

In the special school settings (Lithuania and Japan) the curriculum was individualised and would have utilised alternative communication support. In Cambodia (if attending a unit was possible) the curriculum would be designed and developed by the relevant NGO. There was a sense that special schools were able to offer a special curriculum based on a view of the category of disability (Lithuania and Japan) and individual needs (Kenya). In mainstream settings the curriculum would be the typical class curriculum (Norway) but in some cases differentiated or adapted (Ireland, Scotland, Victoria in Australia and Nova Scotia in Canada). In Victoria, Australia, the pre-school field officer would provide advice about teaching strategies to access this curriculum.

In countries other than Italy the overall curriculum was largely determined by the placement decision. In Italy the curriculum being offered might change within school for a pupil if a formal (i.e. health) functional diagnosis occurred. This allowed a move from an adapted class curriculum to a personalised learning plan.

3.4.2 Dyslexia

The vignette with relevance to the category of dyslexia was as follows:

Emilija is aged nine years six months and is midway through her fourth year of school. She lives with her parents and five year old twin siblings. Her father runs his own joinery business. Her mother works part-time as the administrator for the joinery business as her husband dislikes any 'paperwork'. Emilija was well prepared when she started school and her teacher found her interested in learning, articulate and sociable. She had not learnt any letters or numbers, however, and her fine motor control was not well developed. She has had a series of teachers who have used a range of teaching techniques and approaches. Emilija has found it very hard to learn to read. She can remember some simple monosyllables representing common words, particularly if she has a visual or aural prompt, but is challenged by a sentence of more than a few words. She dislikes handwriting and writes very slowly; she finds it hard to read back what she has written. Her interest in learning has diminished each school year and she is contributing less and less in the classroom and lacking in confidence in learning any new skill, including physical skills, as she is regarded as 'clumsy'. Her parents, who are very supportive, are concerned that she should be a fluent reader by the time that she moves to secondary school. They are also concerned that her handwriting should be quicker and more accurate as they are worried about her note-taking skills for the secondary school curriculum.

In terms of placement someone like Emilija would be most likely to attend a mainstream classroom (Lithuania, Norway, Italy, Scotland, Nova Scotia in Canada, Ireland and Cyprus). In Japan she would attend regular class and sometimes go to a resource room

with a special teacher focusing on literacy skills. She would be a full-time pupil within a special unit in a Kenyan mainstream school, or perhaps at a residential school. Whilst she might be attending a mainstream class in Cambodia there was a strong chance that she would not be supported in class and drop out of education.

In Italy non-compulsory screening tests for specific learning difficulties (including dyspraxia) were carried out in the many primary schools. However a diagnosis of dyslexia (from health based specialists) would not result in the allocation of a support teacher and the pedagogic responsibility remained entirely with the class teacher and was met through a whole class approach e.g. peer to peer methods, and using new technologies and tools where available. In contrast to this, in countries where a formal assessment of dyslexia or specific learning difficulties carried resource implications, a different form of response was seen. In Cyprus, Emilija would receive some individual support from a special education teacher, focusing on her literacy difficulties. In Victoria, Australia there would be referral to a reading recovery programme and a reading recovery teacher, at an earlier stage. This would typically occur at five to six years, with a half hour lesson each day and could also be triggered without a formal diagnosis. In Scotland if the child's parent's had requested a coordinated support plan or an individual education plan then time with a learning support teacher would be available and perhaps an in-class learning support assistant would be provided as well. Without this statutory recognition no additional support would be forthcoming. A similar response was indicated in Ireland with the addition of possible access to assistive technology. Additional teaching in literacy skills might be also allocated. In Norway, between one to four hours each week of teaching in reading from a school teacher and advice from the PPS would be provided, and in Nova Scotia, Canada support would be given through Emilija attending a resource centre. In Japan, out-of-class resource teaching would be supported in mainstream classroom through teacher awareness of the child's needs.

If Emilija had rapidly deteriorating vision then the most common response would be support within the mainstream school or class (Lithuania, Ireland, Nova Scotia in Canada). This support might be from a peripatetic teacher for the visually impaired, who would initiate appropriate assessment and support (Scotland and Ireland), vision impairment teacher advisor (Victoria, Australia), Statped⁹ personnel (Norway) or, a communication facilitator for visually impaired children (Italy). In Japan, support would come from the outreach service of a school for the blind, which might provide a visiting teacher for pupils with low vision. This was an interestingly different approach. Each prefecture had a school for the blind which acted as an educational support within their prefecture. In no other countries was another school mentioned as a source of support and advice.

In Cambodia an NGO, if available, might deliver services for children with low vision. This would span vision testing, provision of appropriate glasses/aids and in-classroom equipment. They would provide teacher training on how to access the curriculum and finance attendance at additional remedial classes to enable Emilija to keep up with her

9 The National Support System for Special Education (Statped) provide advice and guidance about specific special educational needs and impairments. Statped staff work on a contract basis with schools and offer a broad spectrum of services.

school work. In Kenya and Cyprus, a change of placement was indicated by a change in vision, as a way of accessing appropriate instructional materials and mobility training. If Emilija was seen as requiring substantially differentiated teaching approaches, material or special equipment, then in Cyprus she would be educated outside the mainstream classroom. This could be the special unit or a school for the blind.

3.4.3 Profound and multiple learning disabilities (PMLD)

The vignette relating to PMLD was as follows:

Gabija is 14 years of age and lives at home with her mother and two younger sisters. Her mother has a part-time job as a cleaner, working in a local hotel. Gabija's aunts and grandmother share looking after Gabija when her mum is at work. Gabija loves being sung to and will smile when music is playing on the radio. She was born with severe physical impairments and is unable to walk and has to be lifted and moved to carry out any activity. Her family does not like to take her out. She has little motor control or coordination, but is able to move her right hand to manipulate objects placed in front of her. The extent of her vision has been hard to assess but it is believed that she can see some things. She certainly responds to the television and will sometimes spend long periods holding her hand up to the light or against the window. Gabija is able to swallow and enjoys soft foods but needs to be fed carefully by an adult. She particularly enjoys sweet foods. She has not spoken but laughs when she hears the voices of her mother and aunts. Gabija seems to enjoy the company of people and can become very excited if there is lots of singing and dancing going on. She loves to eat mashed up food at parties too. Gabija wears a nappy during the day and is toileted by her mother during the night. She frequently has chest coughs and this can keep her awake through the nights, affecting her behaviour the next day.

Internationally, children with profound and multiple learning disabilities have been relatively late in taking their place within the education, as opposed to the health, system (Sheehy and Nind, 2005). The vignette responses indicated that someone like Gabija would be less likely to be placed in a mainstream class than any other example we presented.

In Cambodia Gabija would not attend school and no assessment of her needs would be undertaken. The option of a special school was the most common response, with a residential or special unit being recommended in Kenya. In both Lithuania and Ireland the options of special schools and special education centres were supplemented with the possibility of home education. These schools would specialise in multiple and complex disabilities, and would have access to appropriate medical/paramedical staff (Ireland, Japan and Scotland). In Cyprus there was also the possibility of attending a special unit of a mainstream school (gymnasium) with some hours of integration.

Two countries indicated that Gabija would attend a mainstream school, rather than a special unit attached to a school. In Italy she might 'repeat' years in primary school. She would have a functional diagnosis from the health service; a functional-dynamic profile

as well as an individual educational plan (PEI) shared among schools, family and health specialists. The classroom teacher would write up a specific personalised learning plan bringing together the goals of these plans within in the mainstream class. Education in the 'normal school' was also the Norwegian response. She would be part of the school but 'she would also have her own room' for individual teaching and possibly light/ sound stimulation and physiotherapy, reflecting the practices of special schools in some other countries.

In Italy and Norway, if Gabija's mother was unable to care for her then she would still continue to attend her mainstream school, where social services would provide increased support in the family home and respite care. Her attendance at her special school could be supported whilst she lived in a community home (Scotland) or facilities for people with severe physical disabilities (Japan) or full-time residential care (Ireland). This attendance was also the priority in Victoria, Australia, where disability services could provide alternative living arrangements or additional home support.

An alternative outcome was a move to a '52 week' special residential school for children with complex needs (Scotland), special homes for children's education and care, or a children and young people's nursing home (Lithuania), and a foundation for children with special needs a residential facility providing education (Cyprus). In Cambodia and Kenya, Gabija could be placed in a government-run orphanage, possibly with links to an NGO educational centre.

3.4.4 Cerebral palsy

The vignette associated with physical impairment was as follows:

Lukas is a four year old boy living in a small two bedroom apartment with his mother, elderly grandmother and 13 year old brother, in a large regional city. His mother works long hours at a clothing factory and his brother frequently acts as carer for him and his grandmother. Lukas is very active and is always looking for opportunities to see the outside world. He loves travelling on the bus and is currently fascinated by the local zoo. He likes to be in busy situations with lots of activities to do and which he can be involved in for short periods of time; he enjoys carrying these out in the company of friends and family. Lukas finds that few people can understand his speech, but clearly understand much of what he hears. He needs to be lifted and physically supported for many activities, including eating and using the toilet. He often needs assistance to action his choices. Lukas is still transported by his family in his old pushchair, which he fits with reasonable comfort and which can be easily carried up to the apartment. Lukas has been diagnosed as having cerebral palsy. He can recognise a number of words in his local environment, likes water play, counting, and matching and sorting games. He loves new challenges and showing he can get something right. Lukas's grandmother's first language is not that of the rest of the family; however Lukas clearly understands much of what she says in the language of her youth.

In general terms across the countries someone like Lukas might have attended either a special school or a mainstream school (Ireland, Japan, Scotland and Kenya), with the option of a special unit rather than special school in Cyprus. In Scotland the placement would be decided by the commitment of his parents to send him to a mainstream setting. Special school placement was the choice of one country (Lithuania).

Responses from Australia, Italy, Norway and Nova Scotia in Canada saw mainstream placement as the likely option. Interestingly the Canadian responses indicated that Lukas would be involved in discussions about his own placement and support when older. In Italy he might spend time out of the classroom with a support teacher, in order to reach his individualised educational goals that were not shared by the class. He would be unlikely to attend school in Cambodia.

If Lukas lived in a rural location then this was seen as probably having an impact on his school placement in some countries, with him either being educated at home or not attending school (Lithuania, Kenya and Cambodia). Alternatively this could make a placement in his local mainstream school with support more likely (Scotland, Ireland and Cyprus), although access to multiagency teams might be more difficult. In Canada, placement at his local mainstream school would remain unchanged. In Italy accessing specialist health and therapy services was also seen as much more difficult in rural areas, and it was seen as not unusual for parents to move closer to a city and change the child's school to make this access easier. The special school transport system in Japan would ensure that that child could travel to their special school, which health services would attend, even from rural areas.

3.4.5 Deafness

The vignette related to deafness was as follows:

Ugné is a five year old girl. She lives with her parents and her older brother in a comfortable house in a small regional town. Her father is a local civil servant and her mother runs a small catering business from their home. When Ugné was a baby her mother was concerned that she was not hearing everything that was going on around her. A health check when she was eleven months old confirmed that Ugné was profoundly deaf. Her family can all hear and speak. They have learned to use sign language to talk to Ugné and to each other when Ugné is in the same room. Her parents are eager for Ugné to use signing in her schooling. Ugné wears two hearing aids. She does not show particular interest in other people's conversations. She is not aware if someone is talking to her when she is not looking at them, but will turn her head to sudden loud sounds. She speaks using individual words and simple phrases, which are very hard to understand for those outside her family. At times, however, she surprises her family at the things she does not seem to understand. She plays with other children in the street and has a best friend who is the same age as her and has learned some signs. However, compared to her brother she is relatively isolated socially. She loves animals and is very good with them. The family have a small pet dog which Ugné feeds and takes for walks. She is good at drawing

and painting. She will spend long periods drawing pictures of animals and her family. She also seems to have a strong interest in numbers and has been able to do the adding and subtracting homework that her brother has brought home from school. Her parents believe that their daughter would benefit from attending a mainstream school.

Ugné would be offered a supported place in mainstream in most countries. This might be at a preschool group or preschool resourced for deaf children (Lithuania and Victoria, Australia), in a non-compulsory preschool (Italy and Norway) or resource room or unit attached to a regular school (Kenya, Ireland and Cyprus). In Ireland if this resource was not available she would attend mainstream schooling with 'full SNA support'. In Italian schools deaf pupils would also spend the majority of their time within the mainstream class with her classmates, but supported by a trained communication facilitator rather than a generic SNA. In Cyprus the number of hours a pupil from a special unit might spend in mainstream class was stipulated by a district committee, with the other option being to attend a special school for the deaf. In contrast a mainstream option was the only possibility in Nova Scotia, Canada, where in-class technological and signing options were available.

The Japanese special system would offer a preschool placement in a residential school for the deaf near her home, in order to give Ugné a signing environment and teachers trained in both oral and sign language methods for the education of pupils who are deaf. This option also existed in some parts of Kenya. In countries using mainstream or resourced units, visiting teachers of the Deaf would support both teachers and pupils.

The extent to which sign language was supported in mainstream and resourced placements was not clear from the vignettes but there was evidence of considerable regional variation within countries. For example, whilst Kenya had a policy that all state school teachers should have signing awareness someone like Ugné could be excluded due to regional variations in funding and resources. The likelihood of having a cochlear implant was raised in the Canadian, Norwegian and Lithuanian responses. In Nova Scotia, Canada this was implied in response to providing a range of appropriate support that also included signing, depending on Ugné's needs. In Norway the offer of a cochlear implant was seen as the likely outcome of a needs assessment. In Lithuania an implant would be a route for Ugné into a mainstream placement, which would not occur as a sign language user. Deafness would be a barrier to being admitted to any mainstream preschool provision in Cambodia.

If her parents were keen for their daughter to attend a school for children who are deaf then, with the exception of Japan and perhaps Cyprus, the part of the country they lived in played a large part in whether this could happen because such schools were rare. For example, Norway might support the parents' wishes but only two such schools existed. In Nova Scotia, Canada, the option of a school for the deaf no longer existed, and the move to mainstream was the only option; however Ugné would be involved in discussions about her placement and support needs. Elsewhere a move into the independent or private sector might be an option. In Scotland if a strong case were made by the parents based on Ugné's language needs (e.g. a lack of a signing peer group) then she might be supported by an education authority to attend a grant aided school for

children who are deaf. In Ireland if no suitable local schools existed she might commute or attend a residential school for the deaf. NGOs in Kenya might not fund a placement that they perceived to be ‘segregated’ provision, even if such a placement was accessible.

Special schools for pupils with deafness were rare in Italy, with very few preschool options existing. Typically these would be private church-run schools, with a mixture of deaf and hearing pupils who spend part of their time together. This situation had arisen as special schools for the deaf have evolved to take in ‘mainstream’ pupils. As in Japan, a long commute to the school, or even boarding, might be the only way to attend. Otherwise Ugnė’s parents might move home to a location where their choice of school exists.

The curriculum most commonly offered was the mainstream curriculum (Norway, Kenya, Cambodia, Nova Scotia in Canada and Ireland) with the possibility of explicit sign language tuition within this (Scotland), shaped by an individual education plan or its equivalent (all jurisdictions except Lithuania). The curriculum might be individualised to varying degrees (Italy and Japan) or a specific curriculum for pupils who are deaf might be presented (Lithuania and Cyprus).

3.4.6 Learning difficulties

The vignette related to learning difficulties was as follows:

Austėja lives in a small village with two brothers and two sisters. Her father is a delivery driver and mother works part-time in the local shop. The parents left school with some qualifications but did not go on to further education. They have lived in the village for many years. Austėja is 12; she has a few friends in the village that she plays with, but can frequently be found playing games on her own. Austėja is very tidy and is excellent at clearing up and cleaning. She has quite a temper and becomes unhappy if things are not done the way she was hoping or expecting. Austėja relies to some degree on sign language to communicate with friends and family and her speech is hard to decipher. She can read and write simple stories but struggles with numbers. She likes the arts but her co-ordination makes more precise activities challenging. Austėja is quite short sighted, and frequently has bouts of ill health. She likes walking with her family and is a capable swimmer and enjoys looking after younger children when at the local playground, particularly playing on the swings and roundabouts. She finds transitions to new situations and activities challenging and benefits from being well prepared for minor and major changes. Austėja has been identified as having Down syndrome. She learns best when information is supported visually and there is peer modelling of activities.

This vignette produced a diverse range of responses. Austėja would be unlikely to attend school in Cambodia, unless an NGO in her area provided a service. In Lithuania, Austėja could be educated in a special unit in a mainstream school and/or special school, as in Cyprus, or in a special educational centre. In Kenya, she would be placed in a residential school, or unit, for children with learning difficulties. This school would not differentiate

teaching or class grouping by categories of autistic spectrum disorder or general learning disability.

In Australia a special school, if available, would be chosen due to the low pupil-teacher ratio (1:6) and the provision of a teaching aide. (A supported mainstream placement was indicated as a secondary option.) Similarly in Japan, a special school for children with intellectual disabilities would follow on from early intervention provided by educational psychology services and an initial special school placement.

A mainstream class with a support assistant was the only option reported for Norway, Italy and Nova Scotia, Canada. There was evidence of a transition effect in Scotland, which acknowledged that for pupils such as Austėja there may well be a transfer into a special school at secondary level, following on from a mainstream primary placement. As noted in other dual systems, whilst a range of supports can be put into mainstream schools, a transfer to a special school accesses a better teacher-pupil ratio and a greater degree of input from health services. This transfer decision could however be influenced by parental choice if they were 'keen' for their daughter to attend a mainstream secondary school. The Irish system could recommend either a mainstream or special school, or a unit for children with learning difficulties, but also suggested the possibility of dual placement. The use of both special and mainstream schools to deliver a curriculum and pedagogy to meet Austėja's needs was not raised by any other country in their responses.

The curriculum that children like Austėja could receive varied from a completely individualised one (Lithuania) to a supported and differentiated mainstream curriculum. When in a mainstream school, children might follow the mainstream curriculum with individualised targets and strategies (Victoria in Australia, Ireland, Scotland and Nova Scotia in Canada). This could be delivered in-class and also using withdrawal sessions (Italy and Ireland). In Norway, she would participate in joint projects with her peers where possible and follow practical subjects in areas in which she could not participate.

In Japan Austėja would follow an individual curriculum specially designed for her learning needs, with an emphasis on social skills training and speech and language skills. Special curricula were also noted in Kenya and Cambodia.

Self-injurious behaviour in children with learning difficulties, although low in frequency, was a particularly serious issue for schools to manage. The Japanese response to this part of the vignette indicated that this could be addressed within the special school system, which would be able to design and implement a programme based on applied behavioural analysis. Similarly in Ireland an educational psychologist would develop a behaviour support plan, but this situation might also result in a change of placement depending on parental views. Other educational responses included a move to a special school with psychological treatment (Lithuania and Cyprus) or the possibility of parents paying for private support. The provision of extra mainstream support was indicated (Norway), with the possibility of this being full-time support accompanied by increased time out of class (Italy). In Cambodia there would be no change as there were no other choices.

3.4.7 Social, emotional and behavioural difficulties

The vignette relating to social, emotional and behavioural difficulties was as follows:

Nojus is 14 and has had a number of periods living in other families when his mother's mental health difficulties became too great. His father is serving a sentence for a violent robbery. His mother has been unemployed for some years and once again, despite his desire to support his mum, Nojus is living away in a temporary care situation. Up to the age of eleven Nojus attended the same local school and when not with his mother, lived with his grandmother nearby so his school attendance was not disrupted. He was interested in learning and was among the high achievers in his peer group. His secondary school was further away from his home and the staff did not know his mother or father; moreover, his grandmother died and, when his mother was unable to care for him, placed in various foster families even further away from the school, which meant that he had a difficult journey, involving two bus rides and two walks, to get to school. Nojus started missing days of school and also behaving inappropriately when he was at school. He appeared to be disinterested in learning and would disrupt the learning of others. As he became older, he became abusive towards his peers and got into fights; he had to move his care placement, when the violence spread to other children in the foster home. He increasingly missed more days of school but was good at making excuses. He also finds making relationships with both his peers and adults difficult so absences from school tended not to be noticed, particularly as teachers and pupils were relieved that he was not in class. Nojus is on a trajectory which could result in him leaving school with no qualifications and being socially isolated. He now finds himself needing a short term educational placement until he can return to his mother once more.

In Lithuania Nojus could attend a youth school. These schools were for pupils who did not fit into mainstream setting for a variety of social and/or educational reasons. They were independent institutions, although some have links to vocational training schools. There, he would be able to receive support from social services and psychologists. The schools were designed to help keep young people, who might otherwise 'drop out', within the education system.

Elsewhere, in terms of school placement, Nojus would typically remain in mainstream education or in a unit attached to a mainstream site (Ireland, Scotland, Victoria in Australia, Cambodia, Kenya, Italy and Norway). The support that he, and the school, might receive would vary considerably across the countries. For example in Cambodia, he was likely to be disciplined and expelled, unless he was able to find an NGO vocational school or government vocational training that would accept him. But no short term support was available for him. In contrast the Canadian response suggested that for children such as Nojus, there was a possibility of attending a small inpatient unit and/or an intensive treatment programme, albeit with a significant waiting list. The level of behavioural support within schools, for children such as Nojus, was described as minimal

in Nova Scotia, Canada and there was an option for a small amount of home tuition in exceptional circumstances.

In Japan, Nojus would be supported by a municipal child consultation centre to help him attend and remain in his mainstream high school. There would also be links here with a child support centre and a parole officer, who could help Nojus remain in school if a criminal conviction occurred.

A similar range of provision was reported in Ireland, Scotland and Cyprus: mainstream or specialised schools for children with social and emotional difficulties or vocational training centres. In Scotland this explicitly included independent residential special schools for children with social, emotional and behavioural difficulties (also identified in Kenya), and a grant aided special school. Most secondary schools in Scotland had behaviour support assistants and a behaviour support base, where pupils like Nojus would be able to spend part of the day. If placed in public care, his teachers would liaise with his multidisciplinary support team. A teacher counsellor would take this responsibility in Kenya. In Ireland, the educational welfare officer would be the link person for the school. When Nojus returned to mainstream school in Ireland he would be entitled to five hours of small group or individualised support if he was diagnosed with a severe emotional and behavioural difficulty. This was the only response across the countries to indicate a particular number of 'hours' in response to the complex situation described in the vignette. In Victoria, Australia he would attend mainstream school with direct support from a school psychologist.

This vignette produced Norway's only 'special' response, with the caveat of the behaviour problem being severe enough to merit this placement. More typically someone like Nojus would be placed in a mainstream class with a support assistant, and support from the PPS.

In Italy, the boundaries between educational and social service support were described as more permeable, in comparison to other countries. Nojus would remain in mainstream secondary school. He would not receive additional learning support but rather a professional educator (an accredited and designated role) could be allocated to improve his social interactions within the school. The school team and the professional educator would liaise through regular in-school meetings with social workers.

In response to the final question regarding epilepsy, some countries felt this could be managed by medication with no change in educational provision being necessary (Japan, Lithuania, Norway, Cambodia, Canada). If the frequent seizures were associated with a learning disability then a move to a special school was possible (Victoria in Australia and Cyprus). Similarly in Scotland, Nojus might be placed in a special school or unit catering for pupils with complex needs, or remain in mainstream school with designated support from a classroom assistant.

Frequent and severe seizures would be dealt with by the mainstream class teacher in Italy, but the situation would result in training for them. In Ireland he would also remain in school but with access to special educational needs support (possibly an SNA) which, although not specified in the response, might include a special needs assistant. In Kenya,

whilst mainstream provision would be expected, it might be that a residential school would be the response in order to oversee his medical treatment.

3.5 Discussion

The vignettes allowed an insight to be gained of typical practices within the selected countries. These cannot be exclusive, all encompassing, national accounts and the importance of the geography of resources and regional variation was itself a significant issue. For example countries that might favour a special school placement as a response to a particular educational need would be influenced by 'distance' to provide and support inclusion in a mainstream local school. Commitment to inclusive or special education interacted significantly with how resources were distributed.

3.5.1 Children's voice in educational decision-making

A universal feature across all but one of the countries, and responses to each of the category vignettes, concerned who would be involved in placement decisions. This process could involve a wide range of specialist services and members of multidisciplinary teams in consultation with the parents and educational authorities or their equivalents. However, only the Canadian response to two vignettes (cerebral palsy and deafness) indicated that the child might be involved in discussion of their placement and support needs. Elsewhere, in no country or vignette was a child ever indicated as being consulted regarding the school they might attend or to which they might be transferred. This implied that parents and professionals would speak on their behalf and represent their wishes. But children themselves were not positioned centrally in terms of the formal decision making process. In one case, Noujos (severe emotional and behavioural disorder), who lacked parental guidance, the country's children's rights ombudsman was indicated as supporting the young persons' rights and interests (Lithuania), albeit at a distance.

This suggested that the voices of children with special educational needs carry little weight in decisions about their educational lives, regardless of whether the system might be seen as inclusive or special and irrespective of the jurisdictions in our sample. This consultation may or may not be part of the education policy framework regarding special educational needs; however children's consultation did not feature significantly enough in educational practice to be mentioned in response to any vignettes.

3.5.2 Valuing the special school in different practices

Whilst the provision of an adapted, special or individualised curriculum was frequently mentioned, a strong perception did not emerge that children with special educational needs required a special pedagogy, different from mainstream pedagogy. The exception to this was in the Japanese system, where a specific pedagogy was suggested, based on applied behavioural analysis for both children with autistic spectrum disorder and children with learning difficulties who self-harm. Whilst special schools may have special pedagogic approaches, these were not explicit in the vignette responses and did not feature as a reason for deciding a school placement. Factors supporting special school

placements typically were a low teacher pupil-ratio and improved access to health service professionals, such as physiotherapists and speech therapists.

In terms of improving pupils' access to specialist teacher knowledge, the Japanese model of special school 'outreach' helped support children and their teacher colleagues in mainstream schools. This contact was facilitated by a culture in which Japanese teachers commonly move between schools. Only Ireland mentioned the possibility of dual placement in special and mainstream schools. (See Chapter 6 for a discussion of dual placement and attendance in Ireland.) This situation did also exist in Victoria, Australia, where a child can spend part of each week at a local school and part of the week at a specialist setting. In this situation, the funding remained with the student and the schools shared the funding allocation. The learning outcomes for each placement were specified in the student's learning plan and support guide. The decision to dual enrol was made at the student support group meeting although the principals in each school and the parents would generally discuss the student's learning needs prior to the meeting.

A more radical alternative was seen in Italy, where some special schools for children who are deaf admitted 'mainstream' (and non-deaf) pupils. This maintained the language community advantages for children who are deaf, (which to achieve elsewhere might result in placement in residential special schools), gave the children access to experienced teachers of the deaf but also gave the teachers an environment in which to develop their 'mainstream' curriculum and pedagogic skills.

Each of the three approaches appeared to positively address some of the shortcomings of children being assigned to mutually exclusive special or mainstream settings. In the Japanese model the teacher moved to support the child and their mainstream teachers. In the Irish vignette response, dual placement allowed the child to access, for example, the curriculum breadth of one location and the health and educational specialists of another. In both of these practices a separate special school system was maintained and valued. In the Italian transformative model the special school itself became more inclusive, developing its social environments and curriculum breadth, but maintaining its specific expertise and access to specialist support.

This solves some of the issues identified elsewhere. Even in explicitly inclusive systems such as Norway and Italy, issues of supporting a 'language community' did not feature in discussions of placement for children who are deaf. However, the special schools model in Japan, and less certainly in Lithuania, might contribute to the skills that they would need to competently enter this community. The placement of a child with profound deafness in mainstream schools was dealt with through in-class or in resourced school/units, but the place and extent of such support was not evident and was an area for further investigation. Only in Scotland was there an explicit indication that the child would be taught, for some periods, through signing in her mainstream class. Elsewhere there was indication of support from visiting teachers of the deaf linked to teaching assistance in different forms.

3.5.3 International categories?

The vignettes did not present barriers to understanding in any of the countries. Even in countries that did not use the underlying categories within their educational system to direct placement, they appeared to be used within the health service and in how children's difficulties were conceptualised. There was a ubiquitous link between diagnosis and the provision of resources within schools at some level. In some countries this diagnosis was part of a route into a special school system or a supported mainstream placement. In Italy and Norway, children could enter local mainstream schools with or without such diagnosis, although confirmation of a diagnosis might trigger additional resources at a later date. A diagnosis of dyslexia would not trigger additional resources in Italy; however screening assessments were commonly used in schools to screen and plan educational responses. In Victoria, Australia and Japan, an educational assessment could prompt the start of a reading recovery programme or a remedial withdrawal lesson programme. In Ireland and Scotland, additional teaching input or different curricula responses were significantly influenced by a formal 'out of school' diagnosis. This variation suggested that the link between a non-educational assessment and the provision of support in such an explicitly educational task could be critically considered, if children were to access appropriate early support in a timely fashion.

The vignettes revealed that pupils with special educational needs could be funded, across the countries, in many ways. In some areas this funding was additional to a general funding allocated, for example, to disadvantaged areas (Ireland, Scotland and Italy), while in other areas it comprised the entire educational fund. The latter was the case in Kenya and Cambodia, where individual pupils could be funded by NGOs. In Cyprus, a significant source of funding was 'radiomarathonios', a media event that raised funds specifically for children with special educational needs. The funding of additional educational resources for individual pupils could be, as indicated previously, linked to the diagnosis by an accredited, medical or psychological professional (Ireland, Scotland, Japan, Italy and Victoria in Australia). In Norway there was only the generic funding of the schools system and no additional funding for pupils with special educational needs as such within the local municipality. However, these fixed resources were used to allocate classroom assistance to meet children's needs.

3.6 Conclusion

This chapter has summarised the responses to seven vignettes depicting a range of special educational needs. These responses revealed a wide variation in school placements and curricula across the respondents' countries. The health system significantly influenced children's educational lives in situations where a diagnostic category allocated children to a type of school and determined the provision of additional educational resources to meet special educational needs. The health system could also act to influence the placement of children within special schools when, as commonly reported, the services of health professionals were accessed far more readily within special schools.

Three models of special school practice were identified as addressing some problems of having mutually exclusive mainstream and special schools: the Japanese outreach model, Ireland's dual placement possibility and Italy's 'inclusive' special school for children with deafness, for example. The dual placement and inclusive special school models kept the health service advantages of the special school but, as in the outreach model, gave pupils the social and curriculum experience of mainstream schools.

Pupil voice or consultation featured in only two of the 140 vignette responses (i.e. from ten countries with seven vignettes plus each additional question) regarding any special educational needs in any of the sample countries, as part of the educational decision making process. It was not mentioned in Ireland's responses either. This result seems out of kilter in educational systems designed to support children and their 'needs'. It has been argued that:

It cannot tenably be claimed that schooling is primarily intended to benefit pupils if pupils' own views about what is beneficial to them were not actively sought and attended to. (McIntyre, Pedder, and Rudduck, 2005, p. 150)

This surprising finding suggested that, regardless of the educational system, children's voices had no significant place in the major decisions about their own educational lives.

Reference

McIntyre, D., Pedder, D. and Rudduck, J. (2005) Pupil Voice: Comfortable and Uncomfortable Learnings for Teachers, *Research Papers in Education*, Vol. 20 (2): 149–68.

4 Appendix D – Challenges for Ireland identified in literature

This appendix summarises the challenges for Ireland that were identified in the literature, grouped by categories that emerged from the review of this literature.

4.1 Community space

- 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 enrolment possibilities (Ware et al, 2009).

4.2 Community staffing

- 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).

4.3 Community for students

- how to capture and utilise student voice (Rose et al, 2010; Desforges and Lindsay, 2010)
- how to overcome a student's sense of social isolation (Rose et al, 2010).

4.4 Community support

- how to enhance communication with parents (PWC, 2010)
- how to ensure parental views are listened to and that parents are kept informed (PWC, 2010)
- how the process of applying for support could be improved (PWC, 2010).

4.5 Community strategies

- 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 result in 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).

4.6 Community systems

- 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).

5 Appendix E – 55 Country Summary Table

Country	Current legislation	Models for allocation of funding, resources and support	Resources/ supports available at school and classroom level	Qualifications or standards required for working in settings across the continuum	Resources/ supports provided from outside and from within the education system	Approaches to the categorisation of individuals catered for along the continuum of provision	Placement/ enrolment/ eligibility criteria for the placement options and review procedures	Policies and arrangements for dual enrolment	Population (density per sq km) (2010)	% living in rural areas (2003)*
Australia (Queensland)	2005	Mainstream to special; Resource clusters (across and within settings); In-child assessment (by who?).	Central in-school SEN figure.	No information.	Regional additional peripatetic services.	Additional resources based on criteria linked to six categories of impairment.	Some in-school assessment with emphasis upon external assessment.	No information.	22,421,417 (2.92) All	
Australia (Victoria)	2005-2006	Mainstream to special; School focused; Resources; Right to attend local school.	Student support; Service programme; Individualised education plans.	Special education; Teacher pathway in ITT and in CPD; Upskilling and developing the workforce.	Additional peripatetic services; Family support and advice services; In-school liaison officers; The Home-Based Educational Support Program.	Seven categories.	Parent, school, professional group assessing goals in relation to allocation made to school.	Yes (parents can opt to split week at local/specialist school).	22,421,417 (2.92) All	
Barbados	Lack of legal framework to support SEN	Mainstream to special.	Flexible age of transfer; Physical adaptations; Assistive devices; Curricular devices.	Special education teacher training in conjunction with Canadian university.	Some multiagency collaboration	Eight categories.	Ministry-based multidisciplinary evaluation.	No information.	257,000 (596.29)	48%
Belarus/ Belorussia	2004	Mainstream to residential.	No information.	No information.	Clinics and centres.	Four broad categories.	No information.	No information.	9,471,900 (45.63)	29%
Belgium (Flemish community)	2009 (but not enforced until 2011-2012)	Mainstream to special.	Supplementary teaching hours; Integration plan.	Training for new framework.	No information.	Allocation to setting based on banding.	External assessment centres.	Yes (referred to as partial permanent inclusion).	10,827,519 (354.88)	3%
Brazil	2001	Mainstream to special (much private – less so now AH in 2006 37% private, 63% public).	Support in regular classes; Resource rooms; Support rooms.	Training should include knowledge of the inclusive education system management with the aim of developing projects with other sectors. 2007 teacher census - 77.8% of spec ed teachers had taken specific spec ed course	No information.	Three categories of SEN (but includes gifted).	No information	No information.	193,364,000 (22.72)	17%
Bulgaria	No information	Special to residential.	No information.	No information.	No information.	No information.	No information.	No information.	7,576,751 (68.31)	30%

Country	Current legislation	Models for allocation of funding, resources and support	Resources/ supports available at school and classroom level	Qualifications or standards required for working in settings across the continuum	Resources/ supports provided from outside and within the education system	Approaches to the categorisation of individuals catered for along the continuum of provision	Placement/ enrollment/ eligibility criteria for the placement options and review procedures	Policies and arrangements for dual enrolment	Population (density per sq km) (2010)	% living in rural areas (2003)*
Cambodia	2008 (Rights)	Mainstream to special classes (few special schools for blind/intellectual disabilities/deaf?) (or forgotten - 20% national coverage target for 2011 but focus is on inclusion - detailed Master Plan to 2011)	Additional teaching in mainstream.	Inclusion training module from Ministry (plan that all will have opportunity to do it by 2011).	Provision of physical aids.	Eight categories (Ministry Master Plan) but term CWD – children with disabilities covers 5?	Tool being developed.	Not really. Deaf can attend regular school and attend additional classes in special schools.	13,395,682 (73.99)	81%
Canada (Nova Scotia)	2009	Mainstream with programme options	Individual programme plan; Educational strategies; Material/ equipment; HR.	Qualifications in teaching children with SEN are available and encouraged.	Integrated service schools.	Eight administrative categories not used for planning support.	Initial screening, then exploration of context; planning situated in the school and family with professional support.	Not applicable.	34,207,000 (3.43) All Canada	20% (All Canada)
Canada (Ontario)	1980	Mainstream-Special class (5 options)	Individual programme plan; Consultative services.	Special educational; Needs qualification.	No information.	Eight categories.	Committee assessment at request of school; Funds allocated on equation using pupil grade; Two support needs options and an equipment option.	Option 4? Or not applicable??	34,207,000 (3.43) – All Canada	20% (All Canada)
Chile	No information	No information Voucher funding system	No information.	No information.	No information.	No information.	No information.	No information.	17,114,000 (22.61)	13%
China	2008	Mainstream to special.	Flexible curriculum; Teaching methods and materials; Age of enrolment.	Depends on region; Being encouraged.	Community rehabilitation services; NGOs.	Special education in China mainly includes categories of hearing impairment, visual impairment and mental retardation.	Teacher initiated, evidence gathered and presented to local educational authorities; Special school teachers evaluate students using standardised tests to determine eligibility.	No information.	1,339,190,000 (139.54)	

Country	Current legislation	Models for allocation of funding, resources and support	Resources/ supports available at school and classroom level	Qualifications or standards required for working in settings across the continuum	Resources/ supports provided from outside and from within the education system	Approaches to the categorisation of individuals catered for along the continuum of provision	Placement/ enrolment/ eligibility criteria for the placement options and review procedures	Policies and arrangements for dual enrolment	Population (density per sq km) (2010)	% living in rural areas (2003)*
Croatia	No information.	Mainstream to residential.	Curricula for different levels and settings.	No information.	No information.	No information.	No information.	No information.	4,435,056 (78.44)	41%
Cuba	1985	Mainstream to special (schools and classes)	Supplementary teaching in regular class or in special class with advisory teacher; itinerant teachers for home/hospital.	Minimum training in ITT; One term course to become SEN teacher.	Rehabilitation services at city/provincial level.	Five categories (not official list).	Central assessment by Center for Orientation and Diagnosis.	No information.	11,204,000 (101.06)	24%
Cyprus	2001	Mainstream to special (classes, units, few schools).	Special education support staff; Special needs coordinators; Speech therapists in school; Smaller class size; Normal curriculum adapted.	Special education; ITT (for mainstream or special); specialised in particular area of SEN.	No information but impression is that it comes to child in school.	Three broad categories.	District Committees assess and place pupils.	Doubt applicable.	801,851 (86.69)	31%
Estonia	No information.	Mainstream to residential (or nothing).	Curricula for different levels; Individual education plans (unreliable).	No information.	Unreliable.	No information.	Multidisciplinary committees assess and recommend school.	No information.	1,340,021 (29.63)	31%
Finland	2010	Mainstream to special classes/eight schools. (Inclusion is the aim.)	Small teaching groups; Individual education plans.	Special educational needs qualification.	Full range of services & aids (situated where??)	Ten categories.	Decision requires statement by a psychological, medical or social welfare professional, followed by a hearing with parents.	No information.	5,366,100 (15.92)	39%
France	2005	Mainstream to special (categorised, more likely special at secondary).	Differentiation; small classes.	None	Peripatetic (?) home and school service.	Six categories (?)	Centres and committees identify and orientate child.	No information.	65,447,374 (119.64)	24%

Country	Current legislation	Models for allocation of funding, resources and support	Resources/ supports available at school and classroom level	Qualifications or standards required for working in settings across the continuum	Resources/ supports provided from outside and from within the education system	Approaches to the categorisation of individuals catered for along the continuum of provision	Placement/ enrolment/ eligibility criteria for the placement options and review procedures	Policies and arrangements for dual enrolment	Population (density per sq km) (2010)	% living in rural areas (2003)*
Germany	No date.	Mainstream to special (ten types).	Special education teachers; Mobile assistance, advice and cooperative instruction; Individualised forms of planning; Special educational support during, alongside and in place of class lessons; Repeating a year or two.	Special educational needs qualification.	Special education centres bring together services	8 categories	School supervisory authorities with experts as necessary	Under development???? No further information - may be close cooperation rather than dual enrolment	81,757,600 (229)	12%
Greece	No information.	Mainstream to Special (or nothing)	Adapted curriculum.	No information.	Centres co-ordinate and provide SEN services.	No information.	Evaluation and support centres assessment.	No information.	11,306,183 (85.69)	39%
Hungary	No information.	Mainstream (rarely) to residential (or nothing)	Adapted curriculum.	No.	No information.	No information	Professional committee diagnose and advise on school	No information.	10,013,628 (107.64)	35%
Iceland	2008 (?)	Mainstream to special (4 options)	Methods; Resources; Curriculum; Grouping; Additional support.	Special educational needs qualification available but rare.	No information.	No information; Regional funding should be same for 'same degree of disability'.	Children identified by professionals; Assessment at state centres or hospital.	No information.	317,900 (3.09)	7%
India	2005	Mainstream (integration) to (private) residential (?) (or nothing).	Under development.	Under development.	NGOs.	No information.	No information.	No information.	1,184,639,000 (360.34)	72%
Iran	2004 (?)	Mainstream to special (including residential).	Itinerant teachers; Special curriculum (primary).	Training in inclusive education.	No information.	No information.	Centralised (?); Special education pffices assess and place.	No information.	75,078,000 (45.56)	33%
Ireland	2004	Mainstream to special	Additional teaching support; Additional funding; Additional classes.	Upskilling and developing the workforce,	Psychological assessment.	Eleven categories.	Independent assessment; Assessment referred to NCSE.	No information.	4,459,300 (63.45)	40%
Israel	1998	Mainstream to special (?)	Consultative peripatetic support.	No information.	Local support and resource centers.	No information.	No information.	No information.	7,602,400 (366.03)	8%
Italy	1977	Mainstream to special classes/schools (but very few special very near full inclusion).	Additional teachers; Reduced class sizes; School plan; Individual plan.	Special educational qualification (?) for support teachers (?).	Hospital; Home; Distance teaching.	No information or no categories? Still none.	Assessments carried out by the health authorities.	Formulae available.	60,340,328 (200.31)	33%

Country	Current legislation	Models for allocation of funding, resources and support	Resources/ supports available at school and classroom level	Qualifications or standards required for working in settings across the continuum	Resources/ supports provided from outside and from within the education system	Approaches to the categorisation of individuals catered for along the continuum of provision	Placement/ enrolment/ eligibility criteria for the placement options and review procedures	Policies and arrangements for dual enrolment	Population (density per sq km) (2010)	% living in rural areas (2003)*
Japan	2007	Mainstream to special (four options).	Team teaching; Small group instruction; Differentiated teaching; Support assistants; Peripatetic counselling; In-school committees; SENCOs; Separate curriculum for special schools; Individualised education support plans.	No information; Disability awareness (?).	Special schools sharing expertise; Support from welfare system.	Eleven categories.	Expert committees in discussion with parents and school.	Doesn't happen (?).	127,380,000 (337.13)	35%
Jordan	2007	Mainstream special classes/unit (?) to special schools.	Aids, techniques, facilities.	Special educational qualification.	Educational diagnosis service (?).	No information.	No information.	No information.	6,472,000 (70.12)	21%
Kenya	2005	Mainstream to special (including boarding) (or nothing).	Adapted curriculum.	Upskilling and developing the workforce.	Many (internal/ external/private/ public/NGOs) poorly co-ordinated educational assessment and resource Centres (?).	22 categories.	Educational assessment and resource centres (Assess child?).	No information.	40,863,000 (70.13)	61%
Latvia	No information	Mainstream special classes to special schools (or nothing).	Adapted curriculum.	No information.	No information.	Three categories of SEN	Medical commissions assessment and ranking.	No information.	2,237,800 (34.65)	34%
Lithuania	2007	Mainstream to residential (including special education centres?). (Money follows pupils with additional for SEN.)	Special teachers; Support staff; Therapists (speech therapists, psychologists, kinesietherapists, social pedagogues); Aids, resources, adapted environment.	'Special educational qualifications; Upskilling and developing the workforce'	Pedagogical psychological service.	Ten categories (four categories of SEN?)	Special education commissions, pedagogical psychological services and the Centre of Special Pedagogy and Psychology based on criteria; Category equates eligibility to setting; Agreed with parents; Children entitled to choose.	No information	3,329,227 (51.06)	33%

Country	Current legislation	Models for allocation of funding, resources and support	Resources/ supports available at school and classroom level	Qualifications or standards required for working in settings across the continuum	Resources/ supports provided from outside and within the education system	Approaches to the categorisation of individuals catered for along the continuum of provision	Placement/ enrolment/ eligibility criteria for the placement options and review procedures	Policies and arrangements for dual enrolment	Population (density per sq km) (2010)	% living in rural areas (2003)*
Mexico	1993	Mainstream to Special (support services in mainstream and separate schools/units).	Adapted curriculum; Individualised sessions; Support teams in school.	All teacher trainees should take special needs course (?? Over implementation) Special educational qualification	Support services including behaviour management, speech therapy.	Five categories (but may not have to be placed in one to get SEN support).	Support teams conduct psychopedagogical/ holistic evaluations. They refer to separate provision where appropriate.	No information.	108,396,211 (54.95)	25%
Netherlands	1998 (2012)	Mainstream to special; (Money follows pupils with SEN); New: funding direct to schools who must work together to meet needs of child - multi-year block grants.	Part of personal budget must be spent on peripatetic supervision.	Mainstream qualifications to teach in special education. Most teachers in special schools have Masters in Special Ed. Optional special educational qualifications.	Special schools (peripatetic supervising child supporting child and teacher; (Other agencies?); Regional expertise centres.	Ten categories	Committee (appointed by special schools regional centre) assess against national criteria.	Special and mainstream offer dual placements.	16,609,518 (399.98)	34%
New Zealand	2000	Mainstream to special (including residential); Mix of individual and operational funding; Early intervention is priority.	Additional support; Specialist staff; Resource teachers; Therapists bought in; Individual education plans; Methods; Resources; Same curriculum (can be adapted); Grouping; Itinerant support from special school.	Special educational qualifications in particular impairments.	Resource teachers work across schools; Broad range of therapy services. (Where are therapists based?)	No formal categories (except in the qualifications of teachers and descriptions of resource teachers).	Early intervention professionals assess; Parents can ask for assessment of support; Formal government service assess needs and determine resourcing and services; Assessment teacher lead and looks at child, environment, family, teaching contexts.	Unclear (special schools run satellite classes and provide peripatetic support in mainstream so may not be necessary?).	4,383,600 (16.32)	14%
Nigeria	2008	No information. (There are teachers employed to teach SEN.)	No information.	No SEN qualifications required.	No information.	Nine categories.	No information.	No information.	158,259,000 (171.32)	53%
Northern Ireland	1996	(Under review?)	Mainstream to special.	No information.	No information.	No information.	Seven categories.	No information.	No information.	No information.

Country	Current legislation	Models for allocation of funding, resources and support	Resources/ supports available at school and classroom level	Qualifications or standards required for working in settings across the continuum	Resources/ supports provided from outside and from within the education system	Approaches to the categorisation of individuals catered for along the continuum of provision	Placement/ enrolment/ eligibility criteria for the placement options and review procedures	Policies and arrangements for dual enrolment	Population (density per sq km) (2010)	% living in rural areas (2003)*
Norway	1998	Mainstream to special classes (rare special schools including boarding); Costs carried by school (municipality/ county).	Special assistants; Adapted teaching; Grouping, dual teaching, one-to-one; Use of teaching methods appropriate to child; Teaching aides and equipment.	Qualification for teaching of deaf children; Compulsory module for all teachers on responsive pedagogy.	Pedagogical Psychological Service; National Support System for Special Education.	No categories (except deaf?); Still no categories found - don't think it fits in with inclusion/ adaptation (?)	Health centres and Pedagogical Service carry out assessment at request of schools parents, day care, health service identify; The Education Act ensures the right to special education below the compulsory school age. The PPS may be contacted by health service, day care institutions and schools. PPS identify extra support that is required.	Not applicable.	4,896,700 (15.10)	21%
Poland	2001-2009	Mainstream to special (including residential and home learning).	Adapted curriculum; Different curriculum (for moderate/ severe); Delayed entry to compulsory education.	Support teachers (special qualification).	Guidance and counselling centres; Outpatients' services.	Eleven categories	Psychological-pedagogical advice centres; Teams of experts who issue opinions; Parental choice.	No information.	38,167,329 (122.06)	38%
Romania	No information.	Special to residential (or nothing).	Different curriculum.	No information.	No information.	No information.	No information.	No information.	21,466,174 (90.38)	45%
Russia	2010	No information; Situation developing.	No information.	No information.	No information.	No information.	No information.	No information.	141,927,297 (8.31)	27%
Scotland	2004 and 2009	Mainstream to special (funding?).	Additional support; Specialist staff; Therapists bought in; Individual plans; Methods; Resources; Curriculum (?); Grouping.	No information.	Multiagency support from health, social services and voluntary agencies; A co-ordinated support plan/	Four themes for support.	A practitioner or parent identifies an issue; Teacher consults within setting; School consults local authority education services; Support from outside agencies sought. (Who decides to go ahead and how to fund?)	No information.		

Country	Current legislation	Models for allocation of funding, resources and support	Resources/ supports available at school and classroom level	Qualifications or standards required for working in settings across the continuum	Resources/ supports provided from outside and from within the education system	Approaches to the categorisation of individuals catered for along the continuum of provision	Placement/ enrolment/ eligibility criteria for the placement options and review procedures	Policies and arrangements for dual enrolment	Population (density per sq km) (2010)	% living in rural areas (2003)*
Singapore	No information.	Mainstream (little support) to special (NGO run) (five types).	Minimal support in mainstream; Separate curriculum; Individual Education Plans; Therapy.	Special educational qualifications common and encouraged, but not mandatory.	The psychological service supports in mainstream.	Five categories.	Assessments carried out by schools prior to gaining admission.	No information.	4,987,600 (7,197.11)	
Slovenia	2007	Mainstream to residential (or nothing); State funded institutions.	Peripatetic therapists; Support assistant for an individual (rare); Additional hours of help; Some schools identified as physically accessible; Aids, separate courses; Reduction in class size or creation of additional classes. IEPs	Special educational needs qualification in special; In-service professional training in mainstream.	Peripatetic therapists supporting children and teachers Consultation centres for children and parents Offered integrated treatments, advice and guidance (for family and schools).	Eight categories.	Centre for guidance (CMG) commissions medical examination and direct placement, support, class size and inspects provision; A placement commission decide on the placement; (Link to CMG for guidance?); Expert committee in special school must evaluate provision yearly.	Cooperative measures exist in law but are rarely enacted in practice.	2,062,700 (101.75)	49%
South Africa	2001	Mainstream to special (inadequate funding).	Remedial classes; Some full service (?) schools.	Upskilling and developing the workforce.	Professional support personnel in districts; Specialist centres to be developed.	No information.	No information.	No information.	49,991,300 (40.98)	43%
South Korea (Republic of Korea)	2007	No information.	One teacher for four children with disabilities (under three?)	Hospital school; Video education system.	49,773,145 (505.41)	20%				

Country	Current legislation	Models for allocation of funding, resources and support	Resources/ supports available at school and classroom level	Qualifications or standards required for working in the continuum	Resources/ supports provided from outside and from within the education system	Approaches to the categorisation of individuals catered for along the continuum of provision	Placement/ enrolment/ eligibility criteria for the placement options and review procedures	Policies and arrangements for dual enrolment	Population (density per sq km) (2010)	% living in rural areas (2003)*
Spain	2006	Mainstream to special (but only in severe cases where provision cannot be made in mainstream).	Diversified materials; Flexible pupil grouping; Curricular adaptation; Separate classrooms; Dual enrolment; Multidisciplinary counselling teams and units in schools; Special education budget to institutions.	Special education as a core in all training. Additional qualifications available.	Peripatetic home teaching; Peripatetic supports from SEN institutions; Peripatetic support units; Early Care Teams (EAT) in preschool assess and offer support to families; Educational and psychopedagogical counselling teams diagnose and advise schools; Specific teams (EE) give assistance to pupils, assess needs, implement organisational measures, monitor and advise on teaching and learning, support teachers and families.	No information. No information.	No information but: Early Care Teams (EAT) in preschool assess; educational and specific teams (EE), assess needs (?); Teams of professionals with different qualifications assess, evaluate and establish performance plans. psychopedagogical counselling teams diagnose	Combined schooling allowed.	46,951,532 (93.01)	24%
Sweden	2011	Mainstream to special (including residential); An amount of money is granted and follows each pupil to whatever school they choose, either municipal or independent.	Support must be based on pupils' needs; Technical aids; Additional staff; Specialist teachers; Action plan; special classes; individual development plans.	Special education as a core in all training; Additional qualifications available; Training to work as peer consultants	National Agency offers pedagogical support for local authorities and teaching materials and support local resource centres; Four national resource centres for four categories of impairment.	Four national resource centres for four categories of impairment.	The criteria for the right to attend special schools is that the pupil cannot follow regular education and or needs rehabilitation; No information on assessment process and funding allocation.	No information.	9,366,092 (20.82)	17%

Country	Current legislation	Models for allocation of funding, resources and support	Resources/ supports available at school and classroom level	Qualifications or standards required for working in settings across the continuum	Resources/ supports provided from outside and from within the education system	Approaches to the categorisation of individuals catered for along the continuum of provision	Placement/ enrolment/ eligibility criteria for the placement options and review procedures	Policies and arrangements for dual enrolment	Population (density per sq km) (2010)	% living in rural areas (2003)*
Switzerland	Local (canton) legislation applies.	Mainstream to special. (Funding varies amongst cantons.)		Special classes reduced curriculum individual action plans across curriculum in some subjects	Specialist training (mandatory??)	Visiting services, mostly in integrative settings within mainstream school: Most frequently used provisions are speech therapy, treatment of dyslexia and psychomotor therapy; School psychological services.	No information.	Agencies carry out investigatory procedures, diagnoses, therapies and advice; Standardised procedures being developed.	7,782,900 (188.49)	32%
Uganda	1992	Mainstream to special (provision being developed); School facility grants to make schools accessible.	Resource rooms.	No information.	Education Assessment Resource Service Centre (EARS); 'Small homes' built where children can stay in the week to attend school.	No information.	No information.	No information.	33,796,000 (143.18)	88%
US	2004	Mainstream to special; Mix of national, state and local funding.	The individualised education programme; Specially designed instruction; Related services; Programme modifications; Classroom accommodations; Supplementary aids and services; Resource room.	No information; Upskilling and developing the workforce.	Transportation; Speech-language pathology and audiology services; Psychological services; Physical and occupational therapy; Music therapy; Recreation, including therapeutic recreation; Early identification and assessment; Counselling services, including rehabilitation counselling, mobility services; School health services; Social work services in schools; Parent counselling and training.	13 categories.	Professionals from LEA meet parents and develop goals, placement, programme modification, accommodations and services to create an individual education programme.	No information.	309,975,000 (32.19)	20%

Country	Current legislation	Models for allocation of funding, resources and support	Resources/ supports available at school and classroom level	Qualifications required for working in the continuum	Resources/ supports provided from outside and within the education system	Approaches to the categorisation of individuals catered for along the continuum of provision	Placement/ enrolment/ eligibility criteria for the placement options and review procedures	Policies and arrangements for dual enrolment	Population (density per sq km) (2010)	% living in rural areas (2003)*
US State (Connecticut)	As for US.	Mainstream to special (aim to bring resources to the child?) (15% of federal funds can be used to develop services).	The Individualized Education Programme Specially designed instruction; Related services; Programme modifications; Classroom accommodations; Supplementary aids and services; Resource room.	Common core of skills for all teachers (?)	As for US.	13 categories.	Students referred to 'planning and placement' teams Assessment based upon Scientific Research-Based Interventions: Improving Education for all Students, Connecticut's Framework for RTI		No information	
US State (New York)	As for US.	Least restrictive environment: Bring sources to the child; Federal and State and local funds	public schools; Boards of cooperative educational services (BOCES); Private approved day and residential schools and home and hospital instruction.	Teacher aides; Max class size; Resource room.	State certification.	Itinerant instruction; Supplementary services.	13 categories.	As under IDEA; Individual education plan.	Unclear.	
US State (Ohio)	As for US.	Regular to special; Home and hospital; Federal and state funds; Least restrictive environment.	Resource rooms; Itinerant instruction.	Must be qualified as special education teacher.	No information.	As above presumably.	As under IDEA; Individual education plan.	No information.		
Venezuela	No information.	Mainstream to special.	No information.	No information.	No information.	No information.		No information.	28,888,000 (31.67)	12%

6 Appendix F – Categories Used across 55 Administrations

1. Vision Impairment, visual impairment, Visual impairments, Blind/visually impaired, eyesight disorders (visual impairment or blindness), visual handicap, visually impaired children, Visually impaired, blind children, partially sighted children, student with a visual handicap, blind children and children with visual impairments, Blindness.
2. Deaf blind.
3. Hearing impairment, Hearing impairments, deaf, deaf and hard of hearing, hearing impaired, hearing impairment (hearing loss or deafness), auditory handicap, deaf and partially hearing children, deaf children, children with hearing impairment, students with a hearing impairment, deaf children and children with hearing impairments, Deafness.
4. Speech-Language Impairment, Speech or Language Impairment, severe language disorder with critical educational needs, speaking impairments, speech impairment/communication disorders, Communication , Language impairment, Speech impairment, speech impaired, students with impaired speech, pupils suffering from a speech disorder, Specific Speech and Language Disorders. Speech and language disorders; speech and other communicative disorders, children with severe speech disorders, children with speech problems.
5. Communication and Interaction.
6. Social-interaction disabilities.
7. Autism, Autism Spectrum disorder, Autistic Spectrum disorder; ADHD and Autism, Autism and Asperger's Syndrome; autistic children and children with multiple disabilities.
8. ADHD.
9. Intellectual impairment, intellectual disability, intellectual handicap, learning difficulties, mental challenges, learning disabilities, learning disabled, children with serious learning disabilities; children with a mild mental disability, children with mental disabilities, intellectual or learning impairments, cognitive impairments, Intellectual, mental retardation, mental disabled cognitive disabilities, Mild mental impairment, Moderate or severe mental impairment, pupils with learning difficulties, Specific Learning Disabilities, intellectual disabilities, Mental handicaps, special cognition difficulties or underdeveloped cognition skills; children with severe learning difficulties; mentally retarded, Cognitive and Learning, children with slight mental disabilities; children with moderate or severe mental disabilities, students with intellectual disability, Mental Retardation, Specific Learning Disability, Mild General Learning Disability, Borderline Mild General Learning Disability, Moderate General Learning Disability, Severe/Profound General Learning Disability.
10. Serious learning or special learning difficulties, or who has difficulty in adapting or functioning, due either to his/her physical or mental condition, General learning disabilities.

11. Dyslexia, a learning difficulty such as dyslexia, Specific Learning Disability.
12. Learning, adaptation or functioning skills are impaired compared to other children of his/her age.
13. Students with an educational sub-normality.
14. Dyspraxia.
15. Dysphasia.
16. Severe behaviour disorder, emotional/behavioural disorders, Behaviour, emotional and behavioral disorders children with behavioural and emotional problems; behavioural disturbances, Emotional or social impairment, students with behavioural problems, Emotional Disturbance and/or Behaviour Problems, Emotional and behavioural disorders, emotional, behavioural and social difficulties; severely maladjusted children, socially maladjusted children emotionally disturbed, Social, Emotional and Behavioural, children with difficult behaviour, social and emotional factors, emotional or social difficulties, children with emotional and behavioural disorders, Emotional Disturbance, Severe Emotional Disturbance.
17. Psychological impairments, mental health difficulty, psychotic.
18. Chronic somatic and neurological disorders.
19. Psychomotor disturbances.
20. Sensory Impairments, multi-sensory disorders, Sensory.
21. Physical Impairment, physical disability, Physical, Physical and other impairment, physically disabled, physically disabled children, Physical Disabilities, physical/motor disabilities, motor impairments, Physical impairments, limited mobility (motor and support apparatus defects), motor skills, motor or sensory impairments, children with physical disabilities, Orthopaedic Impairment.
22. Physical disabilities/health impairments, physical and health impaired
23. Health impairment, Other health impairments, children with health problems, pupils suffering from a health disorder, pupils with a disease, chronically sick children who are physically disabled, chronically ill, chronically sick children who are not physically disabled, Medical Conditions/Syndromes, disability or health need, children with long-term illness.
24. Metabolic or nutritional disorders including abnormal development and maturation, gluten intolerance, diabetes, epilepsy, malnutrition or other impairments.
25. Students with fits.
26. Disabilities, Disabled children.
27. Multiple disabilities, Multiple, Multiple handicaps, children with multiple handicaps, students who are multi-handicapped.
28. Global development disorders, other developmental difficulties.
29. Tactile impairments.

30. Traumatic Brain Injury.
31. An incapacity which prevents him/her from using educational facilities of the kind that are generally available at school for pupils of his/her age.
32. Giftedness; high skills/exceptional gifts, gifted, intellectually precocious children, Exceptionally able, gifted and talented, particularly able or talented.
33. Children with learning problems in specific fields of education.
34. Pupils subject to judicial measures.
35. Teenagers failing at school.
36. Not attending school regularly.
37. Epilepsy.
38. Cerebral palsy, students who have cerebral palsy.
39. Downs Syndrome.
40. Albinism.
41. Assessed Syndrome.
42. Orphaned.
43. Have experienced a bereavement.
44. Looked after by a local authority.
45. Internally displaced.
46. Interrupted learners.
47. Of nomadic / pastoral communities.
48. Heading households.
49. Abused.
50. Living in the streets.
51. Drug addicts, living with parents who are abusing substances.
52. Children in schools attached to paedological institutes.
53. Learning environment.
54. Family circumstances.
55. Are living with parents who have mental health problems.
56. Have English as an additional language.
57. Being bullied.
58. On the child protection register.
59. Young carers.
60. Others, other Special Educational, Other impairment, Other Health Impaired.

7 Appendix G – Ten country Summaries

These summaries were agreed with the in-country researchers on 1st December, 2011.

Australia (Victoria)

Cambodia

Canada (Nova Scotia)

Cyprus

Italy

Japan

Kenya

Lithuania

Norway

Scotland.

7.1 Australia (Victoria)

7.1.1 Current legislation

The overriding legislation for discrimination free inclusive practice in Australian schools is the Commonwealth Disability Discrimination Act 1992 (DDA). The legislative requirements in the DDA (1992) underpin all inclusive education policies in all education authorities in Australia. The Act is further clarified by Disability Standards for Education (2005). The Standards outline processes and considerations that education authorities and schools can access to make policies and practices lawful according to the requirements of the DDA. The Standards are currently under review.

The definition of disability under the DDA includes physical, intellectual, psychiatric, sensory, neurological, and learning disabilities, as well as physical disfigurements, and the presence of disease-causing organisms in the body. The definition includes past, present and future disabilities as well as imputed disabilities and covers behaviour that is a symptom or manifestation of the disability.

7.1.2 Categorisation of individuals

Each state in Australia has an education authority that is responsible for funding the provision of educational services for students with disabilities. Although the criteria for identifying students who may be eligible for extra funding are similar (most use WHO or DSMIV criteria) the processes for gathering information about eligibility are distinct in each state.

There are seven categories in Victoria:

1. physical disability
2. visual impairment
3. severe behaviour disorder
4. hearing impairment
5. intellectual disability

6. autistic spectrum disorder
7. severe language disorder with critical educational needs.

Students with moderate to severe disabilities (approximately 3.8 per cent of the student population) are eligible for targeted funding from the Program for Students with Disabilities.

7.1.3 Funding models/Models for allocation of resources and supports

The Department of Education and Early Childhood Development (DEECD) provides a range of resources to schools to enable the delivery of a high quality programme for all students, including students who are having difficulty learning. These resources may be provided in the Student Resource Package (SRP), through student support services including psychologists, social workers, youth workers, speech pathologists, visiting teachers and curriculum consultants, or through specific early identification and intervention programmes.

The Program for Students with Disabilities is a targeted, additional programme for students with moderate to severe disability (3.8 per cent of the student population) providing they meet the eligibility criteria for one of the seven categories. Resources are provided to schools to assist in the education of students with disabilities, not to individual students, and resources are not transferable to other organisations. However, resources may 'move' with the student if they relocate to a different educational district or different school.

For students who do not have a severe or moderate level of disability but whose educational needs are not able to be met in the regular classroom without support, a number of programme options are available, for example the oral language support programme, the student support programme, the allied health programmes and reading recovery programmes. Programmatic support may be available as lump sum funding, teaching and learning resources, advisory visiting teachers, social workers, and training and development programmes.

There is a Kindergarten Inclusion Support (KIS) funding package. Equipment grants are also available. Education authorities apportion funding by using a diagnostic framework for disability.

The DEECD in Victoria and education authorities in most other states now do this in two tiers:

- the diagnostic framework provides information for the eligibility for services and
- the identification of educational need (referred to as a reasonable adjustment in the legislation) provides information on the level and nature of the services provided.

This process minimises the need for disability specific areas of contention in definition and maximises the link with educational outcomes.

7.1.4 Specialist and generic provision

All children have a right to attend local school.

In general, the approach used to support students with disabilities in the regular school is a programmatic approach.

The range of special setting options includes special schools, satellite centres, base rooms and purpose designed facilities for: children who are deaf (three schools); those with autistic spectrum disorder (five schools); and dual enrolments and dual mode schools.

There are also six satellite units for students with an intellectual disability. The students belong to a special schools but they have a memorandum of understanding with a regular school and the students are able to access classes or programmes. The memorandum of understanding establishes the inclusive framework for students with special needs to access and participate in the regular curriculum. The staff from the satellite school belong to the special school and they have the responsibility to build the capacity of staff in the regular schools so they can work effectively with students with disabilities. This has the effect of strengthening mainstream capacity and improving choice for parents.

There are also five inclusion support programmes for students with autistic spectrum disorder. Mainstream schools who want to set up an autistic spectrum disorder unit are provided with funding to make regular school facilities autistic spectrum disorder friendly.

A home-based educational support programme is available for those too frail/unwell to attend their local school setting.

There are 81 government-funded specialist schools across Victoria. Most of these are divided into: special schools for students with an intellectual disability and an IQ between 50 and 70; specialist developmental schools for students with a severe intellectual disability; five specialist schools for students with autistic spectrum disorder and three specialist schools for students who are deaf. Of the total number of specialist schools, 16 provide early education programmes for pre-school age children with disabilities.

Seventeen deaf facilities have been operating for 10-15 years in Victoria. There are also three schools for the deaf.

7.1.4.1 Urban versus rural

The processes to identify the educational needs for students with disabilities are consistent throughout the state. The specialist schools for students with autistic spectrum disorder and deaf education are only in the metropolitan area. Satellite schools and inclusion support programmes for students with autistic spectrum disorder are being rolled out over the state as the level of need is identified.

Some rural settings have dual mode enrolments or they enrol students with a range of intellectual disabilities from mild to severe.

Bus or taxi services may be provided for students to travel to their nearest school.

7.1.5 Dual enrolment and attendance policies

There are two different interpretations of dual enrolment, as summarised below.

- A dual mode facility may enrol students with mild, moderate and severe intellectual disabilities. This form of special school operates in some rural settings where the enrolments are not large enough to provide separate facilities.

- Some parents choose 'dual enrolment', where their child spends part of each week at a local school and part of the week at a specialist school. In this situation, the funding remains with the student and the schools share the funding allocation. The learning outcomes for each placement will be specified in the student's learning plan and support guide. The decision to dual enrol is made at the student support group meeting although the principals in each school and the parents will generally discuss the student's learning needs prior to the meeting.

7.1.6 Placement, enrolment and eligibility

All parents have the choice (or final say) regarding whether their child is placed in the nearest mainstream school or a specialist school if their child is eligible for enrolment at the specialist school. Enrolment at a specialist school is dependent on the student being eligible for funding under the PSD within the relevant disability category.

The decision about enrolment is made during the student support group meeting and that includes parents/care givers, student, principal and teacher. Consultants, interpreters and advocates may attend the meeting but the decisions are made by the parent in collaboration with the principal.

This meeting is informed by an extensive amount of data collection (see above) and an educational questionnaire. The level of support for each student is determined by the data collated. That decision is made by the Central Education Authority.

Criteria for eligibility for services are based on WHO definitions.

The principal is able to access a consultancy agency for some psychometric assessments. Otherwise, DEECD psychologists also provide assessment reports. When this information is collated the principal completes an education questionnaire and this guides the level of support that may be available for the student. Finally, the education questionnaire and a summary of the collected data is discussed at a student support group meeting. This is primarily a meeting between the school principal (or nominated representative), the parents/guardian/carer, the teacher, and the student to determine the eligibility for support and the level of support that can be provided. In addition, programme goals and learning priorities are discussed.

7.1.7 Professional qualifications and standards

Teachers in mainstream settings require a Bachelor of Education (B.Ed). Integration aides do not require qualifications but may have TAFE qualifications.

Teachers in special schools hold an undergraduate degree or masters qualification in special education. Teacher aides do not require specific qualifications.

The Victorian Institute Teaching monitors standards for teachers.

La Trobe University in Victoria has developed an undergraduate programme that qualifies teachers to work in regular and/or special education settings. The first cohort will graduate in 2012.

Teachers can undertake masters degrees as continuing professional development and teachers and teacher aides can undertake vocational graduate certificates such as the Vocational Graduate Certificate in Teaching Students with Autistic Spectrum Disorder.

National standards for teachers are set and monitored at national level.

Whole school training is usually made at the local school level and will depend on the priorities identified in the schools strategic plan. Individual teachers also have access to their choice of professional development with approval from the principal. Common whole school in-service may include: autistic spectrum disorder awareness; poverty; developing individualised learning plans; various behaviour management approaches; technology such as use of white boards or iPads; VELS reporting; mental health and wellbeing. Teachers will often go to in-service in their own teaching area, particularly when there are systemic requirements. Because inclusion has been a whole school imperative for many years now, there is rarely a discussion in the school to develop a shared vision about inclusion. This is becoming increasingly important as schools choose to develop satellite units or autistic spectrum disorder units. The role of the special education teacher will then need clarification if students with disabilities are to be included effectively.

7.1.8 Resources and supports at classroom level

Student support services staff include: visiting teachers, psychologists, guidance officers, speech pathologists, social workers and other allied health professionals.

Curriculum-based individual learning plans developed by a student support group set out the student's short-term and long-term learning goals. Teaching strategies should also be mentioned in the learning plan.

The Victorian Education Learning Standards structure has provided a platform for all learning for all students.

7.1.9 Resources/supports outside school

Early Intervention 'packages' for children with autistic spectrum disorder are available from various community agencies. The Commonwealth government funding of \$6,000 (AUD) worth of services per child requires a formal diagnosis. The funding is managed by the support agencies. Speech therapy is usually a priority but community play groups also help with social skills and behaviour. Organisations like Noah's Ark provide therapy services, family support, toy exchanges and play groups.

Community groups such as the Cerebral Palsy Education Centre receive grant funding from DEECD but rely heavily on donations and support from charities. The Cerebral Palsy Education Centre provide: specialist support in speech and occupational therapy; family counselling; equipment; toys; communication devices and funding advice for families where a child has cerebral palsy.

7.1.9.1 Disability services

This programme funds and provides a range of supports and services for people of all ages with intellectual, physical, sensory and neurological impairments and acquired brain injury.

7.1.10 Contradictions, challenges and strengths

Better Opportunities, Better Outcomes (DEECD, 2010) mentions the challenges outlined below.

- Services are not sufficiently focused on children, young people and their families: Steps made to align educational service delivery from birth to adult are improving this situation.
- Delayed identification and intervention: Intervention requires diagnosis. There are still significant delays for parents who are unable to access services until the diagnosis is confirmed. Then further delays in service provision also create anxiety as parents are fully informed of the urgent need for speech therapy and for school preparation.
- Barriers to access and participation: Parent choice in placement addresses this issue to some extent. Funding for teacher aide time is always competitive.
- Under-developed workforce: See below.
- Navigating the maze (fragmented service system): Parents are increasingly informed by local service providers, local parent support groups and the internet.

Other issues that are addressed to some extent but that require ongoing development include:

- Raising the standard of teacher professionalism to address the educational needs of students with disabilities.
- Providing flexible curriculum options for students with learning disabilities such as Asperger's syndrome and dyslexia.
- Tension between purposes of the educational experience
- Whole school approaches to mental health issues.
- Quality of teacher professionalism (La Trobe University in Victoria has developed an undergraduate programme that qualifies teachers to work in regular and/or special education settings).
- The importance of speech, language and communication skills for success in learning and quality of life, which will continue to develop.
- Students with disabilities and challenging behaviours continuing to challenge education authorities and schools as a variety of responses are required to keep students connected to the school culture and learning.
- Technology being used to maximise learning outcomes for students with disabilities is improving daily. (This has implications for teacher professionalism and service delivery.)

- The constant challenge of quality educational service delivery for students with disabilities to small rural communities. (Natural disasters such as floods and fires also influence the cohesion of school communities. Small community schools are generally responsive to these situations but specialist service delivery remains a problem.)

A review of the disability standards for education is underway.

7.1.11 Key points (as identified by the research team)

- funding based on diagnostic framework which establishes eligibility
- stress on parental say (final word on placement)
- right to attend local school
- interesting mix of separate special provision and programmatic mainstream provision including satellite centres (staff from special schools)
- dual enrolment possibilities interesting for Ireland – memorandum of understanding between two institutions
- rural provision issues
- teacher training – new programme at La Trobe to qualify for special/mainstream setting.

7.2 Cambodia

7.2.1 Current legislation

Education Law (2007) Article 38 and 39 encourages and promotes education of learners with disabilities and gifted learners.

According to the 2009 Law on the Protection and the Promotion of the Rights of Persons with Disabilities, the State shall develop policies and national strategies for the education of pupils and students with disabilities such as:

- promoting inclusive education for pupils and students with disabilities to the utmost extent possible
- establishing special classes to respond to the needs of pupils and students with disabilities.

It also covers accessible facilities, poor families, teacher training, promoting disability awareness in education and to the public.

The legislations refers to ‘disabled learners’, ‘children with disabilities’ or ‘students with disabilities’. While there is no specific mention of age, the general consensus is that this covers all age groups. However, to date, the major focus in educational service provision has been on primary school-age children with disabilities.

7.2.2 Categorisation of individuals

1. students with visual impairments
2. students with speaking impairments

3. students with hearing impairments
4. students with motor impairments
5. students with tactile impairments
6. students with psychological impairments
7. students with intellectual or learning impairments
8. students with fits or seizures
9. other.

One comment that emerged from Cambodia was:

The high number of children placed within the additional 'ninth category' of 'other' in the current classification system indicates that this system would benefit from re-examination.

Statistics are collected; however the number of pupils with disabilities in school is relatively small in comparison to the numbers out of school. Children with disabilities constitute less than two per cent of the population of children in primary schools.

A study using a nationally representative sample, funded by ESSSUAP/ FTI, is currently ongoing to identify prevalence rates of out-of-school children, including children with disabilities.

7.2.3 Funding models/Models for allocation of resources and supports

Donors are the primary sources of funds and supports for the education of children with disabilities. This includes UNICEF and ESSSUAP/ FTI. In addition, individual NGOs, both international (such as Handicap International/France) and national (such as The Rabbit School), contribute by providing educational services free of cost to children with disabilities. While no government funds are currently allocated for supporting special educational needs, resources from communities, including philanthropic individuals and Program Budgeting funds (funds directly allocated to schools based on the number of students enrolled) can be earmarked towards supporting students with disabilities. MOEYS plans to use Program Budgeting funds in 2012 on IE implementation.

7.2.4 Specialist and generic provision

Preschools and early childhood education for children aged three to five years began in Cambodia in 2003. Since 2010, the Early Childhood Department, with funding from UNICEF, has also begun to focus on children with disabilities aged three to five years with the development of a training curriculum for teachers.

There are some inclusive classrooms for children with motor impairments (i.e. prosthesis), with visual impairments (few), and for those who are deaf (tried but not effective).

NGOs have begun to collaborate with Ministry of Education, Youth and Sport (MOEYS) to offer educational services for children with disabilities in integrated classrooms in primary schools. Integrated classrooms are located within primary schools run by MOEYS

and are taught by government teachers who receive a supplemental salary from the supporting NGO.

Krousar Thmey, which is the only NGO in Cambodia that serves the educational needs of students with visual and hearing impairments, has arranged for integrated classes for children who are blind and those who are deaf in primary schools. There are limited numbers of these programmes across the country, so almost all the students are boarded with foster families while they attend school.

There are a few special schools, which were established in 1990s prior to inclusion policy (CWD). These special schools (all run by NGOs) have made efforts to establish alternative placements.

NGOs efforts are concentrated in urban areas. Rural and remote areas are underserved. Government efforts are restricted to raising awareness of disability issues.

The majority of children with disabilities do not attend school. Many have never attended, while some may have attended and then dropped out. There are a variety of reasons for this: (a) the limited number of services, all of which are provided by NGOs with cooperation with MOEYS, (b) the limited number of services in rural and remote areas, even though the majority of the Cambodian population lives in rural areas, (c) the lack of curricular and assistive support in the schools, and (d) parents' perceptions that their child would not benefit from schooling and the fear that they would be teased or rejected by teachers and classmates if they were to go to school. Poverty has also been identified as an additional disadvantage and cause. This is because, (a) poor families will prefer to send their non-disabled children to school if they cannot afford to educate all their children, and (b) parents cannot afford the costs for health services or assistive devices, unless they are provided free of charge.

7.2.5 Dual enrolment and attendance policies

There are some inclusive classes for students with hearing impairments and visual impairments where they can study in the public school for one shift and have additional hours in the special schools in the afternoon shift. Some students with visual impairments may be placed in such dual enrolment structures from Grade 3 onwards, while students with hearing impairments may do so from Grade 5 onwards.

7.2.6 Placement, enrolment and eligibility

There is no systematic process of allocation. NGOs currently assist schools in identifying students with disabilities in school or identify out-of-school children with the assistance of provincial and district Office of Education representatives. Students are then placed according to availability of programmes.

MOEYS has prioritised the development and implementation of a systematic process for the identification, assessment and referral for supports of children with disabilities both in and out of school within the 12 main strategies of the Master Plan. Work is underway in this area.

7.2.7 Professional qualifications and standards

Regular education teachers work with students with disabilities in inclusive classrooms. Teacher professional requirements for inclusive education are minimal at this point. There are national professional standards for regular teachers, but currently no national standards for teachers working with children with disabilities. However, efforts to standardise training for inclusive education are ongoing (see the section titled 'Contradictions, challenges and strengths' for further detail).

Since all special schools are currently run by NGOs, basic qualifications are set by the individual NGO. Government teachers who work for the NGO Krousar Thmey to teach students who are deaf or students who are blind can keep their position as government teachers and receive both government and Krousar Thmey salaries.

Some teachers receive additional in-service training through NGOs to work with children with disabilities in inclusive and integrated classrooms.

Some regular education teachers receive short-term in-service training in basic inclusive education.

Teachers receive additional in-service training through NGOs to work with children with disabilities in special schools

7.2.8 Resources and supports at classroom level

The Master Plan suggests appropriate supports for children with disabilities in terms of assistive devices, instructional modifications and other additional supports such as scholarships and transport. It also sets out the possible ways in which children in each category can be included (but this is an ideal).

Resources and supports vary from NGO to NGO. For example: Handicap International France supports inclusive education for children of varying categories of disabilities, including Down syndrome, by training and offering supplementary salaries to teachers, arranging referrals for assistive devices and paying families for transportation to access these services.

There are no tools for measuring outcomes specifically for children with disabilities within the Ministry, and children with disabilities are currently measured against the same benchmarks as non-disabled students. NGOs may be using their own measuring tools but these are not standardised.

7.2.9 Resources and supports outside school

NGOs provide services, training for teachers and other personnel, and assistive devices. Some also pay supplemental salaries for government teachers who may be teaching children with disabilities in inclusive and integrated programmes.

International donors or developmental partners also contribute. In Cambodia, UNICEF and ESSUAP/FTI are two major international donors that have earmarked resources for children with disabilities and have prioritised four strategies from the Master Plan for implementation. These are:

1. dissemination and disability awareness raising
2. systematisation of screening and referral process
3. curriculum development and training of teachers in basic inclusive education and advanced or specialised courses
4. prevalence study of out of school children, including children with disabilities.

Strategies 1 and 2 are under the leadership of the Special Education Office in the Primary Education Department, Strategy 3 is under the leadership of the Teacher Training Department, and Strategy 4 is under the Department of Planning.

7.2.10 Contradictions, challenges and strengths

Funding is a major concern: related issues include low salaries, stigma attached to disability, and a lack of assistive devices for identified children.

Efforts to standardise the training that teachers receive on inclusive education are ongoing. A curriculum that meets specific teacher professional standards for regular teachers has been developed and, once approved, will become the standard manual of training for all primary education teachers by the Ministry and relevant NGOs. In the meantime, limited human resources continue to be a challenge.

Identification and labelling of children with disabilities tends to be arbitrary, dependent on village chiefs' and school directors' understanding of characteristics of different types of disabilities. As this is often limited, students thus identified may not necessarily receive appropriate supports or services to enable them to access schooling effectively. It is hoped that the pilot undertaken by the Primary Education Department and the three NGOs, mentioned earlier, will respond to this need for a systematic process of screening and referral.

A lack of employment opportunities for people with disabilities in Cambodia was cited; in this context the value of providing education was questioned - so what is the point of educating them?

A UNICEF report suggests that policy and provision focuses on ensuring that people with physical disabilities can learn alongside their able-bodied peers and that there is 'an enormous lack of understanding in the area of intellectual and/or severe disabilities' in Cambodia (Carter, 2009). This is corroborated in a recent study by New Humanity (Ayala Moreira, 2011).

Policymakers recognise need for resources and funding but children with disabilities are only one group of disadvantaged children in need.

Practitioners' limited expertise is a major challenge.

Parents and pupils are still unclear of benefits of education for pupils with disabilities and are afraid of the reception they will receive at school. There are some parent groups but these are focused on fundraising.

Research on disability is sparse in Cambodia. What exists is mainly carried out by NGOs and reveals a lack of coordination between NGOs and ministries.

7.2.11 Key points (as identified by the research team)

- most children with disabilities not in school
- lack of identification processes
- policy is inclusive education but no government funding for this apart from awareness raising
- reliance on NGOs and other international donors
- remote and rural areas underserved
- lack of funding/resources/expertise
- issues with attitudes and awareness of disability
- pilot projects are in place, for example looking at standardising teacher education and at identification and assessment procedures.

7.3 Canada (Nova Scotia)

7.3.1 Current legislation

In Canada each province has jurisdiction over education rather than the federal government. The province of Nova Scotia was among the first to have legislation in its Education Act calling for the inclusion of children with exceptionalities. They also in the latest revision speak to the issue of full inclusion. There are enabling legislative procedures which speak to individualise programming, appeal processes and the nature of supportive personnel such as school psychology, speech language therapy and enabling the role of the Atlantic Provinces Special Educational Authority (APSEA) for learners who are deaf and/or blind as well as extra supports for those with pervasive developmental disorder. The legislation covers age 5 to 21 (below 5 is the domain of health and social services)

7.3.2 Categorisation of individuals

The system is intended to be non-categorical in nature.

The research team found in policy documents that the following categories of exceptionalities may be used but for administration and funding purposes only:

- cognitive impairments
- emotional/behavioural disorders
- learning disabilities
- physical disabilities/health impairments
- speech impairment/communication disorder
- sensory impairments, multiple disabilities
- gifted.

These should not be used as labels; programming should be based on student's individual strengths and challenges.

7.3.3 Funding models/Models for allocation of resources and supports

Special education formula funding grant is given to each school board to assist with costs of programming and services for students with special needs (determined by a special education support matrix which applies funded enrolment against a standard resource grid). In addition, targeted funding is made to school boards for specific initiatives (Nova Scotia Department of Education, Student Services, 2008).

All funds are directed through the school jurisdictions apart from APSEA (an agency for supporting learners who are blind and/or deaf and some with pervasive developmental disorder). There is a distinct fund for pervasive developmental disorder and for severe learning disability that is allocated to school jurisdictions along with funding to support the provision of teacher assistant, called programme assistant as the assistant is there to support the programme rather than a specific teacher.

7.3.4 Specialist and generic provision

Inclusive education should be coordinated with the neighbourhood school and to the extent possible within grade level/subject area classrooms.

The approach is non-categorical, using what is primarily a response to intervention mode based on a three tier system:

- in classroom with minimal adaptations
- in class with moderate modifications and perhaps some in class support from itinerant and specialist
- in class and pull out for specific tasks by specialist and use and an IPP or individualized programme plan much like an individual education plan.

There are some very highly specialised services for pupils who are deaf and/or blind through Atlantic Provinces Special Educational Authority (APSEA) but no separate schools anymore. Provision is all itinerant with some brief stays at the APSEA facility for hearing or orientation and mobility.

There are no government funded special schools. There are four private schools that can access some funding but primarily it is up to parents to pay.

There is no regional variation (within the state of Nova Scotia).

All children are supposed to be in school but in reality those with severe behavioural disorders may be temporarily suspended for their security or the security of others. There are little services available for these children and there are long waiting times to access services. There are 12 in-patient beds and 12 day treatment places for the whole province. This has been the subject of an inquiry but little has changed.

7.3.5 Dual enrolment and attendance policies

Not applicable.

7.3.6 Placement, enrolment and eligibility

Stage 1: screening and identification

Stage 2: exploration of instructional strategies

Stage 3: referral to programme planning team*

Stage 4: programme planning team meeting

Stage 5: individual programme plan development

Stage 6: implementation

Stage 7: monitoring

Stage 7: review.

* The programme plan team includes: the principal, teachers, parents, the pupil, and additional members such as educational psychologists, itinerant teachers, etc.

7.3.7 Professional qualifications and standards

Normal teacher qualifications apply. Each teacher is supposed to get access to a course on exceptionality and inclusive practices.

Resource or learning assistance teachers should have a graduate degree in supporting learners with diverse needs or a degree in special education.

Training varies according to provincial recommended standards and according to ability of the schools to provide for the training.

After basic training and certification, it is up to teachers and other professional staff to upgrade as they see fit. There is an incentive to doing this as there is a pay increase and funding is provided to support teachers in upgrading.

There are no national standards as the federal government does not have jurisdiction over the provinces with regard to education; for example, psychology is part of provincial law. There are professional bodies such as the Canadian Association of Deaf Educators (CADA) and the Canadian Psychological Association (CPA) and these set out standards for those who practice. Voluntary standards also exist, eg: for educators of deaf students. There are others such as some attempt to use standards provided by the Council for Exceptional Children, developed in the US, which some attempt to follow but it is on an individual basis and it not something that can be reinforced.

In Nova Scotia provincial standards are set by the various ministries of education and these for the most part set out that a 'teacher is a teacher'. They do not set specific standards for various groups with the exception of speech language pathology and psychology. Monitoring takes place by the various boards of examiners in these professions or by the government through the reports of the boards to the ministries on an annual basis.

7.3.8 Resources and supports at classroom level

This is up to the school jurisdictions depending on how they wish to allocate the general percentage of support they receive. There are guidelines in the special educational student services documents on roles, responsibilities, training and ratios but each district assigns this in accordance with their priorities. School psychologists, speech, resource and learning centre teachers are the norm but a few jurisdictions have social workers and behavioural consultants.

7.3.9 Resources and supports outside school

Atlantic Provinces Special Educational Authority APSEA and health services.

7.3.10 Contradictions, challenges and strengths

Nova Scotia has an interesting system in relation to inclusion and does well with regard to helping to include children. The support for learners with diverse needs and exceptionality programme is fairly unique in what it attempts to accomplish. However the system does not serve children with behavioural needs well.

There are issues relating to funding. There is a base grant for students that is a percentage of the population in addition to the basic grant to support and enable inclusion of children and youth with exceptionalities. Given that Nova Scotia is the second lowest per pupil grant in Canada coupled with the small additional grant for exceptionality, this places huge challenges on the system to support the inclusion of children and youth with exceptionalities. As a result, minimal programmes are provided; for example, resource programmes tend to provide services to those with mild disabilities but the time spent is usually in the three hour range per week per child, which evidence-based practices and research show is not effective. Caseloads for these teachers can be 40 to 60 children, again, not effective for more moderate children. Learning centres are offered but again this is in class and out of regular class placement. The more moderate children get to learning centres and these still use regular class placement as the primary entry supported by greater time in a learning centre. These teachers have smaller caseloads, perhaps 20 and often go to the classroom as well as to their own work area with individual or small groups. Typically they work with a maximum of 20 children, who see the teacher for perhaps as much as ten hours per week. More serious cases might be in a centre on a full-time basis; in these cases additional financial support is given for those with pervasive developmental disorder or severe behavioural problems and their placement could be virtually full-time. Few such arrangements exist in schools in Nova Scotia, and when they do it tends to be for specific timeframes. Training is no different for those teachers unless the specific school jurisdiction asks for it: most do and most will have a graduate degree in exceptionality but it is not a provincial requirement.

Professional development is provided to the whole province with a \$250,000 (CAD) grant to the seven jurisdictions. It does little and what the province often does is train two or three key people from each district to do the in-servicing in each of the seven boards. This is a good model but obviously with limitations as there is a filter on the

professional development from the key provider to an intermediary to others to interpret how it works or should work.

Another issue is the very limited funding for materials, special books and. School jurisdictions have to pay for this out of the regular grants and there is often a back lash against such payments from parents and regular class teachers.

7.3.11 Key points (as identified by the research team)

- The three-tier model appears to be the most inclusive we have seen with the least inclusive option still very inclusive i.e. in class with pull out for specific tasks.
- The system is intended to be non-categorical in nature.
- There are no separate special schools.
- The system underperforms for children with behavioural problems.
- Issues with teacher training and expertise to cater for inclusion seem to be present as elsewhere.
- Issues arise with funding as elsewhere.

7.4 Cyprus

The Education and Training of Children with Special Needs Law of 1999 covers the issues of early intervention, identification of special needs and the organisation of special education.

7.4.1 Current legislation

This 1999 legal framework acknowledged the responsibility of the state towards children with disabilities. It introduces for the first time in special education policy in Cyprus the notion of the 'least restrictive environment', 'the integration in mainstream settings' and 'the establishment of children's rights'. However, according to the respondent, emphasis is on individual pathology and deficit: 'The deficits of the students, and not of the system, remain the focus and are considered the obstacle to the integration of the child in the mainstream school'.

The legislation has failed to change dominant discourse in mainstreams school – in other words, it hasn't achieved the inclusion it aims towards. Ten years following its official implementation there is no evidence that more inclusive practices are being promoted.

7.4.2 Categorisation of individuals

Part 1 of Laws 113(I)/1999 - 69(I)/2001 specifies the following categories of pupils that are recognised under law as being in need of special support:

- any child that has serious learning or special learning difficulties, or who has difficulty in adapting or functioning, due either to his/her physical or mental condition

- any child whose learning, adaptation or functioning skills are impaired compared to other children of his/her age
- any child who suffers from an incapacity which prevents him/her from using educational facilities of the kind that are generally available at school for pupils of his/her age.

From this definition categories such as 'learning difficulties' (which is the most common), serious special learning difficulties, physically or sensory impaired, behavioural or adjusting difficulties (ADHD, ADD) are derived. These are the most common categories used, although it should be noted that not all categories of need are used nationally within the system since every town (Nicosia, Limassol-Paphos, Larnaca-Famagusta) has its own district committee.

7.4.3 Funding models/Models for allocation of resources and supports

There is little information available from the Ministry on funding.

Private/charitable funds, particularly the annual '*Radiomarathonios*' are very important in special educational needs provision. The amount gathered last year was used in financially supporting the functioning of special schools, for the provision of special education and speech therapy, the payment of escorts for children with special needs, and the improvement of the quality of life of citizens with special needs. This underlines the state's reluctance to properly fund special educational need provision:

Radiomarathonios, due to the absence of the Ministry from issues related to policymaking and financially supporting special education, established itself in peoples' consciousness as the main body in the country responsible for the issue of special education, instead of the state.

7.4.4 Specialist and generic provision

The standard practice in Cyprus for educating children characterised as having special needs is to either:

- exclude them for a number of teaching hours from mainstream class, during which time they would be supported individually by specialists (this usually includes special education teachers and speech therapists), or
- to educate them within special units in the mainstream school. Although this is not what the legal framework states (the policy in Cyprus, as set out in Eurydic, is to integrate provision for special educational needs into mainstream education wherever possible), the government believes that this constitutes an essential preparatory stage in the development of inclusion, but unfortunately almost ten years following its official implementation there is no evidence that more inclusive practices are being promoted.

Special units should function as a class as part of mainstream school (by policy) but in practice this isn't always the case, due to different schedules, etc.

The third approach to providing special education is through special schools; which allows the continued existence of segregated provision and obstructs the development of inclusive education (special schools for those whose challenges are too severe to permit even partial integration – seven general special schools plus one for pupils with visually impairments and hearing impairments. The respondent states that special education in Cyprus is synonymous with separate education. In many cases physiotherapists, music therapists and teachers of special physical education are part of this individual support.

Regional variation is due to different district committees who are influential in local provision.

A primary school teacher is appointed to one hospital to provide for children there.

7.4.5 Dual enrolment and attendance policies

There are pupils characterised as having special educational needs who attend two settings. But every student is enrolled in one of the two educational settings, usually in the one where the child spends the majority of his/her time. An example of this is the students who are enrolled in a special school but for some teaching periods attend the mainstream education setting. The placement of the child constitutes an official agreement between the special and mainstream school, usually following the guidelines provided by the district committee of special education regarding the amount of hours for which the child should be integrated in the mainstream school. The specific lessons attended constitute an agreement between the mainstream and the special teacher, usually with the mediation of the Liaison Officer. The Special and Mainstream schools are constantly in contact in an attempt to exchange ideas regarding teaching strategies and approaches. In the case where the child attends the special unit he/she is actually enrolled as a student of the mainstream classroom in which he/she is integrated. This is regardless of the fact that the child might be spending the majority of his/her time in the special unit. This practice is considered to be indicative of the fact that the special unit is part of the mainstream school.

7.4.6 Placement, enrolment and eligibility

A district committee of special education exists in each educational area, set up by Laws 113(I)/1999 to 69(I)/2001. Its members are as follows:

- a chief education officer
- a teacher of special need
- an educational psychologist
- a clinical psychologist
- a social worker
- a speech therapist
- a representative from the appropriate Directorate of the Ministry of Education and Culture, depending on the child's age and school level.

This committee examines the cases of the children who have been referred, and makes proposals to the director of Dimotiki Ekpaidefsi (Primary Education) regarding placement and educational provision (Eurydice). Here it is very important to emphasise the important role of the professionals in the decision made by the district committee. The committee never actually visits the child within the educational setting. The decision is based on the reports provided by the professionals who visit and observe the child in the education setting.

There is detailed information on the process. Of particular note, parents have the right to observe the process of the assessment, but not to interfere.

7.4.7 Professional qualifications and standards

Teachers of special education (in mainstream schools, special units attached to mainstream schools or in special schools) specialise in one of the following areas:

- teaching children with learning difficulties or emotional problems
- teaching children with visual impairments
- teaching children with hearing impairments
- speech therapy
- psychology
- physiotherapy
- special physical education
- music therapy
- occupational therapy
- audiology.

It is very important to emphasise that in the majority of the cases the special education teacher works individually with the child in a separate room (special education classroom). Research in Cyprus has indicated that very few instances of co-operation occur between mainstream and special teachers within the mainstream classroom.

In secondary education, apart from the special teacher, the regular subject teachers also provide support for children with special needs. It is considered to be a form of additional support in an attempt to help the child overcome the difficulties encountered in the mainstream classroom. A series of seminars regarding special education is being developed to assist all teachers in this task. All teachers are encouraged to attend courses of professional development run by the Pedagogical Institute of Cyprus, many of which have particular reference to special education. Attendance of in-service seminars is compulsory whilst attendance of local seminars is encouraged (more detail was provided on this in the questionnaire).

No national standards exist for special or mainstream settings.

7.4.8 Resources and supports at classroom level

The standard practice in Cyprus for educating children characterised as having special needs is to either exclude them for a number of teaching hours from mainstream class, during which time they would be supported individually by specialists. (This usually includes special education teachers and speech therapists; in the cases of special schools physiotherapists, music therapists, teachers of special physical education are also part of this individual support.) Alternatively, they would be educated in special units in the mainstream school.

The hours of support are restricted to those identified with special educational needs and the amount of hours is not pre-determined. The district committee decides on the amount of hours of individual support on every separate case examined. The curriculum offered varies according to the assessment outcomes, the practitioner's judgement and the nature of the setting. The most important role of the special education teacher is considered to be his/her ability to teach in such a way that it meets the individual needs of the child.

The respondent mentioned the lack of coordination between service providers such as special teachers, mainstream teachers, speech therapists, etc.

7.4.9 Resources and supports outside school

The role of the charity, *Radiomarathonios*, is notable here.

7.4.10 Contradictions, challenges and strengths

There is a clash between policy and legislation, and practice. The government is seemingly accepting of this regarding special provision outside of class/special units as a step towards inclusion.

The importance of professionals in diagnosis and placement is a feature, as is the lack of coordination and cooperation between service providers such as mainstream and special teacher, speech therapists etc.

The deficits of the students, and not of the system, remain the focus and are considered the obstacle to the integration of the child in the mainstream school.

District committees are influential and therefore provision varies from town to town.

7.4.11 Key points (as identified by the research team)

- A clash occurs between inclusionary policy and legislation and exclusionary practice.
- The law provides for intervention of a multidisciplinary team, which includes medical staff, educational psychologists and other specialists for assessment.
- Regional variation occurs due to the role of district committees.
- Dual attendance exists, although there is only single enrolment.
- Funding issues include a seeming reliance on charitable donations to fund everyday SEN provision.

7.5 Italy

7.5.1 Current legislation

All the children have the right to access state schools within the mainstream compulsory education system to improve their knowledge, competences and social skills.

The 1992 frame law no. 104 is still most important piece of legislation; it relates to integration, functional and clinical diagnosis, dynamic profile and educational plan.

The 2009 document no.4 confirms the full-inclusive scenario and better defines the responsibilities of different professionals among the inclusive processes at school (i.e. school principal, mainstream class teachers, support teachers, personal assistant). The main aim of this document is fostering the full inclusion of pupils with disabilities within mainstream classes. It seeks to change the partially inclusive scenario that is still very much common within schools. (In this scenario, a pupil with disabilities spends part of his/her school time within the class together with classmate and the remaining part of his time outside the class alone with the support teacher or together with a small group of classmates and the support teacher.)

The 2010 law no. 170 is law about learning and financial resources for pupils with specific learning disabilities (dyslexia, dyscalculia, dysgraphia, dysorthografia), who were not covered by the frame law 104,1992.

All the children with disabilities are covered by the current legislation. No differences exist on the basis of typology of disability, condition of health, age or gender. However the precondition to access to dedicated resources is the existence of a clinical and functional diagnosis, a problem for children with learning difficulties, but without certification.

7.5.2 Categorisation of individuals

Up to 2009, categories of disability were:

- psychophysical disability (94.7 per cent of pupils with disabilities in the school year 2009- 2010)
- visual disabilities (amounting to 1.9 per cent in the same period)
- auditory disability.

New, more specific categories are:

- blindness
- ipovision (Visual impairment)
- profound deafness
- ipoacusic (Auditory impairment)
- motor
- specific Learning Disability
- specific language disturbances
- generic developmental disturbance

- mental retardation
- attention deficit hyperactivity disorder
- relational and affective disturbs
- behavioral disturbs
- praecox psychiatric disturbs
- other.

Over the past ten years, the number of pupils with disabilities within the Italian school system grew steadily (by over 45 per cent). During the school year 2009-2010 more than 200,464 pupils with disabilities (2.24 per cent of the school-going population) attended schools in Italy. There is a gender issue: girls make up 30 per cent of pupils with disabilities.

7.5.3 Funding models/models for allocation of resources and supports

Educational integration does not cost families anything. Each year, the Ministry allocates this funding for the following school year; this funding is provided to promote school-based integration of pupils with disabilities. The funding is always addressed to school system needs and never addressed to a single pupil with disabilities.

This fund is calculated on the basis of two types of destination, outlined here.

- a. A major part is calculated on the basis of the number of pupils with special need (certified by the local health system) who attended school during the previous school year, divided per Italian region and to finance the professional training for teachers about inclusion with specific projects.
- b. A minor part is allocated to the Territorial Support Centres (CTS), which have been activated on the whole Italian territory.

The fund is given by the Ministry to the Regional Scholastic Office (USR), concerning part (a) and to the CTS, concerning part (b).

The Regional Scholastic Office (USR) allocate the fund among schools on a regional basis, particularly concerning the number of support teachers. They also allocate the remaining resources for specific projects and resources, presented by school principals.

According to Eurydice (2010):

The posts established at provincial level are subdivided by the managers of the regional school offices, usually through the provincial school offices, among the various school levels, subsequently among each school, after the regions, local authorities and subjects with competences in this sector have been heard.

The school principal manages the fund allocated to each school on the basis of the institution's institute's plan of the educational offer (*Piano dell'offerta formative*, POF). The school principal presents specific projects to activate specific training projects for teachers or to buy special learning resources and materials (also using municipality funds or other funding resources).

Territorial Support Centres (CTS) allocate the fund to promote inclusive practices and methodologies among teachers (both mainstream class and support teachers) in particular in relation to:

- the use of innovative strategies and technology to promote inclusion within the class,
- buying software and technological aid for the CTS to be used in schools
- promoting training course for CTS staff
- promoting coordination projects among regional and interregional CTS.

CTS are a novelty in Italy: there are almost 96 CTS in Italy. They allocate their funding autonomously to finance their initiatives (by sharing their projects among schools and teachers in their region).

Funding is also provided by local municipality and provincial administrations.

Useful personal comments on funding system were made, relating to how more functions are being passed from central to provincial and local administrations but not the funding. Scholastic integration is supported politically but at the mercy of day to day decisions. Banking crisis has had an impact on resources, with parents having to pay some fees such as those for transport.

7.5.4 Specialist and generic provision

Almost 99 per cent of pupils with disabilities attend school within regular schools and mainstream classes. A very small number of specialised educational structures are still present, and are dedicated almost exclusively to pupils with visual impairments, deafness or severe cognitive deficit (around one per cent of pupil with disabilities) (OECD, 2004).

Other research data collected in 2009 show almost the same percentage:

The percentage of disabled students enrolled in special schools has decreased dramatically: 97.8% of them is today enrolled in mainstream schools, while only 2.2% is still attending a special school. Such institutions are 0.13% of all schools. (Gobbo, 2009, p.49)

Inclusion is achieved through dedicated working team of teachers and professionals, often referred to as operative handicap working teams.

No special provision are included within the Italian school system in preschool or primary school, even if still some unofficial special classes (called laboratories) are created within a small minority of mainstream schools, despite this running counter to legislation.

7.5.4.1 Provision in hospitals and rehabilitation centres

Home tuition is intended for sick children who cannot attend school for at least 30 days, who are taught at home by one or more teachers according to a specific project aimed at assuring the continuity of their learning process and their subsequent reintroduction in their class. It is a growing service because the National Sanitary Plan foresees a reduction in hospital stays in favour of home health assistance.

In lower secondary school and secondary school a special provision is foreseen for pupils with severe disabilities, in regard to the typology of individualised learning plan planned for the pupil and the final exams' formula.

All children have access to school.

7.5.5 Dual enrolment and attendance policies

It is possible that pupils with specific or severe disabilities will spend part of their school time in different structures for therapeutic reasons, but these structures are not part of the school system.

7.5.6 Placement, enrolment and eligibility

Criteria and placement processes are complicated.

Key points are listed below.

- The statement of disability is through an assessment procedure.
- Students with disabilities are enrolled as 'students with disabilities'.
- Special resources are allocated to the class where the pupil with disability is enrolled (i.e. principally support teacher and personal assistant).
- An individualised educational plan is activated for the pupil, and shared within an interdisciplinary group and family.
- A personalised learning plan is only written by teachers.
 - a. Generally speaking, three types of settings can be found in Italian schools: full inclusion: pupils with disabilities spend all the time within the class, together with classmates, mainstream teachers, support teachers and other professional figures (assistant care, educators etc.)
 - b. partial inclusion: pupils with disabilities spend part of their time within the class and part of it outside the class (alone with support teacher or other figures, or together with a small group of classmates)
 - c. exclusion: pupil with disabilities spend all of their time outside the class alone with the support teachers or together with other pupils with special needs, frequently in 'special labs' inside the school. (This option is not allowed by the existing legislation, yet continues to exist many schools throughout Italy.)

The last category (exclusion) affects a minority of pupils (around five per cent) but it is still present. Full inclusion occurs for 35 per cent but this figure has not grown over the years, even if the full inclusive discourse is more and more present in professional training and specialised publications.

Which of the above three options takes place depends on the choices made by teams of teachers and trends within individual schools; this is a very complex issue. No guidelines or other support exist regarding this. It is not correct to say that the fully inclusive path is used for students with mild impairments or with young children, or that the exclusionary approach is taken with severe cases and older pupils.

Frequently it is the team of teachers or the class council who decides which kind of inclusive path has to be adopted regarding a pupil with special educational needs (at least between the full inclusive and the partial inclusive path). Frequently relationships among mainstream class teachers and support teachers are crucial.

Of course the school's trend is crucial as well. In Italy there is considerable experience of fully inclusive schools and a majority of schools are working very hard to promote an inclusive atmosphere and fruitful learning experiences for everyone. Despite this, integration remains a problematic issue in some schools, one that is delegated to support teachers and special resources, instead of being addressed within mainstream provision.

A good discussion also took place regarding the quality of learning and inclusion.

7.5.7 Professional qualifications and standards

One important point is that university degrees for preschool and primary teachers has only been compulsory since 1997.

From the school year 2011-2012, a five year masters course in primary education will be available; this will include 600 teaching hours. Inclusion is a key feature in teacher training.

Support teaching specialisation is available, both in initial training and as continuous professional development.

No national standards are in place, although there are calls for this.

Teachers in the very few special schools that do exist possess the same qualification as those in mainstream settings. The in-country researcher stresses the difficulty of accessing data on them as special schools should no longer exist. A research project on this subject is underway, which was due to finish in July 2011.

7.5.8 Resources and supports at classroom level

Every school in Italy has a special team whose task is to fully profile the special pupil and to custom develop a personalised education and learning (*piano educativo individualizzato*, PEI). An expert teacher assists in this. The group is often called GLH or GLHO and it is also responsible of assessment of any kind of needs related to the pupil, as well as the allocation of other professionals.

The legislation stipulates that a support teacher is assigned to the class attended by a pupil with special needs; in reality the situation can be very different. The support teacher is not always present within the class.

7.5.9 Resources and supports outside school

Resources and supports provided within the education system include the following personnel:

- educational and cultural assistant, who is employed by a private cooperative or local municipality, and is specifically dedicated to support scholastic integration through

social activities working within the class or helping the pupil with disability in the daily routines (e.g. in relation to eating, use of lavatories, breaks)

- communication facilitator for those with autistic spectrum disorder and pupils who are deaf
- personal care assistant.

Resources and supports provided from outside education system include:

- Personal health, counselling, physiotherapy, speech therapy or psychomotricity.
- Public health service (which is overloaded with requests).
- A network of private or municipal cooperatives and associations who provide support outside school for pupils with disabilities. (They usually manage occupational therapy services, vocational services and transport for pupils with disabilities. Centres are attended after school time or also during morning by young people who gave up studying (after age 16) and adults. The attendance can be free for charge for families or with fee depending on the financial availability of municipality or charity donations.)
- A fundamental role played by charities, voluntary organisations and parish recreational centres especially regarding after-school time and free time – this is recognised as extremely important for the socialisation process.

7.5.10 Contradictions, challenges and strengths

Thirty years after its establishment, scholastic integration in Italy is showing many limits, even if it remains a decided value for the whole school system. However, despite problems and the need for reform, very positive outcomes have been achieved during those 30 years for pupils with disabilities relating to learning processes, sociality and quality of life.

The medical approach taken in the assessment system does not adequately address all the needs of pupils, especially those without a specific disability, but with disadvantages or learning, personal and social difficulties. Within the present system they have to gain a clinical certification to access some extra resource in school (usually some hours of support teacher weekly).

There is a growing lack of resources.

There is a lack of assessment standards plus a total lack of national standards and procedures to assess the quality of the inclusive processes within school system and within the class.

Problems exist regarding cooperation levels between the class teacher and support teacher. The role of the support teacher still can be interpreted as being one of support for the child with a disability rather than the whole class.

There is a lack of highly specialised support teachers.

7.5.11 Key points (as identified by the research team)

- Near full inclusion has been achieved, although a very small number of special schools still exist.
- Inclusive provision ranges from full, to partial, to little or no inclusion; in the last example, the pupil is alone outside the class with support teacher or in 'special labs'.
- Recent changes have been made from general to specific categories of special need.
- The medicalised approach excludes pupils without the necessary certification.
- Resource and funding issues exist, as elsewhere.
- Policy versus practice issues exist, such as role of support teacher who should support the whole class not just the child with special educational needs in that class.
- There is political commitment to scholastic integration, reinforced in legislation in 2009.
- Regional variation in provision occurs.

7.6 Japan

7.6.1 Current legislation

The Special Education Law of Japan is the current legislation. This was amended in 2007 to incorporate the new 'Schools for Special Needs Education' system, in which one particular school can accept persons with several types of disabilities.

7.6.2 Categorisation of individuals

There are eleven categories:

1. visual impairment
2. hearing impairment
3. intellectual disabilities
4. physical/motor disabilities
5. health impairment
6. speech and language impairment
7. autistic spectrum disorder
8. emotional disturbance
9. learning disabilities
10. ADHD
11. multiple disabilities.

7.6.3 Funding models/Models for allocation of resources and supports

Education budgets are allocated by Ibaraki prefectural government at the municipal level.

7.6.4 Specialist and generic provision

Provision in the mainstream involves

- special classes, which are small classes for children with comparatively mild disabilities that are provided in regular elementary and lower secondary schools
- resource rooms (in regular elementary and lower secondary schools), where children with disabilities who are enrolled in and studying most of the time in regular classes may visit a few times a week to receive special instruction.

Separate provision is provided in special schools.

In Japan there are 83 schools for the blind, 116 schools for the deaf, 632 schools for children with intellectual disabilities, 295 schools for physical/motor disorders and 129 schools for children with health impairments (as of May 2009). Special schools cover pupils with visual impairment, hearing impairment, intellectual disabilities, physical/motor disabilities, health impairment, or multiple disabilities. Schools for special needs education are for children with comparatively severe disabilities. Those schools comprise four levels of departments, namely, preschool, primary, lower secondary and upper secondary departments. (The elementary and the lower secondary are compulsory education.) In schools for special needs education, children learn through a special curriculum, in which a more than adequate number of teachers, various facilities and equipment meet the needs of those children. Therefore, the expense per student in schools for special needs education is about ten times that in regular schools.

There is not much difference, even in rural or urban settings. There is some home tuition. There are branch classes in hospitals.

7.6.5 Dual enrolment and attendance policies

Not applicable.

7.6.6 Placement, enrolment and eligibility

Placement is based on discussion with schools, parents and expert committees. Special educational needs are checked up in maternal health checks and in a mandatory pre-school check-up (NISE Video). Parents and children increasingly select and decide the appropriate schools.

7.6.7 Professional qualifications and standards

Regular class teachers/teachers in resource rooms have a normal qualification for primary or secondary education.

Special school teachers in Japan are required to have special needs education licenses, but only about 70 per cent had such the licenses as of 2009.

In undergraduate teacher education in Japan, pre-service students in universities can obtain a teacher's licence under the Licensing Law for the Educational Personnel. They can acquire their masters and/or doctoral degrees. Both in-service teachers at mainstream and special schools can earn their masters and/or doctoral degrees at universities.

7.6.8 Resources and supports at classroom level

Supports include team teaching, small group instruction, differentiated teaching, support assistants and special curriculum for small classes. Since 2007 the Ministry has encouraged local government to promote peripatetic counselling, teacher training and 'enlightenment activities'. There are also in-school committees and special needs education coordinators (SENCOs). A separate curriculum exists for special schools (Ministry, 2008). Individualised education support plans (NISE Video) are developed, the curriculum includes activities to promote independence (NISE Video). There are maximum class sizes. Special schools share expertise and SENCOs with mainstream schools (NISE Video) and have school doctors within communities. Special schools have professional nurses and paramedical staff. In addition, special schools receive support from hospitals, the welfare system, and job-placement offices in communities.

There is a 'Project for the Promotion of the Special Needs Education System' in order to lay the foundation for a comprehensive education support system for children with developmental disabilities such as learning disabilities and attention deficit hyperactivity disorder studying in regular primary and secondary school classes. This project has been expanded to include preschools and high schools in addition to primary and secondary schools, so that consistent support is provided to children with disabilities for from infancy to employment.

The Ministry of Education, Culture, Sports, Science and Technology (MEXT) has also promoted welfare education through stepped-up exchanges and joint learning of children with disabilities and non-disabled children as part of school education and through awareness-raising activities targeting local residents.

Evaluation in special schools and special needs education class in regular schools is conducted through observation or examination of daily activities by class teachers. It is carried out at the end of each of the three semesters. The outcomes should be reported to parents at the end of each semester.

Pupils who attend resource rooms in regular schools are evaluated by examination conducted at the end of each of three semesters.

7.6.9 Resources and supports outside school

In Japan, special schools share expertise and SENCOs with mainstream schools (NISE Video) and have school doctors within each community.

The welfare system also provides support.

7.6.10 Contradictions, challenges and strengths

Challenges include:

- The need to enhance the support system especially in preschool and upper secondary schools.
- The need to develop pre- and in-service teacher training (NISE Video).

- The need to develop an early detection and early intervention system of unidentified pupils with developmental disabilities or learning disabilities in regular schools. (It is estimated that approximately 680,000, or 6.3 per cent of pupils in regular schools may have developmental disabilities according to the survey results from regular school teachers.)
- Education requirements of special school teachers, who must be licensed and have a masters and/or doctoral degrees.

The following issues also arose:

- Transition from school to work requires more emphasis; a ‘transition coordinator’ such as in the US should be provided at each school in the near future.
- Respecting the rights of children with disabilities.
- Identification and evaluation of good practices in special needs education, and improving the quality of special needs education.
- Achievement of the philosophy of learning together or inclusive education rooted in Japanese culture.

The strengths of the system in Japan are:

- Almost 100 per cent of pupils in need of special education support in Japan are enrolled in compulsory education.
- Parents and children increasingly select and decide schools on their own.
- Work within the schools is of an increasingly individualised character (with an emphasis on individuality).
- The quality of special teachers and regular teachers.
- The improvement of teaching skills through traditional lesson study and open school system.
- Classrooms in elementary and junior high schools seem to be largely democratic.
- The two-track system, which is effective for special needs education.

7.6.11 Key points (as identified by the research team)

- No urban/rural differences exist in provision.
- A recent move occurred away from separate special schools by disability to schools for special needs education catering across needs.
- The two-track system works in Japan.
- A detection and intervention system is in development, as is a comprehensive support system project.

7.7 Kenya

7.7.1 Current legislation

Key legislation includes:

- Special Needs Education Policy 2005

- The Persons with Disability Act 2003
- The new Kenya Constitution (2010) Children’s Act.

There is a major gap between legislation and policy, and practice.

7.7.2 Categorisation of individuals

There are 22 categories of disability:

1. hearing impairments
2. visual impairments
3. physical impairments
4. cerebral palsy
5. epilepsy
6. mental handicaps
7. Down syndrome
8. autism
9. emotional and behavioural problems
10. specific learning difficulties
11. gifted and talented
12. speech and language difficulties
13. multiple handicaps
14. deaf blind
15. living in the streets
16. orphaned
17. heading households
18. learners who are abused
19. learners of nomadic/pastoral communities
20. learners who are displaced/refugees
21. albinism
22. other health impairments.

Categories are used for educational placement and social services support.

7.7.3 Funding models/models for allocation of resources and supports

Parents are expected to contribute.

NGOs may sponsor children (this can lead to duplicate funding while some children have nothing).

There is a set amount the government should provide to fund day pupils and boarders. The funding is never enough or available.

Funds are usually directed to the school unless the child individually sponsored.

Funding can come from national, municipal or local government depending on the type of school.

The allocation of funding also depends on whether the school is national or local, the number of pupils, and the level of school i.e. secondary more than primary.

There is a lack of coordination in funding.

7.7.4 Specialist and generic provision

There are

- units of learners with special educational needs in a regular school
- resource rooms in a regular school
- learners with special educational needs learning together with their regular peers
- regular peers admitted into schools/provisions for learners with special educational needs.

Separate special schools and classes are provided for individual categories of special needs. Classes should not include different categories. In some regular classes one would find more than one category of learners with special needs, for example, learners with low vision (visually impaired), learners who are physically impaired, learners with albinism, learners with emotional and behavioural disorders etc. These pupils could also be found integrated with regular children in a regular class under a regular teacher who has no special training on how to handle learners with special educational needs!

The most specialist provision is in urban areas. In rural areas, provision is scattered or non-existent.

All children are supposed to have a place, but many have no place at all, they are in the villages (unidentified i.e. both regular and those with special needs). This is because of cultural practices and lack of resources and information in the remote parts of the country; for example, the north eastern part of Kenya: Turkana and other semi-arid areas of Kenya where you have nomadic tribes.

The Kenyan government is addressing this by creating nomadic schools i.e. temporary and portable schools which follow the nomadic pastoral communities as they migrate and move from one place to another in search of pasture for their herds of cattle.

7.7.5 Dual enrolment and attendance policies

The Kenyan system does not allow for a pupil to be enrolled in two or more educational settings at the same time. Should this happen, it is treated as a way of cheating the government and that a learner is getting double services when another child is suffering due to scarce state educational provisions. It is punishable by law.

7.7.6 Placement, enrolment and eligibility

Special educational needs pupils are (supposed to be) screened and classified. Assessment personnel in cooperation with parents/guardian/sponsor should undertake this. Medical opinion is sought where necessary. Most learners with special educational needs are either at home, cannot access any assessment centre or are admitted into some relevant (or, most of the time, irrelevant) educational provisions by their parents,

guardians or sponsors without any assessment records. Review and appeals are rare, or in most cases never mentioned or heard of at all.

7.7.7 Professional qualifications and standards

It is common experience that in Kenya, most teachers move (are posted by their employer, the Teachers Service Commission) into secondary, technical or primary special schools/units without any special education training or experience and take relevant courses up to very high levels in special education. Some universities have introduced a special educational needs module into their general teacher training.

Specially trained teachers and classroom assistant aides are supposed to work with children with special educational needs in the classroom in special schools or units. However, this is not the case in most of the special schools and units. Most children in such provisions are handled by untrained staff.

Children integrated in regular classrooms suffer because most of the expected specialist support is never there.

Resources and supports at classroom level

These can include:

- specialist teachers/personnel
- pupil-teacher ratios
- curriculum, test and exam modifications
- adapted environment
- peer tutoring
- physical/communication aids
- speech therapy, physiotherapy and orientation and mobility instructors delivering support in schools
- informal teacher assessment and formal assessment national exams where appropriate.

7.7.8 Resources and supports outside school

Specialist additional services include medical services, speech therapy, vision screening and physiotherapy.

Some learners are allowed to take specialist services which cannot be provided in school. There are informal arrangements made between the schools and other specialist support providers and according to their convenience.

At provincial or district level schools and children get the following services outside their schools:

- assessment services (from District Educational Assessment Resource Centres, EARCs)
- speech and language services (from Kenyatta national hospital and its extended services to the provinces)

- eye care services (from district hospital eye care clinics/ophthalmologists)
- occupational/physiotherapy services (from district occupational therapist-in the district hospital).

Very few special or mainstream schools have access to additional supports such as transport, nurses, mental health care services and vocational services. Most teachers may also not be competent enough to give effective psychological guidance and counselling services.

7.7.9 Contradictions, challenges and strengths

There is a clear contradiction between policy and practice.

- **Funding:** The government talks of free primary education primary education services for children with special educational needs are financially supplemented by the parents or the non-governmental sponsors.
- **Standards:** These are not well controlled.
- **Resources:** There is disparity in resources distribution, in that schools with stronger sponsors will have more, better, modern, relevant resources than those who have no sponsors.
- **Training:** One finds some special and mainstream schools have better qualified specialist staff than others.
- **Assessment of children:** Not all the special or mainstream school-based children have access to educational assessment resource centres.
- **Placement:** Some children are wrongly placed in educational provisions – for example some are in a special school when they could do well in a mainstream school. This is due to factors such as a lack of enough assessment resources and accessibility of the appropriate educational provisions.
- There is a lack of specialist trained personnel.
- There is a lack of specialist instructional material.
- Financial challenges exist, such as an absence of funds to establish or maintain needed facilities, learning programmes and services.
- There is a lack of awareness, understanding of the issues and practices that reflect such understanding.
- There are not enough committed and devoted models or mentors in special needs education (and the a few available appear not to have much impact and are very well known to the many humble learners with special needs!).
- Children integrated in regular classrooms suffer because most of the specialist support expected is never there and even if it is, it is very minimal. Most learners drop out of school because of these challenges. This explains why one would find most parents and children in Kenya prefer special provisions for learners with special educational needs as opposed to mainstreaming. Policy is quite different from practice.

- Dual enrolment, namely where one child with special educational needs gets double sponsorship from the government, is a criminal offense but many cases go unnoticed.

Strengths of the system include the following features.

- Kenya Institute of Special Education (KISE) runs a distance learning training programme for primary school teachers in special education. In addition, Moi, Kenyatta, Maseno and other private universities in school holidays have Privately Sponsored Students programme- PSSP). More and more special and mainstream primary school teachers are being trained each year.
- Moi, Kenyatta, Maseno and other private universities are also preparing a bachelor of education in special needs education for primary and secondary school teachers on how to take care of learners with special educational needs. (Moi University hopes to soon launch one for technical school teachers.)
- The Persons with Disability Act, (2003), has made it easy for learners with special educational needs to access educational resources. from the government without any discrimination.
- More and more children with special educational needs are getting educational services in Kenya than ever before. This is due to increased awareness campaigns, set up by the Kenya government and other human right non-governmental activists, on the rights of children with special educational needs.

7.7.10 Key points (as identified by the research team)

- Inclusion is the policy but the reality is most children with special educational needs are not in school and often those that are in school are poorly served in mainstream settings. Separate special provision is preferred by parents for that reason.
- Lack of funding is a feature, with parents or sponsors being expected to pay.
- A rural-urban divide in provision takes place.
- There is a lack of assessment.
- There is a lack of trained personnel; however great improvements have been made through special educational need provision in university provisions for teacher trainings and the distance learning programme from the Kenya Institute of Special Education (KISE).

7.8 Lithuania

7.8.1 Current legislation

The amended Law on Education was adopted by the Parliament of the Republic of Lithuania on 17th March, 2011. A number of secondary legislation acts were created. Two of them – ‘Grouping of pupils with special educational needs and indicating levels of SEN’ and ‘Organisation of education of pupils with SEN’ indicates responsibility of schools’ founders, staff of schools, school support institutions and parents. They have

to collaborate in order for necessary conditions and adaptations of premises, curricula, technical assistive devices were assured to every pupil with special educational needs.

The definition of special educational needs was broadened to include gifted children (if they have learning difficulties) and it is now titled, 'Special educational needs – needs of support and services in process of education and occurs due to being exceptionally gifted, having inborn or acquired disorders or due external disadvantages' (The Law on Education, 2011).

The Law on Special Education (1998), following the integration of necessary issues into the amended Law on Education (2011), was invalidated.

From 1st July 2010, the education of special needs children was transferred to municipalities and became an integral part of general education system. Additional provision was allocated to the municipalities specifying that the Ministry of Education, in conjunction with the local authorities and the government, provides a network of state and municipal general education schools for pupils with special educational needs and provision of educational assistance and will also perform other child welfare-related functions.

From 2011 onwards, a 'pre-schooler basket' was introduced. It covers four hours per day for child enrolled into preschool education. The 'pre-schooler basket' for children with special educational basket is about 35 per cent bigger than the standard one.

7.8.2 Categorisation of individuals

All pupils with special educational needs belong to one out of three groups indicated by the legislation: disabilities, disorders or learning difficulties. Disabilities, disorders and learning difficulties are divided into the following major groups:

- mental health difficulty
- special cognition difficulties or underdeveloped cognition skills
- emotional, behavioural and social difficulties
- speech and other communicative disorders
- hearing impairment (hearing loss or deafness)
- eyesight disorders (visual impairment or blindness)
- limited mobility (motor and support apparatus defects)
- chronic somatic and neurological disorders
- multi-sensory disorders
- other developmental difficulties.

Initial detection is conducted by the teacher who speaks to the parents. Assessment and categorisation is conducted by:

- the School Child Welfare Commission (former School Special Education Commissions)
- local pedagogical psychological services (PPS)
- the National Centre of Special Needs Education and Psychology (evaluation, monitoring)

- special needs education specialists.

7.8.3 Funding models/Models for allocation of resources and supports

Backpack funding is provided for students with special educational needs attending mainstream settings. Basket funding is made available to schools generally.

In 2011 the special educational needs basket was bigger by about 35.6 per cent compared to that of a student attending mainstream school (inclusive settings).

7.8.4 Specialist and generic provision

Special educational needs pupils in mainstream institutions may be educated in the following settings: a mainstream group or class, following the mainstream curriculum, but with special methods applied; a mainstream group or class following a modified mainstream curriculum; a mainstream group or class following an alternative curriculum for those children who cannot cope with a modified curriculum; a mainstream group or class following an individual curriculum which is specifically designed according to the needs of the pupils; partly in a mainstream group or class, partly in a special group or class; a special group or class.

There are special schools and educational centres.

In order to gradually decrease the number of special (boarding) schools and along with this to facilitate creating resource centres, the most advanced special (boarding) schools are to be transformed into resource centres). The state and local pre-school education and general education provision along with schools for pupils with special educational needs, are to develop into groups of pre-school education and general education providing classrooms for pupils with special educational needs, for pupils with profound and severe special educational needs.

Home-learning is available; in some cases distance learning is too.

7.8.5 Dual enrolment and attendance policies

Not applicable.

Placement, enrolment and eligibility

Classification procedures place individuals in categories relating to different disabilities and support needs. The purpose of this is to identify the scope of needs for support and services in order to provide optimal conditions for the development of persons with special educational needs. Pupils can be identified as having special needs on either a temporary or permanent basis.

It is planned that at schools, special education committees will be replaced by the child welfare commissions which will not only assess children with special educational needs but will also take care of developing a safe environment conducive to pupil development. These commissions will also organise and coordinate the adaptation of educational curricula.

7.8.6 Professional qualifications and standards

Since 1995, according to requirements set up by the Ministry of Education and Science, from two up to four credits in special needs education are compulsory for every student who attempts to become a primary level or a secondary level, subject teacher.

During 2006-2008 the Ministry of Education and Science allocated about three million litas for towards newly established teacher assistant staff at mainstream schools and 500 pupil support specialists started to work at mainstream schools.

A new concept of teacher education has been introduced. Therefore, in the future, each graduate from university or college is going to acquire necessary knowledge and skills for dealing with the diverse student body, including pupils with special educational needs.

The in-service teacher training system is further developed so that teachers can have access to a bigger variety of programmes regarding inclusive education. Some financing is allocated every year from the Ministry programmes for in-service new teacher training programmes regarding special needs education.

7.8.7 Resources and supports at classroom level

Pupils with special educational needs are provided the support of special pedagogues (surdopedagogues, typhlopedagogues), speech therapists, psychologists, kinesitherapists, social pedagogues and teacher assistants (Eurydice, 10.1).

The key provisions of SEN education include:

- where possible, alterations to school building facilities to cater for the needs of children with limited mobility and other specific support measures
- provision of objectives and ways to meet the needs of children with disabilities in the school
- activities programme
- compliance with the equal rights principle
- establishment, by order of the principal of the school, of a special education commission the activity plan of which must specify which children should be provided special assistance in the first place
- creation of conditions for pedagogues to upgrade their special-needs education qualification
- involvement of the parents of children with disabilities within processes, including education

Special needs pupils are provided with special teaching aids to be used at school and at home. Special teaching aids include visual, technical, demonstrational means, computer software, toys, objects and materials and exercise books designed or adapted for people with special needs and used in the process of their teaching (Eurydice. 10.5.3).

The achievement assessment process must be individualised accordingly. Diagnostic assessment is used in identifying the pupil's individual learning needs, and in adjusting the curriculum and the education methods.

The learning outcomes of pupils who were recommended to follow adapted or modified curricula are assessed in accordance with the requirements and identified objectives of the respective curricula. The progress and learning achievements of pupils with special educational needs are discussed in the presence of teachers, specialists providing assistance, and the parents (foster parents/carers).

The evaluation of the basic education achievements of pupils with special needs and procedure of the Matura examinations are regulated. The means of administering the examinations, the tasks and the evaluation of the results can be adjusted for pupils with special needs.

7.8.8 Resources and supports outside school

There are 56 pedagogical psychological services across Lithuania. The objective is to provide specialist services as close to the recipient's home as possible, to develop a diversity of quality services and to encourage collaboration of specialists with the families and the school of special educational needs. The staff of those services provide advice on issues of special needs education to teachers, specialists and administrations of general education schools and also to families.

Family support (for families with a child with disability) involves provision of subsidised housing, transport privileges, contributions to family expenditure for fuel, electricity, telephone and utility services, as well as state social insurance pensions, care benefits for nursing of children with disabilities and relief pensions.

7.8.9 Contradictions, challenges and strengths

In 2009, in line with the measures for the implementation of the Lithuanian Government Programme for 2008–2012, the Minister of Education and Science approved the Programme for the Development of Special Education. The purpose of the programme is to improve access to education and equality of opportunity to pupils with special educational needs by improving the competencies of teachers, school principals and specialists from county and municipal education authorities in educating pupils with special educational needs, ensuring that information about special needs pupils' development, teaching and studies is available to the public and expanding opportunities for parents, teachers and special needs pupils to cooperate with each other. The programme covers the period of 2009 to 2013. (Eurydice10.1).

The State Educational Strategy for 2003-2012 sets out the ideas of how to make 'a school for all' a reality in school practice in Lithuania. Its aims are:

- to ensure accessibility of all school types introducing formal and non-formal educational programmes to people with special educational needs
- to provide an opportunity for people with special educational needs to learn in an environment that meets their needs
- to gradually decrease the number of special (boarding) schools and along with this to facilitate creating resource centres: the most advanced special (boarding) schools to be transformed into resource centres

- to introduce the new concept of teacher education and to ensure that each graduate has the necessary knowledge for dealing with diverse student body including pupils with special educational needs
- The main other issue to arise was the lack of trained professionals including psychologists (especially in more remote areas).

7.8.10 Key points (as identified by the research team)

- There has been a move towards greater inclusion in recent years.
- Special (boarding) schools are to be phased out and replaced by resource centres.
- There is a focus on teacher training, with an inclusive education element for all teachers.
- There is a shortage of professionals such as school psychologists, especially in more remote areas.
- Tools for assessment and evaluation of the special educational needs of pre-school children particularly those with multiple disabilities, and those with physical and/or communication disorders.

7.9 Norway

7.9.1 Current legislation

The relevant Act is the Education Act of 17th July, 1998. All children have the right to attend mainstream schools and to access adapted education. (This is set out in Chapter 3 of the Education Act.) Those who does not benefit from ordinary education have the right to special education. (See Chapter 5 in the Education Act.)

7.9.2 Categorisation of individuals

There is no official categorisation of individuals; anyone who does not benefit satisfactorily from adapted education has the right to special education. Research suggests however that the practice is that medical diagnoses play an important role when defining the need for special teaching. Local evaluations made by the pedagogical psychological service (PPS) of each child use concepts such as specific learning problems, dyslexia, and social and emotional problems.

7.9.3 Funding models/Models for allocation of resources and supports

There is no extra funding for children with special needs, though these pupils do have the right to the required resources. This means that a school with a lot of children with special needs might have less money for the 'normal' pupil cohort, because they need to use the money on children with special needs (as emphasised in Chapter 5 in the Educational Act).

Almost 20 per cent of the national school budget is used on special education (special teaching or on the PPS system).

7.9.4 Specialist and generic provision

All children have the right to attend the local mainstream school. However, ways of defining the local school might differ from municipality to municipality. There is therefore no systematic provision at national level.

For the majority of pupils concerned, special education is provided at the school to which the pupil belongs. Small municipalities mainly offer special teaching in normal school settings, about 75 per cent of which is provided to small groups (one to five children). Some schools have established more systematic 'special groups' on a regular basis. (This is more common in secondary school (grades eight to ten) than in primary school (grades one to seven).)

A lot of the big cities have special schools or 'strengthened schools', which have extra resources and teaching capacity. About 0.5 per cent of all children in Norway attend such a school.

There are no national special schools.

Big cities are still using a special school system. Small municipalities are mainly using fully integrated systems, small groups or special groups. In addition to all this there is a national competence service system (see www.statped.no for further information) which emerged from the the r national special schools that closed down in 1993. This –service can give direct support for a short period of time to children with special needs. They can give support to the PPS and in some cases directly help the school as well. (This system can give extra support in areas such as: social and emotional problems, specific learning problems, needs relating to deafness and blindness, and to mentally handicapped children.)

All children have access to a place in school

Hospital schools exist in Norway.

7.9.5 Dual enrolment and attendance policies

Not applicable.

7.9.6 Placement, enrolment and eligibility

Even if the official political goal is to identify children with special needs as early as possible, the use of special teaching is increasing steadily from grades one to ten. The saying in Norway is therefore that the practice is one of 'late intervention' rather than 'early intervention', though official policy is trying to move to an early intervention model.

7.9.7 Professional qualifications and standards

No regulation exists in Norway that states that teachers for pupils with special needs need to have a formal qualification in special education. The title of 'special teacher' has no qualification attached to it, so anyone can become a special teacher. The title is however used for people that have studied special education.

A state system monitors special teaching in schools. This does not involve monitoring the teaching itself but ensuring that legal terms are followed correctly (in many cases they are not). This is the subject of much debate.

Regarding special schools, it is quite difficult to accurately describe the teachers working in special schools, as so few of these schools exist.

Masters of arts in special education are available in Norway; the nature of these courses varies across institutions.

7.9.8 Resources and supports at classroom level

Adapted teaching in the primary and lower secondary school is carried out within the following frameworks.

- Ordinary teaching is reinforced by extra teaching resources (used for dividing classes, dual teacher system, group teaching, individual teaching).
- Special education is provided in accordance with individual decisions, carried out on the basis of an expert assessment, and teaching should be 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 (Eurydice).

A lot of the extra support given to special teaching is provided through the use of assistants.

According to Chapter 5 in the Norwegian school legislation, the progression and outcome of special teaching should be measured according to the individual education plan six months after special teaching is implemented. No regulations exist regarding the kind of method to use when doing this evaluation.

7.9.9 Resources and supports outside school

The main support system for mainstream education consists of the municipal Pedagogical Psychological Service (PPS) and the National Support System for Special Education (Statped). Statped consists of 13 public and two private resource centres. The scope of available facilities outside the mainstream school system has been gradually reduced. In order to provide users with good quality adapted facilities, local day care institutions and schools need professional help and support from staff with specialised qualifications in education and/or psychology. Teachers and pre-school teachers ask for help in carrying out individual investigations and guidance in connection with individual users, what is termed 'individually oriented work' (Eurydice, 10.5.3).

The PPS and Statped are located outside the school but are part of the school support system.

The health care system can contribute with medical treatment and physiotherapy. The social care system is not a specific part of the special education system but may contribute in regards to the relation between the school and the parent(s).

7.9.10 Contradictions, challenges and strengths

There is a clear conflict between Chapter 3 (the right to adapted education) and Chapter 5 (the right to special education) in the Educational Act. Supporters for full inclusion state that adapted education should be enough to secure the right to good education for everybody; hence Chapter 5 is not necessary (it only creates exclusion). This has been discussed in several policy documents in Norway but the result is still that Chapter 5 exists, and it seems that the role of special education is strengthened in the latest white paper on special education in Norwegian schools.

There is no systematic provision of special teaching in Norway; the use of special teaching is very different from school to school.

The system is an inclusive one; for example, there is no medical definition of special educational needs. It is a system based on pedagogical evaluations.

No general regulations exist, with the result that a child can get special support in one school but not have the right to it in another one. The right to special education is related to each school's general ability to teach pupils with different needs.

The amount of special education has increased a lot since 2007. The issue of how to deal with this is commonly debated. In light of the importance of adapted education and inclusion the growing incidence of special education is a problem. It is also a financial problem for the county.

The quality of special education is considered. A lot of counties make plans and strategies in order to decrease the amount of special education and to increase the quality of special education.

This is a system that, in theory, has the potential to give a good education to everybody. However it is a system that is clearly defined by resources – both in relation to funding and knowledge.

7.9.11 Key points (as identified by the research team)

- An interesting conflict exists between the supporters of full inclusion and of separate special education.
- Latest policy documents can be seen to strengthen special education.
- Although no official categories exist, medical diagnosis is still influential in practice.
- Provision is not standardised across the country.
- In the main, special educational needs provision is provided in small groups in mainstream schools. This provision varies from school to school.
- Special education is rising, which has implications for funding within the adapted/inclusive education context.
- No extra funding is provided for special education.

7.10 Scotland

7.10.1 Current legislation

Legislative protection for children with additional support needs is provided by educational legislation, and for children with disabilities by equality legislation. The relevant Acts are:

- Education (Additional Support for Learning) (Scotland) Act 2004
- Education (Additional Support for Learning) (Scotland) Act 2009
- Equality Act 2010.

The category of 'additional support needs' includes any child with greater difficulty in learning compared with other children in the school, whereas children with disabilities are those who have a substantial and enduring impairment which makes it difficult for them to perform normal day to day activities. There is thus an overlap in the categories, but they do not map onto each other exactly.

7.10.2 Categorisation of individuals

Children or young people may require additional support for a variety of reasons and may include those who:

- have motor or sensory impairments
- are being bullied
- are particularly able or talented
- have experienced a bereavement
- are interrupted learners
- have a learning disability
- are looked after by a local authority
- have a learning difficulty, such as dyslexia
- are living with parents who are abusing substances
- are living with parents who have mental health problems
- have English as an additional language
- are not attending school regularly
- have emotional or social difficulties
- are on the child protection register
- are young carers.

The above list is not exhaustive; neither should it be assumed that inclusion in the list inevitably implies that additional support will be necessary. However, the 2009 Act automatically deems that all looked after children and young people have additional support needs, unless the education authority determine that they do not require additional support in order to benefit from school education.

7.10.3 Funding models/Models for allocation of resources and supports

Funding is provided in different ways for children with additional support needs and there are difficulties in disaggregating the costs of educating children with additional support needs in mainstream schools. The responsible body for education in Scotland is the local authority, but most funds are devolved to schools. Additional funds are allocated to mainstream schools by local authorities on the basis of an annual pupil census. Funds from health, education and social work may be pooled to support pupils with very significant difficulties. Special schools are funded on a per capita basis.

7.10.4 Specialist and generic provision

Most children with additional support needs are in mainstream schools: only about one per cent of all Scottish children are in special schools. The number of special schools in Scotland has fallen from 194 in 2003 to 163 in 2010 (these cater for a range of pupils with additional support needs including those with moderate and severe learning disabilities, autistic spectrum disorder and behavioural difficulties). At the same time, there has been an increase in the number of special units attached to mainstream schools and offsite behaviour units.

In addition to special units attached to mainstream, there are 163 local authority special schools in Scotland which cater for a range of pupils with additional support needs including those with moderate and severe learning disabilities, autistic spectrum disorder and behavioural difficulties.

There are seven grant aided special schools which receive an annual grant from the Scottish government and additional per capita funding from local authorities.

Most special schools in the maintained and independent sectors are located in the central belt. Most children with additional support needs in rural areas are educated in local mainstream schools.

If a child is unable to attend school, due, for example, to a progressive condition, the local authority is obliged to provide education in an alternative setting, for example, in a hospital, hospice or in the child's home. A small number of children with additional support needs are home-educated.

Additional support for children and young people may be provided in a range of locations including in school, at home, in hospital, or in a specialist health, social services or voluntary agency facility (Code of Practice).

7.10.5 Dual enrolment and attendance policies

Some children with additional support needs have a split placement, so that they spend part of their time in a special school/unit and the rest of their time in mainstream school. This arrangement would be put in place by the local authority and school staff with the agreement of parents.

7.10.6 Placement, enrolment and eligibility

Typically the process would follow this path, though variations of it occur:

- the teacher identifies children who need a greater level of attention or planning than is generally required
- the teacher consults with and seeks help from other school support, such as management and support for learning staff
- if action at this stage does not resolve the issue, the school, in consultation with parents, seeks information and advice from local authority services, such as a visiting teacher or educational psychologist
- the teacher and the school use this information and advice in their practice with the child in school
- if further action is needed, support from appropriate agencies outwith education may be required (section 10.3, Eurydice, 2009).

The parent has the right to request a particular type of assessment and may request adjudication or make a reference to the Tribunal if they disagree with the assessment or believe that their request for a particular type of assessment has been refused. There is a legal presumption that all children in Scotland will be educated in mainstream schools.

At the same time, parents of children with additional support needs, like other parents, have the right to make a placing request. Local authorities may refuse a parent's placing request on a number of grounds including if the request would breach the local authority's duty to provide mainstream education, would involve unreasonable cost or would be seriously detrimental to the education of other children in the class.

7.10.7 Professional qualifications and standards

The Requirements for Teachers (Scotland) Regulations 2005 state that teachers who are wholly or mainly involved in teaching children who are deaf, visually impaired or who have a dual sensory impairment, including peripatetic staff, are required to hold 'an appropriate qualification'. What counts as an appropriate qualification is not specified, but would normally be taken to mean a university diploma acquired through successfully completing specified courses or through a competency-based route.

The 2005 regulations state that teachers employed to teach children who are deaf, visually impaired or with dual sensory impairment do not have to have completed the qualification at the time of their appointment, but must not work in this role for more than five years without completing the appointment.

No additional requirements exist for those working in special schools or units.

The General Teaching Council for Scotland (GTCS) specifies professional competencies which must be met by all teachers working in Scottish schools.

No qualifications are specified for other teachers of children with additional support needs. The responsibility for monitoring the qualifications of specialist staff lies with local authorities, but data are not currently available on the qualifications of

learning support teachers. Learning support assistants may have Scottish vocational qualifications, but there are no formal training requirements.

All registered teachers in Scottish schools must meet the Standard for Full Registration specified by the GTCS. The standard on teaching and learning specifies that teachers must be able ‘to plan coherent, progressive and stimulating teaching programmes’ and ‘use a range of teaching strategies and resources’ which are aligned with ‘their pupils’ needs and abilities’. The standard on professional values and personal commitment states that ‘teachers must show in their day-to-day practice a commitment to social justice, inclusion and caring for and protecting children’. Schools have routine responsibility for monitoring teachers’ performance and identifying failure to meet professional standards. If a teacher was deemed not to meet the standards necessary for teaching pupils with additional support needs, the matter could be referred to the GTCS.

7.10.8 Resources and supports at classroom level

Examples of additional support provided from within education services to children and young people are the following:

- a support for learning assistants working with a child with a learning disability in a nursery
- class teacher helping a child by following a behaviour management programme drawn up in consultation with a behaviour support teacher
- tutorial support from a support for learning teacher to help with a reading difficulty
- use of communication symbols by a child with autistic spectrum disorder
- designated support staff working with Gypsy/Traveller children on their site to help them improve their literacy and numeracy skills
- in-class support provided by an English as additional language (EAL) teacher for a child whose first language is not English
- a highly able child at the later stages of primary school receiving support to access the secondary mathematics curriculum (Code of Practice).

Most schools have particular teachers with responsibility for learning support and behaviour support whose job is to identify children with additional support needs, undertake assessments, work closely with parents, liaise with external professionals, team teach with mainstream class teachers and provide expert advice. There have been efforts to pull together behaviour and learning support teams. Most secondary schools have learning support bases where pupils with additional support needs may be withdrawn for individual support. However, most learning support is delivered in mainstream classes. Pupils with social, emotional and behavioural difficulties may spend some time in behaviour support units in mainstream schools which were established under the Scottish government’s Better Behaviour Better Support Initiative. Children with significant difficulties may receive support from learning support and behaviour support assistants.

If a pupil has an individual education plan or a CSP, then short-term and long-term targets will be set, which will be monitored through termly or annual meetings involving relevant professionals, parents and, if appropriate, the child. For children with additional support needs who do not have a formal plan, an annual review meeting with parents may be held. Like other pupils, they will receive an annual report card.

7.10.9 Resources and supports outside school

Children with additional support needs in maintained schools have access to the local authority educational psychology service and support services provided by other agencies such as speech and language therapy, occupational therapy and mental health support services. The nature and extent of support services vary by local authority and health board. The additional support needs legislation places a duty on other agencies (e.g. health and social services) to help education in meeting the needs of children with additional support needs.

Additional support is not limited to educational support but can include multiagency support from health, social services and voluntary agencies (Code of Practice, Chapter 2, paragraph 8).

7.10.10 Contradictions, challenges and strengths

The emphasis on inclusion means that the specialist input that some children require may have been de-emphasised. All teachers are expected to meet the needs of all children, and specialist qualifications are not required (except in relation to teachers of children who are deaf, visually impaired or have dual sensory impairment). It has been suggested by voluntary organisations that this is unfair, and specialist qualifications should be required for teachers working with other groups, e.g. children with autistic spectrum disorder or dyslexia.

Teachers working in special schools sometimes believe that the emphasis on inclusion has led to insufficient recognition of the importance of their sector.

The seven schools which have grant aided status do not cover the full range of learning difficulties and disabilities, and some people feel that grant aid should be extended, for example to include schools meeting the needs of children with autistic spectrum disorder.

There are marked disproportionalities in Scotland in relation to the identification of additional support needs, particularly non-normative categories such as social, emotional and behavioural difficulties, where boys and pupils from socially deprived areas are over-represented.

Parents' rights to challenge local authority decisions on additional support needs provision have been strengthened by the ASL legislation, which put in place additional dispute resolution routes including mediation, adjudication and the tribunal. Recent legislation placed a duty on the Scottish government to provide a national advocacy service. However, research conducted by the Centre for Research in Education Inclusion and Diversity showed that although children living in areas of deprivation were more

likely to be identified as having additional support needs, they were less likely to have a statutory support plan. As a result, their parents were less likely to use dispute resolution services compared with those living in more advantaged areas.

There have been problems with regard to ensuring the accessibility of information on policy and provision for children with additional support needs. New provisions in the 2009 Act require all local authorities to publish information on ASN services, including making this information available electronically.

A recent report by the national school Inspectorate examined provision for children and young people with severe emotional and behavioural disorders in onsite and offsite bases and in special schools (HMIe, (2010).¹⁰ *Out of Site, Out of Mind? An overview of provision for children and young people with behavioural needs in local authority bases and special schools, with examples of good practice*). The report by the Inspectorate noted that pupils in these schools and units often had very poor educational outcomes due to a lack of clear educational goals, weak links with mainstream schools and lack of parental involvement.

To date, the statistics on additional support needs only cover children with individualised educational plans and CSPs. However, changes introduced by the 2009 Act mean that local authorities will now be obliged to gather and publish data on all children receiving additional support. Research suggests that most Scottish parents are satisfied with the quality of support for their child with additional support needs.¹¹ However, a significant minority remains very dissatisfied with the quality of support and responses to complaints.

7.10.11 Key points (as identified by the research team)

- Additional support needs a broader approach.
- Split placements are possible.
- Most children with additional support needs in rural areas are educated in a local mainstream school.
- Emphasis is on inclusion in mainstream settings but separate provision still exists.
- Rural issues: most special schools in the maintained and independent sectors are located in the central belt.

10 HMIe (2010) *Out of Site, Out of Mind? An overview of provision for children and young people with behavioural needs in local authority bases and special schools, with examples of good practice*. Available at: http://www.educationscotland.gov.uk/Images/oosoom_tcm4-712925.pdf.

11 See <http://www.creid.ed.ac.uk/adr/index.html>



