

A Study on the Prevalence of Special Educational Needs

NATIONAL COUNCIL FOR SPECIAL EDUCATION RESEARCH REPORT NO.9

Joanne Banks and Selina McCoy

Economic and Social Research Institute

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An Chomhairle Náisiúnta um Oideachas Speisialta
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Foreword

The NCSE is pleased to publish this new research report on prevalence and data issues relating to special educational needs.

The researchers analysed data on over 8,000 nine year olds from the *Growing Up in Ireland* study to provide an insight into the level and extent of special educational or learning needs as assessed by teachers and parents. The researchers examined how data on pupils with disabilities and/or special educational needs is collected both in Ireland and internationally.

The report also provides information on the gender and socio-economic profiles of these children and how they are distributed across different school types as well as highlighting the variety of learning needs currently in mainstream Irish classrooms.

This analysis is both valuable and thought provoking and will be of great interest to parents, practitioners, policy makers and all those who are working to support pupils with special educational needs.

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List of Acronyms

ADHD	Attention deficit hyperactivity disorder
ASD	Autistic spectrum disorder
BESD	Behavioural, emotional and social difficulty
BMGLD	Borderline mild general learning disability
CSO	Central Statistics Office
DCSF	Department of Children, Schools and Family (UK)
DEIS	Delivering Equality of Opportunity in Schools
DES	Department of Education and Skills
DfE	Department for Education (UK)
DSG	Designated school grants (UK)
EADSNE	European Agency for Development in Special Needs Education
EBD	Emotional behavioural difficulties
EPSEN	Education for Persons with Special Educational Needs
FAPE	Free appropriate public education (US)
GAM	General allocation model
GCSE	General Certificate of Secondary Education (UK)
HBSC	Health behaviour in school-aged children
HRB	Health Research Board
HSE	Health Service Executive
IDEA	Individuals with Disabilities Act (US)
IEP	Individual education plan
INTO	Irish National Teachers Organisation
ISB	Individual school budget (UK)
ISCED	International Standard Classification of Education
LEA	Local Education Authority (UK)
LS/RT	Learning support/resource teacher
MGLD	Mild general learning disabilities
NCCA	National Council for Curriculum and Assessment
NCLB	No Child Left Behind (US)
NCSE	National Council for Special Education
NDA	National Disability Authority

NDS	National Disability Survey
NEPS	National Educational Psychological Service
NIDD	National Intellectual Disability Database
NPSD	National Physical and Sensory Database
OECD	Organisation for Economic Co-operation and Development
ORRS	Ongoing reviewable resourcing scheme (NZ)
PLASC	Pupil level annual school census (UK)
PPPD	Post-Primary Pupil Database
PPSN	Personal public service number
RTLB	Resource teacher learning and behaviour (NZ)
SBI	Severe behaviour initiative (NZ)
SEAS	Special education administrative system
SEDA	Special education discretionary allowance (NZ)
SEG	Special education grant (NZ)
SEN	Special educational needs
SENO	Special educational needs organiser
SERC	Special Education Review Committee
SESS	Special Education Support Service
SNA	Special needs assistant
UNESCO	United Nations Educational, Scientific and Cultural Organisation
WHO	World Health Organisation

Executive Summary

Introduction

Internationally, estimates for the number of children with special educational needs (SEN) have increased dramatically in recent decades. The policy trend towards inclusive education has resulted in broadening the definition of SEN, greatly affecting prevalence estimates. Within inclusive education, the emphasis has shifted from the deficit model where the problem is with the individual child to a social model which focuses on the environment, the school curriculum and school climate more generally (Kinsella and Senior, 2009). Depending on the policy approach to SEN, countries vary in how they gather information on children with SEN resulting in much debate on how to define SEN and categorise children so international comparisons can be more meaningful (Florian and McLaughlin, 2008). In Ireland, the Education for Persons with Special Educational Needs (EPSEN) Act (2004) recently extended the definition of SEN so that under the Act it applies to more children than previously.

Using existing data such as census or disability survey data, it is possible to estimate SEN prevalence in Ireland. Estimates tend to vary widely, however, depending on the definition adopted. As a result, little is known about the full cohort of the population of children and young people with such needs who fall within the remit of the EPSEN Act (2004). This lack of data is a major limitation on the planning and provision of effective services at appropriate times by bodies such as the Department of Education and Skills and the National Council for Special Education. This report addresses this gap in our knowledge. First, it provides a comprehensive overview of existing data on SEN and disability in Ireland. Second, it draws on new data on nine-year-old children from the *Growing Up in Ireland* study (Williams *et al*, 2009) to estimate the cohort of the population with SEN in Ireland on whom the EPSEN Act (2004) confers entitlements.¹

International Context

Internationally, wide variations exist in policy approaches to SEN provision and the nature of categorical systems and data collection methods used in the planning or provision of these services. Some countries have no specific SEN provision but instead have general education policies based on an inclusive strategy where most children regardless of need are catered for. Other countries have retained parallel systems for general and special education and in some cases general systems provide special classes where students attend a separate class for some or all of their school day (EADSNE, 2003). Estimates of SEN prevalence range from less than 1 per cent in some countries to more than 20 per cent in others. In Iceland and Finland, for example, estimates range from 15 per cent and 17.8 per cent respectively compared to 0.9 per cent and 1.5 per cent in Greece and Italy (Riddell *et al*, 2006). Variations appear to stem from differences in how individual countries define SEN and whether estimates are based on

1 This report, however, does not assume that if a child has special educational needs that they or their school automatically need additional resources to meet those needs.

administrative sources used in some government agencies or national cohort or survey data in others. To overcome issues with international comparisons the OECD has devised a framework of A, B and C categories where Category A refers to a disability from an organic impairment (Disability); Category B refers to intellectual, behavioural or other learning difficulties (Difficulties); and Category C refers to difficulties because of social disadvantage (Disadvantage). Large differences remain, however, even when using the SENDDD (Disability, Difficulties and Disadvantage) categories (OECD, 2005).

Using specific country case studies, this research report highlights a range of approaches to SEN provision, prevalence and data collection. The Swedish emphasis on inclusive education is reflected in the low numbers of pupils educated in special schools (1.3 per cent according to the EADSNE, 2003). Data are not collected on most students with SEN in mainstream schools and instead efforts are focused on improving the school environment (Swedish National Agency for Education, 2008). In the UK, student data are collected according to the type of provision they receive and decision-making on supports for individual students is primarily at school level. Using administrative data the prevalence estimate for children with SEN in the UK is 18 per cent (DCSF, 2009). Based on an earlier survey of teacher estimates, however, this figure is as high as 26 per cent (Croll and Moses, 2003).

Irish Public Policy and Legislative Frameworks

SEN policy in Ireland has developed significantly in the past two decades. Government reports, evaluations, in addition to legislative changes have resulted in more students with SEN attending mainstream schools. This change in policy focus stems from the broader inclusive education movement evident in international education systems. Using information from qualitative interviews with stakeholders and relevant policy documents, findings show the difficulties associated with multiple systems of resource allocation for students with SEN in Ireland as they move through the primary and post-primary systems. The interviews highlight the need for dialogue, inter-agency communication and improved data sources in the area of SEN.

Key Data Sources Relating to Special Educational Needs and Disability

- Data on SEN and disability is collected by a number of agencies and government departments in Ireland. However, depending on the definition of SEN or disability used and the purpose for which the data are collected, establishing exact numbers of children with SEN can be difficult. One example is the question on disability in the Census of Population (2006) which shows 3 per cent of the population aged 0-18 had one 'long-lasting condition' which was listed for respondents (CSO, 2006).
- The census was followed by the National Disability Survey (2008) which found 11 per cent of children aged 0-17 had one of a list of nine disabilities (CSO, 2008).
- Other surveys providing detailed information on specific SEN or disabilities include the National Intellectual Disability Database (NIDD) and National Physical and Sensory Disability Database (NPSD) which are both national service-planning

databases for people with disabilities. They ensure that valid and reliable data are available for analysis, dissemination and service planning. The 2009 NIDD annual report found 9,084 children under 18 received relevant services (34.8 per cent of those receiving services on the database and 0.7 per cent of the population) (Kelly *et al*, 2010). Similarly, for 2009 the NPSD found 8,043 children comprised just under a third of those on the database (O'Donovan *et al*, 2010) and 0.7 per cent of the population.

- The introduction of the EPSEN Act in 2004 which broadened the definition of SEN has had major implications for the number of children estimated to have SEN. The NCSE undertook one of the first attempts to estimate the cohort of the population with SEN in 2006. The *Implementation Report* adopted the EPSEN Act's broader definition of SEN which referred to 'a restriction in the capacity of a person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition'. By taking this broader definition the report found the prevalence of SEN to be 17.7 per cent (NCSE, 2006).

Data on Special Educational Needs Provision at Primary (Including Special Schools) and Post-Primary

Responsibility for allocating resources to students with SEN is within the remit of the Department of Education and Skills (DES) and the National Council for Special Education (NCSE). Both collect administrative data specifically for administrative use and/or resource allocation.

- The DES gathers statistics from primary schools through the Annual Primary School Census – often known as the annual returns – which are completed by primary school principals at the beginning of each school year. Data for 2007-08 shows 84,061 students received learning support under the general allocation model in 2007/08 (or 17 per cent of the primary school population). As outlined in Chapter 4, however, little is known of how principals interpret questions of SEN in the annual returns and in turn how they report the number of students with SEN at their school. As part of the annual returns, primary school principals also provide information on the number of students taught by recognised special class teachers. These data show that for 2008, 2,931 students with SEN were taught by a special class teachers (a further 6,737 Traveller children are included giving a total of 9,668 students). Similarly in special schools, principals are asked to enter the number of pupils which in 2007-08 was reported to be 6,952.
- More recent research, however, also highlights data on the numbers of children in special classes at primary and post-primary. The *Research Report on the Role of Special Schools and Classes in Ireland* (Ware *et al*, 2009) found 400 special classes were attached to 230 primary schools with 2,499 pupils enrolled. It also found 41 special post-primary schools with 55 special classes were officially designated by the DES. In addition, it showed that schools operated 'unofficial special classes' but

did not include these data in their figures (Ware *et al*, 2009). Recent data produced by the NCSE (similar to those in the Ware *et al*, (2009) report) show that in primary schools 2,631 children are in special classes with just 73 special classes attached to post-primary schools catering for 369 children (NCSE, 2011).

- Another source of data, the Special Education Administrative System (SEAS), is a purpose-designed computer system that provides an efficient and effective special education administration system for NCSE use. It showed that 17,512 students in post-primary and 16,229 students at primary received additional resource teaching hours from the NCSE in the academic year 2009-10 (4 per cent of the primary and post-primary school population). (The NCSE allocates resources to children not covered by the general allocation to schools.) Many children with additional resource teaching hours are also supported by special needs assistants (SNAs). Data from SEAS in 2010 showed 3,135 students at post-primary level and 9,881 students at primary level had special needs assistant support. The NCSE believes figures for the additional resource teaching hours indicate the total number receiving resources from the NCSE (personal communication with the NCSE, 2011).

Research Findings: Potential Cohort of the Irish Population on whom the EPSEN Act will Confer Entitlements when Fully Implemented

A key task of this report is to estimate the number of children with SEN based on new and unique data from the *Growing Up in Ireland* study (Williams *et al*, 2009). This estimate is based on a stated understanding of the EPSEN Act's definition of SEN which is broader than any offered heretofore (NCSE, 2006). In line with the NCSE *Implementation Report* (2006) this report notes that the Act's definition includes those children with 'restrictions of any level of severity' arising from the conditions mentioned in the Act and that persons suspected of having the lowest level of restriction in capacity arising from these conditions will be entitled to 'an assessment and identification of needs and the provision of an education plan to meet these needs' (NCSE, 2006, p.62).

The *Growing Up in Ireland* analysis combines data on children from two sets of key informants (parents and teachers) to generate a new estimate of SEN prevalence as defined in EPSEN. The analysis points to an overall prevalence rate of 25 per cent, with boys showing higher SEN levels than girls and is based on an interpretation of the EPSEN Act, whereby SEN is defined as:

A restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition (EPSEN Act, 2004).

To provide an insight into the distribution of children/students with SEN across the school system, this report also uses data derived from primary and post-primary principal surveys, undertaken as part of an earlier research study by Smyth *et al* (2009). Findings show students with numeracy, literacy and EBD are more likely to be enrolled in designated disadvantaged (DEIS) schools and less likely to be enrolled in Gaelscoileanna

and schools in the fee-paying sector. Across post-primary school sectors, greater concentrations of students with literacy, numeracy and EBD are enrolled in vocational schools.

Implications for Policy

The policy implications identified in this report focus on the significance of the new prevalence rate of 25 per cent based on *Growing Up in Ireland* data and highlight the need for greater discussion about how we collect data on children with SEN in Irish primary and post-primary schools. Moreover, the report identifies the key issues relating to existing data sources and how this new data can aid the more accurate allocation of resources.

A New Prevalence Rate

The report findings highlight the importance of having an independent and accurate SEN prevalence estimate without consideration of budgetary constraints. The authors acknowledge, however, that SEN prevalence does not necessarily imply additional resources are required in all cases. A key issue raised in this study is the disparity between the prevalence estimate of 25 per cent found in this report and estimates from other national data sets which indicate wide variations in SEN interpretation across various government bodies and agencies.

A Non-Categorical System

Other issues raised by this report include those related to the terminology used by various government agencies and in particular the varied use of categories. Different types of SEN are defined in different resource allocation systems (for example the general allocation model and NCSE) but a consensus seems lacking on how these link to the definition offered by EPSEN which does not refer, for instance, to high or low incidence SEN. The SEN categories adopted by the NCSE are a function of the resource allocation system rather than a function of the EPSEN Act. International research signals a shift from disability categories as a method by which to administer resources to children with SEN. In this way language and terminology used by policy-makers, government departments and government agencies need to be revised and harmonised.

Improved Learner Databases at the DES

Findings from stakeholder interviews highlight the need for greater data and improved data quality for students with SEN at primary and post-primary level. While a post-primary pupil database currently operates, stakeholders could not use it as there is no way to identify students with SEN. With a marker for SEN in the post-primary pupil database and the introduction of a primary pupil database, children with SEN could be monitored as they move through the education system. This is particularly critical given stakeholder concerns about students slipping through the net as they move from

primary to post-primary and from a general allocation to their school to an individual model of resource allocation.

The analysis points to the need for an assessment of the role and function of existing data collection exercises, particularly data collected by the Department of Education and Skills.

Special Educational Needs and Social Class

Findings show stark differences in SEN prevalence between children from working class backgrounds and their middle class counterparts: the former, particularly boys, are more likely to be identified as having a SEN. These patterns are also evident by looking at the school level data which identify concentrations of SEN in DEIS schools and in particular Urban Band 1 DEIS schools. These findings raise important questions over the adequacy of current funding mechanisms for children in need of additional supports.

1 Introduction

1.1 Introduction

The definition of special educational needs has changed considerably over time and as a consequence so too has our understanding of how many students are likely to have them. These changes are mainly due to difficulties in defining SEN, integration and inclusion, which are some of the most discussed, debated and contentious issues within educational research and policy today (Meegan and MacPhail, 2006, p.53). In Ireland, the Education for Persons with Special Educational Needs (EPSEN) Act (2004) introduced the first statutory definition of SEN which is much broader than any previous definition. In the past decade, attempts have been made to estimate the prevalence of the full population with disabilities in Ireland (for example Census of Population, 2002, 2006; National Disability Survey, 2008; National Intellectual Disability Database, 2009, National Physical and Sensory Database, 2009) and more specifically of children with SEN and disability (NCSE, 2006). It remains unclear, however, what data sources are available and how data are collected, organised and maintained by the relevant agencies and government departments. Little is therefore known about the full cohort of the population of children and young people with SEN under the EPSEN Act (2004). This absence has major financial and administrative implications for the systems of resource allocation implemented by the Department of Education and Skills (DES) and the National Council for Special Education (NCSE).

This report provides a comprehensive overview of data on SEN and disability in Ireland. Commissioned by the NCSE, it investigates existing data sources in Ireland and provides the first accurate statistical profile of children with SEN as defined in the EPSEN Act 2004. The study has two key aims:

1. The central aim is to quantify the potential cohort of the population on whom the EPSEN Act 2004 will confer rights when fully implemented. This involves an up-to-date review and analysis of relevant currently available data.
2. The secondary aim is to scope and assess data sources and data issues relating to disability, SEN and educational provision for children with SEN more generally, in order to explore the potential for improved data collection and co-ordination, to enhance our knowledge and understanding of SEN and disability and to contribute to improved service/educational provision and planning.

To reach these objectives, this study addresses the following research questions:

1. What can be learned from international best practice for data collection and the estimation of SEN and disability prevalence and the links between the two?
2. What are the implications of Irish public policy and legislative frameworks in the field of SEN, disability and data protection for data collection or data sharing on SEN and disability and its future development?

3. What are the key data sources and how is data on SEN and disability currently collected, organised and maintained by relevant bodies, both statutory and voluntary in Ireland?
4. How are data on SEN provision at primary (including special schools) post-primary and further/higher education levels currently collected, organised and maintained?
5. On the basis of best available evidence what is the potential cohort of the Irish population on whom the EPSEN Act will confer rights when fully implemented?
6. What are the limitations of current data sources and what are the key data gaps that need to be addressed to improve data collection, organisation and maintenance for disability, SEN and SEN provision?
7. How can relevant bodies involved in data gathering on SEN and disability co-operate to improve available data and avoid potentially unnecessary or inefficient duplication of effort?

1.2 Methodology

This research has been carried out in four distinct phases addressing each of the above research questions.

1.2.1 Phase one

This phase involved an extensive literature search and review of national and international legislation. The literature contained in this report was accessed in a variety of ways. The primary search database was the Cambridge Scientific Abstracts, which includes the Sociological Abstracts database. Using this database provided access to key peer-reviewed international journals, not only in education but also in the disciplines of sociology, health and medicine. Through the advanced searching tool, texts on SEN and disability were identified using the keyword search terms.² Non-peer reviewed literature was accessed through internet searches, including searches of the websites of relevant SEN agencies and government departments in different countries and international agencies.³ Bibliographic references were also used as a means of sourcing literature. The literature discussed in the review may be divided broadly into three themes:

1. Descriptive/statistical studies of SEN and disability prevalence in Europe. These studies address a range of issues including inclusion and school policy, SEN policy, funding and administering SEN provision in schools.
2. International research on policy approaches and provision for children with SEN. This literature investigates a wide range of individual, organisational and policy/

2 Search terms included single and combined word searches which included 'disability' or 'special educational needs' AND 'prevalence', 'provision', 'schools', 'education', 'children', 'data', 'sources'.

3 Including the European Agency for Development of Special Educational Needs (EADSNE), Eurydice, Organisation for Economic Co-operation and Development (OECD), Health Behaviour in School-Aged Children (HBSC) and the World Health Organisation (WHO), Department of Children, Family and School (UK), Centre for Research in Education Inclusion and Diversity (CREID), US Office of Special Education Programmes, NWO Netherlands Organisation for Scientific Research, National Agency for Special Needs Education and Schools (Sweden), Ministry of Education (NZ).

institutional level approaches to SEN classification, allocating resources for children with SEN in special and mainstream schools.

3. Although the report provides information on SEN prevalence and provision internationally, individual country case studies were also used to provide more detailed information at national level. The countries – the UK, Sweden, the Netherlands, the US and New Zealand – were chosen to provide a wide range of government approaches to SEN provision and data collection.

1.2.2 Phase two

To scope and assess existing data sources in Ireland and identify data issues relating to SEN, disability and educational provision for children with SEN we carried out an extensive internet search and review of available statistics on SEN. In-depth face-to-face interviews were held with key stakeholders to elicit their views on data sources relating to provision for, and prevalence of, SEN in Ireland. The interview strategy used is what Patton (1990) describes as the 'interview guide approach' which means each interviewee was asked the same basic questions with variations in the wording and the sequence in which the questions were tackled. It was felt that semi-structured face-to-face interviews would 'allow for a more thorough examination of experiences, feelings and opinions that closed questions could never hope to capture' (Kitchen and Tate, 1999, p.213). They also allowed the possibility of modifying the line of inquiry, to follow up on interesting responses and investigate underlying motives (Robson, 1993, p.229).

Stakeholders were identified based on their professional experience and expertise representing the main agencies, government departments and research centres or institutes working in SEN in Ireland. From a total of 19 requests for interview, ten interviewees were available and interviews were conducted during October and November 2009.⁴ These were recorded and transcribed verbatim. The data were later analysed using the QSR NVivo 8 software to identify emerging themes. Each interviewee was assured confidentiality and all efforts have been made to protect their identity. Respondents represented a wide range of interests in SEN and disability in Ireland and provided detailed information which allowed us to effectively scope any existing data sources and identify gaps in the data and research on SEN.

The interviews followed a semi-structured format, with a list of themes and key questions serving to guide the interviews. Topics discussed included the definition of SEN and respondents' understanding of disability and prevalence rates in Ireland (See Appendix 1). Interview questions began with topics respondents were thought to be familiar with and aimed to elicit factual and descriptive information concerning their own individual roles within SEN in Ireland. Then interviews focused on each respondent's:

- understanding of SEN, disability and prevalence rates, their opinion of the definition of SEN as per the EPSEN Act
- views on the data used or collected on SEN and disability

⁴ Although all 19 stakeholders were identified and contacted for possible interview for this research, just ten were available to participate.

- opinion on SEN and disability data access, exchange and co-operation between agencies
- views on methods of SEN provision and supports provided
- views on the main issues/limitations in relation to data on SEN and disability in Ireland.

1.2.3 Phase three

Based on information gathered in the qualitative interviews, the next phase of the study involved identifying key data sources on SEN and disability in Ireland. National level data were first identified including questions on disability in the Census of Population 2002 and 2006. Data from the National Disability Survey (2008) was then examined to provide a more detailed analysis of the population with disabilities broken down into age units to identify children, that is those aged 0-18. The stakeholder interviews highlighted the significance of the annual reports of the National Intellectual Disability Database (NIDD) and National Physical and Sensory Disability Database (NPSDD) for this study. These databases provide detailed information on specific disabilities and allow identification of age and gender patterns among the 0-18 groups. Data from the administrative database Special Education Administrative System (SEAS) operated by the NCSE were also examined to estimate numbers of primary/post-primary children with additional resource teaching hours and SNA supports from the NCSE. Annual returns data completed each October by all primary schools were requested from the Department of Education and Skills (DES) to gain an insight into the numbers of children in mainstream schools, special classes and special schools receiving supports.⁵ Finally, previous attempts to estimate the cohort of the population with SEN were identified and examined in addition to smaller research reports on specific disabilities.

1.2.4 Phase four

Finally, to estimate the potential cohort of the population with SEN in Ireland this research analysed national level data from the *Growing Up in Ireland* (Williams *et al*, 2009) study which contains detailed information on SEN prevalence at individual level.⁶ Moreover, we have used school level data from the *Adapting to Diversity: Irish Schools and Newcomer Students* (Smyth *et al*, 2009) which contains details of SEN prevalence across different types and sectors of primary and post-primary schools. Using questions on children with literacy, numeracy and EBD from this study we explore the extent to which SEN prevalence varies across different types of schools and we examine the influence of factors such as school size, location and whether the school is designated disadvantaged. The survey is based on a representative sample of primary and post-primary school principals, therefore reflecting the full population of Irish schools in size, location and disadvantaged (DEIS) status.⁷ The data from this survey contain the views of

5 Although data are collected for children at post-primary level, no information is available on whether they have a SEN or disability.

6 The *Growing Up in Ireland* (2009) survey included children from mainstream primary schools and a small proportion from special schools.

7 The study sought data from all (733) second-level principals and a sample of 1,200 primary principals and

principals on SEN resources and support structures within the school. They also contain information on the proportion of pupils which the principal reports having 'literacy, numeracy and emotional-behavioural difficulties ... as to adversely impact on their educational development' (Smyth *et al*, 2009).

The data for this report also come from the first wave of *Growing Up in Ireland – the National Longitudinal Study of Children in Ireland* (Williams *et al*, 2009), a nationally representative study of children living in Ireland. Between September 2007 and May 2008, *Growing Up in Ireland* interviewed 8,578 nine-year-olds, their parents and their teachers on a wide range of issues and the results presented here are from this wave of data collection. The sample design was based on a two-stage selection process in which the school was the primary sampling unit and its pupils the secondary units. The fieldwork had two main components: school-based and household-based. School-based fieldwork involved a self-completion questionnaire for the school principal and two self-completion questionnaires for the child's teacher. This included a teacher-on-self and teacher-on-child questionnaire. The latter included detailed information on the child's academic performance, peer relationships and detailed information on the presence of SEN. Specific categories included:

- physical disability
- speech impairment
- learning disability
- emotional or behavioural problem
- emotional psychological wellbeing/mental health difficulties (SDQ measure) identifying a high risk group.

Within the household-based component of the fieldwork, the primary caregiver (in most cases, the mother) provided detailed information on the social, emotional, health and educational wellbeing of the child as well as important measures of the economic and social status of the family. Specific categories included in the parent report included:

- learning difficulty, communication or co-ordination disorder (including dyslexia, ADHD, autism)
- speech difficulty
- chronic physical or mental health problem, illness or disability.

This information allows us to tap into the reported presence of learning disabilities, speech impairments, chronic health problems and emotional/behavioural difficulties and results have been published in Williams *et al* (2009). The *Growing Up in Ireland* study has particular relevance for policy-makers in SEN and disability and it provides nationally representative data for the full spectrum of Irish primary schools by including students in mainstream and special schools.

had a response rate of circa 60 per cent (454 second level principals and 746 primary principals).

1.2.5 Estimating prevalence

The EPSEN Act (2004) defines SEN as:

A restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition (EPSEN, 2004).

Public or policy debate on this definition of SEN has been limited. In estimating the potential cohort of the population with SEN, the authors recognise the implications of the broader EPSEN definition on the number of children considered to come within its remit.

The only other study which has sought to estimate SEN prevalence in Ireland using the EPSEN definition is the NCSE's *Implementation Report* (2006). It outlines how the Act refers to a 'restriction in the capacity of the person to participate and benefit from education' on account of a number of factors. In its interpretation, the NCSE considers that the EPSEN definition includes 'restrictions of any level of severity arising from these conditions' and that 'persons suspected of having the lowest level of restriction in capacity arising from these conditions is entitled to an assessment and identification of needs and the provision of an education plan to meet these needs' (NCSE, 2006, p.62). Of particular note is the inclusion of children with mental health difficulties and children with certain enduring medical conditions. The *Implementation Report* also highlights, however, that current understandings of SEN are not yet influenced by the EPSEN Act but are often driven by the current resource allocation arrangements (of the DES). These arrangements are largely informed by the recommendations of the Special Education Review Committee (SERC) Report published in 1993 and judgments in High Court cases, about the same time, on the constitutional rights of children with SEN and the definition of education (NCSE, 2006, p.63).

It is appropriate to record that during the qualitative interview stage of preparing this report, some stakeholders were concerned that estimating prevalence can be difficult when budgetary factors are considered. The NCSE's *Implementation Report* (2006) also highlights how the determination of any particular prevalence rate for SEN by their organisation would be 'open to misinterpretation ... and could lead to demands or assumptions in relation to resource requirements which are not sustainable' (NCSE, 2006, p.60). This report, which also sought to estimate the cohort of the population, highlighted this as a potential issue in estimating prevalence and stated: 'The Council is determined that the process of determining prevalence should not be influenced by such considerations.' It added: 'Our approach is based on estimating the number of children in Ireland who have special educational needs by virtue of a disability or other condition' as defined by the EPSEN Act (NCSE, 2006, p.61). We have adopted a similar approach in this report (see section 2.2.1).

1.2.6 Terms of reference

In outlining the data sources available on SEN and disability in Ireland and in arriving at a SEN prevalence estimate, this section clarifies key points on the language and terminology used when discussing the topic.

First, this report's use of the term SEN draws on our understanding of the EPSEN definition above as this is the term used by the NCSE. The terms 'children', 'students', 'pupils' and 'young people' with SEN are used interchangeably due to the wide age range (approximately four to 18) covered in the data sources identified and used. The terms 'disability' and 'SEN' are not used interchangeably, however. SEN is a broader category and its prevalence will, by definition, be greater than any previously understood prevalence rate for disability (NCSE, 2006, p.59).

Throughout national and international literature and data sources, the terms 'learning disabilities' and 'learning difficulties' are used. In Ireland for example, the DES differentiates between children with learning difficulties and learning disabilities according to the type of resources they access.⁸ While the authors acknowledge current understandings of these two terms in the administration of resource allocation, we interpret the definition of SEN in the EPSEN Act (2004) to include all of these children (those defined as having learning difficulties and learning disabilities). In our prevalence estimate for the number of children with SEN based on the *Growing Up in Ireland* survey, the terminology used throughout the report is 'learning disabilities' which we assume includes children described elsewhere as having 'learning difficulties' (for example policy documents, stakeholder interviewed, DES circulars and throughout various data sources).⁹

A similar issue arises for children with 'emotional behavioural difficulties' or 'emotional behavioural disorders'. Most literature and data sources appear to use the term 'emotional behavioural difficulties', however. Moreover, this is the term used in *Growing Up in Ireland* and so we use it throughout the report.

1.3 Special Educational Needs Discourse

Numerous terms and definitions have evolved to describe individual differences in people. The notion of *need* has dominated the discourse in disability education in the UK since 1978 with the publication of the Warnock Report when the term 'special educational need' replaced the notion of 'handicap' (Kinsella and Senior, 2009). As a result, education research tends to use the terms special needs or SEN. However, debate now exists about the usefulness of SEN as a concept because the notion of need is value-laden and deficit-based. Many have criticised the concept since it divides learners into 'normal' and 'less than normal' and rests upon notions of abnormality (Booth, 1998).

⁸ The latter are considered as SEN arising from high and low incidence disabilities. The former is generally understood to refer to children who are covered by the General Allocation Model (GAM) but who are not children receiving learning support or those considered high incidence under GAM. For more details on high and low incidence disabilities, learning support and the GAM more generally see Chapter 2.

⁹ The *Growing Up in Ireland* survey uses the term 'learning disability' in the teacher questionnaire and 'specific learning difficulty' in the parent questionnaire – see Chapter 5 for details of the individual questions asked of both teachers and parents.

Comparing countries, especially on quantitative indicators is very complex in the field of SEN (Meijer *et al*, 2003, p.333). Its meaning not only varies by country and culture but also from person to person within the same family or social group and these diverse definitions may lead to significant discrepancies in the data collected (Leonardi *et al*, 2004). Definitions used to gather international statistics were revised and broadened in the late 1990s to reflect more inclusive education policies in individual countries. The concept was extended beyond those who may be included in handicapped categories to cover those who are failing in school for a wide variety of other reasons (UNESCO, 1997). In some countries, the term SEN covers children with disabilities whereas in others it includes a broader range of students, covering disability, learning difficulties and disadvantage (Florian and McLoughlin 2008, p.34). An OECD (2003) study shows the term is used with much variability across countries. In some countries it refers to disability, difficulty and disadvantage (for example Finland). In others it refers only to students with disabilities *and* difficulties (for example the UK) *or* those from socially disadvantaged backgrounds (for example Greece, Italy). Other countries include disability and gifted students (Turkey) whereas some include disability categories *and* disadvantaged students *and* gifted students (Spain). This is discussed further in Chapter 3.

Table 1.1: Variability of SEN meaning across countries

	Disability	Learning Difficulty	Disadvantage	Gifted
France	×	×		
Germany	×	×	×	
Greece	×		×	
Spain	×		×	×
Turkey	×			×
Finland	×	×	×	
Italy	×		×	
UK	×	×		

(Source: OECD, 2003)

In 1997, the International Standard Classification of Education (ISCED) emphasised defining children with SEN by 'the additional public and/or private resources provided to support their education' rather than by their disability. Additional resources were defined as those made available over and above the resources generally available to students (OECD, 2005, p.13). Individual countries have also followed this approach, such as Scotland where policy began to shift the focus to addressing students' additional learning needs (Riddell *et al*, 2006). More recently, the UK Lamb Inquiry Review of SEN and Disability Information stated: 'Children who have a learning difficulty or disability that requires additional support, more than is normally offered in the classroom, have SEN' (Lamb, 2009).

From a theoretical perspective special education has roots in the functionalist or positivist research approach which implies a rational, orderly interpretation of society. It perceives the school as existing to prescribe knowledge, skills and values for society and those failing this general education are viewed as defective and consequently needing special education (Patton, 1998, p.27). Research suggests that creating special

education to deal with these 'defective' students removed the problem from general educational discourse and compartmentalised it into a separate special education narrative. Within this narrative two main clinical or medical-based theories have emerged to explain the notion of SEN. First, pathological theories define impairments through observable biological or pathological symptoms. If these are present a person is impaired, abnormal or unhealthy; if they are absent a person is normal, healthy and not impaired. From a special education perspective, disability is an inherent pathological deficit within a student. No consideration is given to the difficulties a student may be experiencing and the context in which these difficulties are held (Kearney and Kane, 2006).

The second medical-based theory is the statistical theory of special education which is based on the notion of 'normal' and in particular the 'normal curve' derived from the general population. It therefore defines special education not by pathological factors but the extent to which a person differs from the average population (Mercer, 1973 cited in Skrtic, 1991). Since they informed how students with SEN were provided for across countries, these medical models of disability were much criticised. A social model of disability began to dominate special educational discourse and the concept of 'integration' emerged to describe state efforts to assimilate pupils with SEN into the mainstream (Booth, 1981, Warnock, 1978). This concept of integration was itself soon critiqued on the basis that it assumed students should 'fit in' with the class they were placed in (Meegan and MacPhail, 2006) and follow the mainstream curriculum as far as possible (MacGiolla Phadraig, 2007, p.291).

More recently, the philosophy of inclusive education has superseded integration. Its central tenet is the requirement to shift the attribution frame of disabilities from the individual to the environment (Kinsella and Senior, 2009). The medical or individualistic model attributes difficulties to factors within the child whereas the social model seeks them outside the child and reflects discourses on rights (Clark *et al* 1998, p.21). As part of the social model, inclusion is therefore viewed as a form of social justice or civil right (Stevens and O'Moore, 2009, p.57) stemming from the sociological perspectives of 'rights based' education (Thomas and Loxley, 2001; Powell, 2010, p.242; Thomas and Vaughan, 2004, p.16).

As with integration, at school level inclusion also implies physically moving students with SEN from special to mainstream schools, but in an inclusive approach the curriculum, ways of learning, activities and the atmosphere of the mainstream school all expand to embrace and incorporate all that the students bring with them (MacGiolla Phadraig, 2007, p.291). Mittler (1995) sums up the distinction as follows:

One view is that inclusive education starts with radical school reform, changing the existing system and rethinking the entire curriculum of the school in order to meet the needs of all children. In contrast, integration does not necessarily assume such a radical process of school reform. Children may receive a modified or adapted curriculum but have to fit into existing structures (p.36).

Inclusion rests on the principle, therefore, that the school changes to meet the needs of all the children it serves and provides a framework within which they are valued

equally (MacGiolla Phadraig, 2007, p.291). Research increasingly stresses that inclusion means each child can be educated to the fullest extent appropriate, in the school and classroom he or she would otherwise attend, regardless of the severity of their disability. It also ensures their right to be treated fairly and to be accorded the same services and opportunities as everybody else (Stainback and Stainback, 1990; Downing, 1996).

Booth defines inclusive education as:

[T]he process of increasing participation of learners within and reducing their exclusion from, the cultures, curricula and communities of neighbourhood centres of learning (Booth, 2000, p.78).

Services are brought to the child rather than the child moving to the services and no distinction is made between pupils with SEN and other pupils. Instead all children are viewed as full-time participants of their school. Stainback and Stainback (1990) defined inclusive schools as 'places where everyone belongs, is accepted, and supports and is supported by his or her peers and other members of the school community in the course of having his or her educational needs met' (p.3). Similarly Ballard (1996) described inclusion as the right of every student to access the curriculum as a full-time member, in an ordinary classroom with similar age peers.

This ideology involves a systemic approach to changing schools so that they might better educate *all* student and perhaps aid the larger general education community struggling to respond to growing student diversity in race, culture, language, family structures and other dimensions of difference beyond ability or disability (Ferguson, 2008, p.110). In this way, inclusion has no relation to special education, or regular education nor is it seen as the merging of regular and special education to create an inclusive education system (Kearney and Kane, 2006, p.204). Inclusive education is instead viewed as a completely new system based on meeting the needs of all students regardless of need or difference (Corbett, 1999; Booth, 2000).

Inclusion has also had its criticisms, however, and many argue that specialised instruction is often best provided in specialised settings where the specific amount and type of student deficit and disability can be matched to appropriate services (Fuchs and Fuchs, 1994; Kauffman, 1999; Sasso, 2000). Some students with SEN fail to make sufficient progress in mainstream schools despite intensive training and support (Vaughan and Klinger, 1998; Zigmund and Baker, 1995). Without one-to-one specialised instruction, opponents argue that students with SEN or disabilities do not learn and their futures are compromised (Ferguson, 2008, p.110). In Ireland, recent research has also highlighted these issues about inclusion, students' school experiences and the resource limitations in the mainstream education. Ware *et al* (2009) argue that in Ireland special schools and special classes are an important part of the continuum of provision for pupils with special needs.

1.4 Limitations of the Study

In Ireland there is a pressing need for more accurate statistical profiling of students with SEN. Detailed data are essential for the effective provision of resources and important

in our understanding of changing SEN patterns in and across schools. When comparing international data on SEN prevalence and using national level data, it is important, however, to recognise the limited nature of previous SEN prevalence estimates and the possible inaccuracies hidden in such data.

Prevalence can be estimated using a variety of methods and data sources including national level data, data based on an assessment/diagnosis based approach and other methods which use administrative or government data or cohort data collected for research purposes. This study estimates prevalence by using nationally representative cohort data on over 8,000 children from the *Growing Up in Ireland* dataset. As the best available evidence on which to base an estimate, this report therefore presents the first systematic study of SEN prevalence in Ireland based on data from this large nationally representative sample of school children. This study also outlines other data sources on SEN and disability in Ireland which are used by a variety of government departments, agencies and other organisations. Some of these are national level data such as the Census of Population or the National Disability Survey (NDS) whereas other data relate to children who have undergone an assessment or diagnosis such as the SEAS data. We also examine administrative data sources such as those collected annually from school principals by the Department of Education and Skills. The authors acknowledge that this study does not attempt to unravel the difficulties surrounding estimates based on diagnosis compared to those based on assessment or identification. Moreover, this report does not suggest that identification, assessment or diagnosis should directly result in resource allocation for SEN.

The new data from the *Growing Up in Ireland* (Williams *et al*, 2009) and *Adapting to Diversity: Irish Schools and Newcomer Students* (Smyth *et al*, 2009) have used categories of SEN around which to collect data, and this study draws on these categories to provide an estimate. The authors believe these categories capture the spirit of the SEN definition in the EPSEN Act (2004) and therefore satisfy this study's central aim to estimate the potential cohort of the population with SEN.¹⁰ However, we acknowledge that by categorising we are, in fact, perpetuating ideas of 'types' of SEN which are not in line with current theoretical views on inclusion. We consider that some basic knowledge of student numbers is necessary to address broader issues about SEN in the classroom.

1.5 Report Outline

- Chapter 2 provides an overview of Ireland's policy and legislative framework on SEN and disability within the context of evolving theoretical perspectives on inclusion and SEN in recent decades. This chapter examines current provision for all students with SEN in Irish primary and post-primary schools.
- Based on international best practice for SEN data collection and prevalence estimation, Chapter 3 examines how policy approaches to SEN and the ways in which all students with SEN are defined and categorised vary across countries. This

¹⁰ The categories differ from the diagnostic categories currently used to allocate resources. See Chapter 4 for more details – section 4.5

chapter examines how international systems of funding and resource allocation differ by analysing systems in individual country case studies.

- Chapter 4 focuses on existing prevalence estimates of SEN and disability in Ireland by identifying local and national level data. It uses stakeholder interviews to identify issues on SEN and disability data collection, data access and sharing.
- Chapter 5 provides a prevalence estimate of children with SEN in Ireland based on data from multiple sources (teacher and parent level data) collected as part of the *Growing Up in Ireland* (Williams *et al*, 2009) study. This unique data source will provide the first accurate estimate of the potential cohort of the population covered by the EPSEN Act (2004).
- Chapter 6 analyses data from the *Adapting to Diversity: Irish Schools and Newcomer Students* (Smyth *et al*, 2009) study. Complementing the individual level data in the *Growing Up in Ireland* (2009) study these data provide a unique insight into how SEN prevalence varies across different school types and sectors at primary and post-primary level.
- Chapter 7 provides a summary of findings and outlines the key policy implications of this study.

2 An Overview of Special Educational Needs and Disability Policy and Provision in Ireland

2.1 Introduction

Irish special education policy has evolved rapidly in recent decades from a primary focus on segregated educational provision for distinct categories of disabled children towards a more inclusive view of special education principally delivered within mainstream settings (Griffin and Shevlin, 2008). Traditionally the approach of the Irish government to providing services for children with SEN was cautious, pragmatic and tried to balance economic considerations with educational principles (MacGiolla Phadraig, 2007, p.289). Since the early 1990s, however, there have been significant changes to policy and legislation such as the 1993 Report of the Special Education Review Committee (SERC), the Education Act (1998), the Education for Persons with Special Educational Needs Act (2004), and the Disability Act (2005). Significant legal cases brought to court by or for children with SEN have also had implications for special education provision. Moreover, the formulation of Irish policy during this period was influenced by the wider European policy measures and in particular the UN Convention on the Rights of the Child (1989) which created obligations for governments who ratified it in relation to the rights of all children, including those with disabilities (Vaughan, 2002 cited in Stevens and O'Moore, 2009, p.19). Despite these legislative and legal advancements, however, some critics argue that the Irish government and education system is falling short of providing a rights-based education to all children with SEN (Meegan and MacPhail 2006, p.53).

This chapter first summarises government evaluations, reports, policy and litigation dealing with SEN provision for students in Ireland. It highlights the shift in emphasis from a primary focus on medical care to a more recent inclusive view of special education delivered, where possible, in integrated and mainstream settings. Using information from qualitative interviews with stakeholders and relevant policy documents, the second part of this chapter examines the current allocation of resources for students with SEN and disability as they move through the primary and post-primary education system.

2.2 Special Educational Needs Legislation and Litigation

A key document in SEN policy in Ireland was the 1993 *Report of the Special Education Review Committee* (SERC) which was the first comprehensive review of special education provision.¹¹ It defined integration as 'the participation of pupils with disabilities in school activities with other pupils, to the maximum extent which is considered with the broader overall interests of both the pupils with disabilities and other pupils in the class/group' (Government of Ireland, 1993, p.18). The SERC Report represented a shift in mindset from the medical model to a more social model of disability. Adopting a similar approach

11 Before the SERC Report in 1993 several landmark reports had been published in SEN and disability: The Report on the Commission of Inquiry on Mental Handicap, 1965; The Education of Children who are Handicapped by Impaired Hearing, 1972; The Education of Physically Handicapped Children, 1982; The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland, 1983.

to the UK's Warnock Report (1978), the SERC Report defined the term 'pupils with special educational needs' to include:

All those whose disabilities and/or circumstances which prevent or hinder them from benefiting adequately from the education which is normally provided for pupils of the same age, or for whom education which can generally be provided in the ordinary classroom is not sufficiently challenging. (Government of Ireland, 1993, p.18).

This definition was considered quite encompassing and the range of difficulties and disabilities SERC includes in the term 'special needs' was extremely wide (NCCA, 1999) in that it includes students' circumstances, as well as disabilities (MacGiolla Phadraig, 2007, p.290). The report favoured as much integration as 'is appropriate or feasible with as little segregation as is necessary' (Government of Ireland, 1993, p.22). From an inclusive education perspective, important implications arose from the report such as the expectation that primary schools cater for all children, irrespective of ability, and that the needs of the child are paramount when decisions are being made concerning their education (MacGiolla Phadraig, 2007, p.291). The publication of the SERC Report highlighted the conspicuous lack of legislation governing much educational provision but particularly that covering students with SEN.

During the same period, *human rights* (instead of *needs*) based principles were being endorsed internationally as Ireland became one of 92 governments to adopt *The Salamanca Statement and Framework for Action on Special Educational Needs* (UNESCO 1994a). UNESCO's statement calls on governments to adopt as a matter of law or policy the principle of inclusive education and enrol all children in regular schools unless there are compelling reasons to do otherwise (Thomas and Vaughan 2004).

During the early 1990s, several landmark litigation cases challenged the lack of state provision for children with SEN and disabilities and had a significant impact on the educational services for children with a disability. The right to education is recognised under Article 42 of the Irish Constitution which guarantees an 'absolute right' to appropriate primary education (Constitution of Ireland, Article 42 on education). However as recently as 1993, the State refused to educate certain groups of children who they claimed were 'ineducable' within the meaning of Article 42 (Glendenning, 1999). One such case which had a significant impact on SEN provision in Ireland was *O'Donoghue v. Minister for Health* (1993) which involved the education of a boy aged eight with severe disabilities and the alleged failure of the State to provide for his education. This case highlights two polarised theoretical arguments which have dominated research within special education and disability: the medical model approach which attributes difficulties to within-child factors and the social model of disability or rights-based approach (see section 1.3). The O'Donoghue case highlighted how the Department of Health was fully responsible for the education of a child with severe/profound general learning disabilities, which resulted in the view that such education principally consisted of meeting their medical/care needs. The State had therefore adopted a medical model approach to SEN and disability whereas the parents pursued a human rights stance based on a social model. The High Court found the State

had failed to provide Paul O'Donoghue with his constitutional right to 'free primary education' under Article 42 of the Constitution:

There is a constitutional obligation imposed on the State by the provisions of Article 42 Section 4 of the Constitution to provide free basic elementary education for all children and that this includes giving each child such advice, instruction and teaching as will enable him or her to make the best possible use of his or her inherent capabilities, physical, intellectual and moral however limited these capacities maybe... (Rory O'Hanlon in the O'Donoghue judgment).

This ruling found the education system had therefore discriminated against Paul O'Donoghue and that the State was obliged to make the necessary modifications to the curriculum and teaching to ensure that children with disabilities could make the best use of their inherent capacities (Stevens and O'Moore, 2009, p.23). This outcome had a profound practical impact on the education services for children with a disability.

Throughout the late 1990s and early 2000s a series of government reports was published which dealt with broader issues about SEN and disability. *Charting Our Educational Future* (1995) stated:

All students regardless of their personal circumstances have a right of access to and participation in the education system according to their potential and ability. (Government of Ireland, 1995).

The following year the government published the *Report of the Commission on the Status of People with Disabilities* (1996), which highlighted the lack of co-operation between the special school and mainstream school sectors and the lack of supports for children with special needs (NCSE, 2006, p.39). Announced in 1999 the Programme for Prosperity and Fairness sought to introduce comprehensive support services for assessment and delivery of special needs education. The initiative also recognised the distinct educational needs of all children with autistic spectrum disorders, and granted a very favourable pupil/teacher ratio to special classes for children with autism (Department of the Taoiseach, 1999).

The lack of legislative protection for children with SEN and disabilities was also addressed in the passing of the Education Act 1998. Its preamble specifically refers to the provision for the education of persons with disabilities or SEN (NCCA, 1999) and a stated objectives was to:

Give practical effect to the constitutional rights of children, including children who have a disability (Education Act, 1998, Part I, section 6 (a)).

The Act added that support services and a level of education 'appropriate to meeting the needs and abilities' of students should be provided for. Many considered the SEN definition offered by the Act ('the educational needs of students who have a disability and the educational needs of exceptionally able students' [Government of Ireland, 1998, p.8]) was a much narrower and more restrictive understanding than that supplied by the SERC report. Its net effect was to exclude children, particularly those with adverse

social, emotional or material circumstances, from the category of children with SEN (MacGiolla Phadraig, 2007, p.293).¹²

2.2.1 The National Disability Strategy 2004

Within Irish educational legislation the greatest milestone took place with the introduction of the National Disability Strategy in 2004 and the publication of the Education for Persons with Special Educational Needs Act (EPSEN) in 2004 and the Disability Act in 2005. The strategy sought to build on existing policy and legislation including the Employment Equality Act 1998, the Equal Status Act 2000 and the Equality Act 2004. The policy developments during this period have profoundly affected the provision of SEN resources with for example the SNA scheme increasing by 922 per cent between 2001 and 2009 (Circular 0006/2011).¹³

2.2.1.1 The EPSEN Act 2004

Although Ireland lagged behind other countries in its response to SEN policy, the EPSEN Act broadened the scope of the definition and thus increased the numbers of children under its remit. The EPSEN Act defines SEN as meaning:

A restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition (EPSEN 2004).

While the first part of this definition focuses on those with an 'enduring ... disability' the second includes any child with a condition which results in them learning differently 'from a person without that condition'. The EPSEN Act's commitment to inclusive education is clearly evident in the following passage which states that policy should:

Make further provision, having regard to the common good and in a manner that is informed by best international practice, for the education of people with special educational needs, to provide that the education of people with such needs shall, wherever possible, take place in an inclusive environment with those who do not have such needs, to provide that people with special educational needs shall have the same right to avail of, and benefit from, appropriate education as do their peers who do not have such need (EPSEN, 2004, Preamble) (Government of Ireland, 2004, p.5).

In ensuring the effectiveness of inclusive education the Act details a range of services which must be provided for children with SEN. These include assessments, individual education plans, a process of mediation and appeals if needs are not being met and a

12 Other legal initiatives which affected SEN at this time included: The National Disability Authority Act, 1999 which provided the terms of reference for the National Disability Authority; the Education Welfare Act, 2000 which dealt with compulsory attendances at school and the Equal Status Act, 2000 which prohibits discrimination on the nine grounds of discrimination, one of which is disability.

13 The number of special needs assistants (whole time equivalent posts) has now been capped at 10,575. See *The National Recovery Plan 2011-2014* published by the government in 2010.

central role for parents in the education of their children.¹⁴ In its *Implementation Report* (2006) the NCSE highlighted the implications of this new definition for the population covered by the EPSEN Act and the entitlements conferred by its introduction. The NCSE recognised that the new definition of SEN reflected a ‘more open approach to identifying the persons who would come within the ambit of the Act’. Before this study, the *Implementation Report* was the only previous report which sought to estimate SEN prevalence in Ireland using the EPSEN definition. Although methodologically the *Implementation Report* differs from this study, it identified a SEN prevalence rate of 17.7 per cent.

Debate has been limited on the EPSEN Act’s definition of SEN and how useful it is as a concept. As part of this study, we canvassed stakeholder views and most interviewees favoured broadening it to include more students:

It [the definition] is very much linked to the needs of the individual within the school context. I suppose if you take the legislative position, it is very broad ‘students who learn differently to their peers’, so it is very, very broad (Stakeholder 1).

This stakeholder added that the EPSEN Act was a progressive step and broadened the focus from ‘disability’ and ‘special educational needs’ to include children with specific learning disabilities such as dyslexia:

At the time when the Act was going through, it was supposed to be an Act to support people with disabilities really and then at the last moment it kind of moved to children with special educational needs which did open it up for a much broader ... they do say it was to do with that dyslexia lobby that was very strong (Stakeholder 1).

Some stakeholders recognised the implications of such a broad definition on resource allocation and financing particularly for targeting students needing supports:

I think that the use of the expression ‘learn differently’ is very broad and probably unhelpful in terms of targeting. In terms of trying to individualise instruction and target those with greatest needs you are running the risk of spreading your resources too thinly and not actually addressing those who need it the most (Stakeholder 2).

Another stakeholder distinguished between the ‘aspirational’ definition in the EPSEN Act and the definition favoured by ‘administrators’ and those working with budgets and implementing resources for students with SEN:

The definition is fine on the one hand in that its aspirational and it’s trying to be inclusive and create the circumstances in which all children with special educational needs will get the supports they require. Whereas it’s not helpful to

14 The EPSEN Act does not distinguish between low and high incidence disabilities, although it does use the concept of ‘disability’. This is discussed further in section 2.3.

administrators because administrators like categories, they like clarity they like to know about how resources should be allocated and ... it's not very helpful in that way, from an administrative and implementation point of view, we don't really know if or when it is implemented how it can be implemented in a way that it's not going to break the Exchequer and in a way that is going to be fair to all children and that is going to be operable from a school's point of view and from a services' point of view (Stakeholder 3).

Overall, stakeholders thought the EPSEN Act was a step towards inclusive education as it emphasised the educational system adapting to the child rather than the child adapting to the system:

Individual needs that are not met, not normally provided in educational settings and that such needs require an adaptation, a modification, a change in order to address or meet those needs. It's the interaction of the child with the school and the curriculum with the onus being on the education system to adapt and respond (Stakeholder 2).

They spoke, however, about the difficulty in defining such a diverse group of children experiencing a SEN at different stages of their lives or throughout their entire lives:

In this way part of the difficulty has been that, obviously there is a continuum of learning need and learning need can be quite a relative term and it can also be, in some cases, lifelong. In other cases it's specific, maybe to a particular year or to particular events in a child's life and also then related to particular events such as learning to read (Stakeholder 4).

The same stakeholder had issue with the term 'special' in SEN policy and suggested Ireland could adopt the term 'additional learning need' as used in Scottish legislation (see Chapter 3):

I mean the history of it [special educational need] was very much around the Warnock Report 1978 and the idea was to move away from the categorisation of children into very distinct categories which, some of which were deemed to be not very appropriate so didn't really capture what the learning needs of the children were so in a sense I would be much more in favour of the idea that has developed in Scotland which is around additional learning needs (Stakeholder 4).

2.2.1.2 The Disability Act 2005

In 2005 following the introduction of the EPSEN Act, the Government passed the Disability Act which sought to advance and underpin the participation of people with disabilities in society by supporting the provision of disability specific services and improving access to mainstream public services. The Act states that disability:

[i]n relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to

participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment (Disability Act, 2005).

It was introduced to provide an assessment system to identify the health, personal and social service needs occasioned by the disability and for some individuals the Act should identify education needs as well. One stakeholder described how the two Acts interrelate:

The Disability Act and the EPSEN Act have crossover functions, they are designed to work together. If a child wants to access services of some description, health or education they can apply for assessments under the Disability Act or have assessments conducted under the EPSEN Act (Stakeholder 5).

The Disability Act is 'a very health focused Act', primarily aimed at 'providing health services' but 'in the cases of some individuals who come to the attention of assessment officers that would include a referral to the NCSE for the provision of an assessment in relation to education services' (Stakeholder 5). Diagnoses are carried out where appropriate but the Disability Act emphasises the services needed by the individual rather than their category of disability.

Some stakeholders described working with children with SEN and dealing with two different pieces of legislation (EPSEN Act and Disability Act) and working with the Department of Health and Children and the Department of Education and Skills.

It's trying to find a common ground between all of us so that we can all look after the best interests of the child and that really is the ultimate objective of the two pieces of legislation. We have a Disability Act system here where a child applies for an assessment and there is a process there. We have a similar type system within the EPSEN Act and we have an overlap in the middle between the two Acts and that's what's supposed to make the provision of services seamless to the child (Stakeholder 5).

Greater co-ordination between the Departments of Health and Children and Education and Skills was suggested particularly for the EPSEN and Disability Acts:

I think there is an issue about how those pieces of legislation [EPSEN Act and Disability Act] come together, they are supposed to be co-ordinated and come together (Stakeholder 1).

However, since 2007 the Disability Act has only been implemented for children under five. Under Part 2 of this Act, children with disabilities have a right to: an independent assessment of their health and educational needs arising from their disability; an assessment report; a statement of the services they will receive; and can make a complaint if they are unhappy with any part of the process (Government of Ireland, 2005). Since the 2009 Budget any plans to extend the implementation of either the EPSEN or Disability Acts have been deferred.

2.3 Special Educational Needs Provision and Allocation of Resources

In line with changes in SEN policy, government responses to SEN and approaches to provision have evolved considerably over time. According to the provision typology devised by the EADSNE (2003) (see section 3.2 for more detail on this typology) Ireland is considered to have a multi-track model of SEN provision through special schools, special classes in mainstream schools and mainstream education. Within mainstream schools, pupils are placed in either a special class designated for a particular disability (or range of disabilities) or they remain in mainstream classes and usually receive supplementary teaching.

The allocation of resources for students with SEN and disabilities is carried out by the Department of Education and Skills (DES) and by the National Council for Special Education (NCSE). The DES distinguishes between SEN arising from 'high' and 'low incidence' disabilities (see section 4.5). The term 'high incidence' refers to the disabilities:

- borderline mild general learning disability
- mild general learning disability
- specific learning disability.

Primary school pupils with these 'high incidence' disabilities receive additional teaching resources through a general allocation to schools and can get this without formal assessment or diagnosis. (See Figure 2.1). Similar post-primary students, however, are allocated additional teaching resources by the NCSE through the special educational needs organiser network, based on assessment and diagnostic information.

The term 'low incidence' disability used by the DES includes:

- physical disability
- hearing impairment
- visual impairment
- emotional disturbance
- severe emotional disturbance
- moderate general learning disability
- severe/profound general learning disability
- autism/autistic spectrum disorders
- specific speech and language disorder
- assessed syndrome along with one of the above low incidence disabilities
- multiple disabilities in primary and post-primary schools (DES Circular Sp Ed 02/05).

At primary and post-primary levels students with 'low incidence' disabilities are allocated additional teaching resources by the NCSE through the SENO network (see section 4.5).¹⁵ The NCSE allocates additional resources to schools for individual children based on an assessment and diagnostic information provided by schools to NCSE SENOs.¹⁶ Previously,

¹⁵ The terms high and low incidence are not, however, used in the EPSEN Act (2004).

¹⁶ The Department of Education and Skills distinguishes between special educational needs arising from high and low incidence disabilities (see section 4.5). The terms high and low incidence are not, however, used in the EPSEN Act (2004).

the DES was responsible for allocating resources for special schools (all of which are classified as primary but in fact cater for students aged up to 18). Since the beginning of the academic year 2010/2011 however, the NCSE has taken over this responsibility (DES Circular 0038/2010).

In addition to resources provided by the DES and NCSE, however, external support is available to students with SEN through organisations such as the National Educational Psychological Service (NEPS)¹⁷ and other paramedical professionals accessed through voluntary bodies and local Health Service Executive (HSE) services (Stevens and O’Moore, 2009, p.40).

Figure 2.1: Dual system of resource allocation for teaching hours

Age	Primary*		Special Schools SENO network – NCSE*
4	High incidence Including borderline mild general learning disability, mild general learning disability and specific learning disability. General Allocation Model – DES	Low incidence Including physical disability, hearing impairment, visual impairment, emotional disturbance, severe emotional disturbance, moderate general learning disability, severe/profound general learning disability, autism/autistic spectrum disorders, specific speech and language disorder, assessed syndrome, multiple disabilities. SENO network – NCSE	
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	Post-primary*		
	High and low incidence SENO network – NCSE		

* NCSE can also provide SNA support to pupils with disabilities who have established care needs meeting the criteria set out in Sp Ed Circular 07/02, at both primary and post-primary levels.

¹⁷ NEPS psychologists work with both primary and post-primary schools and they are concerned with learning, behaviour, social and emotional development. Each psychologist is assigned to a group of schools.

2.3.1 Department of Education and Skills – General Allocation Model

The general allocation model (GAM), administered by the DES, allocates primary schools with resource and learning support teaching for students with ‘learning difficulties’¹⁸ and SEN arising from diagnosed and undiagnosed high incidence disabilities’ (Special Education Circular, Sp Ed, 02/05). Generally pupils with ‘high’ incidence SEN receive a quota of hours for supplementary teaching from the learning support/resource teacher (Stevens and O’Moore, 2009, p.39). A main reason for the GAM’s introduction in 2005 was to ‘reduce the need for individual applications and psychological assessments to the DES for pupils with SEN arising from high incidence disabilities’ (DES circular Sp Ed 02/05). Under GAM, each mainstream school is entitled to a general allocation of permanent teachers to assist them with students with learning difficulties and SEN arising from high incidence disabilities. On its introduction in 2005, the DES undertook to review the GAM after three years in operation. At the time of writing, this is being prepared for publication by the DES.

According to the Special Education Circular sent to all schools in 2005, the GAM provides additional teaching resources to assist schools in making appropriate provision for:

- Pupils eligible for learning-support teaching. In determining eligibility for this, priority should be given to pupils whose achievement is at or below the 10th percentile on standardised tests of reading or mathematics.
- Pupils with learning difficulties, including pupils with mild speech and language difficulties, pupils with mild social or emotional difficulties and pupils with mild co-ordination or attention control difficulties associated with identified conditions such as dyspraxia, ADD, ADHD.
- Pupils with SEN arising from high incidence disabilities (borderline mild general learning disability, mild general learning disability and specific learning disability). (Special Education Circular Sp Ed 02/05)

Support teachers operating in Irish primary schools are generally learning support and resource teachers (LS/RT) who cater for children with learning delays or high-incidence disabilities (see above).¹⁹ In the past, the learning support teacher and resource teacher had separate roles within a school. In recent years, however, there has been a blurring of these two roles in the deployment of learning support and resource services (Travers, 2006, p.158). Every primary school has LS/RT support which helps students with learning difficulties and other types of SEN to improve their literacy and numeracy to a set standard before they leave primary school (Circular letter Sp Ed 24/03).

In line with international trends towards decentralised funding systems, the GAM provides a degree of flexibility for school management to deploy resources. Stakeholders

18 As outlined in Chapter 1, the DES uses the terms ‘learning difficulties’ and ‘learning disabilities’ to refer to two different groups of children. The GAM supports children with learning support needs, based on percentiles, children with ‘learning difficulties’ and children with SEN arising from high incidence disabilities such as borderline and mild general learning disabilities and specific learning disability.

19 Other forms of support include special class teachers for pupils with SEN, resource teachers for Travellers, language support teachers for foreign national pupils, support teachers for pupils with emotional and behavioural difficulties and visiting teachers for pupils with hearing and visual impairment.

interviewed in this research believed the decentralised and flexible nature of the GAM model was a move towards inclusive education policies:

I think in principle the GAM model makes sense and it also guarantees a resource to every school. They are guaranteed a resource based on their numbers (Stakeholder 2).

In general, they have found GAM encouraging since it assumes every school has children with SEN:

In primary they have tried through the general allocation system which to me as a concept is very, very valuable because what it recognises is that there are children with fairly significant learning needs and difficulties within every school (Stakeholder 4).

Other stakeholders used the example of the GAM model as a way of moving away from labelling and categories:

It isn't appropriate to label children unnecessarily and I think that's why the Department has gone down the continuum approach so that children are supported and the resources are made available to schools to support children without necessarily there being a need for an assessment. So we have taken on if you like the social model (Stakeholder 6).

There are advantages of the MGLD group not being identified [under the GAM] as you are getting away from the negative effects of labelling (Stakeholder 7).

Others thought that the GAM allowed teachers greater flexibility in providing resources for students with SEN:

It places the class teacher at the centre and the special educational needs supports on top of that, they have the option of individualised teaching hours for children, group teaching depending on the needs of the child and the circumstances of the school (Stakeholder 6).

So once schools receive their resource they [schools] can actually then flexibly use them whatever way they like. So even though your resource teacher was allocated for low incidence hours the learning support teacher might be better placed to look after those kids so they can mix their case loads now and have a lot of flexibility (Stakeholder 7).

Under the GAM, school principals need not formally identify or assess students to receive supports.²⁰ This stakeholder found it a valuable funding system as students did not have to be assessed to receive supports and this reduced the administrative workload:

20 Within schools, however, principals identify who will receive supports and how they will be deployed.

It's allowed for permanency of teaching for teachers because at least then the children don't require an assessment to access the support, teachers have a sense of permanency, schools can build up their special educational needs teams, they can organise themselves to meet their own needs (Stakeholder 6).

Instead, schools receive allocations of funding and supports with differing pupil-teacher ratios to boys', mixed and girls' schools and disadvantaged schools.²¹ Under this system designated disadvantaged schools have the highest allocation, followed by boys' schools, then mixed schools followed by girls' schools (Special Education Circular Sp Ed 02/05:19). One stakeholder explained the rationale behind the GAM criteria:

One could with fairly reasonable confidence predict that in a school of whatever number of children that you would have x,y or z number of children with this level of disability and it would be fairly constant across the population of schools. So the idea of the GAM was to give the allocation to the schools because we know they're there. Rather than the schools having to identify all the children individually, label them and go through that very expensive process both from a financial point of view and a time point of view ... let the school use the resources flexibly and appropriately (Stakeholder 3).

This decision to allocate more resources to boys' than girls' schools is based on the SERC Report (1993) which stated that the ratio of boys to girls in learning support was 3:2, and that the ratio of boys to girls with a specific learning disability is 7:3. Moreover, the 2003 school census by DES showed that 65 per cent of the children receiving support for high incidence SEN were boys, that is roughly three boys for every two girls (INTO, 2005). Referring to the criteria used to allocate the GAM some stakeholders had concerns about the different resources assigned to girls' and boys' schools:

The proportion will vary and it's not an exact science so some schools will do worse and they are trying to balance that by having extra resources for disadvantaged children but they should not have a different system for girls' schools which they have at the moment. I really think that is discriminatory (Stakeholder 4).

This stakeholder went on to explain that the decision to have differentiated provision was based on low incidence disabilities, such as autism, whereas in the high incidence disabilities (mild general learning disabilities – MGLD) the gender differences would have been small:

What they [DES] did was they looked at incidence based on a census they did in 2003. Now undoubtedly there are more boys with autism, that appears to be the case. There appears to be more boys with emotional behavioural difficulties but

21 All designated disadvantaged schools get their first post at 80 pupils; second post at 160; third post at 240; fourth post at 320 and so on. For schools not designated disadvantaged: boys' schools with 135 pupils or more get their first post at 135; second post at 295; third post at 475; fourth post at 655, and so on. Mixed schools with 145 pupils or more get their first post at 145; second post at 315; third post at 495; fourth post at 675, and so on. Girls' schools with 195 pupils or more get their first post at 195; second post at 395; third post at 595; fourth post at 795, and so on.

those are low incidence categories in a sense of the numbers within the system ... The highest incidence is in mild general learning disabilities. Now I don't think there is anybody telling us that there are more boys than girls in there and yet they are the kids that need to be picked up the most (Stakeholder 4).

Similar to the views of this stakeholder, our analysis of SEN prevalence among nine-year-olds using data from the *Growing Up in Ireland* study suggests that gender differences among students with MGLD are not as distinct as previously thought (see Chapter 5).

Another stakeholder felt that the DES thought the GAM successful but acknowledged there might be problems with 'clustering' of some children with SEN in certain schools where a general allocation of funding may not be sufficient:

In general terms it's [GAM] been very well received. The Minister has made some of the findings [of the GAM review] public and specifically referred to a quote from the INTO which stated that the GAM model works well for all of the children that it is supposed to serve. However, there obviously are concerns as with any general allocation model, there would be general concerns with clustering or whatever (Stakeholder 6).

Other stakeholders expressed concern at concentrations of students with SEN in some schools. They described how SEN prevalence could reach 60 to 70 per cent in some disadvantaged schools which means that resources offered under the GAM could only be effective to a point:

How effective it is, is hard to know because it all depends on the quality of the person that you appoint and it also depends on the level of need. So for example in some disadvantaged schools there are up to 60-70 per cent of children at very, very high levels of need and so the whole programme, curriculum that is being run is almost like a learning support curriculum and that is very different to the school that has got five children (Stakeholder 4).

Chapter 6 highlights how these comments on high proportions of students are indeed correct as findings show high concentrations of students with SEN in certain schools. Some stakeholders felt the GAM system was flawed in that schools could allocate resources where they wished and not necessarily where they were intended:

If you just tie in the resources to the category you are not really getting a full sense of the quantum of needs so what happens is schools stretch that resource to cover all kinds of circumstances and all kinds of kids and that's when things start to sometimes break down (Stakeholder 4).

Other stakeholders felt teachers were allocating resources to certain subjects rather than providing for students with SEN:

However we are aware of incidences in schools where schools might be using the resources from the model differently ... some schools have decided that they

would provide additional support in mathematics and this has squeezed out the children with SEN (Stakeholder 6).

One significant issue is the different funding mechanisms operating at primary and post-primary levels. Under the GAM at primary level principals are not required to identify students with SEN in order to receive supports. This then poses difficulties for students when they wish to transfer to post-primary, since most are not yet formally diagnosed with SEN:

This is further complicated by the fact that the GAM model operates at primary level, not at post-primary. So those kids then with MGLD that haven't been identified at primary level now transfer to second level. They are not entitled to any resource at second level unless they are identified. They have to start at that point. They may fall through in transferring, there may not be enough information about their needs at that transfer point, there is lots of issues. They could be months in second level before they are identified and so on, so there is lots of issues there (Stakeholder 7).

As a result, this stakeholder felt, students' choices are to transfer to a special school where their needs may be better catered for.²² However, this stakeholder is aware of cases where students remain in primary school or transfer to post-primary where supports such as special classes are not available:

What we were finding is that you might have special classes in primary school and when the kids go to transfer ... the second level school has none. In some cases they transfer to a special school and in other cases ... they have been kept on in the primary school which is very inappropriate because you could have kids there 16 and 17 mixing in the yard with five- and six-year-olds. There is nowhere for them to go, no special school nearby and the second level school has no special classes (Stakeholder 7).

2.3.2 NCSE-SENO system

The NCSE took over the function of allocating additional resource teaching, special needs assistants (SNA) and other resources to schools from the DES in January 2005. At primary level, support for children with SEN outside the GAM categories is considered low incidence and allocated on approval of individual applications by the NCSE (See Table 2.1) (Sp ED 02/05). The NCSE allocates resources to all students with SEN (low and high incidence students) at post-primary.

The NCSE allocates resources through the special educational needs organiser (SENO) network which operates at a local level to help parents/guardians and schools. SENOs have regular contact with organisations such as health authorities, the DES and the National Educational Psychological Service (Sp Ed 01/05, Appendix 1).

²² Research due to be published by National Association of Boards of Management in Special Education (NABMSE) also highlights the transfer of pupils with SEN from primary mainstream schools to special schools.

Schools apply to SENOs for teacher support, special needs assistants (SNA), special equipment, assistive technology and school transport (Circular PPT 01/05; Stevens and O'Moore, 2009, p.40). The NCSE allocates in accordance with DES policy using existing DES categories, and allocations are based on individual assessments by SENOs. (see Table 2.1 below). SENOs are responsible for evaluating, allocating and processing applications in addition to assigning staff and material resources to schools based on their decisions. Only appropriately assessed students who meet the relevant criteria for a diagnosis of a special educational need under one or more of these categories may be allocated additional teaching resources through the NCSE. Decisions are communicated to schools directly along with the reasoning behind these to both schools and parents. SENOs also work with schools to deal with issues such as the intake and transfer of children with SEN (NCSE, 2008).

SNAs can be allocated to children with disabilities with care needs under a range of criteria (for example, a pupil has a significant medical need for such assistance, a significant impairment of physical or sensory function or where their behaviour is such that they are a danger to themselves or to other pupils). Pupils' needs could range from needing an assistant for a short period each week – for example to help feed or change the pupil(s) or bring them to the toilet – to requiring a full-time assistant. (See Circular Sp Ed 07/02).

Table 2.1: DES categories of SEN under the NCSE system

Disability/special educational needs category	Incidence
Assessed syndrome	Low
Autism/autistic spectrum disorders	Low
Borderline mild general learning disability	High
Emotional/behavioural disturbance	Low
Hearing impairment	Low
Mild general learning disability	High
Moderate general learning disability	Low
Multiple disabilities	Low
Physical disability	Low
Severe emotional/behavioural disturbance	Low
Severe/profound general learning disability	Low
Specific learning disability	High
Specific speech and language disorder	Low
Visual impairment	Low

(Source: NCSE, 2009, p.13; DES Sp Ed 01/05, p.6)

SENOs are responsible for the allocation of SNAs to schools whether they are special schools or classes or mainstream schools.²³ SNAs may be full- or part-time or shared by pupils who need support (DES, 2010). In a recent review of SNA allocation, the NCSE

²³ Special schools are allocated SNA resources on a class ratio basis (two classes of eight children with a moderate general learning difficulty would be allocated one SNA between them). Moreover, special schools can apply to SENOs for SNA support over and above the baseline ratio in certain circumstances (NCSE, 2010, p.3).

described how the level of SNA support to mainstream primary and post-primary schools is determined each year by:

- the level of support required for children enrolling in the school or children currently enrolled who may have identified significant care needs
- the level of support freed up as a result of children with sanctioned sna support leaving the school
- the level of support freed up as a result of the diminishing care needs of some children with sanctioned SNA support still enrolled in the school (NCSE, 2008, p.2).

SENOs are also responsible for decisions on applications for resource teaching hours. A resource teacher helps schools to support children at primary and post-primary schools with low-incidence special needs arising from disability (See Table 2.1).

The resource teacher will help the child by:

- assessing and recording the child's needs and progress
- setting specific, time-related targets for each child and agreeing these with the class teacher and principal
- teaching the children, either in a separate room or with the rest of the child's class
- team teaching, as long as the children concerned benefit from it
- advising class teachers about adapting the curriculum, teaching strategies, suitable textbooks, information technology and software and other related matters
- meeting and advising parents, accompanied by the class teacher, as needed
- having short meetings in the child's interest with other professionals such as psychologists, speech and language therapists, visiting teachers and special school or special class teachers (DES, 2007).

Another key aim of the SENO is to be a point of contact for guardians and parents of students with SEN and those with concerns that their children may have SEN:

Make available to the parents of children with disabilities information in relation to the provision for their children regarding education (Sp Ed 01/05, Appendix 1).

They provide information and assist parents and guardians on the child's education at pre-school, primary school and post-primary levels (NCSE, 2008). SENOs also liaise with parents and guardians on special education placements made on the basis of psychological and sometimes additional paramedical assessments.

In discussing the allocation of resources by the NCSE and the SENO network some stakeholders voiced concerns about the continued use of categories of SEN by the DES (and the NCSE which is bound to allocate according to DES policy). One stakeholder suggested category use was one way in which the DES could limit resources while maintaining the child's constitutional right to education:

The Department of Education is very focused on diagnosis as a route towards providing resources to a child ... they tick different boxes for the allocation of resources. This is as much a protection mechanism for the Department of Education in that ... if they didn't have strict categorisation systems effectively under the Constitution there would be unlimited resources allocated to the education system (Stakeholder 5).

Another stakeholder felt that SENOs were restricted by the DES categories and the need for diagnosis in order to receive supports:

SENOs do have very tight guidelines around those who are covered by EPSEN just in terms of the categories of condition that then receive allocations of hours. The environment is about the need for diagnosis to get the hours. Whereas I think they could have that role where they could be interfacing with the schools a bit more around the kind of support (Stakeholder 1).

This stakeholder also felt that some SEN such as mental health difficulties were transient and manifested in a variety of ways. As a result, they felt that instead of individual resource allocation that a school level approach would be more suitable to catering for this level of diversity among students:

There is that whole group with mental health difficulties, I am not sure how they manifest. You don't necessarily come in with a mental health difficulty label. It may be due to a particular circumstance in your own life. So I would say the classroom teacher in conjunction with learning support and resource teachers would be ... I would say it is within the school as opposed to the parents, maybe a combination of both (Stakeholder 1).

Stakeholders also argued there was too much emphasis on extra supports and believed that some supports 'aren't always about extra people'. Modifying the curriculum so that all student needs are met may reduce the need to define categories:

To me the big challenge in Ireland as in elsewhere is the need to reconcile the tension between the categories and nice precise definitions and the broader context of children's needing to access curriculum and the need for educational judgments (Stakeholder 8).

To summarise, in line with changes in SEN ideology and policy internationally, Irish legislation on SEN has begun to move towards inclusive education policies over the last two decades. The inclusion ethos is first evident in the SERC Report (1993) and continues with some significant legal cases which marked the beginning of a period where Education, Disability and Equality Acts began to directly address SEN and disability in Irish schools.

This chapter described the more recent legislative developments in the National Disability Strategy and the publication of the EPSEN Act (2004) and the Disability Act (2005). Issues, however, still surround the definition given to SEN and disability in the two Acts and this is particularly evident in the stakeholder interviews carried out as part

of this study. On the EPSEN Act, stakeholders had mixed opinions about the definition of SEN. Many welcomed the broadening of the definition which represents a move towards a more inclusive education strategy, placing the onus on the education system to change rather than the child. Other, however, questioned the impact of this broad definition on resource allocation which they feared could be 'spread too thin' and might mean not being able to target the students most in need. It was noted, however, that the NCSE has articulated its understanding of this definition in its *Implementation Report* (2006) and that the Act implied a much broader understanding of SEN than heretofore.

As the EPSEN Act has not been fully implemented, this chapter details how SEN policy is currently organised through a number of systems of resource allocation at primary and post-primary level including the systems of resource allocation operated by the DES through the GAM, and the NCSE through the SENO network. Key stakeholders in SEN and disability gave opinions on these two systems of allocation at primary and post-primary. Many interviewees were positive about the principle of the GAM believing it represented a move towards inclusive education policies. Some suggested the GAM recognised that there were children with SEN in every school. Some stakeholders felt GAM signalled a move away from labelling of individual children, meant less administration for the school and the DES and allowed for teacher and school flexibility in how they allocated resources.²⁴ However some stakeholders expressed concern about the criteria used to allocate funding under the GAM in particular the assumption around there being gender differences in the level of need. Moreover, other stakeholders noted the problems associated with concentrations of students with SEN in certain schools which were not receiving adequate additional resources under the GAM criteria. Stakeholders also raised some concerns about the transition from primary to post-primary where students leave the GAM to a model where they are individually allocated resources by the NCSE. It is at this point that students may need to be assessed for the first time in order to be eligible for supports. Moreover, the post-primary school may not have adequate information about their needs.

Finally, Chapter 2 provides an understanding of the SENO network and the ways in which resources are assigned to individual pupils in the 'low incidence' disability category at primary level and all students ('high' and 'low incidence') with SEN at post-primary. Some stakeholders expressed concerns about continued use of categories by the NCSE and the SENO network. These, they felt, restricted their capacity to assign resources. Other stakeholders argued there was too much emphasis on supports and the importance of recognising that not all supports were about extra people.

24 Some stakeholders felt, however, that with too much flexibility schools might not allocate the resources to those most in need.

3 International Prevalence Estimates for Special Educational Needs and Disability

3.1 Introduction

This chapter aims to analyse international policy approaches and variations in the systems of provision, funding and resource allocation for students with SEN. Moreover, we examine their implications for prevalence estimation and data collection. Practices and standards for SEN and disability data collection and prevalence estimation are examined. This chapter highlights significant issues on use of national definitions and categories for international comparisons and efforts to minimise national differences using international categorisation systems are examined. A second major focus provides a more detailed analysis of individual countries' SEN prevalence and the different government approaches to allocate resources, collect data and estimate the prevalence of students with SEN. By highlighting data collection issues internationally and assessing individual country policy approaches, this chapter identifies best practice in the provision for children with SEN, data collection and categorical systems.²⁵

3.2 International Policy Approaches to Special Educational Needs

In almost every country the concept of SEN is on the agenda (EADSNE, 2003). Different patterns have emerged, however, in how individual countries approach their policies for children with SEN. Some have instituted laws and educational policies which make students with disabilities no different than any other student; others have retained parallel systems for general and special education (Ferguson 2008, p.110). Many countries and systems are somewhere in the middle, although throughout Europe and North America policy has increasingly shifted from the medical approach and the concept of 'handicap' to a more educational approach where the central focus is on the consequences of disability for education (see section 1.3). At the same time it is clear that this approach is very complex, and countries are currently struggling with its practical implementation (Meijer, 2003).

For European and international policy, the current tendency is towards including pupils with SEN into mainstream schools to provide an important foundation for ensuring equality of opportunity for people with special needs in all aspects of their life (EADSNE, 2003, OECD, 2005). The European Agency for the Development of Special Needs Education (EADSNE) identifies three distinctive approaches adopted by different countries to school placement:

- One-track – almost all pupils in mainstream.
- Multi-track – multiplicity of approaches to inclusion, the most common approach.

²⁵ Categorical systems meaning the collection of SEN data by type of need (for example mild general learning disabilities in Ireland). In some countries, such as the UK however, non-categorical systems exist where students with SEN are identified by the type of resources they receive (for example School Action or School Action Plus) rather than the SEN they are experiencing.

- Two-track approaches – a distinct division between general and special education (Riddell *et al*, 2006, Wendelborg and Tøssebro, 2008).

Using this typology, European policies on including pupils with SEN can be grouped into one-track, multi-track or two-track systems. Spain, Greece, Portugal, Sweden, Iceland and Cyprus for example are often considered a one-track approach while almost all pupils are located within mainstream education; Denmark, France, Ireland, Luxembourg, Austria, Finland, UK, Latvia, Liechtenstein, Czech Republic, Estonia, Lithuania, Poland, Slovakia, Slovenia are considered to have a multi-track approach involving a multiplicity of approaches with a variety of services between the mainstream and special systems (for example mainstream education, special classes in mainstream schools and special schools); and the two-track approach could be applied to Switzerland and Belgium for example as they have two distinct education systems. In this way, mainstream and special schools run in parallel (EADSNE, 2003).

Funding is a significant factor in determining inclusion and research shows that decentralised funds for SEN create inclusive school environments (EADSNE, 2003). Policies on funding provision for additional services to students vary from country to country (Ferguson, 2008). Funding either follows students or schools with some countries operating decentralised funding systems where schools have flexibility over where to use financial resources according to students' needs and requirements (for example Sweden). Other countries, such as the US, allocate resources and administer funds for individual pupils through individual assessments (EADSNE, 2003). Moreover, SEN research shows that differences in provision and funding systems affect national prevalence estimates and the percentages of students who are considered to have SEN (Meijer *et al*, 2003).

3.2.1 International approaches to special educational needs classification

Many countries seek to adopt the model of inclusive education as a fundamental principle to secure the long-term societal participation of people with disabilities (UN, 2006). This goal, however, remains challenging due mainly to the elaborate classification systems of 'student disability' or 'special educational needs' that can structure and reinforce differences between children (Powell, 2010, p.241). The function of SEN categories has traditionally been administrative where a group of students is identified for different or additional educational provision (Norwich, 2008, p.55). No universally accepted system of SEN classification exists, however, and where countries adopt a disability classification system, some define only one or two types of SEN (for example Denmark, England) whereas others categorise pupils with special needs in more than ten categories (for example Poland, Switzerland). Disability classification systems have been criticised for categorising impairments and special needs into disabilities, through classification systems grounded in a medical understanding of disability (Reindal, 2008). Most countries distinguish six to ten types of special needs and categories can include:

- students who are blind or partially sighted
- students who are deaf or partially hearing

- students with emotional and behavioural difficulties
- students with physical disabilities
- students with speech and language problems
- students who are in hospital
- students with a combination of disabilities
- students with moderate or severe learning problems
- students with specific learning difficulties.

(Meijer *et al*, 2003, p.17).

Other countries use resource-based systems of classification for identifying children who are receiving additional support. In Liechtenstein for example, no types of special needs are distinguished, only the type of support is defined (Meijer *et al*, 2003). In the UK categories include those with significant SEN or those with less than significant SEN (children 'with statements' of special educational needs and children with special educational needs 'without statements').

Questions have also been raised about the efficacy of the classification process as children may be falsely identified, expectations may be lowered for students identified as having SEN and marginalisation may occur for certain groups of students (Florian and McLoughlin, 2008).

3.2.2 Variations in prevalence estimation

It is no surprise therefore that across European countries significant variations exist in the number of learners in compulsory education identified as having a SEN. Some countries provide precise data and other global estimations (Ministry of Education, Spain, 2005). A main source of data on SEN prevalence is the European Agency for Development in Special Needs Education (2010) which shows considerable variation in the percentage of the school population identified as having special educational needs. Figures for SEN prevalence range from less than 1 per cent in some countries, to more than 20 per cent in others. Caution is needed in interpreting these data (Riddell, 2011, p.7). Differences can emerge depending on whether countries provide estimates based on their administrative systems for resource allocation or other sources which provide data on the number of those identified or assessed as having SEN but not necessarily getting support (such as national longitudinal or cohort studies). In the Scandinavian countries, Iceland and Finland, the percentage of pupils with SEN ranges from 15 per cent and 17.8 per cent compared to 0.9 per cent and 1.5 per cent in the southern European countries, Greece and Italy (Riddell *et al*, 2006, p.41; Eurydice in Meijer *et al*, 2003, p.334, EADSNE, 2003, p.9).

The use of differing categorical systems and the ways in which countries interpret disability categories leads to large variations in prevalence estimates for particular types of SEN and disabilities. Examples of these wide variations include data from New Brunswick (Canada) which recognises 2,720 times more students with EBD (2.72 per cent) than Turkey (0.001 per cent). Moreover, Poland (0.215) registers 43 times more

students who are blind and partially sighted than Greece (0.005 per cent) and Belgium (Flanders, 0.343 per cent) registers 343 times as many pupils with physical disabilities as Italy (0.001 per cent) (Florian and McLoughlin, 2008, p.34). Such differences in categorical definitions are often strongly related to administrative, financial and procedural regulations and do not necessarily reflect variations of the incidence of different types of SEN between these countries.

Where data are largely drawn from administrative sources, the result may be that such data are 'neither comprehensive nor comparable' (UNICEF, IRC, 2005). A recent UK study has found a possible conflict of interest where agencies responsible for allocating funds are also responsible for assessing need. This research finds that to overcome obstacles in estimating prevalence and ensuring inclusive education policies are upheld, these assessments should be carried out by an organisation separate to those involved in allocating funds (Sheerman, 2007).

The Organisation for Economic Co-operation and Development (OECD) has sought to overcome these problems by developing A, B and C categories so that national data can fit into a framework thereby making cross-country comparisons more meaningful (OECD, 2005). These are:

- category A: disability due to an organic impairment (*disability*)
- category B: intellectual, behavioural or other learning difficulties (*difficulties*)
- category C: difficulties because of social disadvantage (*disadvantage*).

The term SENDDD (disability, difficulties and disadvantage) is often used as an acronym for the A, B, C cross-national categories (OECD, 2005, p.14). Across countries data are generally more extensive and reliable for students in category A or those with disabilities (relating broadly to what might be called organic defects relating to sensory, motor, or neurological systems) than for those with category B or C – difficulties or disadvantages (Evans, 2003). This could be due to policy decisions (many countries have no focus on particular disadvantaged groups) or data collection (resources may be directed towards disadvantaged groups but data are not often collected on them). Large differences in prevalence estimates are found cross-nationally not only when considering 'disadvantaged' and 'difficulties' categories but also in the most 'objective' categories such as visual or hearing impairments (Powell, 2009). Table 3.1 shows the differences between countries using the A, B, C cross-national categories. Variability between countries is lower for category A (Mexico 0.51 per cent to USA 5.16 per cent) than for either category B (Italy, close to or at 0 per cent, to Poland, 22.29 per cent) or category C (Hungary, close to or at 0 per cent to US, approx 23 per cent). In terms of the median percentage, however, the range is narrower: 2.73 per cent for category A; 2.15 per cent for category B; 2.88 per cent for category C (Riddell *et al*, 2006, p.36). It is relevant, however, to look at countries that use all three categories.

Table 3.1: Comparison of percentages of children in cross-national categories A, B and C

Country	Disability %	Difficulties %	Disadvantage %
Netherlands	2.08	6.52	14.85
Spain	2.73	2.15	3.3
Belgium (Fl)	3.86	1.53	15.29
Canada	2.89	2.38	2.46
United States	5.16	7.13	23.07
Mexico	0.51	1.13	22.74
France	2.58	2.18	12.59
Czech Republic	4.08	5.51	0.08

(Source: *Students with Disabilities, Learning Difficulties and Disadvantages: Statistics and Indicators OECD, 2005, p.108*)

3.3 Individual Country Analysis

This section examines SEN systems in five case-study countries: the UK, the US, the Netherlands, Sweden and New Zealand. Policy approaches to SEN, systems of resource allocation and funding mechanisms are examined for each. As discussed in Chapter 1, they have been selected for their varied policy approaches to SEN, systems of resource allocation and funding mechanisms. Applying the EADSNE provision typology, these countries represent various forms of multi-track systems (US, UK, New Zealand and the Netherlands) and a one-track system (Sweden).²⁶ Within each case study we examine the varied ways data are collected and SEN prevalence estimated. Moreover, those selected highlight the different policy approaches to SEN categorisation. In the US for example, a categorical approach where children are categorised according to their SEN type. This contrasts with other country case studies which use a non-categorical approach by identifying children by the type of resources they are allocated or in some countries not identifying children with SEN by any category at all (Sweden). Table 3.2 provides an overview of the provision and funding used in each of the case-study countries where we have identified which provision typology is being used (one-track, two-track or multi-track). Moreover, studies of SEN in the individual country case studies have allowed us to define the approach to SEN categorisation used in each and the type of funding model adopted. Using a variety of sources, the final column in Table 3.2 provides prevalence estimates available for each case-study country.

²⁶ By non-categorical, we mean countries which do not collect data by type of need or SEN category.

Table 3.2: Case-study countries

	Provision type (EADSNE) and system of funding	Prevalence
UK	Multi-track, non-categorical, decentralised funding system	26 per cent – Croll and Moses (2003) 17.8 per cent – Department of Children, Schools and Families (2009) 22 per cent – Hills <i>et al</i> (2010)
Sweden	One track*, non-categorical, decentralised funding system	1.3 per cent – EADSNE (2003) 0.06 per cent special schools – OSS (2008) 1.2 per cent segregated provision in compulsory (mainstream) education – Nilholm <i>et al</i> , (2007) 15 to 20 per cent in compulsory (mainstream) education – Nilholm <i>et al</i> , (2007), Persson (2003)
The Netherlands	Multi-track, non-categorical, IEP, demand-oriented financing, pupil-bound budget	5 per cent – EADSNE 30 per cent – Van Dijk <i>et al</i> (2003) 26 per cent – Van der Veen <i>et al</i> (2010)
US	Multi-track, categorical, mandatory IEP, central and local funding	10.45 per cent – US Census Bureau (2005)
New Zealand	Multi-track, non-categorical, centralised funding	9 per cent Ministry of Education (2010)

* One-track includes countries that develop policy and practices geared towards the inclusion of almost all pupils within mainstream education – see Meijer *et al*, 2003, p.7

Note: As mentioned above, some countries with non-categorical systems collect data according to the type of provision/resources received for example UK.

3.3.1 United Kingdom

By applying the EADSNE provision typology to the UK, it has a multi-track system (mainstream, special classes and special schools available). Most students with SEN are in mainstream schools but some specialist provision in separate institutions is also available (0.1 per cent in special schools, 0.6 per cent in pupil referral units, see DfE, 2010, p.7). In recent years, commitment to the development of inclusion in UK education policy has increased. Since the publication of the Warnock Report (1978) the UK has strengthened the right for all children to be educated in regular schools (Riddell *et al*, 2006). The UK system defines children with SEN as those with ‘a special learning difficulty which calls for special educational provision to be made’. No child requires placement in a particular category of disability for them to be assessed as having a SEN. The Education Act (2006) states that children have SEN if their learning difficulty needs special educational provision. Children have a learning difficulty if they:

- have a significantly greater difficulty in learning than the majority of children of the same age; or

- have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority; or
- are under compulsory school age and fall within the definition at (a) or (b) above or would so do if special educational provision was not made for them. (DfE, 2006, Section 312).

Since the early 1980s, England has moved from a categorical to a non-categorical system and the view has strengthened that types of SEN should not be the basis for the organisation and management of the curriculum and pedagogy in mainstream or special provision (Riddell *et al*, 2006). To overcome the SEN categories issue, students with SEN are identified by the resources they receive and are categorised under the terms School Action, School Action Plus and students with a statement (although categories are used by the DfE in collecting school census information). Recently, however, a UK Green Paper (March 2011) has suggested a move away from this system. It has suggested the need for 'a whole new approach for identifying SEN' and proposed replacing the current School Action and School Action Plus system with a new single school-based category of SEN and a programme covering school, health and social services. A key element of the Green Paper is to include parents and introduce a legal right (by 2014) to give them control of funding for the support of their child with SEN (DfE, 2011).

3.3.1.1 Provision and funding

Schools must observe the SEN Code of Practice (DfES, 2001) which advises on carrying out statutory duties to identify, assess and provide for children's SEN, including a definition of the different levels of intervention and categories of need (DCSF, 2010). The code recommends a graduated approach where children's progress is monitored throughout their education. The special educational needs co-ordinator (SENCO) is a designated role in all schools. They oversee SEN provision, monitoring students' progress, liaising with parents, external agencies and supporting colleagues. The input of other professionals (educational psychologists, social workers and health staff) complements this role (Riddell *et al*, 2006, p.44).

The first step in provision is School Action is the intervention level at which the school considers it can meet needs from its own resources; School Action Plus is where the school uses its own resources to meet a child's needs but requires external help such as a report from an educational psychologist or speech and language therapist; SEN with a statement implies the greatest level of special needs where parents or the school will ask the local SENCO to conduct a statutory assessment and ensure support is provided (Hills *et al*, 2010, p.84; DCSF, 2010, p.6). During interviews for this study, some stakeholders noted the inclusive nature of the SEN provision system in England, in particular the 'multi-layered decision-making' element:

It starts with the teacher, part of the teacher's job is to ... have an eye, particularly at the early ages, but not just that ... to kids struggling for whatever reason and the expectation is that you figure it out, find out what is, wrong ... You have got to figure this out as a teacher and a lot of kids' difficulties are

picked up and dealt with in this way but there are some that are not and the school has contacted the special needs co-ordinator that you bring in to help you get a more informed view and then so between you, you might decide we need to seek language therapist, or an audiologist or an educational psychologist and you have got the same narrowing pyramid. At the top end of this pyramid it might be necessary to have a multi-disciplinary case conference where inputs from all sources including the teachers and the parents. It starts with school and should stay with the school but then you bring in other expertise as deemed necessary (Stakeholder 3).²⁷

Increasingly the local education authorities (LEA) resource schools which means they can decide themselves the best way to distribute their overall budget so all pupil needs are met, including those with significant SEN (EADSNE, 2003; Riddell et al, 2006, p.45). School funding comes from the dedicated schools grants (DSG) of the Department for Education (DfE) which are paid to local authorities. Central government calculates the DSG based on the number of pupils receiving education within an LEA. Within this budget, a formula is agreed to calculate individual school budgets (ISBs), part of which seeks to meet the needs of SEN pupils. The amount is allocated according to the school's composition:

- Eligibility for free school meals – 75 per cent of the total funding is based on this factor.
- Mobility – 10 per cent of the total funding is based on this factor.
- Gender – the remaining 15 per cent of the total funding is based on the number of pupils in the school. The funding is weighted in favour of male pupils (1.62:1) in recognition of the higher number of male pupils with statements.

The funds are used for pupils who are on the SEN register at the levels of School Action or School Action Plus and for pupils with a SEN statement.

3.3.1.2 Prevalence estimates

Since 2004 schools and LEAs have been obliged to collect information on numbers of pupils in the country with different types of SEN as part of the Pupil Level Annual Schools Census (PLASC). Schools record pupils within the School Action category but do not record specific need type whereas this is recorded for pupils in School Action Plus or through a SEN statement (DCSF, 2005, p.2). This data includes information on 11 categories of SEN which are grouped into four main areas:

- cognition and learning needs (special learning difficulty, moderate learning difficulty, severe learning difficulty, profound and multiple learning difficulty)
- behavioural, emotional and social development needs (behavioural, emotional and social development difficulty)

²⁷ It is worth noting here that SpEd 02/05 outlines a form of multi-layered decision-making for Irish schools similar to the UK system described here by Stakeholder 3. SpEd 02/05 identifies three stages of assessment, the first two of which are less formal teacher and class-based processes although the third stage is more formal or diagnostic. GAM specifically allows for this flexibility. The kind of flexibility this stakeholder talks of from the UK is outlined in the Circular SpEd 02/05.

- communication and interaction needs (speech, language and communication needs, autistic spectrum disorder)
- sensory and/or physical needs (visual impairment, hearing impairment, multiple sensory impairment), physical disability (Riddell *et al*, 2006).

One interviewee for this study referred to the ease with which data can be accessed in the UK and stressed its importance for estimating provision levels needed:

I can click [on the computer] on any school in England and I can find out the number of kids in receipt of support, I can get all that data. Now that is the level of data you need to be able to make global planning decisions and see what the impact is on that school if we do (Stakeholder 8).

Under the broader concept of SEN, the Warnock Report (1981) estimated that one in five or one in six children would at some time in their school career, experience individual difficulties described as SEN. In 2003 Croll and Moses published UK estimates of SEN prevalence in mainstream primary schools based on teacher surveys. They carried out two teacher surveys in 1981 and 1998 and found teachers' estimates of children with SEN in their classes rose from 18.1 per cent to 26.1 per cent during this period.²⁸ Those with learning needs made up the majority of children described as having SEN (82 per cent in 1981 and 88 per cent in 1998). They also found a rise in children described as having emotional and behavioural difficulties during this period (8 per cent in 1981 to 9 per cent in 1998) and no increase in the prevalence of health, sensory and physical difficulties. More recent research by the DCSF and the Office for Standards in Education, Children's Services and Skills (Ofsted) found similar results to the Warnock Report and estimated that just over 20 per cent (1,656,000 children) of the school population has SEN. Therefore at any moment, one in every five school children in England is identified as having SEN (Ofsted, 2010, p.5). Based on 2010 DfE statistics, Crawford and Vignoles (2010) also found that just over one in five children were recorded with special educational needs (SEN) of some form. They found this proportion peaked among nine-year-olds (at over 25 per cent) and has been steadily increasing over time (p.4).

As discussed above, prevalence estimates can be broken down further into the categories School Action, School Action Plus or SEN with a statement (which implies the greatest level of need). The UK School Census (2009) reports that 2.7 per cent of the school population have statements of need but a much higher proportion without statements have their needs recognised through more informal identification systems (Table 3.3). This table shows an increase in the prevalence rate for students with SEN (without statements) over time increasing from 14.9 per cent in 2005 to 17.8 per cent in 2009.

28 Between the two time points in this study the approach to data gathering meant that exactly comparable information was obtained from all those interviewed. In 1981 teachers were initially asked to describe any children in their classes who they regarded as having SEN. They were then prompted further with a set of types of special needs. In 1998 teachers were initially asked about children who were on the Register of SEN. They were then asked if they thought other children in their class had SEN.

Table 3.3: Prevalence of SEN in the UK based on school census data, 2005-2009

All schools	2005	2006	2007	2008	2009
Pupils with statements*	242,580	236,750	229,110	223,610	221,670
Pupils on roll	8,274,470	8,215,690	8,149,180	8,102,190	8,071,000
Incidence (%)**	2.9	2.9	2.8	2.8	2.7
Pupils with SEN without statements***	1,230,800	1,293,250	1,333,430	1,390,670	1,433,940
Pupils on roll	8,274,320	8,215,530	8,148,960	8,102,020	8,070,870
Incidence (%)****	14.9	15.7	16.4	17.2	17.8
Total	17.8	18.6	19.2	20.0	20.5

* Excludes dually registered pupils.

** Incidence of pupils – the number of pupils with SEN with statements expressed as a proportion of pupils on roll.

*** Excludes general hospital schools. Data for pupils with SEN without statements is not collected from these schools.

**** Incidence of pupils - the number of pupils with SEN without statements expressed as a proportion of pupils on roll.

(Source: School Census UK, DCSF, 2009, p.14)

Other research by Hills *et al* (2010) found similar prevalence rates in English schools using the three levels of special educational need – School Action, School Action Plus and SEN with a statement. This study found over a fifth, 22 per cent of 16-year-olds, had some form of SEN assessment. Most of these are School Action with just a small proportion having a statement (p.84).

The DCSF figures go further, however, and provide greater detail on SEN prevalence by SEN type. Table 3.4 shows DCSF figures on SEN by category of need using data from primary, secondary and special schools.²⁹ Of those with statements in 2009, the most common type of primary need was moderate learning difficulties (20.7 per cent), and the least common was multi-sensory impairment (0.3 per cent). The same two categories were also most and least prevalent among the pupils at School Action Plus (DCSF, 2009, p.13).

29 14 per cent of students in Table 3.4 are in specialist settings.

Table 3.4: SEN Students in England by their primary type of need based on school census data, 2008

	School Action Plus		Statement of SEN		Total	
	Number	%*	Number	%*	Number	%*
Specific learning difficulty	63,380	14.3	13,700	6.4	77,090	11.8
Moderate learning difficulty	127,860	28.9	44,100	20.7	171,960	26.2
Severe learning difficulty	3,750	0.8	25,390	11.9	29,130	4.4
Profound and multiple learning difficulty	680	0.2	8,380	3.9	9,060	1.4
Behaviour, emotional and social difficulties	118,440	26.8	30,600	14.3	149,040	22.7
Speech, language and communications needs	69,370	15.7	26,550	12.4	95,920	14.6
Hearing impairment	7,680	1.7	6,570	3.1	14,260	2.2
Visual impairment	4,240	1.0	3,840	1.8	8,080	1.2
Multi-sensory impairment	400	0.1	540	0.3	940	0.1
Physical disability	10,290	2.3	15,130	7.1	25,420	3.9
Autistic spectrum disorder	12,750	2.9	34,550	16.2	47,300	7.2
Other difficulty/disability	23,070	5.2	3,930	1.8	27,000	4.1
Unclassified	260	0.1	60	0.0	310	0.0
Total	442,170	100.0	213,340	100.0	655,510	100.0

* Number of pupils by their main need expressed as a percentage of all pupils at School Action Plus or with a statement of SEN.

(Source: *School Census UK in Special Educational Needs in England*, DCSF, January 2008)

3.3.2 United States

According to the EADSNE provision typology discussed above, the US has a multi-track system of SEN education (EADSNE, 2003) with a variety of services between the two systems of mainstream and special needs education. Similar to the UK, there has been a growth in mainstream provision for children with SEN and most such pupils are in mainstream classes (although specialist provision in separate institutions is also available). The US has a strong rights-based provision, with strict qualification criteria for additional resources. In 2004 the Individuals with Disabilities Act (IDEA 2004) required children to be assessed and identified as having one of 13 disability categories that cause educational difficulties before they could receive special educational services.³⁰

30 The 13 categories include autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, mental retardation, multiple disabilities, orthopaedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury and visual impairment (including blindness), US Department of Education, 2005.

In defining the purpose of special education, IDEA 2004 states that each child with a disability is entitled to a free appropriate public education (FAPE) in the least restricted environment (LRE) that prepares them for further education, employment and independent living. The law states that special education and related services should meet the unique learning needs of eligible children with disabilities from pre-school to adults aged 21 (IDEA, 2004). The push for inclusion can be seen in how the percentage of students with SEN (aged six to 21) who spent at least 80 per cent of their time in mainstream classrooms, grew from 31.6 per cent in 1989 to 51.9 per cent in 2004 (Annual Report to Congress, 2004 cited in Ferguson, 2008, p.111).

Also, the No Child Left Behind Act (NCLB, 2001) mandates that all students with SEN participate in state accountability testing systems and that their results be reported separately from the general population (Marder, 2009).³¹ The Act seeks to improve educational outcomes for disadvantaged students and close the achievement gap between various subgroups of students, including those with disabilities served under the IDEA Act. The Act highlights differences in student performance and imposes new requirements for standards, assessments and accountability in schools. For the first time, NCLB explicitly addresses the performance of students with disabilities through their designation as one subgroup for which schools are responsible (NCLB, 2001). However, critics of the Act point out the unintended consequences of increased use of standardised testing for both disadvantaged schools and students. Moreover, the process of assigning students with disabilities and SEN to subgroups under the NCLB is viewed as inappropriate (Cawthon, 2007).

3.3.2.1 Provision and funding

States that receive IDEA funding must comply with certain requirements for special education and related services. These include developing an individual education plan (IEP) that spells out the specific special education, related services and supplementary aids and services to be provided to each student based on their needs, including transition services designed to help them obtain the skills and experiences to reach desired needs and goals (Desforges and Lindsay, 2010). Parents are often part of an interdisciplinary team which designs the IEPs. As mentioned above, a categorical system draws boundaries around which children qualify for the mandatory IEP, however Donovan and Cross (2002) note that individual states differ in the labels and criteria used to classify children as eligible for special education services.

Under the IDEA Act, states and localities have primary responsibility for providing special education programmes and services to eligible school-age children with disabilities which often results in fewer resources for children in poorer areas. Individual states provide about 45 per cent and local districts about 46 per cent of funding for special education programmes with the remaining 9 per cent provided through federal IDEA funding (Parrish *et al*, 2003).

31 Before the passage of the No Child Left Behind Act children with SEN were excluded from state testing, but now there are obligations to ensure that all children are making progress.

3.3.2.2 Prevalence

In the US, national enrolment data show that by age nine and ten, students with a disability will most likely have been diagnosed and classified. The remaining non-classified students' probability of receiving an IEP declines steadily thereafter, but services are guaranteed until age 21 in most states (encouraging many to remain in school for as long as is allowable) (Powell, 2009, p.10). Data from 1995 show almost 4.76 million children (10.45 per cent) out of the entire US elementary and secondary school population were receiving special education. By 2003-04 over one in ten (6.5 million) public and private (K-12) school students aged three to 21 years received special education services (EADSNE, 2003). Table 3.5 highlights the number of students served under the IDEA Act by category of disability. Out of the 6.5 million students, 2.7 million (5.5 per cent) are identified as having learning disabilities (LD) and make up 45 per cent of those receiving special education services in secondary schools under the IDEA Act (Cortiella, 2009, p.10, Bradley, 2002; Riddell *et al*, 2006, p.53). Speech and language is the second biggest category of disability making up 19 per cent of students with SEN.

Table 3.5: Students with SEN by category of SEN aged 6 to 21 served under IDEA

	N	%
Specific learning disabilities	2,710,476	44.6
Speech or language impairments	1,160,904	19.1
Mental retardation	523,240	8.6
Emotional disturbance	458,881	7.5
Multiple disabilities	134,189	2.2
Hearing impairments	72,559	1.2
Orthopedic impairments	61,866	1.0
Other health impairments	599,494	9.9
Visual impairments	26,352	0.4
Autism	224,594	3.7
Deaf-blindness	1,472	<0.1
Traumatic brain injury	23,932	0.4
Developmental delay*	83,931	1.4

*Developmental delay is applicable only to children ages 3 to 9.

(Source: *Individuals with Disabilities Education Act (IDEA) Child Count (2006)*)

Other data on students with SEN can be found in the US Census Bureau (2005), which shows that for children under 15 years, 8.8 per cent had 'any disability', 3.6 per cent had a 'severe disability' and 0.4 per cent had 'needs assistance' (See Disability Prevalence and the Need for Assistance by Age in the US Census Bureau, *Survey of Income and Program Participation*, 2005).

3.3.3 The Netherlands

Over the last two decades the Dutch Ministry of Education, Culture and Science has introduced legislation which tried to break down the division between mainstream

and special primary education. Policy programmes aimed to increase expertise in mainstream schools and to support them in catering for students with SEN. The Going to School Together (WSNS, 1994) policy governs special primary education for children with learning and behavioural difficulties, children with learning difficulties and pre-school children with developmental difficulties as well as mainstream primary education (Leeuwen van *et al*, 2009). All other types of special schools are governed by an Expertise Centres Act (1998) which governs special schools for disabled children and children whose education requires a special approach at the primary age group, special schools for the same category of children for the secondary age group and regional expertise centres, which are consortia of special schools within a particular region (Eurydice, 2007, p.136). Special secondary education for children with learning and behavioural difficulties and children with learning difficulties come under the Secondary Education Act (WVO). Where possible, pupils are placed in mainstream schools and given extra assistance (Eurydice, 2007, p.135).

3.3.3.1 Provision and funding

Students aged four to about 12 years may be educated in mainstream, special primary or special schools. Special primary schools are for students with moderate learning difficulties and moderate behavioural difficulties whereas special schools are for pupils with more severe difficulties, for example physical handicap, mental handicaps or severe emotional or behavioural difficulties. Mainstream schools may include these students and obtain a budget for additional support, which for the most part has to be spent on support by a peripatetic teacher. Mainstream schools have no special classes so students are either included in or excluded from mainstream classes (Van der Veen *et al* 2010, p.16).

Table 3.6: Target groups with education policy in the Netherlands

<p style="text-align: center;">Primary Education Act Mainstream primary schools</p> <p>Special schools for primary education, including:</p> <ul style="list-style-type: none"> • former schools for children with learning and behavioural difficulties (LOM) • former schools for children with learning difficulties (MLK) • former schools for pre-school children with developmental difficulties (IOBK)
<p style="text-align: center;">Secondary Education Act Mainstream secondary schools, including pre-vocational secondary education (VMBO) learning</p> <p>Support (LWOO) and practical training (PRO) which developed from:</p> <ul style="list-style-type: none"> • special secondary schools for children with learning and behavioural difficulties (LOM) • special secondary schools for children with learning difficulties (MLK)
<p style="text-align: center;">Expertise Centres Act</p> <ul style="list-style-type: none"> • special schools for disabled children and children whose education requires a special approach, catering for the primary age group • special schools for the same category of children, catering for the secondary age group • regional expertise centres (RECs), which are consortia of special schools within a particular region. <p>Education of this type is divided into four categories (as are the RECs):</p> <ul style="list-style-type: none"> • cluster 1: education for the visually handicapped (from the former schools for the blind and partially sighted) • cluster 2: education for pupils with hearing impediments or communicative handicaps from existing schools, for deaf or hearing-impaired pupils and pupils with severe speech disorders • cluster 3: education for physically, mentally and multi-handicapped pupils, and chronically sick pupils • cluster 4: education for pupils with behavioural disorders from existing schools, for severely maladjusted children, chronically sick (psychosomatic) children and pupils in paedagogical institutes.

(Eurydice, 2007, p.136)

Movements of pupils from mainstream primary to special primary schools have fallen in recent years (Thijs *et al*, 2009, p.30). The Ministry of Education, Culture and Science (2008) recognises the increasing number of students with SEN in mainstream schools and a corresponding fall in numbers attending special primary schools and secondary special schools. Recent research has criticised how slow Dutch government policy has been to increase children with SEN in mainstream schools, however. Van der Veen *et al* (2010) argue that although it has been Dutch government policy for over a decade that mainstream schools should cater for as many students with SEN as possible, they believe there has still been no substantial scaling down of the percentage of students in separate provision (van der Veen *et al*, 2010, p.16). They suggest a lack of clarity around which students need specific care and referral to special education. Research by Jepma and Meijnen (2001) also suggests inconsistencies in the referral process to special primary

schools in the Netherlands. They found that for over 40 per cent of those referred to special schools, the same number with similar problems had not been referred and remained in mainstream schools (Cited in Van der Veen *et al* 2010, p.17).

Since 2003, SEN funding has been modified. The system changed from supply-oriented financing to a system in which the means are forwarded to the person requiring the services: demand-oriented financing. The policy is known as the 'back-pack' policy – pupils take the funding with them to the school of their choice. If a student meets the criteria for the 'pupil-bound budget', parents and pupils can choose a school, special or mainstream, and take part in deciding how those funds might best meet the student's special needs. As mentioned, literature on inclusive education points towards a more decentralised system where budgets for supporting learners with special needs are delegated to local institutions (municipalities, districts, school clusters) (Meijer, 1999). In the Netherlands discussion is ongoing on the need to replace the pupil-bound budget with an alternative funding model (Thijs *et al*, 2009).

3.3.3.2 Prevalence

Students with SEN are officially indicated in the Netherlands if they qualify for a personal budget under one of the policy programmes available. Ninety-five per cent of all children aged four to 12 attend mainstream schools with 3 per cent attending special primary schools and 2 per cent in special schools (van der Veen *et al*, 2010). A number of teacher-based estimates in the Netherlands, however, provide further insight into the numbers of students with SEN in mainstream schools. In 2003 Van Dijk *et al* asked primary school teachers to estimate SEN prevalence using the definition 'students who need considerably more care and attention than the other students in the class'. Their findings show this to be the case for an average of 30 per cent (cited in Van der Veen *et al*, 2010, p16-17). Data for mainstream post-primary schools show the proportion of students with SEN has almost doubled in recent years: from 9.3 per cent in 1990 to more than 17 per cent in 2007. In 2008, the proportion more or less stabilised at 17 per cent (Ministry of Education, Culture and Science, 2008, p.12).

More recently Van der Veen *et al* (2010) carried out a cohort study (PRIMA 6) on children with SEN in mainstream primary schools (therefore excluding the 3 per cent in special primary schools or 2 per cent in special schools mentioned above). These data were gathered from teaching staff, but also included information from students' parents and the school management teams (similar to the *Growing Up in Ireland* study detailed in Chapter 5). The results show that, according to teachers, on average 26 per cent of students in their class had SEN (one in four students in class, 42 per cent girls and 58 per cent boys). Teachers reported about two-thirds of students with SEN were behind in literacy and/or numeracy or had a 'problematic attitude to work' (Van der Veen *et al*, 2010, p.29).

3.3.4 Sweden

Sweden is often described as the most representative of a Nordic or Scandinavian model of welfare politics in international studies of inclusive education (Isaksson *et al*, 2010). This opinion stems from its educational system which is based upon the philosophy

that all pupils have the same right to personal development and learning experiences. Sweden developed inclusive schooling policies early on and its approach to special education focuses on learning disabilities as a social justice issue. There is no legal definition of SEN and the basic principle guiding all Swedish education and a goal of the Swedish National Educational Act (2002) is 'a school for all'. This states that all children shall have equal access to education, and that all children shall enjoy this right regardless of gender, where they live or social or economic factors (Statutes Sweden, 1985). It emphasises that pupils in need of special support should not be treated or defined as a group that is any different from other pupils and their rights are not stated separately (Riddell *et al*, 2006, p.69). Recent research highlights how the 'school for all' concept is not clear cut, however. Pupils who need special support are expected to get it in regular schools where for example children with intellectual disabilities are normally placed in special programmes and separate classes in the regular school (Ljusberg, 2010). An exception here is that children who are deaf or hearing impaired and those with severe learning disabilities are recognised as separate groups and may have the option of attending a special school³² (Riddell *et al*, 2006).

This National Agency for Special Needs Education and Schools is the government agency which provides funding and advice to mainstream schools as well as running special schools and resource centres. In mainstream schools, it provides support to school management in matters of SEN and promotes access to teaching materials.

Recent research has criticised the practical implementation of Sweden's 'school for all' policy and suggests it falls short of empirical reality (Göransson *et al*, 2010). Some argue that the existence of a separate government agency – the National Agency for Special Needs Education and Schools – suggests ambivalence towards inclusive education (Nilholm and Alm, 2010; Göransson *et al*, 2010).

3.3.4.1 Provision and funding

Most pupils who need special educational support are taught in mainstream schools. They remain in general basic compulsory classes or, as discussed below, are placed in special LD programmes and separate classes in the regular school (Ljusberg, 2010). For all who need special support, teachers devise an action plan of provision in consultation with the pupil themselves, their parents and specialist support teachers. This plan is continuously evaluated, progress is monitored and alterations can be made. Students with SEN in compulsory or mainstream schools can receive supports in several ways depending on individual municipalities:

- all pupils who need special support have written plans of development set up in co-operation with the pupils, parents and professionals involved
- a specialist teacher consults the pupil's teachers
- a specialist teacher or assistant helps the teacher or works with the pupil for longer or shorter periods within the frames of the activities of the larger group

32 Sweden is considered to have a 'one-track' system of education which develops policies and practices geared towards the inclusion of *almost all* pupils within mainstream education. Within these systems however, a small proportion of pupils attend special schools – see Meijer *et al*, 2003, p.7.

- the pupil receives teaching materials adapted for his or her needs
- the pupil leaves the larger group for limited periods to work with a specialist teacher
- a classroom assistant works with the pupil on his/her own or more generally in the classroom
- the pupil works in a group for those with similar needs for longer or shorter periods within the same organisation
- teachers are supported by a resource centre at local level
- resource centres at local level may be supported by an adviser at the National Agency for Special Needs Education and Schools (EADSNE, 2003).

Sweden also has a few special schools which offer programmes for pupils who are deaf or hard of hearing and special programmes are also available for those with severe learning disabilities, emphasising basic social skills. Five regional schools are run by the National Agency for Special Needs Education and Schools for pupils who are deaf or hearing impaired and cannot attend compulsory school (National Agency for Special Needs Education and Schools, 2010; Swedish National Agency for Education, 2010, p.32) and three national schools for pupils with visual impairments and additional disabilities, pupils who are deaf or hearing impaired combined with severe learning disabilities or congenital deaf-blindness and a school for pupils with speech and language disorders (National Agency for Special Needs Education and Schools, 2010). Special school education corresponds to that of compulsory schools as far as possible but is, at the same time, tailored to individual needs (Education Act, 2002, Chapter 7, section 1). In 2008 the Swedish Education Act increased the number of disability groups to be served by a special school to also include pupils with impaired vision and additional disabilities and pupils with profound speech and communication disorders (OSGR 30, 2007; OSGR 87, 2007).

SEN funding provision has changed dramatically in the past two decades. In the 1990s a decentralisation process began and the education system went from being one of the most centralised to one of the most decentralised systems in the western world (Lundahl, 2002). During this process, the government handed over much of the responsibility for schools to the municipal governments. Funds are now delegated from central government to municipalities and schools (Isaksson *et al*, 2009). The government now acts as advisor in setting the academic standards all schools must strive for (EADSNE, 2003; Nilholm, and Alm, 2010). The funding for children in different forms of SEN provision differs considerably. For example, a child with supports in mainstream or compulsory education costs Skr85,900, compared to Skr367,400 for those in LD programmes in compulsory education and Skr 812,100 in special schools (Swedish National Agency for Education, 2010, p.5).

3.3.4.2 Prevalence

In estimating SEN prevalence in mainstream schools, the Swedish National Agency for Education (2008) acknowledges that the final figure is unknown as data are not collected on these pupils (Swedish National Agency for Education, 2008). Children

with SEN are considered to be in segregated settings where they spend over 50 per cent of their time in special classes or programmes. As mentioned above most such pupils are educated in 'mainstream' provision (although this term is not used in Sweden). Research by Nilholm *et al* (2007) shows 20 per cent of municipalities in Sweden state that special groups where pupils spend more than 50 per cent of their time is a common solution to SEN provision. From this they estimate that 12,000, or 1.2 per cent, of pupils in compulsory school are taught in segregated settings – this does not include children in special learning disability programmes or in special schools. In addition, research by Nilholm and Alm (2010) also suggests that at any one time about 15-20 per cent of children in compulsory school receive some form of special support (p.241).

Official statistics are collected only for children in special schools or those in compulsory education enrolled in special learning disability programmes (Persson, 2004). These programmes are a form of special schools with their own course syllabi. They consist of classes in comprehensive schools with varying degrees of co-operation between the two school forms. For participating pupils, data from the Swedish National Agency for Education (Skolverket) shows 13,621 were in compulsory education during 2008-09. Of the 935,869 compulsory school-aged pupils, the estimated percentage in segregated provision is estimated at 1.3 per cent (according to the EADSNE, 2003). Similarly, the OSS (2008) states that special learning disability programmes account for 1.5 per cent of the pupils (OSS 2008). Some studies argue that these figures should be interpreted with caution, however, and stress the need for more updated in-depth analysis of the Swedish system (Nilholm and Alm, 2010).

Data from the Swedish National Agency for Education also shows that in autumn 2009 500 (or 0.06 per cent OSS, 2008) pupils enrolled in special schools which are segregated and often in special buildings separate to the comprehensive school. As discussed previously, they are divided into five regional and three national special needs schools. The former have 430 enrolled pupils and offer education to those who are deaf or hearing impaired. The national schools with 70 enrolled pupils cater for pupils with deafness or impaired hearing combined with learning disabilities, congenital deaf-blindness, severe speech and language disabilities or visual impairment combined with additional disabilities (Swedish National Agency for Education, 2010).

3.3.5 New Zealand

Since 1990, New Zealand has had legislation protecting the rights of students who are disabled to enrol in a school of their choice (1989 Education Act). It was not until 1996, however, that policy was introduced specifically to meet the needs of these students. Originally called Special Education 2000, the policy states the intention to provide a world class inclusive system but does not explicitly define inclusion (Thomson, 1998). Under this legislation students with SEN include children with a disability, learning difficulty or behavioural difficulty. This was followed by the introduction of the New Zealand Disability Strategy in 2001 which sought to 'provide the best education for disabled people' (Ministry for Disability Issues, p.18). Policies introduced during this period emphasised a move away from previous special education provision where learning and behaviour were often seen as residing with the student to a more ecological

and inclusive model where these difficulties are interpreted as a social construct (Davies and Prangnell, 1999). The New Zealand Ministry for Education states that a child may need SEN services if they:

- have a physical impairment
- have a learning disability
- have hearing or vision difficulties (a sensory impairment)
- struggle with learning, communicating, or getting along with others
- have an emotional or behavioural difficulty.

3.3.5.1 Provision and funding

In provision, New Zealand has deliberately developed a non-categorical approach to SEN, with the condition defined by the support provided rather than the diagnostic labels. There is no requirement to diagnose a disability to access SEN provision (Desforges and Lindsay, 2010, p.108). Students with SEN are defined as learners with a disability, sensory or physical impairments, learning difficulty, communication or behaviour difficulty that require one or more of the following:

- extra assistance, adapted programmes or learning environments
- specialised equipment or materials to support them in special or regular education settings (New Zealand Ministry for Education, 2010).

New Zealand changed from a centrally administered special education discretionary allowance (SEDA) to the special education grant (SEG), payable to all schools on a formula basis and which can be used creatively at the discretion of each school. This funding is not tagged to individual students and the school may spend as it sees fit on meeting the student's needs.

For those with high/very high needs, however, the ongoing reviewable resourcing scheme (OORS) individually allocates resources for target. Resources are not distributed on the basis of a SEN category assigned to a student but on level of need for which strict criteria and verification processes exist.³³ This scheme is made up of funding and teacher support.

The severe behaviour initiative (SBI) gets most criticism in New Zealand special education policy. It provides funding and support to students classified with severe behaviour difficulties, those that seriously jeopardise or threaten the student's – or others' – physical safety. Under SBI, behaviour support teams work in classrooms (resource teacher learning and behaviour or RTLB) and centres for extra support where the student can be withdrawn. The focus of these schemes on the individual rather

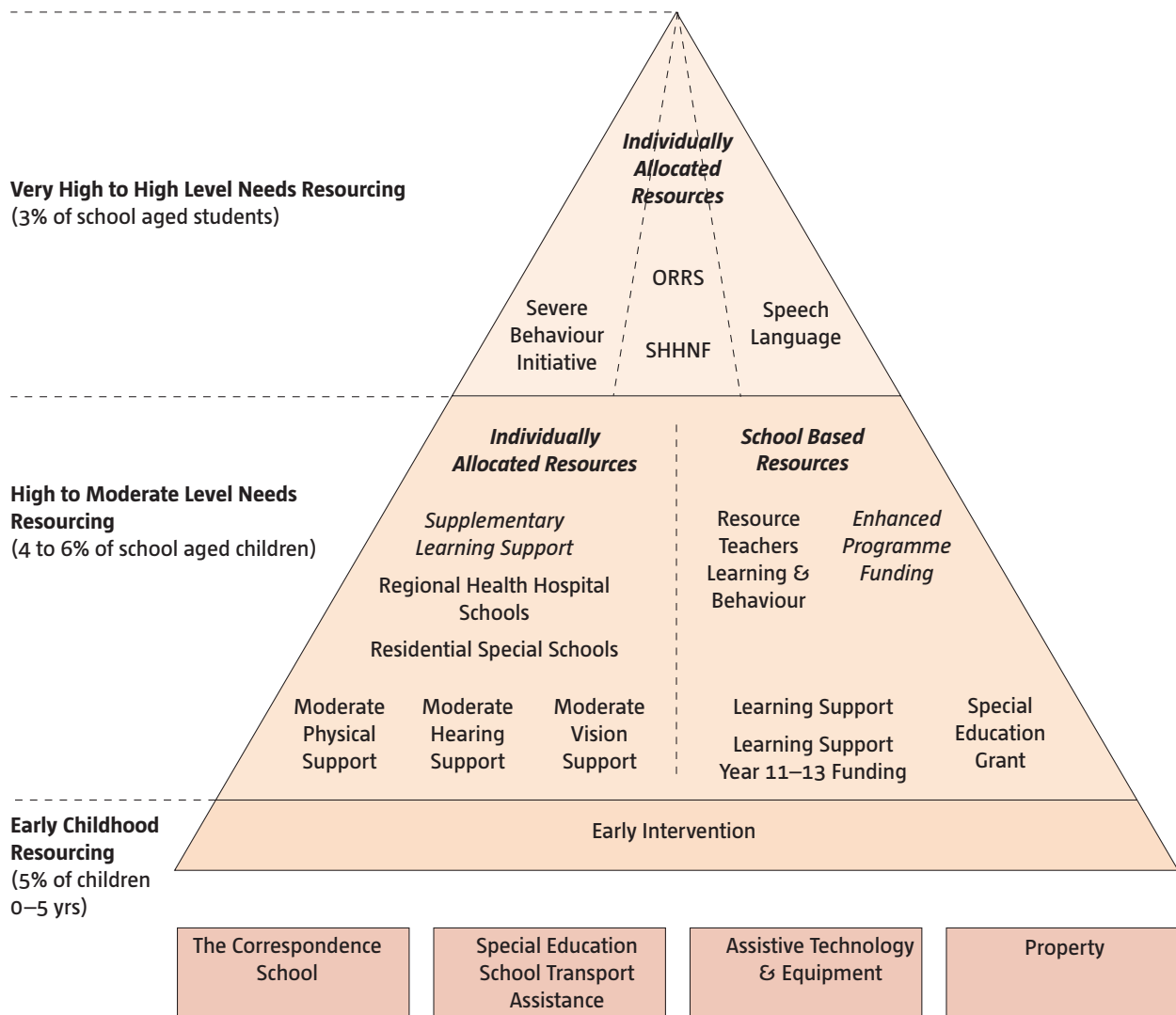
³³ Students are eligible when they meet at least one of nine criteria. They require intervention from specialists and/or specialist teachers for access to the New Zealand curriculum, and/or adaptation of curriculum content. To meet the criteria they must have significant educational needs that arise from either: extreme or severe difficulty with any of the following: learning, hearing, vision, mobility, language use and social communication, or moderate to high difficulty combined with learning and two of: hearing, vision, mobility, language use and social communication.

than on the school and the broader social/cultural factors that often contribute to a student’s difficulties draws criticism (Slee, 2001). Special schools remain so that parents/ caregivers retain the right of choice over schooling for students with SEN.

3.3.5.2 Prevalence

The New Zealand Ministry of Special Education is responsible for providing specialist education services and provides direct support annually to more than 30,000 young people aged up to 21 years with high/very high needs who receive individual resources through ORRS. This represents 3 per cent of the school population. Moreover, the Department also funds schools to support the 40,000-60,000 (4-6 per cent) children with more moderate education needs (Ministry of Education, 2010) and are funded by a combination of individual allocation (ORRS) and general allocation (SEG) (see Figure 3.1).

Figure 3.1: SEN prevalence in New Zealand



(Special Education, Ministry for Education, 2010)

In summary, this chapter focused on international policy approaches to SEN, specifically on the different ways in which countries classify categories of it. Policy follows a common trend, and EU policy in particular moves towards inclusive education particularly the inclusion of all pupils in 'mainstream' schools. Some countries adopt this model – the 'one track' approach – but most still operate a variety of services between mainstream and special school systems. Complexities arise when comparisons are drawn between individual countries' data on students with SEN which is due mainly to differences in classification systems in operation. There is no universally accepted system of SEN classification and countries either use disability or resource-based systems of classification. Due to these complexities large variations exist in prevalence estimation cross nationally. Differences emerge depending on whether estimates are based on administrative systems for resource allocation or other sources such as cohort studies which provide details on numbers of students identified as having a SEN but not necessarily getting supports. To overcome these problems of cross-comparisons, the OECD has introduced a framework where national data can be entered into the categories known as SENDDD (A – disability, B – difficulty and C – disadvantage). However huge variability persists between countries particularly for category C – disadvantage.

The second part of this chapter focused on five case-study countries with varying systems of SEN policy and resource allocation and prevalence estimation. A detailed examination of policy approaches to SEN in these countries highlighted variations in provision system, use of categories and prevalence estimates at national level. The UK system highlighted the impact of non-categorical resource-based system where children with SEN fall under School Action or School Action Plus depending on severity.³⁴ Moreover recent UK prevalence estimates show figures in the range of 18-26 per cent. To receive funding in the US system, however, children are assessed and identified as having one of 13 categories of disability. Under the IDEA Act (2004) students with SEN are increasingly spending more time in mainstream provision with individual education plans for each student. Due to the strict criteria, US prevalence estimates are comparatively low with just over 10 per cent estimated to receive support for SEN. Dutch policy enables students with SEN to be educated in mainstream schools but some students can also attend special provision (about 5 per cent). Estimates for the Netherlands range from 30 per cent based on teacher surveys, 26 per cent from a cohort study which used teacher and parent surveys and 17 per cent from Ministry of Education data. In policy commitment, Sweden could be considered one of the most inclusive systems of education in that unlike other countries it has no system of categorisation for children receiving SEN supports and the concept of mainstreaming is not used. In addition, official Swedish data shows most students with SEN are educated in mainstream provision (just 1.3 per cent in mainstream and 2 per cent in special schools). However, recent research has been critical of Sweden's commitment to inclusion suggesting that separate provision now exists in compulsory schools. Research shows that students who had previously attended special schools are now being placed in regular compulsory schools where they attend

34 As discussed above, there is an attempt to move away from a formal system of identifying SEN through the resources allocated to children (see Department for Education Green Paper March 2011).

special LD programmes or are placed in special classes. Some studies have criticised the lack of data available on children with SEN – data are collected only for the small number of students who attend special schools or receive specific supports in mainstream schools. Policy in New Zealand has also addressed the need to create more inclusive school environments in the past decade. It has adopted a non-categorical approach where students with SEN are identified by the type of support they receive rather than their disability. Prevalence estimates for children with SEN in New Zealand are 12–14 per cent of school children depending on the level of need.

4 Special Educational Needs Data and Prevalence Estimates in Ireland

4.1 Introduction

This chapter reviews and assesses existing administrative and other data sources and data issues on SEN and disability in Ireland. This allows us to identify gaps in knowledge on SEN prevalence in Ireland and to explore the potential for improving data collection and co-ordination. Chapter 4 also provides a useful context for understanding the prevalence estimation exercise outlined in Chapter 5.

With the exception of the NCSE (2006), existing data sources generally do not supply data that can be linked to the EPSEN Act definition of SEN. As a result, existing data show wide variations in figures for children with SEN or disabilities. This variation underlines the need for a new and different approach to estimating prevalence that is specifically driven by the EPSEN definition and that builds on the initial exercise undertaken by the NCSE in its *Implementation Report* in 2006 (NCSE 2006).

In Ireland, as elsewhere, the term special educational needs is used with much variability. The SERC report made an early reference to SEN prevalence in Ireland. Although it did not define SEN or disability, it considered that 2 per cent of children had a disability (Department of Education, 1993).³⁵ Depending on the definition adopted, data on children with a disability ranges from 3.2 per cent in the Census of Population (2006) to 11 per cent in the National Disability Survey (2008). This chapter gives an overview of these and other data sources on SEN and disability. Moreover, we consider the first prevalence estimate undertaken by the NCSE in 2006 following the introduction of the EPSEN Act. Under the Act's broader definition, the NCSE's *Implementation Report* (2006) found 17.7 per cent of the population had a SEN. This is discussed in section 4.8.

4.2 Census of Population

The Census of Population has been the primary source of information on numbers of people with disabilities in Ireland. In 2006³⁶, questions on disability were broadened and shifted emphasis to the day-to-day implications of having a disability rather than trying to identify and categorise that disability. Figures show that persons with disabilities represent 9.3 per cent of the total population with 35.1 per cent of those with a disability aged 65 or over (CSO, 2007).

35 According to the SERC Report (1993), about 8,000 students with SEN were in mainstream classes in primary schools at that time.

36 When compared to the question on disability in the 2002 Census which reads:

14. Do you have any of the following long lasting conditions?

(a) Blindness, deafness or visual impairment;

(b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying.

Answer (a) and (b) if aged five years and over. (a) Learning, remembering, concentrating? (b) Dressing, bathing or getting around inside the home? Answer (c) and (d) if aged 15 years or over. (c) Going outside the home alone to shop or visit a doctor's surgery? (d) Working at a job or business? (Census of Population 2002, Volume 10, Disability and Carers).

Do you have any of the following long-lasting conditions?

- a. blindness, deafness or visual impairment
- b. a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
- c. a learning or intellectual disability
- d. a psychological or emotional condition
- e. other, including any chronic illness

If “Yes” to any of the conditions specified in Question 15, do you have any difficulty in doing any of the following activities?

- a. remembering or concentrating
- b. dressing, bathing or getting around the home
- c. going outside the home alone to shop or visit a doctor’s surgery
- d. working at a job or business or attending school or college
- e. participating in other activities, for example leisure or using transport.

(Census of Population 2006, Volume 11, Disability and Carers and Voluntary Activities)

Stakeholders interviewed for this report believed this approach in the Census is far less diagnostic. They said people self-reporting difficulties in carrying out daily activities gave a more accurate assessment of the population with SEN:

There are two different types of questions and one of them says do you have one of the following long-term conditions and it’s blindness, hearing, learning or intellectual and then the second part looks at does that cause any difficulty for you in the following ... whether it’s work or whatever. So they look at what the broad disability is and what the implication is for day-to-day living (Stakeholder 9).

Disability has kind of moved on now that we are not really interested in why you acquired it, we are not really interested in the medics and the diagnostics behind it, it’s what are the implications for mainstream living (Stakeholder 6).

The inclusion of ‘learning or intellectual disabilities’, ‘psychological or emotional conditions’ and ‘any chronic illness’ in the 2006 survey suggests that the 2002 census may have underestimated the number of children with mental health difficulties, specific learning difficulties, and mild intellectual disabilities. This is highlighted in the increased prevalence rate among the child population (aged 0-17) from 2.1 per cent of children in 2002 to 3.2 per cent in 2006.

4.3 National Disability Survey

The 2006 National Disability Survey (NDS), which builds on the information relating to disability obtained in the Census of Population of April 2006, is a landmark in terms of in-depth information about people with disabilities (Watson and Nolan, 2011). As noted earlier, the 2006 Census included two questions on disability. The NDS was a follow-up survey which interviewed 14,518 people who were classified in Census 2006 as having a disability. Of these, the majority (88 per cent) also met the criteria for having a disability

used in the NDS. The NDS covered nine different disabilities some of which were not included in the Census:

What do you consider to be your MAIN difficulty?

- A. seeing
- B. hearing
- C. speech
- D. mobility and dexterity
- E. remembering and concentrating
- F. intellectual and learning
- G. emotional, psychological and mental health
- H. pain
- I. breathing

Watson and Nolan (2011) also note that many of those who did not record a disability in the NDS (but recorded a disability in the Census) had low levels of difficulty. The NDS also had a time threshold. The respondent was asked to think about difficulties that have lasted, or are expected to last, six months or more, or difficulties that occur regularly. The NDS also interviewed a sub-sample (1,551) who had not recorded a disability in the 2006 Census. Of these, a small percentage (11.5 per cent) recorded a disability in the NDS. This group were predominantly reporting difficulties not covered in the Census – pain, speech or breathing – or were reporting lower levels of difficulty than those who had declared a disability. For example, 47 per cent reported pain and 21 per cent reported breathing difficulties (CSO, 2008, p.21):

Several thousand people who said ‘no I don’t have a disability’ on the census were also asked all the same questions and about 9 per cent of those ended up having a disability because the questions differ ... The questions on the NDS lowered the threshold by saying do you have a difficulty in this area (Stakeholder 6).

Moreover, the prevalence of disability rises with age (see Table 4.1) – more than a third (36 per cent) of all persons with a disability were aged 65 and over yet this age group represented only 11 per cent of the population (CSO, 2008, p.23). Some stakeholders believed the introduction of the categories on pain and breathing resulted in higher prevalence rates among older age groups:

Two other categories were asked that radically changed the figures and they were pain and breathing ... I am making a sweeping statement here but a lot of those people are elderly so what you are looking at is acquired ageing. Now what some people would consider an ageing issue other people would consider a disability (Stakeholder 6).

Table 4.1: Persons with a disability by age group in the NDS

	Persons	Persons	Rate per 000	Rate per 000
	Census Disability	Total Population	Census Disability	Total Population
Persons	325,800	749,100	81	185
0-17	35,900	112,600	35	110
18-34	41,400	91,000	38	83
35-44	35,400	98,300	59	164
45-54	43,200	105,500	86	210
55-64	52,600	116,900	135	300
65-74	44,900	98,100	181	395
75+	72,600	126,800	377	660

(Source: NDS, 2008, p.18)

One stakeholder was wary of the NDS data as they did not relate to individuals receiving services and supports and as a result may have overrepresented certain groups:

When you drill down into that you are not getting a true picture of disability as it would be described in the Disability Act ... they identified people who thought they were struggling in life for whatever reason. They were asking them to make a self-determination about whether people had a disability or not. In the nature of whether that person received services from the HSE the numbers were way lower than in the census (Stakeholder 5).

4.4 National Intellectual Disability Database and National Physical and Sensory Disability Database

Ireland has two national disability databases operating within the Health Research Board (HRB): the National Intellectual Disability Database (NIDD) and National Physical and Sensory Disability Database (NPSD). Both supply information on people with specific intellectual and physical/sensory disabilities who are assessed as receiving or needing a disability service (Kelly *et al*, 2010, p.17; O'Donovan, 2010, p.13). These systems are described as national service-planning databases for people with disabilities which ensure that valid and reliable data are available for analysis, dissemination and service planning (Kelly *et al*, 2010).

4.4.1 National Intellectual Disability Database

The NIDD has been collecting these data since 1995 to record all persons with a moderate, severe or profound learning disability including persons with a mild level of intellectual disability if they are in specialist educational or health services for people with intellectual disabilities. The NIDD's annual report (2009) says 26,066 are registered representing an administrative prevalence rate of 6.15 per thousand population (Kelly *et al*, 2010, p.15). Children with intellectual disabilities make up 34.8 per cent (9,084 aged 0-18) of those getting relevant services (Kelly *et al*, 2010, p.25) which is 0.7 per cent of the population of children.³⁷ The report acknowledges

³⁷ The population of children aged 0-19 in the Census of Population (2006) was 1,154,706.

an under-registration of children on the database and also acknowledges that figures for people (including children) on the NIDD with a mild intellectual disability may be underestimated as they are less likely to require intellectual disability services (Kelly *et al*, 2010).³⁸ In addition, those recorded on the database as being average/borderline mild are not reported on (Kelly *et al*, 2010, p.21).

Based on the information gathered on children in the NIDD, however, the multi-disciplinary services accessed by children included speech and language therapy (1,652 children aged six years or under and 3,795 children aged seven to 17), social work (1,399 children aged six years or under and 2,309 children aged seven to 17 years) and occupational therapy (1,173 children aged six years or under and 2,389 children aged 7-17 years) (Kelly *et al*, 2010, p.50). On day services, 6,291 (75.8 per cent) of those aged under 18 are in education services which include pre-school, primary and post-primary education in both mainstream and special settings. The annual report also highlights how the number and rate of children registered as having an intellectual disability increases by age group. In 2008, the rate of children registered with an intellectual disability was 8.42 per thousand children aged five to nine and this rose to 9.53 per thousand children aged 15-19 (Kelly *et al*, 2010, p.24).

4.4.2 National Physical and Sensory Disability Database

A second database, the National Physical and Sensory Disability Database (NPSDD), on physical, sensory and/or speech disabilities is collated by the HRB and gives information on people with a physical, sensory and/or speech disability and who have or need a personalised health/social service. It reported 26,169 such people in its 2009 annual report (2010) although it acknowledges that not everyone with a physical and/or sensory disability is 'availing of, or requiring a specialised health and personal service' and participation is voluntary (O'Donovan *et al*, 2010, p.11). The report found just under a third of those on the database were children (8,043, 30.7 per cent) (O'Donovan *et al*, 2010, p.17) but prevalence rates are not calculated on the NPSDD. Figures for children are similar to the NIDD at 0.7 per cent of the population of children based on the 2006 census. The information collected mainly concerns children's health-related service needs in the context of students in school, but also records whether they are in mainstream school, special school or a special class within a mainstream school. The HRB annual report highlights how coverage for the NPSDD is uneven for several groups and areas and acknowledges that these data cannot give a comprehensive picture of service use and need. They are, however, an important indication of the pattern of current service use and possible future need (O'Donovan *et al*, 2010, p.14).

4.5 Special Education Administrative System (SEAS)

The Special Education Administrative System (SEAS) is a purpose-designed computer system aimed at providing an efficient and effective special education administration system for use by the NCSE. It enables SENOs and other NCSE staff to manage and

³⁸ Inclusion of persons with MGLD is only sought if they are in a special class or special schools for children with intellectual disability, or attending an intellectual disability service, or if they are considered likely to require such services within the next five years.

maintain school, pupil, and SENO information and to maintain applications for teaching hours, SNA posts, assistive technology and transport (NCSE, 2008: 23).

Table 4.2 and 4.3 show 2010 figures from the SEAS based on the numbers of pupils getting additional resource teaching hours and SNA support by SEN or disability type. As discussed in Chapter 2 the NCSE supplies additional resource teaching hours for low and high incidence disabilities at post-primary level. At primary level the NCSE allocates these resources for pupils with low incidence disabilities. It also allocates SNA support to pupils with disabilities and care needs in primary and post-primary schools. Table 4.2 shows that the largest category of post-primary pupils receiving additional resource teaching hours are those with mild general learning disabilities and borderline mild general learning disabilities (both 21 per cent). Twenty per cent of students with additional learning resources are those with specific learning disabilities (dyslexia, dyscalculia, dysgraphia) and a further 12 per cent are described as having an emotional/behavioural disturbance.

At primary level the SEAS data for additional resource teaching hours relate to students with low incidence disabilities including emotional/behavioural disturbance (22 per cent), specific speech and language disorder (20 per cent), autism/autistic spectrum disorders (18 per cent) and physical disabilities (17 per cent).

Table 4.2: Number of pupils with special educational needs in mainstream education allocated additional teaching hours by the NCSE August 2010

SEN Category	Post-primary		Primary		Total
	No of Pupils	%	No of Pupils	%	
Assessed syndrome	88	0.50	253	1.52	341
Autism/autistic spectrum disorders	1090	6.22	2953	17.76	4043
Borderline mild general learning disability*	3689	21.07			3689
Emotional/behavioural disturbance	2054	11.73	3730	22.43	5784
Hearing impairment	325	1.86	649	3.90	974
Mild general learning disability*	3611	20.62			3611
Moderate general learning disability	244	1.39	511	3.07	755
Multiple disabilities	510	2.91	1429	8.59	1939
Physical disability	1394	7.96	2757	16.58	4151
Severe emotional/behavioural disturbance	390	2.23	726	4.37	1116
Severe/profound general learning disability	31	0.18	24	0.14	55
Specific learning disability*	3417	19.51			3417
Specific Speech and Language Disorder	493	2.82	3314	19.93	3807
Visual impairment	176	1.01	283	1.70	459
Total	17512	100.00	16629	100.00	34141

(Source: NCSE Special Education Administration System (SEAS) August 2010)

* Borderline mild general learning disability, mild general learning disability and specific learning disability are categorised as ‘high incidence’ disabilities under current resource allocation arrangements. At primary level, these pupils are allocated additional teaching supports at school level under the General Allocation Model and not by the NCSE. (See SpEd Circular 02/05 for further detail).

The system also has statistics on the number of pupils with SNA support at primary and post-primary levels (Table 4.3). Three-quarters of pupils with SNA support are primary and the largest categories are students with EBD (24 per cent), autism/autistic spectrum disorders (24 per cent) and physical disabilities (15 per cent). Similarly at post-primary, the largest categories of students with SNA support are students with EBD (25 per cent), autism/autistic spectrum disorders (18 per cent) and physical disabilities (17 per cent).

Table 4.3: Number of pupils allocated special needs assistant (SNA) support in mainstream schools by the NCSE August 2010

SEN Category	Post-primary		Primary		Total
	No of pupils	%	No of pupils	%	
Assessed syndrome	67	2.14	351	3.55	418
Autism/autistic spectrum disorders	567	18.09	2369	23.98	2936
Borderline mild general learning disability	86	2.74	138	1.40	224
Emotional/behavioural disturbance	769	24.53	2352	23.80	3121
Hearing impairment	54	1.72	232	2.35	286
Mild general learning disability	267	8.52	386	3.91	653
Moderate general learning disability	149	4.75	434	4.39	583
Multiple disabilities	288	9.19	1038	10.51	1326
Physical disability	523	16.68	1519	15.37	2042
Severe emotional/behavioural disturbance	211	6.73	533	5.39	744
Severe/profound general learning disability	2	0.06	25	0.25	27
Specific learning disability	30	0.96	22	0.22	52
Specific speech and language disorder	13	0.41	310	3.14	323
Visual impairment	109	3.48	172	1.74	281
Total	3135	100	9881	100	13016 *

(Source: NCSE Special Education Administration System (SEAS) August 2010)

* Please note that the number of pupils with SNA support is not equal to the number of SNAs working in mainstream schools, as some SNAs may be in a position to support the care needs of more than one pupil. Also note that this table only refers to allocations to mainstream schools, and not to special schools.

Some stakeholders saw much potential in the SEAS system in providing real numbers for students with SEN in the post-primary school system:

As the NCSE is coming into its own and their system is becoming more developed they will be able to provide well-rounded comprehensive annual statistics (Stakeholder 10).

Greater access to this data on children getting supports was suggested by other stakeholders. Others interviewed were not optimistic about the SEAS and believed that as an administrative system its potential was limited:

The SEAS database would need to be transformed, I mean it is fit for purpose, it's only when you try to use it for something else, such as finding out detailed information ... in terms of giving you the nuanced information that you need, it's limited. That's not its purpose (Stakeholder 4).

Most stakeholders interviewed knew of the SEAS but were unsure of its possibilities at present:

The NCSE is collecting data and has its own SEAS database which I don't know if it is quite fully up and running and if they are fully happy with it yet (Stakeholder 10).

4.6 Annual Returns of Department of Education and Skills

An Annual Census of Primary Schools is submitted to the DES every October by school principals containing detailed information on students in ordinary classes, special classes in mainstream schools and special schools. Known as the 'October Returns', this administrative data source relies on the accurate reporting by principals of student enrolment and school staffing as of 30th September of each year. This information forms the basis for DES funding, teacher allocation and various grant payments. These figures include total numbers of pupils in ordinary national and special schools as well as numbers of pupils with special needs in ordinary national schools.³⁹ These data, however, do not provide details of the nature, intensity and duration of any additional supports or teaching provided at the individual schools.

4.6.1 Supports for ordinary classes at primary level

Data are available from the DES based on responses by principals to the question below on the October returns. Changes in the system of resource allocation in 2005 mean little is known of how principals interpret questions on SEN in the annual returns and in turn how they report SEN student numbers at their school. It was not until the 2008/09 annual returns that the wording and terminology of the form changed to reflect the introduction of the new funding system. Between 2005 and 2008 the form wording remained the same and principals continued to fill in the 'remedial table' (below) on the number of pupils receiving remedial instruction:

Remedial Table – Data from the DES Annual Returns
Number of pupils enrolled in Ordinary Classes who, in addition to the instruction they received in Ordinary Classes, were receiving remedial instruction for at least some of the period 1 September-30th September (Year)

(Source: DES Annual Return for School Year 2003/04)

During this period it is not clear if the data collected refer to those receiving supports through the previous system of resource allocation (assessed individual allocations) or if principals were including pupils now getting supports under the GAM (who do not need

³⁹ The terms 'ordinary' and 'special' are becoming increasingly outdated, as descriptions of educational needs, classes and educational institutions. However, they are the terms used in the official statistics provided by the Department of Education and Skills. Therefore, in order to ensure clarity in presentation, these terms are used in this section of the report.

an assessment to receive supports). Therefore caution is prudent on these figures as it is not clear how the questions' changed wording has affected the number of students which principals consider to have supports. Since the wording change in 2008 principals have been asked to enter data on the number of pupils receiving additional teaching. See below:

Learning Support Table – Data from the DES Annual Returns
Number of pupils enrolled in Ordinary Classes who, in addition to the instruction they received in Ordinary Classes, were receiving additional teaching for high incidence* special educational needs under the General Allocation Model.

* It is unclear if these data include students with 'learning support needs'.

(Source: DES Annual Return for School Year 2008/09)

As mentioned in Chapter 2, the GAM caters for children with high incidence special needs, learning support needs and learning difficulties⁴⁰. This form returned by principals is titled 'Students in Receipt of Learning Support (remedial) at Primary Level' and includes children with high incidence needs and 'learning support needs'. A separate issue relating to the DES data was outlined in a recent NCSE submission to the Joint Oireachtas Committee. The NCSE highlighted that 'it is currently not possible to state the numbers of children with high incidence special needs being supported under the General Allocation Model in primary schools, as the model supports both children with high incidence special needs and children with learning support needs' (NCSE, 2010). The question (above) groups the children together and it not possible to disaggregate the high incidence group from the learning support group (assuming that principals are actually providing data on both groups).⁴¹ Over time the data show that following a slight decline in support level in 2002 and 2003 the increase was considerable in the total number of pupils identified with learning support between 2005 and 2008. The numbers rose from 55,477 in 2004/05 to 84,061 in 2007/08 (or 17 per cent of total primary school population). The increase in overall numbers was accompanied by increases in the proportion of boys getting learning support as the numbers rose from just under 32,000 in 2004/05 to 47,000 in 2007/08.⁴² It is again worth noting the change in the system of resource allocation to the GAM model during this period and the subsequent change in the question's wording in which principals were asked on the 'October returns'.

40 Categories include:

- pupils who are eligible for learning-support teaching; In determining eligibility for learning-support teaching, priority should be given to pupils whose achievement is below the 10th percentile on standardised tests of reading and mathematics;
- pupils with learning difficulties, including pupils with mild speech and language difficulties, pupils with mild social or emotional difficulties and pupils with mild co-ordination or attention control difficulties associated with identified conditions such as dyspraxia, ADD, ADHD;
- pupils who have SEN arising from high incidence disabilities (borderline mild general learning disability, mild general learning disability and specific learning disability).

41 It could be argued that if principals were not including students with learning support needs that this would be reflected in the figures (which would decrease instead of increase). In this way the figures suggest that these children are included, in addition to the high incidence children who were added to this group as a result of the GAM.

42 This increase is difficult to decipher given the changes in the system of resource allocation (GAM) introduced in 2005.

4.6.2 Students taught by special class teachers at primary level

In mainstream primary and post-primary schools students with SEN can be placed in special classes designated for one particular disability or a range of disabilities depending on the students.⁴³ As part of the 'October returns', primary school principals provide information on:

Data from the DES Annual Returns
Numbers of pupils taught by a recognised special class teacher in your school

(Source: DES Annual Return for School Year 2008/09)

The information gathered includes 'the name of the special class teacher', the 'special need type code' and 'the number of pupils taught in the class'. Principals enter the 'special need type code' according to a list of SEN categories supplied by the DES (See below).

Special Need Type Code
<ul style="list-style-type: none"> • mild general learning disability • moderate general learning disability • severe/profound learning disability • hearing impairment • visual impairment • physical disability • specific speech and language disorder • multiple disabilities • emotional disturbance • specific learning disability • severe emotional disturbance • autism / autistic spectrum disorders • assessed syndrome • specific learning disability

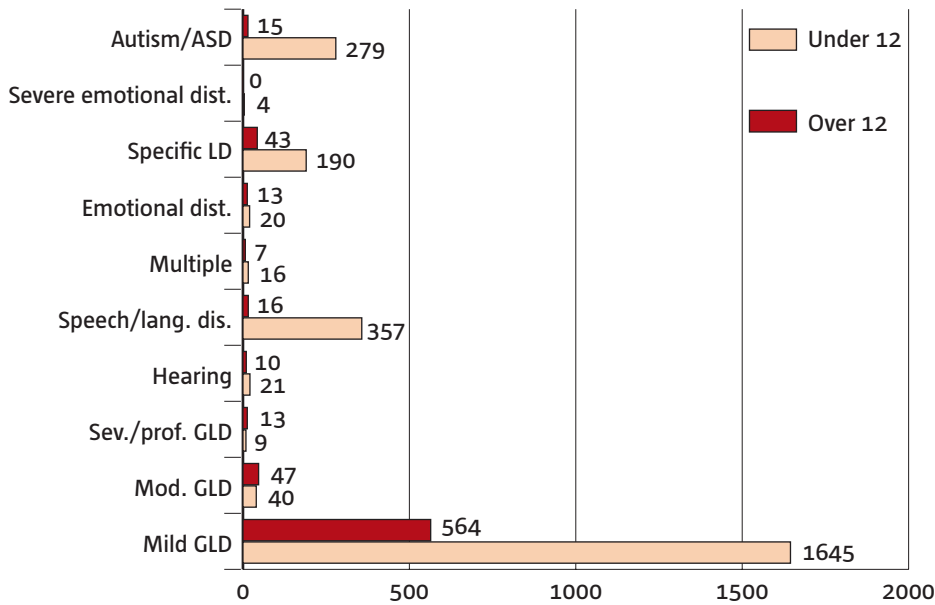
The DES data from 2008 show 2,931 children with SEN were taught by recognised special class teachers. Figure 4.1 and 4.2 highlight the number of students in these special classes based on their SEN type and age (whether they are under or over 12 years). During this period the overall number of students with SEN taught by special class teachers has declined from 3,309 in 2003 to 2,931 in 2008. Moreover, there have been changes in the types of SEN categories placed within special classes. For example, in 2003, 67 per cent of students in special classes were classified as having mild general learning disabilities compared to just under half (44 per cent) in 2008. In both years the majority of this group were under 12 (74 per cent in 2003 and 80 per cent in 2008). Another change can be seen in the number of students with autism/ASD. In 2003 these students made up 9 per cent of students in special classes but this had increased to 27 per cent.⁴⁴ Other categories

43 Research by Ware *et al*, 2009 has found that 'unofficial special classes' exist at post-primary level compared to primary schools where special classes are more easily defined and identifiable (Ware *et al*, p.146).

44 This increase is also highlighted in a DES report which showed that children with autism made up just 12 per cent of pupils in ordinary national schools (O'Connor, 2007, p.20). Moreover, the recent NCSE publication *An International Review of the Literature of Evidence of Best Practice Provision in the Education of Persons with Autistic Spectrum Disorders* also highlights the particular increase in special classes for students with autism – see Parsons *et al*, 2009.

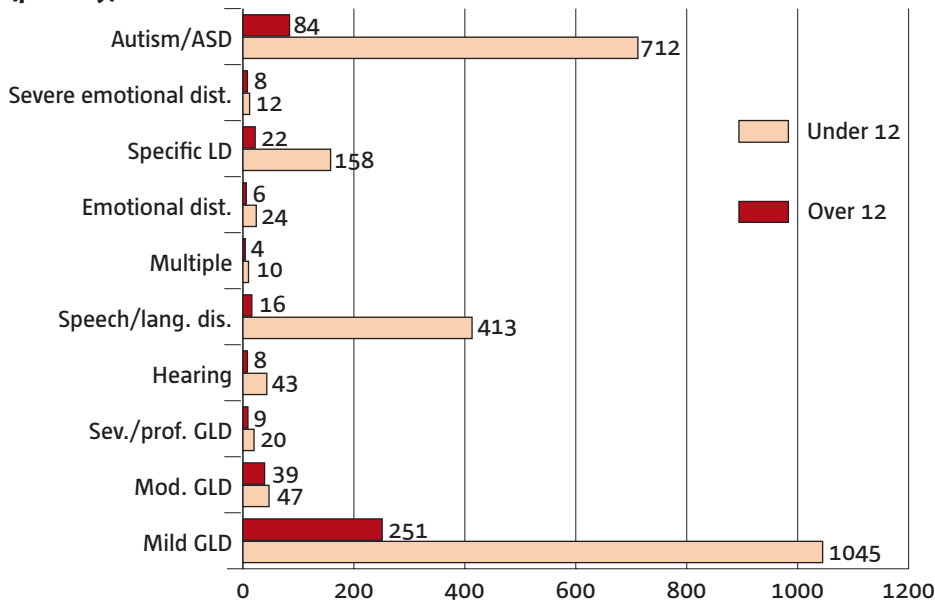
of need for students with SEN taught by a special class teacher included students with speech and language difficulties (11 per cent in 2003 and 15 per cent in 2008) and specific learning disabilities (7 per cent in 2003 and 6 per cent in 2008).

Figure 4.1: Profile of pupils with special educational needs in special classes 2003 (primary)



(Source: DES, 2009)

Figure 4.2: Profile of pupils with special educational needs in special classes 2008 (primary)



(Source: DES, 2009)

The second page of the annual returns for ‘special class pupils’ gathers information on the numbers of children taught by a special class teacher by their age and gender. In 2008, 9,668 students were taught by the special class teacher but this figure includes

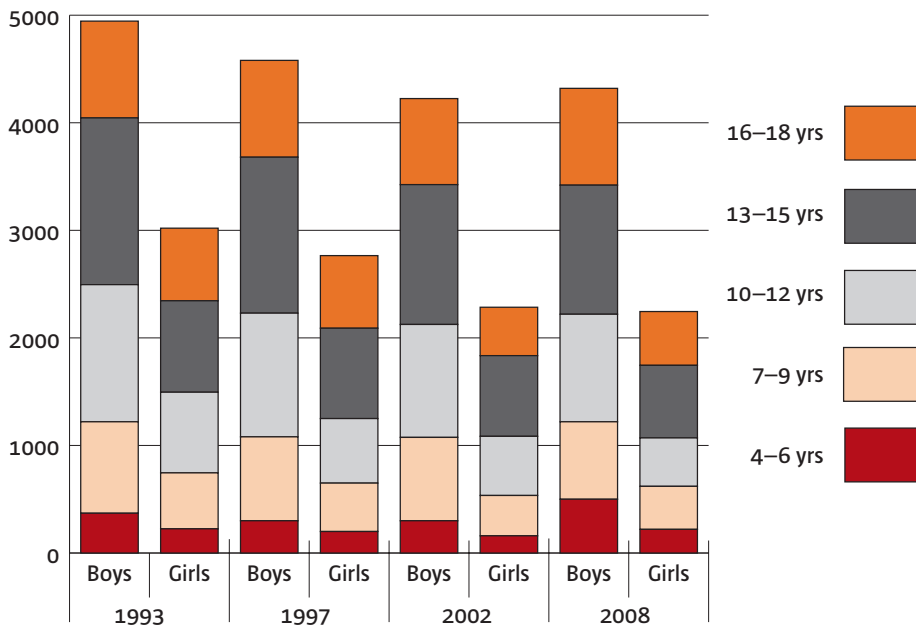
students other than those with SEN (Traveller students made up 6,737 of the 9,668 total in 2008).

4.6.3 Special schools

Special schools also complete returns similar to 'ordinary national schools' and provide information on the name of the teacher, type of special need, number of pupils in class and number of pupils in class who were born in 1996 or earlier. The second page of the form asks principals for 'numbers of pupils on the roll' and information on the age and gender of the students and whether they are taking Junior or Leaving Certificate subjects.

Similar to the forms for special classes, principals are provided with a list of categories of SEN by the DES which is more detailed and includes categories such as 'Traveller children', 'young offenders', 'profoundly deaf' and 'out of parental control'.⁴⁵ Figure 4.3 shows the numbers of boys and girls attending special schools by age group. The age ranges from four to 18 years and although some students are actually at post-primary age or level, the schools are treated by the DES as primary and therefore data are collected as part of the Annual Census of Primary Schools. The data also show the numbers attending special schools during 1993/2008 have decreased slightly from 7,952 students in 1993 to 6,952 students in 2008. In line with national and international research in gender and special education (O'Connor, 2007; Croll and Moses, 1985), these data show that since 1993 the number of boys in special schools has been considerably higher and by 2008 this differential had increased with nearly twice as many boys than girls (4,333 boys compared to 2,261 girls). In terms of age groups, since 1993 children aged 13 to 15 make up the largest group of both boys and girls in special schools followed by those aged 10 to 12 (Figure 4.3). This may be due to the difficulties in the transition from primary to post-primary education where some students with SEN transfer to a special school having attended a mainstream school at primary level (Ware *et al*, 2009, p.7).

45 The full list of categories for Special Schools Annual Returns include mild GLD, mod GLD, severe/profound LD, hearing impairment, visual impairment, physical disability, Traveller children, specific speech and language disorder, multiple disabilities, emotional disturbance, specific learning disability, young offender, severe emotional disturbance, profoundly deaf, autism / autistic spectrum disorders and out of parental control.

Figure 4.3: Numbers of boys and girls attending special schools by age group

(Source: DES 'Annual Returns' 1993/2008)

Stakeholders interviewed remarked on how little the data gathered by the DES annually are used by researchers and policy-makers. Some raised issues around the outdated terminology used to categorise SEN among children and suggested the census forms needed to be revised. Overall stakeholders believe the data collected in the 'October returns' are 'comprehensive' for primary level but was lacking at post-primary. Some referred to the Post-primary Pupil Database (PPPDB) which contains pupil enrolment information received from all second level schools each year since the early 1990s. Using a PPSN number it is possible to track each cohort of pupils through second level and identify early school leavers. The database records include no marker for students with SEN and disability, so it is not possible to disaggregate this group.

4.7 NCSE Data on Special Schools and Classes

Recent NCSE data show that up to 6,340 children attend 105 special schools for children with disabilities.⁴⁶ The Council's policy advice report on *The Future Role of Special Schools and Classes in Ireland* shows that of 105 special schools, 72 are for children with intellectual disabilities (mild, moderate, severe/profound learning disabilities) and 12 are for children with emotional and behavioural disorders.

⁴⁶ These data do not include schools for children from the Travelling community, hospital schools, schools attached to child detention centres, special care units and high support units and the 13 new special schools for children with autism, formerly known as ABA centres. See NCSE, 2011, p.38 at http://www.ncse.ie/uploads/1/The_Future_Role_of_Special_Schools_and_Classes_in_Ireland_4.pdf.

NCSE data also provide a breakdown on numbers of students with SEN in special classes recognised by the DES.⁴⁷ NCSE analysis of special class figures shows 3,000 pupils were enrolled in special classes in mainstream primary and post-primary schools. This figure comprises 430 special classes attached to primary school with 2,631 pupils enrolled and 73 special classes attached the post-primary schools with 369 pupils enrolled (NCSE, 2010). The NCSE also provide data on the composition of special classes (see Table 4.4).

Table 4.4: Designation of special classes

Official DES Designation	Primary	Post-primary
Mild GLD	75	6
Moderate GLD	15	10
Severe/profound GLD	9	-
Specific speech and language disorder	60	-
Specific learning disability	16	-
ASD (early intervention)	20	-
ASD	210	51
Aspergers Syndrome	3	3
Emotional and behavioural disorders	9	-
Hearing impairment	10	-
Visual impairment	-	-
Physical impairment	-	-
Multiple/complex disabilities	3	-
Mixed	-	3
Total	430	73

(Source: NCSE, 2010)

4.8 Other Data Sources

4.8.1 NCSE Implementation Report

The first study to estimate SEN prevalence under the new and broad definition in the EPSEN Act 2004 was carried out for the NCSE's *Implementation Report* (2006). For the NCSE, this estimation was a 'key requirement in order to determine an approach to the implementation of the EPSEN Act, 2004' (NCSE, 2006, p.60). The *Implementation Report* discusses in detail the implications the broader definition would have on estimating SEN prevalence.

The Act defines a child with SEN as anyone up to age 18 with 'an enduring physical, sensory, mental health or learning disability, or any other condition' which restricts their

⁴⁷ Details of the data on special classes published by the NCSE are available in the recently published policy advice report on *The Future Role of Special Schools and Classes in Ireland* (NCSE, 2011) at http://www.ncse.ie/uploads/1/The_Future_Role_of_Special_Schools_and_Classes_in_Ireland_4.pdf

capacity to 'participate in and benefit from education' (EPSEN, 2004, Section 1). It refers to the latter restriction for several reasons. In its interpretation, the NCSE took the view that EPSEN included 'restrictions of any level of severity arising from these conditions' and that 'persons suspected of having the lowest level of restriction in capacity arising from these conditions is entitled to an assessment and identification of needs and the provision of an education plan to meet these needs' (NCSE, 2006, p.62). Of particular note is the inclusion of children with mental health difficulties and/or with certain enduring medical difficulties.

To estimate SEN prevalence using the EPSEN definition, the *Implementation Report* used four main sources of data including national databases, local studies, international studies and expert estimates. The report offers a detailed breakdown of existing prevalence estimates across five broad categories of SEN including physical and sensory disability, intellectual and learning disability, specific learning disability, autistic spectrum disorders and mental health difficulties (see Table 4.5). It states that the NIDD has provided almost accurate data on the prevalence of moderate, severe and profound intellectual disabilities. The NCSE used international data to estimate the prevalence of mild intellectual disabilities which it then applied to the population of Irish children in the 2002 census. For data on physical and sensory disabilities the *Implementation Report* used the NPSDD. The report highlights how the incidence of people with physical and sensory disabilities in the NPSDD represented just 54 per cent of the estimate number of those with a physical or sensory disability in the 2002 census. Based on this, the *Implementation Report* used an adjusted estimate.

Where no national databases were used, the report used expert estimates 'which had drawn upon local and international studies to estimate the prevalence of a disability among children'. This was the case for emotional disturbance where a prevalence rate from an Irish study was applied to the population of Irish children; specific learning disability, where US studies were extrapolated to the total population of Irish children; and for autistic spectrum disorders, where the prevalence rate in the *Report on the Task Force on Autism* was used.

This exercise put the entire number of children with SEN at 190,303, equivalent to 17.7 per cent of all children (NCSE, 2006, p.73). This figure provided a much higher estimate of need than had ever been considered before. Moreover, the NCSE argued in the report that children with mental health difficulties and/or with mild general learning disabilities 'may not have been fully captured' in their estimate (NCSE, 2006, p.73).

The report considered the estimate was 'as reliable a guide' of the number of children with SEN as was possible to obtain at that time (NCSE, 2006, p.65). The NCSE acknowledged that while every effort had been made to eliminate double-counting 'the degree to which it still remains is unclear'. In addition, it argued that 'any risk of double counting is more than offset by the conservative estimates used in each category and by the fact that some conditions which may give rise to SEN, such as those emanating from medical conditions, have not been included in our figures due to a lack of verifiable data' (NCSE, 2006, p.73).

The report was correct in its prediction that broadening the 2006 Census of Population question on disability (to include learning and intellectual disabilities and psychological

and emotional conditions) would result in a rise in the prevalence rate from 2.1 per cent of children in 2002 to 3.2 per cent in 2006 (see section 4.2). Although this census estimate remains considerably lower than that in the *Implementation Report*, a more comparable estimate was provided in the National Disability Survey (2008) which found that 11 per cent of children aged 0-17 years reported having a disability.⁴⁸

Table 4.5: Estimated number of children with special educational needs in Ireland as per the EPSN definition – NCSE *Implementation Report 2006*

Category of Disability	No of Children	Prevalence %
Physical and sensory disabilities	13,035	1.21%
Intellectual/general learning disabilities	20,597	1.91%
i Mild	16,141	1.50%
ii Moderate, severe, profound	4,456	0.41%
Specific learning disability	64,562	6%
Autistic spectrum disorders	6,026	0.56%
Mental health difficulties	86,083	8%
Total	190,303	17.68%

(Source: NCSE, 2006, p.72)

A stakeholder stressed the importance of analysing the children who made up the *Implementation Report* prevalence rate and considered that it represented a continuum of need:

On the serious end of the continuum you are somewhere between about 4 per cent and 6 per cent of children who have significant need or the need for a significant level of intervention and support. Beyond that then the next group of children which may be about 15 per cent of children – they would be on a continuum of need and their need may arise from time to time, those who may have difficulty for example in literacy and numeracy. Then there is the group of children with challenging behaviour, EBD, and that's a big area of controversy and how the Department should respond to them. Children with mental health problems would fit into that group somewhere ... How many of those children there are, it's very hard to tell and their needs change over time (Stakeholder 3).

4.8.2 Health Behaviour in School-aged Children (Ireland) Survey

Another valuable source of information on SEN and disability in Ireland is the *Health Behaviour in School-aged Children (Ireland) Survey*. This is conducted every four years by the Health Behaviour in School-aged Children (HBSC) Ireland research team at NUI Galway which is one of 43 international teams working with the World Health Organisation. The aim is to understand the health behaviours of young people. In the 2006 HBSC study in Ireland children were asked to report if they had been 'diagnosed by a doctor with a disability or chronic illness'.

⁴⁸ See Chapter 7 for a discussion comparing the prevalence estimate in the *NCSE Implementation Report* and the prevalence estimate reached as part of this study.

The study identified 2,053 (20 per cent) school-aged children with a disability or chronic illness (Molcho *et al*, 2008, p.14).⁴⁹ Of those, 670 (33 per cent) reported having a disability/chronic illness which did not need medication or affect school participation; 874 (42 per cent) said they took medication and 510 (25 per cent) said their disability/chronic illness affected school participation (Molcho *et al*, 2008, p.14).⁵⁰

A more recently published *Middle Childhood Study* focused on Irish children aged nine to ten and altered the question slightly: 'Has the doctor told you or your parents that you have a health condition, illness or disability (like diabetes, asthma, allergy)?' This resulted in a considerable increase as 33 per cent of boys and 25 per cent of girls answered yes. It also found 23 per cent of boys and 18 per cent of girls answered yes to the question: 'Do you take medicine (like tablets, inhaler) for your health condition, illness or disability?' (Kelly *et al*, 2009, pp. 55-57).

4.8.3 Task Force on Dyslexia

Other smaller scale studies have attempted to identify the prevalence of various types of special needs in specific educational settings. In October 2000 the Task Force on Dyslexia was established to review and assess current provision for children with dyslexia and to make recommendations for future policy developments, education provision and support services. Based on international studies the report estimated that up to 8 per cent of the population was affected by dyslexia (DES, 2001). It moved away from the traditional understanding of dyslexia as 'impairments in specific areas such as reading, writing, spelling and arithmetic notation' (Government of Ireland, 1993, p.86) to a much broader understanding of it as a 'continuum of specific learning difficulties related to the acquisition of basic skills in reading, spelling and/or writing'.

4.8.4 Report of the Task Force on Autism

The *Report of the Task Force on Autism* (DES, 2001) gave the first comprehensive examination of autism and issues surrounding the education and support for persons with autistic spectrum disorders in Ireland. It embraced a guiding philosophy of 'rights, equality and participation' and central to this was the principle of inclusion, with schools being charged with actively promoting inclusion for students with autistic spectrum disorders. According to this report prevalence rates of individuals affected with ASDs are estimated to be about 56 per 10,000 of the general population (DES, 2001). The NCSE's Implementation Report (2006) also used this percentage (0.56 per cent or 6,026 people) to estimate the numbers of children and young people aged 0-18 years. Irish Autism Action uses the worldwide figures of 1 in 166 children to arrive at an estimate of 5,420. More recent UK studies indicate that figures cannot be precisely fixed, but it appears that a prevalence rate of around 1 in 100 is a best estimate (The National Autistic Society, 2010). Research is under way by Irish Autism Action and researchers from

49 In Ireland, sampling was conducted to be representative of the proportion of children in eight chosen geographical regions. The objective was to achieve a nationally representative sample of school-aged children.

50 In terms of learning disabilities this survey is potentially an underestimate in that it is a self-completed questionnaire.

University College Cork, Dublin City University and Muintearas Lettermore Galway to estimate autism prevalence in Ireland. The difficulties involved in gathering data on the numbers of children with autism are also outlined in the UK *Report of the Task Group on Autism*:

The prevalence of autistic spectrum disorders is a matter of debate. There are a number of serious problems with calculating prevalence rates and predicting future demand for services. One is that rates and types of diagnosis vary widely between health authorities and also between individual paediatricians and other diagnosticians. Secondly, the definitions and diagnostic criteria for autism are fluid and qualitative in nature, relying primarily on the observation and categorisation of behaviour; thus there is the possibility of both under- and over-diagnosis. (Evans, Castle and Barraclough (2001) cited in Report of the Task Group on Autism).

4.8.5 Mental health issues and emotional behavioural disorders

Recent Irish and UK research shows that one in 10 children and adolescents have mental health disorders associated with “considerable distress and substantial interference with personal functions” such as family and social relationships, their capacity to cope with day-to-day stresses and life challenges, and their learning (HSE, 2010). One of the most frequently occurring is attention deficit hyperactivity disorder (ADHD) (Currie and Stable, 2006). According to Kewley (1999), however, it is one of the most overlooked and misunderstood of all childhood difficulties. According to the Department of Health and Children, ADHD occurrence in Ireland can be estimated at 1-5 per cent among school-age children (Department of Health and Children, 2001) which is in line with research findings in other European countries. US research shows (*Diagnostic and Statistical Manual of Mental Disorders 4th Edition (DSM-IV)*) that it is much more frequent in males with male to female ratios ranging from 4:1 to 9:1, depending on the setting (general population or the clinics) (American Psychiatric Association, 1994).

4.9 Inter-agency Communication and Sharing

A key objective of the qualitative interviews was to establish to what extent stakeholders and agencies communicate and share knowledge and information. We asked questions about agencies collaborating and sharing data given that a multidisciplinary, multiagency approach is the most effective way to comprehensively address the resource needs of students with SEN. Some stakeholders referred to the divide between the DES and the Department of Health and Children and the implications of this separation for provision and care:

The Departments [Education and Health] haven't traditionally worked together ... there is that need to come together around the needs of individuals (Stakeholder 1).

Others recognised this divide but were positive about the steps being taken (since the publication of the EPSEN Act 2004 and the Disability Act 2005) to bring government departments with responsibility for children with SEN closer together. One stakeholder spoke about the 'formalised structures' in place to allow a 'cross-sectoral team established to ensure the implementation of the EPSEN and Disability Acts'.

Others believed that resource allocation would be much improved if greater data sharing could take place between key agencies:

Ideally in the long term there should only be one source for this information ... there should be more of a capacity within the system to share information (Stakeholder 10).

You need to have a way of linking [administrative systems between Health and Education] in so you can say, yes they are the people who are captured but in terms of their health needs for example, these are the things that are recorded for them (Stakeholder 1).

Stakeholders highlighted many areas where they thought gaps existed in SEN data and research. Overall they believed there was a pressing need for a co-ordinated data source which estimated all children with SEN rather than specific groups or those just getting resources:

We have a huge deficit of information here. All that I can say is that we have a number of different data sources none of which on their own are reliable (Stakeholder 5).

Yet others were concerned about the reliability of the data they received from various organisations. Using the English system as a point of reference, another stakeholder criticised the methods of data collection in Ireland as they seek the wrong information from schools and make only a selection of the data available:

If you use the English model ... they have been collecting this data since the 1950s ... primary schools fill in returns every year. Here it doesn't appear a) what's being asked is what you need to know and b) it doesn't appear to go on to a database, or only select parts of it do (Stakeholder 4).

Another stakeholder said the main limitation in the data on children with SEN was the 'absence of one national database, one health and education database' which would provide valuable information for health services as children grew older and had service needs as adults:

Do you think the post-primary database needs to link with health as well?

Yes I do. The reason I think that is because while the vast majority of people with SEN go on to lead independent lives as adults there's a small cohort, typically 2-3 per cent who may require services throughout life. So it's important for the HSE to be aware that these children are coming through the areas, the level of

ability that they have and where they need support and they need to plan for adult services (Stakeholder 6).⁵¹

They suggested a database could begin to capture children at an early age so that effective long-term planning could take place:

It would be useful if from the time a child received a diagnosis or when the child's special educational needs were identified that they could be on the books of the NCSE so that we could look at proper planning (Stakeholder 6).

This stakeholder felt that schools may be overburdened with providing data and having one source would improve its quality:

Generally I think there is a problem of schools being asked for a multiplicity of information from a multiplicity of sources and I know the Statistics Section are working with the NCSE and the HSE, there is the NDS and NIDD and the NPSD but they don't cover everybody because for example some of the parents of the children with autism refuse to go on either of those. So it would be useful if there was one common source (Stakeholder 6).

Stakeholders felt that the lack of continuity between data sources at primary and post-primary resulted in children's needs not being met as they made this transition:

There is a real problem with kids transferring to post-primary. They have to go back and get psychological reports so in a way it [GAM] is just moving along the problem (Stakeholder 6).

The issue of continuity of special classes between primary and post-primary levels needs to be dealt with as a priority (Stakeholder 7).

4.10 Conclusion

4.10.1 Views about data sources and data sharing

Based on qualitative interviews this chapter also explored stakeholder's views on data collection in Ireland and examined the extent to which agencies responsible for SEN data collection communicate with one another and share or use each other's data. One interesting point stakeholders raised referred to the broadening of disability questions in the Census of Population, particularly the move away from information on the disabilities people have and how they acquired them to a greater focus on the extent to which their disability affects their daily lives. Some cautioned against making questions too broad where certain groups in the population, such as the elderly, could be overrepresented.

51 The NCSE now have arrangements in place with the HSE in relation to HSE assessment officers contacting NCSE SENOs regarding children aged 0 to five years who may require resources when they enrol in school.

Other stakeholders were positive about other national databases which capture individuals with intellectual or physical disabilities such as the NIDD and the NPSD. They recognised, however, the data's limitations in estimating prevalence among children and young people.⁵² They were also positive about the SEAS data collected by the NCSE but were eager for this to be developed further for greater use by other agencies. Stakeholders highlight the lack of communication and data sharing among the community of policy-makers and service providers. Moreover, there appears to be a lack of awareness of SEN data available in Ireland and in particular a lack of usage of DES annual returns data by the policy community.

A stakeholder described how to interpret prevalence rates as a continuum of need which can be broken up into those with significant need (4-6 per cent) and children with needs from time to time (15 per cent). However, they also felt a greater focus should be placed on students with emotional and behavioural problems and how these children's needs should be met.

Across the agencies, stakeholders stressed the need for greater interagency communication, particularly the need for the Departments of Health and Children and Education and Skills to work more closely in providing services for children with SEN. Throughout discussions with stakeholders, a common theme emerged on the deficit of information on children with SEN in Ireland. Stakeholders called for a national database for children which begins at pre-school age and follows them until they leave school. This single common database could contain health and educational characteristics of individual children including the age at which their SEN was identified or diagnosed. This, stakeholders believe, is particularly needed during student transitions from primary to post-primary.⁵³ Many felt that at present too many sources were not joined up. And having a single source would reduce the amount of form-filling principals have to do each year and therefore reduce the risk of error.

4.10.2 Sources of data on special educational needs and their limitations

Data on SEN and disability in Ireland have emerged slowly in recent decades. Starting with a 2 per cent prevalence estimate in the 1993 SERC report wide variations are evident in the estimates on students with SEN in Irish primary and post-primary schools. Data are now collected by government agencies, agencies representing disability groups and administrative data from agencies responsible for the provision of resources for children with SEN.

52 Some stakeholders raised the issue around the NIDD not capturing children with mild general learning disabilities.

53 Both the DES and Office of the Minister for Children and Youth Affairs have developed data strategies in recent years to improve information and reliability in data relating to children. See details of the DES data strategy at http://www.education.ie/servlet/blobServlet/des_dst_ch1.html and the National Children's Strategy 2000-2010 at [http://www.omc.gov.ie/viewdoc.asp?fn= per cent2Fdocuments per cent2FAboutus per cent2Fstrat.htm](http://www.omc.gov.ie/viewdoc.asp?fn=per cent2Fdocuments per cent2FAboutus per cent2Fstrat.htm).

Table 4.6: Summary table

Data Source	Category of SEN/Disability	Type of Data	Estimate	Limitations
Census of Population 2006	Disability generally	Census data	3 per cent (of children)	SEN categories are limited and grouped
National Disability Survey 2008	Disability generally	Survey data	11 per cent (of children)	SEN categories are limited and grouped
National Intellectual Disability Database 2009	Mild GLD/ moderate GLD/ profound GLD	National database	0.7 per cent (of children)	Authors believe it is not an accurate guide to prevalence of mild GLD
National Physical and Sensory Disability Database 2009	Physical disability, hearing impairment, visual impairment, specific speech and language disorder	National database	0.7 per cent (of children)	Authors believe it does not represent full population of those with physical and sensory disabilities as per the census (see NCSE, 2006)
National Council for Special Education SEAS data 2010	DES categorical system	Administrative data	4 per cent (of primary and post-primary school population)	Data only include assessed children with supports
National Council for Special Education 2010	DES categorical system	Students in special classes Primary level Post-primary	0.4 per cent (of primary and post-primary school population that is, 0.5 per cent at primary and 0.1 per cent at post-primary)* 430 special classes at primary level with 2,631 pupils enrolled 73 special classes at post-primary with 369 pupils enrolled	Data do not include alternative forms of special class provision or 'unofficial' special classes not designated by the DES

Data Source	Category of SEN/Disability	Type of Data	Estimate	Limitations
Department of Education and Skills annual returns data primary level 2008**	DES categorical system	Administrative data for children covered by GAM Students with SEN taught by a special class teacher Students in Special Schools	17 per cent (of primary school population)*** 0.6 per cent (of the primary school population) 1.36 per cent (of primary school population)	Change of the system of resource allocation since 2005 and change in wording of the questions in the annual returns in 2008 may have affected the number of students which principals consider to have supports. Also unsure whether these data include children with learning support needs.
National Council for Special Education 2006	Those within the definition of SEN in EPSN (2004)	National databases, local studies, international studies, expert estimates.	17.7 per cent (of population)	Prevalence rate is based on data sources available in 2006. Issues around double counting with some results based on international evidence.

* School population based on DES, Education Statistics 2009/2010

** See section 4.6 for details of the difficulties in using this DES administrative data.

*** School population based on DES, Education Statistics 2008/2009

• Census of Population

The Census of Population 2006 estimates that 9.3 per cent of the total population have a disability and that 3.2 per cent of school-aged children had a disability. As mentioned, the census is considered to have shifted emphasis away from diagnostic categories to the effects of a disability on day-to-day living. Limitations here relate to the SEN categories used and in particular the grouping of categories (such as learning or intellectual) and the lack of information on the types of need.

• National Disability Survey

The census was followed by the NDS which allowed for more detailed questions. It found 18.5 per cent of the population had a disability as did 11 per cent of children. Although the NDS use a broader set of categories, detail is scant on the type of SEN experienced (eg mild GLD or dyslexia).

- **National Intellectual Disability Database and National Physical and Sensory Disability Database**

The NIDD and the NPSD are two national datasets which provide an insight into the numbers of children with intellectual disabilities and physical and sensory disabilities. These data find about 0.7 per cent of children aged 0-19 have an intellectual disability. The authors acknowledge the main limitation here is an under-registration of children. In addition, children with a mild intellectual disability may be underestimated as they are less likely to require intellectual disability services (Kelly *et al*, 2010).

In the *Implementation Report* (2006) the NCSE found the number of people on the NPSDD (22,429) represented just 54 per cent of the estimated number of persons in Ireland with a physical and sensory disability based on the 2002 Census of Population.

- **Department of Education and Skills**

Using the data collected from DES annual returns, 84,061 children got 'learning support' in 2008 based on the question to principals about the number of students receiving additional teaching for high incidence SEN. This would suggest that up to 17 per cent of students in 'ordinary' classes get these supports. The annual returns also show 0.6 per cent or 2,931 students with SEN are taught by recognised special class teachers in mainstream schools and 1.36 per cent of students (6,594) are based in special schools. As noted in Chapter 4, collection of this information has been influenced by the change in the system of resource allocation to the GAM model and the subsequent change in the wording of questions on the 'October Returns'. Moreover, little is known of how principals interpret questions on SEN in the annual returns and in turn how they report numbers with SEN at their school. The authors interpret the data with some caution, therefore.

- **NCSE special class data**

Recent data and research published by the NCSE also detail the numbers of children in special classes at primary and post-primary. The *Research Report on the Role of Special Schools and Classes in Ireland* (Ware *et al*, 2009) found 400 special classes were attached to 230 primary schools with 2,499 pupils. It also found 41 special post-primary schools with 55 special classes were officially designated by the DES. This study also found schools operated 'unofficial special classes' but did not include these in their figures (Ware *et al*, 2009).

Similar to the Ware *et al* (2009) report, the NCSE has recently published information on special class provision in Ireland. It shows that in primary schools 2,631 children are in special classes with just 73 special classes attached to post-primary schools catering for 369 children (NCSE, 2010).

- **National Council for Special Education**

The SEAS database, still in development, shows that just over 30,000 (4 per cent of the primary and post-primary school population) students with SEN have additional resource teaching hours at primary and post-primary. The NCSE data provide information on children who have been assessed and have supports, that is those who are allocated

resources by the NCSE. It is worth noting that NCSE figures when considered together with figures provided by the DES represent a very broad spectrum of need from severe to mild, and for this reason are much higher than other estimates which tend to focus on one element or other of the continuum.

To summarise, this chapter clearly highlights the implications that the broader definition of SEN as outlined in the EPSEN Act has had on the estimates number of children with SEN in Ireland. Particularly notable from this review of the various data sources is the varying definitions of SEN used by different organisations and government bodies. The only previous estimate of SEN using the EPSEN definition is given in the NCSE's *Implementation Report* which, as a result, is far greater (17.7 per cent) than other estimates which have used different definitions (such as the census, 2006, 3 per cent or NDS, 11 per cent). Administrative data such as the SEAS data from the NCSE give some detail on the number of children assessed and diagnosed and with resources (4 per cent). Data from DES annual returns provide information on the number of students getting resources at primary level without assessment under the GAM. As mentioned above, the authors believe this latter data should be interpreted cautiously as little is known about how principals interpret questions on SEN in the annual returns and in turn how they report the number of such students at their school.

This chapter has also outlined the limitations of the various data sources. Apart from the *Implementation Report* (2006) no pre-existing sources of reliable and definitive data on the prevalence of SEN as defined in the EPSEN Act (2004) existed. In that report however, the NCSE stated that much more work was needed 'to deepen our understanding of the SEN prevalence rate and of its implications and to produce verifiable and reliable data in that regard'. In this way, the next chapter draws on teacher and parents reports of SEN in the *Growing Up in Ireland* study to provide a nationally representative estimate of SEN prevalence in the Irish population.

5 Estimating Special Educational Needs Prevalence Among Children in Ireland: *Growing Up in Ireland* Data

As outlined in Chapter 2, the definition of SEN within the EPSEN Act (2004) was far broader than any previous definition and therefore increased the number of children under its remit. The Act defines a child with SEN as anyone up to age 18 with ‘an enduring physical, sensory, mental health or learning disability, or any other condition’ which restricts the child’s capacity to ‘participate in and benefit from education’ (Section 1, EPSEN Act in NCSE, 2006, p.62). A key aim of this study is to quantify the potential cohort of the population who fall within this definition, using the best available evidence.

5.1 Introduction

This chapter draws on the first wave of a large-scale longitudinal study of over 8,000 children aged nine in Ireland, the *Growing Up in Ireland* study. The latter includes information from parents and teachers of one in seven nine-year-olds. This allows a valuable opportunity to combine data from two sets of key informants to identify the cohort experiencing SEN as broadly defined in the EPSEN Act. As discussed in Chapter 4, this approach draws on existing survey data and represents one of a range of possible approaches to estimating SEN prevalence in the Irish population. Other possible approaches include:

- Estimating prevalence based on actual assessment data, which would require a large-scale study and agreement on how the definition of SEN in EPSEN could be definitively assessed.
- Drawing on existing administrative data, including both the SEAS and Department of Education and Skills administrative databases which include information on the numbers of children with support. The limitations of these are discussed in Chapter 4. Most importantly the sources include only those with support and so may not accurately reflect the population of children and young people with SEN.
- Combining information from existing published data, the approach adopted in the NCSE *Implementation Report* (2006). The limitations of this approach are also discussed in Chapter 4 (section 4.8.1).

This study’s approach, based on secondary analysis of a large-scale study of Irish children, offers a valuable opportunity to assess SEN prevalence without the substantial costs of collecting additional data. Further, it provides nationally representative data on key indicators of special needs as broadly defined in EPSEN and allows us to examine the proportion of children reported with a range of special needs by teachers and parents. Importantly, the method allows us to assess the proportion with multiple special needs and the children identified with SEN by both teachers and parents, thereby avoiding the dangers of double counting, a limitation of previous approaches (see section 4.8.1).

The study asks teachers detailed questions on whether each child has a physical/sensory/visual disability, speech impairment, learning disability or emotional/behavioural problem (the specific categories used in the study, see below for further

details). Alongside this information, we draw on parents' responses to a different set of questions – questions on whether their son/daughter has an emotional-behavioural problem, a specific learning difficulty or difficulties in speech/communication. It is valuable to have data from teachers and parents as analysis shows that each informant places different emphasis on different types of SEN – for example, teachers play an important role in identifying children with specific learning difficulties. Conversely, information from parents allows us to tap into difficulties that teachers may not be as aware of or which may have a less direct impact on learning, but may have an indirect impact through poor attendance or difficulty completing homework. For example, chronic health problems that a parent sees as severe and with a real impact on the child in his/her daily activities may be one type of difficulty which has an indirect impact on a child's learning⁵⁴. In the emotional/behavioural domain, it appears that teachers are more likely to identify more overt behavioural difficulties, perhaps more often represented by boys, while parents play an important role in highlighting more covert emotional difficulties, which are more frequent in girls.

A notable study using this approach is US longitudinal study SEELS (Blackorby *et al*, 2004). It used parent and teacher reports for analysing the school experiences of children with disabilities and suggests that disability may mean different things to a parent and a teacher. In interpreting the results it stresses the importance of remembering that parents and school staff are likely to have different focuses in reporting a child's disabilities. In SEELS, parents were more likely to follow a medical model, reporting all of a child's medically diagnosed disabilities and disregarding those not diagnosed by a physician. In contrast, teachers and other school staff members may focus more on and report disabilities that directly and overtly affect a student's education. They may even be unaware of certain medical disabilities. For example, a heart condition that is being followed medically, but is not currently affecting a child's performance in the education setting, may be more likely to be reported by a parent than by school staff (Marder, 2009). In this analysis we place particular focus on difficulties and disabilities which may have some *impact* either directly or indirectly on a child's 'capacity to participate in and benefit from education'. Within this definition we include children identified with a physical disability, speech impairment, learning disability, co-ordination disorder, communication disorder, chronic health difficulty *which hamper their daily activities* and emotional behavioural difficulties.

In sum, analyses of these complex and rich data allow a unique opportunity to assess SEN prevalence among Irish boys and girls aged nine. Other research (Keslair and McNally, 2010) has highlighted that this age is an ideal stage at which to measure SEN prevalence, with rates peaking at this age. Drawing on complementary information provided by parents and teachers of each child in the study, we provide a comprehensive and rich analysis of SEN prevalence in Ireland. Crucially, we also have a valuable opportunity to look at its variations across different social groups and identify a profile of children with (different types of) SEN in Ireland.

54 As discussed later, the analysis also shows that most children identified with a chronic health difficulty which hampers their daily activities are also identified by their teacher to have a SEN.

5.2 Methodology

In analysing the *Growing Up in Ireland* data this chapter returns to SEN as defined in the EPSEN Act:

A restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition (EPSEN, 2004).

As discussed in Chapter 2, this can be interpreted to include those with an 'enduring disability' and any child with a condition which means they learn differently 'from a person without that condition'. Such a definition includes a broad range of difficulties ranging from physical disabilities to learning disabilities and emotional-behavioural difficulties, since the EPSEN Act specifically includes EBD in the conditions which come within its ambit. As noted by the NCSE (2006), the Act 'does not define mental health, but the condition, while likely to include such conditions as EBD which is supported under current policy, will extend the parameters of current provision particularly when allied to the understanding in relation to "enduring" ' (p.62). Using this definition, we take a stepped approach to estimating SEN prevalence, drawing on the information from teachers to set a baseline estimate, adding information from parents to identify an additional group of children who can be defined as having SEN. The table below details the main components of the prevalence estimate derived in this study.

A strength of the *Growing Up in Ireland* data is the opportunity to draw on parent responses as well as those of teachers for a more complete SEN estimate and ensure that certain groups are not excluded from the cohort of children identified as having SEN. Taking this approach, we identify a three-step cumulative measure of SEN prevalence.

Starting with teacher responses to a question asking them to indicate if each child experienced one of four main disabilities – physical, speech, learning and emotional/behavioural – we derive a baseline SEN estimate in **Step 1**.

Step 2 adds those children identified by their parents as having learning difficulty or communication or co-ordination disorder, speech difficulties or a chronic physical or mental health problem, illness or disability *which hampers their daily activities*, who were not identified by teachers as having a SEN⁵⁵.

Step 3 expands the analysis to include children with mental health or emotional/psychological difficulties within the SEN prevalence estimate. Fortunately, *Growing Up in Ireland* includes a detailed 'strengths and difficulties' (SDQ) scale which taps into the child's emotional/psychological wellbeing. Questions to teachers provide a valuable opportunity to identify children with severe emotional and behavioural difficulties. The SDQ measure is a well-established tool for identifying significant mental health difficulties among children (and indeed other age groups). It asks about 25 attributes, which are

55 As discussed in this section, most children identified by their parent(s) as having a chronic health difficulty which affects their daily activities have also been identified by their teacher as having a SEN.

divided into five scales: emotional symptoms scale, conduct problems scale, hyperactivity scale, peer problems scale and pro-social scale. The first four combine to generate a total difficulty score ranging from 0 to 40. These results are used to derive a 'high risk'⁵⁶ group of children with significant emotional and behavioural difficulties. The cut-off point for clinical range is the 90th percentile of total scores, therefore representing 10 per cent of the population. Goodman *et al*, (2000a, 2000b) show that results from this measure are highly predictive of psychiatric disorders and are of 'value in planning the assessment of new referrals to a child mental health service' (p.129). It is important to note that this UK research found that 'in psychiatric clinic samples, diagnostic predictions based on the Strengths and Difficulties Questionnaire (SDQ) agree well with clinical diagnoses' (Goodman *et al*, 2000b). This represents a valuable validation of the measure. The approach has been tested and applied in a range of countries, including Norway (Rønning *et al* 2004), Germany (Klasen *et al* 2000) and Finland (Koskelainen, 2000), all of which point to its validity and its usefulness as a screening instrument for clinical purposes in assessing mental health risks in children. The inclusion of this SDQ measure in the *Growing Up in Ireland* study thus allows us to identify much more accurately children experiencing serious emotional/behavioural difficulties and hence provide a more complete SEN prevalence estimate.

The analysis also avoids the danger of 'double counting' since the prevalence estimate in each step only includes the additional children not previously identified as having a SEN. For example, if a teacher identifies a child with a learning disability and their parent also indicates a learning difficulty, communication or co-ordination disorder, they are counted once only, based on the teacher report. Alternatively, if a parent indicates their child has a learning difficulty, communication or co-ordination disorder, but the teacher has not done so, they are counted as having a SEN based on the parent report.

56 The SDQ instrument has been used in two different ways: some researchers identify 'abnormal', 'borderline' and 'normal' groups based on defined cut-offs and others distinguishing 'high risk' and 'low risk' groups based on percentiles. The former approach was adopted in the first report of the *Growing Up in Ireland* study (Williams *et al*, 2009), which identified 7 per cent of children within the 'abnormal' range. However, the latter approach is predominantly found in the literature, as illustrated in the work of Koskelainen *et al*, (2000), Klasen *et al* (2000) and Rønning *et al*. (2004). For this reason, this is the approach taken in this study.

SEN Identification Stages	Source of Information	Main Domains
Step 1	Teacher report	<ul style="list-style-type: none"> • physical disability • speech impairment • learning disability • emotional or behavioural problem (ADD, ADHD)
Step 2	Parent report	<ul style="list-style-type: none"> • learning difficulty, communication or co-ordination disorder (including dyslexia, ADHD, autism, speech and language difficulty, dyspraxia, slow progress, other) • speech difficulty • chronic physical or mental health problem, illness or disability
Step 3	Teacher report	<ul style="list-style-type: none"> • emotional/psychological wellbeing/mental health difficulties (SDQ Measure): identifying a 'high risk' group

5.3 Results

5.3.1 Step 1: Teacher reported special educational needs

Teachers were asked to indicate whether each participating child had one (or more) of four main disabilities, covering physical/sensory, speech, learning and emotional/behavioural disabilities and problems.

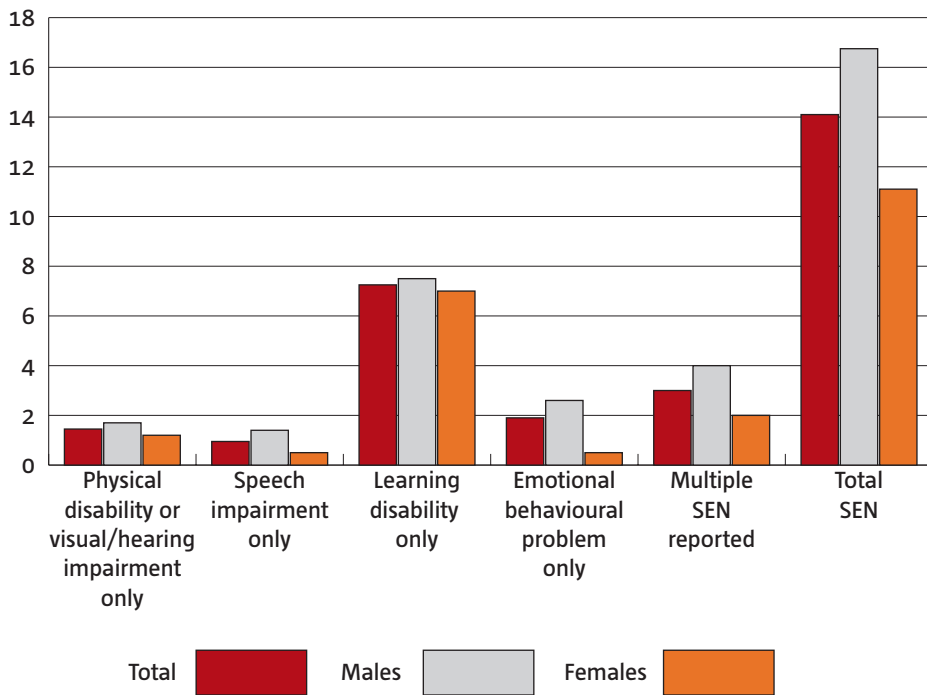
Do any of the following limit the kind or amount of activity the Study Child can do at school?

- Physical disability or visual or hearing impairment.
- Speech impairment.
- Learning disability.
- Emotional or behavioural problem (attention deficit (hyperactivity) disorder – ADD, ADHD).

In total, we find teachers identify 14.1 per cent of nine-year-olds with at least one of the four SEN categories. As shown in Figure 5.1, this comprises 1.2 per cent with physical/visual or hearing impairment, 0.9 per cent with speech impairment, 7.4 per cent with a learning disability, 1.7 per cent with an emotional or behavioural problem and 3 per cent with multiple impairments. This latter group includes mainly children with a learning disability and an emotional/behavioural problem (they make up a third of the 'multiple' disability group) and children with a speech impairment and an emotional/behavioural problem (23 per cent of the 3 per cent with multiple impairments).

On this basis, the SEN estimate is 14.1 per cent based solely on teacher responses to this question, with a rate of 17 per cent for boys and 11 per cent for girls.

Figure 5.1: Prevalence of disabilities/problems as reported by teachers



As noted earlier, we take a stepped approach to measuring SEN prevalence drawing on information from both teachers and parents to fully exploit the richness of the *Growing Up in Ireland* data and to allow a more complete estimation of SEN prevalence in Ireland. This section has considered teacher-reported SEN, the next considers information from parents to examine whether there are additional children who can be included in the SEN group.

5.3.2 Step 2A: Parent reported special educational needs

The *Growing Up in Ireland* study collected data on each study child from multiple sources: the child, the parents and the teacher. This made it possible to compare parent and teacher reports on whether the child had any form of SEN. This section therefore focuses first on the proportion of children reported by parent(s) to have some type of SEN. The analysis then considers children identified with SEN by their parent(s), but not so identified by their teacher, thus providing a more complete estimate.

- We draw on three questions asking parents about the health and wellbeing of their child, as detailed in the table below. Drawing on responses to these questions we identify the following as having SEN:
 - Children with a learning difficulty, communication or co-ordination disorder.
 - Children whose parents have ‘a lot’ of concern about their speech.
 - Children who are ‘severely’ or ‘to some extent’ hampered in their daily activities by an ongoing chronic physical or mental health problem, illness or disability. (It is argued that such problems or difficulties may indirectly affect a child’s learning through poor attendance for example, if not directly on their classroom engagement or activities. As noted earlier, it is argued that any difficulty or

disability likely to affect a 'child's capacity to participate in or benefit from education' is included in the estimation of SEN prevalence.⁵⁷⁾

Do you think the Study Child has a specific learning difficulty, communication or co-ordination disorder?

What is the nature of the difficulty or disorder?

- dyslexia (incl dysgraphia, dyscalculia)
- ADHD
- autism/aspergers syndrome
- speech and language difficulty
- dyspraxia
- slow progress
- other.

Do you have any concerns about how the Study Child talks and makes speech sounds?

Would you say no, yes a little or yes a lot?

Does the Study Child have any on-going chronic physical or mental health problem, illness or disability?

Is the Study Child hampered in his/her daily activities by this problem, illness or disability?

Yes, severely.

Yes, to some extent.

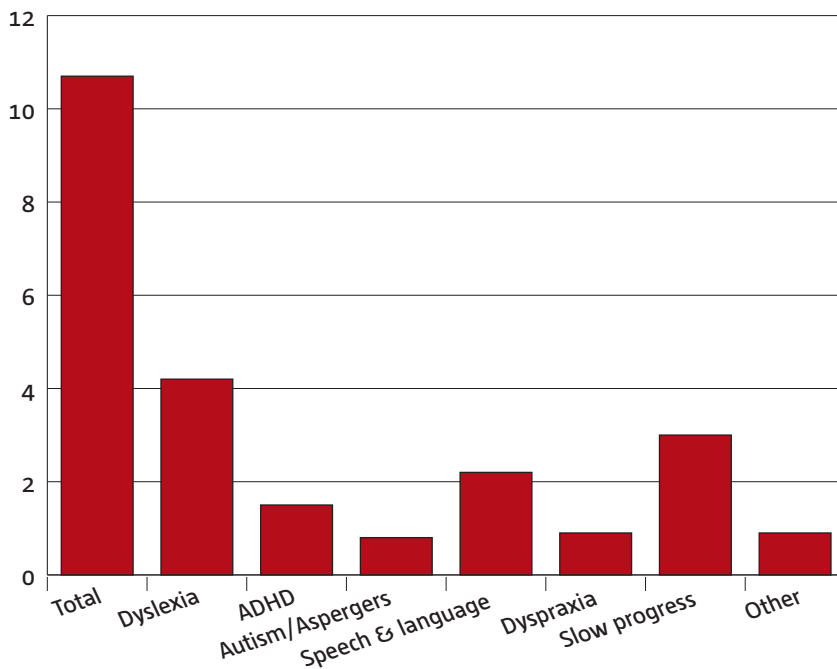
No.

• **Specific learning difficulty, communication or co-ordination disorder**

In total parents identify 10.6 per cent of children as having a specific learning difficulty, communication or co-ordination disorder. The figure is somewhat higher among boys as compared to girls: 12.8 per cent versus 8.3 per cent. Among this group, the main type of learning difficulty is dyslexia with 4.2 per cent of children identified. Slow progress is identified for 3 per cent. Just over 2 per cent have a speech or language difficulty. ADHD is indicated for 1.4 per cent, Autism/Aspergers just under 1 per cent and dyspraxia just under 1 per cent (Figure 5.2). It can also be noted that nearly all categories of learning difficulty are higher among boys, particularly ADHD, autism/Aspergers and dyspraxia. There is also incidence of multiple difficulties with some children having more than one type of difficulty/disability.

57 The NCSE Implementation Report (2006) similarly argued that children with certain medical conditions of an enduring nature may have SEN arising from their condition.

Figure 5.2: Proportion of children identified with specific learning difficulty, communication or co-ordination disorder by their parents



It is interesting to note that teachers and parents identify a similar proportion of children (one-in-ten) with a learning disability. Further analysis reveals some differences in those identified by teachers and parents: a third seen as having a ‘learning difficulty, communication or co-ordination disorder’ by parents were not identified with any type of SEN by their teacher. This is likely to relate to variations in the wording of SEN questions asked of both. It may also reflect differences in parent and teacher understanding and awareness of SEN.

Parent report	Specific learning, communication or co-ordination disorder
Total prevalence	10.6%
Already identified as having a SEN by teacher	6.9%
Additional group identified with these difficulties by parents	3.7%

This important finding points to an additional SEN group when utilising information from parents as well as teachers. It reflects the earlier discussion in which teachers and parents were found to identify different SEN groups since the term means different things to both. Ultimately it highlights the value of drawing on information supplied by teachers and parents and the enormous significance of the *Growing Up in Ireland* data. The authors hence reiterate that to include the full spectrum of children potentially covered by the EPSEN definition of SEN information from both groups is necessary.

- **Speech and language difficulty**

Overall, parents identify 1.4 per cent of nine-year-olds with a speech and language difficulty – levels are higher among boys (1.8 per cent as compared to 0.9 per cent

among girls). In total over 70 per cent of children whose parents think they have speech and language difficulties have already been identified with a SEN by their teacher or by their parents as having a specific learning, communication or co-ordination disorder. So the additional percentage of children identified by parents with a SEN is less than half of 1 per cent (0.3 per cent).

- **Chronic health problem/illness or disability**

Just under 5 per cent of nine-year-olds are reported with a chronic physical or mental health problem, illness or disability *which hampers their daily activities*⁵⁸. The figure is slightly higher among boys. Most children whose parents think they have a health problem/disability have been identified with SEN by their teacher or by their parents as having a specific learning disability, communication or co-ordination disorder or speech and language difficulty, so the percentage added to the SEN population is just 1.9 per cent. This again reflects earlier research (Marder, 2009) which shows that certain difficulties and disabilities which affect a the child’s day-to-day activities but not necessarily performance in the classroom, are perhaps more likely to be reported by a parent than a teacher.

Parent report	Chronic physical or mental health problem, illness or disability which hampers child’s daily activities
Total prevalence	4.8%
Already identified with SEN by teacher	2.9%
Additional group identified with SEN by parent	1.9%

To conclude the second step in estimating SEN prevalence children identified by parents as having SEN who were not previously identified by their teacher must be added. Essentially the analysis considers the extent to which parents play an important role in identifying these children. This approach allows a more complete estimate of SEN prevalence.

5.3.3 Step 2B: Teacher and parent indicators

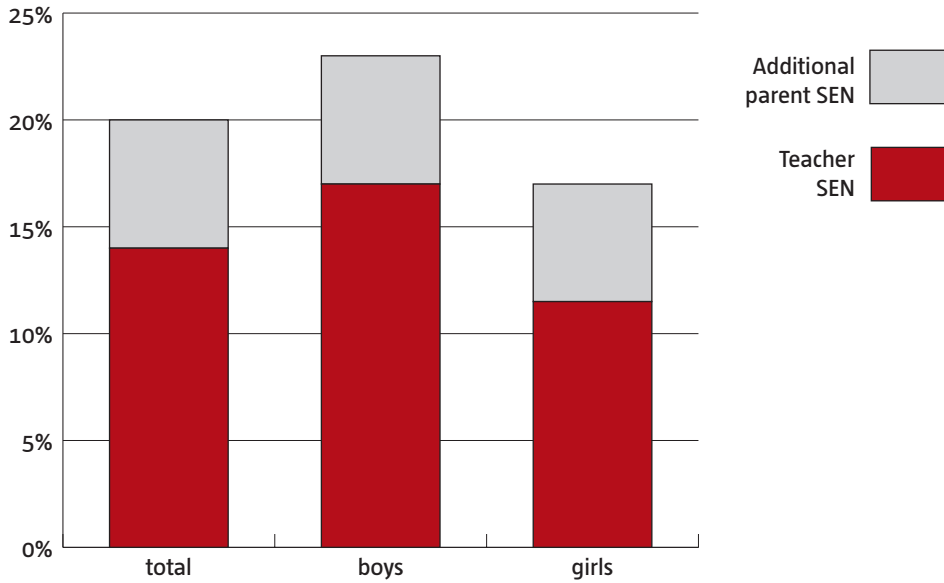
Combining the group identified by teachers as having a SEN with the group parents identify as having special needs, we find an overall prevalence rate of 20 per cent. This comprises 14.1 per cent identified by teachers and an additional 5.9 per cent by parents as having one or more of the following:

- Specific learning, communication or co-ordination disorder.
- Speech and language difficulty.
- Chronic physical or mental health problem or disability that hampers their daily activities.

⁵⁸ The total population identified with a chronic physical or mental health problem, illness or disability is 11 per cent (see Williams et al, 2009); this figure is higher as it includes both those who are hampered in their daily activities and those who are not hampered in their daily activities.

As Figure 5.3 shows, a 23 per cent prevalence rate among boys is significantly higher than the of 17 per cent among girls. This gender differential is largely accounted for by higher levels of emotional and behavioural difficulties among boys as reported by teachers and higher levels of ADHD, autism/Aspergers and speech/language difficulties among boys as reported by parents.

Figure 5.3: SEN prevalence: teacher identification and additional cases identified by parents



5.3.4 Step 3: Special educational needs prevalence estimate

This section draws on the Strengths and Difficulties questionnaire, which teachers completed for each child in the *Growing Up in Ireland* study. It taps into the children's emotional and psychological wellbeing and, following international practice (see Section 5.2), allows us to identify additional children who could be considered 'high risk' in respect of their emotional-psychological wellbeing, who were not previously identified as having a SEN by either teacher or parent(s). It comprises five scales of five items each with a total difficulties score generated by summing the scores from four of the scales listed below.

Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please mark the box for Not True, Somewhat True or Certainly True.

Emotional symptoms scale

- often complains of headaches, stomach aches
- many worries, often seems worried
- often unhappy, downhearted or tearful
- nervous or clingy in new situations
- many fears, easily scared.

Conduct Problems Scale

- often has temper tantrums or hot tempers
- generally obedient, usually does what is told
- often fights with other children or bullies them
- often lies or cheats
- steals from home, school or elsewhere.

Hyperactivity Scale

- restless, overactive, cannot stay still for long
- constantly fidgeting or squirming
- easily distracted, concentration wanders
- thinks things out before acting
- sees tasks through to the end, good attention span.

Peer Problems Scale

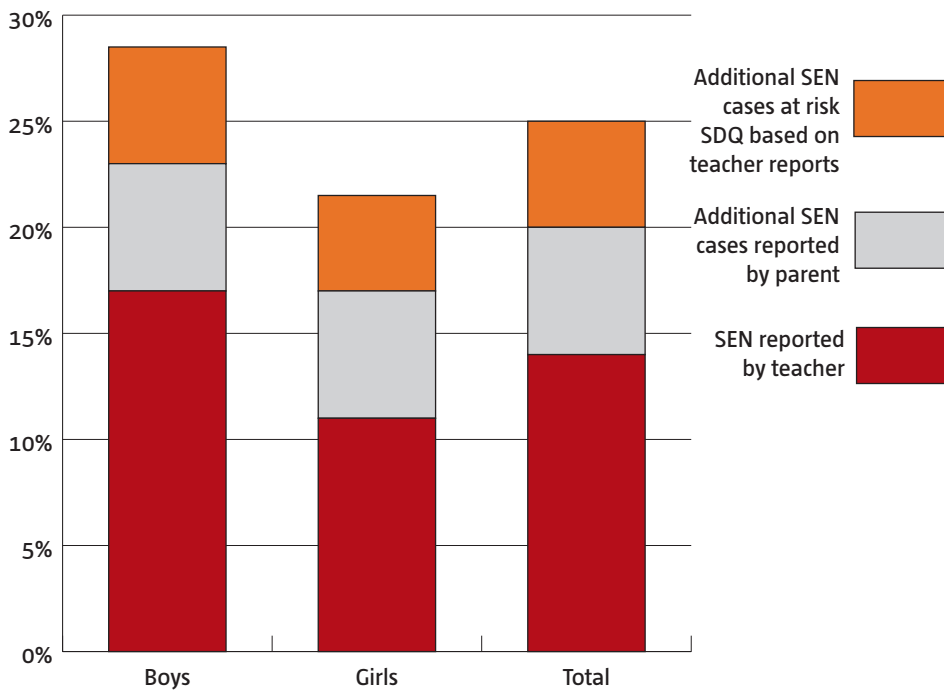
- rather solitary, tends to play alone
- has at least one good friend
- generally liked by other children
- picked on or bullied by other children
- gets on better with adults than with other children.

Drawing on teacher's responses to these questions, an additional group of children (identified as being 'high risk' on the SDQ measure, but not identified by their teacher or parent(s) as having any of the SEN's mentioned in the previous steps) can be identified as experiencing EBD type difficulties and hence are included in our estimation of SEN prevalence.

As discussed earlier, this estimate includes children identified as 'high risk' on the basis of teacher's responses to the questions in the SDQ inventory. Section 5.2 provides further

details on the identification of the ‘high risk’ group and some international examples where this approach has been adopted and validated. In total, 10 per cent of children fall into the ‘high risk’ group, based on teacher response to the SDQ measure. Over half of this group have already been identified as having a SEN, predominantly based on teacher reporting of SEN. By taking account of children who are ‘high risk’ in terms of their emotional-psychological wellbeing, an additional 6 per cent of boys are classified as having a SEN, alongside an additional 4 per cent of girls, resulting in an additional 5 per cent overall. This brings us to an overall prevalence rate of 25 per cent. On a gender basis, 29 per cent of boys are now identified with SEN, while 21 per cent of girls fall into this category. Figure 5.4 displays the final SEN prevalence rate for boys and girls. Boys account for a larger share of children identified as ‘high risk’ on the teacher reported scale and not previously identified as having a SEN.

Figure 5.4: Teacher reported SEN, additional cases reported by parents and additional cases ‘high risk’ on the SDQ scale



5.3.5 Summary: Estimate of special educational needs prevalence

This section presents analyses of a unique and rich data source which has allowed a comprehensive understanding of SEN prevalence among Irish children. Drawing on detailed information from teachers and parents, the analysis follows previous international studies in treating these two data sources as complementary. As Marder (2009) discusses, certain types of special needs are more likely to be reported by teachers while others are more likely to be reported by parents. By combining different information on the wellbeing of children from these two sets of key informants, this study provides an estimate of the prevalence of special needs as defined by the EPSEN Act and interpreted here in the broadest terms.

The analysis points to an overall prevalence rate of 25 per cent, with boys showing higher SEN levels than girls. This rate is based on an interpretation of the EPSEN Act, whereby SEN is seen to include a broad range of difficulties ranging from physical disabilities to learning disabilities and emotional-behavioural difficulties. This finding is very much in line with the outcomes of recent studies internationally. In the Netherlands, for example, Van der Veen *et al* (2010) found a prevalence rate of 26 per cent, with their research also based on parent and teacher reports. Similarly in the UK, research from Croll and Moses (2003) concluded that teachers identified 26 per cent of children with a SEN, while Hills *et al* (2010) found 22 per cent of 16-year-olds had some form of SEN identified.

The analysis offers a comprehensive examination of SEN prevalence among Irish nine-year-olds, guided by an interpretation of the definition of SEN within the EPSEN Act. In doing so, the analysis systematically addresses the central research question of this study: to estimate the size of the cohort on whom the EPSEN Act confers entitlements (although there is no automatic link between entitlements and the provision of additional resources).

Table 5.1: Prevalence of special educational needs among nine-year-olds

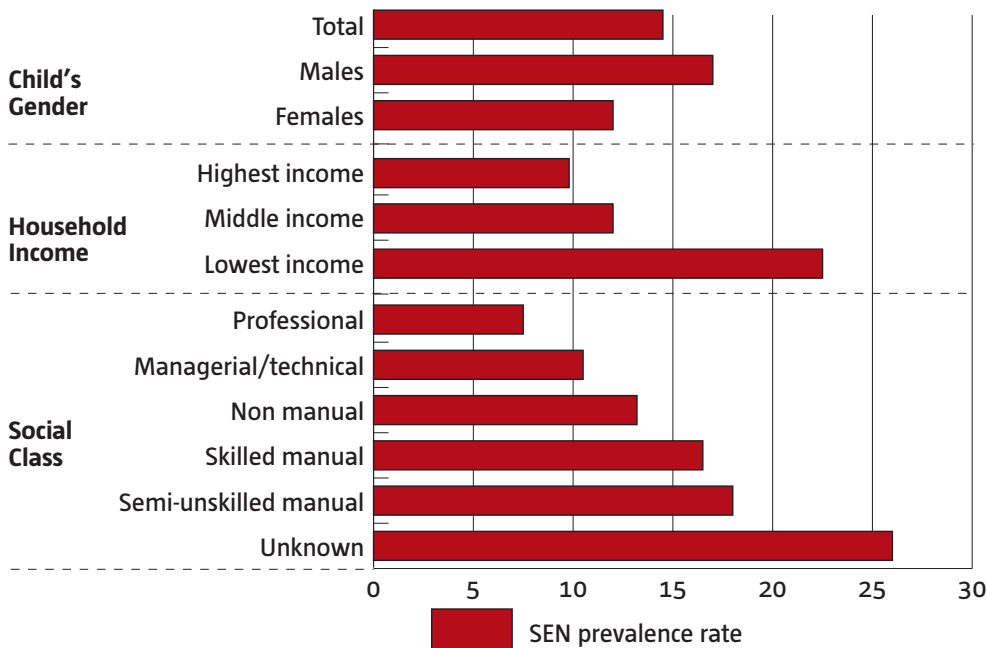
Stage	Source	Domains	Prevalence Rate		
			Incidence in population %	Additional group %	Total SEN prevalence %
Step 1	teachers	<ul style="list-style-type: none"> physical disability speech impairment learning disability emotional or behavioural problem (ADD, ADHD) 	14.1	14.1	14.1
Step 2	parents	<ul style="list-style-type: none"> learning difficulty, communication or co-ordination disorder (including dyslexia, adhd, autism, speech and language difficulty, dyspraxia, slow progress, other) 	10.6	+5.9	20.0
		<ul style="list-style-type: none"> speech difficulty 	1.4		
		<ul style="list-style-type: none"> chronic physical or mental health problem, illness or disability hampering daily life 	4.8		
Step 3	teachers	<ul style="list-style-type: none"> emotional/psychological wellbeing/EBD (SDQ Measure): identifying a 'high risk' group 	10.5	+ 5.0	25.0

5.4 Characteristics of Children with Special Educational Needs

5.4.1 A: Teacher reported special educational needs

The second part of this chapter focuses on the composition of the SEN group, again drawing on the *Growing Up in Ireland* data. The analysis considers whether SEN prevalence varies across social class and income groups. Focusing first on the characteristics of children identified with a SEN by their teacher (where the teacher has indicated the child has at least one of the four main difficulties listed), we can look at variation across social groups in the prevalence rates. Figure 5.5 displays wide variations in SEN prevalence, based on these first teacher reported measures, across gender, social class and household income groups. In terms of parental social class, 7 per cent of children with parent(s) employed in professional occupations are reported by their teacher to have one of the four types of SEN. Conversely, the figure is nearly 18 per cent among children from semi- and unskilled manual backgrounds. It is interesting to note a particularly high prevalence rate (over a quarter) among the group whose social class is unknown, a group which largely comprises economically inactive households. When we consider the income levels of the children’s households, the group in the lowest income quintile has substantially higher SEN prevalence rates: 22 per cent compared to 9 and 12 per cent among the highest and middle income quintile groups⁵⁹. While 17 per cent of boys are reported to have one of the four SEN types by their teacher, the incidence among girls is substantially lower at 11 per cent. As illustrated in Figure 5.1, this gender differential is largely driven by higher levels of EBD and multiple disabilities among boys.

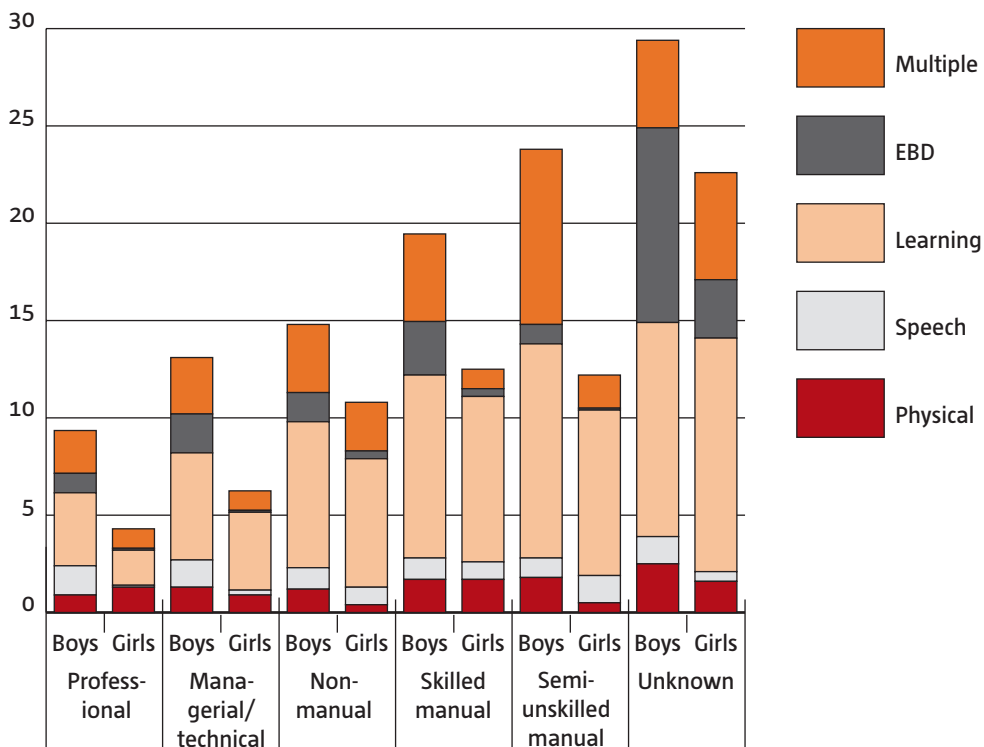
Figure 5.5: Teacher reported SEN prevalence by gender, social class and household income groups



⁵⁹ Using the aggregate income data for each household, households are divided into five groups, termed quintile groups. Each of these captures a fifth of the population in order of income size – ranging from the top 20 per cent of incomes in the top income quintile to the lowest 20 per cent in the bottom income quintile.

Finally, it is possible to consider the extent to which SEN type, as reported by teachers, varies for boys and girls from different social class groups. Figure 5.6 indicates much higher SEN incidence among working class groups, in particular among children from economically inactive households. This group has particularly high SEN prevalence rates among girls: nearly one-quarter of girls in this category are indicated to have some form of SEN by their teacher. The prevalence rates for girls from other social class backgrounds range from 4 to 13 per cent. As with girls, SEN prevalence rates peak among the boys where parental occupation is not reported – which, as noted earlier, in many cases indicates economically inactive households. A steady social gradient is apparent among the remaining five social class groups: SEN prevalence rates rise from just under 10 per cent of boys from professional backgrounds to 15 per cent of boys from the non-manual group, 24 per cent from semi- and unskilled manual group and 30 per cent among the occupation unknown group. It can also be noted that high SEN prevalence rates among boys from economically inactive households is largely accounted for by high levels of EBD reported for this group: EBD accounts for over one-third of such boys with a SEN. It is also interesting to note that all four SEN types vary in prevalence across social class groups – although the difference is greatest in the case of the prevalence of learning disabilities, EBD and multiple disabilities. In all three cases children from working class backgrounds and, most notably, economically inactive households, display much higher SEN prevalence rates.

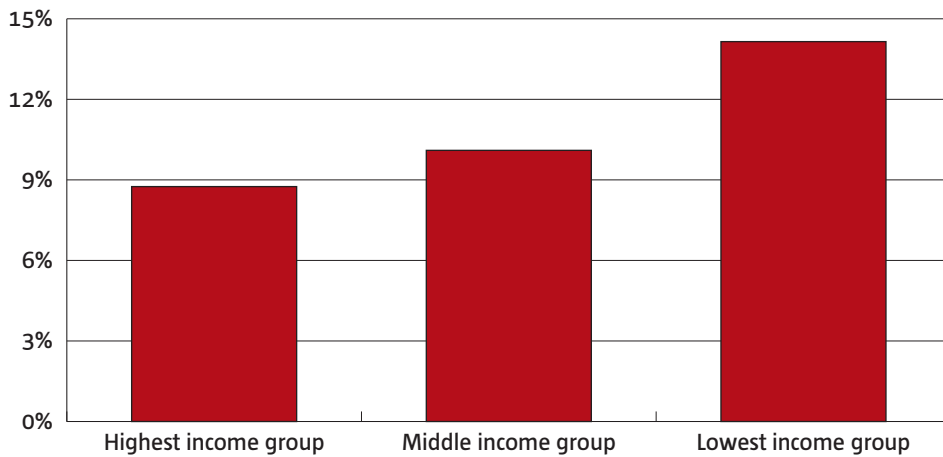
Figure 5.6: Types of SEN reported by teachers by gender and social class of children



5.4.2 B: Parent reported special educational needs

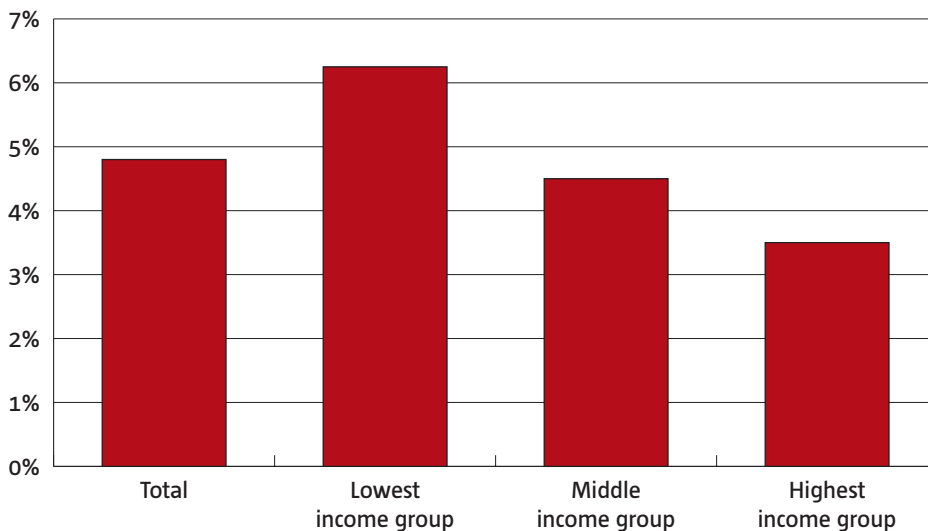
When we consider the social profile of children identified as having a specific learning difficulty by their parent(s), we again note wide differences across social class and income groups. In the case of income quintiles, we find much higher prevalence of learning difficulties among those from the lowest income group. While 9 per cent of children from the highest income group are identified as having a learning difficulty by their parent(s), this rises to 14 per cent among the lowest income group (Figure 5.7).

Figure 5.7: Prevalence of learning difficulty, as reported by parent, by income quintile of household



The incidence of chronic physical and mental health difficulties and disabilities (that hamper the child in their daily activities) is also considerably higher among more disadvantaged families. As shown in Figure 5.8, higher levels of chronic health problems/disabilities are apparent among disadvantaged groups – over 6 per cent of children from the lowest income quintile are reported by their parents as having a chronic health disability that hampers the child’s daily activities, as compared to just 3.5 per cent of children from the highest income group.

Figure 5.8: Percentage of nine-year-olds with a chronic physical or mental health problem/illness or disability by household income group



5.4.3 C: Parent and teacher reported special educational needs

Drawing on the information from both parents and teachers (Step 2 in the earlier estimation of SEN) on whether the child has a SEN, variations across social groups are again noteworthy (Figure 5.9); with a prevalence rate among the lowest income quintile of 28 per cent – twice the rate reported for children in the highest income quintile. Such differences across income groups are largely accounted for by higher incidence of learning difficulties and emotional/behavioural difficulties among lower social class and lower income groups.

When we consider the social class patterns for boys and girls we find higher prevalence rates for boys across all social class groups, but the differential is widest for boys from the semi- and unskilled manual groups (Figure 5.10). While over three-out-of-ten boys from the semi- and unskilled manual group are reported as having a SEN by their teacher and/or their parent, the rate is substantially lower among girls from this social group at just 18 per cent. The high SEN prevalence rate among boys from disadvantaged backgrounds in part reflects a higher incidence of emotional and behavioural difficulties among this group (as reported by teachers). Among children from economically inactive households, the gender gap narrows considerably, as SEN prevalence rates soar for girls. This increase for girls is largely accounted for by higher levels of parent and teacher-reported SEN, particularly learning difficulties, among this group. In total 32 per cent of girls from economically inactive households are identified with a SEN. The difference between boys and girls from economically inactive households is not significant, with just over one-third of boys from this social group identified with a SEN.

Figure 5.9: Teacher reported SEN and additional cases identified by parents, by household income level

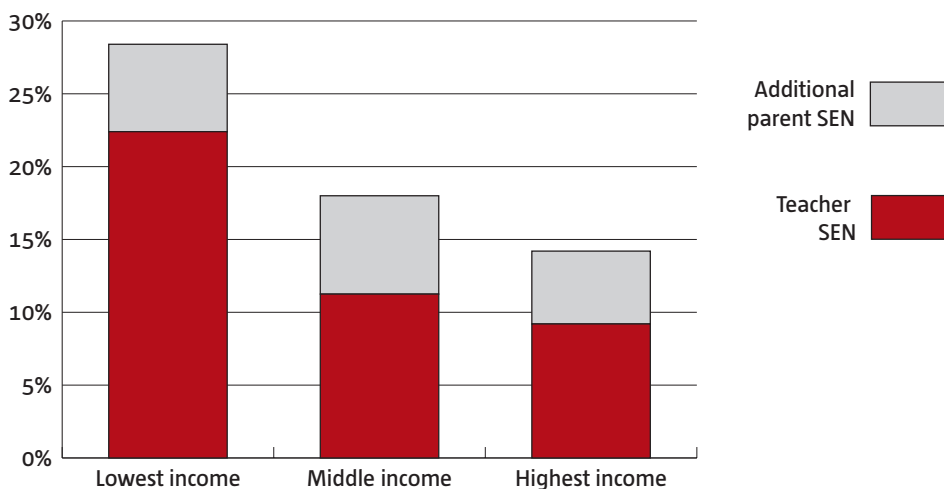
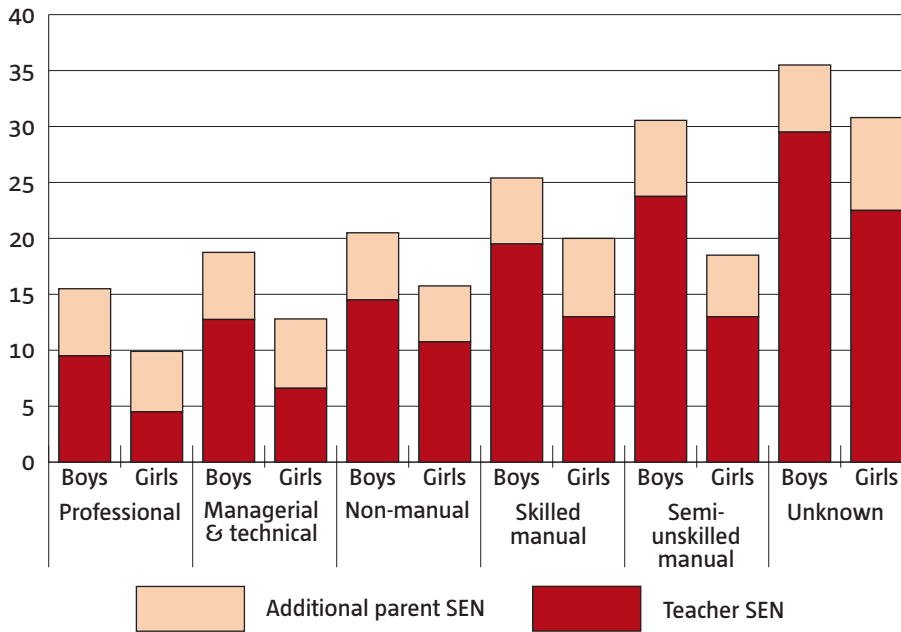


Figure 5.10: Teacher reported SEN and additional cases identified by parents, by gender and social class



5.4.4 D: Full special educational needs population: social profile

Finally we draw on the full SEN population estimated in Step 3 of the estimation process and consider briefly the composition of this group. Given the range of measures and questions included in our estimation of the SEN population, it is important to note that this SEN prevalence rate includes a wide range of need from those most severely affected to those with less severe restrictions on their learning. It is also a much higher estimate than previously generated in the Irish context, partly reflecting a greater range of special needs than examined in earlier research. In line with earlier results, the prevalence of emotional/psychological difficulties among nine-year-olds is somewhat higher among those from more disadvantaged backgrounds.

Figure 5.11 displays the full SEN prevalence rate across social class groups, taking account of children with ‘high risk’ scores on the EBD scale. While 30 per cent of children from semi- and unskilled manual backgrounds are classified as having a SEN, the prevalence rate among children from professional backgrounds is just 16 per cent. It is interesting to note that prevalence rates for the skilled manual group are significantly lower than for the semi- and unskilled manual group, largely due to higher levels of emotional difficulty among the semi- and unskilled manual group. Again, the picture for children from economically inactive households is distinct with much higher SEN rates: 45 per cent of children in this category are identified with a SEN, with high levels of EBD among this group. The pattern is similar when we consider prevalence rates across household income levels (Figure 5.12). Significantly higher prevalence rates are reported for children in the lowest income quintile: a prevalence rate of 38 per cent among the lowest income group far exceeds rates of 23 and 18 per cent among the middle and highest income groups.

Figure 5.11: Teacher reported SEN, additional cases reported by parents and those 'high risk' on the SDQ scale, by social class

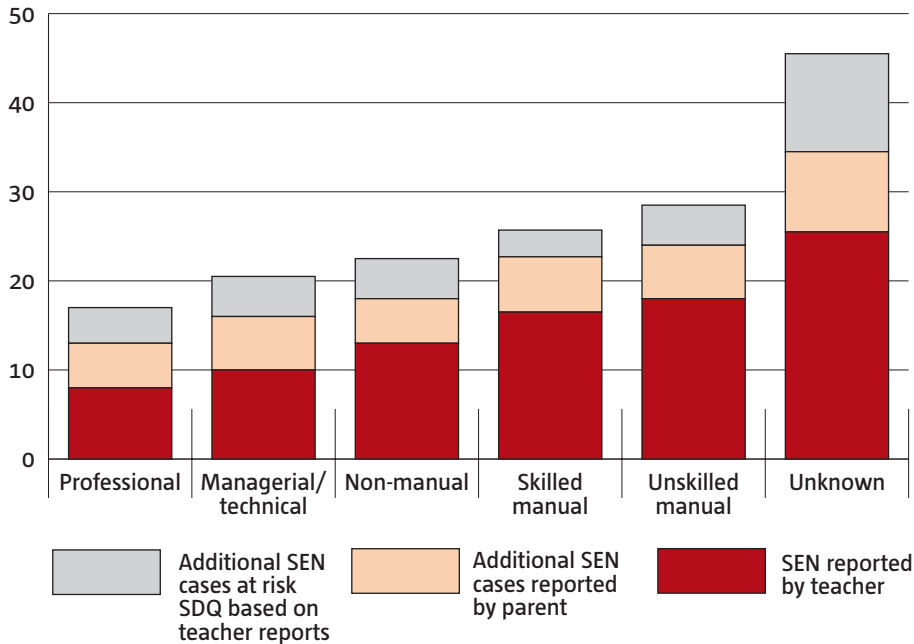
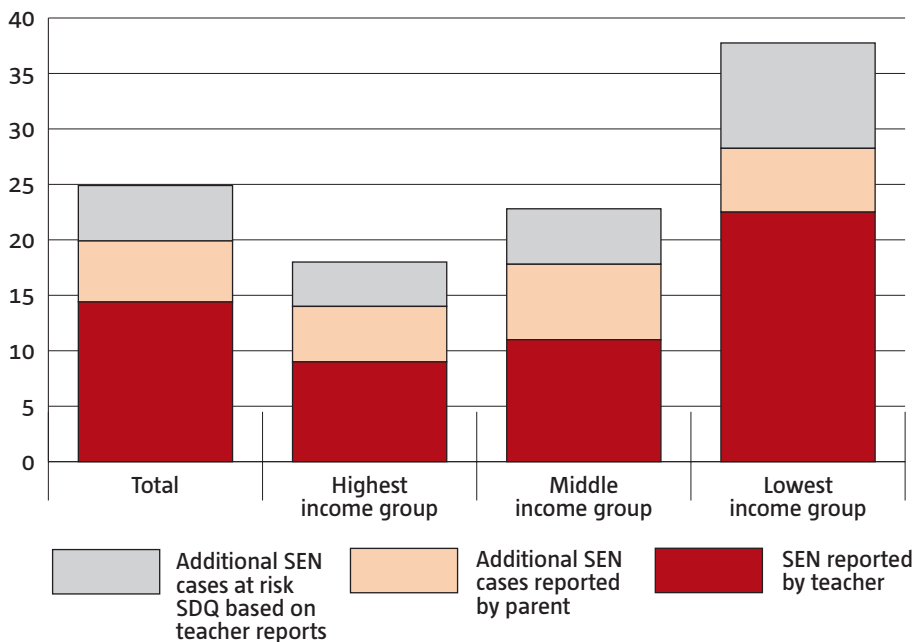


Figure 5.12: Teacher reported SEN, additional cases reported by parents and those 'high risk' on the SDQ scale, by household income quintile



5.4.5 Summary: special educational needs prevalence across social groups

While the results of this research are very much consistent with international research, they also reveal wide differences in SEN prevalence across social groups, pointing to

the importance of additional research addressing this issue. Children from working class backgrounds are far more likely to be identified with a SEN, with boys from disadvantaged backgrounds displaying particularly high levels of EBD. Perhaps most notable, children from households where parental occupation is not reported, largely economically inactive households, display high levels of SEN – over 45 per cent are recorded with some form of SEN. It can also be noted that, for the most part, SEN prevalence is much higher among economically disadvantaged households even when considering the type of SEN reported. Given the concentration of SEN among certain social groups, it is equally important to examine the extent to which children and young people with SEN are concentrated in certain schools in the primary and post-primary education system. This issue is examined in the next chapter.

6 The Distribution of Special Educational Needs Across Schools in Ireland: Data from the *Adapting to Diversity* Survey

6.1 Introduction

Chapter 5 highlights the extent to which individual level data can provide detailed information not only on the numbers but also the profile of children and young people with special educational needs and disabilities in Ireland. However, this earlier chapter, drawing on *Growing Up in Ireland* data, was confined to individual level analysis; school level data are not available in the anonymised data file on which the analysis was based. Therefore to examine where such students with SEN are located within the primary and post-primary school system, this chapter moves attention to other school level data on SEN. The aim of this chapter is not to estimate the prevalence of SEN, but to examine the extent to which students with SEN are concentrated in certain school sectors or types of schools. The chapter uses nationally representative data from schools, collected as part of the study *Adapting to Diversity: Irish Schools and Newcomer Students* (Smyth *et al*, 2009). Within the study schools provided valuable data on the numbers of students with SEN in their school and the type of SEN identified (literacy, numeracy and emotional behavioural difficulty). This allows us to explore the extent to which the incidence of students with SEN varies across different types of schools and to examine the influence of factors such as school size, location or whether the school is designated disadvantaged. The *Adapting to Diversity* surveys include data from a representative sample of primary and second-level principals, with results subsequently weighted to reflect the full population of primary and post-primary schools.⁶⁰ The data from this survey reflects the views of principals on SEN resources and support structures within their school. The data contains information on the disability categories: literacy problems, numeracy problems and emotional behavioural difficulties (EBD). The following sections examine the prevalence of these disabilities by school type. At primary level the analysis considers whether the school is designated disadvantaged, a gaelscoil, or fee-paying. At post-primary level variation according to disadvantaged status, gaelscoil status and fee-paying status and school sector such as secondary, vocational, community/comprehensive is considered.

Question to principals from *Adapting to Diversity* study

In your assessment, approximately what proportion of students in the school would have such literacy, numeracy, emotional-behavioural or absenteeism difficulties as to adversely impact on their educational development?

- a. literacy problems
- b. numeracy problems
- c. emotional/behavioural problems.

Response categories for each:

less than 5 per cent; 6-10 per cent; 11-25 per cent; 26-40 per cent; greater than 40 per cent.

⁶⁰ The survey was representative of all primary schools in terms of size, location and disadvantaged (DEIS) status. 32 special schools were included in the original primary school sample.

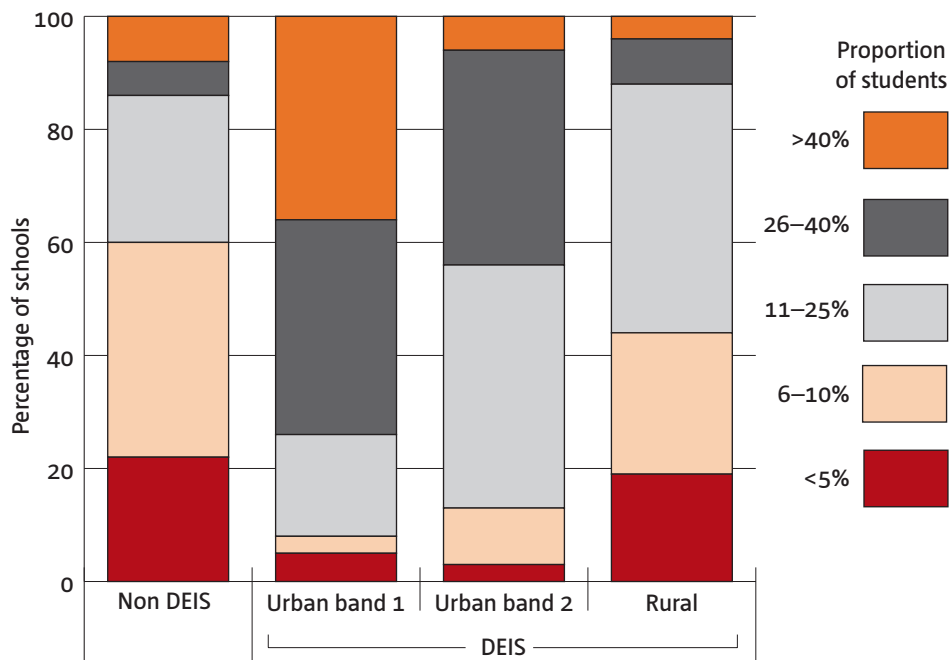
6.2 Distribution of Special Educational Needs Across Primary Schools

Using data on primary schools this section examines the prevalence of literacy, numeracy and EBD problems across different types of primary schools including designated disadvantaged (DEIS) schools, Irish-medium schools and English medium schools.

6.2.1 Delivering Equality of Opportunity in Schools (DEIS) schools

Findings show greater concentrations of students with SEN in the DEIS school sector. However when comparing the percentage of students with literacy problems across the different DEIS categories – Urban Band 1, Urban Band 2 and Rural⁶¹ – it is clear that Urban Band 1 schools are far more likely to have large proportions of the student population with literacy problems. In total, 73 per cent of Urban Band 1 schools report having more than 26 per cent of students with literacy problems compared to 43 per cent in Urban Band 2 schools (Figure 6.1). Conversely, few Urban Band 1 schools have small proportions of students with such difficulties. Just 5 per cent of Urban Band 1 DEIS schools have less than 5 per cent of students with literacy problems compared to 23 per cent of non-DEIS schools and 19 per cent in Rural DEIS schools.

Figure 6.1: Distribution of students with literacy difficulties across primary schools by DEIS category



(Source: *Adapting to Diversity Survey*, 2009)

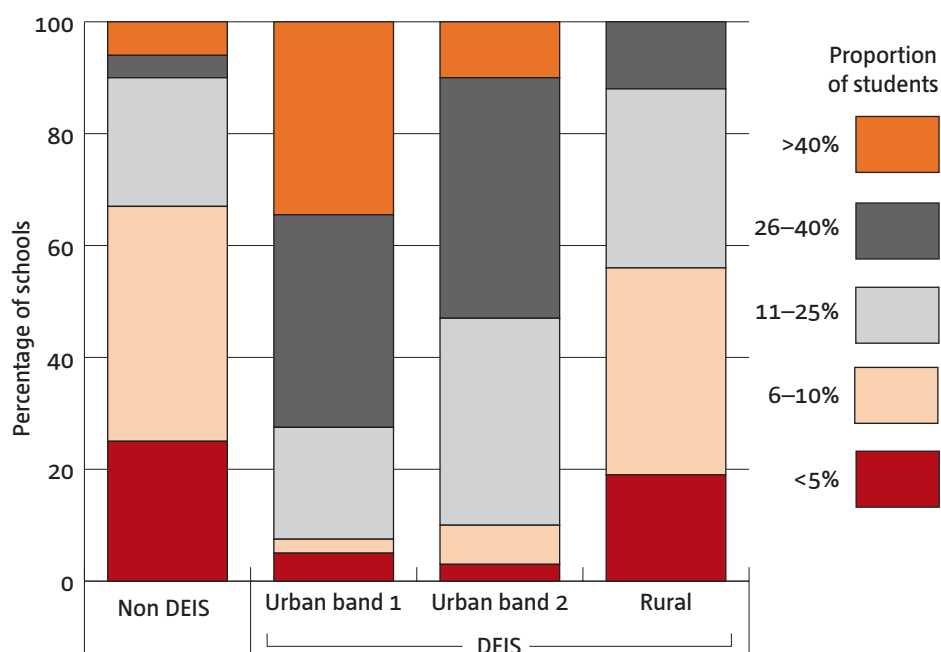
Similarly, when looking at the proportion of students with numeracy problems, Urban Band 1 schools are much more likely to have to the highest concentration of students with such difficulties (over 40 per cent of the student body) compared to just 8 per cent of Urban Band 2 schools. It is interesting to note that no Rural DEIS schools have such

⁶¹ At primary level DEIS schools are differentiated into two urban groups, Urban Band 1 and Urban Band 2, and Rural DEIS schools. In the case of Urban DEIS schools, Band 1 schools have greater proportions of socio-economically disadvantaged students and hence receive greater additional supports.

high concentrations of students with numeracy difficulties. Further, non-DEIS schools are more likely to report over 40 per cent of students with numeracy difficulties. Non-DEIS and rural schools are also more likely to report less than 10 per cent of students with numeracy difficulties (27 per cent and 19 per cent) compared to Urban Band 1 schools (5 per cent).

Figure 6.2 shows much higher concentrations of students with EBD in DEIS schools. This is again particularly evident in Urban Band 1 schools where one in five schools have greater than 40 per cent of students with EBD. Conversely no schools in the other DEIS categories have such high concentrations of students with EBD, while just 4 per cent of schools in the non-DEIS category have greater than 40 per cent of students with EBD. Eighty per cent of non-DEIS schools have small numbers with EBD (less than 5 per cent of students) compared to 11 per cent of Urban Band 1 schools.

Figure 6.2: Distribution of students with EBD across primary schools

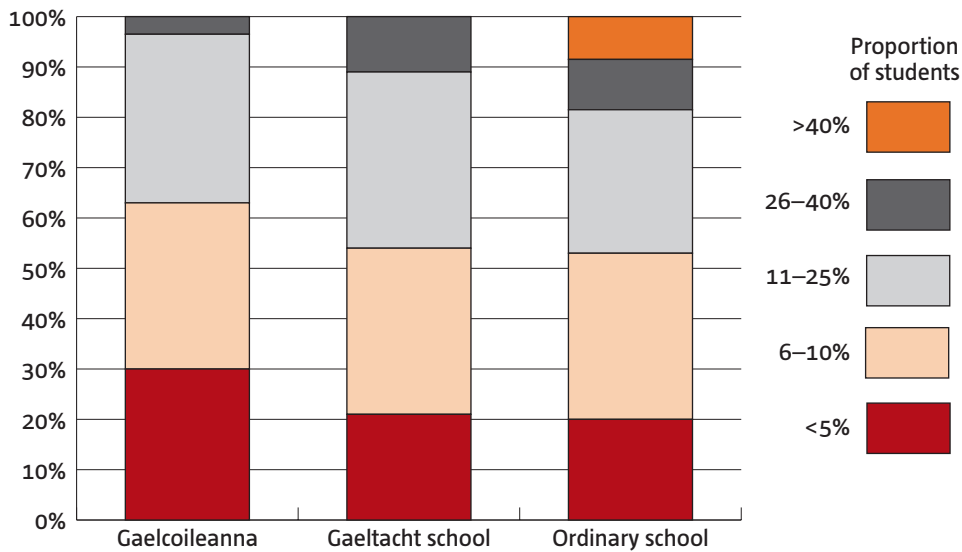


(Source: *Adapting to Diversity Survey, 2009*)

6.2.2 Gaelscoileanna and Gaeltacht schools

Differences also emerged when comparing Gaelscoileanna, Gaeltacht schools and English medium schools. Gaelscoileanna have the fewest students with literacy, numeracy and EBD. Figure 6.3 shows the differences across schools regarding concentrations of students with literacy problems at primary school. Thirty per cent of Gaelscoileanna have student literacy difficulty levels of less than 5 per cent compared to 21 per cent of Gaeltacht schools and 20 per cent of English medium schools. Conversely, no Gaelscoileanna or Gaeltacht schools have more than 40 per cent of students with literacy difficulties compared to 8 per cent of English medium schools.

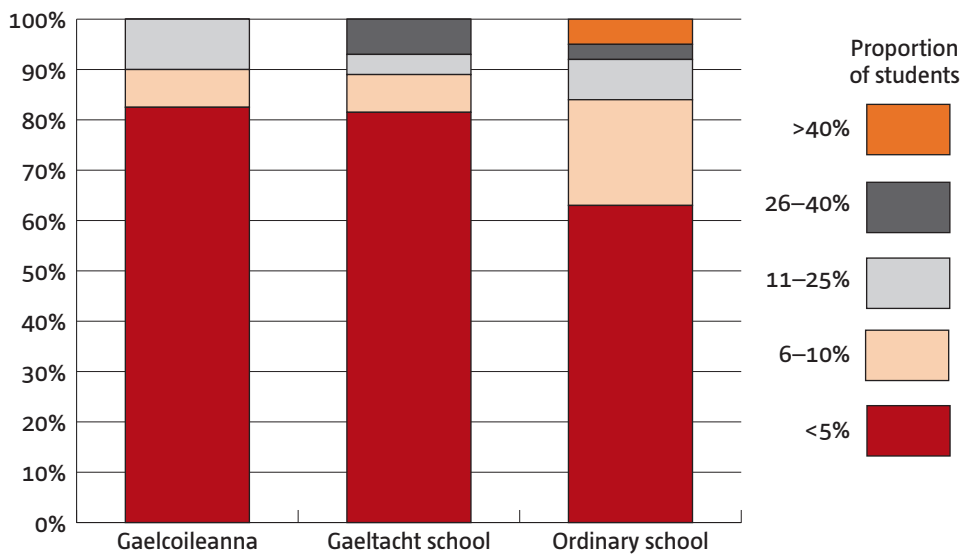
Figure 6.3: Distribution of students with literacy problems across primary schools by school type



(Source: *Adapting to Diversity Survey*, 2009)

A similar picture emerges for the levels of students with numeracy difficulties in Gaelscoileanna, Gaeltacht schools and ordinary schools with Gaelscoileanna and Gaeltacht schools more likely to have lower numbers of students. Just 3 per cent of Gaelscoileanna have more than 26 per cent of pupils with numeracy difficulties compared to 14 per cent of Gaeltacht schools and 16 per cent of English medium schools. More notable differences emerge in examining EBD prevalence across schools. Figure 6.4 shows that 83 per cent of Gaelscoileanna and 81 per cent of Gaeltacht schools have less than 5 per cent of students with EBD compared with 64 per cent of English medium. Moreover, no Gaelscoil has more than 25 per cent of students with EBD.

Figure 6.4: Distribution of students with EBD across primary schools by school type



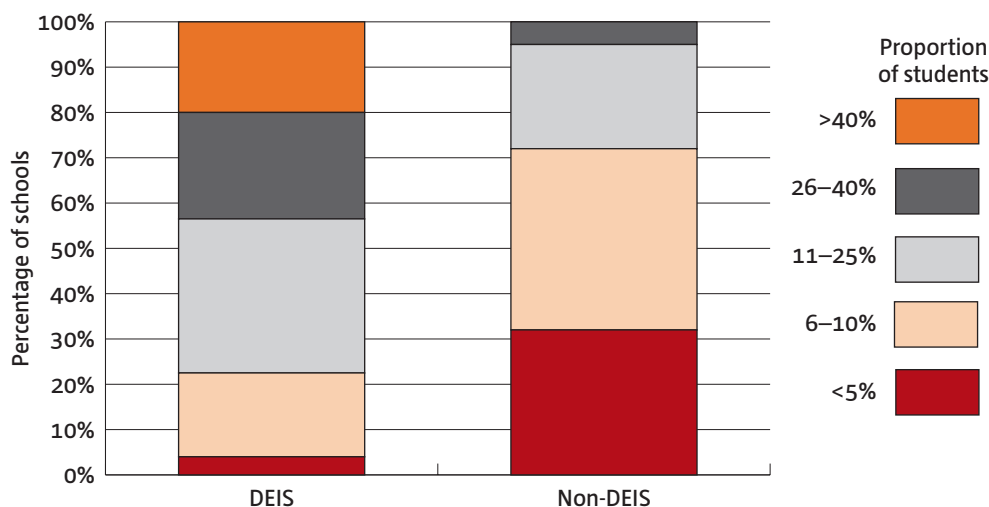
(Source: *Adapting to Diversity Survey*, 2009)

In summary, comparing the prevalence of literacy, numeracy and emotional behavioural difficulties across different types of primary schools, it appears that DEIS schools and in particular Urban Band 1 DEIS schools are much more likely to have high concentrations of students with such difficulties. This data highlights some important similarities between Rural DEIS schools and non-DEIS schools in their student profiles. Gaelscoileanna have the fewest students with all three categories of SEN followed by Gaeltacht schools and English medium schools.

6.3 Distribution of Special Educational Needs at Post-primary Level

Findings for post-primary schools also show clear patterns in the distribution of students with SEN. This section examines the percentage of students with literacy and numeracy difficulties and EBD by school type (DEIS status, Gaelscoil status and fee-paying versus non-fee-paying) and school sector (secondary, vocational, community/comprehensive). Figure 6.5 shows that one fifth of DEIS schools had over 40 per cent of students with literacy problems. In contrast, non-DEIS schools were more likely to have less than 5 per cent of students with literacy problems (31 per cent).

Figure 6.5: Distribution of students with literacy difficulties across post-primary schools by DEIS status



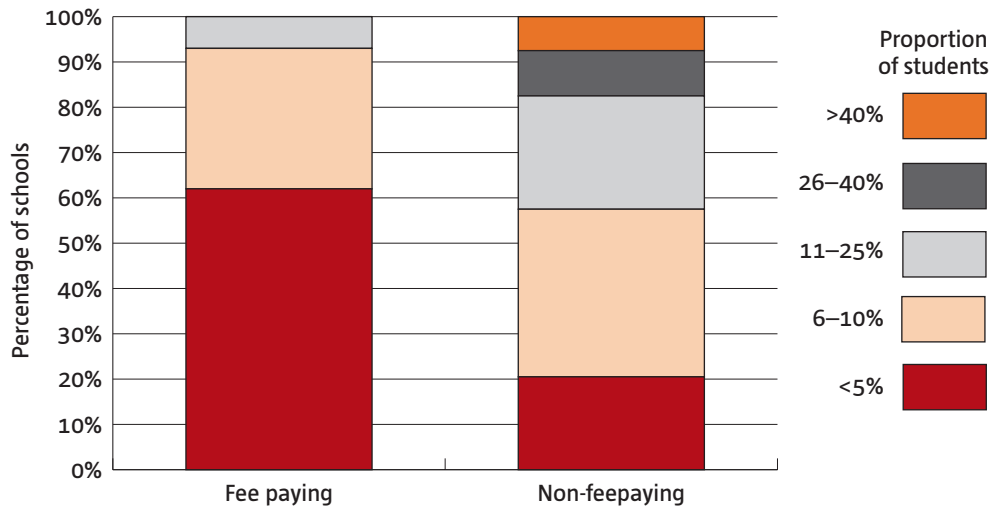
(Source: *Adapting to Diversity Survey, 2009*)

Similar patterns emerge for the concentrations of students with numeracy problems when we compare DEIS and non-DEIS schools. Out of the DEIS schools 18 per cent have more than 40 per cent of students with numeracy difficulties compared with 1 per cent of non-DEIS schools. Over 30 per cent of non-DEIS schools had under 5 per cent of students with numeracy difficulties. When we consider the distribution of students with EBD, the results are largely similar. DEIS schools are again more likely to have greater numbers of these students. Just a quarter of DEIS schools had less than 5 per cent of students with EBD compared with 62.5 per cent of non-DEIS schools. None of the non-DEIS schools had over 40 per cent of students with EBD compared with 6 per cent of DEIS schools.

Figure 6.6 shows wide differences in student profile between fee-paying and non-fee-paying schools. Fee-paying schools are substantially more likely to have small numbers

of students with literacy problems. Just over 60 per cent of fee-paying schools had under 5 per cent of students with literacy difficulties compared with just 20 per cent of non-fee-paying schools. No fee-paying school had over 40 per cent of pupils with literacy difficulties compared with 6 per cent of non-fee-paying schools. Similarly with numeracy difficulties, fee-paying schools are more likely to have fewer students with such difficulties (64 per cent) compared with non-fee-paying schools (22 per cent).

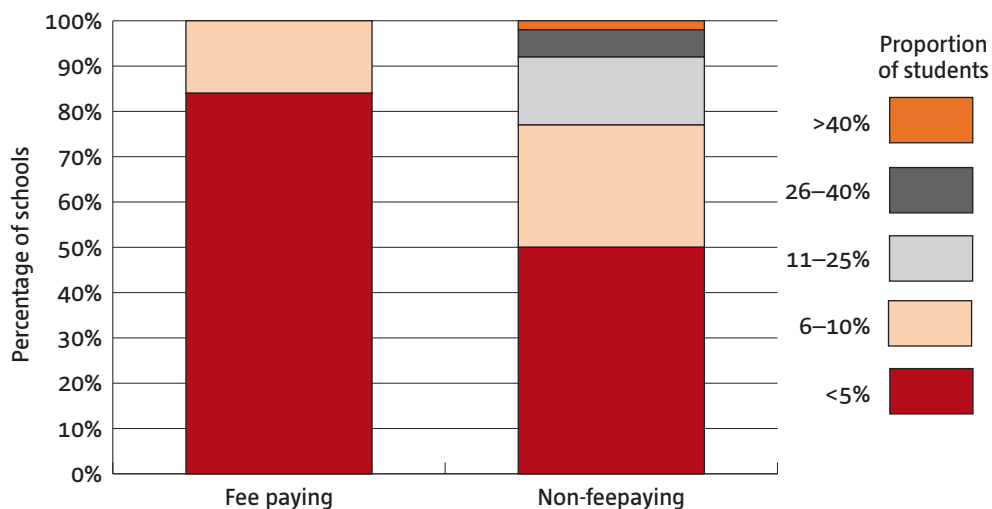
Figure 6.6: Distribution of students with literacy difficulties across post-primary schools by fee-paying status



(Source: *Adapting to Diversity Survey, 2009*)

When we look at the numbers of students with EBD in fee-paying and non-fee-paying schools the differences are considerable. No fee-paying school had more than 10 per cent of students with EBD whereas over 14 per cent of non-fee-paying schools had 11 to 25 per cent of such students and a further 6 per cent had 26 to 40 per cent (Figure 6.7).

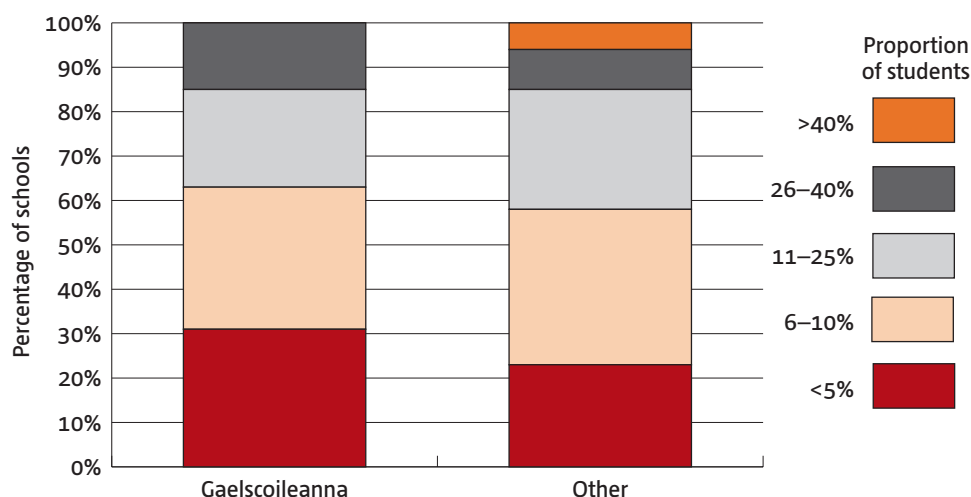
Figure 6.7: Distribution of students with EBD across post-primary schools by fee-paying status



(Source: *Adapting to Diversity Survey, 2009*)

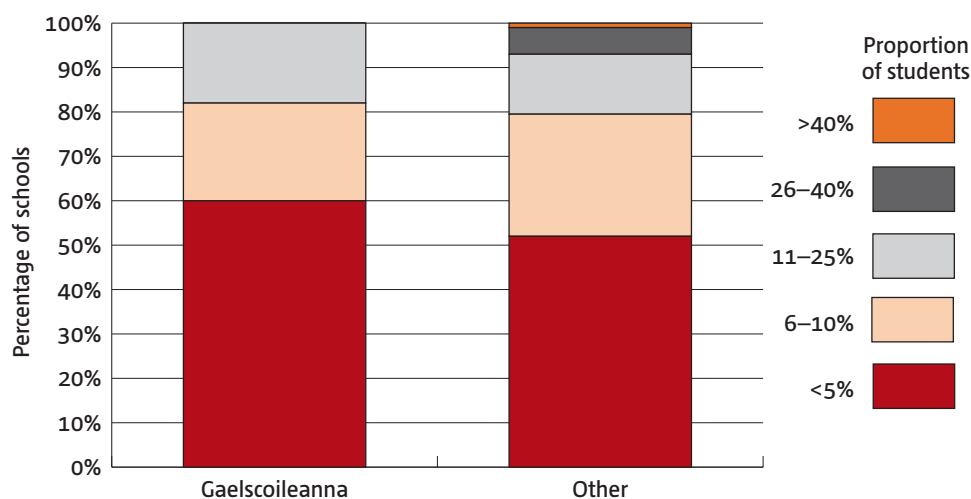
At the post-primary level it was also possible to estimate the prevalence of literacy, numeracy problems and EBD in Gaelscoileanna and English-medium schools. When looking at literacy problems, Figure 6.8 shows a fairly even distribution of students with literacy problems comparing Gaelscoileanna to other schools. The main differences emerge in the number of schools with large proportions of students with literacy problems: none of the Gaelscoileanna has over 40 per cent of students with literacy problems compared to 6 per cent of other schools. A similar picture exists for the numbers of students with numeracy problems. Six per cent of the other schools had over 40 per cent of their students with numeracy difficulties compared to none of the Gaelscoileanna. Figure 6.9 compares the numbers of students with EBD in the two school types and shows that Gaelscoileanna are less likely to have high concentrations of students with EBD. None of the Gaelscoileanna have more than a quarter of students with EBD, while this accounts for 6 per cent of the other schools.

Figure 6.8: Distribution of students with literacy problems across post-primary schools by Irish-medium status



(Source: *Adapting to Diversity Survey*, 2009)

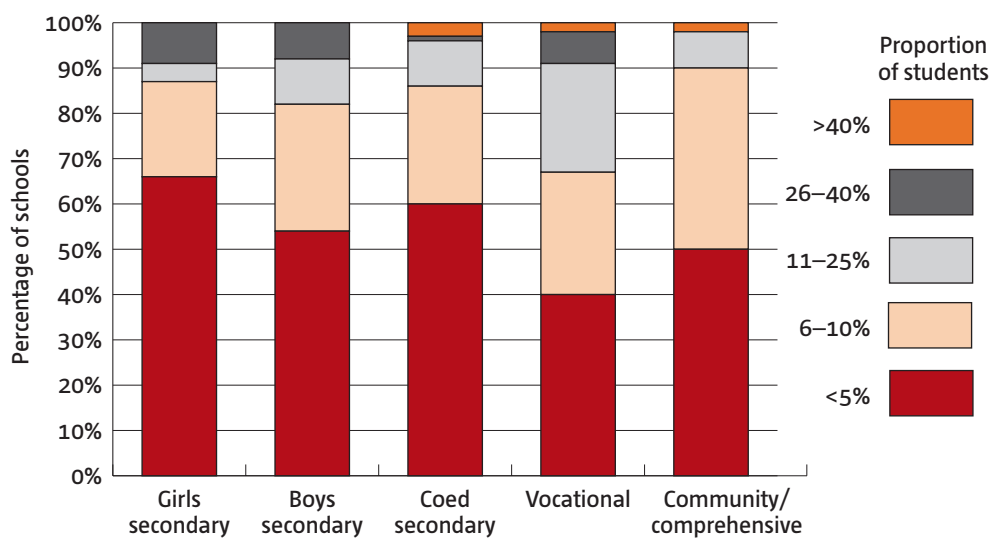
Figure 6.9: Distribution of students with EBD across post-primary schools by Irish-medium status



(Source: *Adapting to Diversity Survey*, 2009)

Further analysis of the post-primary data allowed a comparison of the distribution of students with literacy and numeracy problems and EBD across schools sectors. Figure 6.10 shows the representation of schools with small numbers (less than 5 per cent) of students with literacy problems varied significantly by sector: accounting for 37 per cent of girls' secondary schools, 36 per cent of boys' secondary schools and 33 per cent of co-educational secondary schools. This compares to just 9 per cent of vocational schools and 16 per cent of community/comprehensive schools. Figure 6.10 also shows that vocational schools are more likely (33 per cent) to have over a quarter of students with literacy problems compared to other school sectors such as boys' secondary (6 per cent) or community/comprehensive schools (7 per cent).

Figure 6.10: Distribution of students with literacy problems across post-primary schools by school type



(Source: *Adapting to Diversity Survey*, 2009)

Similar patterns emerge for the percentage of students with numeracy problems by school type at post-primary. Vocational schools are far more likely to have higher concentrations of students with numeracy problems. Conversely, girls' secondary schools are most likely (43 per cent) to have less than 5 per cent of pupils with numeracy problems compared with just 10 per cent of vocational schools. Patterns across school types are less clear cut regarding EBD levels in schools. However, a small number of vocational, coeducational secondary and community/comprehensive schools have high concentrations of students with EBD, while no boys' secondary or girls' secondary schools have such high concentrations.

To summarise, based on post-primary data showing variation in the distribution of students with SEN across schools, the findings show that students with numeracy, literacy and EBD difficulties are more likely to be enrolled in DEIS schools and less likely to be in Gaelscoileanna and fee-paying schools. Across school sectors, greater concentrations of students with literacy, numeracy and EBD difficulties are enrolled in vocational schools.

7 Conclusions and Policy Implications

7.1 Introduction

The methods of estimating SEN prevalence have been the subject of much debate in research and policy internationally. Its definition and the ways in which children with SEN are classified have broadened over time resulting in an increase in numbers recognised as having SEN. Changes to the definition and classification at national and international levels are viewed as part of an increasing emphasis on inclusive education which focuses on features beyond the child and reflects an inclusive and rights based approach to education (UNESCO, 1997). At a school level this often manifests by moving children with SEN from special to mainstream schools. Inclusion, however, goes beyond a physical placement and extends to the curriculum, pedagogy and entire school culture to embrace and incorporate all students.

As the meaning of SEN varies, so too do individual country statistics on the number of children with SEN and wide variations still exist in the extent to which its prevalence includes children with disabilities only, children with disabilities and learning difficulties or those with disabilities, learning difficulties and disadvantage (OECD, 2003; Meijer, 2004). National level differences in data collection have resulted in much debate on international categorical systems and comparisons (Reindal, 2008). At national level administrative categories used to allocate resources to children with SEN have also changed. Many countries continue to categorise children by the SEN or disability type, however in some countries there is a policy shift towards a non-categorical approach where they are either identified solely by the resources allocated to them to support their education or they are not identified at all.

This report has two aims: first, we examine existing data sources and highlight issues on data collection for SEN; second we estimate the potential cohort of the population with SEN under the EPSEN Act (2004). Our findings, based on the *Growing Up in Ireland* data, show that almost one in four children (25 per cent) have some form of SEN which hampers their learning. This prevalence rate is derived using the broad definition of SEN in the EPSEN Act (2004) and it uses teacher *and* parent level data to provide a more complete estimate of SEN.

The only previous attempt to estimate SEN prevalence in Ireland using the EPSEN Act (2004) definition is the NCSE's *Implementation Report* (2006) which found 17.7 per cent of the population had a SEN. The NCSE recognised the substantial implications of these findings as it suggested much higher prevalence than before. As discussed in Chapter 4, it used four main sources of data: national databases; local studies; international studies; and expert estimates to establish the number of children in five broad categories of disability: physical and sensory; intellectual or general learning disability; specific learning disability; autistic spectrum disorders and mental health difficulties. The report acknowledged that expert estimates provided a 'useful guide' but may have contained a small margin of error. Moreover, it outlined the main gaps and deficiencies in the

data collected within each of the categories outlined above.⁶² By creating a prevalence rate based on several different data sources, the NCSE acknowledges the risk of double counting. It also states that this risk is 'more than offset by the conservative estimates used in each category' (NCSE, 2006, p.73).

The *Implementation Report* addressed for the first time the difficult issue of determining SEN prevalence. The report noted there were no pre-existing sources of reliable and definitive data on the subject as defined in the EPSEN Act (2004). It also stated that its estimate was based on best available data at that time and that much further work needed to be done:

We conclude that much more work is needed to deepen our understanding of the SEN prevalence rate and of its implications and to produce verifiable and reliable data in that regard. We have now prioritised that work in the early stages of the action plan for implementation (NCSE, 2006, p.16).

The *Implementation Report* highlighted the need for a more accurate statistical profile of children with SEN as defined in EPSEN. The commissioning of this prevalence study therefore arose from the NCSE's commitment to strengthen the reliability of prevalence data. In this way, we have provided an overview of more recently available data than that found in the *Implementation Report*. Moreover, this study has allowed, for the first time, an estimation of prevalence based on new nationally representative data in the *Growing Up in Ireland* study. The GUI data allow a comprehensive understanding of SEN prevalence. As detailed in Chapter 5, the data combine different information on the wellbeing of children from two sets of key informants: parents and teachers.⁶³ Although the *Growing Up in Ireland* survey was not specifically designed to estimate SEN prevalence the authors believe it provides the best available data at this time. GUI analysis points to an overall prevalence rate of 25 per cent, a somewhat higher rate than that of the *Implementation Report* (17.7 per cent) although it is difficult to compare the studies due to their different methodologies. Similar to the *Implementation Report*, our prevalence rate is based on an interpretation of the EPSEN Act, whereby SEN is seen to include a broad range of difficulties ranging from physical disabilities to learning disabilities and emotional-behavioural difficulties. Unlike the *Implementation Report*, however, it is not possible to provide any more detail of the SEN makeup of this estimate and we are unable to give the proportion of students within each SEN category. What the GUI analysis does provide, however, is detailed information from the parents and teachers of one in seven children aged nine in Ireland. As discussed in Chapter 5, this provides a unique opportunity to combine information from these two sets of key informants to identify the cohort with SEN as defined in EPSEN. This allows an important advance on the prevalence estimate in the *Implementation Report* and provides a much more thorough assessment of the incidence of SEN among Irish children.

⁶² For example, the *Implementation Report* highlighted how children with mild general learning disabilities are not covered in the NIDD.

⁶³ The use of parent and teacher information is very much in line with international approaches to SEN estimation (Van der Veen et al, 2010).

A second major focus was to scope existing data sources on children with SEN in Ireland and highlight data collection issues. Findings show how relevant data are collected by a wide variety of government departments and agencies focusing on different aspects of SEN, adopting different definitions of SEN and using different categorical systems. Findings show a need for a single data source which would monitor these children throughout the education system. Interviews with key stakeholders from government agencies, departments and universities highlighted the lack of inter-agency communication and, where data are collected, they are under-utilised by researchers and policy-makers.

7.2 Report Summary

7.2.1 Policy and provision in Ireland

The inclusion debate is high on the agenda within the Irish SEN policy community. Chapter 2 outlined how, in recent decades, policy has begun to incorporate a more inclusive educational focus with greater emphasis on getting more children with SEN into mainstream provision. These changes reflect a wider international policy shift from the medical to a social model of disability. The introduction of the National Disability Strategy (2004), the EPSEN Act (2004) and the Disability Act (2005) have highlighted the need for greater discourse in this area and have underlined the gaps in the data available on this group of children. The EPSEN Act has questioned how we define SEN and interpret its definition. For example, this study has interpreted the EPSEN definition of SEN to include children with an 'enduring disability' and any child with a condition which results in them learning differently 'from a person without that condition'. In this way, we include a broad range of disabilities ranging from physical to learning disabilities and EBD. As noted by the NCSE (2006) in its *Implementation Report*, the EPSEN Act 'does not define mental health, but the condition which, while likely to include such conditions such as EBD ... will extend the parameters of current provision particularly when allied to the understanding in relation to "enduring"' (NCSE, 2006, p.62). None of these interpretations has been tested as the Act has not yet been fully implemented.

As for provision, additional resource teaching allocation for students with SEN differs between primary and post-primary levels. At primary, additional resource teaching hours are allocated to schools by the DES under the General Allocation Model based on criteria of school size, gender profile and designated disadvantaged status in respect of pupils with high incidence SEN and learning support needs without recourse to diagnostic or assessment information. Additional teaching resources for pupils with 'low incidence' special needs at primary school are allocated by the NCSE through the SENO network on the basis of individual diagnosis and assessment information.

The NCSE supports all students with SEN at post-primary (high and low incidence) through the SENO network on the basis of individual diagnosis and assessment information. Findings from stakeholders highlight difficulties with the dual system of teaching support allocation, particularly when students transfer from primary to post-primary school.

7.2.2 International prevalence estimates of special educational needs

Understanding the different ways in which countries resource, support and collect data on students with SEN was a major focus of Chapter 3. Findings highlight significant issues, however, around use of national definitions and categories of SEN for international comparisons. Variations in the number of children identified with a SEN are significant with some countries using administrative data and other sources which provide information on those with a SEN but not necessarily receiving supports. To overcome these issues, the OECD has devised cross-national categorical systems (SENDDD) which allow for comparisons although concern persists about the their validity.

Overall, this chapter shows a strong trend internationally towards mainstreaming students with SEN and the reduction of segregated provision. Countries are gradually moving away from two-track systems (mainstream and special operating separately) to multi-track (mainstream with special supports) and one track (mainstream only).

To understand fully international trends and best practice on SEN provision and data collection we used five individual country case studies to gain further insight. These countries covered the full spectrum of approaches from non-categorical, decentralised funding systems where most students attend mainstream school which operate in Sweden to individually allocated or pupil bound resources as is the case in the US and the Netherlands. As a result of differing definitions of SEN and systems of provision in individual countries, prevalence rates range from 11 per cent in the US to 30 per cent in the Netherlands and are therefore difficult to compare. These case studies emphasise the great differences in how governments collect data for administrative purposes and other cohort data gathered for research using teacher and/or parent surveys. In addition to variations in individual country estimates of SEN, data collection on children with SEN itself has been the source of much debate within inclusive education research. These issues are highlighted in the Swedish case study where no data are collected since the act of collecting administrative data is considered to perpetuate difference.

7.2.3 Existing data on special educational needs in Ireland

While data on SEN and disability in Ireland are collected by agencies and government departments, wide variation exists in estimates of the numbers of school-age children with SEN or disabilities as data are collected for different purposes and using different categories. Chapter 4 highlights how estimates range from 3 per cent in the Census of Population (2006), 11 per cent in the NDS (2006) to 17.7 per cent in the NCSE's *Implementation Report* (2006). It should be noted, however, that the NCSE was the first to specifically measure SEN as defined in the EPSEN Act and therefore used a broader definition than was the case previously.

Other data collected by the NIDD and the NPSD give an insight into the numbers of students with moderate and profound intellectual disabilities and physical and sensory disabilities. Both surveys are voluntary, however, and not generally focused on the younger age groups. Other administrative data sources include the NCSE's SEAS database which shows that 4 per cent of the school population get their supports at

primary and post-primary levels (representing students who receive supports based on assessment and diagnosis). In addition, administrative data are available from the DES based on annual returns by primary school principals. These data show 0.6 per cent of the primary school population are in special classes, 1.36 per cent in special schools and about 17 per cent of the primary school population have supports under the GAM (the last figure representing students who received support under the GAM without diagnosis and assessment). Little is known about how primary school principals interpret questions on SEN in the annual returns and in turn how they report the number of students with SEN at their school. In this context we interpret the data with some caution. The NCSE has also recently published its figures on the numbers of children in special classes at primary and post-primary. These data show that in 2010, 3,000 students were placed in special classes (0.4 per cent of the primary and post-primary population) with 2,631 of these in primary and a further 369 in post-primary (NCSE, 2010).

Findings from qualitative research interviews highlight difficulties in data collection and inter-agency communication. Stakeholders did not feel part of a wider community involved in SEN research or policy but instead appeared to work within their own departments/institutes/agencies. Moreover, some were unaware of the data available and the potential to access it. They called for a single database so that children with SEN could be monitored as they move through the school system.

7.2.4 Evidence from the *Growing Up in Ireland* survey

Chapter 5 draws on the first wave of a large-scale longitudinal study of over 8,000 children aged nine, the *Growing Up in Ireland* study. This rich data source provides the best available nationally representative dataset from which to make a SEN estimate. It gives a unique opportunity to draw on complementary data from parents and teachers to provide a comprehensive assessment of SEN prevalence among Irish children. In doing so, this analysis has many advantages over existing data sources and prevalence estimates. It places central focus on the EPSEN definition of SEN; hence the definition includes a broad range of difficulties ranging from physical disabilities to learning disabilities and emotional-behavioural difficulties. The analysis points to an overall prevalence rate of 25 per cent. In other words, the EPSEN Act confers entitlements on one-quarter of Irish primary school children.⁶⁴ Although the methodologies differ considerably, this estimate builds on previous estimates of SEN prevalence in the NCSE's *Implementation Report* which came to its estimate using existing data sources. Our figure of 25 per cent is largely in line with recent international research (for example Van Dijk *et al* (2003) and Van der Veen *et al* (2010) in the Netherlands and Croll and Moses (2003) and Hills *et al* (2010) in the UK). The analysis also points to wide differences in SEN prevalence across social groups. Children from working class backgrounds are far more likely to be identified with a SEN, with particularly high rates reported for boys from

64 Under the EPSEN Act these children will have an enforceable right to 'participate in and benefit from education' (section 1) and it should be noted that all children have this right. However it is important to note that a child with SEN does not automatically mean that a school needs additional resources to meet those needs. There is no automatic relationship between SEN prevalence and any given level of resource allocation to schools (NCSE 2006, p.60).

disadvantaged backgrounds. Children from households where parental occupation is not reported, largely economically inactive households, display exceptionally high levels of SEN, raising important implications for policy.

7.2.5 Evidence from the *Adapting to Diversity* survey

To complement the wealth of data in the GUI analysis, Chapter 6 examines the distribution of students with SEN across primary and post-primary schools, in the process assessing the extent to which such students are concentrated or over-represented in certain school sectors/types of schools. This allows us to explore the extent to which the incidence of students with a disability varies across different types of schools and to examine the influence of factors such as school size, location or whether the school is designated disadvantaged. At primary level, the findings show large differences in the proportion of children with SEN according to whether the school is designated disadvantaged (under the DEIS programme) or non-disadvantaged. In addition, evidence of considerable variation exists within the three DEIS categories: schools designated Urban Band 1 have much higher proportions of students with literacy, numeracy and EBD than other DEIS category schools and non-DEIS schools. In addition, all-Irish schools have the lowest numbers of students with all three categories followed by Gaeltacht schools and English medium schools.

Similarly with post-primary, findings show DEIS schools are more likely to have greater proportions of students with literacy and numeracy difficulties and EBD. Conversely, students with such special needs are much less likely to be enrolled in Gaelscoileanna and fee-paying schools. Moreover when we consider school sector, findings show greater concentrations of students with literacy, numeracy and EBD are in vocational schools followed by community/comprehensive schools.

7.3 Research Findings

1. What can be learned from international best practice on data collection and estimates of SEN and disability prevalence and the links between the two?

The philosophy of inclusive education means schools cater not just for children with SEN but all children. Using this model, international best practice suggests that if inclusion exists at school level there is less need for specific education policies and categorical systems for students with SEN. In an inclusive educational system, collecting data on children with SEN is often considered unnecessary as an inclusive school is supposed to cater for all children with varying levels of need. The Swedish emphasis on inclusive education is exemplified in its one-track educational system where most students are educated in one school. Just 2 per cent are educated in separate special schools. Therefore, data are not collected on students with SEN in mainstream schools where efforts are focused instead on improving the school environment for all children.

In countries where data are collected, however, international best practice highlights the importance of accurate and reliable data sources based on provision at school or local authority level. For example, the UK system of data collection is extensive and easily

accessible. Students are categorised by the type of provision they receive and decision-making about supports for individual students is primarily at school level.

2. What are the implications of Irish public policy and legislative frameworks in the field of SEN, disability and data protection for data collection or data sharing on SEN and disability and its future development?

Recent changes in Irish public policy on SEN and disability are of major importance for current and future data collection, sharing and protection. Findings from stakeholder interviews highlight the need for greater co-operation between agencies responsible for data collection. The broader EPSEN Act (2004) definition of SEN means more children fall within its remit. As a result, administrative data and other data sources need to account for new 'groups' of children with SEN not previously considered to have it. This is particularly relevant during key transition points in the education system such as early years education to primary level, primary level to post-primary and post-primary to further or higher education and training.

3. What are the key data sources and how is data relating to SEN and disability currently collected, organised and maintained by relevant bodies, both statutory and voluntary in Ireland?

This report highlights the multitude of data sources in Ireland which contain information on the population of children and young people with SEN. The main agencies involved are the Central Statistics Office, the Health Research Board, the Department of Education and Skills, the National Council for Special Education and the Health Behaviour in School-aged Children (Ireland) Survey at the NUI, Galway. It is clear, however, that data collection methods, the SEN definitions used and the motivations of those completing the surveys or questionnaires result in a wide variety of prevalence estimates for children with SEN. This report highlights new data sources on SEN among school-aged children in Ireland such as the *Growing Up in Ireland – the National Longitudinal Study of Children in Ireland* and the *Adapting to Diversity: Irish Schools and Newcomer Students* (Smyth *et al*, 2009).

4. How are data on SEN provision at primary (including special schools) post-primary and further/higher education levels currently collected, organised and maintained?

Responsibility for allocating resources to students with SEN is carried out by the Department of Education and Skills (DES) and by the National Council for Special Education (NCSE). Both collect administrative data gathered specifically for administrative use and/or resource allocation. The DES annual returns are completed by primary school principals every year. Although these data are accessible on request, stakeholder interviews expose the lack of awareness of it and a lack of utilisation more generally. The Special Education Administrative System (SEAS) is a purpose-designed computer system to provide an efficient and effective special education administration system for use by the NCSE. Stakeholder interviews also showed a lack of awareness of this data source and suggested that caution was needed when using administrative data sources to derive statistics or estimate the prevalence of children with SEN.

5. On the basis of best available evidence what is the potential cohort of the Irish population on whom the EPSEN act will confer entitlements when fully implemented?

Using data on over 8,000 children aged nine, the *Growing Up in Ireland – the National Longitudinal Study of Children in Ireland* provides the first estimate of children with SEN based on a nationally representative sample. The data emphasise the definition of SEN introduced in the EPSEN Act (2004); hence the definition includes a broad range of difficulties ranging from physical disabilities to learning disabilities and emotional-behavioural difficulties and a very broad range of learning needs across the spectrum. The analysis points to an overall prevalence rate of 25 per cent. In other words the EPSEN Act (2004) confers entitlements on one-quarter of Irish primary school children. Unfortunately due to the nature of these data it is not possible to provide any more detail of the SEN makeup of this estimate and we are unable to give the proportion of students within each SEN category.

6. What are the limitations of current data sources and the key data gaps that need to be addressed to improve data collection, organisation and maintenance for disability, SEN and SEN provision?

Although stakeholders were generally positive about individual data sources, many called for a more coherent approach to data collection for children with SEN in Ireland. In particular, they emphasised how the approaches and definitions used on existing data sources differed greatly from the definition of SEN within the EPSEN Act (2004). They believed individual data sources such as the Census of Population, the National Disability Survey or the National Intellectual Disability Database were measuring different things and were therefore difficult to compare and could not be used to meaningfully measure SEN prevalence among children.

Interestingly, stakeholders were positive about recent changes to the wording of questions in the Census of Population and the National Disability Survey. But they expressed caution about the over-representation of some groups (such as the elderly) in these data sources. They believed this was the result of a shift in emphasis in census questions on type of disability to how a disability affected the daily life of respondents.

Stakeholders were also positive about other national databases which record individuals with intellectual or physical disabilities such as the NIDD and the NPSD. However, many recognised limitations in estimating prevalence among children and young people and in particular the possible under-representation of those with mild general learning disabilities in the NIDD.

On other administrative datasets such as the DES annual returns data and the NCSE's SEAS, stakeholders were eager for these data sources to be developed further for greater use by other agencies. Some discussed the difficulties in using administrative data not intended for research and analysis purposes. Moreover, there appears to be a lack of awareness of the data on SEN available in Ireland and in particular a lack of usage of DES annual returns data by the policy community.

On gaps needing to be addressed, stakeholders were unanimous that a national database for children beginning at pre-school age and following them until they left

school was needed. A primary pupil database should be created to fully capture the numbers of children with SEN. This would need to be aligned with the existing Post-Primary Pupil Database operated by the DES. The lack of SEN information in this database would also need to be addressed. Stakeholders highlighted the difficulties in using specific SEN administrative data not intended for research and analysis purposes and felt the formation of a more comprehensive pupil database with information on both the health and educational needs of the child as they progress through the system would overcome these issues. They thought this database could tackle existing difficulties with data in the transition from primary to post-primary for students with SEN.

In addition, many stakeholders highlighted a general lack of communication and data sharing among the community of SEN policy-makers and service providers. Many suggested the need to improve communication between the Departments of Health and Children and Education and Skills along with the need for more general increased inter-agency communication.

7.4 Implications for Policy

The findings outlined above point to the need for greater discussion on how we collect data on children with SEN in Irish primary and post-primary schools. This section outlines key policy implications identified in this study. The discussion centres on the implications of this new prevalence rate for our understanding of SEN in Ireland and our interpretation of it based on the EPSEN Act (2004) definition. We focus on key issues about current methods of data collection and existing data sources and how this new data can aid the more accurate allocation of resources. As mentioned in Chapter 1, the prevalence estimate found in this study based on GUI data does not assume an automatic relationship between prevalence and the need for resources and supports for students. A nationally representative prevalence estimate, however, does go some way to highlighting who has entitlements to an assessment and an IEP under EPSEN.

7.4.1 A new prevalence rate

The NCSE's *Implementation Report* (2006) showed the need for an accurate prevalence figure which can independently establish the cohort on who rights will be conferred by the EPSEN Act (2004) when fully implemented. This report's findings also highlight the importance of having an independent and accurate SEN prevalence estimate without consideration of budgetary constraints. The authors also acknowledge that SEN prevalence does not necessarily imply that additional resources are required in all cases. A key issue raised by these findings is the disparity between the prevalence estimate of 25 per cent in this report and prevalence estimates from other national data sets. This points to wide variations in the interpretation of SEN across various government bodies and agencies working in this area. Stakeholder interviews undertaken as part of this research also highlight major issues about definition and terminology used for the EPSEN Act and SEN more generally. Interpretations of the EPSEN Act appear to vary across agencies and organisations and seem to depend on the organisations' role in allocating resources (where there is often a narrow interpretation used) and research (where a

more inclusive interpretation is adopted). Greater dialogue at a policy level would help clarify these issues so that a set definition of SEN within the EPSSEN Act could be uniformly adopted. Based on international best practice, interpreting the Act without reference to financial or administrative considerations would clarify the meaning of SEN at individual and school level.

7.4.2 A non-categorical system

Other issues raised in stakeholder interviews related to the terminology various government agencies use, in particular the varied use of categories which, many felt, were outdated. Different types of SEN are defined in different resource allocation systems (GAM and NCSE) but there is no consensus on how these link to the EPSSEN definition which does not refer, for instance, to high or low incidence SEN. The SEN categories adopted by the NCSE are a function of the resource allocation system rather than a function of the EPSSEN Act. International research signals a move away from disability categories as a method by which to administer resources to children with SEN. Instead countries such as the UK and New Zealand identify children with SEN by the types of resources they receive which are determined by their level of need rather than their SEN category. In this way language and terminology used by policy-makers, government departments and government agencies needs to be revised and harmonised.

7.4.3 Improved learner databases at the DES

Stakeholder interviews highlight the need for greater data and improved data quality for students with SEN at primary and post-primary level. While a post-primary pupil database is currently in operation, stakeholders could not use these data as there is no way to identify students with SEN. With a marker for SEN in the Post-Primary Pupil Database and the introduction of a primary pupil database, children with SEN could be monitored as they move through the education system. This is particularly critical given stakeholder concerns about students slipping through the net as they move from primary to post-primary and from a general allocation to their school to an individual model of resource allocation (see section 7.5 on the potential for future research in this area using GUI data).

The analysis points to the need for an assessment of the role and function of existing data collection exercises, particularly data collected as part of the 'October Returns'. This administrative data source relies on the accurate reporting by principals of student enrolment and staffing in the school as of September 30th of each year. These figures include pupils in ordinary national schools, special schools and pupils with SEN in ordinary national schools. The information forms the basis for DES funding, teacher allocation and various grant payments. Some stakeholders were concerned about these data, in particular they were cautious about its reliability in providing a true prevalence rate. In analysing these data there are also issues around the dual enrolment of children with SEN where the child is simultaneously on the roll of two schools (usually one special and one mainstream), attending each school part-time (Ware *et al*, 2010, p.18). Moreover, the data do not provide details of the nature, intensity and duration of

any additional supports or teaching provided at the individual schools. This presents a particular difficulty in estimating the potential cohort of the school population with SEN.

When discussing existing data sources in Ireland, stakeholders expressed frustration with the lack of reliable data, the lack of consistency in the terminology used in the data and the lack of overall linkage between data sources. Moreover, there was a clear lack of knowledge among various stakeholders about what data were available and whether they could access it. Moreover, stakeholders working in SEN in Ireland appeared to have limited communication with other relevant agencies. Improved co-operation between agencies and the strengthening of inter-agency links would improve data usage, generate awareness of changes in policy and data collection and help identify key areas to be addressed on SEN provision, prevalence and data gathering.

7.4.4 Special educational needs and social class

Findings from the *Growing Up in Ireland* show stark differences in SEN prevalence between children from working class backgrounds and their middle class counterparts with working class children, particularly boys, more likely to be identified as having a SEN. This is particularly the case for children from economically inactive households which have particularly high rates of SEN. The implications of these findings for policy are significant in that research has already shown that children from lower income groups are already suffering the effects of multiple disadvantages before SEN is taken into consideration (Smyth and McCoy, 2009). These patterns are also evident by looking at the school level data from the *Adapting to Diversity: Irish Schools and Newcomer Students* (Smyth *et al*, 2009). These findings also identify concentrations of SEN in DEIS schools and in particular Urban Band 1 DEIS schools. This has particular policy relevance for the distribution of funds under the DEIS programme, with, for example, Rural DEIS schools with fewer children with SEN compared to non-DEIS schools. Ultimately these results raise important questions on the adequacy of current funding mechanisms for children in need of additional supports.

7.5 Potential for Future Research

7.5.1 Outcomes based research

A key area to emerge during stakeholder interviews was the pressing need for further research in outcomes (academic/social) for children SEN. This need stems from the growing debate about the best way in which these children in mainstream schools should be resourced or supported. The question of which students with SEN do well in mainstream schools, which do not, and what preconditions are relevant to this remains under-studied. *Growing Up in Ireland* provides information on student's reading and mathematics test scores, engagement with school and social interactions with peers and teachers. The gap in attainment between children with SEN and their peers is still large. It is necessary to understand the national expectation of children with SEN and if the gap in attainment widens as children get older. Future research could explore differences in

attainment among students with SEN and what impact this has on their life chances and wellbeing.

7.5.2 School transitions for children with special educational needs

Stakeholders also pointed to the growing emphasis in international research on student transitions within the school system. The next wave of the *Growing Up in Ireland* data return to the same group of 8,500 children when they are 13 years of age and will provide valuable information on how they have grown and how their lives have changed in the four intervening years. This is particularly relevant for SEN research and will allow a better understanding of the transition from primary to post-primary and the decision to remain in mainstream education or move to a special school. For students remaining in mainstream schools, this information will allow us to compare their engagement with school, liking of school and academic performance as they move from a system of general allocation to the SENO system of individual resources.

Increasingly international attention is focused on transitions beyond compulsory schooling for young people with SEN (Wagner *et al*, 2005; Johnson, 2008). However, in the Irish context little attention has been given to the attainment and experiences of young people with SEN as they leave school. To address this, research stemming from the *Leaving School in Ireland* study, currently being undertaken, will play a significant role in addressing how this group of young people fare as they progress to further education, training and employment. This survey of young people, carried out during the early post-school period, will allow for the analysis of the choices that young people with SEN make and the pathways they take on leaving school. It will also provide an in-depth examination of their school experiences and the factors that shape their early post-school choices.

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Appendix 1



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SEN Prevalence Project

Semi-structured Stakeholder Interview Schedule

Warm-up questions – general opinion

1. What is your role in special education?
2. How would you define special educational needs?
3. What do you think is the current understanding of the definition of SEN under the EPSEN Act?
4. How do you view the recent policy developments in the area of special educational needs? [EPSEN Act, Programme for Government, Budget 2008, 2009?]

Data

Estimating prevalence – interpretations

1. What is your understanding of the SEN and disability prevalence rates in Ireland?
2. How do SEN definitions vary across organisations? How does this impact on data available?

Collection – mapping data sources

3. What data do you have/use on SEN and disability in Ireland [provision, prevalence]? How is the data collected? How frequently is it collected? How available/accessible is the data? (Data protection issues, data for a specific purpose/sharing) Can SEN children be disaggregated from this data?
4. How could this be used to measure the prevalence of SEN and children in the education system with special educational needs?

Access – interagency communications

5. Do you feel you have adequate access to data on SEN and disability?
 - a. How do you feel access could be improved?

Sharing and exchange

6. How much interaction/co-operation do you feel there is between your organisation and other agencies involved in SEN and disability?
 - a. How do you think this could be improved? [Data sharing, data exchange].

Opinion – provision

7. What are your views on procedures used to identify young people for supports? [SENO network, nature and level of supports, adequacy, coverage]
8. What do you see as the most important supports for students with SEN? [Learning/Resource support teachers, SNAs, non-school supports, Agencies: NEWB, NEPS, social workers, role of class size, parental involvement, early childhood education, current supports/provision, School readiness]

Opinion – data

9. What do you see as the main issues/limitations in relation to data on SEN and disability in Ireland? [Absence of database on primary school pupils? Ability to track changes over time and identify vulnerable groups?]
10. What do you see as an effective way to evaluate SEN programmes? [Targeted programmes/universal provision]



