Insights into the Lives of Children with Disabilities: Findings from the 2006 National Disability Survey

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Executive Summary

Introduction

In line with changes in policy over the last decade (Education for Persons with Special Educational Needs Act, 2004; Disability Act, 2005), research has begun to focus on understanding the profile and experiences of children with special educational needs (SEN) and disabilities in Ireland. With an increased policy emphasis on inclusive education internationally (UNESCO, 1994), disability studies have sought to gain greater insights into the profile and characteristics of children and young people with disabilities. While initially the focus was on charting variations in disability prevalence across a range of gender and social groups, more recently attention has shifted to assessing whether there is evidence of over-identification among certain groups and bias in processes of disability and SEN identification (Keslair and McNally, 2009; Banks *et al.*, 2012). Attention has also moved to examining how best to provide for children and young people with disabilities, particularly in the school context. After many years of special and mainstream educational systems for students with SEN, internationally the inclusion agenda increasingly argues for students with SEN to be educated in mainstream settings for as much of the curriculum as possible (Pijl, Meijer and Hegarty, 1997; Meijer, 2003). But crucially research is only now assessing how students actually fare in different settings and what supports are required to maximise their inclusion and engagement. Student experience and outcomes across a range of social, academic and personal domains has now become central to international research on the education of children and young people with SEN and disabilities. In the Irish context, until recently, little was known about children and young people in relation to the nature of their disabilities, their profile and characteristics and their social and academic engagement in school. Improvements in data available have allowed, for the first time, a comparison between the home and school experiences of children and young people with disabilities and their non-disabled peers.

This report builds upon recent research using large-scale population data to provide detailed insights into the lives of children and young people (aged 0 to 17) with disabilities in Ireland. We use the child questionnaire of the *National Disability Survey* (2006) which gathered information about children with disabilities using the nine different disability categories. The report focuses on three main themes: first, the nature of disability and profile of children identified in the *National Disability Survey*; second, the educational supports received by this group of children and young people; and finally, the factors influencing a number of key social and academic outcomes among this group. This report builds on a number of recent publications using population-based data sets such as the *Growing Up in Ireland* study (Williams *et al*., 2009) and the *National Study of Special Classes* (McCoy *et al*., 2014) which have provided much needed insight into the home and school lives of this group.

Key Findings

Profile of Children with Disabilities

The *2006 National Disability Survey* was the first major survey of people with disabilities in Ireland. Designed as a follow-up survey, it interviewed a sample of those who were classified in *Census 2006* as having a disability. Some 4.1 per cent of children were identified as having a disability in *Census 2006*, a figure that is substantially lower than other recent estimates, such as 17 per cent (NCSE, 2006) and 25 per cent (Banks and McCoy, 2011). These variations arise due to differences in language, terminology, definition and methodology. The latter estimate, for example, drew on multiple informants, parent, teacher and student in deriving a SEN prevalence rate for nine-year-olds. In the *National Disability Survey* the determination for being recognised as having any disability is based on the level of difficulty experienced in everyday activities, with levels of difficulty required to be defined as having a disability varying across the nine disability categories. Many other national data sources have no thresholds for severity of disability, with the result that children with less severe disabilities are likely to be under-estimated in the *National Disability Survey*.

The study examined characteristics of children and young people in the *National Disability Survey* by focusing on their gender, socio-economic background in addition to the type of disability they had. In line with studies in Ireland and internationally (King *et al.*, 2000; Banks and McCoy, 2011; McCoy *et al.*, 2012a) our findings show that boys are 1.7 times more likely than girls to have a disability. In terms of social background characteristics, children and young people with disabilities are more likely to come from disadvantaged and one-parent households compared to the general population. In relation to the type of disability, over three-quarters of respondents reported having intellectual or learning disabilities followed by (i) remembering or concentrating disabilities, (ii) speech disabilities and (iii) Emotional, Psychological and Mental Health (EPMH) disabilities. The group with intellectual or learning disabilities is made up of three distinct groups: children and young people with “difficulty in learning everyday skills such as reading and writing ... due to a condition such as ADHD or dyslexia” (60 per cent), those with “difficulty with interpersonal skills” (21 per cent) and those with “difficulty with intellectual functions” (19 per cent). In sum, the research highlights variations in SEN/disability estimates across different data sources, often arising from different terminology, definitions and methodologies. The results from the *National Disability Survey*, the focus of this research, show a high prevalence of intellectual or learning disabilities among children with disabilities. Three-quarters of children with a disability have either an intellectual or learning disability.

Educational Supports for Children with Disabilities

The *National Disability Survey* Child Questionnaire sought detailed information about the provision and supports for children and young people with disabilities in education. For the first time this report presents findings about the type of school and class placements for students with disabilities and explores the extent to which education placements vary by individual student characteristics. Findings show that the majority of children with disabilities attend mainstream education (72 per cent), a further 13 per cent are in special classes in mainstream schools and 15 per cent attend special schools. Previous research for the general school population, shows that the proportion of *all* children placed in special education (special class or school) in Ireland is less than 5 per cent (Banks and McCoy, 2011; McCoy *et al.*, 2014).

Our findings also show that class placements appear to be influenced by the type of disability: for example, children with speech difficulties are more likely to be placed in special education (schools or classes) than children with other disabilities. For children with intellectual or learning difficulties, those with autistic spectrum disorders or intellectual impairments (e.g., Down syndrome) are far more likely to be placed in special education settings compared to children with learning disabilities (e.g., dyslexia, ADHD). Special education placement is also more likely for children from households where the parents are unemployed. Furthermore, our findings suggest that class placement changes somewhat as children move through the education system with students more likely to be placed in special education at post-primary compared to primary level. These findings may reflect differences in the structure and organisation of primary and post-primary sectors (Smyth, McCoy, Darmody, 2004), requiring students moving to post-primary to adapt to a very different setting with multiple teachers, typically a larger school with a longer school day, more formal relationships with school staff, a new and broader curriculum and different teaching methodologies. These changes may prove more difficult for students with disabilities.

In terms of the need for additional resources and supports, this report focused on three main areas: personnel, adjustments to the curriculum and equipment. Overall, the survey shows that, according to their parents, the majority of students with disabilities do not need any of these supports to attend school, follow the curriculum or take exams. Where students do require additional supports, personnel – such as learning support assistants (or tutors) – are most frequently cited as being needed. Approximately, 10 per cent of children with disabilities reported that their needs are not being met in terms of personnel, curriculum adjustment or equipment.

In sum, the study shows that while special education placements are higher for particular disability types, there is also evidence that boys and children from socio-economically disadvantaged backgrounds are more likely to be

placed in special education. Further, in post-primary schooling there are increased numbers of students with disabilities in special education.

Educational Experiences and Outcomes

This study adds to the relatively small research literature on how children and young people with disabilities experience school. The *National Disability Survey* allows for analysis of two key dimensions of student well-being – attendance at school and the nature of social and peer participation. While it has long been known that absenteeism impacts on a range of educational outcomes (McCoy *et al.*, 2007), social participation has more recently emerged as an important influence on school engagement, both directly and indirectly (McCoy and Banks, 2012).

Our findings suggest that children with EPMH, particularly girls, are at greater risk of absenteeism compared to children with other disabilities. Young people with intellectual or learning disabilities seem far less likely to accumulate extensive periods of time absent from school compared to children with other disabilities. A total of 9 per cent of young people with intellectual or learning disabilities accumulate at least 3 months of absence from school, compared to 25 per cent of children with EPMH. In relation to the social dimension of well-being, peer and social relations, the findings highlight important differences among young people with disabilities. Again, young people with EPMH appear at greater risk – being far less likely to engage with their peers. In this case however, young men, rather than young women, with EPMH seem to be at greater risk of being socially isolated. Young people with EPMH are also less likely to participate in sport, and when they do participate, they tend to so much less frequently. While acknowledging limitations in terms of sample size, the results raise some concern over the well-being of children and young people with EPMH, both in terms of their levels of absence from school and in terms of their engagement socially and with peers.

Strengths and Limitations of the Study

In the past, research on children and young people with disabilities and SEN has been limited due mainly to a lack of available data. The *National Disability Survey* is one of a number of important large nationally representative datasets which provide, for the first time, in-depth insights into the home and school lives of this group of children and young people in Ireland. One major advantage of the *National Disability Survey* data on children with disabilities is its completion in the home and, as outlined in Chapter 1, it is often completed by the parents of those with disabilities. This not only assures greater accuracy of the information gathered but removes any doubts about over- or double-reporting which may take place in school settings (Banks and McCoy, 2011). The accuracy of administrative school-based data is often criticised

where prevalence in a school is linked to the resources or supports received (Graham and Sweller, 2011).

As noted earlier, one of the limitations of the study relates to the profile of the sample of respondents, in particular, the severity of need of the children and young people with disabilities. Differences in the language and terminology used by the *National Disability Survey* compared to other administrative and cohort data sets means that the children involved are difficult to compare and research based on different data sources produces different disability prevalence rates. Recent research, drawing on information from multiple informants, shows that between 25 and 28 per cent of children and young people have some form of special educational needs under the broadened definition in the Education for Persons with Special Educational Needs (EPSEN) Act (2004) (Banks and McCoy, 2011; Cosgrove et al., 2014). In comparison, children with disabilities represent 4.1 per cent of those aged 0 to 17 in the Census of Population 2006 (CSO, 2007c) and 5 per cent of those aged 0 to 15 in Census of Population 2011 (CSO, 2012). The *National Disability Survey* thresholds for different disability categories and differences in language used throughout the questionnaire may identify a different group of children perhaps representing those with more severe difficulties compared to children in other data sets and research studies.

Policy Implications

In line with existing research in this area (Banks and McCoy, 2011; McCoy *et al.*, 2012a; Banks *et al.*, 2012), the findings of the *National Disability Survey* highlight a number of policy issues regarding the profile of children and young people with disabilities. In particular, the results points to considerable heterogeneity within this group, in terms of their characteristics, their educational placement, the supports they require and their social and educational experiences.

Nature and Targeting of Supports for Children with Disabilities

The analysis of the *National Disability Survey* highlights wide differences in the prevalence of disabilities across social groups. The results also showed placement in special education settings varied not only by disability type, but also by gender and social background characteristics. The findings highlight the possibility of dangers of labelling children and young people with disabilities particularly in light of evidence regarding the potential stigmatisation, stereotyping and lowered expectations for the children involved.

Achieving Inclusive Education

Within the context of an inclusive education framework, the findings of this report suggest that special education placement varies systematically by individual child characteristics including gender and social background. These findings question the role of segregated settings (such as special classes or special schools) for some social groups in particular children from families classified as unemployed or economically inactive. Furthermore, the findings highlight significant overlap between certain disabilities, particularly children with intellectual or learning disabilities and those with difficulties remembering and concentrating. This has implications for types of services and supports required and the ways in which supports can be targeted most effectively.

Young People with Emotional, Psychological and Mental Health Difficulties

The results raise questions over the extent to which children and young people experiencing emotional and mental health difficulties receive adequate social and personal support. This research suggests the need for debate around the role of schools, and other key settings, in supporting children and young people with EPMH. Within existing support structures, emotional difficulties can be difficult to distinguish from behavioural difficulties, with emotional and behavioural difficulties typically categorised together. The findings also highlight the potential for greater focus within the curriculum on issues relating to emotional, psychological and mental health particularly during the post-primary years where the greater exam focus may limit the attention this gets.

Disability Language, Terminology and Data Collection

Variations in the measurement of disability prevalence are often the result of differences in language, terminology and definition used by different organisations and government departments. These variations often emerge when comparing data based on different understandings of disability or need. The thresholds for levels of severity used in the *National Disability Survey* are unique and not comparable with other national data sources (many of which have no thresholds for severity of disability). This issue should be examined with a view to adopting more consistent recording and measuring across data sources.

This report highlights the potential of the data in the *National Disability Survey* to be used in conjunction with other recent national data sets to provide new information regarding the lives of children with disabilities. We now have a range of data regarding the age of onset addressed in the *National Disability Survey* in addition to detailed information about the nature and characteristics of children with disabilities in the *Growing Up in Ireland* study on infants and

children. Furthermore, the period of transition between primary and post-primary education is another area of policy concern in relation to children with disabilities. The *National Disability Survey* contains unique information on children at different stages in the school system and could be used in conjunction with the *Growing Up in Ireland* data on 13 year olds to examine student trajectories as they move through the system.

Chapter 1: Introduction

1.1 Introduction

Given policy changes over the last ten years there is an increasing need to understand better the profile and characteristics of children with disabilities and special educational needs (SEN). Until recently, Irish data on children with disabilities have been limited to administrative data from the Department of Education and Skills. In recent years, however, data from the National Intellectual Disability Database, the National Physical and Sensory Disability Database, *Growing Up in Ireland* study and the *National Study of Special Classes* have gathered much needed information about this group of children in school and society more generally. It is within the context of these new data sources that this research study reports on the findings of the *National Disability Survey* Child Questionnaire. This research is divided into three main sections where we firstly examine the profile and characteristics of children with disabilities in Irish primary and post-primary schools. The report then focuses on the class and school placements and supports and resources available to children with different types of disabilities. Finally, we examine the dimensions of the academic and social well-being of this group of students.

1.2 Social Characteristics and Disabilities

With an increased policy emphasis on inclusive education internationally (UNESCO, 1994), disability studies have sought to better understand the profile and characteristics of students with disabilities in mainstream schools. Much SEN research has focussed on the question of gender disparities in SEN identification and prevalence. In the United States for example, studies have shown that boys are 1.9 times more likely to be referred for special education than girls (Coutinho and Oswald, 2005; Delgado and Scott, 2006). Research consistently shows higher prevalence of disabilities among boys, particularly for certain conditions including autism, attention deficit/hyperactivity disorder, and conduct and oppositional-defiant disorders (Riddell *et al.*, 2006). Efforts to explain these differences have ranged from biological, environmental and socio-cultural factors (Skarbrevik, 2002) to more recent explanations of school and teacher bias in the SEN identification process (Keslair and McNally, 2009; Hibel, Farkas, and Morgan, 2010). This issue of bias has specifically been highlighted in a number of studies which address the over-representation of certain social and ethnic groups in special education. In particular boys with learning disabilities and/or behavioural difficulties are

disproportionately identified or placed in special education settings (Coutinho and Oswald, 2005; Banks *et al.*, 2012).

Similar studies in the United Kingdom also highlight this pattern, with boys over-represented in special education generally but more so in specific categories of SEN such as communicative and behavioural disorders (Keslair and McNally, 2009). In addition to gender, research has noted that the socio-economic background of children with disabilities and SEN appears distinct from the general school population (see Banks and McCoy, 2011 in Ireland; Croll and Moses, 2003 in the UK; Van der Veen, Smeets, and Derriks, 2010 in The Netherlands; Delgado and Scott 2006 in the US). Findings show that economically disadvantaged students are more likely to be identified with emotional and behavioural difficulties (EBD) and intellectual or learning difficulties compared to the population average (Keslair and McNally, 2009; Dyson and Kozleski, 2008). Similarly, Irish research has shown how children from disadvantaged backgrounds and those attending disadvantaged schools are more likely than their peers to be identified with a non-normative disability such as EBD (McCoy *et al.*, 2012a; Banks et al., 2012).

Overall, while studies have demonstrated considerable differences in SEN and disability prevalence rates across gender and social groups, research is increasingly suggesting that social/gender stereotyping may underlie some of these differences.

1.3 Supporting Students with Disabilities in School

How best to provide for children with disabilities in school has been the subject of much debate in education research. Education policies worldwide, increasingly stress the need for more inclusive school settings and emphasise a shift from segregated provision towards a more mainstream model where all students can be educated in one place (e.g., The Salamanca Statement on Special Needs Education (UNESCO, 1994), the United Nations (UN) Convention on the Rights of Persons with Disabilities (United Nations, 2006)). Based on the human rights agenda, inclusion as a concept may be seen to imply that segregation of any form is morally incorrect (Avramidis, Bayliss and Burden, 2000). After years of special and mainstream (two-track) educational systems for children with SEN, the inclusion agenda now argues for students with SEN to be educated in the mainstream class alongside peers without SEN for as much of the curriculum as possible (Pijl, Meijer and Hegarty, 1997; Meijer, 2003). The policy emphasis on inclusion ensured children's right to be

treated fairly and to be accorded the same services and opportunities as everybody else (Stainback and Stainback, 1987).

Increasingly, policymakers are focusing on the concept of universal design in education where instead of targeting supports at individual students with disabilities accessibility is incorporated into all facets of design (e.g., physical space, curriculum, teacher training) from the outset (McGuire, 2011 cited in Duggan and Byrne, 2013). The pace of change in special needs provision has meant that debates still centre around how we conceptualise inclusive education and meet the educational and social needs of the individual child. Many of the arguments for and against separating students with SEN stem from broader debates about the value of mainstream versus special school education (Feiler, 2013). Some experts are critical, however, that there has been little focused discussion on where and how to provide for students and ensure effective learning and inclusion (with the exception of Myklebust, 2006; Ebersold *et al.*, 2011; Greenstein, 2013). With a population with such diverse needs, supports for students with disabilities and SEN can range from permanent special class or school placement to a slight modification of the curriculum in a mainstream setting to suit a specific student's needs. Although no dominant form of provision exists across countries, research suggests that there is a general trend towards moving away from separate programmes and forms of provision towards a more flexible and integrated structure where mainstream services are enhanced (e.g., in-class support, flexible part-time special education placements) (Dyson *et al.*, 2002, p. 48).

The international policy emphasis on educational inclusion has been replicated in Irish policy documents and legislation over the last two decades. This began in 1993 with the publication of the report of the Special Education Review Committee (Department of Education, 1993) followed by the 1998 Education Act (Government of Ireland, 1998). Landmark legislation was introduced in 2004 with the publication of the Education for Persons with Special Educational Needs (EPSEN) Act (2004) which dealt specifically with children with disabilities in school and broadened the definition of SEN. The Act revised the understanding of SEN provision from something separate from mainstream educational provision to a concept of inclusion where "...all persons, including those with SEN, have equal rights to participate in, benefit from and achieve outcomes from educational opportunity as the norm" (NCSE, 2006). With this shift in policy came a change in the profile of the mainstream school population as children with disabilities and SEN began to attend their local mainstream schools. The introduction of the General Allocation Model (GAM) in 2005 coincided with the change in legislation and meant that

children in primary schools with ‘high incidence’ disabilities no longer needed to be individually assessed in order to receive supports (Banks and McCoy, 2011; Frawley *et al.*, 2014). There is now a combination of individual allocation to children categorised as having ‘low incidence’ needs and a general funding model allocated to schools (based on a number of set criteria) for children with ‘high incidence’ needs (Frawley *et al.*, 2014) (See Section 3.3 for breakdown of low and high incidence disability categories). A proposed new model for allocating teaching resources for students with SEN has been proposed however and is currently undergoing a period of consultation (NCSE, 2014).

Alongside policy changes, there have been dramatic increases in the amount spent on supporting children with disabilities and SEN. In Ireland, annual expenditure for children with SEN increased from €468 million in 2004 to €1.3 billion in 2011, representing a percentage increase of 178 per cent (NCSE, 2013). This investment has resulted in increased numbers of resource teaching and other staff working in a non-teaching role (e.g., special needs assistants), increases in the number of special classes provided for these children, in addition to improvements in equipment and technology for children with disabilities and SEN and transport (NCSE, 2013). Despite these legislative and financial changes, however, there is limited information on the extent to which needs are being met among children with disabilities and SEN in both mainstream and special settings (McCoy *et al.*, 2012a; Frawley *et al.*, 2014). Furthermore, there is little understanding of the extent to which needs vary among children with different types of disabilities, since the movement to the GAM system removed the requirement for all children to be formally assessed. Reflecting the diversity of types of SEN, needs can range from physical and structural modifications within a school or college, placement in a special education setting and other day-to-day resources such as special needs assistants, to changes to the curriculum offered or technical equipment to assist learning.

1.4 Outcomes for Students with Disabilities

Despite policy objectives and the wider trend of including students with SEN and disabilities in mainstream school environments there is little understanding of how these students are faring, both academically and socially. Many interacting factors affect the experiences of students with SEN in primary and post-primary schools. These include how support is structured and delivered, constraints on curricular access, specified progression routes through schooling and the types of academic/social

outcomes planned for and achieved. Studies already show that people with disabilities have lower levels of education, have higher rates of absenteeism (Wehby *et al.*, 2003) and are more likely to have left school earlier than their peers (NDA, 2005). Research suggests that children with SEN and disabilities can experience difficulties in the transition between primary and post-primary education and often cannot cope in the post-primary system (Ware *et al.*, 2009; O'Brien *et al.*, 2004; SESS, 2010; Barnes-Holmes et al., 2013). Other studies have sought to move beyond academic outcomes to more subtle outcomes of school engagement. Findings show that children with SEN, particularly those identified with learning disabilities, face considerable barriers to engaging fully in school life. For students with such additional needs, low levels of academic engagement and poor relations with their peers and teachers play a central role in explaining their low levels of school engagement and overall enjoyment of school (Koster *et al.*, 2009; Avramadis, 2010; McCoy and Banks, 2012; Bossaert et al., 2015).

While this study is limited in terms of the range of measures of the academic and social well-being of students with disabilities, it does include valuable measures tapping into both academic and social domains – namely absence from school and peer/social relations. These provide an opportunity to gain an insight into how these children and young people are faring, in particular assessing whether particular groups are accumulating considerable periods of absence from school or are experiencing greater levels of peer/social isolation.

1.5 Research Topics

This research examines a number of areas relating to children with disabilities including:

- The nature of disability and profile of children and young people identified in the National Disability Survey Child Questionnaire.
- Key factors influencing class placement, access to resources and supports in school. We examine differences in provision by the profile of the child with a disability (type of disability, severity, gender, social class) and their trajectory through the educational system.
- Key factors influencing academic and social well-being (social participation and absenteeism) among children and young people with disabilities.

The research questions are situated within the context of previous and ongoing research in the area of children with disabilities where it is possible to compare the findings from the *National Disability Survey* with other national sources.

1.6 Data and Methodology

The *2006 National Disability Survey* was the first major survey of people with disabilities in Ireland. The *National Disability Survey* adopted the WHO-recommended concept of disability embodied in the International Classification of Functioning, Disability and Health (WHO, 2001). Sometimes referred to as a 'biopsychosocial model' of disability – in contrast to a medical model – this approach understands disability in terms of the interaction between the individual and the physical and social environment. In other words, in order to understand what people are able to do, we need to take account of the resources available to them and the barriers placed before them in their environment as well as their own physical, mental and emotional resources. The *National Disability Survey* was designed as a follow-up survey which interviewed a sample of those who were classified in *Census 2006* as having a disability (9.3 per cent). Its purpose was to establish the prevalence, severity and effects of disability and to provide more detail on the characteristics and situation of the population with a disability (*National Disability Survey*, 2006).

The design of the *National Disability Survey* involved two separate processes. The main approach was to select a sample from among those persons who reported a disability in the Census and who were enumerated at their usual residence (the census disability sample). This was an efficient way of identifying the population of interest. Of the 393,800 persons reporting a disability in the Census, 370,500 were enumerated in their usual residence of a private household or a communal establishment such as a nursing home, hospital or children's home. These 370,500 persons formed the population from which the main *National Disability Survey* sample was selected: 344,100 persons living in private households and 26,400 persons living in communal establishments. Interviews were conducted with 14,518 individuals defined as a having a disability in the Census, of which the vast majority (13,868) were resident in private households and the remainder (650) were resident in communal establishments (CSO, 2008a). A second smaller sample (the 'general population' sample) was drawn from among those persons enumerated at their usual residence in private households and who did not report a disability on their Census form (3.7 million persons). The sample selected

from this population was smaller (1,551) than for the Census disability sample since the main focus of the survey was on those with a disability in the Census. The inclusion of this smaller sample from the population not defined as disabled in the Census was to explore the extent to which the broader *National Disability Survey* definition would identify disability not picked up in the Census (CSO, 2008a). The number of children aged 0 to 17 who completed the child questionnaire of the National Disability Survey was 1,857.

Information from the *Census of Population 2006* on the social background characteristics of respondents was then linked to the data from *National Disability Survey*. This gave us a range of variables from the Census including:

- Place of respondent in household (respondent lives with parents, lives alone, is from a one parent family, lives with partner/ no children; lives with partner and children; lives with other relatives; lives with unrelated adults).
- Number of children age 0-17 in household.
- Total number of adults age 18 and over in household.
- Social class of household (dominance rule, occupation-based).
- Number of children (age 0-17), working-age adults (age 18-59) and older adults (age 60 and over) with a disability in the household according to Census questions.

Data from the *National Disability Survey* have been weighted, this is standard practice in research using survey data. The purpose of this statistical adjustment is to compensate for any potential biases that may occur due to sampling error or differential response rates among sub-groups of the population. Weighting ensures that the completed sample is wholly representative of the target population from which it has been selected. All analysis in this report is based on weighted data to ensure the results are representative of the population. The findings of the report are provided using bivariate data analysis. Multivariate analysis was not possible due to the small size of the sample, particularly when examining results across the nine disability categories. For the most part the results are statistically significant and non-significant results are reported where the authors feel the results reflect an important pattern.

1.6.1. National Disability Survey Child Questionnaire

The *National Disability Survey* questionnaires for both adults and children covered a broader range of difficulties than was possible to include in the *Census of Population Survey*. The *National Disability Survey* included nine different disabilities, some of which were not specifically mentioned in the Census (Table 1.1). Each section began with at least one filter question to determine the level of disability (if any) experienced by the respondent for each disability type. The identification for being recognised as having any disability is based on the level of difficulty experienced in everyday activities.[1] The evaluation is based on several possible answers ranging from "no difficulty" to "cannot do at all" (see Table 1.1). The level of difficulty required for classification into the disability category varies across the nine disability types surveyed in the questionnaire. For most disabilities, children were regarded as 'having a disability' if they experienced a moderate or greater level of difficulty. However, in the case of an intellectual or learning disability and emotional, psychological or mental health disability 'just a little difficulty' was adopted as the threshold (see Watson and Maître, 2014 for more detail).

Table 1.1: Threshold used in the *National Disability Survey* for defining a Person as having a Disability for each area of Functioning

	Level of difficulty in daily activities				
Disability type	No difficulty	Just a little	A moderate level	A lot of difficulty	Cannot do at all
Seeing			√	√	√
Hearing			√	√	√
Speech			√	√	√
Mobility and dexterity			√	√	√
Remembering or concentrating			√	√	√
Intellectual or learning		√	√	√	√
Emotional, psychological and mental health		√	√	√	√
Pain			√	√	√
Breathing			√	√	√

Source: *2006 National Disability Survey*

Recognising that children can have more than one disability, the Child Questionnaire gathers information about children's multiple disabilities in addition to asking children (or , in many cases, their parents) to report their

[1] See CSO (2008b) for a detailed description of the methodology.

main or primary disability. In Chapter 2 we analyse the data relating to children with multiple disabilities by examining their profile, characteristics, social background in addition to the relationship between various disability categories. For the remainder of the report, we then narrow our focus by analysing the data on children's *main* disability.

The approach to interviewing was designed to be as inclusive as possible, using facilitated and interpreted interviews where these were needed and interviewing a proxy respondent if the person with a disability was unable to participate (Watson and Nolan, 2011). Given the age range of children involved in the *National Disability Survey* and their wide ranging levels of ability to complete the questionnaire it is not surprising that the majority of interviews (across all age ranges) were either facilitated or carried out by proxy. Table 1.2 shows that the largest number of direct interviews took place with children over the age of 12 (35 per cent) followed by those aged 7 to 12 (14 per cent).

Table 1.2: How Interview was conducted by Age

	Less than 4 years %	Between 5 and 12 years %	Between 12 and 17 years %	Total
Direct Interview	2	14	35	100%
Facilitated	49	40	26	100%
Proxy	49	47	39	100%

Note: Base is 1,875 unweighted.
Source: *2006 National Disability Survey*.

As most disabilities are acquired through the life-course, the prevalence of disability among children is lower than among adults. The *2006 Census of Population* indicates that 4.1 per cent of children have a disability and that disability is more common among boys (4.4 per cent) than among girls (2.6 per cent). The *2006 Census* also shows that the two most common forms of disability among children are intellectual or learning and remembering or concentrating disabilities. These types of disability are most likely to be noted during schooling as they create particular educational challenges.

1.7 Report Outline

Chapter 2 provides an insight into the family's perspective on the nature of the child's disability. This chapter presents the findings of children who reported having *any* disability including those with multiple disabilities. This data allows us to determine the level of disability (if any) experienced by the respondent for each disability type. Given that children can have more

than one disability, this chapter also provides an analysis of the disabilities that were reported as the primary or *main* disability. We first examine the general characteristics of children with *any* disability focusing on the age and gender of the children, the household work status and parent's social class compared to all children. This chapter provides a detailed breakdown of the types of disability by age and gender in addition to examining the characteristics of children who reported having multiple disabilities.

Chapter 3 examines provision and resourcing for children aged 5 to 17 in a range of mainstream and special education settings. This chapter focuses on the factors influencing the type of educational setting in which the child is placed and examines the educational setting attended by children over their school career looking at levels of placement in a special class, special school or mainstream school across primary and post-primary years. We examine the extent to which children with disabilities have access to modified features at school in addition to support staff, adjustments to the curriculum and equipment. The data provides details of both supports received and supports stated as needed but not received. The final section in this chapter investigates whether the children in the survey have had professional assessments, and the extent to which the type of assessment varies by child characteristics such as disability type and social class.

In Chapter 4, we focus on some dimensions of the academic and social well-being of students with disabilities by examining their levels of absenteeism from school/education, their peer and social relations and their participation in sport. We examine the extent to which absenteeism varies by individual characteristics such as gender, disability type in addition to class/school placement. The *National Disability Survey* data also allows for examination of social participation among children with disabilities focusing on how social interactions, peer relations, participation in social activities (including sports participation) vary by individual child characteristics.

Chapter 5 provides a summary of findings and outlines some policy issues arising from the analysis.

Chapter 2: Profile of Children with Disabilities

2.1 Introduction

In this chapter we examine the socio-demographic characteristics of children with disabilities (including their age, gender and age of onset of the disability) in the *National Disability Survey*. We then examine the characteristics of the households where they live (household type, parents' social class, labour market participation). We ask a number of questions; such as are some disabilities more prevalent among children and does this vary for boys and girls? Do children experience multiple disabilities and does this vary by disability and age? As individuals can experience multiple disabilities, the *National Disability Survey* questionnaire allows the distinction between the experience of *any* disability and the *main* disability experienced. We begin this chapter by examining the profile of children reporting *any* disability in Section 2.2, before focusing on the *main* disabilities they experience in Section 2.3.

2.2 Characteristics of Children with *Any* Disability

The 2006 Census of Population estimates that 9.3 per cent of the total population and 4.1 per cent of children have a long lasting health problem or disability (CSO, 2007c). Children with a disability represent 0.8 per cent of the total population and 11 per cent of the population with a disability (CSO, 2007c. In the *National Disability Survey*, the identification of people with any disability is based on nine types of disability. In Table 2.1 we present the number and percentage of children experiencing any disability by each of these nine disability types. The results are presented in order of the overall prevalence of the disability.

In looking across the nine disability types, we can see that the majority of disabilities fall within four main types: intellectual or learning, remembering or concentrating, speech and Emotional Psychological and Mental Health (EPMH). Each of these four disabilities accounts for a minimum of 10,000 children. The intellectual or learning category has by far the largest number at over 27,000 cases followed then by remembering or concentrating with nearly 19,000 cases. Mobility and dexterity and breathing account for between 6,000 and 10,000 cases each and finally pain, hearing and seeing have each fewer than 5,000 cases.

Table 2.1: Number and Percentage of Children experiencing *Any* Disability by Disability Type, National Disability Survey 2006

	Boys Number	Girls Number	Total unweighted sample size	Boys %	Girls %
Seeing	1,426	1,802	149	6	13
Hearing	1,758	1,501	154	8	11
Pain	2,024	2,240	185	9	17
Breathing	3,430	2,663	285	15	20
Mobility and dexterity	4,957	3,885	436	22	29
EPMH	6,278	3,717	500	27	28
Speech	6,499	4,311	532	28	32
Remembering or concentrating	12,104	6,488	952	53	48
Intellectual or learning	18,013	95,11	1,409	78	71
Total number of children with any disability	23,035	13,441	1, 857	100	100

Source: *2006 National Disability Survey*.

Note: the sum of the total number of children in each disability category is greater than the total number of children with *any* disability as children can report multiple disabilities; therefore, the same children can appear several times across different disabilities. The unweighted numbers are presented in Appendix Table A2.1.

We can distinguish three groups of disability. At the lower end less than 20 per cent of children with disabilities report having seeing, hearing, pain or breathing disabilities. Between 24 and 30 per cent of children with disabilities experience mobility and dexterity, EPMH or speech disabilities. More than half of children with disabilities report remembering or concentrating difficulties and three quarters have an intellectual or learning disability.

Overall, there are 1.7 times more boys (23,035) than girls (13,441) experiencing *any* disability. The greater prevalence of disability for boys over girls is well referenced in the literature (King *et al.*, 2000; O'Connor, 2007; Department for Work and Pensions (DWP), 2012, p. 86; Banks and McCoy, 2011; McCoy *et al.*, 2012a; McCoy *et al.*, 2014). The greater prevalence of boys with any disability contrasts strongly with the adult population. Indeed, for children 37 per cent are girls and 63 per cent are

boys while for adults 53 per cent are women and 47 per cent are men (CSO, 2008).

There are twice as many boys with an intellectual or learning disability than girls (18,000 versus 9,500). This mirrors national and international research. Data from the UK in 2010/2011 showed 43,000 boys reported as having a memory, concentration and learning disability while the corresponding figure for girls was 28,000 (Department for Work and Pensions, 2012, p.86). Looking at the second most prevalent disability, a similar pattern is also evident in Ireland: there are 12,000 boys experiencing a remembering or concentrating disability compared to just 6,500 cases for girls. For the other disabilities the differences between boys and girls are less notable. Apart from pain and seeing which is slightly more common among girls, but the difference is small.

2.2.1 Age of Children, Age of Onset and Level of Difficulty

In Table 2.2 children with disabilities are broken into three groups: pre-school (aged less than 5 years), primary school (aged between 5 and 12 years) and second-level school (aged between 12 and 17 years). The average age of children with disabilities in the *National Disability Survey* is 11 years. Over half of children with disabilities are of primary school age, almost 40 per cent are in the older age group and about 10 per cent are in the younger age group. There are almost no gender differences in the distribution of children across this age breakdown.

Table 2.2: Children with *Any* Disability by Age and Gender (%), National Disability Survey 2006

	Less than 5 years (preschool)	Between 5 and 12 years (primary)	Between 12 and 17 years (2nd level)	Total	Mean age
Boys	9	54	37	100	11
Girls	11	50	39	100	11

Source: *2006 National Disability Survey*. The unweighted numbers are presented in Appendix Table A2.2.

The NDS survey asked “at what age did you begin to have this difficulty?”. Hereafter, we define this as onset and it might be different from the age the child was diagnosed with difficulty. In Table 2.3 we present the age of onset for each disability type broken down by the three age categories. For the large majority of children with disabilities and across all disabilities, the age of onset is typically during the first four years; with highest levels of such early onset for speech disability (96 per cent) and mobility and dexterity (89 per cent). However, the percentages experiencing early onset

are much lower for four disability types: pain (63 per cent), intellectual or learning (66 per cent), EPMH (70 per cent) and remembering or concentrating (73 per cent).[2] Indeed, unlike for the other disabilities, children typically experience, or are identified with, these disabilities at a later stage and to a greater extent during the primary school years, presumably reflecting the role of the school in the identification of these difficulties. We see that 25 per cent of children with remembering or concentrating difficulties have developed this disability between the age of 5 and 12, reaching a high of 33 per cent for intellectual or learning disabilities. Looking at the older age group we note that very few children have developed any disability during that period, with the exception of the pain disability, with 9 per cent experiencing onset during the teenage years.

Table 2.3: Age of Onset by Disability (%)

	Less than 5 years (preschool)	Between 5 and 12 years (primary)	Between 12 and 17 years (2nd level)	Total
Seeing	85	13	3	100
Hearing	88	10	2	100
Speech	96	4		100
Mobility and dexterity	89	10	1	100
Remembering or concentrating	73	25	1	100
Intellectual or learning	66	33	1	100
EPMH	70	27	3	100
Pain	63	28	9	100
Breathing	86	12	2	100

Source: *2006 National Disability Survey*.

The *National Disability Survey* (2006) also records the level of difficulty experienced for individuals with each type of disability. The level of difficulty experienced is an important feature of disability as it can affect a wide range of issues such as the overall level of physical and mental health, the type and level of support needed etc.

[2] It is worth noting that the percentage of children with intellectual or learning disability with an age of onset from birth is much lower than for the corresponding adult population particularly for those aged 18 to 54 (see CSO, 2008a, p. 126). The opposite is true for EPMH (see CSO, 2008a, p. 129) which is quite unusual and would require further exploration.

Table 2.4 shows the level of difficulty that children with disabilities experience in their everyday activities. With the exception of mobility, intellectual or learning and remembering or concentrating disabilities, the majority of children with disability have a moderate (or lower) level of difficulty. Almost half of children with remembering or concentrating disabilities (46 per cent) have a "lot of difficulty". Between 18 per cent and 37 per cent of children with seeing, speech, mobility and dexterity disabilities "cannot do at all" respectively.[3]

Table 2.4: Level of Difficulty by Disability (%)

	No difficulty	Just a little difficulty	A moderate level	A lot of difficulty	Cannot do at all	Total
Seeing	Not applicable	Not applicable	55	27	18	100
Hearing	Not applicable	Not applicable	78	18	4	100
Speech	Not applicable	Not applicable	48	32	21	100
Mobility and dexterity	Not applicable	Not applicable	33	30	37	100
Remembering or concentrating	Not applicable	Not applicable	41	46	13	100
Intellectual or learning	5	13	38	37	8	100
EPMH	Not applicable	30	40	27	3	100
Pain	Not applicable	Not applicable	64	30	6	100
Breathing	Not applicable	Not applicable	79	21	0	100

Source: *2006 National Disability Survey*.

2.2.2 Socio-economic Environment of Children with Disabilities

The economic and social environment in which children live, such as their parents' socio-economic position, shapes children's current and future living circumstances across a range of domains such as health, education and in terms of wealth and socio-economic opportunities. For children with

[3] With the exception of the intellectual or learning and the EPMH disability a "moderate level " of difficulty is required to be classified as having that disability. Therefore, children with a disability that have "a little" level of difficulty are not surveyed in the NDS.

a disability, health and educational support opportunities may depend on their parent's economic position. The national and international literature suggests that people from lower income and less advantaged social group positions face a higher risk of disability (Gannon and Nolan 2005). There is also strong evidence that some groups such as one parent families, the unemployed, people from lower social class and economic status are particularly exposed to high risk of poverty and social exclusion (Russell *et al.*, 2010; Watson *et al.*, 2012a). In this section we explore the family type of children with a disability, the work status of their parents as well as their social class background.

2.2.3 Household Type and Disability

Census 2006 (CSO, 2007a) using a different age threshold for children (persons aged under 15) found that almost three-quarters of children live within a couple household structure and that 16 per cent live in a one parent household. In Table 2.5 we present the household structure of children with *any* disability by each of the disability types. For six out of the nine disabilities, over two-thirds of children live in a two parent household and between one in four and one in five live in a one parent family. A greater percentage of children with pain, breathing and EPMH disabilities live in a one parent family.

Table 2.5: Household Type of Children with a Disability

	Couple	One parent	Other	Total
Seeing	70	25	5	100
Hearing	70	22	8	100
Speech	72	20	8	100
Mobility	73	20	7	100
Remembering	67	25	8	100
Intellectual	69	23	8	100
EPMH	63	28	9	100
Pain	63	30	7	100
Breathing	62	28	10	100
Total	68	24	8	100

Note: Children with more than one disability will appear more than once in the table.
Source: *2006 National Disability Survey*.

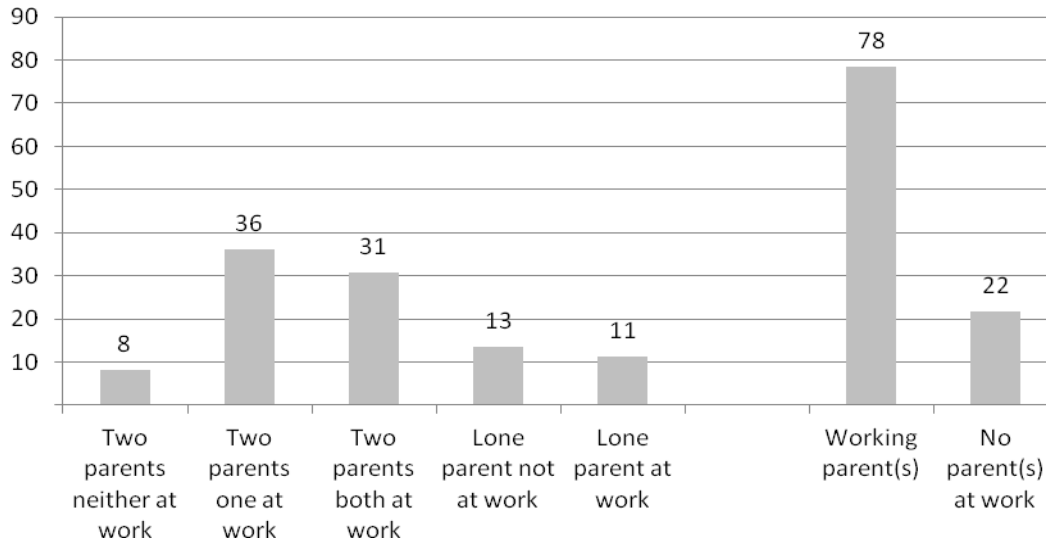
2.2.4 Work Status of Parents of Children with *Any* Disability

The presence of a child with a disability, depending on the age of the child, the type and the severity of the disability, influences the lives of other household members, children and adults. For the parents of the child, the level of care required for the child might mean that sometimes parents do

not have the opportunity to engage with the labour market to the same extent as parents with children who do not have disabilities. Unfortunately, the *National Disability Survey* does not contain the information to assess whether there is a causal relationship between the disability status of a child and the labour force participation of the parents. However, we can present the work status of the parents of children with *any* disability, as shown in Figure 2.1.

Overall, over 78 per cent of children are living in a household where at least one of the parents (or when there is only one parent) is at work. The most common situation for children with *any* disability is to live in a household where one of the parents is at work (36 per cent), while just under one- third (31 per cent) live in a household where both parents are at work. For children with *any* disability who live in a one parent family, almost the same percentages are not at work (13 per cent) and at work (11 per cent).

Figure 2.1: Household Work Composition of Children with *Any* Disability (%)



Source: *2006 National Disability Survey*.

2.2.5 Social Class Background

In this chapter we use the CSO social classification as used in the Census of Population Surveys which is defined on the basis of the employment

status and the occupation of the individual.[4] The CSO uses seven social class categories ranking individuals on the basis of their occupational skills.

In Table 2.6 we report the social class composition of the parents of children with *any* disability (from the NDS) as well as of the parents for all children (from the Census of Population). The NDS figures are for children aged under 18 while in the Census of Population figures are for children aged under 15. Taking first the professional class groups, there are fewer children with *any* disability from the "Professional workers" and "Managerial and technical" social class (in total 31 per cent) than in the overall population of children (40 per cent). At the lower end of the spectrum there are more children with *any* disability from the lower social class in the economically inactive group (24 per cent) than in the overall population of children (17 per cent).[5] Clearly the results show that there are a greater percentage of children with *any* disability drawn from the less advantaged social class group and fewer from the professional groups than is the case for all children. The social class distributions for children with *any* disability and for all children are largely similar across the other class groups.

Table 2.6: Social Class of the Parents of Children with *Any* Disability and for all Children (%)

	Children with *any* disability (NDS)	All children (aged under 15) (Census of Population)
Professional workers	5	9
Managerial and technical	26	31
Non-manual	16	17
Skilled manual	15	15
Semi-skilled	10	8
Unskilled	4	3
Economically inactive	24	17
Total	100	100

Source: *2006 National Disability Survey*; 2006 Census of Population.

2.3 Children and Multiple Disabilities

The presence of multiple disabilities for a person has important implications – both in terms of the level and range of support they may require as some disabilities are closely related such as mobility and

[4] See CSO (2007b, Volume 8 page 116-117) for a detailed description of the measure of social class used in this publication.
[5] See CSO (2007c, Volume 11 page 74).

dexterity and pain. The *National Disability Survey* collects information for individuals with multiple disabilities, based on the nine disability categories described above. Table 2.7 shows the percentage of children with multiple disabilities broken down by age as well as the mean number of disabilities. Children with disabilities have on average 2.5 disabilities. Looking first at the total number of children with disabilities, two thirds of these children have at least two disabilities, while one-third have one disability. Among children with multiple disabilities, two disabilities is most common.

We see that across the three age groups the older age group are least likely to experience multiple disabilities (mean of 2.2); with 61 per cent of them having two disabilities or more, compared to 72 and 66 per cent among the middle and youngest age groups respectively.

Table 2.7: Percentage of Children with Multiple Disabilities

	Less than 5 years (preschool)	Between 5 and 12 years (primary)	Between 12 and 17 years (2nd level)	Total
One disability	34	28	39	33
Two disabilities	20	25	26	25
Three disabilities	18	19	18	19
Four disabilities	16	14	9	12
Five or more	13	14	9	12
Total	100	100	100	100
Mean number of disabilities	2.5	2.6	2.2	2.5

Source: *2006 National Disability Survey*. The unweighted numbers are presented in Appendix Table A2.3.

During the interview conducted as part of the NDS, children with multiple disabilities were asked which disability they (or their parents) considered their *main* disability. Table 2.8 shows, for each disability, the extent of overlap with other disabilities and whether this disability was the *main* one.

From the second column of Table 2.8 we can see that all disabilities have a high level of overlap with other disabilities. At the lower end we see that 69 per cent of children with a breathing disability have other disabilities. In contrast, almost all children (97 per cent) with remembering or concentrating disability have additional disabilities. Further, in the last column we see that, with the exception of intellectual or learning disabilities (30 per cent), typically the ‘other’ disability is the *main* one. It is for remembering or concentrating disabilities that we observe the highest

percentage (83 per cent) where the *main* disability is another disability type.

Table 2.8: Presence of other Disability by Disability Type (%)

	Has this disability only	Has this disability as the main one and other disability	Has this disability with other(s) as the main one	Total
Seeing	14	16	70	100
Hearing	17	25	57	100
Speech	6	19	75	100
Mobility and dexterity	8	22	70	100
Remembering or concentrating	3	13	83	100
Intellectual or learning	23	47	30	100
EPMH	4	25	71	100
Pain	8	14	78	100
Breathing	31	12	57	100

Source: *2006 National Disability Survey*. The unweighted numbers are presented in Appendix Table A2.4.

Most of the children with disabilities have multiple disabilities and Table 2.9 shows the extent of overlap between disability types. The percentages presented in Table 2.9 do not add to one hundred per cent by definition as children can have multiple disabilities and we report below the main overlap for each disability:

- seeing disability: 80 per cent of children with this disability also have intellectual or learning and 74 per cent have remembering or concentrating disabilities;
- hearing disability: 68 per cent of children with this disability also have speech and 66 per cent have intellectual or learning disabilities;
- speech disability: 91 per cent of children with this disability also have intellectual or learning and 73 per cent have remembering or concentrating disabilities;
- mobility and dexterity disability: 83 per cent of children with this disability also have intellectual or learning and 73 per cent have remembering or concentrating disabilities;
- remembering or concentrating: 94 per cent of children with these disabilities also have intellectual or learning and 40-41 per cent have EPMH and speech disabilities;
- intellectual or learning: 80 per cent of children with this disability also have remembering or concentrating and 41-44 per cent have EPMH or speech disabilities;

- EPMH disability: 91 per cent of children with this disability also have intellectual or learning and 75 per cent have remembering or concentrating disabilities;
- pain disability: 60 to 62 per cent of children with this disability also have intellectual or learning, remembering or concentrating and mobility and dexterity disabilities;
- breathing disability: 75 per cent of children with this disability also have intellectual or learning and 65 per cent have remembering or concentrating disabilities.

Table 2.9 shows that for the vast majority of disabilities the highest overlap exists with intellectual or learning, remembering or concentrating, EPMH and speech disabilities. The level of overlap between the other five disabilities, seeing, hearing, mobility and dexterity, pain and breathing is much lower.

Table 2.9: Percentage of Children with Multiple Disabilities having any other Disability by Disability Type

	See-ing	Hear-ing	Speech	Mobility and dexter-ity	Rememb-ering or concent-rating	Intellect-ual or learning	EPMH	Pain	Breath
Seeing	-	10	60	58	74	80	31	36	32
Hearing	11	-	68	29	53	66	28	23	23
Speech	16	18	-	46	73	91	38	15	17
Mobility and dexterity	20	10	58	-	73	83	46	30	23
Rememb-ering or concent-rating	12	8	41	33	-	94	40	13	15
Intellectual or learning	11	9	44	32	80	-	41	12	15
EPMH	9	8	41	39	75	91	-	15	13
Pain	25	16	40	61	60	62	36	-	38
Breathing	21	15	42	44	65	75	30	36	-

Source: *2006 National Disability Survey*. The unweighted numbers are presented in Appendix Table A2.5.

2.4 General Characteristics of Children by *Main* Disability

In the case of multiple disabilities, some disabilities can occur jointly or as a consequence of other disabilities. It is, therefore, important to identify which disability is the *main* one as this is likely to impact on a wide range of outcomes such as physical and mental health, educational outcomes

and, particularly, the type of supports needed. As noted earlier, during the interview the respondent was asked if among the disabilities they had, was any of them the *main* one. In this section we focus our attention on the *main* disability cited rather than on *any* disability.

2.4.1 Type of Disabilities and Gender

In Table 2.1 we saw that intellectual or learning disability was the most common disability among children, accounting for 75 per cent of all disabilities. Focusing now on the *main* disability, Table 2.10 shows that more than half of children with a disability (53 per cent) have an intellectual or learning disability as their *main* disability. For remembering, EPMH, speech, mobility and breathing the results fall dramatically to a very narrow range of 7 to 8 per cent. Finally, 3 per cent of children report having seeing or pain as their *main* disability and 4 per cent a hearing disability.

The previous section highlighted the strong relationship between intellectual or learning, remembering, EPMH and speech disabilities. When we consider these four disabilities they represent 77 per cent of all *main* disabilities of children. There are five disabilities where we find a slightly greater proportion of girls than boys. This is particularly true in relation to pain at 4 per cent for girls and 2 per cent for boys, respectively. However, we observe the opposite phenomenon for remembering or concentrating difficulties and, more particularly, for intellectual or learning disabilities where 10 and 55 per cent of boys report these disabilities, compared to 7 and 48 per cent for girls.

Table 2.10: Number and Percentage of Boys and Girls with a Disability by their *Main* Disability

	Boys weighted number	Girls weighted number	Total weighted number	Total sample size	Boys %	Girls %	Total %
Seeing	529	427	956	54	2	3	3
Hearing	729	658	1,386	68	3	5	4
Pain	357	594	951	49	2	4	3
Breathing	1,503	1,105	2,609	135	7	8	7
Mobility and dexterity	1,422	1,265	2,687	153	6	9	7
EPMH	1,787	1,116	2,903	139	8	8	8
Speech	1,744	956	2,701	143	8	7	7
Remembering or concentrating	2,221	874	3,096	167	10	7	8
Intellectual or learning	12,742	6,446	19,188	949	55	48	53
Total number of children with any disability	23,035	13,441	36,476	1,216	100	100	100

Source: *2006 National Disability Survey*.

2.4.2 Main Disability and Multiple Disabilities

In Section 2.2 we looked at the prevalence of multiple disabilities for *any* disability, we now focus on children's *main* disability (Table 2.11). In contrast to the previous sections by focusing on the *main* disability there are fewer children in our sample experiencing each disability. This means that we cannot be fully confident that our statistical results would be reliable when the number of children is small. Accordingly, in Table 2.11 we confine our reporting of results to four of the nine disabilities, but importantly these four groups encompass 77 per cent of children with disabilities.[6]

[6] In the Appendix in Table A.2.3 we report the number of children having several disabilities by main disability.

Table 2.11: Number of Disabilities for Children (%) by *Main* Disability

Main Disability	1	2	3	4	5+	Total
EPMH	14	15	26	28	18	100
Remembering or concentrating	19	41	23	12	5	100
Speech	24	20	28	13	16	100
Intellectual or learning	33	26	17	11	13	100

Source: *2006 National Disability Survey*.

There are a small percentage of children with only one disability (as their main) going from a low of 14 per cent for EPMH to 33 per cent for intellectual or learning disabilities. For children with remembering or concentrating disabilities the typical pattern is for children to have two disabilities (including their main) and for EPMH it is to have in total three or four disabilities. For all other disability categories, the most frequent pattern is to experience two or three disabilities. However, for EPMH, speech and intellectual or learning disabilities a notable percentage of children have at least five disabilities with respective values of 18, 16 and 13 per cent.

Among children with multiple disabilities, Table 2.12 shows the overlap between their main disabilities and other disabilities. Overall, as noted earlier, for almost all of the main disabilities presented here there is a large overlap with intellectual or learning, remembering or concentrating and with EPMH to a lesser extent. Between these specific disabilities the overlap ranges from 27 per cent to 89 per cent. For many of the other disabilities the overlap is about 10 per cent or less.

Table 2.12: Percentage of Children with Multiple Disabilities having any other Disability by *Main* Disability

	Main Disability Speech	Main Disability Remembering or concentrating	Main Disability Intellectual or learning	Main Disability EPMH
Seeing	13	8	10	5
Hearing	13	7	7	7
Speech	-	19	41	33
Mobility and dexterity	33	11	28	35
Remembering or concentrating	55	-	82	75
Intellectual or learning	83	89	-	87
EPMH	30	27	35	-
Pain	6	8	13	8
Breathing	12	9	16	12

Source: *2006 National Disability Survey*.

2.4.3 Level of Difficulty and Health

In Table 2.13, we present children's level of difficulty experienced across the four main disabilities selected. We see that a large percentage of children experience a moderate level of difficulty ranging from 40 per cent to 50 per cent for EPMH and remembering or concentrating respectively. For intellectual or learning and EPMH disabilities, only a small percentage of children experience "just a little" level of difficulty, the majority of them experience a level of difficulty lower than or equal to moderate, at 55 per cent and 59 per cent respectively.[7]

[7] For the other disabilities the minimum level of difficulty required for classification as a disability was "a moderate level".

Table 2.13: Level of Difficulty in everyday Activities by *Main* Disability Type (%)

	Just a little	A moderate level	A lot of difficulty	Cannot do at all	Total
Speech	-	46	38	16	100
Remembering or concentrating	-	50	46	4	100
Intellectual or learning	13	42	37	8	100
EPMH	19	40	38	3	100

Source: *2006 National Disability Survey*.

Disability can also have implications for the health of children. The *National Disability Survey* questionnaire included a subjective evaluation of people's general health with five possible answers ranging from "very good" to "very bad". For ease of interpretation we have grouped some of these answers together and we report in Table 2.14 their distribution across the main disabilities.

Table 2.14: Subjective General Health by *Main* Disability (%)

	Good & very good	Fair	Bad & very bad	Total
Speech	90	10	0	100
Remembering or concentrating	90	8	2	100
Intellectual or learning	89	9	3	100
EPMH	80	16	4	100

Source: *2006 National Disability Survey*.

Overall children with these four disabilities report having very good health: nine out of ten children with these disabilities report having "good and very good" health. While the proportion is very small, children with EPMH as their main disability have the highest percentage of "bad and very bad health" at 4 per cent.

2.5 Summary

In this chapter, we have described some of the characteristics of children with a disability. Almost two thirds of children with a disability are boys and just over 50 per cent of children with a disability are primary school aged. We saw that across disabilities (with some variations) and for the vast majority of children, the age of onset is typically before the age of 5 years. For most disabilities, the majority of children with disabilities report having a moderate level of difficulties in their everyday activities. Further, the vast

majority of children with disabilities have multiple disabilities (66 per cent) and have an average of 2.5 disabilities.

While over two-thirds of these children live in a household with an adult couple, 24 per cent of them live in a one-parent family. This is much greater than the national figure for all children (16 per cent) at the time of the *2006 Census of Population*. The analysis of the social class of the parents of children with disabilities also revealed an over representation of the most disadvantaged social class (24 per cent) in comparison with the corresponding national figure (17 per cent) from the *2006 Census of Population*.

Of the nine disabilities surveyed, the results show that intellectual or learning disabilities are by far the most prevalent followed by remembering or concentrating, speech and EPMH. The analysis also revealed that over 70 per cent of children with these disabilities indicate that they have either good or very good health. These four disabilities categories together account for over 77 per cent of children with disabilities – this provides the rationale for focusing solely on these four disabilities in the following chapters.

Chapter 3: Supports for Children with Disabilities

3.1 Introduction

The provision and supports for children with disabilities and SEN has received much attention in recent years due mainly to changes in the ways in which these are supported in mainstream schools (Stevens and O'Moore, 2009; Travers, 2009; Banks and McCoy, 2011; NCSE, 2013; Frawley *et al.*, 2014; McCoy *et al.*, 2014; Banks et al., 2015). Studies have focused on how children with disabilties are provided for in general education and how they fare as they move through the education system. Existing Irish and international studies highlight the need to examine these issues while taking account of the nature of the child's disability in addition to other social and demographic characteristics (Croll and Moses, 2003; Dyson and Gallannaugh, 2008; Banks *et al.*, 2012; McCoy *et al.*, 2012a; Rose *et al.*, forthcoming; McCoy *et al.*, 2014). In the past, research in this area has been hampered by a lack of suitable data on this group of students with many countries depending on administrative data collected for the purpose of allocating resources to individuals or schools (EADSNE, 2003; Riddell, *et al.*, 2006).

This chapter uses detailed information from the *National Disability Survey* to examine provision and resourcing for children aged 5 to 17 in a range of mainstream and special education settings. For the first time, it is possible to track the educational setting attended by children over their school career looking at their placement in a special class, special school or mainstream school over time.[8] We then examine the nature of supports received by children surveyed. This includes any modifications to the school or college being attended and other within-school supports such as personnel, adjustments to the curriculum and specialist equipment/ supports. Using this data it is possible to examine both met and unmet needs among this group of children. The final section of this chapter focuses on the area of assessment and disability by examining the variations in the types of assessment among children with disabilities and SEN. The NDS allows for a detailed examination of these key areas of provision focusing on the extent to which provision varies by student characteristics such as disability type, social class and age.

[8] It is not possible to identify those who are dually enrolled or placed in special and mainstream settings (See Ware *et al.*, 2009 for more details on dual enrolments/placements).

As outlined in Table 2.10, more than half of children with a disability (53 per cent) have an intellectual or learning disability as their *main* disability. These are followed by children with remembering or concentrating difficulties, EPMH problems and speech difficulties. Together they represent 77 per cent of all *main* disabilities experienced by children (see Table 3.1 for unweighted n). Chapter 2 also highlighted how these disabilities are strongly related to one another where children have multiple disabilities. Much of the analysis in this chapter focuses, therefore, on these four disabilities and where possible further breakdown of the intellectual or learning disability group has been carried out (see below). Focusing on the gender breakdown of this group, Table 3.1 highlights how across all four disability categories boys are more likely than girls to report having a disability. This finding is in line with previous Irish and international research on gender, SEN and disability (King *et al.*, 2000; O'Connor, 2007; Banks and McCoy, 2011; Banks *et al.*, 2012; McCoy *et al.*, 2012a; McCoy *et al.*, 2014). There is a slight variation in this gender breakdown between those with intellectual or learning disabilities (66 per cent boys) and those with difficulties remembering and concentrating (72 per cent). The pattern remains for children with speech difficulties (65 per cent boys) and EPMH (62 per cent boys) although the findings for these disabilities are not significant.

Table 3.1: Four main Disabilities by Gender

	Unweighted n	Boys %	Girls %
Intellectual or learning	949	66	34
Speech	143	65	35
Remembering or concentrating	167	72	28
EPMH	139	62	38
Total	1,398		

Note: Full child population with a disability is 1,875 (unweighted).
Source: *2006 National Disability Survey*.

Not surprisingly, given the nature of the four *main* disabilities and their relevance to a students' education, the majority of children are aged between 5 and 17 and in primary and secondary school. The exception to this is children with speech difficulties who tend to be younger. Of children with speech difficulties 20 per cent are aged 0-4 compared to just 3 per cent of children with difficulties remembering or concentrating. The remainder of children with speech difficulties are at primary school age (68 per cent) with just 12 per cent in the older age group 13 to 17.

The NDS also asked about when their disability began. Again, the majority of children are identified before school age or during primary school (Table

3.2). This is particularly true for children with speech difficulties where 95 per cent are identified before school compared to 39 per cent of children with remembering or concentrating disabilities, 50 per cent of children with intellectual or learning disabilities and 61 per cent of those with EPMH problems.

Table 3.2: Age Disability began by Disability

	Intellectual or learning %	Speech %	Remembering or concentrating %	EPMH %
Before school age	50	95	39	61
Primary	47	4	55	31
Lower/upper secondary	3	1	6	8

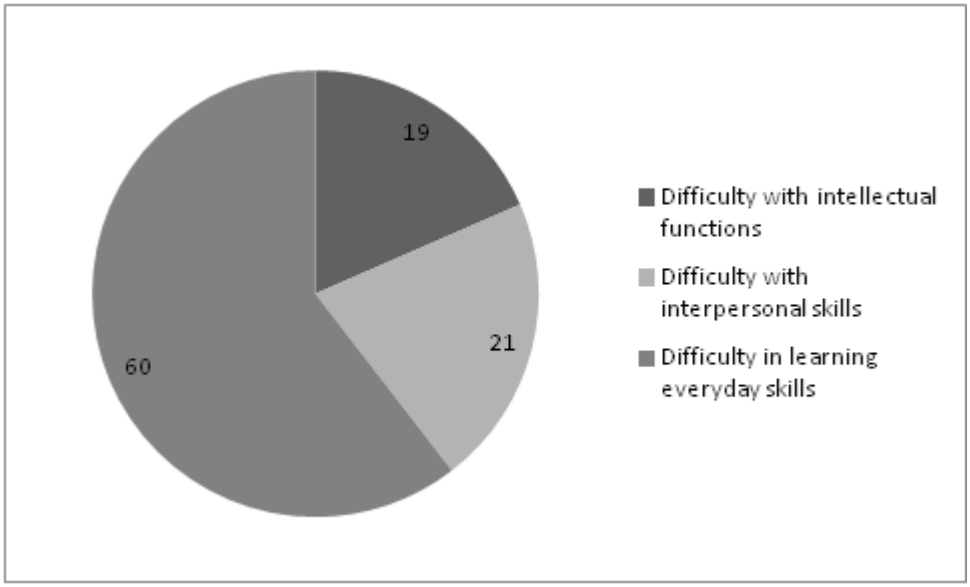
Source: *2006 National Disability Survey*.

The largest group of children are those with intellectual or learning disabilities who make up 53 per cent of all respondents (of the nine *main* disability categories). Children who reported having an intellectual or learning disability were also asked:

- Do you have **difficulty with intellectual functions** due to a condition such as acquired brain injury, Down Syndrome, brain damage at birth?
- Do you have any **difficulty with interpersonal skills** due to any condition such as autistic spectrum disorders?
- Do you have any **difficulty in learning everyday skills** such as reading, writing, using simple tools, learning the rules of a game due to a condition such as ADHD or dyslexia?

Figure 3.1 shows that over 60 per cent of those with an intellectual or learning disability as their *main* disability responded to the third category in that they experienced difficulty in learning everyday skills due to a condition such as ADHD or dyslexia. The remainder of this group are made up of children with difficulty with intellectual functions (19 per cent) and those with difficulty with interpersonal skills (21 per cent). Unfortunately the numbers are too small to allow further breakdowns – for instance by gender.

Figure 3.1: Breakdown of those with Intellectual or Learning Disabilities



Source: *2006 National Disability Survey*.

The next section examines supports for students with disabilities focusing on the school and class placements, the educational trajectories of these students, the supports available (and unavailable) and the process of identification and assessment. In particular, we examine on the extent to which student experiences of special education vary by individual characteristics.

3.2 School and Class Arrangements for Children with Disabilities

There have been dramatic changes in recent years in the extent to which children with disabilities and SEN are educated in mainstream education (NCSE, 2013). Over the last two decades Ireland has adopted a multi-track (EADSNE, 2003) education system which uses a combination of special schools, special classes and mainstream provision to support children with disabilities and SEN (Banks and McCoy, 2011). Depending on the severity of their disability, children can therefore attend a mainstream primary or post-primary school where the class or subject teacher has primary responsibility for the progress of all pupils in the class, including pupils with SEN. Where needed, students with disabilities can receive additional teaching support from a learning support or resource teacher.

Students with disabilities can also attend a special class which is situated in a mainstream primary or post-primary school. The concept of a special

class within the Irish Education system is difficult to define precisely (Ware *et al.*, 2009). Although much variation exists in the types of special classes available their distinguishing characteristic are the lower pupil-teacher ratios compared to mainstream classes, which range from one teacher for six pupils to one teacher for eleven pupils (McCoy *et al.*, 2014).

Special schools are provided separately from mainstream education and have a lower pupil-teacher ratio specified according to the category of disability. Special schools are designated to cater for specific categories of need, ranging from mild general learning disability (MGLD), through to multiple disabilities, with the exception of the category of specific speech and language disorder, for which there are no special schools (Ware *et al.*, 2009). Classes in special schools generally have small numbers of pupils, for example a special school for children with moderate general learning disability has one teacher for every eight pupils (NCSE, 2011).

As a result of the EPSEN Act (2004) and recent changes to the system of funding and resource allocation (Circular 02/05; Circular 10/12) the numbers of children with disabilities and SEN attending mainstream schools has increased with children attending special classes or mainstream classes with additional supports (Banks and McCoy, 2011; McCoy *et al.* 2014).

This section examines the type of special education placements of children who completed the *National Disability Survey*. Findings show that 72 per cent of children with disabilities or SEN (all *National Disability Survey* categories) are placed in mainstream classes, 13 per cent are educated in special classes in mainstream schools and 15 per cent attend special schools. Comparing the four most prevalent disabilities, EPMH, speech, remembering or concentrating and intellectual or learning, Table 3.3 suggests that children with speech difficulties are most likely to be placed in special education with 24 per cent of these children attending special schools compared to 15 per cent of children with EPMH difficulties. Special class placement is most common among children with EPMH difficulties (22 per cent). The findings for children intellectual or learning disabilities and difficulties remembering and concentrating are not significant.

Table 3.3: Class/School Placement by *Main* Disability

	Intellectual or learning %	Speech %	Remembering or concentrating %	EPMH %	All (unweighted n)
Mainstream	70	58	73	62	1,147
Special class	13	17	17	22	208
Special school	17	24	9	15	245
All	949	143	167	139	1,398

Source: *2006 National Disability Survey*

Focusing on the intellectual or learning group in more detail, class placement appears to differ between children reported as having learning difficulties (e.g. ADHD, dyslexia), those with difficulties with interpersonal skills (e.g. autistic spectrum disorders) and those with intellectual impairments (e.g. acquired brain injuries, Down Syndrome, brain damage at birth). Table 3.4 shows how children with learning difficulties are more likely to be placed in mainstream education and less likely to attend a special school than the other two groups. They are also less likely to be placed in a special class particularly when compared to students with ASD (12% compared to 22% of the ASD group).

Table 3.4 Class/School Placement by the Intellectual or Learning Group

	Intellectual impairment %	ASD %	Learning difficulty %
Mainstream	48	47	73
Special class	15	22	12
Special school	37	31	15

Source: *2006 National Disability Survey*

Given gender differences in SEN and disability prevalence outlined above, this section examines whether the types of school and class placements also vary between boys and girls with disabilities and SEN. Our findings suggest that overall special school and class placement is broadly similar among boys and girls (Table 3.5). However there is some evidence of disproportionate placement in special education settings for boys (Banks *et al.*, 2012). These findings are however not statistically significant probably reflecting small sample size.

Table 3.5: Class/School Placement by *Main* Disability and Gender

	Boys	Girls
Mainstream	72	70
Special class	12	14
Special school	15	16

Source: *2006 National Disability Survey*.

Variation in school and class placement also appears to be influenced by a child's social class background. Table 3.6 highlights variations in arrangements for children with intellectual or learning disabilities using the socio-economic groups:

- higher and lower professional
- semi- and unskilled and
- those in the 'unknown' economic group (or economically inactive households).

Findings show that just over half of children whose parents are from economically inactive households are educated in mainstream compared to 77 per cent of children from managerial backgrounds and 64 per cent of children from semi- and unskilled backgrounds. Placement in special education appears to be structured according to the children's social class background with 46 per cent of children from economically inactive households educated in special classes or schools compared to 23 per cent of children from higher and lower managerial backgrounds.

Table 3.6: Class/School Placement by Socio-economic Class – Intellectual or Learning Disabilities

	Higher and lower managerial %	Semi and unskilled %	Unknown %
Mainstream	77	64	54
Special class	9	14	20
Special school	14	21	26

Source: *2006 National Disability Survey.*

Similar patterns emerge for children with remembering or concentrating disabilities with just under 30 per cent of children from economically inactive households placed in special class or school settings compared to 11 per cent of those from higher and lower managerial backgrounds. The numbers of children in these categories are small however and some caution should be taken in interpreting the results.

3.2.1 Educational Trajectories

As the numbers of students with disabilities and SEN attending mainstream schools increases, research has begun to address the issue of the school career and, in particular, the transition from primary to post-primary (Ware *et al.*, 2009; O'Brien *et al.*, 2004; SESS, 2010; Barnes-Holmes et al., 2013). Studies have highlighted issues around lack of choice for students with disabilities, concerns about continuity of supports and peer and social relations when making the transition to post-primary (Banks and McCoy, 2011, p. 32).

To date, there has been limited data on the numbers of students moving from mainstream provision at primary to special schools at post-primary. A recent study by Kelly and Devitt (2011), however, highlights an increasing trend for post-primary students to leave mainstream education for special schools.

Using the *National Disability Survey*, it is possible to look across cohorts to see the potential educational trajectory of children with disabilities by tracking class and school placements across the school career. In line with the above findings, NDS data suggests that a higher percentage of children with disabilities attend special schools in post-primary compared to primary (18 per cent compared to 14 per cent respectively). Focusing on those with intellectual or learning disabilities (Table 3.7) however and the proportion of children attending special schools increase from 14 per cent at primary to 24 per cent at post-primary. The number of children with intellectual or learning disabilities attending special classes in mainstream schools appears to decrease slightly over the school career from 14 per cent at primary to 12 per cent at post-primary. These figures may, however, not reflect more recent increases in the number of special classes for children with autism (McCoy *et al.*, 2014).

Table 3.7: Class/school Placement during the School Career – Intellectual or Learning Disabilities

	Primary %	Post-primary %
Mainstream	72	64
Special class	14	12
Special school	14	24

Source: *2006 National Disability Survey.*

Similar results are found for the children with speech, remembering or concentrating and EPMH difficulties. In particular, just 43 per cent of children with speech difficulties are in mainstream education at post-primary compared to 60 per cent at primary. Of these children 47 per cent are in special schools in post-primary (compared to 21per cent at primary).

Special classes appear to play a more dominant role at primary than at post-primary with 19 per cent of children with speech difficulties attending these classes at primary compared to just 9 per cent at post-primary. Again some of these results are not statistically significant and should be therefore interpreted with caution.

Overall, the findings suggest some children with disabilities move from mainstream to special education settings when moving to post-primary education. This may reflect differences in the structure and organisation of primary and post-primary sectors (Smyth, McCoy and Darmody, 2004), requiring students moving to post-primary to adapt to a very different setting with multiple teachers, typically a larger school with a longer school day, more formal relationships with school staff, a new and broader curriculum and often different teaching methods. These challenges may be particularly difficult for students with disabilities.

3.3 Resources for Students with Disabilities and Special Educational Needs

This section examines provision of supports at school for children with disabilities and SEN. For the purpose of resource allocation, the Department of Education and Skills (DES) distinguishes between SEN arising from 'high' and 'low incidence' disabilities. The term 'high incidence' refers to the disabilities:

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

Students at primary and post-primary level with these 'high incidence' disabilities receive additional teaching resources through a general allocation to schools and can get this without formal assessment or diagnosis. 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).

Primary and post-primary students categorised as having low incidence disabilities are allocated additional teaching resources by the NCSE through the special educational needs organiser (SENO) network, based on assessment and diagnostic information (for more detail see Section 3.3). Special arrangements and supports services are available to students with SEN (high and low incidence) and range from assistive technology, school transport, special equipment, special classes and enhanced capitation grants, reasonable accommodations, an extended school year and a visiting teacher service (NCSE, 2011; 2013).

Well designed and accessible schools allow all students to participate fully and independently in school life. Improving the accessibility of school buildings has become increasingly important since the introduction of the EPSEN Act (2004) and Disability Act (2005) (NDA, 2012). The *National Disability Survey* gathered detailed information about resources and supports available for children with disabilities. Information was gathered about a range of supports including modified features within the school or college buildings in addition to day-to-day supports from school personnel, adjustments made to the curriculum and technical equipment available. The supports include those which are needed to "follow courses or take exams" such as learning support or equipment and other supports more specifically tailored to their disability (such as walking aids or transport services for those with mobility and dexterity problems). The *National Disability Survey* provides information about both met and unmet needs, i.e. those in receipt of resources and those who state they need resources but they are not available to them. It is worth noting at this point that the data was gathered in 2006 and since then there has been rapid change in terms of the structure of resource allocation in Ireland. There has been continued year-on-year investment in SEN resources in both primary and post-primary schools. In 2011 the special education budget of the Department of Education and Skills was €1.3billion (DES, 2011) which was an increase on the previous year's allocation of approximately €1 billion. The equivalent spends for 2005, 2006, 2007, 2008, 2009 and 2010 were €605million, €706 million, €838 million, €900 million, €1billion and €1billion respectively (DES, 2011) (See Frawley *et al.*, 2014; Banks et al., 2015).

Table 3.8 highlights how the majority of respondents to the *National Disability Survey* do not need any modified features to attend school or college. The greatest demands appear to be in the area of school transport where, 11 per cent of children state they are in need of transport and are receiving it and 4 per cent state they are in need but are not in receipt of this service. Similarly, 11 per cent of children in need of accessible or adapted classrooms are in receipt of this modification with a further 2 per cent stating they are in need but not receiving this adaptation.

Table 3.8: Modified Features - All *Main* Disabilities

	Accessible transport %	Accessible buildings %	Accessible or adapted classrooms %	Accessible toilets %
Needs fully met	11	8	11	8
Needs partially met or not met	4	1	2	1
Not needed or not relevant	85	92	87	91

Source: *2006 National Disability Survey.* Note: It is not possible to examine modified features by individual disabilities (as above) due to the small sample size.

Similar to the findings for modified features (above), Tables 3.9 and 3.10 show that the majority of children with disabilities report not needing supports or resources in order to follow their courses or take their exams. In particular 73 per cent of children reported not needing any adjustments to the curriculum, extra time for exams or later deadlines for assignments. Sixty-three per cent of children reported equipment (including recording equipment, talking books etc,) not being relevant to their disability (This is 59 per cent for children with intellectual or learning disabilities – see Table 3.10).

Table 3.9: Supports and Resources - All *Main* Disabilities

	Needs fully met %	Needs partially met or not met %	Not needed or not relevant %	%
Personnel	42	12	46	100
Curriculum adjustment	18	9	73	100
Equipment	22	16	63	100

Source: *2006 National Disability Survey*.

The area of resources most in demand across all the disability categories is that of staff and personnel such as personal assistants, tutor/teachers aides or learning support assistants. Of children with disabilities 42 per cent reported receiving personnel supports with a further 12 per cent partially accessing them. For children with intellectual or learning disabilities (Table 3.10) the numbers in receipt of personnel support is greater at 47 per cent. Fourteen per cent of children with these disabilities reported that their needs are not being fully met in terms of personnel, support, 12 per cent in relation to curriculum adjustment and 17 per cent for equipment.

Table 3.10: Supports and Resources - Intellectual or Learning Disabilities

	Needs met %	Needs partially/not met %	Not needed/relevant %	
Personnel	47	14	39	100
Curriculum adjustment	48	12	40	100
Equipment	24	17	59	100

Source: *2006 National Disability Survey*.

3.4 Identification and Assessment for Students with Disabilities and Special Educational Needs

In any discussion of resource allocation and supports for children with disabilities comes the issue of identification and assessment. Educational psychologists from the National Educational Psychological Service (NEPS) are key professionals in the assessment of SEN. The current model of resource allocation in primary and post-primary schools necessitates that psychologists and in some cases other professionals (including a medical doctor, occupational therapist, speech and language therapist) carry out an assessment and provide a written report for the diagnosis of low incidence disabilities. These professionals are external to the school and responsible for diagnosis (Desforges and Lindsay, 2010).

Children with high incidence disabilities at primary and post-primary no longer need a professional assessment in order to receive supports under the General Allocation Model (at primary) and a similar funding model at post-primary (Frawley *et al.*, 2014). At present, a working group established by the NCSE in 2013 and chaired by Eamonn Stack is developing an alternative model. A report outlining a proposed new funding model was presented to the Minister for Education and Skills in 2014

(NCSE, 2014). These proposals are undergoing a period of consultation with education stakeholders.

The *National Disability Survey* data provides important information on the number of children who have received professional assessments of their disabilities and the extent to which assessment reflects the supports received by children. Furthermore, by examining who carries out professional assessments (such as a psychologist or teacher), this section examines the extent to which this varies by disability type. Respondents were asked whether an assessment had been carried out and if so they were provided with a list of possible individuals who may have completed the assessment including:

- psychologist or psychiatrist,
- social worker,
- special education teacher,
- speech or language therapist,
- other professional or specialist.

Given that special education teachers do not carry out professional assessments, the authors assume that this category relates to the NCSE's Special Educational Needs Organiser. It may be the case, however, that parents completing the questionnaire will view the teacher as a 'professional'.

Findings show that 74 per cent of children with disabilities or SEN had professional assessments. Of this group, the majority of students (76 per cent) received a professional assessment from a psychologist or psychiatrist, 8 per cent by a special education teacher and 16 per cent by other professionals or specialists (including speech and language therapists and social workers). The age of the child appears to influence the nature of the assessment carried out. Students at post-primary are slightly more likely to have an assessment carried out by a special class teacher compared to primary students (11 per cent of post-primary students compared to 6 per cent of primary students).

The type of assessment may however relate to the type of disability. Findings show that although the majority of assessments are carried out by psychologists and psychiatrists across all four *main* disability categories, special education teachers are more likely to carry out assessments for students with difficulties remembering or concentrating (12 per cent) compared to a more medically diagnosed disability such as a speech impairment (just 2 per cent). Focusing on the children with intellectual or

learning disabilities in more detail we find there are no major differences in the way in which disabilities are assessed (see Appendix Table A3.1).

Table 3.11 shows some variation in the ways in which professional assessments are carried out by the social class background of the child. In particular, children from economically inactive households are less likely to have their professional assessment carried out by a psychologist or psychiatrist compared to others (46 per cent compared to 56 and 55 per cent in both the skilled manual and managerial and technical groups). Children in the economically inactive households are also more likely to have their professional assessment carried out by a special class teacher (10 per cent compared to 4 per cent of the skilled-manual group).

Table 3.11: Professional Assessments by Parents' Occupational Group - All *Main* Disabilities

	Managerial and technical	Skilled-manual	Unknown
Psychologist or psychiatrist	55	56	46
Special education teacher	5	4	10
Other professional or specialist	11	13	16
No assessment	29	28	29

Source: *2006 National Disability Survey*

3.5 Summary

The purpose of this chapter was to examine resources and provision for children with disabilities in the *National Disability Survey*. Stemming from the findings in Chapter 2, we focus on the four most commonly reported disability types: intellectual or learning, speech, remembering or concentrating and EPMH which represent 77 per cent of all *main* disabilities reported in the survey. In line with findings internationally, which show that across all four disability types boys are more likely than girls to report having a disability with the greatest disparity occurring for children with remembering or concentrating disabilities.

This chapter provided details of when the child began to have the disability and finds that the majority of children were identified before school age or during primary school. Children with speech disabilities however are more likely to be identified at a younger age compared to children with other disabilities. Given that 53 per cent of respondents reported having an intellectual or learning disability, we examined this question in more detail. Over 60 per cent of children with intellectual or learning disabilities had "difficulty in learning everyday skills such as reading and writing….due to a

condition such as ADHD or dyslexia". The remainder had "difficulty with intellectual functions' or 'difficulty with interpersonal skills".

This chapter provides an overview of school and class placements for children with disabilities. Findings show that 72 per cent of children with disabilities in the *National Disability Survey* are educated in mainstream schools, 13 per cent are in special classes and 15 per cent attend special schools. Placement varies slightly by the type of disability with children reporting speech as their main disability most likely to be in special education compared to children with other disabilities. Focusing on special education placement by other characteristics such as social class, the research shows that children from economically inactive households more likely to be placed in special schools and classes compared to children from other occupational groups. Findings also show that school and class placements change as children make the transition from primary to post-primary with greater numbers of children attending special education (either special classes or special schools) at post-primary compared to primary.

Focusing on the modified features, resources and supports available to children with disabilities, the survey shows that the majority of children report not needing additional supports in order to attend school, follow coursework or complete their exams. The resources most in demand across all disability categories are personnel and staff assisting students such as learning support assistant. Twelve per cent of these children reported that their needs are not being fully met in terms of personnel, support, 9 per cent in relation to curriculum adjustment and 16 per cent for equipment.

The final section of this chapter examines the extent to which children in the *National Disability Survey* have had their need assessed professionally and by whom. Of the children 74 per cent received an assessment, the majority of which were carried out by a psychologist or psychiatrist. The type of assessment appears to be linked to the type of disability and those who reported that their assessment was carried out by a special education teacher are more likely to report having remembering or concentrating difficulties. Social background also appears to influence the type of assessment with children from economically inactive household more likely to have their assessments carried out by a special class teacher compared to those from other occupational groups.

Chapter 4: Experiences and Outcomes for Children with Disabilities

4.1 Introduction

The *National Disability Survey* provides valuable information on educational experiences of children and young people with disabilities. In particular, it allows useful insights into school absences and the nature of social and peer participation. While it has been long known that absenteeism is important for a range of educational outcomes like academic performance (see McCoy *et al.*, 2007; McCoy *et al.*, 2012c), social participation has more recently emerged as an important influence on school engagement, both directly and indirectly (McCoy and Banks, 2012). In this chapter we focus on the somewhat more objective outcome, the impact of disability on education absence. This is followed by a focus on more subjective indicators, namely the extent to which children and young people with disabilities socialise with their friends, family and relatives in their everyday lives and their reported levels of participation in sport.

4.2 Absence from Education

This section examines absences from school among young people by different types of disabilities and school settings.

Table 4.1: Extent to which Education Interruption because of *Main* Disability, those aged up to 17 years

	5-12 years %	Unweighted n	12-17 yrs %	Unweighted n
Not at all	63	602	58	414
< 3 mths	25	236	22	154
3-12 mths	8	73	10	69
>12 mths	4	43	9	64

Note: Accumulated length of absence, p<.001.
Source: *2006 National Disability Survey.*

As shown in Table 4.1, a total of 37 per cent of 5-12 year olds and 41 per cent of 12-17 year olds have missed school because of their disabilities. If we consider more prolonged school absence (greater than 3 months), 12 per cent of 5-12 year olds and one-in-five 12-17 year olds have accumulated a substantial period of absence from school because of their disabilities.

When we compare these patterns to those for the adult population with disabilities (Table 4.2), it is not surprising to find greater absence levels among older groups, given their potentially greater time within educational settings (including perhaps further or higher education). Among all those aged over 17 years, 13 per cent have missed up to 3 months of education, 12 per cent between 3 and 12 months and a substantial 31 per cent have accumulated absences of more than one year as a result of their disabilities.

Table 4.2: Extent to which Education Interruption because of *Main* Disability, those aged less than/more than 17 years

	Aged over 17 yrs	Aged 17 Yrs or less
Not at all	43	61
< 3 mths	13	24
3-12 mths	12	9
>12 mths	31	6

Note: p<.001.
Source: *2006 National Disability Survey.*

Overall, gender differences are small and largely insignificant, but it is worth noting that girls have higher levels of accumulated absence from education, particularly so for those of school going age (i.e., up to 17 years). The proportion of girls who have accumulated at least one year of school absence because of their disability is 12 per cent among those aged 12 to 17 years, while for boys it is just 8 per cent. This is a substantial period of time, which one can only assume is likely to impact on their progress at school (in the absence of alternative educational provision, such as in a hospital setting or home schooling).

It is important to consider the extent to which school absences reflect the nature of disabilities, as young people with particular types of disabilities may require more time off school to attend medical or other specialist appointments. It may also be the case that children with more school-specific disabilities like learning difficulties may access much of their required supports within the school setting. Children with speech and language disorders, however, may require out-of-school speech therapy perhaps overlapping with school hours.

The results show large differences by different types of disabilities on school absence.[9] It is clear that young people with EPMH difficulties (as

[9] Since we are focused on those aged up to 17 years in the following we can assume that 'educational absence' refers to school absence as very few would be enrolled in alternative educational/post-school settings at this age.

their main disability) are far more likely to miss school than those with intellectual or learning difficulties or those with speech difficulties, and these results are highly statistically significant (Table 4.3). While 72 per cent of young people with intellectual or learning difficulties were not absent from school as a result of their disability, for young people with emotional and mental health difficulties this was only 43 per cent. Looking at those who have been absent for more than 3 months from school, this ranges from 9 per cent of young people with intellectual or learning difficulties to 25 per cent young people with emotional and mental health difficulties.

Table 4.3: Extent to which Education Interruption because of *Main* Disability, those aged up to 17 years

	Intellectual or Learning	Speech	Remembering or Concentrating	EPMH
Not at all	72	68	64	43*
Less than 3 mths	19	19	17	32*
3-12 mths	5	9	10	16*
More than12 mths	4	4	10	9

Note: * p<.001.
Source: *2006 National Disability Survey*.

These are substantial differences and raise issues over the extent to which different forms of disability are supported within schools who have a clear remit in relation to the support of children and young people with learning difficulties (see NCSE, 2013). Schools' role in relation to the support of young people experiencing mental health difficulties is perhaps less clear-cut and seen as the responsibility of experts outside of the school setting. Further, when we consider the type of intellectual or learning disability young people have, those with learning difficulties appear to be least affected in terms of their school attendance. Absence levels (any absence) ranges from 27 per cent among young people with learning difficulties to 40 per cent among those with intellectual disorders or ASD (not shown). However, these results should be interpreted with caution given the small sample size.

Finally, Tables 4.4 and 4.5 show absence patterns across the different educational settings: mainstream, special class and special school.

Table 4.4: Extent of Education Interruption because of *Main* Disability; those aged 5 to 12 years in Different Settings

	Mainstream	Special class	Special school
Not at all	55	62	61
Less than 3 mths	29	20	25
3-12 mths	12	11	10
Greater than 12 mths	3	7	5

Source: *2006 National Disability Survey*.

For those aged 5-12 years, absence levels are somewhat higher among children in mainstream settings, with lower absence among those in special class and special school settings. While 55 per cent of children in mainstream settings have experienced no absence because of their disability, this is the case for 62 and 61 per cent of children in special class and special school settings respectively. Overall, these results show similar absence levels across the different settings. Given the greater severity of disability among children in special school settings in particular, these findings suggest that special schools are effective in countering absence and promoting school attendance among primary aged students.

Among older students, more typically of the post-primary age category (12-17 years, Table 4.5), absence patterns are higher among young people in special school settings and lower among those in special class settings. A total of 22 per cent of young people of post-primary age in special school settings at the time of the survey had experienced at least 3 months absence from school. While it cannot be assumed that this absenteeism was accumulated in the special school setting (particularly given the large rates of transfer to special school settings as seen in Chapter 3), it does suggest greater levels of difficulty in relation to school attendance and or engagement among this group. It may also be the case that their enrolment in the special school setting arose because of academic difficulty or a lack of support personnel, and this resulted in poor attendance in a mainstream school setting.

Table 4.5: Extent to which Education has been Interrupted by Absences because of *Main* Disability; those aged 12 to 17 years in Different Settings

	Mainstream	Special class	Special school
Not at all	62	66	57
< 3 mths	23	17	22
3-12 mths	10	7	13
>12 mths	5	10	9

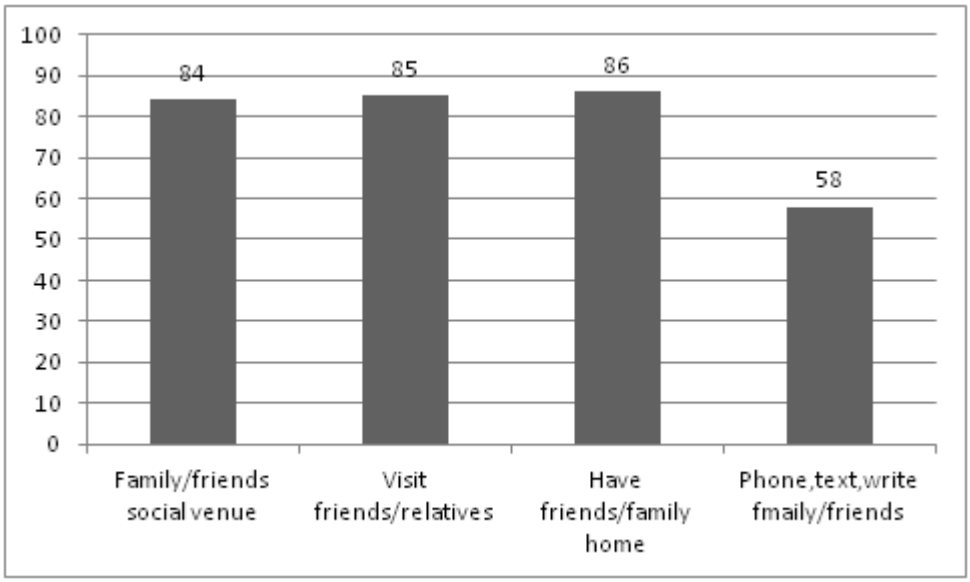
Source: *2006 National Disability Survey.*

4.3 Social Participation

The NDS included an array of questions on the nature of leisure and social activities among children and young people with disabilities. Although the question asked is not ideal for children, the information gathered allows us to examine the extent to which young people with disabilities socialise with school friends and other peer groups and identify whether different types of disabilities serve as a barrier to positive peer and social relations.

Overall, the vast majority of our sample socialise with school and other friends on a regular basis. In total 82 per cent of boys with a disability aged up to 17 years and 87 per cent of girls with a disability spent time with friends for play or recreation in the past 4 weeks. Similarly, as shown in Figure 4.1, the majority of young people with disabilities engage in an array of family and social activities, like visiting a social venue with family or friends (84 per cent), visiting family or friends (85 per cent) and having friends or family to their home (86 per cent). Other forms of communication like phone, text or writing are also prevalent (particularly among the older 12-17 year old group).[10]

Figure 4.1: Percentage of Young People (up to 17 years) who engaged in Social/Family Activities in the past four weeks by *Main* Disability

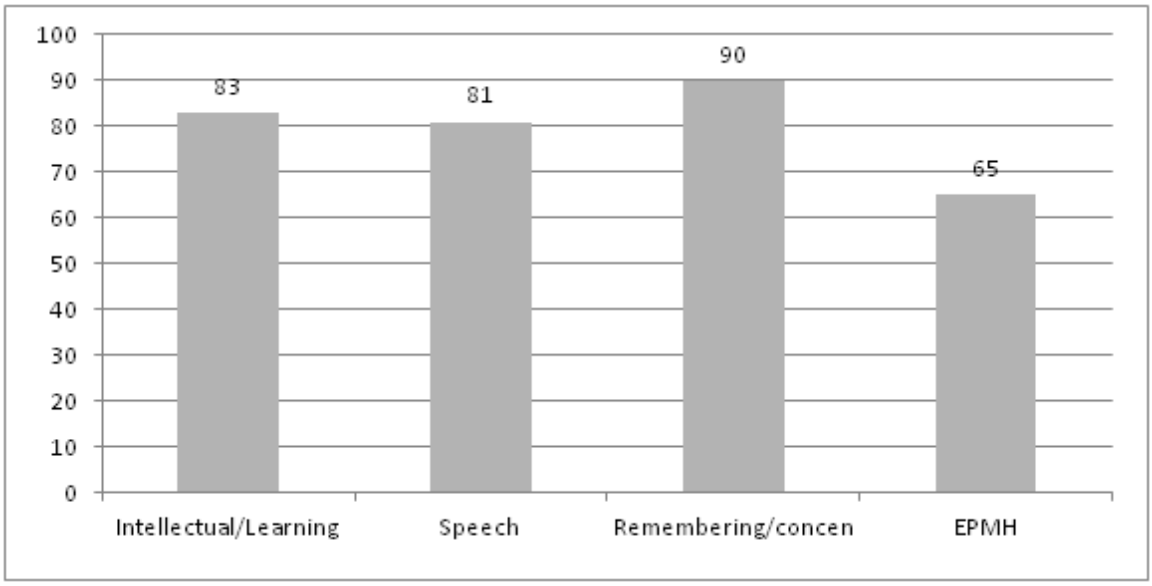


Source: *2006 National Disability Survey.*

[10] However, use of phone, text or writing was less frequently cited by young people with speech disorders.

Patterns of social interaction and peer engagement appear to vary somewhat across young people with different types of disabilities. While the vast majority of young people across all disability categories indicate that they engage in social activities with their families, the proportions spending time with school and non-school friends is much more variable. As shown in Figure 4.2, the majority of children and young people in the *main* disability categories report that they socialise with friends; 81 per cent of those with speech disabilities, 83 per cent of those with intellectual or learning disabilities and 90 per cent those with remembering or concentrating disabilities. However, a substantially smaller percentage (65 per cent) of those with EPMH problems report that they spent time with friends in the last 4 weeks. Similarly, when young people are asked whether their main social activities are with school friends, much lower proportions of young people with EPMH difficulties indicate such social participation, at least in the 4 weeks preceding the survey.

Figure 4.2: Percentage of Young People (up to 17 years) who participated in Play/Recreation with Friends in the past four weeks by *Main* Disability

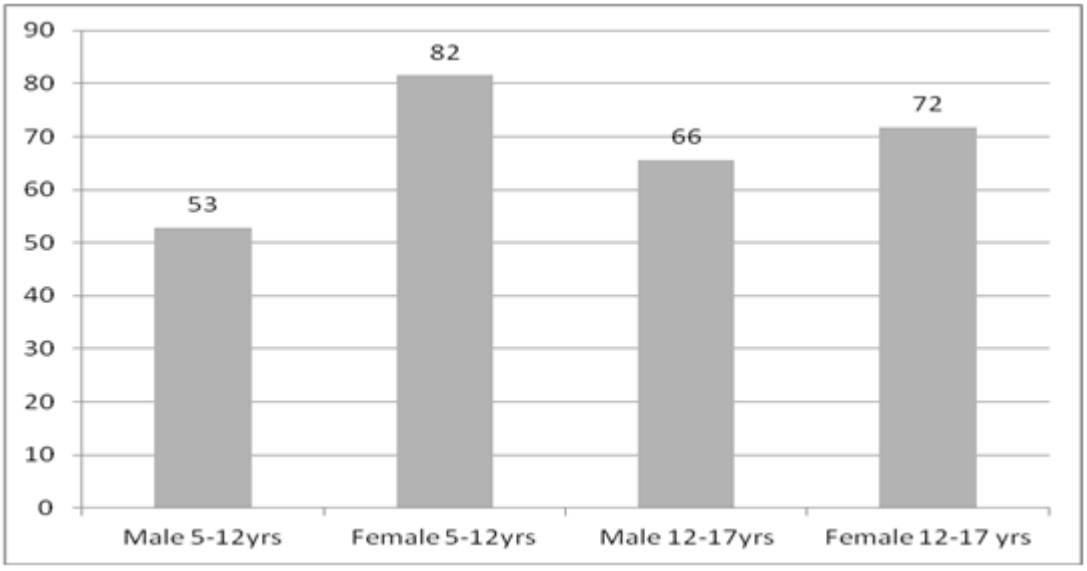


Source: *2006 National Disability Survey*.

Further analysis of patterns of social interaction among young people with emotional and mental health difficulties reveals important differences by gender and age group, with boys aged 5-12 years in particular at risk of social isolation. Figure 4.3 displays the proportion of young people with EPMH difficulties who spent time with friends in the past 4 weeks. While across the two age categories, girls are more likely than boys to participate in social activities with friends. Just 53 per cent of boys aged 5-12 years have socialised with friends in the past 4 weeks. While the sample sizes

mean no results are statistically significant, they do point to potential social isolation among children experiencing emotional and mental health difficulties.

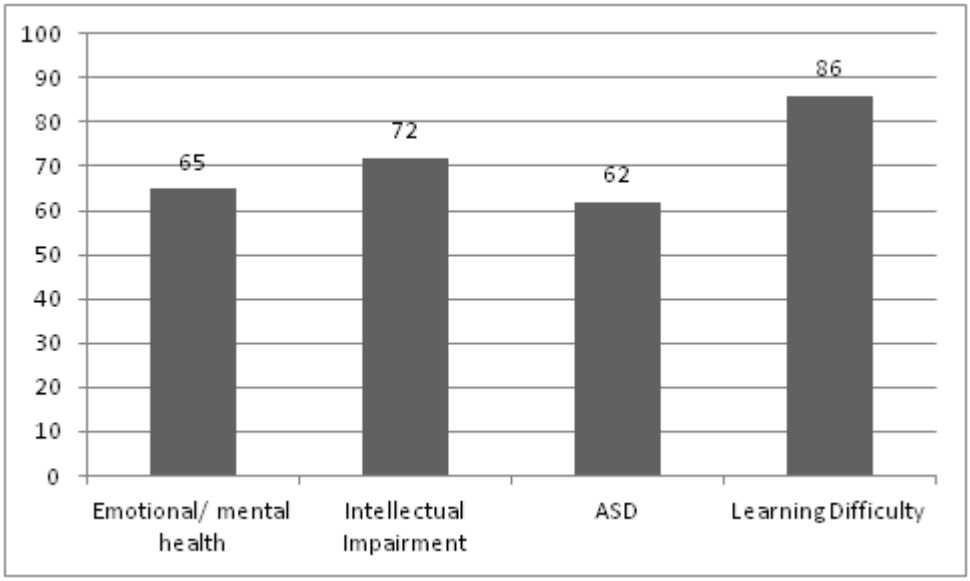
Figure 4.3: Percentage of Young People with EPMH who participated in Play/Recreation with Friends in the past four weeks by Age and Gender



Source: *2006 National Disability Survey.*

We also consider social interaction patterns within the largest disability category, those with intellectual or learning disabilities. Given the nature of Autistic Spectrum Disorders, and the role of communication and social interaction difficulties, it is perhaps not surprising to find lower levels of social interaction among this group, with just 62 per cent engaging in some form of play or recreation with friends in the past 4 weeks (Figure 4.4). However, these levels of social participation are comparable to those reported among young people with EPMH difficulties. It is interesting to note relatively high levels of social participation among the other groups in the intellectual or learning disabilities category, namely intellectual impairment or learning difficulty.

Figure 4.4: Percentage of Young People (up to 17 years) with Intellectual or Learning Disabilities who participated in Play/Recreation with Friends in the past four weeks by *Main* Disability



Source: *2006 National Disability Survey*.

Finally we consider the nature of peer engagement across children and young people in different school settings – mainstream, special class and special school. While the sample size becomes less reliable, there is clear evidence that levels of peer engagement are higher among those in mainstream school settings, while their peers in special school settings in particular are less likely to socialise with school friends or to engage in play/recreation with friends outside school time (Table 4.6).

Table 4.6: Percentage who participated in Play/Recreation past four weeks and extent to which main Social Activities with School Friends

	Mainstream	Special class	Special school
Spend time with friends past 4 weeks	93	80	66
Main social activities with school friends	82	64	56

Source: *2006 National Disability Survey*.

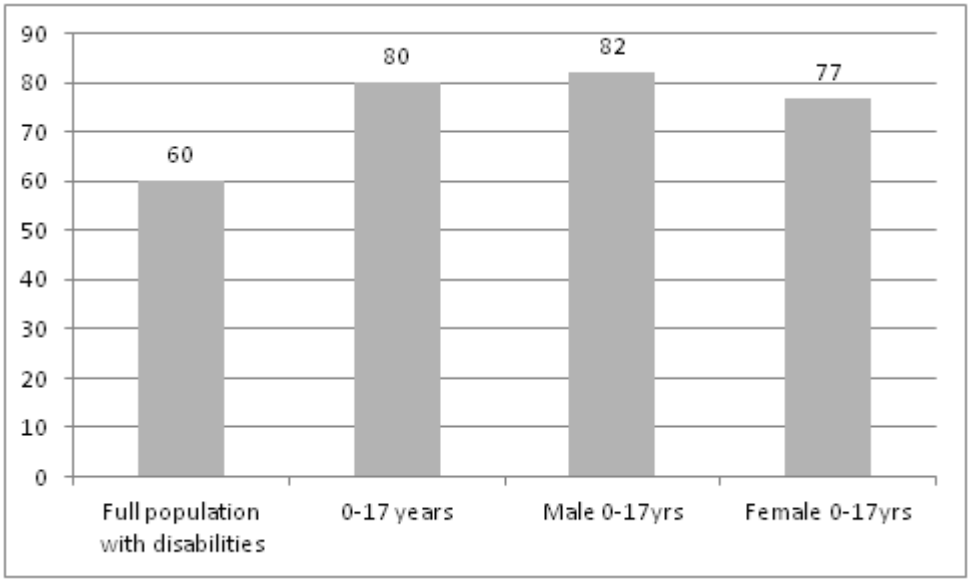
While these patterns are likely to reflect different levels of severity of disability and hence variations in the extent to which young people are hampered in their ability to socialise, they do suggest that young people in specialist settings are somewhat hampered in their levels of social participation. In total 83 per cent of children and young people with a disability indicate that they spent time with friends (for play or recreation) over the 4 weeks preceding the survey. However, the level of social

participation is substantially higher among those in mainstream settings (93 per cent) and lower among those in special school settings (66 per cent). Similarly, just 56 per cent of those enrolled in special schools indicate that their main social activities are with school friends, compared to 64 per cent among those in special classes and 82 per cent of those in mainstream education.

4.4 Sports Participation

The vast majority of young people with disabilities report having taken part in some sport in the past 4 weeks. Levels of participation are slightly higher among boys (Figure 4.5), but in excess of three-quarters of girls with disabilities participate in sport, with levels of participation among young people with disabilities exceeding those for the full adult population with disabilities.

Figure 4.5: Percentage of Young People with Disabilities who participated in Sport in the past four weeks



Source: *2006 National Disability Survey*.

These differences are in line with results for the full Irish population, with levels of cessation of physical activity increasing as people age (Lunn and Layte, 2011). When we consider sports activity patterns across the *main* disability categories, again young people with emotional and mental health difficulties show lower levels of participation ($p<.05$). Just 72 per cent of young people with emotional and mental health difficulties participated in sport in the 4 weeks preceding the survey. This is compared to 80 per cent of young people with speech difficulties, 82 per cent of those with difficulty

remembering or concentrating and 83 per cent of those with intellectual or learning disabilities. While girls with emotional and mental health difficulties were more likely to socialise with friends than boys, the results suggest they are less likely to participate in sport. However small sample sizes mean the results are not statistically significant.

These differences across the *main* disability categories also hold when we consider the intensity or frequency of sports participation. Young people with emotional and mental health difficulties are not only less likely to participate in sport, where they do participate they tend to do so much less frequently than young people in other disability categories. Among those participating in sport, over two-thirds of young people with speech disorders participate at least 3 times a week, and 63 per cent of those with intellectual or learning disabilities participate this frequently, compared to just 43 per cent of young people with emotional and mental health difficulties.

Table 4.7: Frequency of participation in Sport (among those participating), by Disability Category

	At least 3 times/week	Less often
Intellectual or Learning	63	38
Speech	68	32
Remembering or concentrating	59	41
EPMH	43	57

Source: *2006 National Disability Survey*.

Chapter 5: Summary and Conclusions

5.1 Introduction

There have been dramatic policy changes in the area of disability and SEN in Ireland over the last decade. The practical implications of these policy initiatives have only recently begun to be examined (Stevens and O'Moore, 2009; Kelly and Devitt, 2011; Banks and McCoy, 2011; Frawley *et al*., 2014; McCoy *et al.*, 2014, Rose *et al.*, forthcoming). Research in this area has been limited, however, due mainly to data being limited to the administrative records of the Department of Education and Skills for children in receipt of supports (Banks and McCoy, 2011). This report is set within the context of existing data, and provides, for the first time, detailed analyses of data from the *National Disability Survey* Child Questionnaire. This data greatly contribute to ongoing research that seeks to understand the nature, characteristics and experiences of children and young people with disabilities both in school and at home. In recent years there have been improvements in the level of data available due mainly to the collection of population-based data, such as *Growing Up in Ireland* and the *National Study of Special Classes*. These surveys include children and young people with disabilities and SEN.

Significantly, this report links information from the *National Disability Survey* about children and young people with disabilities to Census data about their social and demographic characteristics. In this way, the *National Disability Survey* offers a unique insight into the profile of this group of children and young people, the support and services they receive while at school in addition to a greater understanding of their social experiences and outcomes more generally. Questionnaires were completed in the home and as outlined in Chapter 1, many were completed or facilitated by parents of children with disabilities.

5.2 Summary of Findings

5.2.1 Profile of Children with Disabilities

Chapter 2 and 3 provide details of the nature and characteristics of children and young people with disabilities who completed the *National Disability Survey* focusing on characteristics such as gender, socio-economic background and disability type. In line with findings internationally (King *et al.*, 2000) our findings show that boys are more likely than girls to have a disability. Children with disabilities are also more likely to come from disadvantaged backgrounds in terms of household type

and parent's social class. Just under a quarter of children and young people with disabilities live in one parent households while less than one sixth of all children live in such homes. Similarly in terms of social class background, 24 per cent of children with disabilities are from the economically inactive social class category compared to 17 per cent for children in the general population. In relation to the type of disability, the majority of children (77 per cent) in the survey have intellectual or learning disabilities followed by remembering or concentrating, speech and EPMH.

Children often have multiple disabilities, with many children having between two and three disabilities. The majority of children have their disability diagnosed before the age of 5 and children with speech difficulties are more likely to have their disability identified at this early age compared to other disabilities. A large proportion of those surveyed reported having an intellectual or learning disability (53 per cent). On closer examination this group is made up of children and young people with "difficulty in learning everyday skills such as reading and writing...due to a condition such as ADHD or dyslexia" (60 per cent), those with "difficulty with intellectual functions" (19 per cent) and those with "difficulty with interpersonal skills" (21 per cent).

In sum, the results show important differences in the incidence of (different types of) disabilities among boys and girls and across socio-economic groups. The single biggest disability category is those with an intellectual or learning disability, and the vast majority off all disabilities are identified before the age of 5 years.

5.2.2 Supports for Children with Disabilities

For the first time, the *National Disability Survey* provides detailed information on school and class placements for children with disabilities. In line with the principles of inclusive education as set out in EPSEN (2004), the majority of those surveyed attend mainstream education (72 per cent), 13 per cent are in special classes and 15 per cent attend special schools. Disability type appears to influence school and class placement as those with speech difficulties are more likely to be placed in special education schools or classes compared to children with other disabilities. Special education placement is also higher for children from economically inactive households.

School and class placements appear to change over the school career with a higher proportion of children moving from mainstream to special education as they move from primary to post-primary. The survey shows

that the majority of respondents do not require additional supports in order to attend school, follow coursework or complete their exams. School personnel such as learning support assistants or tutors are most in demand with just under half of students with intellectual or learning difficulties accessing these supports and a further 11 per cent needing, but not accessing, personnel support. Of the children in the survey 74 per cent received a professional assessment with the majority having this assessment carried out by a psychologist or psychiatrist.

Findings show that disability type influences the type of assessment carried out as those with remembering or concentrating difficulties are more likely to have their assessment completed by a special education teacher compared to children with other disabilities. Furthermore, those from economically inactive household are more likely to have their assessments carried out by a special class teacher compared to children and young people from other occupational groups.

5.2.3 Experiences and Outcomes

Chapter 4 provided valuable insights into the potential impact the experience of disability has on the lives of children and young people in Ireland. Focusing first on the extent to which young people experiencing different types of disability incur absences from school because of that disability, it is clear that certain groups appear more at risk of absenteeism. While the results partly reflect the differing ages of onset and diagnosis and different lengths of time in the educational system, it is of some concern that children and young people experiencing EPMH are at greater risk of school absence. This is particularly the case for young females experiencing EPMH. Young people experiencing intellectual or learning difficulties are far less likely to accumulate extensive periods of absence from school, because of their disability.

Young people experiencing different types of disabilities also appear to vary considerably in their levels of peer engagement and social participation. Again young people experiencing EPMH seem far less likely to engage in social interaction with either their school friends or other friendship groups. In this case young males experiencing these emotional and mental health difficulties seem to be at greater risk of social isolation. There is also some evidence of lower levels of social participation among children and young people in special school settings, although disability severity may be playing a role here. Overall, young people with disabilities have high levels of participation in sport – but again those experiencing EPMH have lower levels of participation and, where they do participate,

lower levels of intensity/frequency of involvement. These are clearly important findings which warrant further research and policy attention.

5.3 Policy Issues Arising from the Research

The following section highlights a number of key policy issues which stem from the findings in this report.

5.3.1 Nature and Targeting of Supports for Children with Disabilities

The identification of SEN and disabilities is not a straightforward process (Desforges and Lindsay, 2010). When the assessment process involves a diagnosis of disability and/or SEN, and where provision of additional resources is dependent on the diagnosis, a number of inherent risks must be acknowledged. In line with national and international research findings (Coutinho and Oswald 2005; Delgado and Scott 2006; Van der Veen, Smeets, and Derriks, 2010; Banks and McCoy, 2011; McCoy *et al.*, 2012a) the analysis of the *National Disability Survey* points to differences in the prevalence of disabilities across social groups. The high prevalence of children with disabilities from disadvantaged backgrounds such as one-parent households and among children from lower social classes highlights the greater risk for these children of experiencing poverty and social exclusion (Watson *et al.*, 2012b). Child poverty is associated with a wide range of negative outcomes such as poorer educational achievement, and lower later occupational performance (Brooks and Duncan, 1997; Duncan *et al.*, 1994, Ferguson *et al.*, 2007). These suggest the importance of having adequate resources for the households of children with disabilities as well as providing appropriate educational supports to reduce the negative educational outcomes associated with the experience of poverty.

The relationship between certain child characteristics (such as being male, from a one parent family and disadvantaged backgrounds) and the likelihood of special education placements found in the data suggests the need to further explore the identification and resource allocation process in schools. Given the recent and ongoing changes in the systems of resource allocation in primary and post-primary schools, greater attention should be given to improving the nature and targeting of resources (Cullen *et al.*, 2012; NCSE, 2014). These findings first highlight inherent dangers of disability labels particularly in light of evidence regarding the potential stigmatisation, stereotyping and lowered expectations for the children involved. They are particularly important given recent research on the over-representation of disadvantaged boys in certain disability categories

(Banks *et al.*, 2012). Overall, this study point to the need for further discussion of SEN and disability identification processes and resource allocation approaches.

5.3.2 Achieving Inclusive Education

Given the policy emphasis on inclusive education (EPSEN, 2004) this report provides important findings regarding the extent to which children and young people are educated in segregated settings (either special classes or special schools). Recent policy documents have also stressed the need for special education placements to be flexible with integration with mainstream classes where possible. Although it is accepted that separate provision is necessary depending on the nature and severity of the disability our findings highlight differences in special education placements by individual child characteristics including gender and social background (see also McCoy *et al.*, 2014 for similar findings). These findings call into question the capacity of existing supports to achieve full inclusion and raises questions as to why some social groups such as children from families who are classified as economically inactive are more likely to be placed in segregated settings compared to others. Again, the findings highlight the need for much greater discussion of processes both for determining need in schools and allocating supports to those in need of additional support.

5.3.3 Young People with Emotional, Psychological and Mental Health Difficulties

The results raise questions over the extent to which children and young people experiencing emotional and mental health difficulties receive adequate social and personal support. Low levels of peer engagement and participation in sport, suggest the need for programmes and initiatives promoting such activities among young people particularly for those experiencing these difficulties. It also raises issues for schools, particularly for Guidance and Pastoral Support programmes, to identify and support young people experiencing these difficulties and attempt to counter potential social isolation among them. With the rise in mental health problems and depression in particular among young people, research increasingly shows the link between poor mental health and educational attainment, labour market outcomes and mental health later in life (Cornaglia *et al.*, 2012). Our findings in relation to EPMH point to the need for greater engagement between the education system and youth mental health organisations.

The findings also highlight the potential for curricular focus on issues around emotional, psychological and mental health issues. This is particularly the case in the post-primary contexts where students are at greater risk of stress and anxiety due to exams (Banks and Smyth, 2015). Research shows that young people age 12-25 have the highest prevalence of mental illness across the lifespan but their access to mental health services is the poorest of all the age groups (McGorry *et al.*, 2013). Similarly, within school-based resource allocation models, studies have been critical of the tendency by administrative structures to marginalise the term 'emotional' within emotional and behavioural categories (Bowers, 1996). In Ireland, the DES resource allocation system classifies this group of children and young people as having an "Emotional/behavioural disturbance" with little clear understanding of what distinguishes those with emotional difficulties and those with behavioural problems. It may be that appropriate provision for this group of children and young people cannot be realised until the distinction is made between emotional and behavioural difficulties. The removal of disability categories highlighted in the proposed new model of SEN funding might go some way in addressing these issues (NCSE, 2014).

5.3.4 Measurement of Disability: Language, Terminology and Data Collection

Variations in disability prevalence are often the result of differences in language, terminology and definition used by different organisations and government departments. These differences typically create issues in the data that are collected particularly when comparing data based on different understanding of disability. In particular, the report highlights differences in the prevalence of disability among children by national data sets including the DES administrative data, *National Disability Survey*, the *Growing Up in Ireland* study and the *National Study of Special Class.* The 2006 *Census of Population* indicates, for example, that 4.1 per cent of children have a disability (CSO, 2008a), a prevalence rate which differs greatly to other national data sources on children and young people with disabilities and SEN which have estimated prevalence at 17 per cent (DES, 2008), 25 per cent (Banks and McCoy, 2011) and 28 per cent (Cosgrove et al., 2014). These wide differences in prevalence rates reflect differences in what is defined as a disability, differences in the types of disabilities included and differences in the source of the information or the key informants. In many data sources parents are the key source of information on disability in children. However, in large scale cohort studies such as the *Growing Up in Ireland* study, information from multiple informants including parents,

teachers, school principals and children themselves can provide a much more comprehensive assessment of disability prevalence.

Within the *National Disability Survey,* the thresholds used in the questionnaire vary for different disability categories and as a result are difficult to compare with other national data sources (many of which have no thresholds for severity of disability). These issues around language, terminology and prevalence estimates raise important policy questions around our understanding of disability and SEN among various organisations responsible for resource, provision and advocacy. These differences point to the need for further debate about how we conceptualise disability and collect comparable data on this group of children. In particular, the size of the sample in the *National Disability Survey* is relatively small and analysis in the area of children with disabilities could benefit from data based on larger populations.

5.3.5 Potential for Future Research

The *National Disability Survey* provides important new information regarding the age of onset of disabilities among children in Ireland. Across all disabilities the majority of children and young people in the survey had their disability identified before the age of 5. These findings will contribute to the ongoing debates around early years education and can be used in conjunction with new data from the *Growing Up in Ireland* study of 3-year-old children. A comparison between the *National Disability Survey* data regarding the age of onset and that of the *Growing Up in Ireland* study would provide much needed evidence in the area of identification and diagnosis across different disability categories. The *National Disability Survey* findings also highlight issues around the key transition points in the school career, i.e., beginning primary education and making the transition from primary to post-primary. The longitudinal data in *Growing Up in Ireland* (for 9 and 13 year olds) will also complement *National Disability Survey* data and provide insights into the issues around student trajectories as they move through the system.

Appendices:

Table A2.1 Un-weighted number of Children experiencing *Any* Disability by Disability Type, National Disability Survey 2006

	Boys	Girls	Total
Seeing	83	66	149
Hearing	90	64	154
Pain	93	92	185
Breathing	169	116	285
Mobility and dexterity	264	172	436
EPMH	330	170	500
Speech	350	82	532
Remembering or concentrating	657	295	952
Intellectual or learning	964	445	1,409
Total number of children with any disability	1,216	641	1,857

Table A2.2 Un-weighted number of Children with *Any* Disability by School Age and Gender, National Disability Survey 2006

	Less than 5 years (preschool)	Between 5 and 12 years (primary)	Between 12 and 17 years (2nd level)	Total
Boys	120	646	450	1,246
Girls	73	315	253	641

Table A. 2.3: Number of Disabilities for Children by *Main* Disability

Main Disability	1	2	3	4	5+	Total
EPMH	395	432	768	799	509	2,903
remembering	601	1,261	725	357	152	3,096
speech	647	539	749	341	424	2,701
mobility	729	422	529	389	619	2,687
intellectual	6,324	4,966	3,324	2,170	2,404	19,188

Table A2.4: Un-weighted number of Children for Presence of other Disability by Disability Type, National Disability Survey 2006

	Has this disability only	Has this disability as the main one and other disability	Has this disability with other(s) as the main one	Total
Seeing	25	29	95	149
Hearing	23	45	86	154
Speech	26	117	389	532
Mobility and dexterity	42	111	283	436
Remembering or concentrating	28	139	785	952
Intellectual or learning	327	622	460	1,409
EPMH	15	124	361	500
Pain	20	29	136	185
Breathing	91	44	150	1,572

Table A2.5: Un-weighted number of Children with Multiple Disabilities having any other Disability by Disability Type, National Disability Survey 2006

	Seeing	Hearing	Speech	Mobility and dexterity	Remembering or concentrating	Intellectual or learning	EPMH	Pain	Breathing
Seeing	-	15	62	61	80	94	44	29	19
Hearing	15	-	88	43	79	88	38	25	28
Speech	62	88	-	220	366	456	198	54	68
Mobility and dexterity	61	43	220	-	276	323	176	96	70
Remembering or concentrating	80	79	366	276	-	862	375	93	115
Intellectual or learning	94	88	456	323	862	-	437	89	136
EPMH	44	38	198	176	375	437	-	65	63
Pain	29	25	54	96	93	89	65	-	52
Breathing	19	28	68	70	115	136	63	52	-

Table A3.1: Professional Assessments by Intellectual or Learning Group

	Intellectual impairment %	ASD %	Learning disability %
Psychologist or psychiatrist	77	76.9	77.2
Special education teacher	5.3	6.1	6.6
Other professional or specialist	17.7	17	16.2

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