

Chapter 4

Developing Policy and Provision in Special Education

Learning outcomes/objectives

On completion of this chapter, the reader will be able to:

- Identify and critically examine the policy shifts in the health sector towards people with disabilities in Ireland in the 1980s.
- Analyse the policy progression as outlined in the key reports, judicial decisions and legislative developments in Ireland from the SERC Report (1993) to the Sinnott judgment of 2000.
- Evaluate the impact of the Education Act 1998 and the Education for Persons with Disability Act (EPSEN) 2004 on special education policy and provision.
- Critically consider the systemic resourcing and restructuring of special education services in Ireland and the establishment of the National Council for Special Education (NCSE).

Introduction

In this chapter we will examine the radical shift in special education policy that occurred throughout the 1990s and into the present century. As Hill (2005: 4) observed, ‘the policy process is essentially a complex and multi-layered one.’ Special education policy evolved rapidly from a primary focus on educational provision for distinct categories of disabled children towards a more inclusive view of special education principally delivered within mainstream settings. This significant policy evolution occurred through the interplay of a variety of factors at national and international levels.

Internationally, the rights-based principles underlying policy statements from the United Nations, European Community, UNESCO and the OECD had resulted in a fundamental re-examination of educational provision for children with special educational needs. There was an increasing recognition that these children and their peers without special educational needs would benefit from being educated together and learning to live together.

Nationally, the last decade of the twentieth century witnessed the unfolding of major educational initiatives that shaped the organisation and delivery of educational provision. This involved significant changes in system administration, school management and curriculum. Special educational provision was documented and critiqued through government-sponsored reports that resulted in major changes in policy and provision. Parental litigation

challenging inadequate educational provision for their children who had special educational needs also had a significant impact in promoting change in special education policy and practice. Developments in social policy with regard to disability issues and the rights of children also accelerated changes in perspectives on special educational provision.

Internationally, policy development in special education and health-related service delivery for people with disabilities has been profoundly influenced by supra-national bodies such as the United Nations. The United Nations Declaration on the Rights of Disabled Persons (1975), for example, and the subsequent UN-sponsored International Year of the Disabled in 1981 signalled the beginning of a public policy debate around the rights of people with disabilities to equitable access to and participation in mainstream societal activities. Within the European Community, funding programmes for training and employment schemes have been based on the principle of ensuring equitable access for all disadvantaged minorities, including those with disabilities.

National policy: Initiatives in the health sector

Within Ireland, public policy in relation to people with disabilities remained relatively unchanged until the 1980s. Until then, the Department of Health was principally responsible for the medical treatment, care, education, training and even the employment of people with disabilities. There was a gradual realisation, informed by international developments, that the marginalised position within society of people with disabilities required urgent action on many fronts. Doyle (2003: 26) observed: ‘In the last decade, public policy has tried to address the twin issues of equality and universal access through anti-discrimination legislation, with right of redress, coupled with a mainstream approach to service delivery.’ As will be evident in the discussion below, Ireland has attempted to follow this path through enacting enabling legislation and the gradual mainstreaming of provision in both education and health services.

In consultation with organisations representing disabled people, the Department of Health developed a number of significant policy initiatives that influenced the direction of educational provision for people with disabilities. These included the *Green Paper on Services for Disabled People* (1984) and *Needs and Abilities: A Policy for the Intellectually Disabled* (1991). The Green Paper opened with a government commitment to developing ‘services and facilities which will enable disabled people to achieve full participation and equality in our society’ (p. 9). It goes on to state that the Department of Education has been ‘intensifying efforts to enable disabled children to receive their education in the least restrictive environment’ (p. 45). The Green Paper recounted the recognition of the increasing demands for integrated education for children with disabilities alongside their peers in their local community, as outlined in the *White Paper on Educational Development* (1980). Various recommendations for increased resources in relation to psychological and care needs in particular were

advanced in the Green Paper, though there did not appear to be a coherent vision of what integrated education would actually involve.

It is evident that despite the reference to education in the least restrictive environment, parallel systems of special and general education would remain for the foreseeable future. There appeared to be resistance to safeguarding the rights of disabled people to equitable services through legislation as enacted in other countries. The Green Paper reinforced charitable responses to disability issues: 'The most important thing which any disadvantaged minority needs is good-will and understanding' (p. 112).

In 1991 the Department of Health published *Needs and Abilities: A Policy for the Intellectually Disabled*, in which mainstream provision through the Department of Education, among others, was strongly recommended. The Review Group welcomed 'the fact that increasing numbers of pupils with general learning difficulties are now being provided with educational opportunities in their local environment' (p. 15). As Doyle (2003: 15) comments: 'The new direction signalled in this report sought to transfer responsibility for key elements of disability service provision away from the health sector and towards mainstream public service providers.'

The trend towards mainstreaming public services was maintained and enhanced as we now look at developments in education policy in the 1990s.

National policy: Developments in education

Special education policy development within Ireland during the 1990s was principally informed by government-sponsored initiatives (usually based on collaboration with the education partners) in both general and special education combined with very effective parental litigation campaigning for appropriate education for their disabled children. Enabling legislation was the end result. Developments in general education also influenced the direction of special education policy and provision.

In order to provide a coherent account of these significant developments, the following approach has been adopted. First, government-sponsored reports concerning special education will be explored (*Report of the Special Education Review Committee*, 1993; *Report of the Commission on the Status of People with Disabilities*, 1996). This is followed by an examination of parental litigation (O'Donoghue case, 1993; Sinnott case, 2000). Then, policy documents that affect special educational provision will be described (*The National Education Convention Report*, 1994; *Government White Paper on Education: Charting Our Education Future*, 1995). Legislation governing the system of special educational provision will be analysed (the Education Act 1998; the Education (Welfare) Act 2000; the Equal Status Act 2000; the Education for Persons with Special Educational Needs Act 2004; the Disability Act 2005). Major government task force reports on autism and dyslexia will also be discussed along with recent NCSE (National Council for Special Education) research reports focusing on autism and sensory disabilities. Finally, we will

provide an overview of systemic supports available to schools and pupils/students with special educational needs.

Significant policy developments are outlined in Table 4.1.

Table 4.1: Significant policy developments

Government reports	<ul style="list-style-type: none"> • <i>Green Paper on Services for Disabled People</i> (1984) • <i>Needs and Abilities: A Policy for the Intellectually Disabled</i> (1991) • <i>Report of the Special Education Review Committee</i> (1993) • <i>Report of the Commission on the Status of People with Disabilities</i> (1996) • <i>The Report of the Task Force on Autism</i> (2001) • <i>Report of the Task Force on Dyslexia</i> (2002)
NCSE research reports	<ul style="list-style-type: none"> • <i>International Review of the Literature of Evidence of Best Practice Provision in the Education of Persons with Autistic Spectrum Disorders</i>, Parsons et al. (2009) • <i>Evidence of Best Practice Models and Outcomes in the Education of Deaf and Hard-of-Hearing Children: An International Review</i>, Marschark and Spencer (2009a) • <i>International Review of the Literature of Evidence of Best Practice Models and Outcomes in the Education of Blind and Visually Impaired Children</i>, Douglas et al. (2009)
Litigation	<ul style="list-style-type: none"> • The O'Donoghue case (1993) • The Sinnott case (2000)
Policy documents	<ul style="list-style-type: none"> • The National Education Convention (1994) • <i>Government White Paper on Education: Charting Our Education Future</i> (1995)
Legislation	<ul style="list-style-type: none"> • The Education Act 1998 • The Education (Welfare) Act 2000 • The Equal Status Act 2000 • The Education for Persons with Special Educational Needs Act 2004 • The Disability Act 2005

Reviewing special education, recommending changes

Over the years, special education and general education, while connected, had developed separately and appeared to run along parallel lines. Special education had little presence in general education decision making and policy development, and as a result often appeared to be fragmented and lacking coordination. This marginalised position within the education forum reflected the largely peripheral position children and people with disabilities occupied within Irish society. However, two significant reports (*Special Education Review Committee*, 1993; *A Strategy for Equality: Report of the Commission on the Status of People with Disabilities*, 1996) transformed this situation.

Special Education Review Committee (1993): Recommending resources for an under-resourced system

In response to growing concerns about the implications of integration, both nationally and internationally, the Department of Education and Science (DES) established the Special Education Review Committee (SERC) in 1991 to examine existing special education provision and make recommendations for the future. In particular, the committee was asked to focus on procedures for identifying children with special needs, determine the appropriate extent of educational integration in mainstream schools for these children, suggest the in-school support services required to deliver suitable educational provision and recommend the types of linkages that should be established between the Department of Education and other relevant government departments.

From the outset, it was acknowledged that the term ‘special educational needs’ was problematic, as it covered a broad range of educational difficulties ranging from those children who experience relatively mild learning difficulties requiring limited intervention to those who experience severe and multiple disabilities that involve multi-disciplinary approaches.

The report adopted a relatively broad definition of special educational needs that resembled the definition advanced by the influential Warnock Committee (1978), though as we will see later, there were important divergences. Pupils with ‘special educational needs’ included all ‘those whose disabilities and/or circumstances prevent or hinder them from benefiting adequately from the education which is normally provided for pupils of the same age, or for whom the education which can generally be provided in the ordinary classroom is not sufficiently challenging’. (p. 18). This definition, while relatively encompassing, especially in the recognition of the needs of exceptionally able (gifted) children, focused on within-child deficits, though the influence of socio-economic issues is acknowledged. The report provided a relatively straightforward factual definition of special education as ‘any educational provision which is designed to cater for pupils with special educational needs, and is additional to or different from the provision which is generally made in ordinary classes for pupils of the same age’ (p. 18). Educational integration constituted a major topic of discussion and was defined as ‘the participation of pupils with disabilities in school activities with other pupils, to the maximum extent which is consistent with the broader overall interests of both the pupils with disabilities and the other pupils in the class/group’ (pp. 18–19). This approach, while broadly supportive of social integration, allows room for the exclusion of children with disabilities if their inclusion in classroom activities disadvantages their peers.

The SERC report suggested seven principles to underpin the development of comprehensive special education provision. Broadly speaking, these principles affirmed the right of children who have special educational needs to an appropriate education, emphasised that provision should be determined by the child’s individual needs and parents should be involved in the decision-making

process. It was envisaged that a continuum of services would be developed to include educational provision in both ordinary and special schools, though it is clear that the committee believed that as far as possible special educational provision should take place in the ordinary school.

While acknowledging that 'the nature of the additional educational services that a pupil may require is often not adequately established by identifying that pupil's primary disability or special circumstances' (p. 20), the committee opted to retain a categorical approach to educational provision, principally, it appears, for administrative and organisational reasons. This represented a major divergence from the Warnock Report (DES, England and Wales 1978), which abolished the traditional categories of disability and established the term 'special educational need'.

The report documented serious shortfalls in provision, inadequate curricular provision, constraints on integration in schools and the lack of specialist training for teachers. Serious concerns were expressed about the paucity of pre-school provision in the context of the urgent necessity for early intervention for children who experience special educational needs. The lack of comprehensive support teacher provision was also highlighted. It was evident that the existing structure of special educational provision required a total overhaul and the Special Education Review Committee believed that the report could provide the impetus to move special education from an optional extra towards the centre stage of educational debate. Substantial additional resources were recommended to support the continuum of educational provision envisaged in the report. It was strongly argued that enabling legislation was required to uphold the rights of children with special educational needs and their parents to appropriate educational provision.

The SERC report concluded that adopting an ideological position in relation to the contentious issue of educational integration would be unhelpful and remained equivocal by stating that 'we favour as much integration as is appropriate and feasible with as little segregation as is necessary' (p. 22). Increased integration for many categories of pupils, in particular those with mild general learning disabilities and those who have physical or sensory disabilities, was viewed as a natural outcome of existing trends. Structural links between ordinary and special schools were recommended to ensure that specialist expertise in the special school sector could be shared with mainstream counterparts. Creating a support infrastructure for schools through the creation of a comprehensive School Psychological Service was considered essential. It was also envisaged that the role of the support teacher required modification to enable collaboration with the classroom teacher and reduce the dominant practice of withdrawing pupils from class for support. The report found that ordinary and special education operated in virtual mutual isolation and noted that this system 'inhibits the realisation of one of the main goals of education for such students (students with special needs), namely that they should be capable of living, socialising and working in their communities' (pp. 63–64).

Key recommendations aimed at improving educational provision included:

- Access for parents to an early education expert.
- More classes for children with special educational needs between the ages of three and four years and supports for pre-schools that enrol those children.
- Resource and visiting teacher supports.
- Increased training and skills in special education for teachers.
- Appropriate curriculum guidelines.

However, despite the in-depth analysis of existing provision and detailed recommendations for future services, there were some significant shortcomings. Disability groups pointed out that the SERC membership did not contain people with disabilities and as a result reflected the dominant viewpoints of service providers. In addition, the parental role remained relatively underdeveloped within the framework for provision outlined in the report. Parents of children with autism, for example, viewed the report with considerable unease. While the report contained recommendations for increased support for children with autism, they continued to be treated within a frame of emotional and behavioural disturbance, a designation challenged by parents and an issue that resulted in a massive increase in litigation throughout the 1990s to secure appropriate provision.

The report represented the first comprehensive review of special educational provision and was a credible attempt to improve system capacity in relation to special educational provision. Given the variable nature of provision highlighted in the report, it is hardly surprising that the main focus was on securing additional resources rather than closely examining and critiquing the mindsets underlying the existing categorical approaches to provision. The report charted a significant move away from a system overly reliant on goodwill and charitable impulses.

The Department of Education and Science established an internal working party to implement the proposals contained in the *Report of the Special Education Review Committee*. It is fair to say that the report became the cornerstone of DES policy in relation to special educational provision. Many developments can be traced from this source, including the policy inputs to the White Paper, an expanded National Educational Psychological Service (NEPS), curricular developments through the National Council for Curriculum and Assessment (NCCA), increased in-career opportunities for special education teachers and improved funding for schools to cater for children who have special educational needs.

A Strategy for Equality: Report of the Commission on the Status of People with Disabilities (1996): Challenging an inequitable system

The commission report highlighted many of the barriers that prevent the full participation of people with disabilities within Irish society:

People with disabilities are the neglected citizens of Ireland. On the eve of the 21st century, many of them suffer intolerable conditions because of outdated social and economic policies and unthinking public attitudes ... Whether their

status is looked at in terms of economics, information, education, mobility, or housing they are seen to be treated as second-class citizens (p. 5).

In addition, the commission rejected the dominant model of disability, adopted a social model and advocated responses from a civil rights perspective, recognising that 'equality is a key principle of the human rights approach' (p. 8). Lack of access to and participation and success in appropriate education programmes represented a major barrier: 'There was serious concern too about education: a failure to provide comprehensive education for people with disabilities results in their being denied access to employment and training opportunities comparable to those available to people without disabilities' (p. 6).

It was asserted that children with disabilities have an inalienable right to an appropriate education in the 'least restrictive environment'. There is a clear presumption that the vast majority of children with disabilities will be educated alongside their peers in mainstream schools, though this is qualified by the following statement: 'except where it is clear that the child involved will not benefit through being placed in a mainstream environment, or that other children would be unduly and unfairly disadvantaged' (p. 33). The responsibility of all schools to include children with disabilities was reiterated: 'Each school plan must strive to make schools inclusive institutions. To facilitate inclusive education, due recognition must be given to the rights and needs of teachers for resources, initial education, and continuing professional development' (p. 34).

Further, it was recommended that an inclusive Education Act should be enacted to support inclusive provision while providing improved levels of funding for specialist schools. The commission report was clearly influenced by enabling legislation such as the American Individuals with Disabilities Act (IDEA), originally enacted in 1975 and regularly updated since, wherein 'appropriate education' is defined as responsive to individual educational needs as outlined in an Individual Education Programme (IEP).

At a systems level, the commission highlighted the lack of coordination between the Departments of Education, Health and Justice and urged greater collaboration, with the Department of Education taking the lead in facilitating the delivery of high-quality educational services to children with disabilities. The commission identified the lack of support services (psychologists, therapists, specialist teachers) as central to preventing equal participation in education.

In a sense, the commission report reiterated many of the inadequacies outlined in the Special Education Review Committee report. However – and more fundamentally – the commission report based its recommendations within the frame of a human rights perspective rooted in a social model of disability. Serious gaps within provision were further highlighted by a series of high-profile court cases initiated by parents challenging the appropriateness of existing provision for children with autism and/or severe/profound general learning disabilities.

O'Donoghue case (1993) and Sinnott case (2000): Campaigning for fundamental rights

During the 1990s a series of court cases against the state were initiated by parents attempting to obtain improved educational provision for their children who had autism and/or severe/profound general learning disabilities. As Whyte (2002) observed, 'litigation strategy was consciously pursued in an attempt to compel what was perceived as an indifferent political system to devote more resources to these particular marginalised groups' (p. 177). Parents felt that they had few options left except litigation, and two cases in particular (O'Donoghue 1993; Sinnott 2000) resulted in significant changes in educational provision for these groups of children.

Traditionally the Department of Health was responsible for the education of children with severe/profound general learning disabilities, which, hardly surprisingly, resulted in the dominant view that education for these children principally consisted of meeting their medical/care needs. The struggle that ensued was essentially between two conflicting views of what was an appropriate education for these children. Put simply, the state adopted a medical model approach and parents pursued a human rights stance based on a social model of disability.

In the O'Donoghue case, the state argued that 'the applicant, by reason of being profoundly mentally and physically disabled, was ineducable and that all that could be done for him to make his life more tolerable was to attempt to train him in the basics of bodily function and movement' (Whyte 2002: 200). Further, the state maintained that the constitutional entitlement to 'free primary education' referred to traditional primary schooling and did not include the type of education/training appropriate for children with severe/profound general learning disabilities. International evidence suggested that this position was untenable. In recent decades many countries have adopted educational programmes that signal a clear shift away from medical care towards multi-disciplinary teams offering a more holistic education for these children. Justice O'Hanlon concurred with this view and asserted that Paul O'Donoghue was educable and that the state was obliged to provide 'free primary education for this group of children in as full and positive a manner as it has done for all other children in the community' (*O'Donoghue v. Minister for Health and ors.* (1996) 2 IR 20, pp. 65–66).

The O'Donoghue case was obviously significant in establishing the rights of children with severe/profound general learning disabilities to an appropriate education based primarily on educational needs rather than medical/care needs, as traditionally delivered. Whyte (2002: 203) concluded that this judgment required the state to develop measures that 'include a modification of the primary school curriculum to accommodate children with disabilities who are not adequately catered for under current policy and the provision of special support services.' Vastly increased resources for the education of these children constituted an immediate outcome. The state set up approximately ninety classes

with six pupils in each to cater for this group of children and employed extra teachers and special needs assistants.

In the Sinnott case (2000), Justice Barr concluded that Jamie Sinnott had received ‘not more than about two years of meaningful education or training provided by the State, despite incessant efforts by his mother to secure appropriate arrangements for him’ (Whyte 2000: 205). Further, Justice Barr maintained that the state was obliged to provide lifelong education for people with severe/profound general learning disabilities. This provision was successfully challenged by the state and as a result the state’s obligation to provide a primary education for people with severe/profound general learning disabilities ends at age eighteen.

Whyte (2005: 357) concluded that this litigation strategy brought about tangible changes in educational policy and demonstrated ‘the potential of public interest litigation ... to convert a hostile or indifferent political system to the cause for reform.’

Examining and evaluating: Planning for the future

The National Education Convention (1994) addressed special education within the framework of equality issues, and treatment of this issue was evidently influenced by the considerations of the Special Education Review Committee. Debate within the convention focused on the integration of pupils with special educational needs into mainstream schools. Participants agreed that policy should be governed by the basic principle that every child is educable. In order to facilitate parental choice there needed to be a continuum of provision ranging from integration into mainstream schools to special schools. However, in the move towards integration there was a palpable fear that unsupported integration could emerge as the norm unless positive attitudes were combined with a government commitment to increased resourcing: ‘Real integration involves identification of the child’s needs, an appropriate curriculum, resources such as support staff, and in-service education for all involved teachers’ (p. 123) and ‘positive attitudes are essential to a successful policy of integration and to the removal of stereotypes and fear’ (p. 124).

The *Government White Paper on Education* (1995: 7) adopted a philosophical framework that included a principled commitment ‘to promote equality of access, participation and benefit for all in accordance with their needs and abilities.’ Children and young people with disabilities were entitled to benefit from educational opportunities alongside their peers: ‘All students, regardless of their personal circumstances, have a right of access to and participation in the education system, according to their potential and ability’ (p. 24). Promoting this type of equality will involve ‘allocating resources to those in greatest need, providing appropriate support systems, and changing the tangible and intangible qualities of the system itself to cater for the diverse educational needs and interests of the population’ (p. 7). The White Paper’s stated objective was to ‘ensure a continuum of provision for special educational needs, ranging from

occasional help within the ordinary school to full-time education in a special school or unit, with students being enabled to move as necessary and practicable from one type of provision to another' (p. 24). In essence, the recommendations of the Special Education Review Committee were endorsed and incorporated into the White Paper.

Legislation: Enabling significant change

Traditionally, people with disabilities tended to be separated from the mainstream of society and this situation was often underpinned by legislation. However, more recently, many countries have enacted anti-discrimination legislation aimed at asserting and protecting the rights of people with disabilities. As Glendenning (1999: 135) points out: 'While equality and participation lie at the core of law reform in this sphere, education holds the key to empowerment as it alone has the potential to unlock the door to equality and participation.'

Many countries have developed comprehensive legislation to ensure that children with disabilities receive appropriate education. The 1975 Education for All Handicapped Children Act (USA) guaranteed all children with a disability, no matter how severe or profound, a right to a free and appropriate public education. The recommendations of the ground-breaking Warnock Report (UK) in 1978 were incorporated into future legislation governing special educational provision. This type of legislation simultaneously reflected the reality of increased mainstreaming of children with disabilities and encouraged this process.

In the absence of enabling legislation, Ireland had failed to match international developments in the education of children with severe/profound disabilities and those who experienced autism. As Glendenning (1999: 146) has pointed out: 'In the absence of a statutory framework to meet the needs of children with behavioural problems and/or learning disabilities, who attend mainstream schools, has placed them at a huge disadvantage.' Since the 1980s the courts have played a prominent role in establishing educational rights for children with disabilities.

Devising legislation in social policy is complex and difficult and 'this is particularly true of Irish education with its diffuse nature, denominational character and tradition of negotiated consensus' (Glendenning 1999: 163). Remarkably, Irish education was almost totally unregulated by legislation until 1998 with the enactment of the Education Act, which has been followed in quick succession by the Education (Welfare) Act 2000, Education for Persons with Special Educational Needs Act 2004 and the Disability Act 2005. Also, the Equal Status Act 2000 has implications for ensuring equitable access to and delivery of special educational provision.

The Education Act 1998 provides a statutory basis for policy and practice in relation to all education provision. Throughout the Act, every reference to people availing of education is followed by the phrase 'including [those] who

have a disability or who have other special educational needs'. For example, within Section 7 the first function of the Minister is 'to ensure ... that there is made available to each person resident in the State, including a person with a disability or who has other special educational needs, support services and a level and quality of education appropriate to meeting the needs and abilities of that person.' Further, the Act defined 'special educational needs' as 'the educational needs of students who have a disability and the educational needs of exceptionally able students' (s. 2(1)), though a primarily medical definition of disability was adopted, for example:

- (a) the total or partial loss of a person's bodily or mental functions, including the loss of a part of a person's body, or
- (b) the presence in the body of organisms causing or likely to cause, chronic disease or illness ...

This almost exclusively medical definition located the source of educational difficulties within the child who has a special educational need and ignored critical environmental and contextual issues. Current special educational discourse recognises that inflexible school structures, inadequate specialised training for teachers and inappropriate curricula can all contribute to learning failure.

In addition, the Education Act required school admission policies to respect the principles of equality and parental choice, and according to Meaney et al. (2005: 16) this represented the 'first legislative step towards inclusive education for persons with special educational needs'. The Act also aimed to improve the educational environment for children experiencing difficulties in learning by promoting 'best practice in teaching methods with regard to the diverse needs of students and the development of the skills and competencies of teachers.'

Responsibility for access to schools and reasonable accommodation in terms of technical aids/equipment for students with disabilities was assigned to the Department of Education and Science. Under Section 29 of the Act, parents have the right to appeal certain school board decisions in relation to permanent exclusion, suspension and refusal to enrol a child to the secretary general of the Department of Education and Science. This section could have particular relevance to children who have emotional and behavioural difficulties and can be more vulnerable to school exclusion. The National Council for Curriculum and Assessment is required to advise the minister on the 'appropriate methods for the assessment of the effectiveness of the education provided in schools, with particular regard to mechanisms whereby students who have problems achieving their potential may be identified as early as practicable' (s. 41(1)). The inspectorate has an important role in evaluating the effectiveness of education programmes for students with special educational needs and in supporting schools through advice on policies and strategies for the education of these children.

The Education (Welfare) Act 2000 provides for the entitlement of every child to a certain minimum education and focuses on developing strategies to encourage attendance in schools and implement measures to prevent non-attendance. Children with special educational needs are included within the remit of the National Educational Welfare Board established under this legislation.

The Equal Status Act 2000 prohibits discrimination in the provision of goods and services, accommodation and education on nine grounds, including disabilities. Schools are governed by this Act as regards enrolment and access to programmes. Under the Equal Status Act a school is required to provide reasonable accommodation, including special treatment, facilities or adjustments, to meet the needs of the child with a disability if without this accommodation the child would find it unduly difficult to participate in school. In recent years, the Equality Authority has taken a number of cases on the disability ground in relation to accessing schools and particular subject areas (Lodge and Lynch 2004).

The Education for Persons with Special Educational Needs (EPSEN) Act 2004 marks a significant milestone in education legislation provision for pupils with special educational needs. The central purpose of the Act is to ensure the provision of inclusive education unless there are specific reasons why a specialised placement is required for the child. It also:

- outlines procedures for assessment of special needs and for ensuring provision of appropriate intervention, services and reviews
- establishes the National Council for Special Education
- gives parents a key role in decision making
- establishes an appeals board to which decisions relating to the education of people with special educational needs can be appealed.

Inclusion represents a core value in the Act and in the preamble to the Act it is stated explicitly that school provision should be informed by rights and equality principles:

to provide that the education ... shall, wherever possible, take place in an inclusive environment with those who do not have such needs, to provide that people with special educational needs shall have the same right to avail of, and benefit from, appropriate education as do their peers who do not have such needs.

The ultimate aim of inclusive education is to facilitate full participation in adult life: 'to assist children with special educational needs to leave school with the skills necessary to participate, to the level of their capacity, in an inclusive way in the social and economic activities of society and to live independent and fulfilled lives.' Parental involvement is also central to developing inclusive school provision 'to provide for greater involvement of parents ... in the education of their children'.

Defining and responding to special educational needs

The definition of disability adopted in the EPSEN Act 2004 contrasts markedly with the definition used in the Education Act 1998. The medicalised definition in the 1998 Act is replaced with one that does not focus exclusively on within-child deficits and recognises that difficulties in learning are relative rather than all-embracing. In the Dáil debates (28 November 2003) the Minister for Education and Science asserted that this new definition ‘is a good one because it concentrates on the effects of disability rather than the cause. This is more appropriate in an educational setting.’ As a result, the definition adopted in the 2004 Act reads as follows: ‘a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability or any other condition, which results in a person learning differently from a person without that condition.’

Section 3 of the Act sets out the conditions under which identification and assessment should occur; this is envisaged as a staged process. In the first stage the principal must, in consultation with the parents, take such measures as are practicable to meet the child’s educational needs. Where such measures are seen as not benefiting the child, the principal, in consultation with the parents, may call for an assessment; this must be commenced within one month of the request and completed within a three-month period. Within one month of receipt of assessment (if it is successful), the principal is obliged to put an education plan in place. The principal convenes a team, which may include the school, parents and appropriate health and educational professionals, and draws up this education plan to fit the needs of the child.

New structures and fresh approaches: The National Council for Special Education

Prior to the establishment of the National Council for Special Education, the Department of Education and Science (DES) was trying to administer provision for special educational needs from a centralised structure. With the rapid growth of demand for provision for special educational needs in the late 1990s, this proved to be inadequate and unwieldy and the DES was overwhelmed with applications for support as a result of the automatic response procedure (1998). It had been evident for some time that a more localised, flexible structure was necessary to respond appropriately to the inherent complexities involved in special educational needs provision.

The DES decided to establish an organisation modelled on the semi-autonomous education bodies already in existence, such as the National Council for Curriculum and Assessment, the National Educational Psychological Service and the State Examination Commission. This policy development resulted in the establishment of the National Council for Special Education (NCSE) through the EPSEN Act 2004. The NCSE and the Special Educational Needs Organiser

(SENO) service are intended to ensure that provision is flexible and suited to individual need. The council must operate within the parameters of policy as developed by the minister and the Department of Education and Science. The NCSE has responsibility for many facets of school provision for special educational needs, including the provision of resources and supports to ensure that a continuum of special educational provision is available. In addition, the NCSE must guarantee that the progress of students with special educational needs is regularly monitored and reviewed. The council also has an advisory role to the minister in relation to any matter relating to the education of children and others with special educational needs. Functions also include the conduct of relevant research and the dissemination of information relating to best practice, nationally and internationally.

Guidelines regarding allocation of resources will still be set out by the DES but the NCSE, NEPS, the inspectorate and the education partners will be part of the planning process. Through its Special Education Unit, the DES will be involved in developing policy and evaluation regarding resource allocation, but the unit will not implement policy. The NCSE has developed the Special Education Needs Organiser (SENO) service (80 staff) to provide a localised service that will facilitate the process of identification, assessment and resource provision.

Challenges in implementing the EPSEN Act 2004

The enactment of the EPSEN Act 2004 has radically changed the educational landscape for children with special educational needs. As Meaney et al. (2005: 209) comment, the Act will:

... accelerate the changes within the education system from one in which the provision of inclusive education was an emerging feature of schooling to a system in which the provision of inclusive education is mandatory, except where this would not be in the best interests of the child or would be inconsistent with the effective provision of education for children with whom the child is to be educated.

Creating an inclusive school environment, as outlined in the Act, represents a considerable challenge for the whole school community. Meaney et al. (2005: 216) point out that the EPSEN Act 2004 'imposes very specific obligations on principals/teachers in the area of special educational needs'. The Act confers arduous duties on the school principal, who has overall responsibility for establishing a coherent system of special educational provision within the school and ensuring that the child's current special educational needs are effectively addressed. Given the relative lack of experience of many mainstream schools in the area of special educational needs and the recent advent of inclusive practice to Irish schools, it is hardly surprising that many schools feel ill-equipped to cope with this new situation.

Disability Act 2005

The Disability Act 2005 begins by stating that the purpose of the Act is to ‘enable provision to be made for the assessment of health and education needs’ of people with disabilities. Disability is defined under the Act as ‘a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment’ (s. 2(1)). The terms of the Act support the provision of an education assessment to determine the educational needs of people with disabilities.

Task force reports:

Report of the Task Force on Autism (2001)

Report of the Task Force on Dyslexia (2002)

In the early years of this century, two important task force reports were produced: the *Report of the Task Force on Autism: Educational Provision and Support for Persons with Autistic Spectrum Disorders* in 2001 and the *Report of the Task Force on Dyslexia* in 2002. Both reports represented a concerted effort by the government to draw together expertise in both areas to plan a way forward for children with autistic spectrum disorders and those with dyslexia. Educational provision for both groups of children was the subject of intense debate and not a little controversy, and in the case of children with autistic spectrum disorders, parents had initiated litigation against the state to secure appropriate education for their children. Until 1998, children with autistic spectrum disorders were usually categorised according to an accompanying condition such as general learning disability or often as emotionally/behaviourally disturbed and as a result were enrolled in special schools dealing with that particular category of children. Since 1998, these children have been recognised as belonging to the distinct category of autism and education is now provided in a series of placements, including mainstream classes, special classes, special schools and special centres for education.

The remit for both task forces was expressed in a similar fashion and involved reviewing the current range of educational provision and the support services available, assessing the adequacy of this provision having regard to the varied needs of these children, examining the appropriateness of integrated or specialised provision and making recommendations to guarantee the provision of a suitable, effective and efficient service for these children.

The task force report on autism acknowledged that there is a wide variation among individuals who have autistic spectrum disorders and the condition is best understood as a continuum from those who have a severe learning disability to those of average or above-average intelligence. However, ‘all share the triad of impairments in reciprocal social interaction, communication, and a lack of flexible thinking’ (p. 20).

In relation to inclusive practice, there was particular concern about educational provision for children with Asperger syndrome/high-functioning autism (AS/HFA) who are mainly to be found in mainstream classes. These children require additional support to enable them 'to overcome the disadvantages of core social and communication impairments' (p. 123). Furthermore, teachers need to be aware that these children are often the subject of bullying from their peer group, as 'it routinely prevents students with AS/HFA from attending school and remains a significant causal factor in the high drop out rate at second level' (p. 125). A psychiatrist commented that while these children often have the ability to manage the second-level curriculum, they often 'do very badly there because the system there does not suit them and they must run at very high stress levels. Individual schools try to do their best but they do not understand what is involved' (p. 125).

In its review of current educational provision for children with autistic spectrum disorders (ASDs), the task force concluded that 'the capacity of current provision and resources has been, and is, critically unable to meet the needs of all children with ASDs in Ireland, and that extensive strategic and practical changes are necessary to secure a range of provision, to train relevant professionals and to establish appropriate arrangements to guarantee the effective delivery of services' (p. 5). On the basis of this conclusion, the task force made wide-ranging recommendations, including the urgency of early identification accompanied by early intervention; the creation of a continuum of provision; close partnership with parents; a collaborative approach by services; a multi-disciplinary approach to delivery and functioning of services; appropriate training for all professionals involved; and appropriate measures to monitor and evaluate effectiveness of provision.

It is a little too early to judge the overall impact of the task force report on policy and practice, but a recent evaluation report on educational provision for children with ASDs by the DES inspectorate concluded: 'It is apparent from this evaluation ... that considerable progress has been made in establishing a range of services since autism was given recognition as a discrete disability category in 1998' (Inspectorate, DES 2006a: 91). Notwithstanding this positive conclusion, the evaluation report makes a number of pertinent recommendations aimed at improving the range, depth and quality of educational provision. Key recommendations included collaboration between health and education services to ensure early identification and effective intervention; the design and delivery of a broad, relevant curriculum to respond to complex needs; the provision of comprehensive teacher training combining theoretical and practical aspects; and training and support for parents in acquiring essential techniques to respond to their child's needs.

When reviewing current provision, the task force on dyslexia highlighted particular inadequacies, including the lack of reliable data on numbers of pupils with dyslexia, limited information on the effectiveness of support interventions, difficulties accessing appropriate psychological assessments, limited early identification procedures and misunderstandings by schools and teachers about the nature of dyslexia and how it affects the child's learning.

The task force asserted that it is inappropriate to categorise students as the basis for provision and recommended a differentiated response based on the continuum of learning difficulties that arise as a result of dyslexia. The task force produced a comprehensive set of recommendations aimed at improving provision for and understanding of students with dyslexia. Deficiencies at system level are addressed and it is recommended that information and advice should be readily available for parents, the learning support services should be expanded, reasonable accommodations in state examinations should be reviewed and effective monitoring procedures developed to assess the effectiveness of intervention strategies. Many recommendations attempt to remedy the lack of widespread teacher knowledge of the learning difficulties associated with dyslexia and proposed more intensive pre-service and in-service training. Other recommendations aimed to improve school knowledge and capacity to respond effectively to students with dyslexia.

Both reports have made an important contribution to documenting strengths and deficiencies in current provision and providing a route map for policy makers and practitioners in the development of appropriate and effective educational provision for children who have autistic spectrum disorders and those who have dyslexia.

NCSE research reports:

International Review of the Literature of Evidence of Best Practice Provision in the Education of Persons with Autistic Spectrum Disorders, Parsons et al. (2009)

Since the publication of the *Report of the Task Force on Autism* in 2001 there has been an expansion of provision for children and young people on the autism spectrum. As mentioned earlier, the DES Inspectorate report (2006a) concluded that there had been significant progress in establishing appropriate educational provision for children on the autism spectrum. Notwithstanding this positive conclusion, the evaluation report made a number of pertinent recommendations aimed at improving the range, depth and quality of educational provision. Key recommendations included collaboration between health and education services to ensure early identification and effective intervention; the design and delivery of a broad, relevant curriculum to respond to complex needs; the provision of comprehensive teacher training, combining theoretical and practical aspects; training and support.

It is apparent that increased numbers of children on the autism spectrum are attending mainstream provision, with 2,571 in 2008–2009, compared to 1,675 in 2006–2007 (Parsons et al. 2009) and, consequently, that there are expanded numbers of autism-specific classes in mainstream schools (87 classes in 2001 compared to 339 classes in 2008). In addition, autism-specific classes at post-primary level did not exist in 2001, yet there were 36 in 2008. Parsons et al. (2009) reviewed the international evidence on best practice models for children and young people on the autism spectrum. Best practice models tended to focus

on early assessment and intervention, appropriate staff training, ensuring that families are centrally involved, and developing effective multi-agency collaboration. Parsons et al. (2009) observed that:

Given the diversity of needs on the autism spectrum, one type of approach or intervention is unlikely to be effective for all. Consequently, a range of provision should be maintained so there is a better chance of being able to provide appropriately for this diversity of need (p. 5).

Evidence of Best Practice Models and Outcomes in the Education of Deaf and Hard-of-Hearing Children: An International Review, Marschark and Spencer (2009a)

Marschark and Spencer (2009a) reported that there are an estimated 2,000 children of school age in Ireland who are deaf or hard-of-hearing and over three-quarters of these children are in mainstream classrooms with additional support from resource teachers, visiting teachers and special needs assistants. Only children who have serious hearing loss or are deaf are entitled to additional support, though the authors point out that even mild hearing loss can have a detrimental effect on a child's ability to participate appropriately in classroom activities. Children who are deaf or hard-of-hearing perform as capably as their hearing peers on non-verbal measurements of intelligence and cognitive ability, yet their academic achievement often fails to match their hearing peers. The authors recommend that 'the identification of hearing loss and the immediate provision of effective intervention services can raise the general levels of language skills attained by DHH children, as well as later literacy and general academic achievement' (Marschark and Spencer 2009b: 7). Early intervention is crucial and the child's family must be full participants in this process if it is to succeed. Instruction by highly skilled and knowledgeable teachers in 'meaningful and interactive settings leads to better reading and writing skills than the instruction available in ordinary classrooms' (Marschark and Spencer 2009b: 9). The authors point out that despite the common perception that pupils who have hearing loss demonstrate deficits in literacy, in fact these children have difficulties throughout the curriculum. These difficulties:

... appear to be related to such factors as underuse of metacognitive strategies (self-directed strategies for learning), decreased visual attention to information in the classroom, lack of language skills for understanding texts and information presented in class, and insufficient experience with problem-solving activities (Marschark and Spencer 2009b: 9).

Research evidence appears to indicate that placement in segregated or inclusive settings appears to have little impact on pupil attainment. Emotional and social development appears more positive for children when there is a critical mass of

deaf/hard of hearing children in the ordinary classroom rather than the single child who can end up very isolated and lonely.

Based on international practice, Marschark and Spencer strongly recommend the introduction of Universal Newborn Hearing Screening (UNHS) accompanied by a comprehensive early intervention programme focused on the needs of children and their families. The authors argue that with regard to appropriate educational models:

Available research clearly points to the need for an array of alternative educational settings, ranging from separate schools or programmes for the deaf to fully inclusive classrooms in which children can obtain all necessary support services while integrated with their hearing peers (2009b: 15).

International Review of the Literature of Evidence of Best Practice Models and Outcomes in the Education of Blind and Visually Impaired Children, Douglas et al. (2009)

Douglas et al. (2009) examined the international literature in relation to best practice concerning the education of children and young people who are blind or visually impaired. The authors examined the implications of this international review for Ireland and provided a series of recommendations relating to a number of areas, including educational services; inter-agency collaboration; educational infrastructure; the role of special schools and specialist centres; identification of visually impaired children.

The authors comment that curricular access needs to be conceptualised as access to core curriculum and access to additional curriculum. Core curriculum consists of the prescribed curriculum, and additional curriculum refers to the need for these children to acquire skills in mobility and independence, social and emotional development, and the use of Information Communication Technology (ICT). Access to the core curriculum can be facilitated by a modified educational provision, and the following issues need to be addressed: assessment of learning needs; the teaching strategies adopted; approaches to formal examinations; approaches in relation to the teaching of literacy (including print and Braille) (p. 151). Inter-agency collaboration is highlighted as a crucial element in effective service delivery for these children and their families. This type of collaboration is particularly beneficial for early intervention, low-vision training and mobility independence training. Curricular access for children with visual impairment requires the availability of additional materials and equipment. The authors contend that ‘there is support in the literature for a continued and expanded role for special schools for the visually impaired that would allow them to work in partnership with mainstream schools to facilitate effective inclusion’ (p. 155). There appears to be an underestimate of the number of children who have a visual impairment in Ireland compared to international prevalence rates. The authors estimate that there could be up to 2,000 children of school-going age, while only 780 children are currently registered with the visiting teacher service.

Provision

In this final section we will document systemic support structures for the delivery of special education provision. Within-school support services will be addressed in Chapter 14.

The EPSEN Act (2004) has clearly set out the provision required to support children and young people with special educational needs. However, given current economic constraints, aspects of the legislation remain to be implemented, including the critical section on individual education plans.

The establishment of the National Council for Special Education (NCSE) represents a significant modification of the systemic organisation and delivery of special educational provision. The NCSE became operational at the beginning of 2005 and is responsible for the organisation and delivery of special educational provision at both national and local level. It is also expected to conduct relevant research and give expert advice to the Minister for Education and Science on the educational and service needs of children with disabilities and/or special educational needs. Through its country-wide network of Special Education Needs Organisers (SENOs), the NCSE will be responsible for the organisation and delivery of services at local level. This will involve close liaison with local health services to ensure that children can access the relevant support services usually supplied by health providers, e.g. speech therapy, occupational therapy, physiotherapy. They will also be responsible for dealing with applications on behalf of children deemed to have 'low incidence' disabilities (physical disabilities, visual and/or hearing impairment, severe emotional disturbance, moderate to severe/profound general learning disability, autism, specific speech and language disorder, assessed syndromes and multiple disabilities). In order to develop a system for the allocation of special educational resources at primary level, the DES has divided children with special educational needs into 'high incidence' (borderline/mild general learning disability, specific learning disabilities, e.g. dyslexia, funded under the general allocation scheme) and 'low incidence', as described above.

The general allocation scheme

Until 2005, within the primary system, learning support teachers were appointed on the basis of school enrolment levels and resource teacher posts were authorised on the basis of the number of pupils with assessed special educational need. In 2005, the DES introduced the general allocation scheme, which is designed to 'ensure that all schools have enough resource teaching hours to meet the immediate needs of pupils with high incidence special educational needs and those who require learning support. It reflects the fact that most schools would have children with these needs' (DES Circular SP. ED. 02/05: 1).

It is emphasised within Circular 02/05 that the general allocation system 'is intended to make possible the development of truly inclusive schools' (p. 3). Schools will have the requisite resources to respond to what are termed 'high

incidence' special educational needs. Three categories of high incidence special educational needs are listed:

- 1 pupils who are eligible for learning-support teaching ... priority should be given to pupils whose achievement is at or below the 10th percentile on standardised tests of reading or mathematics;
- 2 pupils with learning difficulties, including pupils with mild speech and language difficulties, pupils with mild social or emotional difficulties and pupils with mild co-ordination or attention control difficulties associated with identified conditions such as dyspraxia, ADD, ADHD;
- 3 pupils who have special educational needs arising from high incidence disabilities (borderline mild general learning disability, mild general learning disability and specific learning disability) (p. 3).

The level of resources for each school is determined by a number of factors, including gender (more favourable weighting for boys), socio-economic disadvantage and school size (quotas for posts in small schools are lower).

The additional resources guaranteed under this scheme have received a general welcome, though it is too soon to judge its effectiveness in achieving the stated aim of developing inclusive schools. Serious questions remain to be answered around the equity of giving a greater weighting to boys in the allocation of resources and the possible impact of parents challenging the designation of 'high incidence' as the EPSEN Act 2004 becomes fully operational.

Pupils assessed as having 'complex and enduring needs' (now termed 'low incidence') will continue to be allocated resource teaching hours on the basis of psychological assessment reports combined with the SENO's evaluation of the application. The schema of resource hours allocation is outlined in Table 4.2.

The National Council for Special Education's *Annual Report* (2009) provides a detailed breakdown of the successful applications for resource hours in primary and post-primary schools. In the year 2008–2009, 4,427 applications for resource hours were granted in primary schools, and figures for resource allocation among the different categories of disability/special educational needs included children with an emotional and behaviour disturbance (28%); children with specific speech and language impairments (22%); children on the autism spectrum (16%) and children who have physical disabilities (16%). At post-primary level the general allocation model does not operate, so resource hours are granted for children and young people in the high incidence categories (mild general learning disability, specific learning disability, for example) as well as for children and young people in the low incidence categories. In the year 2008–2009, 4,169 applications were granted for resource support, with 60 per cent of additional teaching hours allocated for children and young people in high incidence categories, including borderline mild general learning disability,

specific learning disability and mild general learning disability. Children and young people who have either an emotional and behavioural disturbance or a severe emotional and behavioural disturbance were allocated 15 per cent of the additional teaching hours granted to post-primary schools.

Table 4.2: Resource allocation model for 'low incidence' disabilities

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

*e.g. Down syndrome, William's syndrome and Tourette syndrome.

**Two or more of the disabilities listed in this table.

Source: DES Circular 02/05.

The National Educational Psychological Service (NEPS) has a critical role to play, both as a provider of support to schools in relation to special educational provision and as a 'gatekeeper' of resources. NEPS was established as an executive agency of the DES in 1999 and it provides services to primary and post-primary schools as well as educational centres approved by the DES. Initially NEPS prioritised providing support to children with special educational needs. The work of NEPS psychologists has tended to focus on providing a psychological assessment of special educational needs and resources. Teaching hours/special needs assistant support, for example, are allocated to the child on the basis of the diagnosis.

This process of tying resources to assessment has resulted in long waiting lists for assessment and limits on the numbers of assessments per school. As a result of the emphasis on assessment, to date NEPS has not been able to develop a comprehensive psychological support system for schools and individual children with special educational needs, though this has been prioritised as part of the overall expansion of the service.

The Special Education Support Service (SESS) was established in September 2003 by the In-Career Development Unit of the Department of Education and Science with the aim of improving the quality of teaching and learning in relation to the education of children and young people who have special educational needs. The SESS will play a central role in coordinating and developing professional development opportunities and support structures for school personnel working with children and young people with special educational needs in a range of educational environments, including mainstream schools (primary/post-primary), special schools and special classes.

There are three main elements to the work of the SESS: the Local Initiatives Scheme, Strategy for Support Provision and Accredited Long-Term Professional Development. Within the Local Initiatives Scheme, individual schools and teachers can seek support for identified professional needs in relation to special education. The Strategy for Support Provision involved the identification of areas of priority for professional development need within the system, e.g. Autistic Spectrum Disorder, Dyslexia, SEN in post-primary schools and Challenging Behaviour in special schools, and the establishment of expert teams of teachers to provide support to schools. This prioritisation process is ongoing and in 2006 there was a further expansion of this service. Accredited Long-Term Professional Development involves the provision of opportunities for school personnel to participate in a variety of programmes, ranging from induction to more advanced professional development at post-graduate level (www.sess.ie/ess/Main/About.htm).

The Special Education Support Service (SESS) has responded to the need for accessible information for educators in relation to special educational needs by producing a publication entitled *Meeting the Learning and Teaching Needs of Students with Special Educational Needs: Signposts (A Resource Pack for Teachers)* (2008). It is explicitly recognised that: ‘The complex and diverse nature of learning precludes the development of definitive reference material to meet the needs of all individual learners’ (Foreword); however, it is anticipated that detailed information regarding specific special educational needs/disabilities will be helpful to teachers as they develop their teaching and learning programmes. In addition, the SESS has recognised that differentiating the curriculum for students with special educational needs is a challenging task for teachers and in response has published *Science Differentiation in Action: Practical Strategies for Adapting Learning and Teaching in Science for Students with Diverse Needs and Abilities* (2008). This publication consists of differentiated lesson plans, worksheets and suggested activities to enhance the participation of students with special educational needs within the science class.

The National Behaviour Support Service (NBSS) was established by the Department of Education and Science in 2006 in response to growing concerns about levels of inappropriate student behaviour in schools as articulated in *School Matters: The Report of the Task Force on Student Behaviour in Second Level Schools* (2006). The NBSS aims to enable schools to develop and maintain positive teaching and learning environments: ‘through the provision of a

systematic continuum of support to school communities, grounded in evidence based practice' (NBSS 2009: 6). More specifically, the NBSS works with partner schools to develop sustainable school-wide models of positive behaviour support. Behavioural concerns are addressed at three distinct though interrelated levels: Level One: whole-school approaches focusing on positive behaviour support; Level Two: targeted interventions with specific classes and small groups; Level Three: intensive behaviour interventions with specific individual students. This model is based on the premise that whole-school approaches will address the social and behaviour needs of 80–90 per cent of the school population, targeted interventions will be required for 5–10 per cent of the student body, while more intensive interventions and programmes will be necessary for 1–5 per cent of students who have serious behaviour difficulties. The NBSS publication *A Model of Support for Behaviour Improvement in Post Primary Schools* (2009) presents the evidence-based rationale for the recommended school approaches to behaviour concerns and documents how this model can operate in post-primary schools. The NBSS is currently working with more than 80 post-primary schools.

The National Council for Curriculum and Assessment (NCCA), the statutory body responsible for advising on curriculum and syllabus requirements, is centrally involved in developing curricular guidelines for teachers working with children and young people who have general learning disabilities (borderline/mild), moderate general learning disabilities and those who have severe/profound general learning disabilities. These guidelines are intended to develop teacher capability in relation to these groups of children and young people and increase opportunities for curricular access.

Other systemic supports include enhanced capitation rates for children with special educational needs and 'start-up' and annual grants for learning support/resource teachers for the purchase of specialised materials. Grants are also provided to individual pupils with a disability for the purchase of computers, word processors, tape recorders, software, brailers and audiology equipment. Accommodations for state certificate examinations are also provided for students with special educational needs who are deemed eligible.

Visiting teacher service

The visiting teacher service was established in the 1970s to support children with hearing impairments attending mainstream schools. A few years later the service was expanded to include support for children with visual impairments in mainstream settings. The increased integration of children with general learning disabilities in mainstream schools resulted in the service being extended to support these children. The visiting teacher service encompasses all levels of education, from pre-school through primary and post-primary up to higher education. Generally, visiting teachers have the dual role of some direct teaching of the pupil combined with an advisory role in relation to class teachers and parents. The Irish National Teachers' Organisation (INTO) Report (2000)

concluded that the advisory role of visiting teachers (in relation to class teachers, subject teachers at post-primary, resource teachers and parents) needed to be strengthened.

Concluding comments

It is apparent that special education policy has undergone significant changes throughout the 1990s and the early years of the new century. As a result, increasing numbers of children with special educational needs are educated in mainstream schools. However, while legislation and policy documents make the presumption for inclusion, a number of challenges remain. Extra resources have been provided, but an ongoing commitment will be needed to develop the infrastructure required to deliver inclusive provision. School and teacher knowledge around the education of children and young people with special educational needs requires concrete support and encouragement.

Discussion points

- 1 Identify critical milestones in the development of special education policy. Assess the relative importance of government initiatives compared to community/parent interventions.
- 2 It is generally recognised that this is a time of transition in special education policy and practice.
 - (a) What challenges does the National Council for Special Education face in moving towards the development of inclusive learning environments?
 - (b) What crucial policy issues will need to be addressed to ensure effective special education practice?
- 3 In the past, mainstream and special education tended to operate along parallel lines. Can you suggest some ways in which links between mainstream and special schools can be established and strengthened?