Global Challenges for Inclusive and Special Education:
Exploring solutions within a Community of Provision

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The continuum – How people think about special education

The provision of education for children identified with special educational needs creates a range of questions related to governance, curriculum, detection and placement (Norwich, 2008). The response to who organises provision, what that provision entails, and to whom and where it is applied varies across and within countries. Frequently the possibilities are framed as being upon a continuum. Within the context of Northern Ireland, the Department of Education (DoE, 2015) have identified the existence of a continuum of support, a continuum of provision, a continuum of need and an inclusive continuum.

In 2011, The National Council for Special Education (NCSE) in Ireland commissioned a research team from the Open University to create a descriptive map of international research which explores the notion of the continuum of education provision for children with special educational needs. This explored how the continuum is conceptualised and how it is operationalised and enacted internationally. The research involved: a literature review, a policy review of 55 administrations in 50 countries, an 11 country study with detailed questionnaires and vignettes, and 4 four in-country visits including interviews with 144 service providers and users plus visits to over 20 educational and administrative settings. The final phase involved developing a framework to better represent and compare the provision; the *community of provision* (Rix, Sheehy, Fletcher-Campbell, Crisp & Harper, 2013).

The systematic search of the literature identified 67 papers that reflected upon the principles and operationalisation of the 'continuum'. From the 1960s and 1970s, this linear notion has been in evidence, though the language used and some of the understandings of process have varied. The continuum of provision typically went from residential to special school to special unit to special class to support in an ordinary class to no support (though this could be contained in a single institution), with full-time or part-time attendance. It has also frequently been applied to a range of services, covering health, educational and social care, and to a spread of individual needs. It has described a recognised spread of practitioner responses (including the interpretation of behaviours and ways of working resulting from diverse training or working contexts and different theoretical perspectives on learning and teaching) and has represented transitions between events, as well as policies, resources and practices.

Key challenges for the Continuum which emerged from the Literature Review

The literature calls for a shift in concepts, values, processes and outcomes associated with the continuum; challenging its funding, resourcing, leadership, and established roles. Yet, despite many policies changes across nations, systemic changes have not materialized as expected. The continuum aims to deliver provision based on assessments of need, but its effectiveness is context dependent and lacks a robust evidence base about the nature of provision, its practices, and underpinning theory. Evidence is not readily transferrable within and across continua either. What is regarded as evidence varies between individuals and between services; practice is dependent on local availability of resources; and staff may not have relevant training or experience or lack shared understandings; consequently, issues of intensity of support and degrees of separation are variously understood. Universal inclusion cannot be represented on a continuum either; whilst having an inclusive component does not stop provision from being exclusionary or restrictive, whilst labelling something special does not ensure that what is done is special or different.

Attempts to place people correctly encourages a focus on diagnosis rather than effective practice, even though provision cannot be reliably matched to need nor provided in all locations. It also encourages a view that each identified need requires its own service or programme; this discourages a recognition of the challenges created by systems and processes. Choice is also dependent on diagnosis, which in turn is dependent on severity, and people become trapped at a point on the

continuum. Even though there is a rhetoric of movement, top-down criteria constrains progress along the continua. The movement towards less severe, restrictive, segregated and intensive provision, practice and needs also creates an identity of failure for points on the continua.

The community of provision – An alternative way to think about the challenge

From the systematic review we identified 29 types of continuum, but gaps emerged between them. Each singular continuum encouraged a simplified view of issues. They created separate threads of practice through which people could fall. Services may aspire to and be encouraged to work collectively but continua encouraged a focus on individuals, separation and a silo-mentality. They could not represent shifts in thinking, capturing complex, multi-layered, interconnected systems engaging with multiple perspectives. They did not offer a platform for flexible, nonlinear thinking and multidimensional policy, practice and personal responses.

A *community of provision[1]* is a better metaphor to encapsulate complex societal support systems. A community is defined by the interweaving characteristics, resources, groupings, and priorities of its members. Its internal and external boundaries can be both porous and restrictive; its shape is context dependent and its relationships tenuous. It not only carries with it a sense of an ideal but also a warning of insularity, serving to remind its members that they can both welcome and marginalize others from inside and outside the community. Communities can be reassuring and frightening, they include and exclude, creating positive and negative, shifting identities. This better encapsulate the dynamic, contextualized nature of people's every day experiences. The 29 continua within the review created 6 broad descriptors for provision. Based upon these we have 6 community perspectives: *community space, community staffing, community of students, community support, community strategies,* and *community systems*. These perspectives do not contain a singular grouping or separate contained aspect of provision. They are the means by which provision is described but they are also the means by which it is delivered. Any aspect of the system or aspiration for that system will need to be understood from all 6 perspectives. We subsequently used the community of provision model to frame our analysis of provision from across the 50 countries, 11 country surveys and four case studies (Italy, Ireland, Norway and Japan).

A synthesis of findings from Reviews and Country Visits

A traditional model of a continuum of special educational provision was evident in every country. However, internationally provision can be seen as discordant rather than unified. There was variation for example in the number of types of settings, categories of impairment and children identified within each category, as well as a raft of issues relating to governance, resources, training, support structures and funding. People were often unaware of how much they were at odds with each other or of underlying contradictions within their system.

Community space

This represented a range of settings, across ages, varying in degrees of inclusivity and segregation. Some countries attempted to move away from the traditional continuum model but narrowed their spread and recreated it, to varying degrees, within mainstream settings. There was also evidence of successfully opening up special schools to mainstream students, so that they maintain the priorities of the original school and the skills that have been developed there. Many non-mainstream settings were still organised around impairment types and marginalised social groupings, but there was a move away from this practice towards generalised special and mainstream settings. Degrees of

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[1] A community of provision is the settings and services which work together to provide learning and support for all children and young people within their locality.

segregation also emerged within a single setting, so that special classes were seen to provide some organisational and mixed academic benefits whilst encouraging internal exclusion. Evidently, policy makers have faced pressures from established settings, participants within the systems and their ways of thinking and working which resist any serious reconstruction of this provision.

People recognised the importance of ensuring movement between different community spaces, but it rarely occurred, particularly in a physically segregated system. This lack of movement was encouraged by resourcing and allocation of funds, and a view that someone else was accountable for the child. It was recognised that a key issue in the learning situation is the context and encouraging collaboration and co-operation, however traditional segregated spaces for learning can emerge in any context, if that context is not explicitly focused on meeting the needs of all pupils who belong there. There was also no evidence of consistent placement, in any system, according to assessment of individual needs. Policies and practices may create specific protocols, but within all countries the needs and attitudes of the system (and those with authority within the system) ultimately decide where a child is placed. Any new policy which maintains a focus upon how the child is 'placed' provides an automatic excuse for settings to maintain their old ways of working.

Globally, restructuring classes and introducing a diverse range of groupings appeared to be a common response to this concern with losing the child within the system, but may not have resolved their becoming stuck at a particular point. This was partly because these arrangements mirrored the traditional continuum and were constrained by bureaucratic and curricular criteria. A significant factor for enabling movement was the notion of the class as a flexible entity. There was discussion of grouping and working in ways that were not just dominated by notions of ability, age and curriculum levels; instead consideration was made of creating groups working across a range of spaces, based around interests or the capacity to support others' learning.

Community staffing

This represented a spread of personnel across the diverse spaces and across professions, with a range of practices and responses and workload. The trained special education teacher was evident in many countries but not all, sometimes with more qualifications than other teachers. There was much reliance upon an additional adult in a variety of roles, such as supporting care, learning, organisation or socialisation, and a conviction in many (but not all) countries that teachers lacked the training and skills required. This lack of training included team-teaching and inclusive practices. Generally, staff need better understanding of the role of other practitioners and their relationships with them, with recommendations for clear job descriptions, outlining responsibilities and collaborative approaches. They needed time and opportunity to develop new understandings. Where there were more open relationships between special and mainstream settings and practitioners had more diverse experiences, they seemed better able to re-evaluate practice and develop inclusive rather than special ways of working. There were also various models which shifted from a single class teacher at the front of the class; so that a number of teachers might work across classes or with support teachers or within classroom or school teams.

There was variation around classroom teachers' responsibility for the pupil with special educational needs as well as the size of the class and the level of additional support they received. These were based on local priorities rather than a collective understanding of what is needed to support a child in their learning. There was also a clear suggestion that systems encouraged staff to respond in a bureaucratic manner to a range of situations; in particular, a focus upon assessment for funding had little direct impact on pedagogy or the nature of intervention, reducing the focus on educational responses and maintaining it on mechanisms of assessment and the in-child deficit. Assessment processes seemed to encourage a notion that those outside education assess disability while those inside can only assess ability; this encouraged a professional hierarchy which places medical professionals above educationalists. Internationally, the self–referencing nature of definitions of special was evident. There seemed to be a growing recognition that categories are problematic not

only economically, but also pedagogically and personally. Negative attitudes towards pupils with disabilities were reported as being strongly in evidence in many places and a few attempts had been made to challenge this.

There was evidence that supporting communication between class groupings facilitated management of resources, curriculum and staffing. However, work-loads needed to reflect the time required to design inclusive approaches to class needs, particularly since teachers seem resistant to collaborative planning. Globally, there was a strong emphasis upon collaboration between health and education personnel, though no evidence presented for its benefits. Some countries had practitioners whose role straddled different professions and services or delivered training to enable shared understandings.

Community of students

This represented a spread of need and possible ratios of disabled children and the children who are 'not-yet-disabled'. Across jurisdictions there seemed to be a rise in numbers of children identified as unable to cope within the mainstream curriculum; however, many people suggested that the inability of the mainstream to engage with its responsibilities to all students perpetuated the need for the maintenance of 'special', meaning 'special' emerged from systems not individuals. This was linked to a concern about accessing sufficient and timely resources to enable appropriate support.

The range of definitions for special educational needs and broad number of categories (60) used to identify children who fell within its remit undermined a sense of a universal norm. There was strong evidence from the global search that a right to inclusive education in the mainstream does not exist in many places. The right for parents to have a say in where their child attends seemed to be more common in many countries. It was evident that the health system significantly influenced children's educational lives and school placement. This seemed as much of an issue in those countries that had moved closer to a social model definition. Emphasising and resourcing individual needs separately not only increased the risk of internal exclusion for the individual who was identified but also denied resources to those who were not. In addition, frequently pupils found themselves in settings which were either inappropriate to the category of impairment into which they had been placed, or had become so. The more specialised the provision the more likely people will fall outside of it.

In none of the countries we visited, and in none of the global documents was there any serious consideration of using the child's views and their interests as they perceived them when planning for their learning. Their participation in such things as individualised education plan was minimal. It was widely claimed that it becomes harder to support a diverse range of pupils, using a flexible approach to their engagement, as they moved into the subject-focused secondary settings. However, in some jurisdictions the school's role in socialising the child was a notably higher priority; this included reporting on social outcomes of education and specifically tasking staff with encouraging socialisation processes. Recognition of practical constraints were also in evidence; for example, the importance of providing transport yet not isolating children from their local community.

Community support

This related to the spread of support (including care and vocational development), its intensity, levels of response, levels of intervention and types of intervention. Globally, the range of intervention types was spread across the full range of health and social care systems, involving the broad spectrum of professionals associated with them. Therapeutic support was frequently undertaken beyond school and outside school hours. As students entered their mid-teens there was common perception that the required flexible support was better suited to vocational training. Parents generally needed to act as mediators to achieve support, and though in some countries they occupied a relatively powerful position and were involved in decision making, in all countries their power was compromised to varying degrees, particularly in relation to assessment. Supporting

parents was not a formal part of practitioner's workload and frequently parents relied on their own networks to achieve the required outcomes for their child. The importance of key workers or home liaison staff was mentioned by some, as was parental representation in governance roles at a school or class level and the provision of information.

Rising costs was a global challenge, though support was managed differently between systems. Nearly all jurisdictions provided additional support on the basis of individual funding, and balanced demand by their mix of qualified and less qualified staff, or through bureaucratic delay. Some tried to resolve the problem by providing support to a class rather than an individual; for example, some looked to provide additional staffing if schools cut their applications for individual support, whilst others reduced class size if the class included a certain number of pupils needing intense support, or evaluating class and staff needs as well as individual needs. In systems striving to be more inclusive, didactics and responsiveness to contextual factors dominated much of the thinking around support and classroom practice, however this was constrained by national curricula, formal learning outcomes and traditional classroom methods. In contrast, discussions around intensity of support, focussed upon the level at which support was set and the point at which it could be removed, and considered how resources required a label, with a subsequent impact on student identity.

Community strategies

This related to explicit and implicit instruction, the outcomes of assessment, the ubiquity of technologies and staff support. Different routes to professional learning can promote separation and difference partly because of the different traditions and underlying theoretical positions of the various professions, subject areas and sites of learning. Consequently, this creates barriers to collaboration and a shared understanding of responsibilities. Across the jurisdictions, there did not appear to be a consistent approach to preparing class teachers and support staff for working with a diverse range of children including those with special educational needs. There was little training, and what did occur either outlined inclusive practice or provided knowledge of impairment categories and possible ways of working. CPD was equally sparse and inconsistent. There was little mention of preparing for collaborative working or practical effective approaches that build links work between learners (e.g Multimodal approaches, Peer Tutoring, Feedback, Meta-cognition, Collaborative approaches or tools such as Numicon, symbols or signing). People often talked about specialist knowledge, as if this informed a special pedagogy. However, when asked to describe this pedagogy they outlined practices which would be good practice for all learners. Consequently, teachers felt they needed support to learn about impairments and ways of working, but the actual practice that was described was already close to hand.

Many international accounts mentioned the need to change the curriculum, frequently changing the learning context for one child or a group of children, with the potential to separate them from the rest of the school for the entire day. Within the global review, life skills was the chief component of this alternative curriculum, however it might also involve a simplified version of what others were learning, pre-teaching or re-teaching a topic or skill or focussing upon specific behaviours. Some countries had more flexibility within their curriculum with a broader focus upon competences, abilities, skills and knowledge. Assessing progress against planned outcomes was also a common theme, however a singular picture of what progress might entail (e.g. aspects of development, norms, personal or group targets) did not emerge. Similarly, different versions of individual education plans were in evidence in every country; for example, it could be a longer or shorter term plan, reviewed at different times, involving different people, with a wide variety of academic, medical, developmental or social targets. There were also external centres, services and itinerant staff widely in evidence, with varying degrees of responsibility for advising on practice or undertaking assessment; the relationships between them was often problematic. More generally with assessment it was widely noted that there was a need develop the process of resource allocation that break the link with an assessment and resultant categorisation of the child. Instead

practitioners were seeking an assessment process that would enable them to envisage their practice. They wanted a process that would inform how they worked with a child.

Community systems

This related the spread of programmes to support the individual or an aspect of the system. It involved a range of in-school programmes and services, policies to support provision and regulations. There was also recognition of the multiplicity of transition moments, systemic variables and possible approaches to the analysis of policy and practice. There was consideration of how to balance general funding to a setting and specific funding for identified need and how to overcome bias in resource allocation as a result of education setting, socio-economic circumstances and geographical location. Evidently, when funding is linked to a label, the ability to deploy additional resources flexibly is restricted and for those who require a low level of additional support. Ownership of funds could also be seen as a barrier to collaborative work. There were multiple models of funding in evidence. Even though the diagnostic model dominated, many countries maintained a space for the views of the teacher and parent. The teacher as an assessor of need was very rarely considered a robust enough approach for funders. The reliance upon medically-trained staff suggested a global belief that such staff automatically understand the educational needs of children and schools without the need for training.

This mainstream–special school divide was seen as a significant barrier to change, creating two tracks which children, policy makers and practitioners needed to cross, and which overlapped with the health–education divide. It created a particular barrier at transition and for coordination. The call for collaboration between special schools and mainstream schools was evident, with both being able to learn from the other.

All of these factors reinforce and are reinforced by the view of the child as an individual with a deficit problem, which is encapsulated in many of the definitions of special educational needs. Policies aimed at including pupils continued to identify and isolate those pupils. A focus upon closed subject areas and standardised tests tended to makes it more difficult to develop inclusive practice. The allocation of resources on the basis of 'defined difference' encouraged those within the system to seek out difference, and then contend that the difference could not be managed without those additional resources. In contrast, it was suggested that planning for inclusion and for the use of resources supporting inclusion is required at all levels and needs to be responsive to plans coming up from the child, class and school. More localised control allowed more flexible, responsive management of resources, particularly where leadership was encouraged to operate at many levels within the system. Such approaches were exemplified by a head teacher working across a range of different age settings within an area, a cluster approach in which schools shared knowledge and resources and managed services, and by an extended teacher exchange programme between schools. They sought a shift away from an over-reliance on the expert model, so that individuals who have responsibility within the system have mechanisms for collective support.

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