Northern Ireland Assembly

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Knowledge Exchange Seminar Series (KESS)

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland

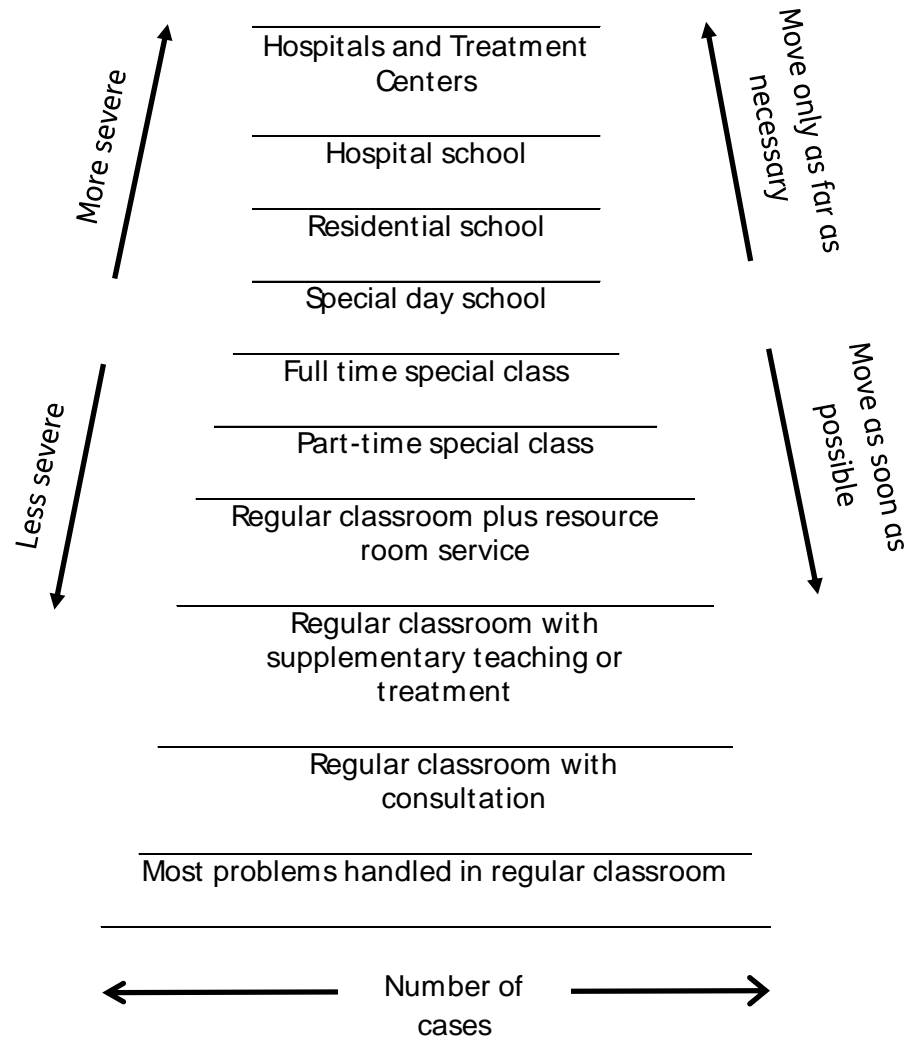# Global Challenges for Inclusive and Special Education – Exploring solutions within a Community of Provision

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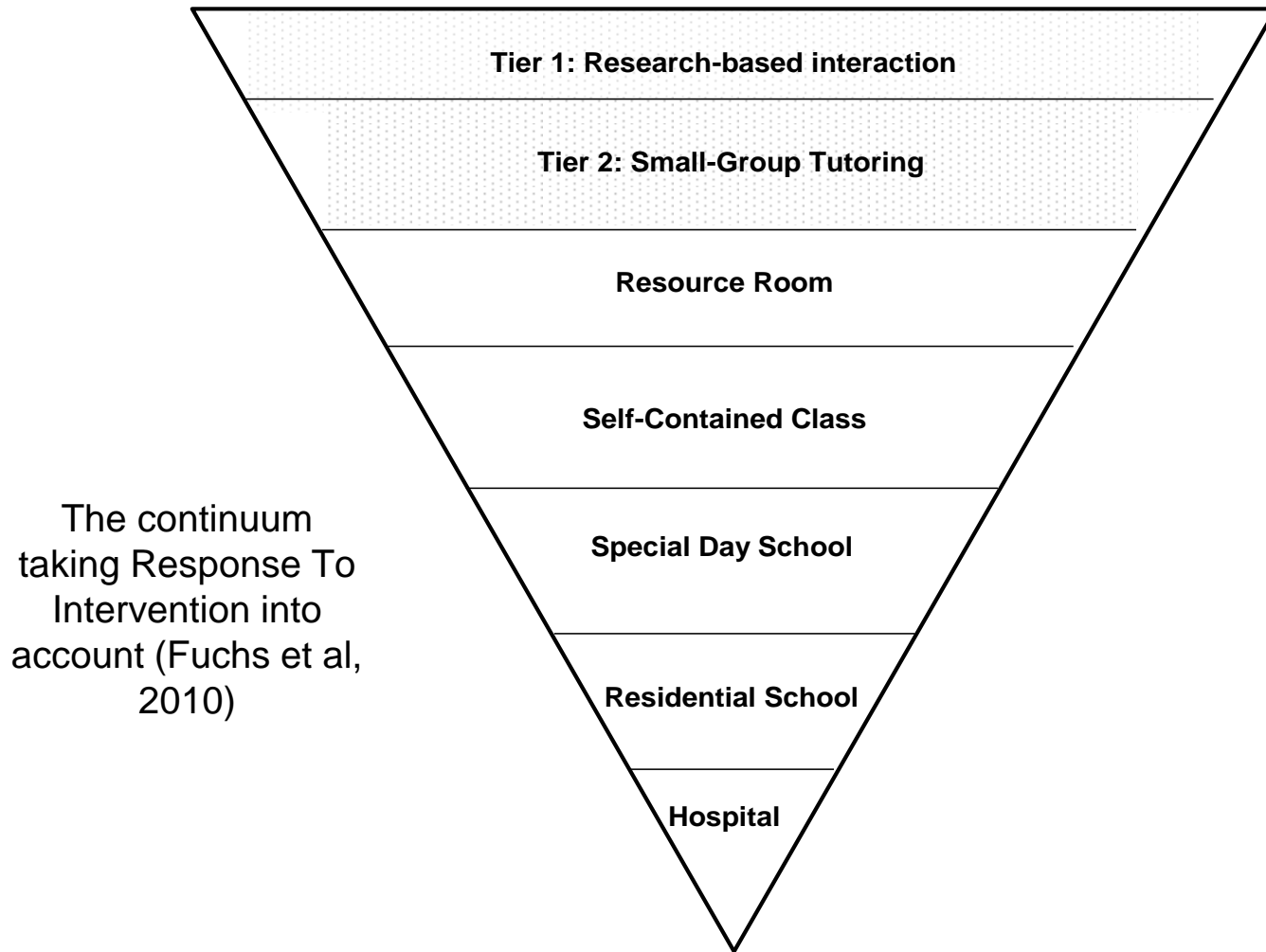– The Open University –
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The Issue?

- 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 these questions 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

Reynold's (1962) hierarchical structure of special education

More severe

Less severe

Move only as far as necessary

Move as soon as possible

Hospitals and Treatment Centers

Hospital school

Residential school

Special day school

Full time special class

Part-time special class

Regular classroom plus resource room service

Regular classroom with supplementary teaching or treatment

Regular classroom with consultation

Most problems handled in regular classroom

Number of cases

The continuum taking Response To Intervention into account (Fuchs et al, 2010)

Tier 1: Research-based interaction

Tier 2: Small-Group Tutoring

Resource Room

Self-Contained Class

Special Day School

Residential School

Hospital

Overall project - Commissioned by National Council for Special Education

- To create a descriptive map of international research which explores the notion of the continuum of educational provision for children with special educational needs.

- To determine and examine the nature of how the continuum of provision is conceptualised, operationalised and enacted in a sample of selected countries and implications for Ireland

  - ➤ A systematic identification and thematic review of theory, identifying and examining literature associated with the conceptualisation of the continuum (67 studies);

  - ➤ The policy and provision across 55 administrations

  - ➤ Detailed survey and vignette studies of policy and practice in 11 countries

  - ➤ Interviews and visits in 4 countries

    Final report: http://www.ncse.ie/research/researchreports.asp

Categories and number of concepts and sources arising from 67 papers in review

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.

Six overarching community perspectives

Community space
Concerned with where support takes place
Community staffing
Concerned with who is providing the support
Community of students
Concerned with who is being supported
Community support
Concerned with the quantity and type of support
**Community strategies**
Concerned with the quality of support
Community systems
Concerned with issues of governance

These should not be seen in isolation from any other part of the overall community. They are the means by which provision is described but they are also the means by which it is delivered.
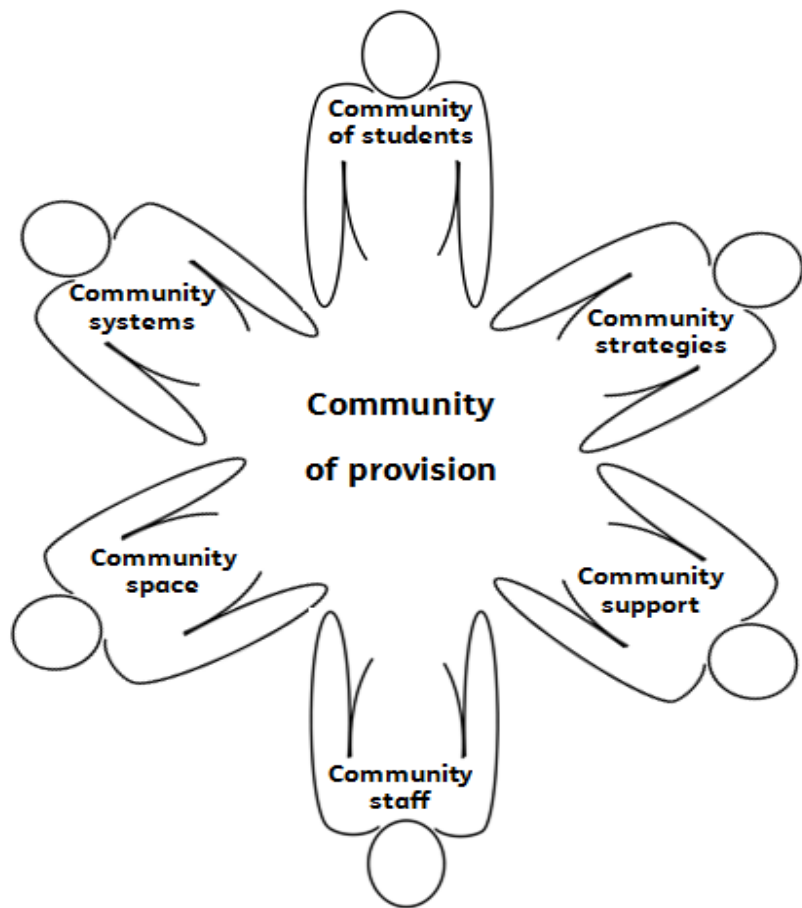
The community of provision is an interconnected but diffuse collection of practices, services, policies and individuals
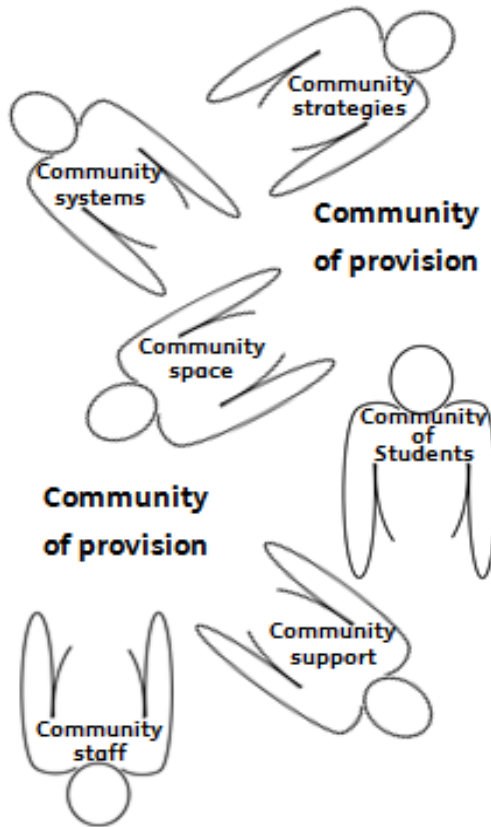
The community of provision aims to be a focussed collection of practices, services, policies and individuals

'Co-operation to improve well-being 2 (1)

Every children's authority must, so far as is consistent with the proper exercise of its children functions, co-operate with other children's authorities and with other children's service providers in the exercise of those functions."

Children's Services Co-operation Act (Northern Ireland) 2015

Community space

- Inconsistent placement according to assessment of individual needs.
- Needs and attitudes of the system ultimately decide where a child is placed
- Organisation around impairment types with move to generalised settings
- Special classes give mixed +/- benefits but encourage internal exclusion
- Resistance to any serious reconstruction – segregation is everywhere
- A focus upon placing a child provides excuse to maintain their old ways of working.
- Continuum narrowed but recreated it in mainstream settings
- 'Movement' recognised as needed but rare - especially in segregated system
- Resourcing, allocation of funds & view about who is accountable restrict movement

- **Context, collaboration & co-operation is means to overcome issues of space**
- **Need to focus meeting the needs of all pupils who belong there.**
- **Opening up special schools to mainstream pupils**
- **Restructuring classes & introducing diverse range of groupings seen as way forward but constrained by bureaucratic & curricular criteria.**
- **Seeing the class as a flexible entity.**

Community staffing

- Negative attitudes widely evident
- Teacher responsibility, class size & support depend on local priorities not evidence
- Trained Special Ed teachers in many countries – reliance on various 'additional' adults
- Many believe teachers lack training & skills - inc team-teaching & inclusive practices
- Strong emphasis upon collaboration with no evidence of benefits.
- Staff need better understanding of other practitioners and their relationships with them
- Need clear job descriptions + time and space to develop new understandings
- Systems encourage bureaucratic responses and professional hierarchies
- Assessment for funding focus on mechanism & deficits not educational responses.
- Those outside education assess disability while those inside can only assess ability;

- **Shift from single class teacher at the front to across classes or in teams**
- **Communication among class/groups aid resources, curricula & staffing**
- **Work-load must reflect time to plan & resistance to collaboration**
- **Practitioners whose role straddles different professions and services**
- **Open special & mainstream relations aid 'inclusive' vs 'special' practice**

Community of students

- Child's views not evident when planning for their learning or in IEPs.
- A spread of need & possible ratios with a rise in numbers
- The range of definitions for SEN & categories (60) undermines any universal 'norms'
- Many suggesting 'special' emerges from systems not individuals
- Concern for accessing sufficient & timely resources to enable appropriate support
- Right to inclusive (mainstream) education is rare - Parents 'choice' more common
- Health system significantly influence children's educational lives & placement
- Focus on individual needs risks internal exclusion & denies resources to others
- Frequently pupils in 'inappropriate' settings – Risk increases with specialisation
- Belief that its harder to be 'inclusive' in the subject-focused secondary settings

- **School's role in socialising the child was notably higher priority in some places**
- **Staff & systems must avoid isolating children from local community**
- **Some jurisdictions report on social outcomes of education**
- **In some systems staff are tasked with encouraging socialisation**

Community support

- Rising costs is global challenge, despite different systems.
- Most provide support via individual funding, mix of staff & bureaucratic delay
- Intensity, level and cut off of support dominated thinking about individuals, alongside the need for a label and its subsequent impact on student identity.
- Intervention types spread across health and social care professionals & systems
- Therapeutic support frequently undertaken beyond school and outside school hours
- Common belief that teens flexible support better suited to vocational training
- Parents act as mediators, but power compromised, particularly in assessment
- Supporting parents was not a formal part of practitioner's workload
- Parents rely on their own networks to achieve the required outcomes for their child.
- Key workers, home liaison and parent representation are various suggested

- **Some seek to support a class rather than an individual; e.g: through additional staffing, class size or evaluating class & staff needs as well as individual needs.**
- **Didactics & responsiveness to context dominated thinking** (but is constrained by national curricula, formal learning outcomes & traditional classroom methods)

Community strategies

- Range of external centres, services and itinerant staff used
- Professional learning creates barriers to collaboration and a shared understanding
- There is no consistent approach to preparing class teachers and support staff
- Minimal training either outlines 'inclusive practice' or impairment 'characteristics'
- Little preparing for collaborative working or evidence based effective pedagogy
- Often change curriculum for one child or a group - Life skills most often mentioned + simplified material, pre-teaching or re-teaching a topic or skill or behaviour
- Progress often assessed with planned outcomes but different outcomes evident
- Different IEPs evident in every country –e.g. time-frames, targets, contributors

- **People 'want' 'specialist knowledge' but describe good practice for all**
- **Some curricula more flexible & focus on competences, abilities, skills & knowledge.**
- **Desire for resource allocation to break assessment & categorising link**
- **Desire for assessment process to enable staff to envisage and inform practice**

Community systems

- Diverse in-school programmes & services, policies & regulations & funding models
- Multiplicity of transition moments, variables & ways to analyse policy & practice
- Mainstream–special divide is 2-track barrier to change, transition & coordination
- The child as an individual with a deficit problem evident in many definitions
- Policies aimed at including pupils continued to identify and isolate those pupils
- General funding vs specific funding vs wide range of biases vs flexible resourcing
- Ownership of funds serving as a barrier to collaborative work.
- Diagnostic funding model dominated - teacher views not robust enough for funders
- Implication is medically-trained staff understand educational needs without training
- Allocating resources on the basis of 'defined difference' encourages seeking out difference, and thinking it cannot be managed without those additional resources
- Focus on closed subject areas and standardised tests is barrier to inclusive practice

- **Many call for special & mainstream to collaborate & learn from the other**
- **Plans & resourcing required at all levels - up from child, class & school**
- **Localised control allowed more flexible, responsive resource managing**
- **Shift away from 'expert model' to mechanisms for 'collective support'**

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Additional Slides – If required by questions

A synthesis of findings from Reviews and Country Visits

- A traditional model of a continuum of special educational provision was evident in every country
- 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

Problems associated with the 'continuum'

- History of failed calls for a shift in concepts, values, processes and outcomes associated with the continuum and its funding, resourcing, leadership, and established roles.
- It aims to deliver provision based on assessments of need, but effectiveness is context dependent
- It 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, as evidence, training and understanding vary
- Issues of intensity of support and degrees of separation are variously understood.
- Universal inclusion cannot be represented on a continuum and an inclusive component does not stop exclusionary or restrictive provision provision from being exclusionary or restrictive,

Problems associated with the 'continuum'

- 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
- Provision cannot be reliably matched to need nor provided in all locations
- It encourages a view that each identified need requires its own service or programme
- It discourages a recognition of the challenges created by systems and processes
- Choice is dependent on diagnosis, which in turn is dependent on severity, and people become trapped at a point on the continuum.
- The movement towards less severe, restrictive, segregated and intensive provision, practice and needs also creates an identity of failure for points on the continua.