

Procedures used to Diagnose a Disability and to Assess Special Educational Needs: An International Review

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The National Council for Special Education was established under the Education for Persons with Special Educational Needs Act 2004 (EPSEN Act 2004) with effect from the 1st October 2005.

The Council was set up to improve the delivery of education services to persons with special educational needs with particular emphasis on children.

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Foreword

The National Council for Special Education (NCSE) was formally established in 2005 under the Education for Persons with Special Educational Needs Act 2004 (EPSEN) to improve the delivery of education services to persons with special education needs, with particular emphasis on children.

Commissioning, conducting and publishing research to provide an evidence base to support its work are key functions of the NCSE. It is now widely acknowledged that research evidence has a very valuable role to play in the development of policy and practice. Reports from the NCSE research programme, including this one, will be key sources, amongst others, that will assist the NCSE in carrying out its work and in developing policy advice to the Minister for Education and Skills on special education matters, another of the NCSE's statutory functions. The reports will also assist in identifying and disseminating to schools, parents and other appropriate stakeholders, information relating to best practice concerning the education of children with special education needs.

This research report was commissioned to provide the NCSE with an overview of international practice and standards in relation to diagnosing a disability and assessing special education needs. Seven countries and a number of jurisdictions within these countries are included in this review and are compared with the practice and standards in Ireland. It also explores the conceptual frameworks for the diagnostic and assessment models, the professionals involved, the methods used and the links between diagnostic models and special education resource allocation.

The authors have identified a number of recommendations, which the NCSE will now need to consider in carrying out its work and in developing its own policy advice to the Minister for Education and Skills.

Pat Curtin,
Chief Executive Officer

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Glossary

| | |
|-------|--|
| ADD | Attention Deficit Disorder |
| ADHD | Attention Deficit with Hyperactivity Disorder |
| AEP | Association of Educational Psychologists (England) |
| AIMS | Adjustment Information Management System (Queensland, Australia) |
| ALDA | Australian Learning Disability Association |
| ASD | Autistic Spectrum Disorder |
| BAS | British Ability Scales |
| BESD | Behavioural, Emotional and Social Difficulties |
| BPS | British Psychological Society |
| DAS | Differential Ability Scales |
| DBST | District Based Support Team (South Africa) |
| DECS | Department of Education and Children's Services (South Australia) |
| DES | Department of Education and Science (Ireland) |
| DETA | Department of Education, Training and Arts (Queensland) |
| DSM | Diagnostic and Statistical Manual of Mental Disorders |
| EAHCA | Education for All Handicapped Children Act (USA) |
| EAP | Education Adjustment Programme (Queensland) |
| ECS | Education Coding System (Alberta, Canada) |
| EP | Educational Psychologist |
| EPSEN | Education for Persons with Special Educational Needs Act (Ireland) |
| EQ | Education Queensland (Queensland) |

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| GAM | General Allocation Model (Ireland) |
| GDD | Global Developmental Delay |
| GP | General Practitioner (Health Service, England) |
| HPC | Health Professionals Council (England) |
| HSCPC | Health and Social Care Professionals Council (Ireland) |
| ICD | International Classification of Disease (World Health Organisation) |
| ICF | International Classification of Functioning, Disability and Health (World Health Organisation) |
| IDEA | Individuals with Disability Education Act (USA) |
| IDEIA | Individuals with Disability Education Improvement Act (USA) |
| IEP | Individual Education Plan; Individualised Education Plan |
| ISSP | Individual Support Service Plan (Newfoundland and Labrador, Canada) |
| IQ | Intelligence Quotient |
| LA | Local Authority (England) |
| LEA | Local Education Authority (England) |
| MHADIE | Measuring Health and Disability in Europe project |
| NEPS | National Educational Psychological Service (Ireland) |
| NCSE | National Council for Special Education (Ireland) |
| NHS | National Health Service (England) |
| OECD | Organisation for Economic Cooperation and Development |
| ORSS | Ongoing and Renewable Resource Scheme (New Zealand) |
| PSI | Psychological Society of Ireland |
| RtI | Response to Intervention |

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| SEG | Special Education Grants (New Zealand) |
| SEN | Special Educational Needs |
| SENCO | Special Educational Needs Coordinator (England) |
| SENDIS | Special Educational Needs and Disability (England) |
| SENDIST | Special Educational Needs and Disability Tribunal |
| SESS | Special Education Support Service |
| SIAS | Screening, Identification, Assessment and Support (South Africa) |
| SLI | Specific Language Impairment |
| SLT | Speech and Language Therapist |
| SSLD | Specific Speech and Language Difficulties |
| WISC | Wechsler Intelligence Scales for Children |
| WHO | World Health Organisation |

Executive Summary

Introduction

Policy regarding special educational needs (SEN) in Ireland is under review by the National Council for Special Education (NCSE), which has a role to provide independent policy advice to the Department for Educational and Science. The current approach regarding the determination of a child's special education needs (SEN) in the case of low incidence disabilities comprises two stages: the diagnosis of a disability, followed by an assessment of the SENs that arise from that disability. The conceptual appropriateness and practicality of this approach is under review. Reasons for this include changing conceptualisations of disability, and an associated tension between both resistance to diagnostic labelling in the case of some disabilities and a desire for it in others (e.g. dyslexia, attention deficit hyperactivity disorder and autistic spectrum disorder). Practical concerns include difficulties with valid, accurate diagnosis of a condition.

In addition, and common to most countries in the West, economic challenges follow. Providing additional and different resources for some children requires a cost-effective system which ensures equitable delivery of resources, according to level of need.

A further factor concerns the workforce, where shortages and appropriateness and levels of qualifications are matters of concern. For example, the National Educational Psychology Service (NEPS) is understaffed to the degree that it is unable to provide a service to all schools. This is as a result of both a restriction on recruitment and lack of training places. Furthermore, essential, as opposed to desirable, qualifications do not match those specified by the Psychological Society of Ireland: in particular, a postgraduate qualification in educational psychology recognised by the Psychological Society of Ireland is not deemed essential.

The main legal instrument, the Education for Persons with Special Educational Needs (EPSEN) Act 2004, has not yet been fully implemented and indeed this has been deferred with no specific date for full enactment. Central to the SEN system in any country is the process of identifying children and young people who have SEN and identifying their needs. These are of three types: those common to the needs of all children, those they share with young people with a particular type of problem and those specific to the individual young person. Traditionally, diagnosis of a condition has been a precursor to the assessment of needs but this does not

necessarily follow conceptually. Neither is it necessarily a helpful two-stage process.

The National Council for Special Education (NCSE) therefore commissioned this study. Its twofold aim is to review the international practice and standards in relation to diagnosing a disability and identifying the associated special education needs, and to make comparisons with the current Irish system with a view to highlighting issues for consideration in current policy.

Objectives are:

- To provide a review of the national and international diagnostic procedures, tools and standards used to diagnose a disability
- To provide a review of the national and international procedures, tools and standards used in the assessment of SEN arising from the diagnosed disability
- To identify the professional background, qualifications and experience of those undertaking the diagnosis and assessment
- To provide a comparison between the Irish and international jurisdictions
- To identify the extent to which education and health services need to be coordinated during such exercises
- Drawing upon the findings, and taking into account the provision of education in an inclusive setting, to make recommendations for policy considerations in Ireland in this regard, with a view to informing national policy
- To provide an overview of the implications for the practical implementation of such recommendations in the context of the current Irish education and health systems.

Methodology

Sources for the international research literature review included the Internet, to access policy documents from the eight countries included in the main study, and relevant books and journals. In addition, interviews with professionals working within the SEN system in the eight countries were conducted, together with additional interviews with professionals working in a number of other countries in mainland Europe. Interviews were also held with professionals from Ireland to explore the perceptions of senior practitioners regarding the operation of the current system. A two-day visit allowed a series of detailed individual interviews with a regional senior psychologist, an individual interview with a senior SEN inspector and a group interview with senior educational psychologists from one region.

Finally, an analysis was conducted of relevant statistical data and documents provided by the NCSE, the regional psychologist and the senior inspector.

Key findings

- There is substantial variation in both policy and practice across the various countries included in this study. Variation also occurs across states or provinces within a country
- Not all countries require the diagnosis of a disability when assessing SEN
- Terminology and categorisation of disabilities vary both within and between countries. No country relies solely on just one of the International systems of classification of disability
- A review of the various international systems of categorising disability identified fundamental problems with reliably classifying disabilities, with different countries using different categories of disability.
- There are wide variations across countries regarding the range of assessment methods used, and the professionals involved in the diagnosis of disability and of assessment of SEN.

Recommendations

This section is based on the perspective that SEN are best viewed within an interactionist/ ecological framework (also referred to as a biopsychosocial model). This gives due weight to both within-person factors as well as a broad range of environmental factors that provide support and cause stress to the individual. These factors can both limit or enhance performance and lead to greater or lesser participation in a range of activities. Viewed in this way, the role of SEN provision is to enhance the support factors, and reduce the impact of stress factors and other barriers to learning. In doing so, it aims to enhance performance and increase participation in a range of activities.

In the introduction we explore the way values can influence how different individuals and groups construe SEN, and how a variety of political, social and economic factors influence the educational system as it develops policies, procedures and placements for children and young people with SEN. Hegarty (2007) draws attention to the way research often fails to take into account the complexity of factors that influence policy and practice. In this regard, it is important to acknowledge that the remit of this study does not include placing the procedures we have reviewed into a precise and well-informed political and socio-economic

context for each country. We have provided a picture of systems as they are now, with a variable amount of historical context, especially the international context of children's rights, equal opportunities and anti-discrimination laws.

We have reviewed the range of procedures across the eight countries, and a number of common themes emerge within the diversity that we have described. Firstly, it is clear that each country has come to its own unique set of solutions to SEN assessment and provision, taking account of international concerns, specific within-country cultural values, together with the socio-economic and political factors determining general educational provision. Secondly, the role of central government in education, and the stresses and tensions between federal and regional/local government add a further dimension to how the dilemmas of SEN assessment and provision are resolved. Thirdly, it is clear that the responses to these dilemmas change over time, leading to frequent updating of policies and procedures as politicians, professionals and other participants in the system debate, disagree and come to compromises about how to improve the system for the benefit of all children.

We found no SEN researchers or professionals who believe that a panacea exists for SEN provision. Recent work by Clough (2006) and Norwich (2008) suggests that what Norwich refers to as a dilemmatic framework can begin to recognise and describe some of the value tensions that exist between inclusiveness and equity on the one hand, and differentiation and special provision on the other.

In carrying out this review we were acutely aware of the complex interaction of a variety of factors, in the context of a constantly changing social and political milieu, which influenced policy and practice in special education. We recognise the crucial role of values, and understand that how tensions are resolved and policy developed will depend on national and local factors as well as the individual needs of pupils. It is within this context, using the information about the eight countries included in this study, together with our own knowledge and experience, that we make a number of recommendations to the NCSE.

1. We recommend that SEN policy should be explicitly informed by an interactionist/ecological model.

Throughout this study we have tried to show how different theoretical perspectives inform and underpin policy development in SEN. Evidence from academic theory and research, cited at various places throughout this report, clearly supports the interactionist/ecological model (also referred to as a biopsychosocial model) as

providing the best fit to the complexities of identifying and providing an appropriate education to children and young people with SEN.

It is important that all participants in the system – politicians, administrators, professionals and parents – are aware of and understand this perspective. The model should be explicit, and policy should be seen to link with the model in a coherent and transparent way.

2. We recommend that diagnosis of disability should not be a prerequisite to an assessment of SEN.

The present system in Ireland requires a diagnosis for low incidence disabilities but not necessarily for high incidence disabilities. The General Allocation Model allows primary schools to allocate resources in the latter case but no comparable GAM for post-primary schools is currently available. Our recommendation, therefore, particularly applies to children with low incidence disabilities; nevertheless we would also argue that it is relevant to the whole system as the diagnostic *model* is one which we challenge for the assessment of SEN. The model we advocate acknowledges that the needs of any child may be considered as comprising (i) those common to all children, (ii) those common to children who share a disability or condition, and (iii) those unique to each child. This approach recognises the reality of disability. It also acknowledges a *degree* of overlapping needs, as well as important *variations* among children within attributed categories, such as disability types, that reflect individual factors. As a consequence, there are inherent limitations in the use of disability diagnosis although this may be useful as part of the analysis of a child's needs and provision best likely to meet those needs.

Of the eight countries reviewed here, half (including Ireland) require diagnosis of a disability before going on to assess SEN; the others have no requirement for diagnosis of disability, nor do they use a label to categorise SEN. We have explored the uses of different systems of categorising disabilities, and have provided a summary of the difficulties of arriving at definitions and criteria that are widely acceptable, easy to apply, and lead to consistency of use across professions and settings. We have noted the difficulties of achieving reliable and valid assessments of these categories of disabilities, and have considered some of the unintended negative consequences of categorising and labelling children and young people. In particular, most systems of classification of disability are underpinned by the medical model of SEN, a model which we have already rejected in favour of the interactionist/ecological model.

The criteria by which to evaluate classification systems in SEN are well known and summarised by Norwich (2007) as follows: they should be reliable, consistent, useful, acceptable to users, reviewed periodically and evaluated in terms of the balance of gains and losses to those affected by them. Norwich found little evidence that these criteria can be met using systems currently available.

Our conclusions are supported by many researchers. Florian et al (2006) note that most countries rely on a mix of classification systems of disability and SEN that are predominantly informed by the medical model of disability and the concept of discrete categories. Children placed in the same category may have very different learning needs, and the process of classification can lead to stereotypes, limited expectations of the children so labelled, and exclusion. They question the need to categorise in this way, and can find little evidence that diagnosis of disability leads to improvements in educational provision and outcomes.

Norwich (2007) expresses similar views, and cites a number of studies, each coming to similar conclusions, that with the exception of children with sensory difficulties no teaching strategies or techniques are uniquely effective for certain categories of children in terms of planning, monitoring teaching and learning. He raises a number of fundamental objections to the use of categories in SEN, and concludes

It is difficult to find a systematic, coherent and evidence based position about classification that commands wide support (Norwich, 2007:55).

Recent work has suggested that the WHO's International Classification of Functioning, Disability and Health (WHO, 2002) may provide a broader picture of disability, taking account of context, and overcoming some of the difficulties of reliable assessment. However the MHADIE report (2008) notes that a number of problems remain before the system can be used within educational settings. Firstly, the report raises the issue of training needs to ensure better inter-rater reliability when using the system. Secondly, the report refers to the need to develop assessment tools and instruments that more reliably capture the capacity and performance gap as well as the complexities of social participation in a school setting. Furthermore, development of appropriate measures for child disability is still needed. The ICF system has potential, meeting some of the requirements for an appropriate approach to assist in identifying a child's SEN. However, we are not convinced that such tools and instruments with good psychometric properties will

be developed in the near future, and we believe the more fundamental criticisms of Florian et al and Norwich are still valid when considering the ICF system.

Although we suggest that diagnosis of a disability should not be a requirement for assessment of SEN, and that such diagnoses have limited implications for educational placement and provision, we do acknowledge that diagnosis can be helpful in providing indications that may be helpful in planning how to meet SEN and also in providing information to parents. We are supportive of further exploration of the use of categories of SEN in systems to assist planning, to develop equity in the allocation of scarce resources, for evaluating educational outcomes for pupils with SEN, and for developing systems of accountability. For example, the School Census and National Pupil Database in England allow analysis of a range of pupil level factors. An example is the study of the inter-relationship of SEN categories and ethnicity referred to in this report (Lindsay et al, 2006; Strand and Lindsay, 2008). This provided important information on the differential relationships between these two factors. For example use of SEN categories allowed evidence to be produced to show different patterns of SEN across minority ethnic groups, with important policy implications.

3. We recommend that a diagnosis should not be a prerequisite or determinant for the allocation of additional resources for a child or young person with SEN.

The current system, as noted in Recommendation 2, links additional resources to low but not high incidence disabilities, the latter being addressed by the General Allocation Model (GAM), although this currently applies to primary schools only.

With respect to low incidence disabilities, it is not possible to develop and effectively use a formula driven by a single variable, disability. This is not to say that a disability category is not a useful guide but the assessment of needs should drive the resource allocation. Put simply, it cannot be assumed that all children with a particular diagnosed disability will have identical needs and require identical resources, currently defined in teacher hours. This issue has been identified as a major concern also by the Lamb Inquiry into parental satisfaction with the SEN system in England.¹ It is also of note that this limitation is recognised in the development of the ICF system (Simeonsson et al, 2006).

¹ The Lamb Inquiry reported in December 2009: <http://www.dcsf.gov.uk/lambinquiry/downloads/8553-lamb-inquiry.pdf>. The interim reports are available at <http://www.dcsf.gov.uk/lambinquiry/>

Regarding high incidence disabilities, the GAM provides resources at primary level and Special Education Circular SP ED 02/05 provides guidance on the deployment and organisation of teaching resources for mainstream primary schools. This flexible, needs-led method reflects the general approach we recommend. The issue here is the appropriate identification of pupils with SEN, the assessment of their SEN and the appropriate match of resources to meet their needs. This requires:

- An adequate school policy to drive implementation, requiring:
 - Statement of intent to make provision within an inclusive education policy laid down by DES
 - Explicit and transparent information on the allocation of resources
 - Parental involvement in the development of the policy
 - Monitoring and regular reporting of the implementation of the policy.
- Adequate training of staff for the development of knowledge, skills, confidence and attitude. This is necessary for:
 - All teachers in a school
 - Those teachers in a school with specific SEN responsibilities (e.g. teachers with responsibility for special educational needs, resource teachers)
 - Teachers able to provide support within a cluster of schools.
- An appropriate system of assessment which takes account not only of the child but also the context of the school and the family
- Appropriate deployment of resources derived from all funding streams.

Given the current disparity between primary and post-primary schools, we recommend that the implementation of a comparable GAM be developed for the post-primary sector. The same general principles pertain but a post-primary GAM would need to reflect the different organisation and focus of this phase. A model such as the GAM is not perfect. Nor is it a panacea. Several challenges are evident where such models have been implemented not least the need to ensure that the money/resources designated are used appropriately and not diverted. Within the English system, for example, the inspection of schools and local authorities by Ofsted addresses this concern, although the Lamb Inquiry has made recommendations for a more rigorous approach than heretofore. However, evidence gathered by the Lamb Inquiry indicates that there is scope for more flexible systems of funding and resourcing than pupil-focussed resourcing models. It also suggests that these can improve the level of conviction among parents that their child's needs are being met. Indeed, examples of this more flexible approach for children with statements of SEN in England are becoming available.

4. We recommend a framework for SEN assessment which reflects the interactionist/ecological model, and requires the use of a broad range of assessment methods and tools. This would build up a picture of how an individual pupil is interacting with all aspects of the educational environment, and identify barriers to participation, as well as support needs to overcome those barriers. Assessment is an on-going process which is closely linked to intervention and is an integral part of the cycle of assessment, planning, teaching and re-assessment.

A system of SEN assessment based on an interactionist/ecological model requires an approach to assessment which is much broader than looking for within-child factors, often based on psychometric instruments such as standardised tests and checklists. The approaches outlined in Figure 8.4 for New Zealand, and by the Code of Practice in England (section 2.3) offer examples of such an approach. Woods and Farrell (2006) describe the focus of assessments expected from educational psychologists in such a system. Fundamentally, this approach requires examination of:

- Within child factors including cognitive functioning, health, disability(ies), knowledge, social adaptation, self-esteem, etc.
- Environmental factors including the family – its structure, socioeconomic disadvantage, culture, educational capital, etc.
- The school – its policies, physical resources (e.g. acoustic qualities, physical access), teaching resources (e.g. teaching quality, support staff).
- Development over time of:
 - the child as an individual, with changing needs as he/she matures
 - the environmental support, including changes in family and school
- Interaction of within-child and environmental factors, as they change over time.

We specifically recommend that the requirement to provide specific scores on measures of general cognitive ability for assessment of learning difficulties be reconsidered. In particular, the range of scores to define mild, moderate and severe needs should be reviewed. There are a number of reasons for this, both theoretical and practical. At a theoretical level, the concept of intelligence continues to be a source of controversy and disagreement. Eysenck (2009) note there has been more controversy about intelligence than any other area of psychology. Sternberg and Detterman (1986) provide a useful taxonomy that sets out the varied definitions of intelligence as conceptualised by leading figures in the field. Gardner (1999), Sternberg and Kaufman (1998) and Howe (1997) represent a range of perspectives

on intelligence and intelligence testing. Gould (1996) challenges the notion of intelligence as an entity rather than a theoretical concept. Florian (2007) writes of the

... fallacious reasoning that underlies the theory of a unitary, innate, linearly rankable I.Q...the drive to understand intelligence resulted in the parsing of complex phenomena by subdividing and ranking it into grades of intelligence, for example, normal or retarded, average or above average, smart or stupid (Florian, 2007:14).

A number of issues also present at a practical level. Firstly, the reliability of tests of general cognitive ability is such that precise boundaries, defined numerically as in the current systems, cannot be meaningfully assessed. All measurements have errors and it is good practice to quote test scores within defined confidence intervals. Secondly, there is evidence from a number of countries used in this review that when IQ or other standardised scores are required, professionals tend to limit their assessments and consequently become over-reliant on the use of these tests. Thirdly, there are few standardised tests that have Irish norms. Fourthly, the way in which knowledge and skills can be applied in particular contexts to allow individual participation and development is another important aspect of education provision. Assessing this requires very different assessment techniques.

Assessment of cognitive abilities is an important element but this is much wider than the determination of a simple quotient. Rather, it is important to examine a child's psychological processes in the cognitive domain, including approaches to learning; speed of information processing (including fluency e.g. of reading as opposed to accuracy); relative strengths and weaknesses in, for example, verbal and nonverbal domains; concentration and resistance to distractibility; memory; and curricular knowledge, such as reading ability. In addition, assessment should take account of the child's social domain including self perceptions (self-esteem) in different domains, particularly educational achievement, intellectual ability and relationships with peers.

We have reservations about the use of discrepancy models of assessment for specific learning difficulties and speech and language difficulties (the gap between general cognitive ability and specific literacy or language skills). The review found that in the US, there are strong moves to reduce the use of this model, and in a number of other countries other sources of evidence have to accompany the use of

discrepancy scores. We suggest the use of assessment frameworks that tap directly into the skill deficits and difficulties. The observations on general cognitive ability above are pertinent here, and there is no theoretical reason why provision for children with literacy and language difficulties should be limited to individuals scoring within the average range on such tests.

It is important to stress that it is not the use of measures of cognitive abilities that are of concern. As we argue above, examination of cognitive processes, abilities and attainment is important in assessing children's development and in understanding the challenges children face. Multi-axial approaches to conceptualising and understanding disability also draw successfully (in many cases) on cognitive abilities as indicators, and in some cases predictors, of development which provide assistance to professionals and parents. However, their value is qualified by a number of factors. Firstly, these measures should comprise a part of an assessment battery and not be the over-riding factor that determines a diagnosis, and certainly not provision. Secondly, there are important technical issues that require appreciation and incorporation in the interpretation of single scores, not least confidence intervals that take into account the reliability of the measure. Thirdly, we advocate an assessment process that actively incorporates examination of change over time as influenced by active intervention (Snow, 2009).

We suggest that more emphasis should be placed on curriculum-based methods, whereby assessment focuses on skill levels, plans interventions to move the child to the next stage, and after a period of teaching, and monitors progress. The review indicated that in some countries, particularly the US, there is increased interest in research-based methods, most notably Response to Intervention (RtI). This approach is now becoming established in the US following its inclusion in the reauthorisation of the Individuals with Disabilities Education Act 2004 (Berkeley et al., 2009). It is particularly relevant to the current system in Ireland for high incidence disabilities as its main development has been for children with reading and mild and specific learning difficulties. Here, three tiers of intervention are typically used following implementation of a screening instrument to identify a subgroup of pupils (perhaps about 20 per cent) which are identified as having learning difficulties. Tier 1 provision comprises evidence-based general classroom instruction/teaching. Those pupils who have difficulties are provided with Tier 2 intervention, using evidence-based interventions including small group work. A further refinement is the use of a Tier 3 intervention which is more intensive for those who continue to struggle.

The strengths of the Rtl approach include not only its focus on evidence-based approaches, but also its potential for promoting ongoing, productive and serious collaboration between mainstream and special educators. At present, neither its research base nor the total package is as strong as that for the Tier 2 approaches (Gersten et al, 2009). However, the approach has a more general benefit of foregrounding strategic use of evidence-based curricula, teaching methods and collaborative teaching over the delegation of support by the class teacher to a separate resource teacher or teaching assistant.

5. We recommend that the assessment of severe and complex SEN should always require the provision of educational and psychological advice, and medical advice where appropriate.

In the eight countries included in this study we found a range of professionals who were involved in the diagnosis of a disability and identification of SEN. Figure 10.3 (page 142) lists the various professionals required for different types of disability in Canada, the US, Australia and Ireland. The degree of required specialist involvement varies between countries, and also within countries across different disabilities. England is unique in requiring educational, psychological and medical reports for all statutory assessments. New Zealand requires medical and other specialist professional reports (e.g. educational psychologist, speech and language therapist, physiotherapist) only when it thought necessary by the group involved in a particular case.

There is a strong case that assessment of SEN should include educational and psychological advice. Medical advice will be essential in some cases but in others will be of more limited scope. Within each field the key issue is that the advice provided is fit for purpose. This requires a system with key professionals able, and indeed required, to call upon the specialist advice of others as necessary. More important than a named professional group are the skills and experience required to carry out an assessment that will provide useful information to develop an educational intervention. This point is particularly important for educational psychologists in Ireland. If educational psychologists are to carry out the range of work involved in assessment, intervention and support of pupils with SEN, they must be trained to the level of competence required.

In each case, the provision of advice (educational, psychological and medical) should be coordinated and often provided by a single relevant professional, though in many cases more than one professional will be needed to provide adequate

advice. This requires a system for ensuring adequate advice, and an obligation on professionals to coordinate their assessment and professional opinions.

- *Educational advice* should be formally provided by the head teacher/principal drawing upon the advice of the teacher with managerial responsibility for coordinating provision for pupils with SEN in particular, as well as other relevant teachers, such as class teacher, year tutors, resources teachers and specialist teachers (e.g. of the hearing impaired).
- *Psychological advice* should be formally provided by a qualified educational psychologist who should coordinate and take into account any advice available from other educational psychologists or other psychologists (e.g. clinical psychologist).
- *Medical advice* (where appropriate) should be provided formally by a medical practitioner designated by the Department of Health and Children (e.g. a community paediatrician) who should coordinate relevant advice for other medical practitioners.

In addition to these three specified forms of advice, the system should ensure that advice is also gathered from other relevant sources, such as health care providers, (e.g. speech and language therapist, occupational therapist) and social services.

6. We recommend that a wide variety of different assessment methods be encouraged, and the choice of methods in a particular case be left to the clinical/professional judgements of those involved: furthermore, assessment should be seen as an *ongoing process*, including initial assessment and monitoring of progress over time rather than a one-off diagnostic procedure.

We recommend an approach to assessment which involves use of a broad range of methods and tools chosen by the professional involved to provide the necessary information in each case to establish the SEN, develop an intervention programme, and provide a baseline against which progress can be measured. Taking an interactionist/ecological model requires assessment not only of within child factors but also of support systems (especially within the school or family) and their interaction. Furthermore, it is important to monitor the child's progress over time – the English system of statutory annual reviews of all children with a statement of SEN is an example of this. In addition, regular monitoring of class level progress is necessary – the Rtl model has this as a basic requirement but other approaches including Precision Teaching are also grounded in the proven need for frequent (even daily) measurement of progress.

The assessment of this broader range of non-child focussed factors would benefit from contributions from educational psychologists and inspectors; over time their expertise could also be used to develop appropriate skills among school staff. The Ofsted approach to school inspection in England is an example of one model. The role of Ofsted in inspecting schools' practices with respect to SEN is expected to be enhanced following a review in 2009-10. Factors to be considered include an analysis of resources available and the effectiveness of their use; the quality of teaching; the ecology of the school e.g. its acoustic characteristics; the quality of the learning environment as influenced by student behaviour and attitudes; the quality of governance and management of the school; the nature and degree of parental involvement, including school level policy development and engagement regarding individual students; parental confidence; and community trust and involvement. This approach does not necessarily require all factors to be assessed as part of the child-focused assessment. The non-child ecosystemic factors would largely be examined periodically and provide data to contribute to each assessment, with additional specific examination of factors especially relevant to particular children occurring as necessary.

We also recommend that each professional report for a statutory assessment should be subject to peer review/evaluation. Reports prepared for applications for additional SEN resources should be reviewed by an appropriate colleague to provide a second professional opinion that the report is fit for purpose. Having worked in a system using this method in England, we believe it reduces the difficulties highlighted by Woods and Farrell (2006) in England, Yell and Drasgow (2007a) in the U.S.A. and by Lecavalier et al (2001) in Canada, with psychologists often over-reliant on standardised testing, and neglecting other aspects of assessment.

7. We recommend that parents and the students themselves should be actively involved in the assessment of the student's special educational needs and that they should actively contribute to the development of interventions.

The level of involvement of parents in the assessment of their child's SEN varies across countries. There are two main reasons for our recommendation. Firstly, we consider that there is a rights issue: parents should have the right to participate in a matter of such importance. Secondly, parents have a great deal to offer from their position as parents. Participation should include not only access to information, presented in a form that is accessible, but also their having the opportunity to contribute their expertise and knowledge as parents to the assessment.

Furthermore we recommend the active involvement, wherever possible, of the children and young people themselves. The nature of such involvement will vary between individuals and will be influenced by factors such as maturity and capacity to contribute. Again, both rights issues and matters of practicality arise. We have ourselves developed such systems with schools, supporting teachers, parents and students to optimise engagement for their mutual benefit.

8. We recommend that the Department of Education and Science considers commissioning the norming of some tests and other assessment instruments using an Irish standardisation sample.

Although we are recommending that a wide range of assessment methods should be used in the identification of SEN, we consider that standardised testing has an important role to play in Ireland. We are aware that few tests used in Ireland have been developed for an Irish population. We recommend careful consideration be given to the use of standardised ability and achievement tests, and to whether there is a need to commission studies to produce norms and adapt them for appropriate international tests for use with an Irish population. As there are potential benefits across the whole student population, this should be a Department of Education and Science, rather than NCSE responsibility.

9. We recommend that a realistic timetable for the development of the National Educational Psychological Service (NEPS) is implemented and that training for additional educational psychologists needed to fill these posts be developed as a matter of urgency.

NEPS is currently understaffed. The temporary arrangements which include the use of those without full qualifications and training must be seen only as a stop gap. Concerted action is needed to improve this situation. Current action to recruit more staff to NEPS is welcomed as a positive action to improve staffing.

Educational psychologists provide psychological advice and support to individual children, parents, teachers, other professionals and the education system. This role has been recognised in other countries as requiring at least master's level qualifications; recently the requirement has increased to doctoral level training (e.g. UK). It cannot be expected that Ireland makes up its shortfall immediately given the shortage of qualified EPs even if increased funding were available. However, it is essential to move towards a system of appropriately qualified professional as soon as possible. This will require careful planning, including the provision of more

training programmes and support within NEPS and other agencies (e.g. for supervision).

The development of a teaching service with SEN qualifications is also necessary, particularly in relation to the provision of support. There is also an important assessment role for SEN teachers for children and young people within the 'learning difficulties' category in particular; this will require systematic planning of in-service training for educational assessment. Given the shortage of speech and language therapists available for school-aged pupils, this also deserves attention. The current initiative in England is of relevance here. This includes a programme of additional SEN training as part of initial teacher training, developed by the Training and Development Agency, and the Inclusion Development Programme being developed by the National Strategies for delivery to practising teachers.²

10. We recommend that current good practice regarding multi-agency coordination be further developed to optimise the effective and efficient assessment of children's SEN.

Both the EPSEN Act 2004 and the Disability Act 2005 address the assessment of disabilities and special educational needs. Currently the latter has progressed further and more quickly. A Cross-sectoral team of representatives from both the Department of Health and Children and the Department of Education and Science was set up and the draft report concerning assessment of needs provides a useful framework for action, particularly with regard to general processes. Also required, however, is the development of systems which bring the education and health staff together to carry out assessments of SEN which are effective, timely, cost-effective, and fit for purpose. Ultimately there is a need for a national framework, together with effective locally determined systems of implementation.

11. We recommend that an implementation plan be agreed.

Building upon recommendation 10, we recommend that an implementation plan be devised. Such a plan will require not only the evidence base and recommendations derived from it. It will also necessitate an awareness of the socio-political situation in Ireland, both in terms of the government and the other players including NCSE, the government departments, teachers and indeed the parents and young people themselves. The following suggestions focus, as per the remit of this study, on implications for practical implementation:

² See <http://nationalstrategies.standards.dcsf.gov.uk/primary/features/inclusion/sen/idp> for further detail.

- The NCSE will need to take the lead, in partnership with Government departments and other stakeholders including NEPS, the teaching workforce, voluntary bodies and parents.
- Agreement will be necessary among the major stakeholders to move from a requirement for a diagnosis of disability as a prerequisite for the assessment of special educational needs of children with low incidence disabilities to a system reflecting the approach to assessment outlined in Recommendation 4.
- Initial discussion should focus on the development of evidence-based principles and their intrinsic role in the successful implementation of a policy of inclusive education.
- Subsequent discussion should include consideration of practical issues, including financial and staffing implications.
- Implementation should be based on promotion of the interactionist/ecological model of assessment of needs. This will be well established among NEPS psychologists but a programme of in-service training will be necessary for the teaching workforce and others, in particular those in the health sector, for whom such a model is less familiar. NEPS psychologists will have an important role to play in developing and delivering this in-service programme.
- In order to ensure the full cooperation of stakeholders, it is important that they are aware that the purpose of proposed changes is to develop optimal service delivery with a strong research base, rather than cost-cutting motives. This is particularly relevant at times of financial limitations, when such concerns may be particularly prevalent.
- Similarly, strong political support from ministers will be essential and gaining this should be a priority in parallel with the other actions specified; the synergy of these proposals with the existing policy of inclusion should be highlighted.
- Examination should be undertaken of the actions necessary for the extension of the General Allocation Model to post-primary schools, modified as necessary to meet the needs and characteristics of that sector.
- An increase in the staffing of NEPS should be a priority for the successful implementation of these recommendations. Educational psychologists' practice will need to develop, in order to include greater engagement in the full range of assessments and support for other staff undertaking their assessments; both are necessary for the successful implementation of the changes proposed.

12. We recommend that the actions taken to implement these recommendations be reviewed within a specified period.

A number of action points have been developed. These will need time to be implemented. The NCSE should monitor and review its progress in meeting the objectives that arise from this report. We therefore recommend that such a review, and a specified time scale, should be included in the action plan.

1 Introduction and Methodology

1.1 Introduction

The aim of this study is to review the international practice and standards in relation to diagnosing a disability and identifying the associated special education needs, and make comparisons to (with) the current Irish system with a view to highlighting issues for consideration in current policy.

It has the following objectives:

- To provide a review of the national and international diagnostic procedures, tools and standards used to diagnose a disability
- To provide a review of the national and international procedures, tools and standards used in the assessment of special education needs (SEN) arising from the diagnosed disability
- To identify the professional background, qualifications and experience of those undertaking the diagnosis and assessment
- To provide a comparison between the Irish and international jurisdictions
- To identify the extent to which education and health services need to be coordinated during such exercises
- Drawing upon the findings, and taking into account the provision of education in an inclusive setting, to make recommendations for policy considerations in Ireland in this regard with a view to informing national policy
- To provide an overview of the implications for the practical implementation of such recommendations in the context of the current Irish education and health systems.

The current legislation informing practice is the EPSEN Act (2004) which in Ireland relates to Special Education Needs arising from an enduring physical, sensory, mental health or learning disability:

“[S]pecial educational needs” means, in relation to a person, 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 and cognate words shall be construed accordingly (EPSEN, 2004:1 (1) – Interpretation).

Although passed in 2004 the Act has so far been only partly implemented and full implementation has been deferred. One key action was the setting up of the National Council for Special Education (NCSE) (Section 19 of EPSEN) with twelve specified functions (Section 20 (1)). These include the dissemination of information; planning and coordinating the provision of education and support services for children with SEN; monitoring of students and review of provision; the provision of advice to the Minister regarding, the education of children and others with disabilities; and the commissioning of research.

A discussion of the Irish system is presented in Section 9 but it is worth noting here that the EPSEN does not distinguish between low and high incidence disabilities, although it does use the concept of ‘disability’. Rather, this distinction and the requirement to diagnose a child as having a disability is part of the policy implementation rather than EPSEN itself.

The issue of diagnosis needs to be considered in a number of different ways:

- Do all countries use the model of diagnosis of a disability as a prerequisite to assessment of SEN?
- If diagnosis is a requirement, how is it done – as a medical/clinical process or as a multi-professional process? What procedures/tools/criteria are used?
- Is diagnosis seen as a process of categorisation, leading to a label or specific condition?
- In terms of parameters used to describe the diagnosed condition, to what extent are the following factors taken into consideration – type, causation, severity, stability over time, and prognosis in terms of likely response to treatment/intervention?

In terms of SEN, a number of issues need to be considered

- How are SEN conceptualised – as a clinical condition or syndrome, or from an interactionist/ecological perspective?
- Is assessment a staged process over time, or a once-off procedure?
- Does the assessment involve a multi-professional input?
- How do the education and health services work together in the process of assessment, and how is the coordination achieved?
- Should the legal/statutory framework make reference to the professional background, qualifications and experiences needed by the various professionals involved?

1.2 Conceptual Frameworks for Diagnosis and Identification of Disability and SEN

There is no universally accepted system of classification that is used within the field of special education across different countries. Classifying children into particular categories of disability and special educational need is difficult and many relevant questions arise. For example, what definitions of a category of disability or special educational need are used? How do these relate to the learning difficulties children face in school? How do they relate to particular interventions designed to help these children learn?

Both national and international approaches to classification such as ICD-10 (World Health Organisation, 2001), and DSM IV (American Psychiatric Association, 2001) assume that such distinct groups exist, that they can be described coherently, and that reliable and valid assessments can be made in order to place an individual within a particular diagnostic category. However, our review of current practice across a number of countries indicates a variety of different approaches based on different assumptions and theories about individual difference and disability. We argue that there are three main models guiding special education assessments and interventions. It is important to note that these are not three diagnostic models. These reflect different conceptualisations of the causation and necessary interventions for children and young people with SEN. These are the medical, social and interactionist/ecological models. Each model is based on different assumptions about the relative importance of the role of individual human characteristics, and the way human development is affected by environmental factors.

The medical model views individual difference in terms of deficit, disability or disease, and tries to see impairments in ways that have direct links with treatments or interventions. As in medicine, diagnosis is necessary to ensure effective treatment. In this model the function of assessment is to find the correct diagnosis which will lead to a particular intervention to remediate the condition, and some fundamental assumptions are made:

- That the categories used are valid
- That it is possible to make reliable judgements about which category should be applied to a child
- That particular interventions are differentially effective with different categories of learner.

Each of these assumptions has been challenged (Florian et al, 2006). If SEN are seen as part of the broad spectrum of individual differences in development, the point at which a difference is delineated as SEN is problematic. This way of looking at individual differences challenges the concept of discrete categories. The NCSE Implementation Report (2006) acknowledges that estimates of incidence are confounded by different definitions by education and health services. It is of interest that a disability rate of 14-18 per cent of the school population is estimated, which is very high for 'disability', as it is often conceptualised. Further, if these individual differences in development are the result of complex interactions between within-child factors and external social and environmental factors, it is unlikely that similar identified difficulties will have exactly the same causes in different children, or that the same educational interventions will be successful in each case (see McLaughlin et al 2006). Also, individual children may have more than one (within child) impairment, for example, both a hearing impairment and intellectual impairment (Rutter, Tizard and Whitmore, 1970).

Norwich (2007) reviews the use of disability categories in SEN, and distinguishes the use of categories of disability for administrative purposes, such as allocation of scarce resources, and those used for teaching/intervention purposes. He concludes that research reviews and analyses consistently show the limited usefulness of categories of disability in many areas. According to Norwich, even when they have some educational significance, their general nature means that they inform rather than determine specific educational planning and provision.

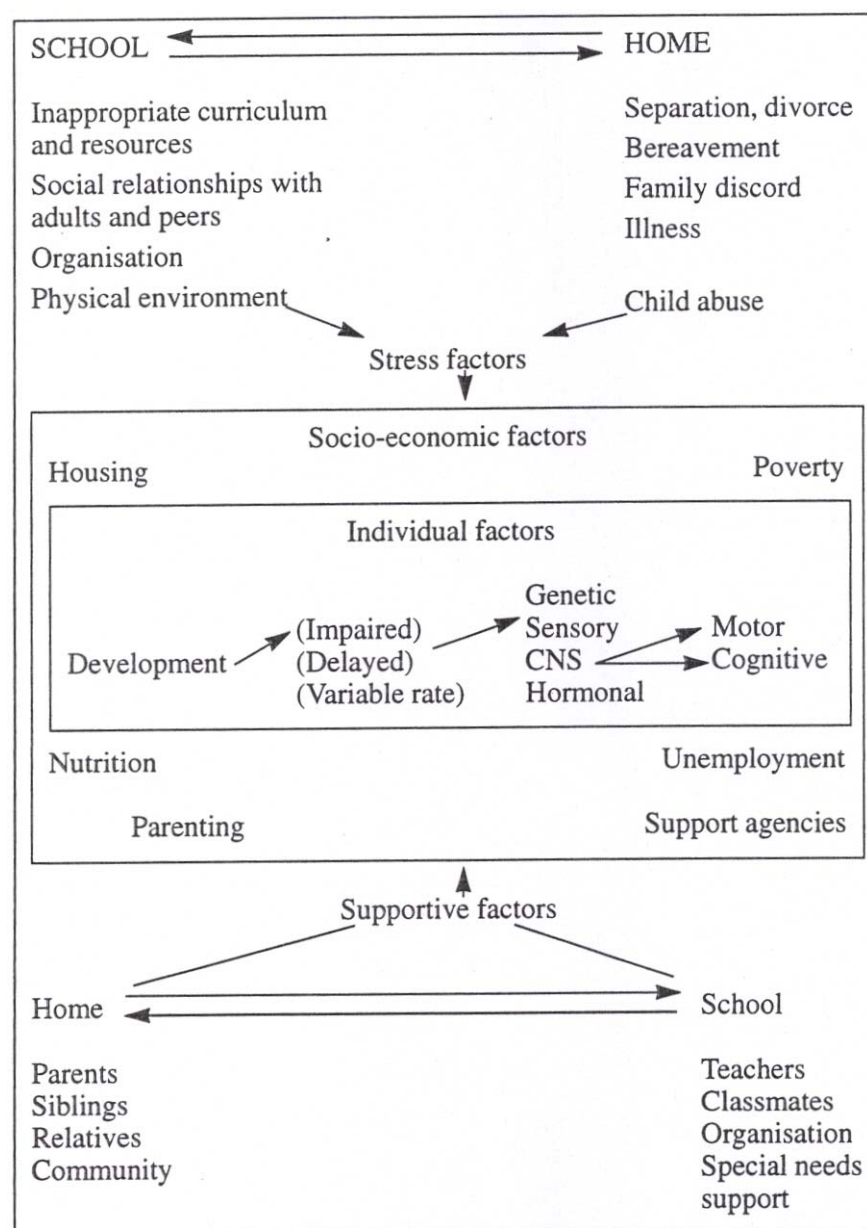
The social model sees disability as a social construct and argues that disability and SEN must be understood in the context in which they occur. By exploring ways in which schools and classrooms create difficulties in learning, and how they stigmatise the pupils so labelled, this model argues for whole-school approaches to preventing and tackling learning difficulties (Booth and Ainscow, 2002). By concentrating on changing conditions of teaching and learning in schools to better meet the educational needs of all children, exponents of this approach challenge the need for systems of classifying or categorising SEN and disability.

The interactionist/ecological model³ takes into account the various forces impinging on the developing child, forming a complex array of stress and support factors that

³ The interactionist/ecological model derives from a psycho-educational framework. It has similarities with the *biopsychosocial* model originating from a medical framework. Here disability is conceptualised not as uni-dimensional but as manifested in the form of impairments, performance limitations and the experience of disadvantage.

interact at particular times during the life of a child to help protect an individual from difficulties or, conversely, to make them especially vulnerable. The factors can be grouped under three headings; those intrinsic to the child (e.g. genetic, neurological damage), stress and support factors in the child's home and school environment, and finally wider socio-economic factors, such as housing or societal attitudes to disability – (Lindsay and Desforbes, 1998). A representation of contributory factors is presented in Figure 1.1.

Figure 1.1 Identification of special educational needs: contributory factors

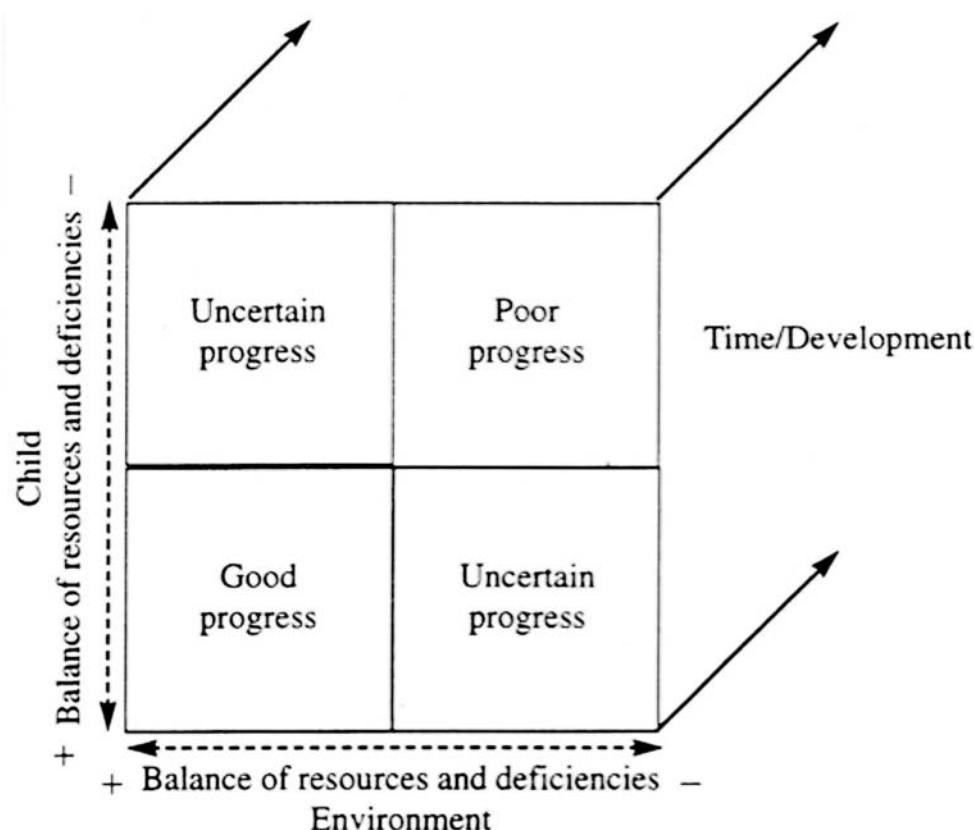


Source: Lindsay and Desforbes, 1998

At the centre are individual factors concerning the child's abilities, which are typically the focus of individual assessments and diagnosis of disability. This model also takes into account the home and school factors, both positive and negative, which impinge on the child and affect the child's needs. Conceptually this model is related to Bronfenbrenner's (1979) ecosystemic model which proposes the immediate learning environment at the centre, nested within the classroom; this in turn is nested within the school, and then the wider community. Finally, there is the overall legal and values context of the society in question.

A child's resources and, consequently, their needs may be conceptualised by a three dimensional model representing compensatory interaction (Wedell and Lindsay, 1980), as is outlined in Figure 1.2. A child's personal resources will reflect their abilities and also any developmental difficulties or disabilities, such as a hearing impairment. At any particular time these within-child resources will be at varying levels of equilibrium; they also interact with the environmental resources available. Figure 1.2 presents these diagrammatically as four cells which represent potential progress with different levels of predictability. For example, where a child has a major disability and very poor external resources, progress is highly likely to be poor. However, the same child in a highly supportive environment is likely to make much better progress. In practice the three dimensions represent continua rather than dichotomies.

Figure 1.2 A model of compensatory interaction



Source: Wedell and Lindsay, 1980

This model also takes into account a third dimension, namely time/development. It reflects the nature of differential trajectories for children including not only the within-child and environmental factors, as well as the interaction of these and the possible changes in both within child and environmental factors, and their interaction, over time (see Lindsay and Desforges, 1998, for further discussion).

Although there is a continued use of categories of SEN, there is also an acknowledgement that other factors as well as within-child characteristics are involved in both disability and SEN. However, there are significant differences between countries in the emphasis they place on each of these three models in assessing SEN. For example, in the US, the Individuals with Disability Act (IDEA: 1990) requires children to be assessed and identified as having one of 13 disability categories that causes educational difficulties before they can receive special educational services. Only children with identified disability are considered to have special educational needs. In contrast, the English system defines children with special educational needs as those who “need more services than are provided to other children of a similar age (Education Act, 1996), and there is no requirement to

place a child in a particular category of disability for them to be assessed as having special educational needs. Guidance on assessment given by the Code of Practice (DfES, 2001) emphasises the ecological factors, which can either cause difficulties, or support the child in overcoming those challenges. In contrast, the South African system places much more emphasis on social factors, and the social construction of stratification in a society with a recent history of apartheid and racism (see Lomofsky and Green, 2004).

1.3 International Classification Systems

A number of attempts have been made to provide international classification systems. The two major international systems in common use are the World Health Organisation International Classification of Diseases (WHO ICD-10, WHO, 2005) and the Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR: American Psychiatric Association, 2000).

The World Health Organisation (WHO 1980) used a tripartite system of classification: impairment, disability and handicap. This system was criticised for assuming a linear progression from impairment to disability to handicap, and for failing to implicate factors other than within-person factors in these categories. The system was developed primarily to allow the collection and compilation of morbidity and mortality data from member countries, rather than for clinical purposes of diagnosis and intervention. The aim was to analyse the general health of populations, monitor the incidence and prevalence of disease and other health problems in a way which allowed comparison between countries. Further, the scheme was directed mainly at adults, and is not widely used to inform assessment or policy of special education in any country. This system was used for clinical diagnosis, epidemiological studies, record keeping, and the compilation of international comparative tables. More recently, this variety of uses has been recognised, and the system is available in different forms for different purposes.

The fifth chapter of ICD-10 deals with the classification of mental and behavioural disorders, and like the WHO system, is available in different forms for different purposes. The “Clinical Descriptions and Diagnostic guidelines” are intended for general clinical, educational and service use. The “Diagnostic Criteria for Research” has been produced for research purposes, and a shorter, simpler version is in preparation for primary health care workers. The sections of most relevance to SEN are:

- Mental retardation (F70-F79)
- Psychological development with onset specific to childhood (F80-89)
- Behavioural and emotional disorders with onset in childhood /adolescence (F90-98)

Other sections that may be of use are those on mood and affective disorders (F30-F39), neurotic and stress related disorders (F 40-48), and behavioural disorders associated with physiological disturbance and physical factors (F50-59).

ICD-10 includes definitions of a number of terms often associated with SEN:

- Disorder: the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions.
- Impairment: loss or abnormality of a bodily structure or function.
- Disability: restriction or lack of ability to perform an activity in the manner, or within the range, considered normal for a human being.
- Handicap: disadvantage for an individual that prevents or limits the performance of a role that is normal for that individual.

In 2002 the WHO published the International Classification of Functioning, Disability and Health (ICF: WHO, 2002) based on an interactive model of difficulties in learning, using a biopsychosocial model referring to body functions, activities/participation and environmental factors. This model is not limited to descriptions of impairments, but includes activity limitations and social participation restrictions. The system produces a functional profile of impairment, performance level, capacity level, and environmental factors. Norwich (2007) notes that the scheme is designed to act as a planning and policy tool for managers and administrators rather than to inform curriculum and teaching practice. Florian et al (2006) felt that the potential value of this system to be used in education required careful evaluation through clinical application and research.

A recent report from the Measuring Health and Disability in Europe project (MHADIE, 2008) expresses positive views on the application of the International Classification of Functioning, Disability and Health (ICF) system in education. However, it also emphasises the need for systematic training of all users and the further development of new instruments and tools that more reliably capture, capacity, performance gap and the complexities of social participation within a school setting. Furthermore, the ICF was not designed for childhood disability.

Consequently there are important issues still to be addressed in developing this system in order for it to be relevant for childhood disability. Simeonsson, Scarborough and Hebbler, 2006) have shown how the conceptual framework of the ICF may be used to provide a fuller classification of young children for the purposes of early intervention. They argue that 'functional rather than diagnostic criteria form the basis for documentation with the unit of classification being functional characteristics, *not the classification of persons*' (p. 366; emphasis added). Their analysis of the coding attributed to 5,500 children (0-36 months) using the ICF and ICD frameworks resulted in four major categories: Body structures and functions; Activities and Participation; Health Conditions; and Environmental Factors. Overall the domain with the highest frequency was that s relating to either diagnostic or functional information concerning speech and language (about 40 per cent of all children).

DSM IV was produced by the American Psychiatric Association and is a categorical classification system, which often differentiates mild, moderate and severe forms of a disorder. It is a multi-axial system, with five axes relating to different aspects of the disorder or disability. This multi-axial system allows for assessment on these 5 axes, each of which refers to a different domain of information that is used in reaching a diagnosis. The five axes are described as:

1. Clinical disorders and other conditions that may be a focus of clinical attention
2. Personality disorders and developmental disorders such as autistic spectrum disorder
3. General medical conditions which play a role in development (e.g. brain injury)
4. Psychosocial and environmental problems
5. Global assessment of functioning.

For each disorder a set of diagnostic criteria is listed, indicating what symptoms must be present and for how long in order to qualify for a particular diagnosis. The manual is updated at regular intervals. The most recent is DSM IV TR (American Psychiatric Association, 2000), and the next edition is expected in 2012.

A further example of an attempt at developing an international system to collect data on disability in different countries is the system used by the Organisation for Economic Cooperation and Development (OECD, 2005). The aim here was to develop resource-based definitions able to accommodate all the various conceptual frameworks for SEN used by the various member states. This system uses the categories of disability, difficulty and disadvantage to develop a tripartite classification system, as follows:

- Category A: Disability or impairment is described as a SEN arising out of organic disorders attributable to organic pathologies in relation to sensory, motor or neurological deficits.
- Category B: Difficulties are described as behavioural/emotion disorders or specific learning difficulties arising primarily from problems of interaction between the student and the educational context.
- Category C: Disadvantage is seen as arising primarily from socio-economic, cultural or linguistic factors.

A number of studies suggest these international classification systems fail to reflect the complexity of SEN, although the ICF shows promise (see Simeonsson et al., 2006). They show that these systems neglect or underplay the variety of discourses that influence policy frameworks in each country (ibid, 2006). The systems also fail to address the complexity of child characteristics and how these are interpreted in very different ways in different countries (Florian et al, 2006). Further, the implications of the interactionist/ecological perspective on disability, the complex interactions between strengths and weaknesses of the individual and the fluctuating stress and support factors operating over time, are not adequately covered by most of the systems. All these factors lead to the systems being used in different ways, and raise questions about the reliability and validity of the categorisation process. For example, Norwich (2007) reported that using this OECD system, the US reported 5.6 per cent of primary and lower secondary school pupils in category A, but the Netherlands had only 1.8 per cent of pupils in this category. The MHADIE report on final policy recommendations (2008) recorded huge differences between countries in prevalence of disability (e.g. Czech Republic 6 per cent and Romania 20 per cent).

Confusion is also caused by the same technical term being used in different ways in each of these systems. For example ICD 10 gives a precise definition of disability and impairment, differentiating each of these conditions, whereas the OECD system uses the terms as synonyms. This use of technical terms in different ways is a recurring theme in the various, country-specific systems discussed below. Even within the same system, a word can be used in different ways (e.g. disability and impairment are often used as synonyms). All these factors make reliable and valid assessments of categories of disability difficult within countries, and even more difficult when making comparisons between countries.

The ICF system has a number of benefits. However, issues concerning reliability of coding and the consequent need for training are evident. Its three category system, which includes environmental factors, is also an important advance on within-child

disability systems. Furthermore, its interactive framework comprising the three factors contrasts favourably against the OECD system of three separate categories.

1.4 Cultural Aspects of SEN Assessment

A further important theme, running through much of the literature on special educational needs, is the issue of cultural bias in the methods used to identify and assess the SEN of bilingual children and other children from minority ethnic groups. In a globalised world, with shifting patterns of migration, more and more children are affected by these issues.

Cultural bias in the development and standardisation of norm referenced tests of ability and attainment is well documented, and in some states in the US use of these tests on minority groups is prohibited (Harry, 2007). In the UK, Coard (1971) criticised IQ testing, especially the negative effects of cultural bias leading to the inaccurate assessment of African-Caribbean pupils which resulted in inappropriate designation of many children as 'educationally subnormal' in the terminology of their time. This term is approximately equivalent to what is now often termed moderate learning difficulties in the UK, mild mental retardation in the USA and mild general learning disability in Ireland. As Harry (2007) argues, the debate over cultural bias in IQ tests continues, and in recent years has focussed on the use of the discrepancy between achievement scores and IQ to identify specific learning difficulties, with a tendency for students from minority ethnic groups to be diagnosed as having general learning difficulties (mental retardation) rather than specific learning difficulties. Similar issues have been raised in the identification of behavioural and emotional difficulties, where cultural expectations and norms play an important role in determining behaviour, the expression of emotions, and what is seen as normal or abnormal. Cummins (1984), working in Canada, addressed the difficulties of assessing bilingual children. Since this early work, a great deal of attention has focussed on the educational progress of minority group pupils, and the assessment of minority group pupils thought to have SEN. This has been especially so for those whose first language is not that of the indigenous population.

Concerns that bias in assessment methods can lead to the under- or over-identification of certain categories of SEN in some minority ethnic groups has led to a growing body of research literature in this field (e.g. Coutinho and Oswald, 2005; Donovan and Cross, 2002). There has been a good deal of controversy over whether or not any disproportionality represents discriminatory assessment and administrative decision making, or whether it accurately reflects differences

between different populations regarding the incidence of certain disabilities or categories of SEN (e.g. Eitle, 2002; Great Britain. Committee of Inquiry into the Education of Children from Ethnic Minority Groups, 1985). The concern typically focuses on high incidence disability categories rather than low incidence categories. Harry (2007) reports disproportionality in the incidence of specific, low level learning difficulties and high level emotional disturbance. She concludes that:

High incidence disabilities represent social constructions by which relatively arbitrary points on the continuum of achievement are designated as disabilities...and it is easy to see how the educational difficulties of minorities are statements about societies rather than about children. (2007:68)

She argues that the over-representation of minority ethnic groups in categories of high incidence disabilities is caused by using a system of classification and assessment which tends to perpetuate inequalities in the society.

Strand and Lindsay (2008), however, argue on the basis of the largest study to date that the situation is more complex. They report significant under- and over-representation of some minority ethnic groups in different categories of SEN, and demonstrate a multifaceted interaction between SEN and ethnicity (see also Lindsay, Pather and Strand, 2006 for a fuller account). A large scale review of the literature and an analysis of the total Pupil Level Annual School Census of pupils in state schools in England (6.5 million pupils in total) show a complex situation regarding the interaction of SEN and ethnicity. Comparing White British pupils to those from minority ethnic groups, many differences in prevalence were identified.⁴ For example, there were different patterns for Black Caribbean compared with Black African pupils, with under-representation of the former for most categories but over-representation for Black Caribbean pupils occurring for Behavioural, Emotional and Social Difficulties (BESD). Pupils of Pakistani heritage, however, were over-represented for sensory impairment and physical disabilities compared with White British pupils. The authors argue for the importance of recognising two different types of SEN: those that have a large biological element such as hearing impairment, and those where social constructions (judgmental categories) are important, such as BESD. Harry (2007) adopts a similar position. She found that, with respect to the former group, issues such as genetics and birth trauma are important. In the latter group, external influences are particularly important at the

⁴ Under-representation was defined as 1.5 times less likely incidence; over-representation was defined as 1.5 times more likely incidence.

levels of society and family including poverty and social disadvantage, as well as at the level of the school, including teacher behaviours and structural factors (see Lindsay et al, 2006 for a review). However, the issue is one of relative importance: in each case there is an interaction between within-child and environmental factors – as well as the importance of development over time.

A study recently undertaken by the European Agency for Development of Special Educational Needs (2009)⁵ provides further evidence of the complexities and challenges in this area. A multinational working group examined the practice in European countries regarding SEN among pupils from ‘immigrant’ communities. This study highlights the complexity of immigration patterns across Europe. For example, some countries (e.g. Ireland) have very recent histories of substantial immigrations whereas others such as England have centuries of immigration, of different groups at different times. There is the immediate challenge of newly arrived immigrants, typically conflated with limited or no facility with the language of the host country. This is then superseded or compounded by the young people’s status as ‘immigrants’ changing to that of a ‘minority ethnic group’, that is part of the society with perhaps several generations established in the host country. This study indicates the complexity of the interaction of SEN and ethnicity with respect to assessment in the context of second language issues; compounding factors of previous experiences including perhaps abuse and trauma associated with war zones; and socio-cultural factors including racism and economic disadvantage.

These issues are relevant in the Irish context which, over the past decade, has experienced a dramatic increase in its level of cultural heterogeneity. As in all countries, the diagnosis of a disability among immigrant children or those of parents who are recent immigrants poses substantial challenges including not only the validity of measures but also communication (e.g. clinical interviews, developmental histories) and an understanding of the appropriate context, including opportunities and possible exposure to higher levels of risk (Spencer, 1996).

1.5 Values and Tensions in SEN Assessment

Both central and regional governments pass legislation and develop policies to make educational provision for children and young people with SEN. However, there are many tensions and conflicts involved in the implementation of these

⁵ A report is due to be published early 2010 : see <http://www.european-agency.org/news/multicultural-diversity-and-special-needs-education-report>

policies. Lindsay and Thompson (1997) provide an overview of how values can profoundly influence interpretation and implementation of SEN policies, and how different recipient groups react to these policies. For example Desforges (1997) considered the way in which different ethnic groups show different attitudes to SEN, and how this may lead to differences in uptake of SEN services and provision, e.g. differential take-up by parents of Pakistani heritage of health services in England (Lindsay et al, 2006).

Particular categories of SEN may be experienced and valued in very different ways. For example, pressure groups, often parent led, have campaigned for the recognition of particular categories such as dyslexia or attention deficit hyperactivity disorder. They see an assessment of these conditions as leading to the allocation of more resources and provision, with improved educational outcomes. Other groups see identification of these conditions in a negative way, and avoid making use of systems that may lead to their child being labelled in this way. Within the deaf community there is a tradition of emphasising the existence and benefit of a deaf society.

The imprecise use of language in SEN, lack of clarity over SEN definitions and categories, and the allocation of limited and scarce resources all combine to increase the likelihood of disagreement and conflict between the various stakeholders, such as parents, teachers, other professional groups and administrative staff. These tensions can be illustrated by a number of examples.

In England the Code of Practice defines SEN as a significantly greater difficulty than the majority of children of the same age, or having a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools of the local authority. This imprecise definition can be construed in many ways, and gives no clear indication of incidence in terms of percentage of children. In other countries, the distinction between mild, moderate and severe forms of a disability, or between low incidence and high incidence disabilities causes similar problems. This is because these categories are difficult to define and, operationally, the tools used to assess are not sufficiently reliable to measure the over precise psychometric criteria set by the SEN system. For example, in Ireland the category of general learning difficulties can be present in mild, moderate or severe form. IQ ranges are used to define each of these categories, but reliability limits of the test make such precision impossible to achieve. Research work suffers from similar problems, with Norwich (2008) using

the term severe disability to “refer to those whose difficulties are not mild or moderate” (p.208).

Even more significant is the way in which choices are made when an individual fits more than one category, and this is often the case in what are often labelled as the high incidence disabilities. Lindsay et al (2008) found that in a local authority with a shortage of speech and language therapists, there was a much lower incidence of identification of these difficulties because schools chose to pursue the route of a moderate learning difficulties diagnosis, which was much faster to process because there was no requirement to get a report from a speech and language therapist.

In recent years, in many countries there has been a big increase in the numbers of children diagnosed as being on the autistic spectrum, having attention deficit hyperactivity disorder or having dyslexia. In part this is due to better identification and provision but it is also by the changes in definitions/criteria used to identify these conditions. Originally autistic spectrum disorder was seen as a core syndrome, whereas now it is usually referred to as a spectrum condition, with different criteria used to define who is described as on the spectrum.⁶ McLaughlin et al (2006) reported a 400 per cent increase in recent years in the USA of the number of students identified with autistic spectrum disorders. There is still debate about how to define dyslexia, how to identify it, and what proportion of the population show some symptoms of dyslexia (see British Psychological Society, Division of Educational and Child Psychology, 1999 for a discussion). Dockell et al (2006) have also shown that, within England and Wales, speech and language therapy services use different definitions of specific language impairment/specific speech and language difficulties.

Norwich (2008) deals at length with some of these tensions and dilemmas faced by policy makers, education administrators, teachers and other professionals working to identify SEN, in order to allocate appropriate resources and recommend suitable educational placements. Although policies may appear clear cut, the reality lived out in the schools, clinics and community settings is more complex, full of ambiguities and subject to a variety of social and economic pressures. The situation is summed up by McLaughlin et al (2006):

Classification in the school system is a messy process influenced by many individuals and conducted in an environment of rationed resources (p.46).

⁶ <http://www.teachernet.gov.uk/wholeschool/sen/asds/>

Further issues arise when attempts are made to use disability classification as the driver for assessment of SEN. Firstly, children and young people may have more than one type of disability, as noted above and shown clearly in the Isle of Wight study (Rutter et al, 1970). Consequently, assessment of needs cannot link directly to a single disability category. Secondly, SEN may vary within disability categories. For example, profound hearing impairment is generally associated with substantial language impairment as a secondary area of difficulty and low achievement. However, there are young people with profound hearing impairment that achieve well, with one young person with whom one of the authors (GL) has worked being accelerated by one year in secondary school and successfully moving on to university. Thirdly, provision cannot match disability categories if it is to address educational needs; at best it can be an indicator of some issues to consider.

1.6 Discussion

All these factors lead to differences across countries in terms of categories used to describe disability, the aspects of SEN which are included in classification of disability. The critique of all these different systems of classification and categorisation indicates a number of conceptual and practical difficulties:

1. They are inconsistent with the complexity of the SEN of individual children and are instructionally irrelevant in that they do not inform educational interventions.
2. Children assigned to the same category often manifest very different difficulties in terms of school-based learning.
3. It is not clear whether categories of disability represent coherent and qualitatively different conditions from the “normal population”, or whether they represent a spectrum, from the normal range, through mild and moderate forms, to the most severe. Definitions and criteria often seem to be based on more than one conceptual framework.
4. There are fundamental issues of validity of categories used and reliability of assessments to place children in these categories.
5. In many cases children exhibit a range of difficulties characteristic of more than one category, and it is not clear which category or categories offer the best fit, if any.
6. Most systems assume that within child factors are of prime importance and may underplay other significant factors.
7. Categories of disability can lead to stigmatising individuals, leading to lower self-esteem and difficulties with peer relationships.

8. Categories of disability often lead to the under- and/or over-identification of children from minority groups (based on ethnicity, language and socio-economic background), and there is a need to take into account the inter-relationship between SEN and ethnicity. This process must be a holistic one, incorporating socio-cultural, psycho-educational and biological perspectives.

These issues have important relevance in each of the eight country-specific reviews that follow this chapter. There, we report on our review of practice in these countries with respect to the diagnosis of disability, assessment of SEN and the range of professionals that contribute to these processes. Firstly however, section 1.7 below presents a brief overview of the methodological approach adopted for this study.

1.7 Methodology

1.7.1 Selection of countries

Eight countries, including Ireland, were included in this review. The selection of these countries was guided by the need to reflect a range of different approaches to SEN identification, assessment and provision. English is the first language of all reviewed countries, with the exception of Germany. As the development of SEN provision is profoundly influenced by socio-economic development, countries at a similar level to Ireland were selected. South Africa is an exception to this, and was selected because it presents an unusual position of emphasising the social construction of disability.

1.7.2 Data collection

Data collection involved desk-based research, as well as a consultation process with experts in the field.

1.7.2.1 Desk-based research

Research literature, policy documents and 'grey literature' were accessed via the following methods:

- Internet search of central government Ministry of Education websites to identify policy documents relating to SEN assessment and procedures. In the case of a federal system of government, this was followed by Internet searches of selected state/provincial government websites to identify state/provincial government policy documents relating to SEN assessment and procedures

- Review of research literature journals, to provide further information on SEN assessment and procedures in the selected countries.
- Secondary analysis of data provided by the NCSE, a regional psychologist and a senior inspector.

1.7.2.2 Consultation process

In addition to the above, a number qualitative interviews were conducted. We conducted:

- Interviews with a small number of professionals from some of the selected countries (England, Ireland, Canada) to obtain information on working practices and issues.
- A semi-structured interview with 15 national experts, members of the European Agency for Development of Special Educational Needs Working Group on Special Educational Needs and Immigrants. Face to face interviews were conducted with a sample of 15 experts representing twelve countries in September 2008 during a meeting in Warsaw, Poland. The majority of interviews were with single national representatives but in some cases two experts from the same country chose to be part of a joint interview.
- Interviews with professionals from Ireland to explore the perceptions of senior practitioners regarding the operation of the current system. A two day visit allowed a series of detailed individual interviews with a regional director of NEPS, an individual interview with a senior inspector (SEN) and a group interview with senior educational psychologists from one region.

1.7.3 Analysis of data

Data were collated for each country, and compared/ contrasted with each of the other countries included in the sample. Key themes and issues were identified and described through discussion between the researchers. In drawing out recommendations, focus was placed on proposing changes to the current system of SEN assessment and identification used in Ireland.

2 Assessment of SEN in England – English Code of Practice

2.1 Introduction

The English system does not require the diagnosis of a disability in order to determine that a child has special educational needs (SEN). Assessment focuses on the particular needs of each individual. The assessment of SEN in England takes place within a legal framework established by central government under the Education Act 1996. This also placed a duty on the Secretary of State to issue a Code of Practice providing practical advice to local authorities, maintained schools, early education settings and others on carrying out their statutory duties to identify, assess and make provision for children's SEN. The most recent SEN Code of Practice was published in November 2001. Although the Code of Practice is based on the statutory framework governing SEN, it is not itself a statutory document. It provides guidance to local authorities, schools, health and social services:

LEAs, schools, early education settings and those who help them – including health and social services – must have regard to it. They must not ignore it ... These bodies must fulfil their statutory duties towards children with special educational need, but it is up to them how to decide how to do so – in the light of the Code of Practice. The Code is designed to help them to make effective decisions. (Code of Practice, p. iii, para 5)

The process of assessing and meeting the needs of pupils with SEN, and the working practices of professionals involved with SEN in England usually draw from the guidance provided by the Code of Practice.

2.2 Legal Framework

The Code of Practice describes the Education Act 1996 definition of SEN in terms of learning difficulties, as:

- A significantly greater difficulty in learning than the majority of children of the same age or
- A disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority

- [The pupil being] under compulsory school age and falling within the definition at (a) or (b) above or would do if special educational provision was not made for them.

It also notes that the Children Act 1989 states:

- A child is disabled if he is blind, deaf or dumb or suffers from a mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.

And the Disability Discrimination Acts of 1995 and 2003 state:

- A person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.

The Code of Practice notes that a child may fall within one or more of these definitions, but at no point uses the term ‘diagnosis’. The guidance states that it is the responsibility of the local authority to carry out the formal assessment to determine whether a child has SEN. It also outlines who they need to consult in order to provide advice, namely the parent, school, educational psychologist and a medical practitioner. Each professional is defined in the Regulations section of the Code.

2.3 Principles on which the Code of Practice is based

The Code of Practice is based on the view that there is a continuum of SEN, that assessment and monitoring are processes that take place over a period of time, that intervention involves a graduated response, and that an interactionist/ecological perspective of multiple causations is more productive than that of diagnosis/labelling. Categorising SEN into clearly defined categories, or careful diagnosis of specific syndromes, is not a necessary part of an SEN assessment:

This guidance does not assume that there are hard and fast categories of special educational needs. It recognises that each child is unique...and that there is a wide spectrum of special educational needs that are frequently inter-related, although there are also specific needs that usually relate directly to particular types of impairment. Children will have needs and requirements which may fall into at least one of four areas, many children will have inter-related needs. The impact of these combinations on the child's

ability to function, learn and succeed should be taken into account. The areas of need are:

- Communication and interaction
- Cognition and learning
- Behaviour, emotional and social development
- Sensory and/or physical

Although needs can usefully be organised into areas, individual pupils may well have needs which span two or more areas. (Source: Code of Practice, paras 7.52 and 7.53)

Medical conditions are referred to because they may have a direct significant impact on cognitive and physical abilities or on behaviour and emotional state. They may also have an indirect affect through absence from school due to treatment or chronic illness. However the Code of practice states explicitly that a medical diagnosis or disability does not necessarily imply SEN.

The Code of Practice sees assessment as a process involving partnership, careful monitoring, and regular review of progress. It can be characterised by:

- Local authorities, school and educational settings working together to ensure early identification of SENs
- Educational professionals and parents working in partnership
- Interventions reviewed regularly to assess the impact on children's progress
- Close cooperation between all agencies concerned, and a multi-disciplinary approach taken, involving a partnership between the local authority, school, parent, pupil, health, social services and other agencies
- Any statutory formal assessment being made within clearly prescribed time limits
- SEN of each pupil being reviewed at least annually.

The role of the local authority is to ensure that the needs of children and young people with SEN are identified and assessed. Each local authority must publish arrangements for identifying children with SEN and secure training, advice and support for staff working with pupils with SEN.

2.4 The Roles of Parents and Children

The role of parents is clearly outlined in the Code of Practice; in addition, the Department for Education and Skills published a guide for parents which explains the SEN system, and the role of parents as partners in the process (DfES, 2001b). All local authorities must make arrangements for parent partnership services, and must inform parents and schools about how to access the services.

The Code of Practice has a chapter on “Working in Partnership with Parents”, in which it notes that parents have key information and experience of the child and have a vital role in contributing to a shared view of a child’s SEN and ways of supporting them:

It is essential that all professionals actively seek to work with parents and value the contributions they make ... All parents of children with special educational needs should be treated as partners. They should be supported so as to be able and empowered to:

- recognise and fulfil their responsibilities as parents and play an active and valued role in their child’s education
- have knowledge of their child’s entitlement within the SEN framework
- make their views known about how their child is educated
- have access to information, advice and support during assessment and any related decision making process about SEN provision.

(Source: Code of Practice, paragraph 2.2:16)

Pupil participation in the assessment and provision of SEN is placed within a framework of the rights of the child as set out in the UN Convention on the Rights of the Child. Paragraph 3.2 (page 27) of the Code of Practice states that where possible the views of children should be sought and taken into account. They should feel that they will be listened to and their views valued. However, there is a note of caution:

... [T]here is a fine balance between giving the child a voice and encouraging them to make informed decisions, and overburdening them with decision-making procedures where they have insufficient experience and knowledge to make appropriate judgements without additional support. (Source: Code of Practice, paragraph 3.2: 27)

The SEN toolkit (DFES, 2001) gives advice on ways of enabling pupils to participate in the SEN procedures.

2.5 A Framework for Identification and Assessment of SEN

Assessment is seen as taking place within the framework provided by the National curriculum, and is divided into three phases – “early learning”, primary and secondary.

The “early learning” goals set out what most children will have achieved in each of six areas by the end of the foundation stage or infant school reception year, and the statements represent expected outcomes in the following areas:

- Personal, social and emotional development
- Communication, language and literacy skills
- Mathematical development
- Knowledge and understanding of the world
- Physical development
- Creativity.

At the primary phase, schools can make full use of information passed on from early education provision, and outcomes of baseline assessment may identify areas of concern. The national curriculum programmes of study at key stages one and two outline the knowledge, understanding and skills expected at each level.

In the secondary sector, similar national curriculum programmes of study exist for key stages three and four. Assessment against the National Curriculum levels enable schools to consider an individual pupil’s attainments and progress against expected levels for the majority of their peers. The National Literacy and Numeracy Strategy framework for teaching also provides a basis for assessment against national norms. Those children whose overall attainments or attainments in specific subjects fall significantly outside the expected range may have SEN.

The stress is on monitoring individual children’s progress, and, if progress is not made, either generally or in a specific aspect of learning, different opportunities should be provided, or alternative approaches tried. A graduated response should be made, recognising there is a continuum of SENs, and if necessary bringing specialist expertise to bear on the difficulties a child may be experiencing.

Assessment is carried out regarding the concept of adequate progress. This is described in the Code of Practice in a number of ways:

- It closes the attainment gap between the child and the child’s peers
- It prevents the attainment gap growing wider

- Progress is similar to that of peers starting from same attainment baseline, but still less than that of majority of peers.
- It matches, or better, the child's previous rate of progress
- It ensures access to a full curriculum
- It demonstrates an improvement on self-help or personal skills
- It demonstrates improvements in pupil behaviour.

Assessment then involves the collection and recording of information on rate of progress, and a description of the child's strengths and weaknesses. Information from parents, health services, social services, and the child's own views can all contribute to this process.

Stages of identification, assessment and intervention are described at levels of Early Years Action and Early Years Action Plus for children in early education settings, and School Action and School Action Plus for primary and secondary schools. At the Early Years Action and School Action levels, interventions additional to or different from those provided as part of the usual differentiated curriculum are offered. At School Action Plus, additional or different strategies to those at the Action level typically involve professionals external to the school. The input of a statutory multi-professional would usually only be considered after documentary evidence of what has been tried, what has been provided, and to what effect has been gathered. The exception to this would be cases of severe and complex needs where the SEN will be clearly evident, and a request for statutory assessment can be made without these prior stages.

In this framework, identification and assessment of SEN is placed firmly within the cycle of planning, teaching and assessing that is central to the teaching and learning process for all children in all classrooms. The Code of Practice also has an explicit interactionist/ecological perspective, stating that the assessment process should always focus on four different aspects of the teaching and learning process:

- The child's learning characteristics
- The learning environment the school is providing
- The tasks to be learned
- The teaching style.

It states:

It should be recognised that some difficulties in learning may be caused or exacerbated by the school learning environment and the adult/child relationship. This means looking carefully at such matters as classroom

organisation, teaching materials, teaching style and differentiation in order to decide how these can be developed so that the child is enabled to learn effectively. (Source: Code of Practice, paragraph 5.6)

The role of relationships and settings is also raised, and the implications for assessment outlined:

Some children's performance can be exceptionally varied across settings. Therefore, where possible, it is important to look for multiple sources of evidence of children's performance in different roles and settings". (Code of Practice, paragraph 5.7)

Assessment then is seen not as a single event, but rather as a continuing process, involving the collection and recording of information on the rate of progress and a description of the child's strengths and weaknesses. Progress and difficulties are seen within the context of National Curriculum levels and expectations of what children might be expected to achieve at each stage. Information is gathered not just from within the school, but from many sources, such as parents and health and social services. The complex of factors within the child's total environment – home, neighbourhood and school – are all considered to be potentially significant in the pupil's experience of SEN. The graduated responses through the stages of School Action and School Action Plus recognise there is a continuum of SEN. Where necessary, increasing specialist expertise can be brought in to help assess the difficulties a child may be experiencing, and to develop intervention strategies.

Funding of SEN follows this staged process, with the delegated school budget having an element of funding for SEN at School Action and School Action Plus. The degree to which SEN funding is delegated to schools varies between local authorities, with some local authorities delegating a much larger percentage than others, in an effort to reduce the number of statutory assessments and statements.

2.6 Statutory Assessment of SEN

If, despite the strategies and interventions used at the School Action and School Action Plus stages, the learning difficulties persist, the local authority must make a decision as to whether to proceed with a statutory assessment of a child's special educational needs under section 323 of the Education Act 1996. The aim of the statutory assessment is to examine whether the extent of the child's SEN are such that the local authority needs to determine the child's special educational provision

itself by making a statement. Currently about three per cent of pupils have a statement of SEN.

Given the resource implications both of making a statutory assessment, and of allocating resources to meet any identified needs, a number of local authorities, or in some cases a consortium of local authorities, offer guidance to schools on the evidence and criteria to use in requesting a statutory assessment. The guidance can focus on factors such as rate of progress the pupil makes under school action and school action plus interventions, the severity of the learning difficulties, and the complexities of the difficulties faced by the pupil (e.g. City of York, 2006). It can also focus on criteria for different groups of SEN. For example, London SEN Regional Partnership (2004) use:

- Communication and interaction, subdivided into speech and language delay, impairments or disorders and autistic continuum disorder
- Cognition and learning divided into mild, moderate, severe or profound learning difficulties
- Specific learning difficulties
- Emotional and behavioural difficulties
- Sensory and/or physical needs divided into hearing impairment, visual impairment, physical disabilities
- Medical conditions.

However, not all local authorities provide such guideline criteria, leaving it to the professional judgement of those involved to come to a decision about when to request a statutory assessment. Our recent study of six local authorities in England and their associated health trusts indicated ad hoc practice and clear room for improvements (see Lindsay et al, 2008).

Regulations state that local authorities must seek written parental, educational, medical, psychological and social services advice, and there is a clear time framework within which the advice must be gathered. The advice must relate to the educational, medical, psychological or other features that appear relevant to a child's current and future educational needs. The advice must also set out how those features could affect the child's educational needs, and the provision that is considered appropriate in the light of those features.

Although the Code of Practice sets out a clear context of the National Curriculum framework within which educational advice can be reported, there is no guidance on the assessments that should be used in constructing the medical or

psychological advice. The provision of educational advice is the responsibility of the head teacher, who can call on the class teacher, Special Educational Needs Coordinator (SENCO), and any other special education teaching staff involved. The UK government has just released regulations to come into force in September 2009, which will require SENCOs to be qualified teachers (Education Act 1996 (SENCO) England Regulations 2008). However, it should be noted that it is only the head teacher that has the statutory duty to provide educational advice.

Medical advice must be prepared by a registered medical practitioner (The Education (Special Educational Needs) (England) (Consolidation) Regulations 2001 Part 2. 9), and psychological advice by a local authority educational psychologist, or an educational psychologist employed by the local authority specifically to prepare the psychological advice (ibid, Part 2. 10). Until very recently there was no legally required registration or chartering of educational psychologists in England, although it was very unlikely for a local authority to employ an educational psychologist who did not meet the requirements set by the British Psychological Society for registration as a chartered psychologist. The current requirements in England and Wales are to have the graduate basis for registration (typically a first degree or joint degree in psychology approved by the BPS) and a doctorate in educational psychology also approved by the Society; in Scotland a two year master's degree is the norm. Since July 2009 there has been statutory regulation of psychologists in the UK through the Health Professions Council.

There are clear timelines for the statutory assessment process, and it should be completed within 26 weeks. The local authority must decide on whether or not to proceed with a statutory assessment within six weeks of receiving a request. If a decision is made to go forward with an assessment, the local authority has ten weeks to seek and receive advice and decide whether or not to make a statement of needs. It then has two weeks to notify parents of the decision, and if the decision is to provide a statement, a period of a further eight weeks is provided to prepare the final statement.

In the case of disputes between parents and the school or local authority over any of these decisions there is a formal appeals system based on an independent tribunal. The First-Tier Tribunal (Special Educational Needs and Disability) carries out this role.⁷ Appeals against a decision of the First Tier Tribunal is heard by the

⁷ See www.sendist.gov.uk for further detail.

Upper Tribunal instead of the High Court as was previously the case before the Tribunal procedures were updated in November 2008.⁸

2.6.1 Medical advice

Harpin (2007) considers the role of the designated doctor as set out in the Code of Practice, and divides the role into strategic and operational tasks. At a strategic level, the designated doctor should ensure that the health authority has arrangements for ensuring that trusts and GPs providing child health services:

- Inform local authorities of children they think may have SEN
- Provide medical advice to local authorities for the formal assessment of children within the statutory time limits
- Consider, with the local authority and with regard to available resources, the health service's contribution to the non-educational provision to be specified in the statement.

At the operational level, the designated medical officer should:

- Ensure that all schools have a contact for seeking medical advice on children who may have SEN
- Provide a resource to other health service staff who require assistance in preparing reports on the medical history and health needs of children for schools and for LAs
- Coordinate the health service's advice for a statutory assessment
- Participate in multi-agency meetings on assessments and making statements for children with SEN
- Consider how the powers in the Health Act 1999, allowing pooling of budgets and integration of commissioning or providing functions between the NHS and local authorities, can best support services for children with SEN.

(Source: Harpin 2007, p.468)

Section 12 of the SEN Toolkit (DFES, 2001) provides advice on the role of health professionals. It states that the designated medical officer for SEN should ensure the provision of co-ordinated advice from all the health professionals concerned (GP, school doctor and nurse, health visitor, therapists, mental health workers, specialist medical staff such as neurologists, paediatricians, psychiatrists, and clinical psychologists). The inclusion of clinical psychologists in this list contradicts

⁸ See http://www.opsi.gov.uk/si/si2008/uksi_20082699_en_1 for further detail.

the Code of Practice which states that it is the duty of the educational psychologist to coordinate all psychological advice, and places a duty on the educational psychologist to liaise with any other psychologist involved. It suggests advice may include information on

- a) Physical and mental health problems and/or developmental problems and how they are likely to affect a child's learning ability
- b) Recent reports on hearing and vision
- c) Management of a health condition
- d) Treatment that has affected or is likely to affect the child's learning ability
- e) Speech and language, occupational therapy and physiotherapy programmes required.

(Source: SEN Toolkit, Section 12, p.14, para 38)

As noted above, the Code of Practice is clear that a description of a child's special educational needs is more important than a specific diagnosis of a named condition. Harpin (2007) suggests it is helpful for medical officers to consider needs in each of the following four areas:

- Communication and interaction
- Cognition and learning
- Behaviour, emotional and social development
- Sensory and/or physical.

(Source: Harpin, 2007 p. 470)

More detailed checklists in each of these areas consider the nature and extent of any support pupils with SEN might need within an educational setting. Some health services provide a pro-forma for medical officers to ensure comprehensive coverage of relevant medical information. An interview with a senior medical officer responsible for coordinating medical advice indicated that although DSMIV and ICD10 may sometimes be referred to by medical officers, nearly all officers would focus on the individual needs of the child, rather than merely apply a disability label to them. However, some local authorities ask for a specific diagnosis, in certain cases, before a child can access additional support.

Both the Code of Practice and the SEN Toolkit make it clear that a diagnosis of a named condition is neither necessary nor sufficient to determine whether or not a child has SEN:

A medical diagnosis or disability does not necessarily imply special educational needs. It may not be necessary for a child or young person with

any particular diagnosis or medical condition to have a statement, or to need any form of additional provision at any phase in education. It is the child's educational needs rather than a medical diagnosis that must be considered.

(SEN Toolkit Section 12 page 10, para 24)

An interview with the senior medical officer responsible for coordinating medical advice in one local authority raised a number of issues. Firstly, writing advice will often mean coordinating the separate advice of different specialist health professionals. The medical officer writing the advice will not have always seen the child, or been involved in the medical assessment. Secondly, it is often difficult to determine the exact nature of the information to be included, and what should be excluded to preserve confidentiality. Examples of the latter include anything which may stigmatise child or family, such as family members suffering from HIV/AIDS, or substance abuse.

2.6.2 Psychological advice

The Code of Practice notes that if a statutory assessment of SEN is made, psychological Advice must be provided by an educational psychologist employed by the local authority or engaged by the local authority as an educational psychologist. The educational psychologist involved must consult with any other psychologist known to be involved with the child, or to have information relating to that child, before providing the written psychological advice. This is the only statutory aspect of an educational psychologists' work in England and Wales. As a time limit is placed on the delivery of the advice, it usually takes precedence over other work.

There are no guidelines in the Code of Practice regarding the content of this advice or the types of psychological assessments to use when providing the statutory psychological advice. However, professional bodies offer some guidance on psychological assessment. In 1999, the British Psychological Society Division of Educational and Child Psychology published the Framework for Psychological Assessment and Intervention, Dyslexia, Literacy and Psychological Assessment. In 2004, the Association of Educational Psychologists published a booklet offering guidance on preparing statutory advice to local authorities. The Association of Educational Psychologists guidance focuses particularly on advice for statutory assessment of SEN, and highlights the importance of evaluating response to planned intervention, consultation with, and observation of the child or young person being assessed. The British Psychological Society guidance, prepared by the Division of Education and Child Psychology emphasises hypothesis testing over time.

The research literature highlighted a considerable level of disparity regarding approaches to psychological assessment (Farrell et al, 1996; Lokke et al; 1997, Woods and Farrell 2006). It provides many examples of methods and instruments psychologists can use to assess pupils. However, very little research has been conducted on how such assessments are actually carried out. There are many papers based on what Woods and Farrell (2006) refer to as “anecdotal practitioner accounts” of what constitutes common assessment practice or good assessment practice by educational psychologists. At regular intervals a journal will devote a complete issue to these topics. For example, Educational and Child Psychology has at least three issues devoted to some aspect of assessment practice over the last 15 years. These included volume 10(4) on Assessment Issues in 1993, volume 14(4) on Innovative Approaches to Dynamic Assessment in 1997, and volume 23(3) on Intervention-based Psychological Assessment: New Approaches and Perspectives in 2006. Although these papers offer a variety of methods that may be used by educational psychologists when assessing children and young people with SEN, they rarely provide any indication of how often each of these methods are actually used by psychologists, and what range of assessment methods would usually be used by an educational psychologist when making a statutory assessment of a child.

A number of studies have used questionnaire surveys of educational psychologists, focussing on assessment methods used. Lokke et al (1997) found 65 per cent of educational psychology services reported that educational psychologists used a high number of psychometric cognitive assessments. Deutsch and Reynolds (2000) surveyed a national sample of 119 educational psychologists working in Britain and found around 50 per cent were using dynamic assessments for some of their work. However, many noted that norm referenced ability assessments were often required by local authorities, and that these assessments took less time.

Woods and Farrell (2006), using a questionnaire survey method on a large sample of educational psychologists from 37 different local authorities, found what they call a core psychological assessment approach for children with learning difficulties. This involves interview and observation methods, psychometric cognitive assessment, standardised attainment tests, problem solving facilitation and joint review of progress. This combination of methods was reported by about 50 per cent of participants; 71 per cent of participants reported commonly using psychometric cognitive assessment. Similar findings were reported regarding assessments of children with behavioural difficulties, but with less use of psychometric cognitive

tests and an increased use of standardised attainment tests. These findings confirm the perception of a high level of variation between individual psychologists in terms of the range of assessment methods used. For example, not all psychologists routinely used child interviews as part of a statutory assessment, and little use was made of personality tests or rating scales. Further, Woods and Farrell (2006) note that their results suggest that a significant proportion of the assessment work carried out by educational psychologists does not constitute full psychological assessment as detailed in the documents published by the Association of Educational Psychologists and the British Psychological Society.

A small number studies have reported directly on the assessment methods actually used in the provision of formal psychological advice for statutory assessments. Desforges (1995) and Desforges et al (1995) examined the psychological advice provided for statutory assessments of bilingual children in two local education authorities in England. They found that scores from standardised tests of ability were quoted in most cases (British Ability Scales-BAS and the Wechsler Intelligence Scales for Children-Revised (U.K.) were the most frequently used). Curriculum related assessments used in around 50 per cent of advices. Few reports raised the problem of interpreting the scores obtained by English as Second Language learners (ESL) on standardised tests of ability and achievement (see Hannon and McNally, 1986) when the standardisation data do not include information on the performance of English as Second Language Learner pupils. When interviewed, 90 per cent of educational psychologists were aware of the problem of interpreting scores in such cases, yet only 30 per cent mentioned it in their reports (Mayet, 1992).

2.6.3 Consequences of time spent on statutory assessments

The Code of Practice stresses that the statutory assessment process should draw from a wide range of sources, including parents, the child in question, the school, as well as other agencies. Paragraph 7.4 (page 83) states that problems in the child's home or family circumstances, and school attendance records can all impact on school attainments, and that the local authority should seek evidence of such factors, including evidence that the child's performance is different in different environments.

Thorough and wide-ranging formal assessments of this nature can be time-consuming. There are a number of studies suggesting that the process of statutory assessment takes up a disproportionate amount of professional time and financial

resources that could well be better spent on making direct provision for children and young people with special educational needs. For example, Lindsay et al (2008) reported that when local authorities provided banded funding for inclusion, fewer statutory assessments were needed, and there was a greater proportion of the SEN budget available for the educational support of individual pupils. Farrell et al (2006) reported a general view that educational psychologists were too heavily involved in statutory assessment work, and this prevented them from making more effective contributions to the direct support of children, professionals and parents. They found that a reduction of statutory assessment related duties enabled educational psychologists to undertake a greater variety of work in the field of special educational needs, and that this approach was more cost effective. This suggests that great care is needed when drawing up the statutory duties of educational psychologists, in order to protect opportunities for preventive work.

2.7 Discussion

The English system is explicitly based on an interactionist/ecological perspective of SEN, and does not require the diagnosis of disability to access additional resources. There is no requirement for categorisation of SEN, and assessment is based on identification of needs rather than the application of SEN 'labels'. Statutory assessment must include educational, medical and psychological advice, and although this is called a multi-professional assessment, these different professional groups do not need to meet as a team. Instead, they simply have to provide written advice to the local authority. The role of parents as partners in the assessment process, and the importance of consulting the child and taking their views into consideration, are emphasised in the Code of Practice.

Categories of SEN are still used for administrative purposes, in terms of recording outcomes. The school census and some local authorities have issued guidelines for criteria, based on categories of SEN, required to start formal assessment. There are clear requirements concerning the specific roles of relevant professionals in the statutory assessment. Statutory regulation of psychologists came into operation in July 2009. A well established system of qualifications, together with the requirement that an educational psychologist be employed by the local authority, results in psychological advice being provided only by appropriately qualified educational psychologist.

3 Assessment of SEN in Australia

3.1 Introduction

The Australian system demands that a diagnosis of disability is made before a pupil may access the special education system. However, not all those diagnosed as having a disability will meet the criteria for eligibility for special education needs (SEN) provision. Special education is determined by central government legislation (Commonwealth of Australia Government Disability Discrimination Act 1992, Section 22). This provides the framework for state governments to establish processes and systems of SEN provision. The 1992 Act provides a broad definition of disability. The categories used are listed in Figure 3.1.

Figure 3.1 Categories of disability

- Physical disability
- Intellectual disability
- Psychiatric disability
- Sensory disability
- Neurological disability
- Learning disability
- Physical disfigurement
- Presence of disease-causing mechanism

The 1992 Act makes it unlawful to discriminate directly or indirectly on grounds of disability in terms of enrolment, access to and participation in education. Section 45 of the 1992 Disability Discrimination Act allows for special programmes or structures to provide equal opportunities for people with disabilities, known as Special Measures. In educational terms these can be pre-school special programmes, disability support programmes in mainstream schools, special classes, special units and special schools.

The Disability Standards for Education (Federal Register of Legislation Instruments, 2005) clarify the legal obligations in the Disability Discrimination Act, and will be revised every five years. They set out the rights of learners with disabilities, and the obligations of service providers. The Standards cover five areas:

- Enrolment
- Participation
- Curriculum development, accreditation and delivery
- Student support services

- Harassment and victimisation.

The Disability Standards for Education 2005 sets out the regulations that govern educational provision for those with disabilities. These Standards define disability in the following way:

Disability, in relation to a person, means:

- (a) total or partial loss of the person's bodily or mental functions; or
- (b) total or partial loss of a part of the body; or
- (c) the presence in the body of organisms causing disease or illness; or
- (d) the presence in the body of organisms capable of causing disease or illness; or
- (e) the malfunction, malformation or disfigurement of a part of the person's body; or
- (f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- (g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour; and includes a disability that:
 - (h) presently exists; or
 - (i) previously existed but no longer exists; or
 - (j) may exist in the future; or
 - (k) is imputed to a person.

(Disability Standards for Education, 2005 Section 1.4)

The Standards state that education authorities should, if necessary, make reasonable adjustments to achieve equal access for students with disabilities. Reasonable adjustments are:

- Changes/alterations to provide equal opportunities in relation to access, participation and achievement for a learner with a disability. In making adjustments consideration should be given to:
- The nature of the learner's disability
 - Information provided by or on behalf of the learner about how the disability affects the student's ability to participate
 - The views of the student on whether a proposed adjustment is reasonable and enable the student to access and participate in a programme on the same basis as students without disabilities

- The effects of the proposed adjustments on anyone else affected –staff and other students
- The costs/benefits of making the adjustments.

(Disability Standards for Education 2005, guidance notes p.4)

The Disability Standards are clear that not all students with a disability will require adjustments:

Adjustment may not be required for a student with a disability under some circumstances. (Disability Standards for Education, 2005, Part 3 section 3.5(d))

In terms of assessment for reasonable adjustments, the guidance notes state:

It is good practice for an education provider to ensure processes for seeking an adjustment are accessible and transparent... It may be necessary to seek professional expertise. This might include a detailed assessment by an independent expert of the nature of the student's disability and adjustments that are appropriate for the student. (Disability Standards for Education Guidance, 2005 p.3)

There is no specific requirement here for particular professionals, apart from educationalists, to be involved. In summary, the disability standards for education 2005 require education providers to:

- Consider whether an adjustment is necessary for a student with a disability
- If an adjustment is considered necessary, identify the reasonable adjustments necessary to ensure equal opportunities in terms of access and provision
- Make the reasonable adjustments available to the student with the disability.

The guidance notes also state that:

Nothing in the Standards should prevent education providers from developing resources that extend beyond the requirements of the standards. Education providers are encouraged to provide, or organise for the provision of, support services or other measures designed to provide students with disabilities with education on the same basis as students without disabilities. (Disability Standards for Education 2005 Guidance Notes p.7)

The Disability Discrimination Act 1992 and the Disability Standards for Education 2005 provide the legal framework within which the state governments and territories

have to make special education provision for students with disabilities. The provisions in this act override all state and territory legislation.

States must meet the standards laid down in these documents regarding the assessment of pupils for SEN, though exact processes can vary by state.

3.2 South Australia

Policy and processes used to make special education provision in the state are detailed in two documents from the Department of Education and Children's Services (DECS: Government of South Australia, 2007 a, b).

Evidence of impairment and disability is required in order to access disability support services. In identifying children requiring additional support, schools are advised to seek the support of Department of Education and Children's Services (DECS) personnel. The South Australia Disability Support Programme 2007 Eligibility Criteria (Government of South Australia, 2007) provide detailed information on assessment. As well as diagnosis of impairment, evidence is required of the ways in which the impairment does, or will, impact on progress through the curriculum and the ability to participate in learning activities and in the school community. A wide range of formal and informal assessments may be used to ascertain the impact of a student's impairment. It notes that the best outcomes are achieved by respectful negotiation and genuine partnership between school, teacher and family. South Australia list seven categories of impairment (see Figure 3.2).

Figure 3.2 Categories of impairment used in South Australia

- Autism and Asperger's syndrome
- Global Developmental delay
- Intellectual disability (must be 7yrs+)
- Physical disability
- Sensory disability (hearing)
- Sensory disability (vision)
- Speech and/or language disability

Source: South Australia Disability Support Programme, 2007

For each category, the eligibility criteria are presented in four sections. These are: general information, impairment criteria, disability criteria, and evidence required. The section on intellectual disability is presented overleaf as an example.

Table 3.1 Criteria for pupils with an intellectual disability, South Australia

| | |
|----------------------------|--|
| General information | <ul style="list-style-type: none"> Students with an intellectual disability display cognitive, learning and adaptive behavioural skills needed for everyday living significantly lower than their age peers. They require significant support and curriculum accommodations to meet their individual learning needs. <p><i>Note: This disability category applies only to students aged seven years or more. Students under seven years of age cannot be verified under this category of disability.</i></p> |
| Impairment criteria | <p>Intellectual disability is demonstrated by assessment that shows the following two results:</p> <ul style="list-style-type: none"> General intellectual ability two or more standard deviations below the mean on a standardised individual test of intelligence, or other evidence of significantly delayed intellectual development should the student's disabilities prevent standardised assessment A score of two or more standard deviations below the mean in at least two of the following areas on an approved standardised assessment of adaptive behaviour: communication skills, self-care, home living, social and/or interpersonal skills, use of community resources, self-direction, functional academic skills, work (if appropriate), leisure, and health and safety. <p><i>Note: Consideration must be given to the suitability of instruments used, taking into account the student's language, cultural and socio-economic background, learning opportunities, disabilities, motivation and cooperation (adapted from the DSM-IV-TR). Interpretation of results must include consideration of these factors. Recommended assessment instruments are provided (see Figure 3.4).</i></p> |
| Disability criteria | <p>There must be documented evidence of the ways in which the student's intellectual impairment does, or will, impact significantly on progress in the curriculum and on his/her ability to participate in learning activities and other aspects of school life.</p> |
| Evidence | <p>Documented diagnosis in current reports from a DECS guidance officer or psychologist (early childhood), or other registered psychologist must be provided including:</p> <ul style="list-style-type: none"> Results and interpretations of standardised and/or norm referenced assessments, or other evidence of significantly delayed intellectual development should the student's disabilities prevent standardised assessment Interpretations of observations and assessment of adaptive skills and behaviour using standardised assessment measures and including information about age appropriateness School observations and assessments of adaptive skills, attainment and developmental progress. Evidence may also be provided by other support services and agencies, and may include, for example, paediatric or other specialist reports. |

Source: South Australia Disability Support Programme, 2007

The disability criteria are similar in all categories, and all contain the same statement:

There must be documented evidence of the ways in which the student's impairment does, or will, impact significantly on progress in the curriculum and on his/her ability to participate in learning activities and other aspects of school life.

In some categories additional criteria are included. Reference is made to the range of specialist equipment that may be needed, such as amplification devices for hearing impairment, or assistance with note taking for physical disabilities. A summary of the impairment criteria and the evidence required for each category is presented in Figure 3.3 overleaf. It can be seen that each category names at least one professional group that must be involved in the diagnosis of the disability. The title of guidance officer appears to be specific to Australia. A trained psychologist is employed by state governments to provide educational psychology for school age pupils, as well as professional advice and consulting services to schools.

Figure 3.3 Impairment criteria and evidence needed for each category

| Category | Impairment criteria | Evidence required |
|--|--|--|
| Autistic spectrum disorder and Asperger's syndrome | Formal diagnosis according to DSMIV or ICD (WHO1992). Additionally impaired communication | Diagnosis must be made by experienced professionals trained by Autism S.A. from at least two of: paediatrician, psychiatrist, psychologist, speech and language pathologist |
| Global developmental delay | IQ two or more standard deviations below mean on standardised intelligence test, or evidence of significant intellectual delay if disability prevents standardised testing | Testing, or interpretation of functional and adaptive skills and any other evidence of global developmental delay must be carried out by the Department of Education and Children's Services (DECS) guidance officer or psychologist, or other registered psychologist |
| Intellectual disability | IQ two or more standard deviations below mean on standardised intelligence test, and score of two or more standard deviations below the mean in at least two of adaptive behaviour, communication, self-help or functional analysis | Testing must be carried out by DECS guidance officer or psychologist, or other registered psychologist |
| Physical disability | Diagnosis by medical, orthopaedic, neurological professionals that physical condition has significant learning/access implications for education | Documented medical diagnosis by medical and other allied health professionals. Evidence from school or DECS support services of significant educational implications arising from the diagnosis |
| Sensory disability (hearing) | Bilateral loss of greater than 20db in better ear across 4 frequency ranges. Unilateral loss of greater than 25db | Sensory-neural audiogram from audiologist or ENT specialist. At least two audiograms within last 18 months. Report from DECS coordinator of hearing impairment identifying significance and educational implications |
| Sensory disability (vision) | Visual acuity less than 6/18 in better eye, visual field of 20 or less | Ophthalmologist report and from specialist teacher from school for visually impaired |
| Speech and language disability | Speech impairment identified using the S.A. DECS Speech and language severity scales plus one other recommended test. Scores below two SDs below mean in expressive or receptive language on standardised tests of speech and language | Report from a speech pathologist with a diagnosis of severe speech and language disability on the DECS speech and language severity scales. If English as a second language, evidence of comparable difficulties in first language |

A list of recommended assessment instruments to provide evidence of impairment is also given for some categories (see Figure 3.4). Instruments for the provision of disability information are not listed:

... as a wider and less predictable range of assessments will be required to further develop learning needs and to determine the specific adjustments and curriculum accommodations for each student identified with a disability. (Disability Support Programme 2007, Eligibility Criteria p.11)

Figure 3.4 Recommended assessment instruments to provide evidence of impairment

| Global developmental delay and intellectual impairment | Adaptive functioning | Speech and language impairment |
|--|---|--|
| WPSSI III | Vineland Adaptive Behaviour Scale classroom ed. | Diagnostic evaluation of language fundamentals 2nd ed. (Australian standardised) |
| WISC IV | Vineland Adaptive Behaviour scale interview ed. | Verbal Motor production assessment for children |
| BASII | Vineland Adaptive Behaviour scale survey ed. | Hodson assessment of Phonological patterns 3rd ed |
| DAS | Adaptive behaviour assessment | Clinical evaluation of language fundamentals pre-school |
| Stanford-Binet 5th edition | Australian developmental checklist | Clinical evaluation of language fundamentals (CELF4 Australian) |
| Woodcock Johnson 3rd ed. | Adaptive behaviour system | Comprehensive assessment of spoken language |
| Leiter International Performance scale | Scale of independent behaviour (revised) | |

Source: South Australia Disability support programme 2007

3.3 Queensland

The Department of Education, Training and the Arts (DETA) has an Education Adjustment Programme (EAP) to identify, and respond to, the education support needs of students with disabilities. Any student identified as experiencing difficulties

accessing the curriculum due to a disability should become part of the programme. It involves a cycle of data collection, planning and programme development. DETA (2007) provide a detailed document of this process.

Verification is the process of confirming a diagnosis or specialist assessment made by other professionals, to check that the student meets DETA criteria for one or more of the six disability categories recognised by the Department (see Figure 3.5).

Figure 3.5 Categories of disability

- Autistic spectrum disorder
- Intellectual impairment
- Physical impairment
- Hearing impairment
- Vision impairment
- Speech and language impairment

Verification evaluates the quality of the evidence according to the DETA criteria for each category of disability. A student may have educational needs arising from more than one category, and verification is required for each category. Verification is carried out by a team of state-wide verifiers with training and experience in the relevant category (the website provides a named officer for each category). The verifier must be currently involved in the assessment or education programme for that student.

DETA (2007) uses the WHO ICF (2001) to define the word 'disability', where disability is the overall term for the impairment (i.e. what the person has at the level of the body structure and function) and the experience of activity limitation and participation restriction for an individual:

For the purposes of identifying students with disabilities for the Education Adjustment Program in DETA, the definition of disability encompasses both the impairment and the activity limitation and participation restriction for an individual in one or more of six disability categories.

- The impairment (medical condition or other impairment in structure or function at the level of the body) may be diagnosed by an authorised specialist within or outside of DETA.
- In a school, the key activity limitations and participation restrictions relate to the access to and participation in the curriculum and the life of the school. Therefore teachers, specialist teachers and other members of the educational team are involved in determining the activity limitations and

participation restrictions for a student.
(DETA, 2007 p.4)

For each of the six disabilities recognised by DETA, information is given on a definition of the disability, criteria required to make a diagnosis, and the evidence required (DETA, 2007). This guidance also outlines the process of identifying students, which involves five stages:

3.3.1 Information gathering

If the school team believes the student may be experiencing difficulties in accessing the curriculum, they gather information from a range of sources in order to assist in curriculum and programme planning to meet needs and utilise strengths of the student. This data gathering is an ongoing process. If it is known or suspected that the difficulties may be related to a disability, informed parent consent must be recorded using the Parent Consent Form before progressing through the steps of the EAP.

3.3.2 Investigating a disability

The school team considers information available about the impairment (as diagnosed by the relevant recognised specialist) and the activity limitations and participation restrictions in the school setting for the EAP category being considered according to DETA criteria.

3.3.3 Request for verification

The school principal requests verification and in doing so confirms that appropriate procedures have been used within the school, relevant actions have taken place on the Adjustment Information Management System (AIMS) and appropriate agreement has been reached with parents.

3.3.4 Verification

The process of verification evaluates the quality of evidence put forward to diagnose a disability against the criteria set out by DETA. The verifier cannot be involved in the assessment of the student they are verifying. The relevant member of the Verification Team considers the provided information and reviews this according to DETA criteria. The verification decision is entered on AIMS. If the verification request is accepted as meeting the DETA criteria, the school may submit an EAP Profile or Beginning School Profile.

3.3.5 Review of verification

At the time of the verification decision, the verifier may request a review and this date will be specified on AIMS. Schools and parents may request a review of verification at any stage. Diagnosis or specialist assessment of the impairment is required from the relevant specialists listed for each category in Figure 3.6.

Figure 3.6 Professionals involved in assessment

| |
|--|
| <p>Autistic spectrum disorders: a paediatrician, psychiatrist or neurologist</p> <p>Hearing impairment: an audiologist or otolaryngologist</p> <p>Intellectual impairment: an Education Queensland guidance officer, or, where a predisposition towards II is part of a medical condition, by one of the following medical specialists; paediatrician, neurologist, psychiatrist or geneticist</p> <p>Physical impairment: a paediatrician, neurologist, orthopaedic surgeon, geneticist or rheumatologist</p> <p>Speech-language impairment: a speech-language pathologist</p> <p>Vision impairment: an ophthalmologist or in cases of cerebral vision impairment, a paediatrician or neurologist.</p> <p>N.B. Diagnoses of intellectual impairment and specific-language impairment must be quality assured by a senior guidance officer</p> |
|--|

3.4 Discussion

The two practices of diagnosing disability in the two Australian states described above represent a high degree of central control in terms of the evidence required for diagnosis, explicit guidance for the professionals required to make the diagnosis (even requiring particular state based training in the case of the autistic spectrum disorder) and the methods of assessment to be used, including a list of recommended tests to be used.

There appears to be an anomaly over the use of the emotional and behavioural category of disability. The eight categories of disability used in the 1992 Disability Act do not include emotional or behavioural difficulties. The definition of disability set out in the Disability Standards for Education Act 2005 includes:

... a disorder, illness or disease that affects a person's thought processes, perceptions of reality, emotions or judgements that results in disturbed behaviour. (Disability Standards for Education Act, 2005)

However, neither South Australia nor Queensland uses a disability category covering this area.

Another anomaly is the absence of learning disability as a category, despite the fact that it is listed as one of the categories in the 1992 Disability Discrimination Act. The neglect of learning disability is taken up by the Australian Learning Disability Association (ALDA) in its submission to the national inquiry into the teaching of literacy (ALDA, 2005). The submission notes the lack of support services and lack of a clear comprehensive definition of learning disabilities in Australia (the Disability Discrimination Act uses the autistic spectrum disorder and dyslexia as examples of learning difficulties, but provides no guidance on other types of learning disability). ALDA argue for a nationally recognised and accepted definition of learning disability, together with guidelines on the assessment of learning difficulties. They suggest this should include at least four components: a case history, assessment of aptitude, assessment of academic attainments, and assessment of information processing skills. These components suggest a discrepancy model of learning difficulties is being proposed, a model that is subject to considerable criticism (see Yell and Drasgow, 2007).

These anomalies are indicative of the disparity between central government expectations as set out in legislation, and the practices developed by states to implement the legislation. Such tensions and ambiguities between federal law and state processes may be resolved over a period of time.

4 Assessment of SEN in Canada

4.1 Introduction

Canada does not require diagnosis of a disability to access special education needs (SEN) provision, but uses a broader category of exceptionality. Exceptionality includes both difficulties with learning and the category of gifted and talented. There is no specific federal government legislation on SEN in Canada, and there is no Federal Ministry of Education. The Federal Ministry of Foreign Affairs has an educational remit to deal with aspects of education with an international dimension – higher education exchanges and applications from overseas (OECD, 2005).

Education is funded at a provincial level, and SEN is viewed within the framework of basic human rights. Canada, though geographically large, has a low density population. Here, SEN policy is driven by the concept of inclusion, within the contexts of human rights and parental advocacy. There are few special schools or classes, and most children with SEN are educated in mainstream classrooms. Banding and setting either on general ability, or attainments in specific subjects are rare below high school (16 years and over).

Policy varies across different provincial governments; some have well defined prescriptive policies around identification, diagnosis and assessment of SEN, while others appear to have “light touch” policies. In some areas, provincial policies are based on legislation, in others on guidelines of procedures that should be followed. The details of assessment instruments and methods to be used are left to professionals.

As noted above, the core concept, used widely in the Canadian SEN literature, is that of “exceptionality”, and exceptionality must be diagnosed to access special education facilities. It is not clear how the different provincial governments reached a consensus on the use of this term, as all provincial governments appear to use it. All provincial governments include the gifted and talented in the category of exceptionality, and the SEN system does not require the diagnosis of disability to receive additional support. Rather, the focus is on a child’s pattern of strengths and weaknesses rather than a diagnosis of a disability. However, many provinces use the concept of severe disabilities and in some provinces such as Newfoundland and Labrador, categorical and non-categorical SEN are differentiated, with categorical SEN receiving higher levels of funding.

The SEN system is usually based on a staged process, whereby up to grade three (ages eight to nine years); no formal multi-professional assessment is required to access SEN support. SEN is needs-based; identification of such needs by school staff can lead to additional resources being allocated to individual children. This process would usually involve a multi-professional assessment by class teacher, SEN teacher and other professionals. The choice of professionals included would depend on the perceived needs of the pupil, but might include school guidance/counsellor, psychologist, social worker, speech and language pathologist and medical officers such as a paediatrician, neurologist or psychiatrist. These stakeholders can work as a team, or on an individual basis, for example by the provision of a report that would form part of the assessment and diagnosis of SEN.

What follows is a description of practice in two provinces, Alberta and in Newfoundland and Labrador.

4.2 Alberta Province

A variety of relevant documents are available on the website of the Alberta Ministry of Education (1994, 2004). The Standards for Special Education (Ministry of Education, Alberta 2004) provides details of the procedures for special education assessment under the legislation (School Act Revised Statutes of Alberta 2000, Chapter S-3). Assessment is described as

... the ongoing process of collecting information using a number of formal and informal methods across a variety of domains relevant to the performance (behavioural, communicational, intellectual, learning or physical characteristics) to develop and implement appropriate programming to support student learning. (Ministry of Education, Alberta, 2004:3)

Diagnostic assessment means:

... the results of formal and informal assessments that identify students' areas of strengths and weaknesses and used to determine individualised programmes for students. (ibid: 3)

The data from assessments made with reference to the SEN of a student must be placed within the individualised programme plan (IPP). This must include:

- All assessment data
- Current level of performance and achievement – academic, adaptive functioning, behaviour, cognition, communication, physical development

- Identification of strengths and areas of need
- Procedures to be used for evaluating student progress.

The provincial legislative framework places a responsibility on each school board to develop and implement procedures to identify the students with SEN, and to determine their eligibility for special education programmes and services. Each school board must develop and implement written procedures for early identification, referral and assessment of students with SEN. They must develop or utilise formal and informal checklists, screening tools and/or standardised assessment instruments that will assist in the early identification of students with SEN. It is also the responsibility of the school boards to use only qualified professionals to conduct specialised assessments, interpret results and provide programme recommendations. Specialised assessments are defined as:

... individualised measurement across a variety of domains for the purpose of developing IPPs, and should include assessment of intellectual abilities, academic performance, emotional and behavioural development and physical development relevant to the student's educational performance.
(ibid.: 5)

Those carrying out assessments must follow Standards for Psycho-educational Assessment (Alberta Education, 1994). This document sets out a staged process of assessment of SEN, together with the personnel involved at each stage, and the type of information which should be collected at each stage. There is no mention of the qualifications and experience of professionals involved, but emphasis is placed on the ethical framework that must be followed by professionals. Janzen and Carter (2001) refer to the qualifications needed for a psychologist to register with the College of Alberta Psychologists, a requirement for any psychologist working in the province. A master's degree, 900 hours of supervised practice as a provisional psychologist, and an oral examination are necessary for registration.

In Standards for Psycho-educational Assessment (Alberta Education 2004) assessment is described as a process of gathering information about a student to better understand learning strengths and needs. In the first instance it is the class teacher who is responsible for the identification of SEN and for deciding strategies to meet those needs. At the second stage, the class teacher requests the establishment of a school team to help identify and meet the SEN of a student. This school team may include special education teachers in the school, school counsellors, administrators as well as the class teacher. If this team feels that

further help is needed it can move to a third level of support, calling in the support of outside specialists –special education teachers, psychologists, medical officers, speech and language pathologists.

It is only when these stages have been tried, and the student is still not making satisfactory progress, that a formal individualised psycho-educational assessment can be requested. The document offers some guidelines on the criteria required for such individualised assessments. These include the following:

- Attempts to assist the student within the class have not been successful
- The initial reason for concern is becoming more pronounced
- A severe learning problem is suspected
- Significant modification of educational programmes will be required
- Special placement may be warranted.

Guidance is given on the range of assessments that should be included at this stage, as well as information gathered during the three preceding stages (Table 4.1).

Table 4.1 Structure for psycho-educational assessments

| Type of assessment | Purpose | Examples |
|--|---|--|
| Academic achievement | To identify level of performance, Identifying specific academic achievements | Achievement tests Diagnostic tests |
| Learning/thinking skills | To explore/assess skills used in learning and thinking | Concentration, memory, learning style, perception, questioning skills |
| Intellectual | To explore strengths/ weaknesses in learning. Identify current levels of intellectual functioning | Intelligence scales |
| Personality/emotional | To explore personal factors which may affect learning | Personality tests Self-esteem inventories |
| Behaviour | To explore behavioural factors affecting learning | Behaviour checklists and rating scales |
| Physical/medical (to be carried out by a medical practitioner) | To identify any physical/ medical problems that may interfere with learning | Neurological examination, vision, hearing, general medical examination |

Source: Alberta Education (1994) Standards for Psycho-Educational Assessment

The specific instruments and methods to be used to carry out these assessments are not given, and the document emphasises the importance of the ethical principles and standards that should inform the assessment process. The document goes on to develop nine themes which must be addressed within an ethical framework for assessment (see Table 4.2).

Table 4.2 Ethical principles for psycho-educational assessment

| Responsible Caring | Respect for dignity of persons |
|--|--|
| Competence and qualifications | Obtaining informed consent Written parental consent |
| Choosing assessment instruments – reliability, validity, limitations | Confidentiality |
| Conducting assessments –according to the requirements of the test | Storing of records |
| Interpreting results – individually interpreted in the context of the student's background | |
| Reporting of results –to ensure understanding | |
| Using results – in a way which benefits the student | |

Some advice is given on the meaning of informed parental consent, and how to involve parents in the assessment and intervention process. Parents should be supplied with all the necessary information to make informed consent in terms of the problems identified and attempts to meet the educational needs of their child. By sharing information, parents can be more meaningfully involved in planning and decision making. It is also suggested that, where possible, students should also be involved in the decision making processes.

Guidance on criteria in identifying various categories of SEN are provided in two publications – Special Education Coding Criteria 2008-2009 (Alberta Education, 2008a), and Handbook for Identification and Review of Students with Severe Disabilities 2008-09 (Alberta Education 2008b). Table 4.3 below outlines these categories.

Table 4.3 Special education coding criteria for Alberta

| Mild/ moderate SEN | Severe SEN |
|-----------------------------------|----------------------------------|
| Cognitive disability | Cognitive disability |
| Emotional/behavioural disability | Emotional/Behavioural disability |
| Hearing disability | Deafness |
| Visual disability | Blindness |
| Communication disability or delay | Communication disability |
| Physical/medical disability | Physical /Medical disability |
| Multiple disability | Multiple disability |
| Learning disability | |
| Gifted and talented | |

The criteria outline the type of assessment information expected in the psycho-educational assessment to identify the various categories of SEN. Examples of cognitive disability and Emotional/behavioural criteria are given in Figure 4.1 overleaf.

The emphasis is on the identification of the strengths and difficulties/needs of the individual, rather than on a diagnosis of a particular condition. The criteria include some very specific indicators (e.g. range of IQ for mild, moderate and severe cognitive disability, and the range of hearing loss for mild, moderate and severe hearing disability). They also draw from information obtained from classroom observation, attainment progress over time and from checklists. No specific professional group is mentioned in the criteria as required to diagnose the disability. The criteria for severe emotional/ behavioural, severe deafness and severe visual disabilities include the phrase “diagnosis by a qualified professional”, but do not specify which professional. Physical/medical criteria imply the need for a medical assessment, but do not specify a medical officer. Cognitive disabilities require IQ testing, but there is no mention of which professional group should carry this out.

Figure 4.1 Example criteria of disability categories

Mild cognitive disability

(ECS: Code 30; Grades 1–12: Code 51)

A student/ ECS child identified as having a mild cognitive disability should have:

- An intelligence quotient (IQ) in the range of 50 to 75 \pm 5 as measured on an individual intelligence test
- An adaptive behaviour score equivalent to the mildly delayed level on an adaptive behaviour scale such as AAMR Adaptive Behaviour Scale – School: Second Edition (ABS-S:2) or Vineland Adaptive Behaviour Scale, and exhibit developmental delays in social behaviours and
- A demonstrated delay in most academic subjects and social behaviours as compared to his or her same-age peers.

Moderate cognitive disability

(ECS: Code 30; Grades 1–12: Code 52)

A student/ECS child identified as having a moderate cognitive disability should have:

- An intelligence quotient (IQ) in the range of approximately 30 to 50 \pm 5 as measured on an individual intelligence test
- An adaptive behaviour score equivalent to the moderately delayed level on an adaptive behaviour scale such as AAMR Adaptive Behaviour Scale – School: Second Edition (ABS-S:2) or Vineland Adaptive Behaviour Scale, and
- Programming that reflects significant modifications to basic curriculum and instruction in literacy, numeracy and living/vocational skills.

Emotional/behavioural disability

(ECS: Code 30; Grades 1–12: Code 53)

A student/ECS child identified with a mild to moderate emotional/behavioural disability exhibits chronic and pervasive behaviours that interfere with the learning and safety of the student/child, other students/children and staff.

Typically, behaviour disabilities are characterised by a number of observable maladaptive behaviours:

- An inability to establish or maintain satisfactory relationships with peers or adults
- A general mood of unhappiness or depression
- Inappropriate behaviour or feelings under ordinary conditions
- Continued difficulty in coping with the learning situation in spite of remedial intervention
- Physical symptoms or fears associated with personal or school problems
- Difficulties in accepting the realities of personal responsibility and accountability
- Physical violence toward other persons and/or physical destructiveness toward the environment.

Source: Special Education Coding Criteria 2008-09, Alberta Education (2008)

Janzen and Carter (2001) note that as psychological assessment is essential for entry to educational programmes with additional funding, and that this work takes up an increasing amount of school psychologists' time. They also comment on the trend for school boards to contract psychology services out to private practitioners,

few of whom have a background in education or school based work, and they see this as causing a move back to medical models of special need, and away from the ecological framework. This is particularly pertinent to the Irish situation, given the current shortage of educational psychologists. They claim school psychology is becoming increasingly focussed on diagnosis and less on learning and instruction.

4.3 Newfoundland and Labrador

Newfoundland and Labrador provide special education services for students with “identified exceptionalities”.⁹ The key process is the development of an Individual Support Service Plan (ISSP) which is a child-centred approach to meeting a child’s needs. The ISSP has four stages:

- Screening and identification
- Assessment and exploration of strategies
- Developing and implementing the ISSP
- Monitoring and Review.

The Ministry of Education outline the following theoretical framework that underpins the ISSP:

- The concept of cumulative adversity is important, whereby a developmental disability is a result of the accumulation of multiple mis-functions set in motion over time, rather than the result of a single unitary event.
- Multiple factors converge to produce any given symptom complex.
- The development of a symptom is the result of a complex series of interrelated multidimensional forces with all elements in the system affecting and being affected by each other in linear and non-linear ways.
- The child is understood as a whole person in an environmental context
- Familial and social factors cross over to affect development and are often the most critical factors in the child’s transition from functional to dysfunctional.

Source: Ministry of Education website
(<http://www.ed.gov.nl.ca/edu/dept/ssss.htm>)

The ISSP is a collaborative multi-agency approach. It aims to identify strengths and needs of the individual child, set specific goals, and state context interventions and a time line for completion of the goals. The composition of the multi-agency team is

⁹ All information presented in this section is taken from the Newfoundland and Labrador Ministry of Education website – <http://www.ed.gov.nl.ca/edu/dept/ssss.htm> – unless otherwise stated.

determined by the nature/complexity of needs, with the stipulation that it should be kept to a minimum number. The ISSP planning booklet provides a long list of agencies and professionals that might be involved, depending on the nature of the child's SEN.

Both parent(s) and child should be included in the multi-agency team, and the parent(s) should be given sufficient information to ensure informed consent. Regarding parents, this can play a meaningful part in the discussion and decision making process regarding the extent and nature of their child's special educational needs and how they might be met. Regarding the children concerned, the expectation is that they should also be included in these meetings, unless:

- The child has chosen not to participate
- Their level of language development indicates they would be unable to understand
- Their behaviour at previous meetings demonstrated an inability to participate
- In the view of adults taking part it would be harmful for the child to listen to the information discussed.

The ISSP emphasises a full analysis of a child's strengths and needs, and the theoretical basis of the ISSP tends towards an ecological perspective of SEN. However, the policy documentation makes reference to four lists of categories. The first list concerns categories to be taken into account when considering whether a child is at risk, and whether an ISSP team should be formed. The second list must be used to determine whether a child has an exceptionality which meets the criteria for access to special education services. The third is a list of exceptionalities which may lead to access to non-categorical special education teachers, and the fourth is a list which can access categorical special education teachers (see Figure 4.2).

Any student with one or more of the conditions listed in the categories of exceptionalities column in Table 4.4 qualifies for intervention. If these are at mild or moderate level, they can access non-categorical special education services. If severe, they can access categorical special education services, offering higher levels of support. The student support services pages on the Ministry of Education website provide descriptors for identified exceptionalities.

The level detail provided, regarding each category of exceptionality varies across categories. For example, speech and language exceptionality is the only category where a named professional group must be involved in the identification process. This category must be identified by a speech and language pathologist and "scores

on standardised tests are not the only determining factor to qualify for special services”.

Table 4.4 Categories of SEN used by Newfoundland and Labrador

| At risk | Categories of exceptionality | Conditions for non-categorical support | Conditions for categorical support |
|---|------------------------------|--|---|
| Physical difficulties | Physical disability | Physical disability | Severe physical disability |
| Behaviour and emotional | Emotional/ behavioural | Emotional/ behavioural | Severe emotional behavioural disability |
| Learning difficulties | Learning disability | Learning disability | Severe learning disability |
| Health difficulties | Health/ neurological | Health/ neurological | Health/ neurological |
| Visual impairment | Visual impairment | Blind/visual impairment | Severe mental handicap/ moderate global delay |
| Hearing impaired | Hearing impairment | Deaf/ hard of hearing | |
| Speech/language | Speech and language | Speech and language | |
| Gifted | Exceptional | Exceptional ability | |
| Developmental delay (0-8) | Developmental delay (0-8) | Developmental delay | |
| Cognitive delay | Cognitive disability | Cognitive delay | |
| Mental health needs | | | |
| Environmental needs | | | |
| Academic learning difficulties | | | |
| Attendance problems | | | |
| Any other factors putting child at risk | | | |

The behaviour/emotional category lists six characteristics and five qualifiers to describe the range of difficulties that may exist. To access special services, one or more characteristics must be exhibited and all five qualifiers must be met (see Figure 4.2). Furthermore, the student is likely to require intervention by a guidance/counsellor and/or an educational psychologist, though there is no requirement that a guidance counsellor or educational psychologist makes the diagnosis.

Figure 4.2 Emotional/behavioural characteristics used by Newfoundland and Labrador

| Characteristics | Qualifiers |
|--|--|
| <ul style="list-style-type: none"> • Inability to establish normal relationships with peers and adults • Demonstrate general mood of unhappiness • Demonstrate continued difficulty in coping with learning/remedial intervention • Demonstrate physical symptoms or fears with personal or school problems • Demonstrate difficulties in accepting the realities of personal responsibility/accountability • Demonstrate inappropriate behaviour or feelings in ordinary conditions | <ol style="list-style-type: none"> 1. Behaviour significantly differs in degree/kind from normative data 2. Behaviour adversely affecting educational performance in one or more areas 3. Behaviour not a transient response to stressors in the student's environment 4. Behaviour persists after intervention and support 5. Behaviour is displayed in multiple environments including school |

Note: all five qualifiers must be present for each of the characteristics to be valid

Hearing impairment is defined in terms of both decibel loss in the better ear, and services required by the student, as assessed by the relevant professional.

Developmental delay is a category that can only be used up to the age of 8yrs, as it is assumed that after that age reasons for the delay will be known, and can be placed in one of the remaining categories. Learning disability uses the 2002 definition of the Learning Disabilities Association of Canada, and criteria for cognitive delay use the DSM-IV definition for mental retardation. The latter gives a range of intelligence test scores to differentiate the category into mild, moderate, severe and profound (see Table 4.5).

Table 4.5 IQ ranges for categories of cognitive delay (mental retardation)

| Category | Range of IQ |
|--------------------------|----------------|
| Mild cognitive delay | 50-55 to 70 |
| Moderate cognitive delay | 35-40 to 50-55 |
| Severe cognitive delay | 20-25 to 35-40 |
| Profound cognitive delay | Below 20-25 |

The remaining category descriptors sometimes use a range of standardised scores, sometimes qualitative descriptions, and sometimes specify which professional should be included in the assessment.

Once a child has been identified as having an exceptionality that meets the criteria, an ISSP is required if:

- The child requires a special service e.g. speech and language therapist, or a peripatetic teacher for behaviour management
- The child requires the services of two or more agencies e.g. community health nurse, behaviour management services
- The child requires a change in curriculum pathway.

4.4 Discussion

Newfoundland and Labrador base the system of SEN identification and assessment on an ecological model, but one that has a two-stage process. Firstly the presence of one or more of the categories of exceptionality must be identified, and secondly there must be an analysis of the strengths and needs of the pupil. The assessment is based on multi-agency working, but the agencies included in the assessment process will vary from case to case. The criteria laid down by the Provincial Government Ministry of Education in the identification of exceptionality sometimes include the need for a named professional to be involved, and sometimes include the type of assessment needed. The literature suggests widespread use of psychometric tests by psychologists (Janzen and Carter, 2001, Lecavalier et al, 2001).

Lecavalier et al (2001) reported that even when several criteria were required for the diagnosis of exceptionality, psychological reports often relied only on the psychometric criteria. For example, the criteria for cognitive disability/mental retardation usually include three factors: an IQ within a specified range, significant limitations in adaptive behaviour and onset in early development. They found that

whilst all included an IQ, only 45% regularly included information on adaptive behaviour, and 25% never included this information in their reports. Again this indicates the gap between policy and practice. Policy is based on an interactionist/ecological model, but practice tends to focus on a clinical assessment of SEN.

Both Alberta and Newfoundland and Labrador include gifted and talented as a category of exceptionality. Few other countries include this category, and by using the diagnosis of disability as a requirement of SEN, the gifted and talented are clearly excluded. Interestingly, Ireland did include gifted children as having SEN in the Education Act 1998, but this is no longer the case under the EPSEN ACT 2004.

The importance of an ethical approach to assessment is stressed in the Alberta system, and this seems to be given more importance than qualifications or experience of professionals involved in assessment.

5 Assessment of SEN in the United States of America

5.1 Introduction

In the United States (US), a diagnosis of disability is required to access special education needs (SEN) provision and the legal framework. Regulations are set by the federal government and interpreted and implemented by each state's department of education, which integrate them into state regulations and processes. Traditionally the federal government played a minor role in education, leaving it to each state government. The relationship between federal and state government is complex:

[N]ational and state-level government share policy making in a dynamic and sometimes ambiguous relationship. (McLaughlin et al, 2006:47)

Over the last 30 years, a number of political factors have led to increased involvement of federal government in both mainstream education and SEN provision, although there continues to be considerable variation between states.

According to Schultz et al (1998) two aspects of federal legislation have profoundly influenced special education over the last 30 years. The first has been legislation around civil rights, equal opportunities and the prohibition of discrimination. The second has been specific legislation on the education of children and young people with special needs. The 1975 Education for All Handicapped Children Act (EAHCA) had three main themes – free and appropriate education of individuals with disabilities, in the least restrictive setting, based on an individualised education plan (IEP). It also listed disability categories for which federal support was to be provided. In 1986 it was amended to extend services to pre-school children and their families.

The federal law was amended, updated and renamed in 1990 as the Individuals with Disabilities Education Act (IDEA). It was updated again in 1997 giving states the responsibility of establishing performance goals and indicators for all students with disabilities that are more closely integrated with the goals for students without disabilities. IEPs must state how an individual's disability affects involvement in the general curriculum, contain measurable goals and objectives that relate to the general curriculum, and include regular assessment of rate of progress towards annual goals.

In 2004, the report of the President's Commission on Excellence in Special Education (2001) was published, entitled: *A New Era: Revitalizing Special Education for Children and their Families*). Following this, the Individuals with Disabilities Education Improvement Act (IDEIA) was passed. In 2006 regulations to implement this new Act were put in place by the Federal Government. (see Yell and Drasgow, 2007a, b). It is the responsibility of state legislatures to interpret the regulations and integrate them into state regulations and processes. The rate at which states have complied with IDEIA varies, and the Federal Government website lists states which failed to comply in the previous year, and in the previous two years.

As in many countries, SEN policy and practice is based on a legislative framework, and this is subject to adjudication in cases of disagreement. Therefore the complex relationships between federal and state governments are subject to change over time as state departments of education interpret federal regulations and develop state regulations and procedures, which may be contested through legal action and settled in the courts.

Schultz et al (1998) note that special education is very much influenced by an approach of identification by category, with legislation including procedures to safeguard against misidentification or arbitrary placement into special education. The school psychologist is seen as playing the major role in the identification and categorisation of SEN, frequently using norm-referenced intelligence tests, achievement tests and other standardised instruments as well as classroom observation. These requirements for identification by category mean the costs of identification and assessment take up a great deal of professional time and financial resources. Reschly and Wilson (1997) found school psychologists spent between 50 per cent and 65 per cent of their time on psycho-educational assessment.

Under the new legislation (IDEIA), it is still necessary to be assessed as having a disability in order to qualify for special education services. In addition, the assessment must provide evidence that the disability adversely affects the child's educational performance.

Disability continues to be defined by category (see Figure 5.1), but as Yell and Drasgow (2007b) point out, IDEIA does not require states to classify according to these specific disability categories. What is required is that any child who has one or more of the disabilities listed and requires special education and related services receives those services. Individual states differ in actual categories they use and criteria for diagnosis (ibid, 2007b).

Figure 5.1 Categories of disability in IDEIA

- Mental retardation
- Deaf-blindness
- Speech and language impairment
- Visual impairment
- Serious emotional impairment
- Specific learning disability
- Developmental delay
- Multiple disabilities
- Orthopaedic impairment
- Hearing impairment
- Traumatic brain injury
- Other health impairments
- Autism

Assessment is seen as having four main functions:

1. To determine a student's eligibility for special education services
2. To develop appropriate instructional programmes
3. To monitor progress in the special education programme
4. To re-assess every three years to determine continued eligibility for special needs services.

Specific guidelines are provided within the legal requirements of the eligibility assessment to determine if a student has one of the disabilities listed in Figure 5.1. For example, it must be carried out by a team of qualified personnel, and include parental information. The team would usually include an administrator, a general class teacher, a special education teacher, a school psychologist and the parent(s) of the referred student. Yell and Drasgow (2007b) summarise all of the legal requirements that the assessment must meet, as outlined in Table 5.1 overleaf.

Table 5.1 Legal requirements for an assessment

| Legal Requirement | Explanation |
|---------------------------|--|
| Conducting the assessment | <ul style="list-style-type: none"> • Must use a variety of assessment tools and strategies to gather relevant functional, developmental and academic information • Must not use any single measure or assessment as the sole criterion for determining whether a student has a disability • Must use technically sound instruments that may assess the relative contributions of cognitive and behavioural factors in addition to physical or developmental ones • Standardised tests must be administered by trained and knowledgeable personnel in accordance with the instructions provided by the publisher |
| Assessment instruments | <ul style="list-style-type: none"> • Must use methods that are not discriminatory on a racial or cultural basis • Must administer assessments in the child's native language or other mode of communication in the form most likely to yield accurate information on the child's level of performance • Must use instruments only for the purposes for which they are valid and reliable • Must ensure the child is assessed in all areas related to the suspected disability, such as health, vision, hearing, social and emotional status, general intelligence, academic performance, communication status, motor abilities |
| Assessment procedures | <ul style="list-style-type: none"> • Must determine if a student has a disability that makes him/her eligible for special education services and determine the educational needs of the student • All areas of need identified must be addressed in the IEP |

Source: Individuals with Disabilities Education Improvement Act (IDEIA)

Three specific issues are addressed in the 2006 regulations. Firstly, the assessment team must consider whether the student received appropriate educational instruction by a qualified teacher in 'reading, including the essential components of reading instruction, in math, or limited English proficiency'. (IDEIA, 20 U.S.C. 1414 (b) (5))

The reading instruction element refers to those essential components defined by the National Reading panel: phonemic awareness, phonics, fluency, vocabulary and comprehension. (Yell and Drasgow, 2007b)

Secondly, IDEIA gives clear guidance to state governments on the issue of using the IQ-Achievement discrepancy to identify learning difficulties. States can no longer require school districts to use the discrepancy between intelligence test scores and scores on attainment tests to determine a learning disability. Moreover,

some states can prohibit school districts from using the discrepancy model to identify learning disabilities. If the State does not prohibit the use of the discrepancy model, school districts are free to use this method if they so choose.

Thirdly, IDEIA supports the use of the Response to Intervention (RTI) process to determine whether a child has a specific learning disability. This has been described as

... involving an objective systematic data-based examination of the cause-effect relationship between an academic or behavioural intervention and the student's response to that intervention for the purpose of identifying, defining and resolving students' academic or behaviour problems. (Yell and Drasgow, 2007b:207)

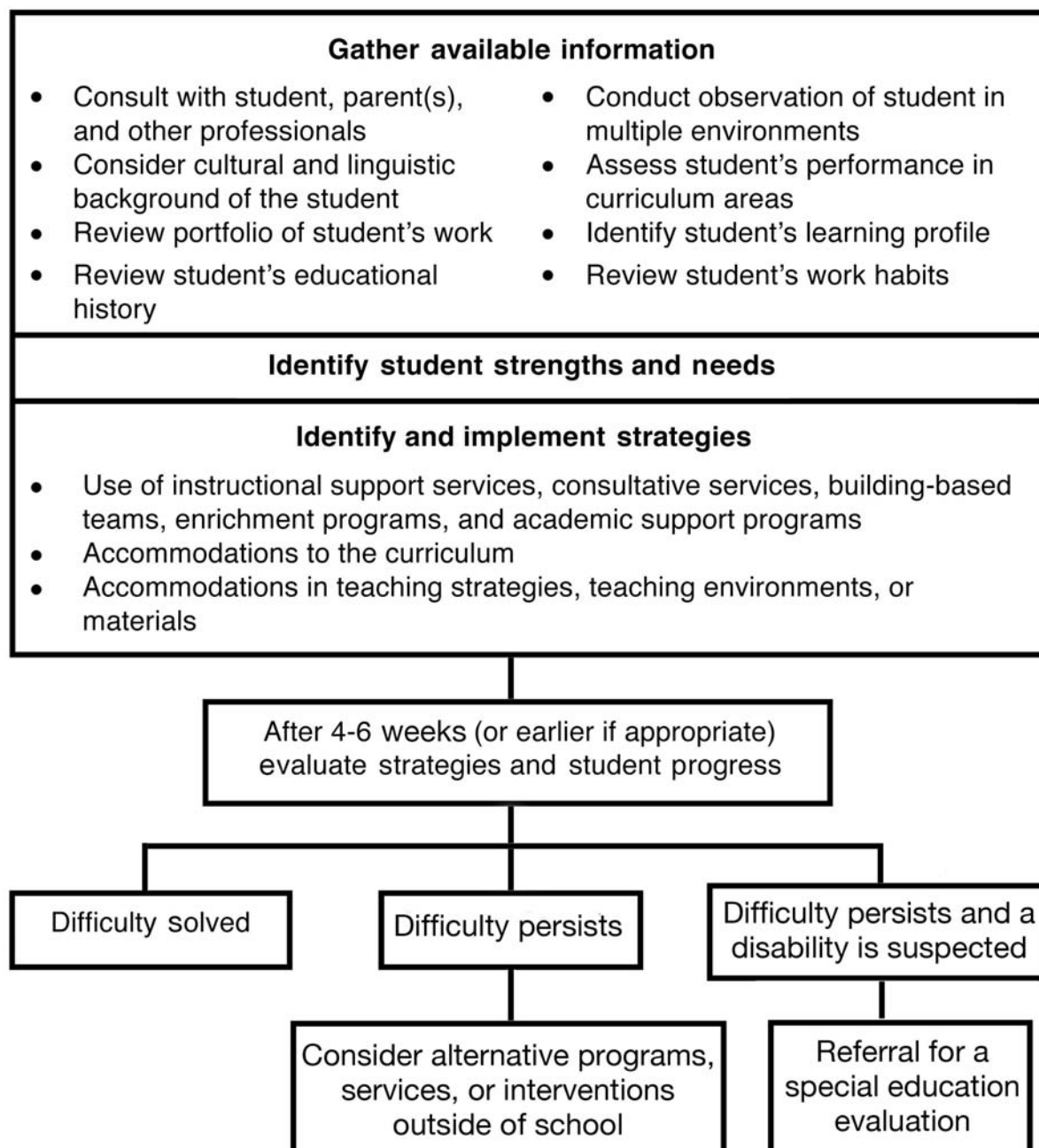
The federal legislation sets out a two-stage process for assessment of SEN. The first stage concerns whether the child has a disability as defined by the legislation. The second stage assesses whether the disability adversely affect the child's educational performance. If the answer is yes, then further assessments, including curriculum-based ones, must provide sufficient information to draw up a comprehensive IEP designed to cover all aspects of the child's special educational needs. This should set out objectives that can be assessed on a regular basis. Within this broad framework, each state has to provide regulations to guide school districts in meeting the requirements of the federal legislation.

Once a child or young person has been referred to the school district with a possible disability, the multidisciplinary team meets to discuss whether or not the student should have an assessment for special education. In addition to the professional members of this team, the child's parent is, as of right, a core member of this decision making team.

5.2 Example of State Policy: Massachusetts

When the child's parents and a school district suspect a student has a disability and the parent consents to a special education evaluation, the school district must be prepared to use existing evaluative information and to conduct an assessment in all areas relating to the child's suspected disability(ies). The type of information that should already be available, using a process of instructional support intervention, is outlined in Figure 5.2.

Figure 5.2 Student experiences school difficulties



Source: Massachusetts Department of Education, 2001:7

If, having followed the process outlined above, the school and parents feel the child requires further intervention, the formal process is started.

Table 5.2 Massachusetts Department of Education on Special Education

Special education is reserved for students who have disabilities that cause difficulty in learning. Therefore, the first area that must be assessed is the area of the suspected disability(ies). The Department recommends that school districts review their capacity to provide appropriate assessments in the area of the suspected disability. The skills of the evaluator and his or her experience with the type of disability will play an important role in providing appropriate information to the Team. Neither federal nor state law is prescriptive on what type of evaluator is qualified to make certain assessments, however, it is clear that evaluators must be trained and knowledgeable in addition to having appropriate certification or license in their field. Although most school districts have strong assessment capacity for high incidence types of disabilities (such as Specific Learning Disabilities), some of the low-incidence disabilities (such as Sensory Impairments) will require assessors familiar with key manifestations of that type of disability, possibly from outside of the district. School districts may find that a regional approach to identifying experienced assessors in low incidence disability areas is fruitful. The Team must have sufficient assessment information available to make a determination of a disability(ies) and to assess the impact of the disability(ies), if any, on the student's learning. The disability definitions incorporated in the Massachusetts special education regulations at 603 CMR 28.02(7) are presented at the end of this section [see *Figure 5.2*].

When multiple disabilities are suspected, the recommendations for evaluation should encompass sufficient assessments that the Team will have good information related to each of the suspected disabilities and can determine the presence or absence of each the suspected disabilities as well as the educational impact.

Source: Massachusetts Dept of Education, 2001:10

Of particular importance in the document is the statement that disability alone is insufficient for eligibility for access to SEN resources. Rather, it is the impact the disability has on the educational progress of the student:

The definition of disability in relation to special education is inextricably connected to educational impact. All of the definitions of disability, in one form or another, speak to the effect of the disability on the student's educational progress. Therefore, this document and all documents associated with making a determination of disability for the purposes of special education eligibility will also consider educational progress of the student and the interaction between the named disability and the educational impact of that disability. This is an important distinction and highlights that it is not the disability label alone that prompts a determination of eligibility for special education. Additionally, in the context of special education eligibility, the disability label has no standing alone without reference to impaired

educational progress as a result of the disability. (Massachusetts Dept of Education, 2001:10)

Massachusetts uses twelve categories of disability, outlined in Figure 5.3 below.

Figure 5.3 Categories of disability used by Massachusetts

- Autism
- Developmental delay
- Intellectual impairment
- Sensory impairment (hearing)
- Sensory impairment (vision)
- Sensory impairment (deaf-blind)
- Neurological impairment
- Emotional impairment
- Communication impairment
- Physical impairment
- Health impairment
- Specific learning difficulties

The Massachusetts guidance document provides definitions for each category, and then picks out key words that should help in the assessment process (see Appendix: Figure A.1). As well as the definitions of the various categories of disability, guidance is given regarding the types of assessment tools that might be used for each category, and the factors that should be taken into account (see Appendix 1 Figure A.2).

For example, the assessment of the autistic spectrum disorder should include use of autistic spectrum disorder-specific rating scales, assessment, communication, of social maturity, and the student's response to sensory experiences. With respect to intellectual impairment the guidance specifies that 'standardised IQ tests may be used as one measure for consideration, but it is not sufficient for finding a disability of this type' (see Appendix 1 Figure A.1).

As well as the guidance document on the assessment of specific disabilities, Massachusetts policy also suggests that the disability should be placed within a broader, ecological context, which takes account of age norms, educational factors, and cultural factors. It suggests that these factors should be taken into account when assessing a disability:

A disabling condition is characterised by significant delays, impairments, or limitations in the student's capacity(ies). To make this determination, the

Team should consider all of the following as indices of limited, impaired, or delayed capacity:

- a pattern of difficulty that persists beyond age expectations
- a pattern of difficulty across settings
- a pattern of difficulty that is not solely the result of cultural, linguistic, or socio-economic differences and
- a pattern of difficulty that persists despite instructional support activities.

(Massachusetts Department of Education, 2001:18)

The document also tries to make a distinction between the assessment process to ascertain type of disability within the context of special education, and the medical diagnosis of a particular disability:

Naming a type of disability has common characteristics with the process of making a diagnosis. However, it is important to stress that identification of type of disability is not a medical diagnosis, but a more general agreement among Team members that the assessed characteristics of the student are consistent with the regulatory definition for that type of disability(ies). The definitions in regulation are general definitions. Each one is comprised of many subgroups with specific associated diagnostic criteria, often medical in nature. It is not the intention of the special education law to require a specific diagnosis such as “Asperger’s Syndrome” or “Cerebral Palsy.” Those specific diagnoses will generally only be provided by medical personnel using criteria that include educational impact as only one aspect of the diagnostic process. Special education eligibility is both more specific and more general. The use of the disability label is more general, but the consideration of educational impact is very specific. (Massachusetts Department of Education, 2001: 25)

5.2.1 Discussion

The documentation on the assessment of SEN is clear that a two-stage process is required – the diagnosis of a disability, followed by a careful assessment of the educational implications of that disability. There is a clear statement that neither federal nor state law stipulates which professional group is qualified to make certain assessments, but any person involved in making assessments must be trained and knowledgeable in addition to having appropriate certification or license. Only a complete educational assessment is compulsory. Health and psychological assessments are optional. Finally, the guidance provides information on the range

of methods of assessment that should be used to provide information on the educational impact of the diagnosed disability.

Although the guidance includes a range of suggested assessment methods, emphasis is placed on clinical and educational assessments. Parent interviews are suggested for only three of the twelve categories of disability.

5.3 Special Needs in Alabama State

As in all US states, the process of assessment for access to special education services is determined by federal law. This section draws solely from the Alabama State policy document regarding the interpretation and implementation of federal law, entitled Special Education Services – Rules of Alabama State Board of Education (2008),. All references in this section refer to this source.

Before a referral for special education evaluation can be made, a school has to provide evidence of interventions and strategies that have been implemented and monitored by the school based support team for a minimum of eight weeks. There must be documentation of intervention strategies together with a functional assessment of the classroom environment. The school should also be able to demonstrate that they have gathered information to investigate whether any:

... environmental, cultural, language or economic difference may mask the student's true ability and therefore affect performance. (Alabama Department of Education, 2008:490)

The rules state that before special education services are provided, a full and individual evaluation of the child's educational needs must be carried out:

... to review existing educational data on the child including data and information provided by parents, current classroom based level or state assessments and classroom based observations by teachers and related support providers. (ibid.:499)

This review will identify what additional data, if any, are required to determine whether the child has a disability, and identify the educational needs of the child. In particular, it will consider the level of academic achievement and related developmental needs to reach a decision whether or not the child needs special education and related services. It will also consider whether any addition or modification to special education and related services are needed to enable the child to meet the annual goals set out in the IEP.

The public agency (in this case the district school board) must administer any assessments and other evaluations that may be needed to provide the data identified by the IEP team as necessary in considering whether the child has a disability, and whether there are special needs arising from the disability.

The guidance notes that the child must be assessed in:

... all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities. (ibid.:501)

No single measure or assessment may be used as the sole criterion for determining whether or not the child has a disability. All tests must be administered in the child's native language or other mode of communication in the form most likely to give accurate information on the child's academic, developmental and functional levels.

Of particular note is the requirement for the use of standardised testing:

... Alabama requires the use of standard scores in any assessment for eligibility for special services. (ibid.:523)

The guidance for the assessment of a disability is very detailed and prescriptive, and has three sections for each of the 13 categories of disability used by Alabama—a definition, criteria to be used in assessment, and minimum evaluative components (the minimum range of evidence required). An example of the guidance is given in table 5.3 below for developmental delay to provide a flavour of the level of detail provided. Further examples for the autistic spectrum disorder and emotional disturbance are given in Appendix 1 Figure A.3. The full details for all 13 categories of disability are provided in the Special Education Services – Rules of Alabama State Board of Education (2008).

Table 5.3 Developmental delay: an example of the assessment process**(a) Definition**

Developmental Delay means a delay that adversely affects daily life and/or educational performance in one or more of the following developmental areas:

- Adaptive
- Cognitive
- Communication
- Social or emotional, and/or
- Physical

and results in the need for special education and related services. A child may become eligible for this area of disability on his or her third birthday. A child identified with a developmental delay must be re-evaluated prior to his or her ninth birthday to determine continued eligibility for special education services. At age nine, a child can no longer be eligible in the area of developmental delay and must be eligible in another area of disability in order to continue special education services. If a child turns nine during the school year and is eligible for an area of disability, that child may continue to receive special education services in his or her current program for the remainder of that school year. A child who turns nine during the school year and is not eligible for another area of disability will be served in general education programs for the remainder of the school year.

(b) Criteria

- Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
- The standard score in one developmental domain must be at least two standard deviations below the mean (70 or below) on a standardised, norm-referenced instrument; or the standard scores on two or more developmental domains must be at least one and a half standard deviations below the mean (77 or below) on a standardised, norm-referenced instrument.
- Scores obtained according to the requirements in 2. of this section must be validated by supporting evaluations in the same identified area(s) of delay. If the standard score on the first instrument yields a delay of at least two standard deviations (70 or below) in one or more domains, then at least one domain must be validated (70 or below) by another norm-referenced or criterion-referenced instrument. If the standard score on the first instrument yields a delay of at least one and a half standard deviations (77 or below) in two or more domains, at least two of the domains must be validated (77 or below) by another norm-referenced or criterion-referenced instrument. When using a criterion-referenced instrument that does not yield standard scores, age equivalent scores may be used to determine the percent of delay and must be converted to standard scores. The score must be at least a 30% delay (two standard deviations below the mean) in one domain or a 25% delay (one and a half standard deviations below the mean) in two or more domains.
- Evidence that the developmental delay adversely affects the child's performance in age-appropriate activities must be documented.

(cont. p90)

(c) Minimum evaluative components

- Vision/hearing screening.
- A standardised, norm-referenced instrument(s) that evaluates all five developmental domains.
- An additional standardised, norm-referenced instrument(s) or a criterion-referenced instrument that supports the one or two identified areas of delay from the first instrument according to the requirements.
- Evidence of adverse effect.
 - A family interview documenting strengths, needs, and concerns.
 - An observation of the child in an age-appropriate environment.

(d) Use of terms

Public agencies may identify children in another disability area instead of using the area of developmental delay. However, if a public agency chooses to use the term developmental delay, which may only be used for ages 3-9, the agency must use the criteria above.

(e) Re-evaluation

Re-evaluation for continued eligibility in the area of emotional disturbance. At the first conducting the assessments, the student no longer meets all criteria for emotional disturbance, the IEP Team may choose one of the following options:

- Based on existing evaluation data and/or additional data gathered, and documentation that student's behaviour does not adversely affect educational performance, the IEP Team must determine that the student is no longer eligible for special education services in the area of emotional disturbance.
- Based on existing data and/or additional data gathered, the IEP Team may determine that the student continues to be eligible in the area of emotional disturbance based on the student's continued need for intensive support. The IEP Team must include on the eligibility report a written description of all behavioural strategies/interventions that are currently in place for the student. The IEP Team may determine that the student continues to be eligible for special education services in the area of emotional disturbance based on existing data and/or additional data gathered even though all criteria are not met (including scores two standard deviations above or below the mean, depending on the instrument, on two out of three behaviour rating scales). The IEP Team may use this option only once at re-evaluation. At the next re-evaluation for continued eligibility, the IEP Team may not determine the student eligible for emotional disturbance unless all criteria are met (including scores two standard deviations above or below the mean, depending on the instrument, on two out of three behaviour rating scales).

Source: Alabama Department of Education, 2008

5.3.1 Professionals

The criteria and minimum evaluative components required for diagnosis vary regarding the type of evidence needed (often standardised scores on psychometric tests), the type of examination required (see example of development delay Appendix 1 Figure A.3), and sometimes the professional that should carry out the testing or examination. Table 5.4 outlines the professionals that must be involved in the assessment of each category of disability.

Table 5.4 Professionals involved in assessment of disability in Alabama

| Disability category | Professionals involved and tools used |
|-------------------------------|--|
| Autistic spectrum disorder | Medic, clinical or school psychologist |
| Deaf-blindness | None stated. Ophthalmic evaluation and audiological evaluation required |
| Developmental delay | None stated. Criteria require vision/hearing screening and standardised tests in one or more of adaptive, cognitive, communication, social and emotional or physical development |
| Emotional disturbance | Reports from any one of counsellor, clinical or school psychologist, psychiatrist or medic |
| Hearing impairment | None stated. Vision and hearing evaluation and IQ and achievement test scores required |
| Mental retardation | None stated. IQ, adaptive behaviour scale scores, and vision and hearing screening required |
| Multiple disabilities | None stated. Must meet criteria for at least two other disabilities |
| Orthopaedic | Physician |
| Other health impairments | None stated. Evidence of a medical diagnosis |
| Specific learning disability | School psychologist, speech-language pathologist or remedial reading teacher |
| Speech or language impairment | Speech-language pathologist involvement is not a requirement. For voice disorders a medical evaluation is required |
| Traumatic brain injury | Medical /neurological evaluation |
| Visual impairment | Optometric/ophthalmic evaluation |

Source: Alabama State Board of Education (2008)

The detailed guidance for each disability includes an interview with parents for only four of the thirteen categories of disability (autistic spectrum disorder, developmental delay, emotional disturbance, and speech and language difficulties).

An interview with the student is included in the minimum evaluative components (the minimum evidence required to support a diagnosis of disability) in only two categories – emotional disturbance and speech and language difficulties.

5.4 A comparison of the states of Alabama and Massachusetts

Alabama and Massachusetts have set up systems for the assessment of disability and the need for special education services in slightly different ways. Firstly, they use different categories of disability. Table 5.5 shows the categories set out in IDEIA, and those used in each of the two states. Alabama has deaf/blind and multiple disability as separate categories, rather than assessing a child as having more than one of the categories listed in the IDEIA legislation. Massachusetts also uses the category of deaf/blind. Both Alabama and Massachusetts use the category of developmental delay, a category not used in IDEIA.

Table 5.5 Categories of disability used in the IDEIA and states of Alabama and Massachusetts

| IDEIA | Alabama | Massachusetts |
|---|--------------------------------|--|
| “Mental retardation” | “Mental retardation” | Intellectual impairment |
| Hearing impairment (including deafness) | Hearing impairment | Sensory (hearing) |
| Visual impairment | Visual impairment | Sensory (vision) |
| Speech and language impairment | Speech and language impairment | Communication impairment or speech and language impairment |
| Severe emotional impairment | Emotional impairment | Emotional impairment |
| Orthopaedic impairment | Orthopaedic impairment | Physical impairment |
| Autistic spectrum disorder | Autistic spectrum disorder | Autistic spectrum disorder |
| Traumatic brain injury | Traumatic brain injury | Neurological |
| Specific learning difficulties | Specific learning difficulties | Specific learning difficulties |
| Other health impairments | Other health impairments | Other health impairments |
| | Deaf/blind | Deaf/Blind |
| | Multiple disability | |
| | Developmental delay | Developmental delay |

There are other differences in use of terminology. However the main difference is in the degree of prescription used in Alabama to set out detailed criteria, minimum

information required, and the qualifications and experience of those carrying out the assessment. Alabama has five pages devoted to the definition and assessment of specific learning disability. It goes into considerable detail about the range of information required, observations to be carried out, and other types of disability ruled out. If a discrepancy model of assessment is used then there must be either 16 point or one standard deviation difference between attainment scores and IQ. There must be evidence of classroom-based observation, and details of scores on state curriculum assessments.

Massachusetts guidance is relatively brief, with an emphasis on excluding other causes such as other impairments, environmental, cultural or economic disadvantage, and lack of appropriate teaching. It notes that a wide range of assessments may provide information to determine a specific learning disability including psychometric, curriculum and attainment testing. Whatever methods of assessment are used, there must be clear evidence that performance is seriously compromised.

One surprising feature of both states is the lack of emphasis on interviewing parents and children to seek their perspectives. Although parents are members of the multi-professional team making the decisions about whether or not the child qualifies for special education, little attention seems to be given to the valuable information that they can provide.

5.5 Discussion

Yell and Drasgow (2007) suggest that many of the changes to the SEN assessment process introduced under IDEIA arose from the findings of the President's Commission on Excellence in Special Education (2001). The Commission found that the SEN eligibility system was cumbersome, expensive, time-consuming, and did not always provide information leading to relevant intervention. It was particularly critical of the use of IQ tests for students with learning disabilities because:

- They are not reliable in distinguishing children with learning disabilities from those who are low achievers
- They are unrelated to intervention and rarely provide information useful in selecting appropriate intervention programmes
- The research evidence on the use of IQ tests in the discrepancy model of specific learning difficulties is equivocal (Yell and Drasgow, 2007).

The Commission recommend the use of assessments that measure learning and behaviour in the classroom rather than rely on IQ testing. It was recommended that research-based instruction become part of the criteria for diagnosing learning disabilities and other high incidence disabilities. Response to intervention and progress monitoring were seen as providing a close link between assessment and intervention that would be more efficient, effective, and less time-consuming than traditional psychometric assessments (see Brown-Chidsey and Steege, 2005). Yell and Drasgow (2007) sum up the changes to SEN assessment and provision introduced by IDEIA and the 2006 regulations as:

... too often students in special education are there because of inappropriate instruction in the general education classroom, which does not make them disabled but rather makes them instructional casualties (210).

If this is so, we should expect a new SEN system to develop, whereby all students are exposed to the Response to Intervention (RTI) approach to teaching. In addition, assessment would be an integral part of the teaching and learning process, rather than an additional process more concerned with diagnosis than intervention. IDEIA was passed in 2004, and regulations implementing the law were published in August 2006. Each state has to interpret and implement these regulations, and make the necessary changes to its SEN systems. Clearly, Massachusetts and Alabama are at an early stage in the implementation of these changes; many of the categorical approaches to assessment are still in place. It will be interesting to observe the future evolution of their special education policy over the coming years.

6 Assessment of SEN in Germany

6.1 Introduction

This chapter outlines assessment and diagnosis of special education needs (SEN) in Germany.¹⁰ The German system of SEN does not require a diagnosis of disability to access SEN provision. Germany is a federal republic made up of 16 Lander, or regions. All education comes under the jurisdiction of these regional governments. Each Lander is divided into a number of local authorities and schools are institutions of the local authority. There is a Standing Conference of the Ministers of Education, Cultural Affairs and Science which helps to coordinate policy across the 16 regions, and develop fundamental common features of the education system across the whole federal republic. The balance of power and responsibility between federal and regional governments with respect of education is towards the regional government, with the federal government providing guidelines and advice to regional governments, which have the main legal responsibility.

The German education system makes a distinction between children and young people with general educational needs and those with SEN. As well as a general assessment system applicable to all pupils, an additional specific assessment system for those pupils with SEN aims to examine which type of special support is advisable in each individual case.

Educational guidelines for SEN assessment can be classified at three levels:

- Recommendations of the Standing Conference Ministers of Education, Cultural Affairs and Science that are framed as general guidelines
- The interpretation and implementation of these guidelines through legislation, at Lander or Region level
- The production of specific policies, rules and regulations based on the legislation by school supervisory authorities. (Hausotter and von Knebel, 2005)

Hausotter and von Knebel (2005) note that SEN can be regarded in several different ways, and the assessment implications are different depending on how SEN are viewed. For example, “SEN emerge from the discrepancy between educational opportunities of young people and the teaching conditions that exist in

¹⁰ This chapter draws solely from Hausotter and von Knebel's 2005 report on assessment and special needs assessment in Germany.

mainstream schools” and “SEN can be essentially characterised as a personal category (ibid., 2005:10-11). On the one hand SEN are caused by the demands made on an individual, on the other it is a within-student condition.

The legislation accepts that elements of these aspects of SEN are usually involved, and that assessment should take account of them both. The Standing Conference of Ministers of Education and Cultural Affairs describe children and young people as having SEN if:

... their opportunities for education, development and learning are limited to such an extent that they cannot be sufficiently promoted within the scope of instruction at mainstream schools without additionally receiving special educational assistance. Special educational needs are to be determined in relation to the tasks, the requirements and the support measures the respective school can provide. Furthermore, it must take into account the environment of the child, including the school as well as the pupil's personal abilities, interests and expectations for the future. (Hausotter and von Knebel 2005:11)

Good assessment practice is seen as producing a qualitative and quantitative profile of the pupil with SEN consisting of data from four different sources:

1. Individual achievement capabilities: personality traits, ability and achievements in the areas of cognition, communication, perception, motor function and sociability
2. Pupil achievements, and discrepancies between pupil achievements and the learning requirements related to the type of school in which the individual is placed
3. Pupil's educational environment which may influence learning processes in school: class size, teaching methods, resources and materials available for teaching and learning
4. Wider environmental factors such as family situation, home-school cooperation and medical- therapeutic support systems. (ibid., 2005)

The report notes that while recommendations of the standing committee reject categorisation of children according to type of SEN, assessment should take note of both internal and external factors. The range of factors listed above fits the interactionist/ecological model described in Section 1. Having described the difficulties, the assessment should also include suggestions regarding pedagogic approaches to be implemented in order to address the child's SEN. However,

according to Hausotter and von Knebel, in practice SEN are assessed by methods which fail to comply with the guidelines described above. In the 1990s less than 50 per cent of reports include suggestions of support measures to help overcome the child's SEN, and fewer than 15 per cent include environmental factors related to home or school that contribute to the child's SEN. Instead, emphasis is usually placed on within-child factors such as:

- Learning performance and behaviour
- Language speech and communication
- Emotional and social development
- Mental development
- Physical and motor development
- Hearing and vision
- Psychological factors. (ibid., 2005)

By 2000-2002, nearly 80 per cent of SEN assessment reports contained some intervention proposals, but "most of these proposals are so vague and poorly differentiated that they hardly seem appropriate ..." (Hausotter and von Knebel, 2005: 15)

6.2 Best Practice in SEN Assessment

The second half of the report prepared by Hausotter and von Knebel (2005) focuses on best practice for the German education system. They argue that, in the context of a policy of inclusive education, assessment should be based on the syllabus requirements of the curriculum, with a focus on individual, personal and ecological aspects of the learning and living environment, with the aim of producing an individual educational plan (IEP) for each pupil with SEN.

The starting point of assessment is usually the observation of difficulties faced by a pupil regarding school based learning. Any analysis of this problem should include:

- Description of the problem, including a history of its origin from the perspective of all participants (child, parent, teacher, other professionals involved)
- Individual, within-child factors insofar as they appear to be important for understanding the problem concerned, such as intelligence, perception, communication skills, concentration motivation
- Pupil achievements compared to age and curriculum expectations
- School and class conditions, both those that support learning and those that may cause difficulties.

- Environmental factors that may be causing stress or providing support to the individual. The individual's capability in dealing with everyday life and routines
- Participation and cooperation of school, parents and any other significant people involved. (ibid., 2005)

This type of assessment fits the interactionist/ecological perspective of SEN, and includes the perspectives of all participants including parents and the child or young person. It includes looking at performance across different settings and environmental factors causing stress as well as those providing support. An analysis of all these factors should lead to proposed interventions detailed in the IEP, and subject to regular review of the pupil's progress and guidance of all those involved in the teaching and learning process. Based on a clear description of the knowledge and skills the pupil already has, the IEP should address the following questions:

- What are the pupil's strengths?
- What is still to be learned?
- Which learning methods and resources have been successfully used so far?
- What are the next learning steps?

Emphasis should be placed on the child acquiring competencies to deal with everyday life as well as the skills required to progress through the school curriculum. Hausotter and von Knebel (2005) outline the following guidelines for good practice in assessment of SEN:

1. The child's current skill level should be described, in a variety of areas, in order to predict the next stage of development, and to construct an Individualised Education Plan which will help the child achieve the next stage in the most efficient and effective way.
2. School based learning should not be organised according to the needs of the so-called average child, but rather on the needs and potential of each individual. Individualised Education Plans should ensure that teaching and learning programmes reflect the needs of the individual child.
3. Emphasis should be placed on the importance of environmental factors in contributing to a child's problems and, by changing these environmental factors, helping to overcome the difficulties.
4. The assessment should involve working closely with parents, in order to ensure that their perspective and support are an integral part of the assessment and intervention process. (ibid., 2005)

In this model assessment is embedded in the learning process and gathers information about a child's past and present and uses this information to construct next steps in knowledge and skill acquisition.

6.3 Summary

The Federal government has no role in education in Germany, but the Ministries of Education and Cultural Affairs of the 16 regional governments have established a standing committee to coordinate education across the different regions. There is no requirement to diagnose a disability within the SEN process, but it is recommended that assessment should take account of a wide range of factors – the capabilities of the child or young person, the educational environment in which they are placed, and the wider social context, including factors such as the family situation, home-school relationships, stress and support factors. Although the assessment system is based on an interactionist/ecological perspective, the evidence presented suggests that assessments tend to focus on within-child factors, and overlook social and environmental factors.

7 Assessment of SEN in South Africa

7.1 Introduction

The conceptualisation of special education needs (SEN) in South Africa places a great deal of emphasis on the social construction of disability and special needs. It reflects the recent history of a society divided along racial lines and subject to extreme socio-economic divisions both within and across them. However, there are contradictions between the political context of emphasising social exclusion as a major factor in special education, and the system of assessment which continues to use categories of disability.

Since 1994 and the election of a democratic government in South Africa, policy development and legislation in education has been based on principles of human rights, social justice and ending racial discrimination in an attempt to build a more united and egalitarian society. The National Ministry of Education determines national policy and standards, with provincial governments running educational affairs in each province, with the exception of universities, which are controlled by national government. The provincial governments must adhere to the national policy framework. The main legislation governing SEN is the 1996 South Africa School Act (See South Africa Year Book, 2007-08).

Before 1994, discrimination based on a racially divided society was enforced by the legal system. Like all other aspects of life in South Africa, SEN provision was unequal, with those designated as “black” receiving the least provision. The Education White Paper 6 (2001) indicates that Western Cape Province had five per cent of the population of people with a disability of South Africa, but had 22 per cent of the special schools. Eastern Cape had 17 per cent of the disabled population and only ten per cent of the special schools. Expenditure per pupil showed similar variation, with Western Cape spending nearly three times the amount per head as Gauteng Province.

The 1996 School Act set out provision for compulsory education from seven years to the age of 15, including those with disabilities. A National Commission on Special Needs in Education and Training led to a White Paper on Inclusive Education (Education White Paper 6, 2001). This placed an emphasis on a social model of system change rather than one based on a medical model of within-individual disability (Lomofsky and Green, 2004). This White Paper, which continues to inform

policy development (see South African Dept of Education Strategic Development Plan 2007-2011), listed a number of factors involved in excluding people from education. These are outlined in Figure 7.1.

Figure 7.1 Factors excluding people from education

- Socio-economic conditions such as poverty, poor health care
- Political violence, HIV/Aids epidemic
- Child abuse –physical, sexual and emotional
- Negative attitudes to disability by parents, educators and communities
- Inflexible curriculum with an emphasis on rote learning
- Language and communication, including learning in a second or third language
- Inaccessible and unsafe buildings
- Inadequate and inappropriate educational support services lack of teaching resource development strategies
- Lack of parental involvement in their children's education and decision making
- Poor teacher training
- Lack of appropriate legislation and policy to support inclusive education
- Disabilities which may be physical, sensory or intellectual impairments, or a combination of these conditions

Source: Education White Paper 6, 2001

The White paper places a clear emphasis on wider environmental factors, although it also acknowledges within-child factors involved in SEN. All policy documents, guidelines and processes developed to bring about a more inclusive education system are based on the concept of removing barriers to learning. The committee which worked to produce the Education White Paper 6 received large numbers of submissions which drew attention to the contradiction of using categories of disability alongside the social model of systemic factors leading to exclusion from the education system. These submissions criticised the use of terms such as “learners with special educational needs” and “learners with mild-moderate learning difficulties”, complaining that up to 70 per cent of pupils might be covered by these categories. They argued that the systemic barriers to learning within the education system caused these difficulties rather than characteristics of pupils themselves. All these factors were considered when planning for a new approach to assessment of SEN in the new South Africa.

7.2 Assessment of Special Needs

The system used to identify and assess children with special needs is known as the National Strategy on Screening, Identification, Assessment and Support (South Africa Department of Education, 2008). This document provides advice on implementing the three stage process as outlined in Figure 7.2.

Figure 7.2 Screening, identification, assessment and support process

Stage 1) Screening in early childhood education (all learners)

Early identification of barriers to learning by early childhood workers, parents, health services and social welfare aimed at providing early intervention.

Stage 2) Identification of moderate support needs (ten per cent of learners)

At admission to school learner profile completed on all learners. At risk learners identified. Diagnostic profile requested from health services. Institution level support teams (ILST) complete special needs assessment (SNA section 1) and assist teacher to plan support for learner. ILST monitor progress.

Stage 3) Identification of high needs support (one per cent of learners)

For these learners the district based support team (DBST) initiates the formal screening, identification, assessment and support process (SIAS) by completing form SNA 2 and 3. DBST decide level of support and whether special school or resource is needed to deliver the support or whether mainstream school can provide support with additional resources.

Despite the emphasis on social factors in the construction of SEN, the South African system refers to categories of disability in a number of different ways. The National Strategy on Screening, Identification, Assessment and Support lists 14 categories of disability that are used for funding in the special education system, both in terms of individual support and funding for special schools and resource classes (see Figure.7.3). This is a considerably higher number of categories than those referred to in White Paper 6 (2001), which reported current numbers in special education according to six categories (sight, hearing, physical, mental, multiple and not specified). Interestingly, there is no mention of communication disorders in this list of categories.

Figure 7.3 Categories of disability used for funding

- Multiple disabilities
- Deaf, hard of hearing
- Blind, partially sighted
- Deaf/blind
- Cerebral palsy
- Specific learning disability
- Behavioural disorder
- Mild or moderate intellectual disability
- Severe intellectual disability
- Physical disability
- Autistic spectrum disorders
- Epilepsy
- Attention deficit disorders with or without hyperactivity

Source: South African Department of Education, 2008

These categories are used for funding purposes, and not to classify individuals during the assessment process. A smaller number of areas of concern that may cause barriers to learning for individuals are used in the SIAS Toolkit Diagnostic Profiles completed by health personnel (see Figure 7.4). Children thought to have high levels of need would be assessed using these headings.

The special needs assessment process (SNA) is detailed in the National Strategy Document (South Africa Department of Education 2008) in the section on SIAS Toolkit. The toolkit consists of a series of forms which are used to gather information in a structured way and aims to establish a learner profile, identify barriers to learning (including any disability), and assess the resources required for the learner to progress. The forms differentiate between learner needs (behavioural and social competence, health, wellness, personal care and physical access) and contextual factors (community and family, classroom and school). An intervention plan is then drawn up, and progress is monitored. The intervention plan is then updated on a regular basis, and required resources are reviewed. The document clearly outlines ways in which barriers to learning can be addressed. It notes

[I]dentifying barriers to learning and pointing to where and how these barriers could be addressed ... could include various interventions at any level in the system, such as an intervention with the learner or educator, transformation of some aspect of the curriculum, development of the institutional environment, or addressing particular family, community or social factors. (South African Department of Education, 2008:101)

Very clear guidance is given about the nature and purpose of the assessment process. An emphasis is placed on assessment as a way of promoting effective teaching and learning. Eight points are listed (see Figure 7.4). This framework is grounded in an interactionist/ecological perspective.

Figure 7.4 Assessment guidelines

- Assessment must be fair, bias-free, and sensitive to gender, race, cultural background and abilities
- Assessment needs to identify barriers to learning, with the purpose of improving the teaching and learning process
- Assessment needs to be a continuous process, that is built into the teaching and learning process
- Assessment needs to be multi-dimensional or systematic in nature, located within the framework of barriers at the individual (learner and educator), curriculum, institution, and family, community and social contextual levels
- The different levels of the system are that are involved in the assessment process (ILST, DBST) need to work closely together, ensuring that assessment procedures are smoothly pursued
- Assessment must be manageable and time efficient
- Assessment needs to be varied, including various forms and drawing from various perspectives
- Assessment results must be clearly and accurately documented and communicated to those affected

Source: South African Department of Education, 2008:101

Input from health professionals is optional for lower levels of support, except in the case of physical and sensory disability, when a diagnostic assessment must be conducted by a relevant health professional. The diagnostic profile form is required for higher levels of support (see South African Department of Education, 2008:27 for further detail). It is suggested that this would include around one per cent of the school population. It states that “health professionals play a significant role in the SIAS process..... and assessment results should be recorded on the diagnostic profile form for stages 2 and 3 (South African Department of Education, 2008:27).

The diagnostic profile form has eight categories, assessed at one of three levels (see Figure 7.5). However, information for medical staff completing the diagnostic profile form states that the aim is to provide a clearer understanding of the extent of functional limitations experienced by children who are ill or who have a disability. Diagnosis of disability or illness in itself does not serve as a recommendation for educational placement or as an indicator of need for further support. The aim of using the categories in the diagnostic profile form is to analyse more carefully those areas which cause barriers to learning for the individual.

Figure 7.5 Diagnostic profile

| Area of Impairment | Mild impairment/ activity limitation | Moderate impairment/ activity limitation | Severe impairment/ activity limitation |
|------------------------------|---|---|---|
| Mobility | | | |
| Self-care | | | |
| Communication | | | |
| Vision | | | |
| Hearing | | | |
| Mental-psychiatric diagnosis | | | |
| Cognition | | | |
| Health care needs | | | |

Each of the areas of impairment in this summary form is expanded into a number of sub-classes with descriptors provided at each of the three levels – mild, moderate, severe. For example, communication is divided into understanding, producing language, initiating and maintaining a conversation. Cognition is divided into problem solving and memory. The complete criteria are given in the National Strategy on Screening, Identification, Assessment and Support (South African Department of Education, 2008:34-42). The school and district based support team play a minimal role in the completion of the diagnostic profile; the only suggested involvement is that the district based school team staff “could assist with further verification” of cognition.

7.3 Involvement of Parents and Learner

The South African National Strategy on Screening, Identification, Assessment and Support (2008) refers to the role of parents in a number of different ways. Firstly, it acknowledges that current assessment practice lacks parental involvement, and that this is simply an example of how schools have failed to involve parents in virtually all aspects of school life. This failure to recognise the important contribution parents can make to the successful education of their children is seen as a major barrier to learning for all pupils, not just those with SEN.

This policy goes on to outline the required level of involvement of parents at each of the three stages of the screening, identification, assessment and support (SIAS) process. It states: “parents should at all times be involved in the identification and

assessment processes involving their child, and must be regarded as equal partners. (South African Department of Education, 2008:95)

The guidelines go further, and state that parental/caregiver participation in the SIAS is not a matter of choice, but compulsory. At the first stage, parents must be interviewed to discuss their views on the strengths, weaknesses and interests of their child, and to give their perspective on the difficulties their child is having. Parents can provide written information at this stage if they so wish. At the second stage, parents must be consulted, and all professionals involved in the assessment and support plans drawn up to meet the needs of their child. At the third stage, the district based support team must consult with parents and the parental response can be verbal or written. The guidance also states that “the knowledge and wishes of parents/caregivers must carry the ultimate weight in any decision making process”. (South African Department of Education, 2008:92)

The document has little to say regarding the involvement of the learner other than a statement that they should be involved in assessing progression and learning needs. In terms of placement it notes that social relationships and emotional growth need to be taken into account, but does not suggest ways that this might be carried out.

7.4 Discussion

A number of points are worthy of further comment. Firstly, the National government is the main driver of SEN reform, setting a detailed national framework to be developed over a 20 year period, giving provincial governments clear directives on processes and structures to be followed. This centralised approach arose out of the huge disparities between provinces during the apartheid years.

Secondly, the policy of inclusive education is developed within an explicit social model. SEN are seen within a very broad context in terms of the factors that exclude people from education; twelve are listed, with a strong focus on social factors. The wider environmental factors involved in SEN are considered at length under the heading of barriers to learning, and although within-child factors are acknowledged, there is an emphasis on the social factors causing exclusion from education.

Thirdly, there continues to be disagreement about the use of categories of disability. At the consultation stage of the development of the White Paper on SEN, which led to the legislation, many submissions drew attention to the contradiction of using

categories of disability alongside a social model of systemic factors causing exclusion from education. They argued that up to 70 per cent of learners may be covered by the mild-moderate learning difficulty category, and that the major cause is social and economic exclusion arising from the apartheid political system. Disability categories identify areas that require consideration in the analysis of barriers to learning that may exist for a child, rather than serve as a means of labelling individuals.

Fourthly, the guidance makes no mention of educational or school psychologists. It assumes that psychologists are part of the health service team, while implying that it is not essential to have psychological involvement in the assessment process. Lomofsky and Green (2004) expressed concerns about the marginalisation of psychology in special education, and considered some of the historical factors that led to this situation, especially the abuse of IQ testing in societies with diverse ethnic, cultural and linguistic groups. It is likely that the history of apartheid has caused a deep mistrust of psychometrics and standardised testing. The SIAS toolkit makes no mention of standardised, norm-referenced tests. The bulk of the assessment process involves the collection of data over time regarding the pupil's progress within the context of particular learning situations within the class, the school, the home, and the broader social context.

The primary role given to health professionals in the assessment of high level needs, including the areas of cognition, communication and self-care, seems surprising given that the South African assessment process emphasises the social and environmental context within which skills develop. Although it is suggested that the school and district team can assist in these assessments, there is no stipulation that their participation and views must be included in the health-based assessment. It seems likely that the result will be a more clinically oriented assessment rather than an assessment rooted in the context of the daily life of the pupil, and may well operate against the social model of SEN that is supported by the legislation and the system of assessment and support arising from it.

South Africa presents another example of the tensions often found within SEN assessment systems, with mismatches between the basic principles laid down to inform SEN policy, and the processes/methods used to implement policy.

8 Assessment of SEN in New Zealand

8.1 Introduction

New Zealand has deliberately developed a non-categorical approach to special education needs (SEN), with SEN defined by the support required rather than diagnostic labels. There is no requirement to diagnose a disability in order to access SEN provision. The system of SEN support in New Zealand has developed from a number of different laws – the Education Act 1989, New Zealand Bill of Rights Act 1990, and the Health and Disability Commissioner Act 1994. Special Education 2000 is the policy framework guiding SEN provision. New Zealand is the only country where the legislative framework is provided by the central government, and implemented by schools without state, provincial or local government having a role. Diagnosis of a disability is not required in order to access support.

The SEN system is influenced by an explicit acknowledgement of the different cultural backgrounds of the population, with language and culture seen as a vital context for learning and development that must be taken into consideration when dealing with educational difficulties. Guidance states that the special educational needs of children and students from different ethnic backgrounds will be met in culturally appropriate ways and in ways which reflect the culture and identity of each individual (New Zealand Ministry of Education, 2006).

Special Education 2000 provides the framework for schools, families and other specialists to work together for the benefit of students with SEN. The framework makes provision of extra assistance, adapted programmes or learning environments, specialised equipment or materials to support children and young people with SEN accessing the curriculum in a range of settings. Both Special Education 2000 and the New Zealand Curriculum Framework recognise that all students should have the opportunity to access essential areas of learning and to develop essential skills.

Students with SEN are defined as learners with a disability, sensory or physical impairments, learning difficulty, communication or behaviour difficulty that require one or more of the following:

- Extra assistance, adapted programmes or learning environments
- Specialised equipment or materials to support them in special or regular education settings (ibid.).

Guidelines are provided for procedures to access different levels of support available under Special Education 2000 as listed in Figure 8.1.

Figure 8.1 Access to additional support/resources to support SEN

- Verified for support from the Ongoing and Reviewable Resourcing Schemes
- Identified for support from the Behaviour Initiative, including support from the Resource Teacher: Learning and Behaviour (RTLB)
- Identified for support from the Speech-Language Initiative
- Identified by their schools for support from their Special Education Grant
- Identified for support from other *Special Education 2000* initiatives
- Identified by their parents and/or teachers as requiring collaborative support

Source: Ministry of Education, 2000

An Individual Education Plan (IEP) is a document that provides guidance for a student's programme for a defined period, and involves a cycle of assessment, planning, provision and evaluation. It is usually reviewed every term, but this may vary depending on the needs of the student and changes in circumstances. The guidelines indicate when an IEP is needed (see Figure 8.2).

Figure 8.2 Indicators that an IEP should be developed

- Barriers to effective learning have been identified which cannot be overcome by regular classroom strategies
- The regular classroom planning cycle does not provide enough support for an individual student
- There are key transition points e.g., students are changing class, changing school or preparing to leave school
- There is a change in the student's personal circumstances such as deterioration in health, emotional trauma, or a substantial gain in skills

Source: Ministry of Education, 2000

The IEP process brings together a core team, which should include the student, parent or caregiver, class teacher, and a named key worker who would usually be a member of school staff. In addition to the core team members, it may also include a parent advocate chosen by the parent, specialist teacher, other specialist service providers (usually Ministry of Education special education staff), therapists (such as speech and language therapists, physiotherapist or occupational therapist) and other disability and special needs specialists. What is unusual is the specification that where possible the student should be included as a core member of this team.

In terms of assessment guidelines, key principles are set out in Figure 8.3.

Figure 8.3 Key principles of assessment

- The purpose of the assessment will always be explicit
- The best interests and progress of the student will be paramount
- Where possible, the assessment will be an integral part of the learning process
- Assessment information will be shared with the student / family / at the time of the event or as soon as possible afterwards
- Assessment will take many forms, gather information from many contexts, and use a variety of methods according to the needs of the student and the specifics of what is being assessed
- Assessments will be carried out only by those with the appropriate skills
- No single assessment procedure will be used as the sole means of identifying the needs of the student
- The forms of assessment will be appropriate and validated for the specific knowledge, skills, or attitudes to be assessed
- Effective assessment takes into account diversity of belief systems and cultural expectations
- Assessment, testing and evaluation materials will be provided in the student's primary language or mode of communication
- The assessment activity will be appropriate to the age and developmental level of the student
- The assessment activity will have credibility with all those involved

Source: New Zealand Ministry of Education 2000

The guidelines make it clear that assessment strategies must not be limited to standardised tests and checklists, but must include a variety of methods that provide a comprehensive picture of a student's knowledge and skills. The term 'ecological assessment' is used, and this is described as:

... an approach to assessment which recognises that the student does not operate in a vacuum, but that surroundings and context have an impact on abilities and needs. Ecological assessments include a study of the student's physical environment and their interactions and activities with the people in close contact with them. (New Zealand Ministry for Education, 2006:44)

A list of suggested assessment methods is given, and these are outlined in Figure 8.4 below.

Figure 8.4 Suggested assessment strategies, tools and approaches

- Structured observations (in different settings)
- Anecdotal records
- Checklists
- Interviews with the student and those closely involved
- Formal, standardised tests
- Curriculum-based assessment, directly derived from specific curriculum materials, using exemplars and rubrics
- Ecological assessment (environmental)
- Task analysis
- Outcome-based assessment which is linked to teaching strategies
- Assessment of learning style
- Review of records, including school attendance
- Portfolio of student's work

Source: Guidelines for IEPS. Ministry of Education 2000

8.2 Role of Parents and Children

There is clear guidance that parents must be involved in all aspects of the assessment and provision made for SEN. This includes the development, implementation and review of learning programmes and strategies related to their child. Schools and professionals are urged to create an environment in which everyone listens and respects others' viewpoints. They are also asked to encourage open consultation, cooperation and good communication with parents. If schools and professionals are to work well with parents they must develop:

- Mutual understanding and trust
- Shared responsibilities for meeting the special educational needs of the student
- Cooperative working to integrate different perspectives cultural needs and diversity.

Parents know the students in a range of settings and situations and may often be the first to notice changes in skills and behaviours. Schools are expected to consider how they can best make use of this parental expertise. One suggestion is that the multi-agency meetings might take place in the home or a community setting outside the home.

The guidance also suggests that where possible the child or student should be encouraged to attend meetings and to play an active part. The student has unique

information about their own problems and difficulties, and any intervention plan depends on the cooperation and involvement of the child or student.

Assessment guidelines suggest that in all cases there should be an interview with the child or student being assessed, with their parent(s) or caregiver(s) and in some cases with other significant family members.

8.3 Funding for SEN

An important aspect of assessment is to access additional funding or resources for mainstream schools, as well as to support decision making on specialist placements. Funding is provided for two different groups of pupils: those with high or very high SEN, and those with moderate SEN.

There are five different schemes for those with high or very high SEN. The Ongoing and Renewable Resource Scheme (ORSS) provides funding for extra teachers, specialist programmes, therapy, consumables and education support. The ORSS is aimed at low incidence severe disabilities and acknowledges that each case is unique and must be considered on its merits rather than trying to develop a formula for each category of disability. Funding is at two different levels – ‘very high’ 0.2 full time equivalent (fte) of a teacher, or ‘high’ 0.1 fte of a teacher. As well as the additional teaching support, extra resources and equipment are funded on an individual need basis. The guidelines for accessing ORSS use five categories defined at two different levels (very high and high), with a number of criteria determining eligibility. The categories used and criteria required are shown in Table 8.1 and the descriptors for each criteria shown in Figure 8.5.

Table 8.1 Categories and criteria for ORSS funding

| Category | Criteria required | |
|-----------------------------------|-------------------|---|
| | Very high | High |
| Learning | Criterion 1 | Criteria 5, 9, 9.1 plus any two other |
| Hearing | Criteria 2.1, 2.2 | Criteria 6.1, 9, 9.1, 9.2 and one other |
| Vision | Criterion 2.3 | Criteria 6.2, 9, 9.1, 9.3 and one other |
| Physical | Criterion 3 | Criteria 9., 9.1, 9.5 and one other |
| Language and Social Communication | Criterion 4 | |

Source: New Zealand Ministry for Education, 2006

Figure 8.5 Criteria for ORSS funding

1. Requires total adaptation of all curriculum content.
2. Needs special assistance to engage in all face to face communication.
 - 2.1. Totally reliant on signing.
 - 2.2. Requires help of a trained person for communication following cochlear transplant.
 - 2.3. Relies totally on Braille for reading and writing.
3. Requires specialist intervention at least weekly and/or monitoring at least monthly together with daily special education support for mobility, positioning or personal care.
4. Requires specialist intervention at least weekly and/or monitoring at least monthly together with daily special education support for needs arising from severe disorder of both language and appropriate social communication.
5. Needs significant adaptation of almost all curriculum content.
6. Needs specialist teacher contact at least half a day per week.
 - 6.1. Has severe hearing impairment and needs regular contact with teacher skilled in deaf education to access the curriculum.
 - 6.2. Has severe visual impairment and needs regular contact with teacher skilled in the education of visually impaired to access the curriculum.
7. Requires specialist 1:1 intervention monthly and/or monitoring termly together with daily specialist education support provided by others for mobility, positioning or personal care.
8. Requires specialist 1:1 intervention monthly and/or monitoring termly together with daily specialist education support provided by others for severe disorder of language use and appropriate social communication.
9. Student has combined moderate needs. Student has moderate to high needs in a combination with at least two other needs at moderate to high levels, and the three needs interrelate to reduce significantly the student's ability to access the curriculum.
 - 9.1. Has delayed cognitive development needing significant adaptation of the curriculum. At 5 yrs there would be at least 18 month delay.
 - 9.2. Needs specialist teacher intervention monitoring for moderate hearing loss (41-70 dB) and uses hearing aids.
 - 9.3. Needs specialist teacher intervention and monitoring for moderate visual problems (visual acuity 6/24 after best correction and restricted field of vision to 30-60 degrees).
 - 9.4. Specialist intervention and monitoring to assist with moderate physical needs. Has moderate to high difficulty with fine and gross motor skills requiring physiotherapist or occupational therapist involvement.
 - 9.5. Requires specialist intervention and monitoring for moderate disorder of language use and social communication.

A panel consists of three verifiers from the list of verifiers appointed by the Ministry of Education, all of whom are educational professionals with qualifications, experience and expertise in special education. They scrutinise the papers of each applicant independently, and then communicate by teleconference. If they fail to

reach unanimous agreement, two of them visit the school and gather more information and observe the child. They then reach agreement. Parents can appeal to an independent arbitrator if they disagree with the decision.

For those with high or very high SEN not eligible for ORRS there are a number of other sources of funding or specialist support. The speech and language initiative provides funding for students with communication difficulties. The severe behaviour initiative is a support team of specialist teachers, educational psychologists education advisers based at various sites around the country providing support to individuals and schools. The supplementary learning support initiative can provide learning support and other forms of one to one support for students designated as high or very high need but not eligible for ORRS. Students with high health needs are identified by amount of absence from school due to health related problems or by number and length of admissions to hospital. Support is allocated according to need.

Additional funding to support students with moderate SEN is allocated on the basis of numbers on school roll and the socio-economic profile of its pupils. This provides funds for the school to provide programmes, resources and support for pupils. In addition, schools can apply for special education grants to fund SEN programmes for students with moderate-high SEN in the areas of learning or behaviour difficulties. A range of area based support services are also available to schools. Some, such as learning, literacy and behaviour support teachers are managed by clusters of schools. Others, employed directly by the Ministry of Education, work over a wider area. These include speech and language therapists, occupational therapists, physiotherapists, advisory teachers for the deaf and for the visually impaired and educational psychologists. There is also an enhanced programme funding scheme for schools with a disproportionate number of students with moderate SEN. A relatively new scheme, which continues to expand each year is the supplementary learning support scheme (New Zealand Ministry of Education 2007), providing additional learning support teachers to work with both class teachers and individual pupils to implement Individual Education Plans.

8.4 Discussion

The New Zealand system is centrally controlled, with the Ministry of Education Special Education section employing staff in 16 district offices. The system of assessment focuses on a cycle of assessing SEN, planning and implementing an intervention programme, and evaluating the outcomes in terms of pupil progress.

Diagnosis of disability plays no part in the system. Apart from suggesting which education staff should form the core team in planning IEP cycles, the choice of which professional groups need to be involved in assessment is left to the core team. The criteria set out to identify high and very high levels of SEN relate to functional and educational rather than medical aspects of the condition(s). There is no guidance about which professional groups might be involved in providing the evidence required or in the methods of assessment used. There is only one exception to this, where for moderate hearing and visual impairment degree of sensory loss is defined in quantitative terms.

Broad principles for assessment are laid down, and a wide range of assessment methods are suggested. Use of labels such as intellectual impairment, autistic spectrum disorder, dyslexic, attention deficit hyperactivity disorder, and specific learning difficulties are avoided. The guidelines make it clear that only around three per cent of the school population will be eligible for SEN provision over and above that funded by schools themselves from a delegated budget. There are clear criteria for access to additional funding for teaching support and resources for particularly high levels of SEN. Other SEN should be met from the part of the school delegated budget for SEN.

Compared with other countries, medical contributions to the SEN assessment process appear minimal. There is a reliance on various therapy services such as physiotherapy, occupational therapy and speech therapy services, which form part of the Ministry of Education special education district teams. There is no requirement for assessments to include psychometric testing, and none of the criteria for high level cognitive needs mention IQ as one of the indicators of high level SEN. Assessment focuses on issues of access to the curriculum and the support necessary to allow pupils with SEN maximum engagement with a broad and balanced curriculum.

9 Assessment of SEN in Ireland

9.1 Introduction

A considerable amount of new legislation relating to special education needs (SEN) in Ireland has been passed over the last ten years. This includes the Education Act (1998), the Equal Status Act (2000) and the Equality Act (2004).¹¹ It is worth noting that the Education Act (1998) included the category of 'gifted' as a SEN, but this category was left out of the most recent legislation, the Education for Persons with Special Educational Needs (EPSEN) Act 2004. Only certain sections of this Act have been implemented to date and full implementation has been deferred. It states a commitment to the promotion of inclusive education in Section 2 stating that: 'a child with special educational needs shall be educated in an inclusive environment with children who do not have such needs...'. It then adds the following proviso which is similar to that found in English legislation:

- ... unless the nature or degree of those needs of the child is such that to do so would be inconsistent with –
- a) The best interests of the child as determined in accordance with any assessment carried out under this Act, or
 - b) The effective provision of education for children with whom the child is to be educated. (EPSEN, 2004)

SEN are defined in this Act as:

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

The Disability Act 2005 is also becoming increasingly relevant to education as the zero to five years group, assessed under its procedures, approach school going age. The two pieces of legislation use different definitions for concepts relevant to SEN. Education professionals that we interviewed argued that the Disability Act has resulted in a diversion of resources, such as clinical psychologists and child and

¹¹ An historical background and legislative context of special education in Ireland is summarised in *Inclusion of Students with Special Educational Needs: Post-Primary Guidelines* (Department of Education and Science Inspectorate, 2007).

adolescent psychiatric services into this younger age group, away from school aged young people.

9.2 National Council for Special Education

The National Council for Special Education (NCSE) was set up on 1 October 2005 by Section 19 of EPSEN. Section 20 of the Act specifies NCSE's twelve functions. These include planning and coordination of provision for children with SEN, including integration and the need to provide a continuum of special education provision; ensuring that the progress of children with SEN is reviewed regularly; advising the minister in relation to any matter relating to the education of children with disabilities; dissemination of best practice regarding the education of children with SEN, providing information to parents of children with SEN regarding their entitlements and those of their children; and conducting and commissioning research. The NCSE allocates additional teaching and other resources available to support meeting the SEN of children with disabilities, having taken over this function from the Department of Education and Science (DES). Consequently, while funding to support high incidence SEN is allocated to primary schools via the General Allocation Model (GAM), resourcing of children with low incidence disabilities with consequent SEN is managed by NCSE. No comparable initiative for the GAM in secondary schools has so far emerged.

The NCSE was charged with producing an implementation report (NCSE, 2006) within one year of its inception. This report was to specify how the EPSEN would be implemented, which was specified to take place not more than five years from then establishment day, i.e. October 2010. However, full implementation of the EPSEN has been deferred and no new date has been specified.

The NCSE Implementation Report was advisory to the Minister for Education and Science. The report sets out clear values and principles in its vision, which aims to promote the rights of children. The report indicates progress to date and summarises important foundations for the implementation of the legislation, for example the attempts to estimate prevalence of disability. The report argues that EPSEN amended the definition of 'disability' in the Education Act 1998 to a definition that equates 'special educational need' to 'disability' whereas the Disability Act 2005 adopts a more restrictive definition of 'disability'. The Implementation Report also provides important analyses, backed up by recent research, as well as carefully argued proposals for action, including estimates of numbers (e.g. additional professionals) and costs.

9.3 Department of Education and Science

The Department of Education and Science has the overall responsibility to provide for education, including special education: it does not directly provide education. With respect to special education, the Department provides overall management of the education system, and produces Circulars which provide information and specify requirements on a range of matters concerning SEN. For example, two recent Circulars have included information concerning a review by NCSE of special needs assistants in primary, special and post-primary schools (Circular SP ED 0009/2009) and guidance to schools to enable them to meet their requirements for September 2009 for learning-support/resource teacher posts (Circular 0024/2009).

The Special Education Support Service (SESS) within the Department of Education and Science (established 2003) is tasked to consolidate, coordinate, develop and deliver a range of professional development initiatives and support structures. The Department of Education and Science also funds the National Educational Psychology Service (NEPS) whose psychologists are the main psychologists that conduct psychological assessments of children who may have SEN, as well as other activities which are non-individual child focused. The Inspectorate discharges a range of duties (see section 13 of the Education Act 1998). There are SEN inspectors at primary and post primary whose role includes evaluation, advice and support.

The Department for Health and Children is also a key partner with the Department for Education and Science. It provides medical staff including clinical psychologists, paediatricians and psychiatrists, and therapists, occupational therapists, and speech and language therapists, through the relevant health board both to assess and contribute to the intervention for children with SEN. The health board has responsibilities under EPSEN to carry out assessments of children who are not students, in cases where the board is of the opinion that the young person has or may have SEN.

9.4 Disability

An important aspect of the SEN system is the centrality of the concept of disability. This is found in the EPSEN under Section 4 which concerns assessments by or on behalf of the health board or NCSE. This is distinct from assessments conducted under Section 3 which are essentially driven by the school principal, although Section 3 is subject to guidelines that may be issued from time to time by the NCSE. Section 4(6) states that an assessment for the purposes of this section:

... shall include an evaluation and statement of the nature and extent of the child's disability (including in respect of matters that affect the child overall as an individual) and an evaluation and statement of the services which the child will need so as to be able to participate in and benefit from education and, generally, to develop his or her potential (EPSEN Act, 2004, Section 4 (6)).

The Disability Act 2005 is also relevant to the assessment of children with SEN by a health board. Section 8 states that:

An [assessment] report ... shall set out the findings of the assessment officer concerned together with determinations in relation to the following —

- (a) whether the applicant has a disability,
- (b) in case the determination is that the applicant has a disability—
 - (i) a statement of the nature and extent of the disability,
 - (ii) a statement of the health and education needs (if any) occasioned to the person by the disability.

Section 9 of the Act goes on to state that the identification of a disability may lead to the arrangement of an assessment. Hence the EPSEN and Disability Act both make provisions for the diagnosis of a disability which may lead on to an assessment of the SEN that arise from a disability. The Implementation Report (NCSE, 2006) states clearly that:

... the Council is adamant that the broad progressive definition of 'special educational needs' and 'disability' as contained in the EPSEN Act, 2004 and the Education Act, 1998, respectively must be the definition applied when questions of educational provision are being considered (Section 4.4.2, p.84).

In practice, however, a distinction emerges between the systems that have been devised for children with low and high incidence SEN. The Implementation Report indicates the challenge posed by the policy set out in EPSEN that every child who is considered to have a SEN, whether by the parent, school principal, the Health Service Executive or the NCSE, is entitled to an assessment. While stating that the Council considers that 'immediate emphasis must be on establishing and delivering this right for all children' (NCSE, 2006:117), the practical implications are recognised as daunting: an estimate of 7,000 assessments per annum.

In addition, Winter et al (2006) set out three valid criticisms of the current system of assessment. Firstly, they note that the system of categorising children by diagnostic criteria has at least three difficulties. The commonality of need among children within the same diagnostic category cannot be inferred. We would add that neither can it be acted upon as though there were a clear relationship. Many disability labels carry negative connotations. They can also lead to lowered expectations of the pupils concerned. Secondly, Winter et al point out that assessment may become an end in itself not a means to an end. They draw attention to the creation of perverse incentives to identify larger numbers of children to access additional resources, which bedevilled the SEN system in England for many years. For example, whereas the General Allocation Model is the resourcing mechanism for high incidence disabilities, some schools are reported to continue to refer students with likely high incidence disabilities in the 'hope' that they might be low incidence and therefore attract individual resources. There is also a premium on accessing certain labels which can distort assessments and raise ethical issues.

Finally, Winter et al note that the policy of linking assessment to resources can undermine the principle of inclusive education if children have to 'earn the right' to be included by accessing a particular label. However, we acknowledge that inclusion may be enhanced if principals can access funds to maintain children in their schools.

Two important means by which some of these challenges have been met in Ireland are the General Allocation Model and the Staged Model of Assessment. These are considered in next two sections of this chapter.

9.5 Resource Allocation and the General Allocation Model for Primary Schools

The current approach to funding support for students with SEN is comprised of one components for high incidence SEN and another one for low incidence SEN. The former is set out in Circular SP ED 02/05 which provides guidance for mainstream primary schools on the development and organisation of the teaching resources that are allocated under the General Allocation Model . This Circular specifies three groups of pupils for whom additional teaching resources are allocated under the General Allocation Model:

- Pupils who are eligible for learning-support teaching, with a specification that priority should be given to those whose attainment is at or below the tenth percentile on a standardised test of reading or mathematics

- Pupils with learning difficulties, including pupils with mild (emphasis added in each case) speech and language difficulties, mild social or emotional difficulties, and pupils with mild co-ordination or attention control difficulties associated with identified conditions such as dyspraxia, ADD or ADHD
- Pupils who have SEN arising from high incidence disabilities (borderline mild general learning disability, mild general learning disability and specific learning disability).

Pupils with complex and enduring needs (Circular SP ED 02/05, p. 4) will be given a specific individual allocation of resource teaching hours, outside the GAM. These children are specified by the nature of their disability which in each case is low incidence. Table 9.1 overleaf sets out these three categories of disability in further detail.

Table 9.1 Categories of learning difficulties and disabilities used in Special Education Circular 02/05

| Learning difficulties | High incidence Disabilities | Low incidence disabilities |
|---|---|--|
| <ul style="list-style-type: none"> • Mild speech and language difficulties • Mild social and /or emotional difficulties • Mild co-ordination or attention control difficulties associated with identified conditions such as dyspraxia, attention deficit hyperactivity disorder, requiring learning support | <ul style="list-style-type: none"> • Borderline mild general learning disability • Mild general learning disability • Specific learning disability | <ul style="list-style-type: none"> • Physical disability • Hearing impairment • Visual impairment • Emotional disturbance • Severe emotional disturbance • Moderate general learning disability • Severe/profound general learning disability • Autistic spectrum disorders • Specific speech and language disorder • Assessed syndrome in conjunction with one of the above disabilities • Multiple disabilities |

The large majority of children with SEN have high incidence disabilities or learning difficulties. The General Allocation Model is intended to support a more systemic approach to intervention than one based upon provision of resources at the level of individual pupils. It currently operates in primary schools only. This model has

inclusion at its core; statements in Circular 02/05 make it clear that the support provided is to enable the school to provide support for a relatively large minority of children who have SEN through systemic means. Methods here might include the provision of support in the classroom and withdrawal sessions where a child is taught outside the classroom, alone or in a carefully constructed small group, for specific pedagogic purposes and specific periods of time. It is essential that assessments of need are not directly linked to resource allocation. Whereas children with low incidence disabilities are assessed individually, the General Allocation Model provides support based on school characteristics. Teachers are allocated to primary schools on a permanent basis to cater for the needs of pupils with learning difficulties and SEN arising from high incidence disabilities. They must be used to provide additional support to pupils with SEN and not be used for other purposes.

Advantages of this model (set out in Circular 02/05 Appendix 2) include the provision of a known, enhanced resource, namely extra teachers. This supports planning and systemic intervention within the schools and also leads to a reduction in the need for psychological assessments of pupils with high incidence SEN; thus efficiency is improved. This model also supports a policy of inclusion, with the emphasis on giving schools resources to support them in developing their own, within school, provision to meet the needs of their pupils.

The General Allocation Model allocates resources to individual primary schools on the basis of three factors: size (number on roll), gender (boys, girls and mixed schools) and designated disadvantaged status. This approach acknowledges the well established relationships between high incidence SEN and boys and children from disadvantaged backgrounds. This is a stepped model, with one extra post provided for 135 pupils in boys' schools, and two at 295 pupils. Implementation may include use of finer gradations of resourcing if necessary. There is also a small schools factor whereby the allocation kicks in at lower levels. For example, small boys' schools qualify for an extra teacher at one hundred pupils.

The General Allocation Model currently operates only at primary level although consideration is currently being given to the possibility of its implementation at post-primary level. This poses a number of difficulties. For example, a high level of diversity within the pupil profile of the post-primary school sector poses a challenge regarding the determination of appropriate levels of additional resources. This is not to argue that the General Allocation Model should necessarily remain as it currently operates. The benefits and criticisms that have become apparent in practice should

be addressed. This issue is not simply one of extra posts but, crucially, of relevant expertise, of teachers and other staff. Establishing accountability for resource allocation would ensure that resources are appropriately targeted and lead to an improvement in students' learning.

9.6 Staged Approach to Assessment (Primary and Post Primary)

The General Allocation Model is a resource allocation model. The responsibility for identifying the resource needs of pupils lies with the school. A staged approach to assessment and intervention is recommended (see Appendix B Figure B.1).

The Staged Model of Assessment, Identification and Programme Planning comprises three stages. Guidelines have been distributed to all schools with an underlying continuum of support concept that reflects the staged model. At Stage I a parent or teacher may have a concern about a pupil's progress, as a result of which the teacher is expected to use screening measures or norm-referenced assessments as appropriate (see Appendix B Figure B.1). Subsequent intervention is based on a 'short, simple plan' devised by the class teacher which is monitored and adapted as appropriate. If concern continues, consultation takes place with the special education support team or the learning support/resource teacher in the school. With parental agreement, Stage II may be implemented. Here, the learning support/resource teacher plays a key role, initially for diagnostic testing and then in the implementation of a learning programme, in collaboration with the parent(s). In cases of pupils with serious emotional or behavioural difficulties, advice from a NEPS psychologist or the clinical services of the Health Services Executive may be sought, again with parental permission.

Stage III comprises further assessment in respect of pupils with learning difficulties or with mild or moderate behavioural difficulties (or both) by specialists from outside the school. This can include psychologists, speech and language therapists, audiologists or psychiatrists. This may lead to a learning programme and allocation of additional resources necessary to address the pupil's identified needs.

It is noteworthy that a specialist is not directly involved until Stage III, with the exception of cases where urgent action is required for a pupil with emotional or behavioural difficulties. This is a common approach that is influenced by the limited resources of educational psychologists and other specialists. However, a consultative approach by both educational psychologists and speech and language therapists is becoming increasingly common in a number of countries and is used by NEPS, for example. This seeks to provide specialist input to schools and parents

at an earlier stage, to support front line teaching staff, at Stage II, in the current system.

The staged process of assessment places responsibility for gathering information, developing an intervention plan, and monitoring progress, with the school. Circular 0032/2006 made grants available to schools to help purchase test materials to help with this process. The circular provided a list of tests in common use in Irish schools, but noted that it is not a recommended list of tests, that few tests have Irish norms, and that tests should only be used by trained personnel.

9.7 Low Incidence Disabilities

Descriptions and criteria for low incidence disabilities are provided in the first appendix of Circular Sp Ed 02/05, together with hours of resource teaching support available to the school per week. This varies from three hours for a physical disability to five hours for severe emotional disturbance, severe/profound general learning disability, autistic spectrum disorders, and multiple disabilities. Assessed syndromes in conjunction with a low incidence disability receive three to five hours, taking into account the pupil's SEN including level of general learning disability (see Appendix B Figure B.2 for information on high incidence disabilities). The Special Educational Needs Organiser (SENO) plays a key role in allocating resources and liaising with parents.

There are differences between categories in terms of the precision demanded for diagnosis. Autistic spectrum disorders must meet the criteria of DSMIV or ICD-10. Mild, moderate and borderline general learning difficulties, severe/profound general learning difficulties and specific speech and language disorders all require scores on standardised tests within a clearly specified range. For example, moderate general learning difficulty requires a full-scale IQ in the range 35-49. We are aware that many in NEPS would argue that the standard error of measurement should be taken into account in relation to category boundaries. However, we understand that, in line with Department of Education and Science policy, the NCSE requires exact numbers as contained in test manuals. Department policy also obliges NEPS to impose the criteria of an average IQ as a requirement for students with SSLD; this has raised concern regarding the criteria for emotional and behavioural difficulties. Hearing and visual impairment do not have set quantitative parameters for range of sensory loss: mild hearing loss is excluded but not defined. The category of physical disability includes a range of different conditions, such as spina bifida, cerebral palsy, brittle bones and 'severe accidental injury'. However, no criteria are

attached to any of them; diagnosis depends on the clinical/professional judgement of the professional involved.

9.8 Professionals Involved in Assessment of Disability

Circular Sp Ed 08/02 (DES 2002) sets out the professionals that must participate in the assessment and provide a written report for the diagnosis of low incidence disabilities (see Figure 9.1 overleaf).

Figure 9.1 Professional reports required and hours of resource teaching time allocated to pupils diagnosed as having SEN

| Category of low incidence disability | Professional report required | Support time of resource teaching allocated to each pupil (in hours) |
|---|--|--|
| Physical disability | Medical doctor or occupational therapist. Psychology report may be required | 3 |
| Hearing impairment | Audiologist report, verified by visiting teacher of the hearing impaired. Psychology report may be required | 4 |
| Visual impairment | Ophthalmologist report, verified by visiting teacher of the visually impaired. Psychology report may be required | 3.5 |
| Emotional disturbance | Psychiatrist or psychologist report | 3.5 |
| Severe emotional disturbance | Psychiatrist or psychologist report | 5 |
| Autism/autistic spectrum disorders | Multi-disciplinary team or psychologist report | 5 |
| Specific speech and language disorder | Speech and language therapist and psychologist report | 4 |
| Assessed syndrome in conjunction with one of the above disabilities | Psychologist or other specialist report | 3-5 depending on assessed needs |
| Multiple disabilities | Appropriate professional reports confirming two or more from the above list of disabilities | 5 |

These professionals are external to the school and responsible for diagnosis. In addition, teachers are also involved with the identification and assessment of SEN.

Capacity and expertise vary, a characteristic that is not unique to Ireland. The colleges of education and universities throughout the country have an extensive role in the professional development of teachers. Within the Department of Education and Science, the Teacher Education section and the SESS also play important roles in providing support and training. An example would be the major initiative launched in April 2008 by SESS to support teachers and schools for children with autistic spectrum disorder. In-service training provision will need to be extended to address the role of teachers in this assessment process, if it is to be further extended.

This will be especially important if teachers' role in statutory assessment is developed. However, there would be offsetting benefits in reducing the time educational psychologists spent in assessment and releasing time for EPs to develop consultancy support.

9.8.1 Role of educational psychologists

Educational psychologists are key professionals in the assessment of SEN but they are in short supply and not all schools have access to a member of the National Educational Psychology Service. School psychological services for mainstream schools commenced in 1960 in Dublin (see Crowley, 2007) and have evolved gradually. In 1999, NEPS was set up, largely subsuming the Department of Education and Science Psychological Service. Structured into ten regions, the intention was that by 2004 there would be 200 educational psychologists in the school system, 184 of whom would be in NEPS. These figures are now out of date. Currently NEPS cover (i.e. on their service lists) a total of 74 per cent of schools (84 per cent of pupils). The distribution is primary: 71 per cent of schools, 81 per cent of pupils; post primary: 90 per cent of schools, 92 per cent of pupils. In February 2009, there was a total of 158 educational psychologists (whole time equivalents being somewhat less), and not 200 as planned. A commitment to increase the number of educational psychologists to over 200 was reiterated in October 2008 but it is not clear just now whether this commitment will be discharged in light of the budgetary difficulties and the current embargo on public sector recruitment. Furthermore, NCSE (2006) recommends that 400 educational psychologists will be required for full implementation of EPSEN, one for every ten schools.

The shortage reflects inadequate funding for training in this field. Training provision is limited to University College Dublin and the Psychological Society of Ireland Diploma in Professional Psychology (Educational); the latter is no longer available

to new trainees. The development of a third training programme in the University of Limerick has been considered; however, the likelihood of this is not known, at least in the immediate future.¹² Proper planning in the provision of training for EPs would be facilitated by a 'personnel study/staffing analysis. It would also benefit this purpose if the Department of Education and Science clarified its medium term policy for NEPS. As with educational psychologists in other countries, NEPS has sought to provide a comprehensive service including, but not limited to, assessment of individual children (NEPS, undated). NEPS' support and development functions could assist in supporting school based assessments and building school capacity.

Psychologists can be involved in the assessment of all categories of disability, and are the most frequently mentioned professional regarding diagnosis of several categories of disability requiring IQ testing. Given the central role of psychologists in assessment, the qualifications and training standards of educational psychologists play an essential role in ensuring their competency to carry out these assessments. Parkinson (2004) expresses some concerns about the qualifications and training of educational psychologists in Ireland. There is a discrepancy between recruitment standards used by NEPS, the main employer of educational psychologists, and standards laid down by the Psychological Society of Ireland. Parkinson is critical of a policy whereby it is possible to enter the psychological service with a psychology degree, a teaching qualification and a minimum of three years experience in a specialised area of education, but without a recognised post graduate qualification in educational psychology, subject to requirements for supervision and training being met whilst working in the Psychological Service. Interviews held with senior representatives of NEPS confirm this situation. It was also reflected in the most recent recruitment programme (October 2007), in which a post graduate qualification in educational psychologist (EP) was, again, not mandatory, although it was given more prominence in the criteria.

From the interviews we conducted, we understand that there is some resistance within NEPS to the idea of requiring the professional qualification in educational psychology for fear that psychologists working to a standard of excellence, and with extensive experience, may not be eligible. The current shortage of educational psychologists also poses challenges for NEPS. Fully qualified educational psychologists should be a *sine qua non*; however, in order to provide a service to the whole community some relaxation of qualification standards may be necessary.

¹² This understanding was drawn from discussions with senior professionals in this field.

This should be a short term measure only and the work carried out by such members of the service should be appropriate to their competence. Statutory registration, in the offing for the last few years but not implemented yet, may resolve the qualifications issue by requiring a recognised postgraduate qualification in educational psychology.

It is also of relevance that, given that not all schools have access to a NEPS educational psychologist, such schools are allowed to commission individual assessments pending the expansion of NEPS. The document 'Scheme for the commissioning of psychological assessment: Guidelines for schools 2009/10'¹³ stresses that this is not a substitute for a full educational psychological service, before setting out the procedures for its implementation. However, the eligibility criteria fall short of a post-graduate qualification in educational psychology although the requirements for experience have been increased recently. The most recent specification *Guidelines for the commissioning of psychological assessments (SCPA): SCPA psychologist* is as follows:

- that they are graduate members of an appropriate professional body (e.g. Psychological Society of Ireland or the British Psychological Society) and that they have at least two years supervised experience of administering and interpreting psychological tests for children
- that they are registered or chartered or certified by an appropriate professional body and receiving on-going supervision

or

- that they are receiving on-going supervision that could confer registered status within three years with Psychological Society of Ireland
- that they adhere to the Psychological Society of Ireland Code of Ethics and to the 'Policy on the use of Psychometric Tests in Ireland' (adapted by the Psychological Society of Ireland in November 2007)
- that they have obtained Garda clearance
- that they have obtained a Tax Clearance Certificate from the Revenue Commissioners.

It is clear that provision of educational psychologists in Ireland is inadequate, and does not meet population needs regarding the assessment of SEN of children and young people. The current situation, of some under-qualified personnel and one-off

¹³ <http://www.education.ie/home/home.jsp?pcategory=33437&ecategory=35638&language=EN>

assessments can, in our view, only be considered as a stop-gap. Concerted efforts must be made at several levels, including the enhancement of the initial training of educational psychologists, expanding NEPS and the level of training support provided.

9.8.2 Role of other professionals

Our discussions with senior staff from NEPS and the Inspectorate have also indicated substantial shortages among both speech and language therapists and clinical psychologists, as well as other health staff. There is considerable variation from area to area in the availability of, for example, clinical psychologists and child and adolescent psychiatric services. Furthermore, it was argued by some of our interviewees that Health Service Executive resources have been diverted to the zero to five years cohort due to the Disability Act 2005. These compound the difficulties identified above for educational psychologists as the present system requires specified professionals to diagnose particular disabilities (e.g. autistic spectrum disorder, speech and language disorder). Unless such professionals are available, the system is compromised. The NCSE has acknowledged a shortage of relevant professionals to contribute to the diagnosis and assessment of school aged children and young people (NCSE, 2006). Interviews with professionals revealed that there are shortages of posts and/or personnel in some areas and an uneven distribution of child clinical services across the country. These factors pose particular problems if staff shortages make the necessity of having a diagnosis by a particular professional an unfeasible demand.

9.8.2.1 Allocation of teaching resources

Allocation of teaching resources, both staff and additional aids/materials, is carried out according to Circular Sp Ed 02/05 and is summarised in Figure 9.2.

Figure 9.2 Allocation of teaching resources for pupils who need additional support in mainstream primary schools (Sp Ed 02/05)

| Groupings | Criteria | Resources |
|---|--|--|
| Pupils eligible for learning-support teaching | Priority for pupils in bottom tenth percentile on standardised tests of reading or maths | Needs to be met from school general allocation of teaching resources for pupils needing additional support |
| Pupils with learning difficulties* | At stage II of staged intervention process | Needs to be met from school general allocation of teaching resources for pupils needing additional support |
| Pupils assessed as having SEN arising from high incidence disabilities – borderline- or mild general learning difficulties and specific learning difficulties | Some at stage II of staged intervention process, others at Stage III of the intervention process | Needs to be met from school general allocation of teaching resources for pupils needing additional support. Some stage III may be allocated additional resources on basis of individual need |
| Pupils assessed as having SEN arising from low incidence disabilities | Usually at stage III of staged intervention process. Individual resource applications to be made | Additional resources allocated on the basis of individual need after formal assessment |

* Note: Learning difficulties includes mild speech and language difficulties, mild social and emotional difficulties, and pupils with mild coordination or attention control difficulties associated with identified conditions such as dyspraxia, or attention deficit hyperactivity disorder.

9.9 Role of Parents

EPSEN states that parents have a central role in the education of their child, and should be involved as equal partners in the process of meeting the SEN of their child. It is the responsibility of the school board of management to ensure the rights of parents are upheld, and the responsibility of the school principal to promote involvement of parents. This can be done through whole school procedures to ensure the effective involvement of all parents, by encouraging parents to share information sharing with the school, and by consulting with them how this information might be used in the best interests of the child. Parents have the right:

- To request an assessment of their child's SEN
- To withhold consent to an assessment of the SEN of their child (although the NCSE or Health Board can apply for a court order to proceed with an assessment without parental consent)
- To be consulted by the school Principal in relation to an assessment
- To participate in an assessment and be involved as a team member in preparation of an educational plan
- To access to information on all assessment findings
- To appeal with respect of a refusal of a school principal to carry out an assessment, against the findings of an assessment on grounds of it not meeting the required standards, to prepare an educational plan (EPSEN, 2004).

There is increasing recognition internationally of parental rights and the Irish approach of recognition of these rights is to be welcomed.

9.10 Discussion

Although the Education for Persons with Special Educational Needs Act of 2004 primarily defines SEN as learning difficulties arising from a disability, not all the categories of low incidence conditions named and defined in Department of Education and Science Circulars use the word disability. Sensory loss of hearing and vision are described as impairments, emotional and behavioural conditions are described as problems or disturbances, and autistic spectrum disorder and specific speech and language conditions are described as disorders. This variation may reasonably be argued to reflect the additional phrase in the EPSEN definition, 'or any other condition (emphasis added) which results in a person learning differently from a person without that condition' (EPSEN, 2004). There are considerable differences between the various categories in terms of the precision with which the criteria for diagnosis (or other condition) are set out. Some give very precise ranges of scores on standardised tests required to confirm a diagnosis; others are left to the clinical judgement of named professionals.

Many countries are moving away from a discrepancy model of defining specific learning difficulties, to a more precise analysis of the specific skill areas causing the learning difficulties. This is seen in the US, where legislation rules out the use of any single measure as the sole criterion for determining whether a student has a disability (Yell and Drasgow, 2007), and states can no longer require school districts to use the discrepancy model. They can, however, forbid the use of this method of assessing specific learning difficulties. In Ireland, the situation is

complicated by a lack of educational psychologists (and other necessary professionals). The requirement to diagnose a disability creates a practical as well as conceptual challenge.

10 Variety of Approaches to the Diagnosis of Disability and Assessment of SEN

10.1 Introduction

This report considers approaches to the assessment of special education needs (SEN) in eight countries across four continents. They were chosen in part to reflect a wide range of practices, and to illustrate the important issues involved in a field where there is an international consensus regarding basic principles and desired outcomes in terms of equal opportunities, children's rights and inclusion of all pupils, but still a great deal of debate and disagreement as to the processes and practices that will achieve policy objectives in an effective and efficient way.

There is considerable variation internationally in the degree of central government involvement in the SEN system, and the degree of structure imposed on states or local government in how they should carry out their statutory duties of identification, assessment and meeting the needs of children and young people with SEN. There are also a number of different dimensions that are involved in assessment procedures involved in the identification of SEN. Is it necessary to diagnose a disability, and if so which classification systems should be used? How carefully can criteria for disability be specified that allows reliable and valid assessment to take place? What methods of assessment should be used and which professional groups need to be involved in those assessments? What training, qualifications and experiences are required by the professional groups involved in the assessment of SEN? How is the additional funding for SEN managed and how is it accessed by schools and by individuals? A number of themes have emerged from this survey of different systems of identifying SEN, and these will be considered in the following sections.

10.2 Involvement of Central Government

Over the last 25 years international concern about equal opportunities, discrimination across many different dimensions (gender, race, disability, socio-economic), and the rights of children led to national governments passing legislation regarding these issues. This legislation has often increased the role of central government in education, which has had an impact on SEN, and the systems developed to meet the needs of pupils and students with SEN. Figure 10.1 summarises the various systems, indicating the degree of central government

control over SEN and the role of state, provincial or local government in SEN. Systems of central and local government evolve over a long period of time, and it is unlikely that education, and particularly the education of children with SEN, has been a major force in determining the balance between central, regional and local government in any jurisdiction. Rather, it is probably that the different roles of central, regional and local government in each country have developed to make what is seen as most efficient use of existing structures, which themselves will have been influenced by size of territory, size and distribution of population, and the different political traditions of the countries concerned.

Figure 10.1 Role of central, regional or local government in SEN

| Country | Central government | Regional/local government |
|--------------|--|---|
| Ireland | Central government responsible for legislation and regulations on SEN. NCSE has key role in implementation | Each national school board of management/ school principal responsible for implementing government policy. No layer of local government involved |
| New Zealand | Central government responsible for legislation and regulations on SEN | No layer of local government involved. The Ministry of Education has 16 district offices supporting schools in implementing policy |
| England | Central government responsible for legislation and regulations on SEN | Local authorities are responsible for implementing policy and developing processes to provide appropriate support for pupils with SEN |
| USA | Federal government passes legislation and regulations on SEN that state governments have to follow when passing their own legislation. In recent years the role of Federal government in SEN has increased | State governments have a degree of independence in legislating for SEN, within the limits set by Federal government legislation. District school boards oversee schools in implementing state and federal legislation |
| South Africa | Federal government passes legislation and develops clear national policy framework in an attempt to reduce the significant differences between provinces developed during apartheid years | Provincial government implements policies, but within a clearly defined national framework. District based educational authorities have district based staff working with schools to implement policy |
| Australia | Federal government passes legislation which state governments have to follow when passing their own legislation | State governments have some independence in legislating for SEN, within the limits set by Federal government |
| Germany | No central government involvement with SEN, but the Ministers of Education, Cultural Affairs and Science from each of the 16 Lander meet as a standing conference to help coordinate policy across regions | Each of the 16 regional governments (Lander) responsible for SEN |
| Canada | No central government involvement in SEN | Provincial governments responsible for SEN |

Five of the countries covered in this review have federal government systems, with Canada and Germany having the least involvement of the federal government in education. Germany has developed a formal forum – the standing conference of ministers of education and Cultural Affairs – to help coordinate policy across the regions. There is no Canadian Federal Ministry or Department of Education. Any international aspects of education, such as applications from overseas students to join institutions of higher education, are dealt with by the Department of Foreign Affairs. Each Canadian province has its own Education Department with responsibility for education, including SEN. One major feature has been the move towards a more inclusive and less segregated system of meeting SEN, driven by legislation from central government as well as initiatives from individual schools and local education authorities.

In the US, central government has become increasingly involved in SEN provision. There, in recent years, the federal government has become more involved in educational issues, setting frameworks for curriculum and assessment that have to be followed by State governments. The “No child left behind” legislation has been an important aspect of this, having important implications for delivering a more equitable education system for black, Hispanic, socio-economically deprived and children and young people with disabilities. Through the Individuals with a Disability Act (IDEA) and Individuals with Disability Education Improvement Act (IDEIA) legislation, and regulations arising from it, federal government has provided a tighter framework for state governments to deliver a system of special education.

A similar theme has emerged in South Africa, with the change from a political regime based on apartheid, to a more democratic multi-racial society. The federal government has had the responsibility of radically altering the old system of SEN provision, based as it was on meeting the needs of white citizens at the expense of all other racial groups. This has involved the dismantling of the Bantustans, in an attempt to build an education system which makes provision for all children, including those with SEN. This is a project which will take decades, and is acknowledged in the long-term planning that has been developed to provide short- and long-term goals over the next 20 years. There is a very clear national framework for SEN reform that must be followed by provincial governments.

Ireland and New Zealand have the most centralised system, with Central government passing legislation and setting up systems that have to be implemented directly by schools, with local government having no involvement in SEN.

The benefits of a strong central government involvement include the possibility of a common system across the country, so avoiding what is now called the ‘postcode lottery’ resulting from local decisions leading to different provision. However, central control can also be argued to lead to an inappropriate practice as there is insufficient knowledge of important and relevant local variations that should be taken into account. Our own view is that there needs to be a balance between national and local determination of policy and practice. This will be affected by the size of the country. Ireland is relatively small in terms of population compared with the UK, Germany and the US. There is greater potential, at least in principle, for uniformity to be achieved, although our discussions with practitioners suggest this is not the case. For example, not all schools have a service from NEPS because of insufficient staffing and there is variation in access to clinicians because of different staffing ratios.

10.3 The Role of Disability Diagnosis in SEN

Another important variable is the role of disability diagnosis in the identification of SEN. Is a disability diagnosis necessary for a student to access additional resources? Most countries have a staged approach to the identification of SEN, with some resources allocated directly to schools to help meet some of the more frequently occurring needs. It is in the allocation of additional resources to the low frequency SEN that some, but not all, countries require that a child is classified as disabled. Figure 10.2 summarises information on the need for a diagnosis of disability and number of categories used.

Australia, Ireland and the US all require diagnosis of a disability to access resources for low frequency SEN. It should be noted that in these countries it is necessary, but not sufficient, to have a disability diagnosis. A child can be diagnosed as having a disability, but educational assessment may indicate that there are no SEN arising from the disability. As well as the disability diagnosis there must be evidence of how the disability is implicated in causing the pupil to have SEN.

The picture in Canada is a little more complex, with the concept of “exceptionality” including both disability and gifted and talented categories. Alberta uses a SEN coding system with different categories that can exist at a mild/moderate level, and a smaller number of these can also exist at a severe level (see Table 4.3). Gifted and talented and learning disability categories can only exist at a mild/moderate

level. Newfoundland and Labrador use categories of exceptionality, all of which involve disability except the gifted/exceptional grouping.

Figure 10.2 Diagnosis of disability and number of categories used

| Country | Diagnosis of disability required to access resources | Number of categories used |
|--------------|--|---|
| England | No diagnosis of disability required | None required for diagnosis, but eleven used for administrative monitoring |
| New Zealand | No diagnosis of disability required | None required for diagnosis, but five used for allocation of funding for high/very high SEN |
| South Africa | No diagnosis of disability required | None required for diagnosis but 14 used for funding allocation |
| Germany | Categories of SEN used, but diagnosis of disability not required | None required for diagnosis but nine used to recommend type of educational provision for each category |
| Australia | Diagnosis of disability required | Eight in federal law, South Australia has seven, Queensland has six |
| U.S.A. | Diagnosis of disability required | IDEIA has 13, Alabama has 13, Massachusetts has twelve |
| Ireland | Diagnosis of disability required | Has eleven categories of low incidence disabilities and three categories of high incidence disabilities |
| Canada | Diagnosis of exceptionality required, which includes both disability and gifted and talented | No federal categories given, Alberta has eight categories of disability plus gifted and talented, and seven categories of severe disability. Newfoundland and Labrador use nine categories of disability plus gifted and talented |

England, New Zealand and South Africa do not require a diagnosis of a disability to access resources. An assessment is required which clearly identifies the SEN. The legislation in England makes it clear that a diagnosis of disability is not a requirement, and that even if a disability diagnosis is made, it does not necessarily follow that the child will have SEN. Their Code of Practice (UK Department of Education and Science, 2001) refers to four areas of need: communication and interaction; cognition and learning; behaviour, emotional and social; sensory and/or physical. Some local authorities provide guidance to schools on when they should ask for a multi-professional assessment which triggers the provision of additional resources. These guidelines focus on particular disabilities (for examples see City of York, 2006; London SEN Regional Partnerships, 2004). South Africa uses areas

of impairment to help guide medical assessment of SEN, but there is no requirement for diagnosis of a disability.

10.4 Classification of Disability

A variety of classification systems are used for categories of disability by those countries requiring a disability diagnosis for SEN. No country simply uses just one of the three international systems described in Section 1.3. Some countries or jurisdictions, such as South Australia and Ireland, make reference to DSM IV criteria for autistic spectrum disorder; South Australia refers to ICD-10 for some categories. However, most use criteria developed within the country or state, some of which may be derived from DSM IV or ICD-10. Queensland makes reference to the WHO ICF system.

The number and exact nature of the categories varies between countries, and even between different states or provinces of a country. In the US, IDEA lists 13 categories of disability, but Massachusetts uses twelve and Alabama 13. In Australia federal law uses eight categories of disability, South Australia uses seven categories, and Queensland uses six. Ireland uses nine categories divided into high incidence and low incidence groups, some of which are classified as mild, moderate or severe (Table 9.1, p.126). Specific learning difficulties are classified as high incidence. In Canada, the province of Alberta uses nine categories of exceptionality – eight of these are disabilities, with the ninth as gifted and talented. Newfoundland and Labrador use ten categories of exceptionality – one of which is that of 'gifted', while the remaining nine are disabilities.

As well as differences in categories of disability used, different approaches to diagnosis are taken by different countries. These concern the degree of specificity used to define each category of disability, whether particular methods of assessment are required to make the diagnosis, and whether particular professional groups have to be involved.

South Australia uses a highly structured and directive approach to diagnosis of disability, specifying the impairment criteria required for a particular diagnosis, the evidence required to confirm the diagnosis, and the professionals that must provide the evidence (see Figure 3.3 page 59), together with a list of recommended assessment instruments to be used in the assessment (see Figure 3.4 page 60). For five of the seven categories of disability, quantitative criteria on particular assessments are specified. Autistic spectrum disorder can only be diagnosed by named professional groups, and only if they have been trained by the South

Australia Autism unit. Physical disability is the only category where diagnosis is left to the clinical judgement of the medical staff involved, with no specified assessment methods provided.

Queensland uses a similar system, setting out definitions for each of the six categories of disability they use, together with criteria and evidence required. For example, in the category of intellectual disability, DSM IV is used alongside additional requirements such as mandatory provision of evidence of adaptive functioning scores on standardised tests falling at least two standard deviations below the mean when administered and scored by two independent examiners in two separate environments.

In the two Canadian provinces considered in this study, the importance of a staged procedure using formal and informal methods is emphasised, as is the ethical framework to be followed by professionals involved. It is only when the early stages of assessment and intervention have failed to lead to progress that the formal assessment of exceptionality is carried out. The emphasis is still on strengths and difficulties/needs of the individual, although the criteria for the diagnosis of the categories of disability included in the concept of exceptionality include some very specific quantitative indicators for cognitive, hearing and visual disability. The criteria for learning disability and communication disability are very broad with a number of qualitative descriptors given, and no prescriptive guidance on assessment methods to be used.

In the US, the approach to categorisation is varied, with wide differences between states. Massachusetts provides qualitative definitions and highlights key concepts to be considered in assessment rather than prescribing particular assessment methods or scores on standardised tests. It provides suggestions for a range of possible assessment methods and factors to be considered in assessment (see Appendix Figure A2), but leaves much to the clinical and professional judgments of those involved. In contrast, Alabama is close to the Australian model, offering definitions, criteria and what is called “minimum evaluative components”, that is the evidence required to support the diagnosis of disability and the assessment methods to be used to gather this evidence. For example, the section on specific learning disability runs to five pages, which includes two pages on the minimum evaluative components (Alabama Department of Education, 2008, pp 514-518).

The case of specific learning disabilities is of particular interest because it is perhaps the most contentious of disability categories in terms of what it involves and how it should be assessed. In the US, IDEIA prohibits states from requiring

school districts to use a discrepancy model to determine a specific learning disability. However, it allows states to prohibit school districts from using the model to determine specific learning disability. Neither Alberta nor Newfoundland and Labrador use the category of specific learning disability. Instead they use the category of learning disabilities as defined by the Canadian Learning Disabilities Association, which includes a wide range of different learning disabilities, but offers no guidance on how it should be assessed. Australia has a category of learning disability but the states of South Australia and Queensland do not include specific learning difficulties in the categories of disability they use for identifying SEN.

10.5 Professionals Involved in Diagnosis of Disability

All the countries, states and provinces included in this review have provision for parental submissions and information about the SEN of their child to be included in the education led assessment to consider the level of support and resourcing that may be required for their child. Further, education advice is required by all countries when assessing eligibility for additional resources to meet SEN. For these reasons, section focuses on the involvement of various other professional groups in each state, province or country.

The English SEN legislation does not require the diagnosis of disability but has the policy of requiring educational, medical, psychological and social care reports on all children undergoing a multi-professional assessment to consider whether they require a statement of special educational needs (about three per cent of all pupils). The head teacher of the school in which the child is placed is responsible for the education report, and can consult class teacher, special educational needs coordinator (SENCO) of the school and any support teaching staff that might have been involved. The medical report can be provided by any medical practitioner, but is usually written by a community paediatrician with designated responsibility for all reports. There is no requirement that the person writing the report has personally examined the child; rather they may rely on reports provided by one or more qualified medical officers who have seen the child. Speech and language therapy reports, if a speech and language therapist has been involved, would be included in the medical advice. Psychological reports must be provided by an educational psychologist employed by the local authority, or contracted by the local authority to provide psychological advice in a particular case. It is the responsibility of the educational psychologist involved to coordinate psychological advice if any other psychologists have been involved with the child (e.g. clinical psychologists).

New Zealand does not require the diagnosis of disability in order to access additional resources for SEN, and criteria focus on the type and level of resourcing required to meet the identified SEN. Health professionals such as speech and language therapists, occupational therapists, physiotherapists and psychologists are employed by the Ministry of Education and work out of the district offices. There is little guidance about when to involve these additional support workers and when to involve medical staff; the decision is left to the IEP teams.

In South Africa, the strategy regarding screening, identification, assessment and support of SEN involves an institutional level support team. This consists of a teacher with specialised knowledge and skills in learning support, guidance or counselling, a general class teacher, a member of the school management team, a member of administrative or care staff, and in senior schools, a pupil. The district based support team (DBST) should include specialised learning support staff, a representative from the special school resource centre, support teaching staff from the district and staff from the Curriculum, Institutional development and support unit. It also includes the medical staff (doctor, medical practitioner or health clinic workers) who complete the diagnostic profile required at stages two and three of the assessment process. Input from health professionals is optional at stage one except in the case of physical and sensory disability. In addition, other professionals such as psychologists and therapists may provide what is termed supplementary information. Health services are responsible for the assessment of cognitive, communication and self-care assessments, with the possible assistance of the institution level and district based support team. Given the emphasis in South Africa on a social model of systemic factors causing exclusion from education and contributing to SEN, it is surprising that the role of school and social services are secondary to health services in the assessment of cognition, language and self-care. Psychological assessment, if seen as necessary, is a health service responsibility, and again it seems probable that these psychological assessments are more likely to be clinically oriented than if they were carried out by a school or educational psychologist.

Figure 10.3 outlines the professionals involved in diagnosis in those countries requiring a diagnosis of disability for the provision of SEN resources. As the actual categories used vary between countries, similar categories have been merged here. Figure 10.3 summarises main trends; however, it is important to note that there are differences in the degree of specificity used to indicate which professionals should be involved in diagnosis of any category. For example, the two Australian states reviewed here specify the professional members of staff who must be involved in the assessment for each of the categories of disability they use. A diagnosis of autistic spectrum disorder requires reports from at least two of the following professionals – a paediatrician, a psychiatrist, a psychologist or a speech and language pathologist. Hearing disability requires at least two audiograms within the last 18 months, and physical disability require both a medical report and evidence from the DECP support services for the physically disabled. Queensland has a similar system. Uniquely, Queensland also requires verification by a senior guidance officer of diagnoses made for intellectual impairment or speech and language impairment. The chapters on each of these jurisdictions sets out a more detailed account of such requirements and specifications.

Figure 10.3 Professionals involved in diagnosing various disabilities in different countries

| | Canada | U.S | Australia | Ireland |
|---|--|---|---|---|
| Cognitive/ intellectual/ learning | Psychologist | Psychologist | Psychologist or guidance officer | Psychologist |
| Sensory | Audiologist, ophthalmo- logist | Audiologist, ophthalmologist | Audiologist, ophthalmologist, ENT specialist | Audiologist, ophthalmo- logist |
| Physical/ health | Medical doctor or allied professional | Medical doctor or allied professional | Medical doctor or allied professional | Medical doctor, occupational therapist, psychologist |
| Emotional/ behavioural | Usually psychologist/ psychiatrist, but not compulsory | Can include psychiatrist or psychologist | Category not used | Psychiatrist or psychologist |
| Speech and language | Speech and language therapist | Usually psychologist, speech therapist, but not always stated | Speech pathologist | Speech and language therapist, psychologist |
| Autism | Not used as a separate category, seen as health, with medical staff involved | Medical doctor, psychiatrist or psychologist | Paediatrician, psychiatrist psychologist speech pathologist | Multi- disciplinary team or psychologist or psychiatrist |

The Canadian provinces are less specific about the professionals that are involved in the diagnosis of an exceptionality. They do provide guidelines on the ethical framework to be followed, the use of qualified professionals who must follow the Alberta standards for psycho-educational assessment and the standards and guidelines set by the professional organisations for their members. The criteria for identification of the various disability categories imply that psychologists should be involved for cognitive and learning disabilities and medical personnel for visual, hearing and physical/medical disability. There is a stipulation that speech and language pathologists must be involved in the diagnosis of severe communication disability. The staged procedure of assessment suggests that at stage two the

school team may include special education teachers, counsellors and administrators as well as the class teacher. At stage three a variety of outside specialists might be involved, depending on the disability and SEN. These could include psychologists, medical officers, and speech and language pathologists. The decision of the specialist professionals to be involved is made by the school team in consultation with parents. Newfoundland and Labrador follow similar procedures; there, the type of information required for diagnosis sometimes implies the involvement of a particular professional, while in other cases the need for a particular professional is stated.

In the US, IDEIA requires that assessment must be sufficiently comprehensive to identify all of the special education and related needs. This is whether or not they are commonly linked to the disability category in which the child has been classified. Educational advice is mandatory, while health and psychological advice are optional; if included, it must be carried out by qualified personnel.

Massachusetts guidance states that health and psychological assessments will be included if school or parents request them (see Appendix 1, Figure A.2 for the range of possible assessments for each category of disability). Medical assessment is included for neurological, physical, health and sensory impairments. Psychological assessment is implied for intellectual impairment and specific learning disability.

Alabama is more specific in its guidance, with criteria specified for the assessment and minimum evaluative components (the range of evidence required for a diagnosis). This often specifies assessment by a particular professional (see Appendix 1, Figure A.2). For example, autistic spectrum disorder, orthopaedic, other health, speech and language and traumatic brain injury categories specify medical professional assessment, and sometimes specify a speciality – neurologist, psychiatrist. Other categories require use of IQ tests; this implies psychological assessment by a psychologist.

In Ireland there is a clear specification of the professional reports required for each category of both low incidence and high incidence disability, and this information is summarised in Figure 9.1.

10.6 Assessment Methods Used in Diagnosis of Disability

Once again there is a wide range of guidance and practice across jurisdictions, while within each country, a diverse variety of formal and informal assessment methods are used. In some countries basic principles are provided, which may include ethical issues, professional issues around training and experience required for particular assessment methods (e.g. use of tests), technical issues around standardisation of tests, reliability and validity. Some countries leave choice of assessment methods to the professionals involved, while others suggest a range of possible methods with some guidance on which might be used when diagnosing a particular disability. Some require that as well as those methods chosen by the professional involved, particular types of assessment are also included. In some instances, use of a particular type of test providing quantitative information is required – e.g. IQ or scores on standardised tests of adaptive functioning. In certain countries there is a requirement for more than one assessment method, or that more than one person must carry out assessments independently. Several countries provide a list of tests that can be used in assessments, others provide lists of commonly used tests, and some require that a particular test must be used to diagnose a particular disability. Particular aspects of guidance on assessment methods used to diagnose disability, and common practices in assessment are described below, but throughout the report we have noted evidence that guidance is not always followed.

In England the legislation surrounding the assessment of SEN does not require the diagnosis of a disability. Moreover, it provides no guidance on assessment methods, although the Code of Practice gives advice on the areas of assessment that should be included in advice. Harpin (2007) suggests an aide memoire for writing medical advice, and the SEN Toolkit Section 12 (DES 2001) provides brief guidance on what might be included in medical advice.

Both the Association of Educational Psychologists (2001) and the British Psychological Society (1999) provide guidance to psychologists on assessment. The Association of Educational Psychologists guidance focuses particularly on advice for statutory assessment of SEN, and highlights the importance of evaluating response to planned intervention, consultation with, and observation of, the child or young person being assessed. The British Psychological Society guidance, prepared by the Division of Education and Child Psychology, emphasises hypothesis testing over time.

There is vigorous debate within the profession about the place and appropriateness of psychometric cognitive assessment as part of psychological assessment. Use of psychometrics is often dependent on local authority guidance and policy rather than professional considerations or research-based evidence of the efficacy of these methods. The use of psychometric tests to provide an IQ continues, despite considerable academic criticism. It is important to note that this differs from the use of assessments of cognitive functioning, which may use tests such as the Wechsler scales or the British Abilities Scales in order to provide a more analytical approach to a child's cognitive processes. Recent work suggests that educational psychologists assessing pupils with learning, emotional and /or behavioural difficulties tend to use interview and observation, tests of general cognitive ability, standardised attainment testing and joint review of progress in about one half of cases (see Woods and Farrell, 2006).

New Zealand provides guidelines on assessment standards, together with suggestions for a range of assessments that can be used to assess SEN (see Figure 8.4 page). They make a specific statement that assessment should not be limited to standardised testing. The criteria for accessing additional funding focus on the resources needed to meet the SEN of the individual pupil and do not indicate any particular method of assessment to be used.

The system in South Africa emphasises guidelines for assessment that fit the social construction model of SEN and are sensitive to the need to avoid methods likely to discriminate against particular groups. Assessment is seen as a process over time that is an integral part of the teaching and learning process. A checklist approach is used for each of the areas of impairment (mobility, communication, vision, hearing, mental/psychiatric, cognition and health). Descriptors of behaviour at each of three levels (mild, moderate and severe) are also provided. Even regarding communication and cognition, standardised testing is not recommended. The focus is on identifying barriers to learning and identifying strategies to overcome those barriers. The choice of assessment methods is left to the professional judgements of those involved.

Three countries use categories of disability requiring diagnosis, and Canada uses diagnosis of exceptionality (disability or gifted and talented). The level of guidance provided in the various categories varies. Figure 10.4 summarises these approaches. Note that this table is not a comprehensive list of assessments suggested, but a summary of minimum information that must form a part of the assessments.

Figure 10.4 Types of assessment recommended or required to diagnose disability categories

| | Canada | U.S | Australia | Ireland |
|---|--|--|--|---|
| Cognitive/ intellectual/ learning | Standardised tests of IQ and adaptive functioning | Varies across states. Some require standardised tests | Standardised tests of IQ and adaptive functioning | Standardised tests of IQ and adaptive functioning |
| Sensory | dB loss, visual acuity and field | dB loss, visual acuity and field | dB loss, visual acuity and field | dB loss, visual acuity and field |
| Physical/ health | Qualitative descriptors, Clinical Judgements of medics | Qualitative descriptors, Clinical Judgements of medics | Qualitative descriptors, Clinical judgements of medics | Qualitative descriptors to guide clinical judgments |
| Emotional/ behavioural | Wide range of descriptors and qualifiers given | Qualitative descriptors provided | Category not used | Qualitative descriptors and should be receiving treatment from psychologist or psychiatrist |
| Speech and language | Standardised tests | Varies across states. Some require standardised tests | Standardised tests | IQ and standardised tests of language |
| Autistic spectrum disorder | Treated as a health disability | Clinical judgements of assessors | DSM IV | DSM IV or ICD-10 |

South Australia provides a list of recommended assessment instruments to be used in assessment of disability (see Figure 3.4). It requires the use of intelligence test scores for global developmental delay and intellectual impairment, and lists seven tests that are recommended for this purpose. Speech and language impairment assessment must include the use of South Australia DECS speech and language severity scales plus at least one other recommended test from the list in Figure 3.4. Queensland is less prescriptive in terms of methods of assessment to diagnose disability but does require intelligence test scores for intellectual impairment and standardised test scores for speech and language impairment.

Both Canadian provinces of Alberta and Labrador and Newfoundland are less prescriptive than the Australian states. Alberta provides a framework for psycho-educational assessments which suggests use of achievement tests, diagnostic tests, IQ tests, personality tests, self-esteem inventories, behaviour checklists and rating scales. In the criteria for disability categories, some specific examples of these categories of assessment materials are given. A similar approach is taken by Labrador and Newfoundland, though they stress that scores on standardised tests are not the only determining factor.

In the US, IDEIA provides comprehensive guidance on the use of tests and other assessment instruments. It states clearly that a variety of assessment tools and strategies must be used. It also stresses that diagnosis must not rely on any single measure or assessment as the sole criterion to determine whether a student has a disability or to determine an educational programme. Any instruments used must be technically sound, and standardised tests must be administered by trained and knowledgeable personnel in accordance with the instructions of the publisher. Any instruments must not be discriminatory on a racial or cultural basis. They must be used only for the purposes for which the assessments or measures made are reliable and valid. IDEIA also makes reference to research based strategies or interventions, and recommends Response to Intervention (RTI) as a useful method of assessment.

In keeping with these recommendations from federal legislation, Massachusetts provides a list of a range of possible assessment methods and factors to consider when assessing each of the categories of disability (see Appendix A, Figure A.2). For each category it lists up to ten sources of information that might inform the diagnosis of a disability.

Alabama takes a different line, providing a definition of each category of disability, criteria required for diagnosis, and minimum evaluative components required. It also has a requirement that standard scores must be used when determining eligibility for special education. Although it does not make any recommendations about use of specific instruments to be used, the criteria and evaluative components include a variety of assessment methods, and in some cases include IQ, adaptive behaviour, diagnostic, and achievement tests.

Ireland sets out criteria for the diagnosis of both high incidence and low incidence disabilities. Some of these categories, such as general and specific learning difficulties, and specific speech and language disorders, require IQ scores and/or attainment test scores, such as reading, writing, and maths for specific learning

disability. Furthermore, the National Educational Psychology Service has produced internal guidance (some under development) to assist educational psychologists in developing appropriate assessment approaches. This has included draft guidance on assessment of children with possible autistic spectrum disorder and those with general learning difficulties). NEPS has also produced useful guidance on psychological reports and a position paper on provision and assessment.

11 Assessment Methods Used to Assess SEN

All countries that require diagnosis of a disability for access to special education needs (SEN) services accept that the presence of a disability does not of itself mean the child has SEN. Further evidence is required to ensure a clear picture of the nature and extent of any SEN. At this stage in the assessment process the guidelines are very similar across all reviewed jurisdictions, including those not requiring a diagnosis of disability and those which do require one. The common processes involve a wide range of methods to collect information over time and a number of different agencies to gain a picture of the needs of the child. This usually involves the following stages: planning an intervention on the basis of this assessment information, implementing the plan, monitoring and evaluation of the plan, and, depending on the outcome, the commencement of a new cycle of intervention, monitoring and evaluation.

In England, the Code of Practice stresses the importance of a partnership between parents, school and other agencies involved, with careful monitoring and regular review of progress. There is an explicit interactionist/ecological perspective, with information gathered from many sources including the school, parents, and, if appropriate, health and social services. Environmental factors may include home and neighbourhood as well as school. Within the school, there is a focus on four aspects of the teaching and learning process: child learning characteristics, learning environment of the school, tasks to be learned, and teaching style. The following four general areas of need are outlined: communication and interaction, cognition and learning, behaviour, emotional and social development, and sensory and physical. Recognition is made that these are inter-related and that there may be needs in more than one area. Assessment is seen as a continuous process, involving the collection of information over time to map rate of progress, the child's strengths, weaknesses and needs, and those characteristics of the teaching and learning environment that support or impede progress. Within this framework a wide range of formal and informal assessments might be used.

The system in New Zealand is similar to that of England. It makes no requirement for a diagnosis of disability and takes a non-categorical, interactionist/ecological perspective of SEN. A set of key principles of assessment are provided (see Figure 8.3). Assessment is seen as a process of gathering information about a child's strengths and weaknesses, involving the following stages: information gathering,

planning for provision to meet SEN, and evaluating the efficacy of the provision made. A wide range of different methods to gather information are encouraged and Figure 8.4 gives a list of suggested approaches to assessment and possible tools to be used.

In South Africa, SEN assessment focuses on the identification of barriers to learning and development; many factors are to be considered in this regard (see figure 7.1 for a full list). These are identified in the contexts of home, the school and the wider education system. The use of standardised tests is discouraged on the grounds that few have been standardised in South Africa; past misuse of these tests has also been a factor in their current exclusion. The system provides a number of checklists to aid in building up a learner profile, a diagnostic profile, parental perspectives and a school and classroom profile. All these sources of information are then used to identify the barriers to learning for the pupil. Relevant information is not limited to these various checklist profiles and other assessment methods can also be used.

The German system is based on an interactive perspective. Within it, data from four different areas should be included in assessments of SEN. These are:

- Individual achievements
- Discrepancies between achievements and learning requirements related to the curriculum demands of the current school placement
- Pupil educational environment, including factors such as class size, teaching methods, resources and materials available for teaching and learning
- Wider environmental factors, such as the family situation, home-school cooperation, and medical-therapeutic support systems.

However, evidence suggests that in Germany, practice involves a focus on within-child factors, namely learning and behaviour, language and communication, emotional and social development, physical/motor, hearing and vision, and psychological factors (see Hausotter and von Knebel 2005). Less than one per cent of reports include environmental factors in the assessment (ibid., 2005). Although in theory, assessment reports should make a direct link between difficulties reported and recommendation for support to overcome these difficulties, in reality few do so (ibid., 2005).

Australian federal regulations specify that systems should ensure assessment processes are accessible and transparent. They also state that it might be necessary for schools to seek professional expertise when gathering information

about the SEN of a pupil. It encourages a very broad approach, noting that “nothing in these standards should prevent education providers from going beyond the requirements (Commonwealth of Australia 2005).

Although both states used in this study take a prescriptive approach to the diagnosis of a disability, they encourage the use of a wide range of formal and informal assessments to determine, describe and document the impact of a disability or impairment on the SEN of a pupil. The selection of appropriate assessment methods will be informed by the information already available following diagnosis of the disability and the needs of the student. It could include observations, interviews, reports, checklists and standardised tests.

Canadian provincial governments also encourage a wide range of methods to gather information on exceptionalities. Alberta suggests the use of informal and formal checklists, screening instruments, and standardised tests to assess different areas of skills relevant to the student’s educational performance; these might include intellectual abilities, academic performance, emotional and behavioural development, and physical development. Newfoundland and Labrador use a collaborative multi-agency approach to identify the strengths and needs of the pupil and to set specific goals. Again a wide range of assessment methods are encouraged.

In the US, federal law requires use of a variety of assessment tools and strategies to gather relevant information on functional, developmental and academic performance. Any instruments used, especially those used to assess cognitive and behavioural factors, must be technically sound (in terms of reliability and validity). All methods must be fair and must not discriminate on racial or cultural grounds. Assessment must use the native language or other mode of communication in the form most likely to yield accurate information. Assessments must be made in all areas appropriate to the needs of the pupil and if necessary should include health, vision, hearing, social and emotional state, general intelligence and academic performance. Interestingly, these are all within-child factors and although other factors can be considered they are not mentioned. IDEIA also mentions use of research-based interventions, particularly RTI (Response to Intervention), and The US is the only country included in this review to do so.

In addition to the federal view of assessment methods and tools, Massachusetts suggests the use of a number of sources to assess the student’s needs. These include portfolios of the student’s work, a review of the student’s developmental and educational history, observations of the student in multiple environments, and their

performance in curriculum areas. It also recommends the use of a wide variety of assessment methods. Alabama takes a narrower approach, emphasising within-child factors, though it also suggests the use of a variety of methods and strategies regarding assessment.

Finally, in Ireland, the necessity to diagnose a disability prior to the assessment of SEN has led to specific criteria being stated, through a process that is not scientifically or professionally defensible. The use of discrete intelligence test scores, for example, is not justified, as any psycho-educational assessment is subject to error and any report of findings should provide confidence intervals.

12 Professionals involved in SEN

12.1 Introduction

There are several questions to address with respect to the qualifications of those who may provide advice on children and young people who have or may have special education needs (SEN). These include the following:

- Are groups of professionals specified, such as teachers, medical practitioners, or psychologists?
- Are specific specialists within professional categories specified, such as SEN coordinators, child and adolescent psychiatrists, or educational psychologists?
- Is there a statutory basis for defining the professional in question?
- Is there a requirement for designated experience, expertise and/or qualification(s) in addition to recognition as a particular professional?
- Are requirements specified generically (i.e. for all children and young people with SEN) or are there specific requirements for particular subgroups (e.g. those with autistic spectrum disorder)?
- Finally, at a pragmatic level, what happens if the desired requirements are not possible, for example as a result of lack of appropriate staff or other resources?

12.2 Categories of Professionals Involved in SEN Assessment and Diagnosis

Countries vary regarding requirements for broad categories of professionals to contribute to the assessment and diagnosis process. In England, the Education Act 1996 requires that any statutory assessment must include educational, medical and psychological advice.¹⁴ In each case regulations specify who may provide such advice. For example:

- Medical advice must be provided by a registered medical practitioner.
- Psychological advice must be provided by an educational psychologist employed by the local authority. (From July 2009 there has been statutory regulation regarding eligibility to practise as an educational psychologist.)
- Educational advice is the responsibility of the head teacher.

¹⁴ 'Advice' is the term used in the report referred to here.

In addition, parents must have the opportunity to provide their own advice and other advices may be sought as appropriate.

Other country systems vary. Some require a similar range of advice; others allow more flexibility regulating who may provide it.

12.3 Specialists within Professional Groups

In England, statutory regulations require that medical advice is provided by a medical practitioner in the assessment and diagnosis of SEN. It also requires the involvement of more specifically titled professionals, namely an educational psychologist and the head teacher.

The English system has also developed a system based on 'good practice'. Within this system, psychological advice must be provided by an educational psychologist employed by the local authority. That psychologist is required to take into account psychological advice available from any other psychologist. In practice, this typically concerns either other educational psychologists who have been previously involved with the child or young person, or clinical psychologists working for the health service, such as those working in a paediatric assessment centre or the Child and Adolescent Mental Health Service).

In England, local systems have developed, which aim to optimise both the quality of the advice provided and the process whereby this is acquired. For example, within the health field, the coordination and provision of medical advice will be the specific province of a community paediatrician. That person will have access to training in this aspect of the role, such as a post-qualification in-service course for community paediatricians at the Sheffield Children's Hospital. The community paediatrician with this responsibility will seek and coordinate the medical advice from a range of specialists as appropriate to the young person including a standard assessment by a community paediatrician (who may be a different person) which will include an assessment of general health and sensory functioning.

Advice from others in the health service, such as speech and language therapists and psychotherapists, will also be provided along with the medical advice. In the past these have been part of the medical advice but now they are usually free-standing additional reports in the name of the specialist in operation, and are attached to the medical advice.

Some psychology services, especially larger ones, include an educational psychologist specialising in particular areas such as hearing impairment, or autistic

spectrum disorder. In these cases, the service may be organised to take account of such additional expertise, while in other services educational psychologists are required to take on a full generic role, providing advice on every child. The educational psychologist must take into account the evidence from any other psychologist who has seen the child, including clinical psychologists and independent psychologists that the parents may have commissioned.

12.4 Statutory Basis for Professionals

There are now recognised training programmes and qualifications for medical practitioners, psychologists, and teachers throughout Europe and indeed the world. The level of training and expertise required to become qualified, however, varies. Moreover, the European Union has directives that seek freedom of movement of professionals. Consequently, there is a presumption that qualifications obtained from an EU country will be recognised provided that they are judged to be equivalent to national standards.

Medicine is the oldest established of the professions under consideration here and has the most extensive system of training and qualifications. In the UK, for example, registration as a medical practitioner requires successful completion of a period of training required by the General Medical Council, set up by statute. The General Medical Council also considers the applications of those who seek to become registered for the UK on the basis of qualification and experience from abroad. Post-registration specialist registration requires meeting the requirements of the relevant Royal Colleges.

Teaching standards are also regulated in most countries; however, the nature of training and qualifications tend to vary. In Europe, training at a higher education institute usually results in a diploma or degree. In less developed countries teachers may be employed, particularly to teach primary age children, with school level qualifications. Some of these countries are developing training programmes to improve the level of teacher training.

A higher level of variation is found in psychology training. In the US, a system of licensure operates, under which those with appropriate qualifications are able to seek a licence to practise within a state. Qualifications at master's or doctoral level are required for different specialities and jurisdictions. The Association of State and Provincial Psychology Boards in the US and Canada produces the Examination for Professional Practice in Psychology, which state boards use to assess candidates for licensure and certification.

In Europe, as in most of the world, statutory regulation of psychologists is rare. When it occurs (e.g. Germany, Netherlands) it may be within the regulation of psychotherapists and may not cover the range of professional psychologists. Where there is no statutory regulation, psychologists in Western Europe typically have a strong professional/learned society which has an important influence on qualification and training. However, there is variation: in Spain, the Colegio has a large membership and is powerful; in France there are many smaller organisations, some of which are federated into the Federation Française des Psychologues et de Psychologie, and the situation is more complex. In Eastern Europe, psychological associations are developing their membership base and their activities and responsibilities. For example, both Turkey and the Czech Republic are developing their systems for dealing with allegations of unethical practice. The European Federation of Psychologists Associations (www.efpa.eu) is a federation of 34 member associations comprising over 200,000 psychologists. One of its current activities is the development of a European certificate of psychology (EuroPsy) currently being piloted in six countries. This will aid states in determining whether a migrant psychologist seeking employment meets minimum standards.

Examples of requirements across Europe, as reported by the European Development Agency for Special Needs Education experts interviewed for this study, are as follows:

- In Finland, psychologists need a master's qualification.
- In Luxembourg only a first degree is required, usually acquired in France, Germany or Austria, but this is now a five year degree and under the Bologna agreement is equivalent to a master's. It was previously a requirement for speech and language therapists to be qualified teachers but there is now a specific university qualification.
- In Germany the assessment must be conducted by an educational psychologist but advice from others (e.g. clinical psychologists) will be taken into account. Teachers who contribute will have special training in SEN.
- In Spain there is also a five year training process for psychologists with a specialism (e.g. educational psychology) in the final two years. In addition, as civil servants, psychologists must pass a special civil service qualification. Speech and language therapists qualify first as teachers and then take a further one year specialist qualification.
- In Italy, where there is statutory regulation, psychologists must qualify in psychology and then pass an examination in order to be regulated.

- In Lithuania, school psychologists gain a degree and diploma; clinical psychologists or neuropsychologists are required to assess and work with certain types of presenting problems. Speech and language therapists must have a degree qualification.
- Both the Netherlands and Czech Republic require psychologists to have a university degree and further training for SEN; speech and language therapists also have university degrees.
- In Cyprus, educational psychologists must have a master's degree. Teachers in special schools/classes are also expected to have a master's but this is not yet universal.
- In Austria, psychologists must also have a master's but this is a general psychology degree and a psychologist may have additional qualifications in educational psychology. Speech and language therapists comprise two groups: those who now have a university degree and are free to work in the open market, and those who are teachers with an additional speech and language therapist's qualification, who work part time with children with language difficulties.
- In Latvia, an educational psychologist must provide advice on SEN; they are qualified to master's level with a speciality at this level.

The situation regarding qualifications in Europe is clearly one that varies by country. This is partly complicated by a tradition of a longer first degree of four to five years, which is then used as the entry to professional practice, e.g. for psychologists. An element of specialisation will occur during the latter part of the programme, during the fourth and fifth years. In the UK and Ireland, the tradition of a three year degree followed by specialist training at master's level is less evident.

The Bologna process is affecting the qualifications system across Europe. This seeks to establish a standard form of higher education qualifications at initial degree, masters and doctoral level. This is a complex and politically problematic process. One of the current challenges is to recognise the level of diversity across jurisdictions, while examining the possibility of using a particular professional category to provide the basis for developing relevant competences. Under European law, therefore, there must be freedom of movement and acceptance of equivalent qualifications, as well as a system that allows equivalence to be achieved if it is currently partial.

In the UK, the British Psychological Society has been in operation for over one hundred years and is a well established and respected organisation. For many

years, it has, by authority of its Royal Charter, evaluated and accredited professional training programmes and it has been the recognised authority to decide on applicants from other countries in the EU. Well established qualifications have been established for all the major branches of professional psychology including educational and clinical fields. For example, educational psychologists must now have the graduate basis of registration (essentially a first degree with psychology as the main or only subject) and undertake a three year doctorate at a training programme approved by the British Psychological Society. Traditionally, educational psychologists have needed a degree in which psychology was a major component (the Graduate Basis for Registration), a qualification as a teacher, a minimum of two years teaching experience and a master's degree in educational psychology approved by the British Psychological Society. The requirement now is for a three year doctorate in educational psychology replacing the master's degree.

In July 2009, statutory regulation of psychologist practitioners in the UK began. The Health Professions Council is the statutory body to regulate psychologists in all professional applied fields, not only health. For educational psychologists entry requirements are a doctorate level for new entrants to the profession although those previously qualified at master's level will be eligible for consideration for 'grand-parenting' onto the Health Professions Council register.

Speech and language therapists are qualified at first degree level but this takes four years to incorporate supervised professional practice. There have also been developments in post-qualification courses for both speech and language therapists and teachers working with children with language difficulties. Furthermore, the Joint Professional Development Framework was developed to stimulate the development of joint training (at post-qualification level) of speech and language therapists and teachers. The Training and Development Agency for teachers has developed specialist qualifications in SEN for SENCOs and teachers working with specific groups (e.g. hearing impaired, autistic spectrum disorder). Speech and language therapists are statutorily regulated by the Health Professions Council.

Teachers in England qualify at graduate level and are regulated by the General Teaching Council for England. Teachers of children and young people with hearing, visual or multi-sensory impairment must have a specialist qualification. This does not apply to other SEN teachers, though there is a system of post-qualification training that allows teachers to gain additional qualifications in SEN. Legislation has also been passed that requires that Special Educational Needs Coordinators to be registered teachers and a new qualification is in preparation.

In Ireland, professional psychology is also in a transitional phase. The implementation of statutory regulation under the Health and Social Care Act 2005 is imminent subject to discussions occurring at this time. Regulation is due to be the responsibility of the Health and Social Care Professionals Council (similar in scope to the Health Professions Council in the UK). Discussions are ongoing at this time with particular concerns by the Psychological Society of Ireland regarding the level of qualification to be accepted by the HSCPC, which the Psychological Society of Ireland seeks to remain at the same level as for its registered members.

One suggestion, by the then President of PSI Mitchell Fleming, has been the establishment of a two stage process (Irish Psychologist, 2008:179). Stage one would allow entry to a conditional register for applicants with a minimum qualification of a second class honours degree in psychology in which psychology is the main subject. Stage two (entry to the full register) would require that applicants had four years minimum of relevant experience; it is expected that this would normally involve postgraduate study or training in psychology and that the applicant be judged to be professionally competent. A grand-parenting system, comparable to that described above for the UK, would then, it is hoped, also be available.

As noted in Section 9, the situation regarding educational psychologists in Ireland is problematic, with tension between insufficient personnel and the lowering of standard to address the shortfall. The development of statutory regulation, therefore, is more problematic than in the UK where educational and child psychologists, for example, have very well established qualifications which are possessed by all staff. A degree of pragmatism is required in this situation in Ireland but this should still have strong professional values of competence, fitness for purpose, and compliance with ethical standards.

12.5 Specialist Expertise

Diversity among professional qualifications influences the requirement for specialist expertise within a professional group. Firstly, in some countries the initial training is generic, so any specialism will arise through experience and/or some additional training. Historically, this is a common pattern; until about fifty years ago in the UK there was no clear distinction in training for psychologists working with children, as there is now, between those with an educational or clinical qualification. Then, the child guidance approach gave way to a greater emphasis on school and educational psychology on the one hand and generic clinical training (children and adults etc.) on the other.

Secondly, where there are separate specialities, the requirement to limit certain activities to one group (e.g. educational psychologists) varies by jurisdiction. This will be influenced by many factors including professional (or union) demarcation, a market economy system with a high proportion of practitioners in independent practice, and availability of suitable staff. It is important to distinguish specialist expertise from a formal specialism. It is the evidence of necessary expertise (usually supported by formal training) that is the main concern. Consequently, the responsibility for providing advice (on diagnosis or the assessment of SEN as appropriate to the system in practice) tends to be the responsibility of a professional with a generic or formal specialist qualification, e.g. as an educational psychologist. In turn, that professional has the responsibility to seek additional information as appropriate. This compares with a system where, for example, only a clinical psychologist or a psychologist may advise on autistic spectrum disorder or attention deficit hyperactivity disorder. This approach is most clearly seen in the English system with its specification regarding which professionals may provide advice, and the requirements on each of those professionals to gather advice from others, in order to optimise the advice which they provide to the local authority.

12.6 Aspirations versus Pragmatism

It is evident from this review that the situation regarding availability of well trained professionals varies greatly. In the US, Canada and the UK, for example, there are long traditions of professional training and regulation by strong professional bodies; e.g. the American Psychological Association's overview of the qualifications and ethical practice of psychologists. Over time, in these and some other countries, required qualifications have tended to increase, both in rigour and length of time needed to acquire them. The required qualification level has also grown higher, moving from certificate, to degree, on to master's and then to doctorate level. Statutory control of medicine and teaching have been very well established for a long time; statutory regulation of speech and language therapists and psychologists has taken longer to arise, and to date has only done so in a minority of countries including the UK.

The statutory requirements for psychologists and speech and language therapists in most other countries in Europe, are less advanced, generally requiring lower levels of training. For example, Portugal only achieved recognition of its ethical code for psychologists in 2008, and that through its professional association. An

initial non-professional programme at diploma in educational psychology was begun only in 1981 but statutory regulation is now being enacted.

A process is required in order to optimise the system. This will require time, during which a certain degree of pragmatism will be regarding the qualifications and other requirements of specialist professionals involved in the assessment and diagnosis of SEN. This is exemplified by the Irish and UK situations regarding the statutory regulation of psychologists. In each country, the grand-parenting process is necessary, so that appropriately qualified and experienced practitioners are not disadvantaged while new legislation is being enacted. However, there is a potential danger attached to accepting those psychologists who are not practising at a comparable standard to those trained under current requirements. In each case, the grand-parenting process must be fair but also rigorous with clear requirements regarding both competence (not necessarily formal qualifications) and a good standing. In the UK situation this is a relatively limited concern as the numbers of practitioners, especially as educational and clinical psychologists, without currently expected levels of training are small. In Ireland, however, there are many more. For example, the current system of assessment for SEN allows schools to commission a psychologist from a list maintained by the Department for Education to undertake an assessment for a fixed fee. This is a pragmatic response to the lack of educational psychologists available such that many schools have no access to a NEPS psychologist.

However, pragmatic approaches must be recognised as such and should be superseded by actions to improve the level of qualifications required of all professionals within a particular group contributing to the SEN system.

13 Recommendations for Policy Considerations in Ireland

13.1 Introduction

These recommendations are grounded in the perspective that special education needs (SEN) are best viewed within an interactionist/ecological framework, giving due weight to within-person factors as well as a broad range of environmental factors, both those that provide support and cause stress to the individual. These factors can both limit or enhance performance and lead to greater or lesser participation in a range of activities. Furthermore, this perspective stresses the significance of both within-child and environmental factors, how they change and develop over time, and their interaction with each other. Viewed in this way, the role of SEN provision is to enhance the support factors, and reduce the impact of stress factors and other barriers to learning, thus enhancing performance and increasing participation in a range of activities.

In the introduction to this report, we explored the ways in which values can influence how different individuals and groups construe SEN, and how a variety of political, social and economic factors influence the educational system as it develops policies, procedures and placements for children and young people with SEN. Hegarty (2007) draws attention to the way in which research often fails to take into account the complexity of factors that influence policy and practice. The remit of this review does not include placing the procedures we have reviewed into a political and socio-economic context for each country. We have provided a picture of systems as they are now, with a variable amount of historical context, especially the international context of children's rights, equal opportunities and anti-discrimination laws.

We have reviewed the range of procedures across the eight countries, and a number of common themes emerge from the diversity that we have described. Firstly, it is clear that each country has come to its own unique set of solutions to SEN assessment and provision, taking account of international concerns, specific within-country cultural values, together with the socio-economic and political factors determining general educational provision. Secondly, the role of central government in education, and the stresses and tensions between federal and regional/local government add a further dimension to how the dilemmas of SEN assessment and provision are resolved. Thirdly, it is clear that the responses to these dilemmas change over time, leading to frequent updating of policies and procedures as

politicians, professionals and other participants in the system debate, disagree and come to compromises about how to improve the system for the benefit of all children.

We can find no researchers or professionals in the field of SEN who believe that a panacea exists for SEN provision. Recent work by Clough (2006) and Norwich (2008) suggests that what Norwich refers to as a dilemmatic framework can begin to recognise and describe some of the value tensions that exist between inclusiveness and equity on the one hand, and differentiation and special provision on the other.

In carrying out this review we are acutely aware of the complex way a variety of factors interact in a constantly changing social and political milieu to influence policy and practice in special education. We recognise the crucial role of values, and understand that how tensions are resolved and policies are developed will depend on national and local factors as well as the individual needs of pupils. It is within this context, using the information about the eight countries included in this study, together with our own knowledge and experience, that we make a number of recommendations for consideration by the National Council for Special Education (NCSE). We also set out some suggestions concerning the implementation of these recommendations. We are aware that this can only be addressed within the specific socio-political situation in Ireland at present and that judgements on implementation must take account of this, including financial support and political will, as well as any evidence arising out of the research process.

1. We recommend that SEN policy should be explicitly informed by an interactionist/ecological model.

Throughout this study we have tried to show how different theoretical perspectives inform and underpin policy development in SEN. Evidence from academic theory and research, cited at various places throughout this report, clearly supports the interactionist/ecological model (also referred to as a biopsychosocial model) as providing the best fit to the complexities of identifying and providing an appropriate education to children and young people with SEN.

It is important that all participants in the system – politicians, administrators, professionals and parents – are aware of and understand this perspective. The model should be explicit, and policy should be seen to link with the model in a coherent and transparent way.

2. We recommend that diagnosis of disability should not be a prerequisite to an assessment of SEN.

The present system in Ireland requires a diagnosis for low incidence disabilities but not necessarily for high incidence disabilities. The General Allocation Model allows primary schools to allocate resources in the latter case but no comparable GAM for post-primary schools is currently available. Our recommendation, therefore, particularly applies to children with low incidence disabilities; nevertheless we would also argue that it is relevant to the whole system as the diagnostic model is one which we challenge for the assessment of SEN. The model we advocate acknowledges that the needs of any child may be considered as comprising (i) those common to all children, (ii) those common to children who share a disability or condition, and (iii) those unique to each child. This approach recognises the reality of disability. It also acknowledges a degree of overlapping needs, as well as important variations among children within attributed categories, such as disability types, that reflect individual factors. As a consequence, there are inherent limitations in the use of disability diagnosis although this may be useful as part of the analysis of a child's needs and provision best likely to meet those needs.

Of the eight countries reviewed here, half (including Ireland) require diagnosis of a disability before going on to assess SEN; the others have no requirement for diagnosis of disability, nor do they use a label to categorise SEN. We have explored the uses of different systems of categorising disabilities, and have provided a summary of the difficulties of arriving at definitions and criteria that are widely acceptable, easy to apply, and lead to consistency of use across professions and settings. We have noted the difficulties of achieving reliable and valid assessments of these categories of disabilities, and have considered some of the unintended negative consequences of categorising and labelling children and young people. In particular, most systems of classification of disability are underpinned by the medical model of SEN, a model which we have already rejected in favour of the interactionist/ecological model.

The criteria by which to evaluate classification systems in SEN are well known and summarised by Norwich (2007) as follows: they should be reliable, consistent, useful, acceptable to users, reviewed periodically and evaluated in terms of the balance of gains and losses to those affected by them. Norwich found little evidence that these criteria can be met using systems currently available.

Our conclusions are supported by many researchers. Florian et al (2006) note that most countries rely on a mix of classification systems of disability and SEN that are

predominantly informed by the medical model of disability and the concept of discrete categories. Children placed in the same category may have very different learning needs, and the process of classification can lead to stereotypes, limited expectations of the children so labelled, and exclusion. They question the need to categorise in this way, and can find little evidence that diagnosis of disability leads to improvements in educational provision and outcomes.

Norwich (2007) expresses similar views, and cites a number of studies, each coming to the conclusion that with the exception of children with sensory difficulties, no teaching strategies or techniques are uniquely effective for certain categories of children in terms of planning, monitoring teaching and learning. He raises a number of fundamental objections to the use of categories in SEN, and concludes that

... it is difficult to find a systematic, coherent and evidence based position about classification that commands wide support (Norwich, 2007:55).

Recent work has suggested that the WHO's ICF system for Classification for Functioning, Disability and Health (WHO, 2002) may provide a broader picture of disability, taking account of context, and overcoming some of the difficulties of reliable assessment. However, the MHADIE report (2008) notes that a number of problems remain before the system can be used within educational settings. Firstly, the report raises the issue of training needs, to ensure better inter-rater reliability when using the system. Secondly, it refers to the need to develop assessment tools and instruments that more reliably capture capacity and performance gap, as well as the complexities of social participation in a school setting. Furthermore, development of appropriate measures for child disability is still needed. We consider the ICF system to have potential and feel that it meets some of the requirements of an appropriate approach to assist in identifying a child's SEN. However, we are not convinced that such tools and instruments with good psychometric properties will be developed in the near future, and we believe the more fundamental criticisms of Florian et al and Norwich are still valid when considering the ICF system.

Although we suggest that diagnosis of a disability should not be a requirement for assessment of SEN, and that such diagnoses have limited implications for educational placement and provision, we do acknowledge that diagnosis can be helpful in providing indications that may be helpful in planning how to meet SEN and also in providing information to parents. We are supportive of further exploration of the use of categories of SEN in systems to assist planning, to

develop equity in the allocation of scarce resources, for evaluating educational outcomes for pupils with SEN, and for developing systems of accountability. For example, the School Census and National Pupil Database in England allow analysis of a range of pupil level factors. An example is the study of the inter-relationship of SEN categories and ethnicity referred to in this report (Lindsay et al, 2006; Strand and Lindsay, 2008). This provided important information on the differential relationships between these two factors. For example use of SEN categories allowed evidence to be produced to show different patterns of SEN across minority ethnic groups, with important policy implications.

3. We recommend that a diagnosis should not be a prerequisite or determinant for the allocation of additional resources for a child or young person with SEN.

The current system, as noted in Recommendation 2, links additional resources to low but not high incidence disabilities, the latter being addressed by the General Allocation Model (GAM), although this currently applies to primary schools only.

With respect to low incidence disabilities, it is not possible to develop and effectively use a formula driven by a single variable, disability. This is not to say that a disability category is not a useful guide but the assessment of needs should drive the resource allocation. Put simply, it cannot be assumed that all children with a particular diagnosed disability will have identical needs and require identical resources, currently defined in teacher hours. This issue has been identified as a major concern also by the Lamb Inquiry into parental satisfaction with the SEN system in England.¹⁵ It is also of note that this limitation is recognised in the development of the ICF system (Simeonsson et al, 2006).

Regarding high incidence disabilities, the GAM provides resources at primary level and Special Education Circular SP ED 02/05 provides guidance on the deployment and organisation of teaching resources for mainstream primary schools. This flexible, needs-led method reflects the general approach we recommend. The issue here is the appropriate identification of pupils with SEN, the assessment of their SEN and the appropriate match of resources to meet their needs. This requires:

- An adequate school policy to drive implementation, requiring:
 - Statement of intent to make provision within an inclusive education policy laid down by DES

¹⁵ The Lamb Inquiry reported in December 2009: <http://www.dcsf.gov.uk/lambinquiry/downloads/8553-lamb-inquiry.pdf>. The interim reports are available at <http://www.dcsf.gov.uk/lambinquiry/>

- Explicit and transparent information on the allocation of resources
 - Parental involvement in the development of the policy
 - Monitoring and regular reporting of the implementation of the policy.
- Adequate training of staff for the development of knowledge, skills, confidence and attitude. This is necessary for:
 - All teachers in a school
 - Those teachers in a school with specific SEN responsibilities (e.g. teachers with responsibility for special educational needs, resource teachers)
 - Teachers able to provide support within a cluster of schools.
- An appropriate system of assessment which takes account not only of the child but also the context of the school and the family
- Appropriate deployment of resources derived from all funding streams.

Given the current disparity between primary and post-primary schools, we recommend that the implementation of a comparable GAM be developed for the post-primary sector. The same general principles pertain but a post-primary GAM would need to reflect the different organisation and focus of this phase. A model such as the GAM is not perfect. Nor is it a panacea. Several challenges are evident where such models have been implemented not least the need to ensure that the money/resources designated are used appropriately and not diverted. Within the English system, for example, the inspection of schools and local authorities by Ofsted addresses this concern, although the Lamb Inquiry has made recommendations for a more rigorous approach than heretofore. However, evidence gathered by the Lamb Inquiry indicates that there is scope for more flexible systems of funding and resourcing than pupil-focussed resourcing models. It also suggests that these can improve the level of conviction among parents that their child's needs are being met. Indeed, examples of this more flexible approach for children with statements of SEN in England are becoming available.

4. We recommend a framework for SEN assessment which reflects the interactionist/ecological model, and requires the use of a broad range of assessment methods and tools. This would build up a picture of how an individual pupil is interacting with all aspects of the educational environment, and identify barriers to participation, as well as support needs to overcome those barriers. Assessment is an on-going process which is closely linked to intervention and is an integral part of the cycle of assessment, planning, teaching and re-assessment.

A system of SEN assessment based on an interactionist/ecological model requires an approach to assessment which is much broader than looking for within-child factors, often based on psychometric instruments such as standardised tests and checklists. The approaches outlined in Figure 8.4 for New Zealand, and by the Code of Practice in England (section 2.3) offer examples of such an approach. Woods and Farrell (2006) describe the focus of assessments expected from educational psychologists in such a system. Fundamentally, this approach requires examination of:

- Within child factors including cognitive functioning, health, disability(ies), knowledge, social adaptation, self-esteem, etc.
- Environmental factors including the family – its structure, socioeconomic disadvantage, culture, educational capital, etc.
- The school – its policies, physical resources (e.g. acoustic qualities, physical access), teaching resources (e.g. teaching quality, support staff).
- Development over time of:
 - the child as an individual, with changing needs as he/she matures
 - the environmental support, including changes in family and school.
- Interaction of within-child and environmental factors, as they change over time.

We specifically recommend that the requirement to provide specific scores on measures of general cognitive ability for assessment of learning difficulties be reconsidered. In particular, the range of scores to define mild, moderate and severe needs should be reviewed. There are a number of reasons for this, both theoretical and practical. At a theoretical level, the concept of intelligence continues to be a source of controversy and disagreement. Eysenck (2009) note that there has been more controversy about intelligence than any other area of psychology. Sternberg and Detterman (1986) provide a useful taxonomy that sets out the varied definitions of intelligence as conceptualised by leading figures in the field. Gardner (1999),

Sternberg and Kaufman (1998) and Howe (1997) represent a range of perspectives on intelligence and intelligence testing. Gould (1996) challenges the notion of intelligence as an entity rather than a theoretical concept. Florian (2007) writes of the

... fallacious reasoning that underlies the theory of a unitary, innate, linearly rankable I.Q...the drive to understand intelligence resulted in the parsing of complex phenomena by subdividing and ranking it into grades of intelligence, for example, normal or retarded, average or above average, smart or stupid (Florian, 2007:14).

A number of issues also present at a practical level.. Firstly, the reliability of tests of general cognitive ability is such that precise boundaries, defined numerically as in the current systems, cannot be meaningfully assessed. All measurements have errors and it is good practice to quote test scores within defined confidence intervals. Secondly, there is evidence from a number of countries used in this review that when IQ or other standardised scores are required, professionals tend to limit their assessments and consequently become over-reliant on the use of these tests. Thirdly, there are few standardised tests that have Irish norms. Fourthly, the way in which knowledge and skills can be applied in particular contexts to allow individual participation and development is another important aspect of education provision. Assessing this requires very different assessment techniques.

Assessment of cognitive abilities is an important element but this is much wider than the determination of a simple quotient. Rather, it is important to examine a child's psychological processes in the cognitive domain, including approaches to learning; speed of information processing (including fluency e.g. of reading as opposed to accuracy); relative strengths and weaknesses in, for example, verbal and nonverbal domains; concentration and resistance to distractibility; memory; and curricular knowledge, such as reading ability. In addition, assessment should take account of the child's social domain including self perceptions (self-esteem) in different domains, particularly educational achievement, intellectual ability and relationships with peers.

We have reservations about the use of discrepancy models of assessment for specific learning difficulties and speech and language difficulties (the gap between general cognitive ability and specific literacy or language skills). The review found that in the US, there are strong moves to reduce the use of this model, and in a

number of other countries other sources of evidence have to accompany the use of discrepancy scores. We suggest the use of assessment frameworks that tap directly into the skill deficits and difficulties. The observations on general cognitive ability above are pertinent here, and there is no theoretical reason why provision for children with literacy and language difficulties should be limited to individuals scoring within the average range on such tests.

It is important to stress that it is not the use of measures of cognitive abilities that are of concern. As we argue above, examination of cognitive processes, abilities and attainment is important in assessing children's development and in understanding the challenges children face. Multi-axial approaches to conceptualising and understanding disability also draw successfully (in many cases) on cognitive abilities as indicators, and in some cases predictors, of development which provide assistance to professionals and parents. However, their value is qualified by a number of factors. Firstly, these measures should comprise a part of an assessment battery and not be the over-riding factor that determines a diagnosis, and certainly not provision. Secondly, there are important technical issues that require appreciation and incorporation in the interpretation of single scores, not least confidence intervals that take into account the reliability of the measure. Thirdly, we advocate an assessment process that actively incorporates examination of change over time as influenced by active intervention (Snow, 2009).

We suggest that more emphasis should be placed on curriculum-based methods, whereby assessment focuses on skill levels, plans interventions to move the child to the next stage, and after a period of teaching, monitors progress. The review indicated that in some countries, particularly the US, there is increased interest in research-based methods, most notably Response to Intervention (RtI). This approach is now becoming established in the US following its inclusion in the reauthorisation of the Individuals with Disabilities Education Act 2004 (Berkeley et al., 2009). It is particularly relevant to the current system in Ireland for high incidence disabilities as its main development has been for children with reading and mild and specific learning difficulties. Here, three tiers of intervention are typically used following implementation of a screening instrument to identify a subgroup of pupils (perhaps about 20 per cent) which are identified as having learning difficulties. Tier 1 provision comprises evidence-based general classroom instruction/teaching. Those pupils who have difficulties are provided with Tier 2 intervention, using evidence-based interventions including small group work. A

further refinement is the use of a Tier 3 intervention which is more intensive for those who continue to struggle.

The strengths of the Rtl approach include not only its focus on evidence-based approaches, but also its potential for promoting ongoing, productive and serious collaboration between mainstream and special educators. At present, neither its research base nor the total package is as strong as that for the Tier 2 approaches (Gersten et al, 2009). However, the approach has a more general benefit of foregrounding strategic use of evidence-based curricula, teaching methods and collaborative teaching over the delegation of support by the class teacher to a separate resource teacher or teaching assistant.

5. We recommend that the assessment of severe and complex SEN should always require the provision of educational and psychological advice, and medical advice where appropriate.

In the eight countries included in this study we found a range of professionals who were involved in the diagnosis of a disability and identification of SEN. Figure 10.3 (page 142) lists the various professionals required for different types of disability in Canada, the US, Australia and Ireland. The degree of required specialist involvement varies between countries, and also within countries across different disabilities. England is unique in requiring educational, psychological and medical reports for all statutory assessments. New Zealand requires medical and other specialist professional reports (e.g. educational psychologist, speech and language therapist, physiotherapist) only when it thought necessary by the group involved in a particular case.

There is a strong case that assessment of SEN should include educational and psychological advice. Medical advice will be essential in some cases but in others will be of more limited scope. Within each field the key issue is that the advice provided is fit for purpose. This requires a system with key professionals able, and indeed required, to call upon the specialist advice of others as necessary. More important than a named professional group are the skills and experience required to carry out an assessment that will provide useful information to develop an educational intervention. This point is particularly important for educational psychologists in Ireland. If educational psychologists are to carry out the range of work involved in assessment, intervention and support of pupils with SEN, they must be trained to the level of competence required.

In each case, the provision of advice (educational, psychological and medical) should be coordinated and often provided by a single relevant professional, though in many cases more than one professional will be needed to provide adequate advice. This requires a system for ensuring adequate advice, and an obligation on professionals to coordinate their assessment and professional opinions.

- *Educational advice* should be formally provided by the head teacher/principal drawing upon the advice of the teacher with managerial responsibility for coordinating provision for pupils with SEN in particular, as well as other relevant teachers, such as class teacher, year tutors, resources teachers and specialist teachers (e.g. of the hearing impaired).
- *Psychological advice* should be formally provided by a qualified educational psychologist who should coordinate and take into account any advice available from other educational psychologists or other psychologists (e.g. clinical psychologist).
- *Medical advice* (where appropriate) should be provided formally by a medical practitioner designated by the Department of Health and Children (e.g. a community paediatrician) who should coordinate relevant advice for other medical practitioners.

In addition to these three specified forms of advice, the system should ensure that advice is also gathered from other relevant sources, such as health care providers, (e.g. speech and language therapist, occupational therapist) and social services.

6. We recommend that a wide variety of different assessment methods be encouraged, and the choice of methods in a particular case be left to the clinical/professional judgements of those involved: furthermore, assessment should be seen as an ongoing process, including initial assessment and monitoring of progress over time rather than a one-off diagnostic procedure.

We recommend an approach to assessment which involves use of a broad range of methods and tools chosen by the professional involved to provide the necessary information in each case to establish the SEN, develop an intervention programme, and provide a baseline against which progress can be measured. Taking an interactionist/ecological model requires assessment not only of within child factors but also of support systems (especially within the school or family) and their interaction. Furthermore, it is important to monitor the child's progress over time – the English system of statutory annual reviews of all children with a statement of SEN is an example of this. In addition, regular monitoring of class level progress is

necessary – the Rtl model has this as a basic requirement but other approaches including Precision Teaching are also grounded in the proven need for frequent (even daily) measurement of progress.

The assessment of this broader range of non-child focussed factors would benefit from contributions from educational psychologists and inspectors; over time their expertise could also be used to develop appropriate skills among school staff. The Ofsted approach to school inspection in England is an example of one model. The role of Ofsted in inspecting schools' practices with respect to SEN is expected to be enhanced following a review in 2009-10. Factors to be considered include an analysis of resources available and the effectiveness of their use; the quality of teaching; the ecology of the school e.g. its acoustic characteristics; the quality of the learning environment as influenced by student behaviour and attitudes; the quality of governance and management of the school; the nature and degree of parental involvement, including school level policy development and engagement regarding individual students; parental confidence; and community trust and involvement. This approach does not necessarily require all factors to be assessed as part of the child-focused assessment. The non-child ecosystemic factors would largely be examined periodically and provide data to contribute to each assessment, with additional specific examination of factors especially relevant to particular children occurring as necessary.

We also recommend that each professional report for a statutory assessment should be subject to peer review/evaluation. Reports prepared for applications for additional SEN resources should be reviewed by an appropriate colleague to provide a second professional opinion that the report is fit for purpose. Having worked in a system using this method in England, we believe it reduces the difficulties highlighted by Woods and Farrell (2006) in England, Yell and Drasgow (2007a) in the U.S.A. and by Lecavalier et al (2001) in Canada, with psychologists often over-reliant on standardised testing, and neglecting other aspects of assessment.

7. We recommend that parents and the students themselves should be actively involved in the assessment of the student's special educational needs and that they should actively contribute to the development of intervention.

The level of involvement of parents in the assessment of their child's SEN varies across countries. There are two main reasons for our recommendation. Firstly, we consider that there is a rights issue: parents should have the right to participate in a

matter of such importance. Secondly, parents have a great deal to offer from their position as parents. Participation should include not only access to information, presented in a form that is accessible, but also their having the opportunity to contribute their expertise and knowledge as parents to the assessment. Furthermore we recommend the active involvement, wherever possible, of the children and young people themselves. The nature of such involvement will vary between individuals and will be influenced by factors such as maturity and capacity to contribute. Again, both rights issues and matters of practicality arise. We have ourselves developed such systems with schools, supporting teachers, parents and students to optimise engagement for their mutual benefit.

8. We recommend that the Department of Education and Science considers commissioning the norming of some tests and other assessment instruments using an Irish standardisation sample.

Although we are recommending that a wide range of assessment methods should be used in the identification of SEN, we consider that standardised testing has an important role to play in Ireland. We are aware that few tests used in Ireland have been developed for an Irish population. We recommend careful consideration be given to the use of standardised ability and achievement tests, and to whether there is a need to commission studies to produce norms and adapt them for appropriate international tests for use with an Irish population. As there are potential benefits across the whole student population, this should be a Department of Education and Science, rather than NCSE responsibility.

9. We recommend that a realistic timetable for the development of the National Educational Psychological Service (NEPS) is implemented and that training for additional educational psychologists needed to fill these posts be developed as a matter of urgency.

NEPS is currently understaffed. The temporary arrangements which include the use of those without full qualifications and training must be seen only as a stop gap. Concerted action is needed to improve this situation. Current action to recruit more staff to NEPS is welcomed as a positive action to improve staffing.

Educational psychologists provide psychological advice and support to individual children, parents, teachers, other professionals and the education system. This role has been recognised in other countries as requiring at least master's level qualifications; recently the requirement has increased to doctoral level training (e.g. UK). It cannot be expected that Ireland makes up its shortfall immediately given the

shortage of qualified EPs even if increased funding were available. However, it is essential to move towards a system of appropriately qualified professional as soon as possible. This will require careful planning, including the provision of more training programmes and support within NEPS and other agencies (e.g. for supervision).

The development of a teaching service with SEN qualifications is also necessary, particularly in relation to the provision of support. There is also an important assessment role for SEN teachers for children and young people within the 'learning difficulties' category in particular; this will require systematic planning of in-service training for educational assessment. Given the shortage of speech and language therapists available for school-aged pupils, this also deserves attention. The current initiative in England is of relevance here. This includes a programme of additional SEN training as part of initial teacher training, developed by the Training and Development Agency, and the Inclusion Development Programme being developed by the National Strategies for delivery to practising teachers.¹⁶

10. We recommend that current good practice regarding multi-agency coordination be further developed to optimise the effective and efficient assessment of children's SEN.

Both the EPSEN Act 2004 and the Disability Act 2005 address the assessment of disabilities and special educational needs. Currently the latter has progressed further and more quickly. A Cross-sectoral team of representatives from both the Department of Health and Children and the Department of Education and Science was set up and the draft report concerning assessment of needs provides a useful framework for action, particularly with regard to general processes. Also required, however, is the development of systems which bring the education and health staff together to carry out assessments of SEN which are effective, timely, cost-effective, and fit for purpose. Ultimately there is a need for a national framework, together with effective locally determined systems of implementation.

11. We recommend that an implementation plan be agreed.

Building upon recommendation 10, we recommend that an implementation plan be devised. Such a plan will require not only the evidence base and recommendations derived from it. It will also necessitate an awareness of the socio-political situation in Ireland, both in terms of the government and the other players including NCSE,

¹⁶ See <http://nationalstrategies.standards.dcsf.gov.uk/primary/features/inclusion/sen/idp> for further detail.

the government departments, teachers and indeed the parents and young people themselves. The following suggestions, focus, as per the remit of this study, on implications for practical implementation:

- The NCSE will need to take the lead, in partnership with Government departments and other stakeholders including NEPS, the teaching workforce, voluntary bodies and parents.
- Agreement will be necessary among the major stakeholders to move from a requirement for a diagnosis of disability as a prerequisite for the assessment of special educational needs of children with low incidence disabilities to a system reflecting the approach to assessment outlined in Recommendation 4.
- Initial discussion should focus on the development of evidence-based principles and their intrinsic role in the successful implementation of a policy of inclusive education.
- Subsequent discussion should include consideration of practical issues, including financial and staffing implications.
- Implementation should be based on promotion of the interactionist/ecological model of assessment of needs. This will be well established among NEPS psychologists but a programme of in-service training will be necessary for the teaching workforce and others, in particular those in the health sector, for whom such a model is less familiar. NEPS psychologists will have an important role to play in developing and delivering this in-service programme.
- In order to ensure the full cooperation of stakeholders, it is important that they are aware that the purpose of proposed changes is to develop optimal service delivery with a strong research base, rather than cost-cutting motives. This is particularly relevant at times of financial limitations, when such concerns may be particularly prevalent.
- Similarly, strong political support from ministers will be essential and gaining this should be a priority in parallel with the other actions specified; the synergy of these proposals with the existing policy of inclusion should be highlighted.
- Examination should be undertaken of the actions necessary for the extension of the General Allocation Model to post-primary schools, modified as necessary to meet the needs and characteristics of that sector.
- An increase in the staffing of NEPS should be a priority for the successful implementation of these recommendations. Educational psychologists' practice will need to develop, in order to include greater engagement in the full range of assessments and support for other staff undertaking their assessments; both are necessary for the successful implementation of the changes proposed.

12. We recommend that the actions taken to implement these recommendations be reviewed within a specified period.

A number of action points have been developed. These will need time to be implemented. The NCSE should monitor and review its progress in meeting the objectives that arise from this report. We therefore recommend that such a review, and a specified time scale, should be included in the action plan.

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INTERNATIONAL STATUTES AND STATUTORY INSTRUMENTS

Australia: Government Disability Discrimination Act, 1992.

UK: Education Act 1996. *Education (SENCO) (England Regulations 2008) Section 317*.

US: Education for All Handicapped Children Act, 1975.

US: Individuals with Disability Education Act, 2004.

US: Individuals with Disability Education Improvement Act, 2004.

IRISH STATUTES AND STATUTORY INSTRUMENTS

Education Act, 1998.

Equal Status Act, 2000.

Equality Act, 2004.

Education for Persons with Special Educational Needs Act, 2004.

Disability Act, 2005.

Appendix A

Figure A.1 Categories and definitions of disability used in Massachusetts

| Disability definition | Key words from the state and federal definitions: |
|--|--|
| <p>Autism – A developmental disability significantly affecting verbal and nonverbal communication and social interaction. The term shall have the meaning given it in federal law at 34 CFR 300.7</p> | <ul style="list-style-type: none"> • A developmental disability significantly affecting verbal and nonverbal communication and social interaction, • Generally evident before age 3 • Adversely affects educational performance. • Engagement in repetitive activities and stereotyped movements, • Resistance to environmental change or change in daily routines, and • Unusual responses to sensory experiences |
| <p>Developmental delay – The learning capacity of a young child (3-9 years old) is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: receptive and/or expressive language; cognitive abilities; physical functioning; social, emotional, or adaptive functioning; and/or self-help skills</p> | <p>Key words:</p> <ul style="list-style-type: none"> • 3-9 years old • Learning capacity significantly limited, impaired, or delayed • Difficulties in one or more areas |
| <p>Intellectual impairment – The permanent capacity for performing cognitive tasks, functions, or problem solving is significantly limited or impaired and is exhibited by more than one of the following: a slower rate of learning; disorganised patterns of learning; difficulty with adaptive behavior; and/or difficulty understanding abstract concepts. Such term shall include students with mental retardation</p> | <p>Key words:</p> <ul style="list-style-type: none"> • Permanent capacity for performing cognitive tasks • Is significantly limited or impaired • Shall include students with mental retardation |
| <p>Sensory impairment – hearing – The capacity to hear, with amplification, is limited, impaired, or absent and results in one or more of the following: reduced performance in hearing acuity tasks; difficulty with oral communication; and/or difficulty in understanding auditorally-presented information in the education environment. The term includes students who are deaf and students who are hard-of-hearing</p> | <p>Key words:</p> <ul style="list-style-type: none"> • Capacity to hear, with amplification limited, impaired, or absent • Reduced performance in hearing acuity • Difficulty with oral communication • Difficulty understanding |

| Disability definition | Key words from the state and federal definitions: |
|---|---|
| | auditorally-presented information |
| Sensory impairment – vision – The capacity to see, after correction, is limited, impaired, or absent and results in one or more of the following: reduced performance in visual acuity tasks; difficulty with written communication; and/or difficulty with understanding information presented visually in the education environment. The term includes students who are blind and students with limited vision | Key words: <ul style="list-style-type: none"> • Capacity to see, after correction • Limited, impaired, or absent • Reduced performance in visual acuity • Difficulty with written communication • Difficulty with understanding information presented visually |
| Sensory impairment – deaf-blind – Concomitant hearing and visual impairments, the combination of which causes severe communication and other developmental and educational needs | Key words: <ul style="list-style-type: none"> • Concomitant hearing and visual impairments • Severe communication and other developmental and educational needs |
| Neurological impairment – The capacity of the nervous system is limited or impaired with difficulties exhibited in one or more of the following areas: the use of memory, the control and use of cognitive functioning, sensory and motor skills, speech, language, organizational skills, information processing, affect, social skills, or basic life functions. The term includes students who have received a traumatic brain injury | Key words: <ul style="list-style-type: none"> • Capacity of the nervous system is limited or impaired • Includes traumatic brain injury Note: Massachusetts' definition of neurological impairment is more inclusive than the federal definition which is limited to students with traumatic brain injury |
| Emotional impairment – As defined under federal law at 34 CFR §300.7, the student exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. The determination of disability shall not be made solely because the student's behavior violates the school's discipline code, | Key words in both state and federal definitions: <ul style="list-style-type: none"> • Long period of time and to a marked degree • Adversely affects educational performance • Inappropriate types of behavior or feelings under normal circumstances • Not solely behavior • Not solely court or social service involvement • Not solely social maladjustment The regulatory definition is by no means exhaustive in its listing of possible characteristics of an emotional impairment. Readers |

| Disability definition | Key words from the state and federal definitions: |
|---|--|
| <p>because the student is involved with a state court or social service agency, or because the student is socially maladjusted, unless the Team determines that the student has a serious emotional disturbance. Note: The federal definition uses the terminology “serious emotional disturbance.” State statutory requirements require that the term “emotional impairment” be considered synonymous with the term “serious emotional disturbance”</p> | <p>are reminded that many other sources of evidence of emotional impairment may affect educational progress. Note: The federal definition uses the terminology “serious emotional disturbance.” State statutory requirements require that the term “emotional impairment” be considered synonymous with the term “serious emotional disturbance.”</p> |
| <p>Communication impairment – The capacity to use expressive and/or receptive language is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: speech, such as articulation and/or voice; conveying, understanding, or using spoken, written, or symbolic language. The term may include a student with impaired articulation, stuttering, language impairment, or voice impairment if such impairment adversely affects the student’s educational performance</p> | <p>Key words:</p> <ul style="list-style-type: none"> • Use of expressive and/or receptive language is significantly limited, impaired, or delayed • Adversely affects educational performance <p>The regulatory definition is not exhaustive in its listing of communication areas that may be affected</p> |
| <p>Physical impairment – The physical capacity to move, coordinate actions, or perform physical activities is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions. The term shall include severe orthopedic impairments or impairments caused by congenital anomaly, cerebral palsy, amputations, and fractures if such impairment adversely affects a student’s educational performance</p> | <p>Key words:</p> <ul style="list-style-type: none"> • Physical capacity to move, coordinate actions, or perform physical activities • Significantly limited, impaired, or delayed • Adversely affects educational performance <p>The regulatory definition is by no means exhaustive in its listing of physical impairments. Readers are reminded that many other physical impairments may affect educational progress</p> |
| <p>Health impairment – A chronic or acute health problem such that the physiological capacity to function is significantly limited or impaired and results in one or more of the following: limited strength, vitality or alertness including a heightened alertness to environmental stimuli resulting in limited alertness with respect to the</p> | <p>Key words</p> <ul style="list-style-type: none"> • Chronic or acute • Capacity to function is significantly limited • Resulting in limited alertness with respect to the educational environment |

| Disability definition | Key words from the state and federal definitions: |
|---|---|
| <p>educational environment. The term shall include health impairments due to asthma, attention deficit disorder or attention deficit with hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia, if such health impairment adversely affects a student's educational performance</p> | <p>The regulatory definition is by no means exhaustive in its listing of health impairments. Readers are reminded that many other health impairments may affect educational progress</p> |
| <p>Specific learning disability – The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think speak, read, write, spell, or to do mathematical calculations. Use of the term shall meet all federal requirements given in federal law at 34 C.F.R. §§300.7(c)(10) and 300.541</p> | <ul style="list-style-type: none"> • Comments: use of the term “an imperfect ability” must be considered in the context of other federal language which provides guidance that such term may be considered to mean “seriously compromised” • 34 CFR 300.541 includes an assessment of whether the student was provided with learning opportunities appropriate to the age of the student, and directs the Team to look for a severe discrepancy between achievement and intellectual ability. |

Figure A.2 Assessment factors related to type of disability used in Massachusetts

| Disability type | Possible assessments and assessment factors |
|-------------------------------------|---|
| Autism | <ul style="list-style-type: none"> • Autism-specific rating scales • Assessment of social maturity and skills • Communication Sample and assessment of student's language skills including pragmatic language skills • Observations – note if student engages in repetitive or stereotyped movements and the student's response to change in daily routines or environment • Assessment of student response to sensory experiences • Assessment of student's emotional status (see also emotional impairment) • Assessment in multiple environments with a variety of tasks <p><i>Note:</i> This is a low incidence disability. Assessors should have experience and knowledge related to appropriate assessment tools</p> |
| Developmental delay | <ul style="list-style-type: none"> • Appropriate consideration only if student is nine (9) years of age or younger • Assessment of developmental performance in language; cognition; physical development; social, emotional, or adaptive development • Psychometric assessments • Classroom observations • Developmental history • Norm reference data or professional consensus finding of delay of 6 months or more in one or more areas for younger children and 9 months or more for older children |
| Intellectual impairment | <ul style="list-style-type: none"> • Developmental and educational history – evidence of permanent limitations of capacity • Look for significant limitation, not just slower learning • Assessment of: rate of learning, patterns of learning, understanding of abstract concepts • Assessment in different environments • Assessment of adaptive behaviors of student • Standardised IQ tests may be used as one measure for consideration, but is not sufficient for a finding of disability of this type |
| Sensory impairment – hearing | <ul style="list-style-type: none"> • Audiological assessment including assessment of functional residual hearing capacity • Assessment of student's capacity to derive assistance from the use of assistive technology such as hearing aids, auditory trainers, FM systems, or cochlear implants • Review of student's educational and developmental history • Medical history and current medical assessment |

| Disability type | Possible assessments and assessment factors |
|--|---|
| | <ul style="list-style-type: none"> • Assessment of oral language development and communication abilities of student • Assessment of student in relation to school environment, and vice versa, including participation behaviors, social/communication behaviors, interaction with other students and with adults, and behaviors in relation to different learning environments • Assessment of student's auditory discrimination and processing skills <p><i>Note:</i> Hearing impairment is often concurrent with other disabling conditions and should be carefully considered when student has physical disabilities or syndromes, apparent fluctuating or changed auditory skills, communication impairments or poor vision.</p> <p><i>Note:</i> This is a low incidence disability. Assessors should have experience and knowledge related to appropriate assessment tools for students who may be deaf or hard of hearing</p> |
| Sensory impairment – vision | <ul style="list-style-type: none"> • Visual acuity assessment, including assessment of functional residual vision after correction • Medical history and current medical assessment • Ophthalmological and clinical low vision assessment • If appropriate, assessment of student's capacity to learn/use Braille • Assessment of student's orientation and mobility skills • Review of student's educational and developmental history • Assessment of student's visual discrimination and processing skills <p><i>Note:</i> students with multiple impairments are at risk for visual impairments. If multiple impairments are present, a vision screening should be provided</p> <p><i>Note:</i> This is a low incidence disability. Assessors should have experience and knowledge related to appropriate assessment tools for students who may be visually impaired</p> |
| Sensory impairment – deaf-blind | <ul style="list-style-type: none"> • Visual and auditory acuity assessments including assessment of functional residual vision or hearing capacity. Diagnosis of "deaf/blind" is best when made by an ophthalmologist and audiologist • Observational checklists • Communication assessment, both receptive and expressive • Review of student's educational, medical, and developmental history • Assessment of student's visual and auditory discrimination and processing skills • Medical history and current medical assessment <p><i>Note:</i> High probability of associated disabilities; medical, neurological, behavioural, cognitive, and physical</p> |

| Disability type | Possible assessments and assessment factors |
|---------------------------------|--|
| | <ul style="list-style-type: none"> • Assessment of orientation and mobility skills • Observation of student in multiple settings <p><i>Note:</i> This is a low incidence disability. Assessors should have experience and knowledge related to appropriate assessment tools for individuals who may be deaf-blind</p> |
| Neurological impairment | <ul style="list-style-type: none"> • Assessment by qualified Neuropsychologist or Neurologist that does not repeat previously administered testing • Developmental and educational history • Medical history and current assessment, including a medical screening for known neurological insults • Assessments in related areas such as: memory, cognitive functioning, sensory and motor skills, communication skills, organizational skills, information processing, social skills, behaviour, flexibility/adaptability, attention, reasoning, abstract thinking, judgment, problem-solving, mental health status • Observation of student • This type of disability is often associated with low birth weight <p><i>Note:</i> This is a low incidence disability. Assessors should have experience and knowledge related to appropriate assessment tools for students who may have neurological impairment</p> |
| Emotional impairment | <ul style="list-style-type: none"> • Behavioural/diagnostic checklists and rating scales • Projective assessments • Teacher assessments and interviews • Observation of student • Psychiatric assessment • Psychological assessment or neuropsychological assessment • Parent interview • Developmental and social history <p><i>Note:</i> Many psychiatric disabilities are low incidence disabilities. Assessors should have experience and knowledge related to psychiatric disorders in order to determine the nature of an emotional impairment and its impact on the student</p> |
| Communication impairment | <ul style="list-style-type: none"> • Assessment of expressive and receptive language skills, including articulation, fluency, and voice • Oral-peripheral exam • Vocabulary assessment • Assessments related to word retrieval, language and auditory processing skills, and semantic and syntactic skills • Assessment of pragmatic language skills • For younger children, analysis of play skills • Observation of student • Language sample – oral and written • Teacher and parent interviews • Developmental and educational history |

| Disability type | Possible assessments and assessment factors |
|-------------------------------------|--|
| Physical impairment | <ul style="list-style-type: none"> • Orthopedic or neuromuscular assessment • Medical assessment • Developmental history • Assessment of school functioning across school environments • Observation of student |
| Health impairment | <ul style="list-style-type: none"> • Medical assessment • Developmental history • Assessment of school functioning • Observation of the student, over time, with different tasks • Teacher and parent interviews • Assessment of effects of medication or medical treatment, if appropriate • Assessment of effects of chronic absences, including cumulative effect of absences over time, if appropriate • Assessment of emotional and psychological impact of the impairment, if appropriate |
| Specific learning disability | <ul style="list-style-type: none"> • Developmental and educational history • Assessments as needed to determine if discrepancy between ability and achievement is present in one or more of designated areas Assessment of provision of learning opportunities appropriate to age of student • Classroom data on performance, over time, and with different tasks • Observations by more than one person, over time, with different tasks • Psychometric, psychological, or neuropsychological assessments • Assessments as needed to also consider the possibility of associated sensory impairment, emotional impairment, cultural difference, intellectual impairment <p><i>Caution #1:</i> Assessment should be initially informed by professional judgement and/or parental concerns and does not require assessment that “covers the territory”</p> <p><i>Caution #2:</i> The federal term “severe discrepancy” does not require specific IQ or achievement testing, nor does Massachusetts identify a definitive score or score range to draw a clear line showing when a discrepancy becomes “severe” and warrants a finding of disability. We emphasise that the finding by the Team must show that the student’s performance is seriously compromised in one or more of the areas designated in the law. Such a determination may be made with information from multiple assessments (which may include IQ tests), and/or criterion-referenced tests (which may include curriculum-based measurement), as well as other types of assessments</p> |

Figure A.3 Guidance provided for the assessment of autism and emotional disturbance by Alabama State Board of Education

(i) Autism

(a) Definition

Autism means a developmental disability that significantly affects verbal and nonverbal communication and social interaction generally evident before age three (3) that adversely affects educational performance. This includes other pervasive developmental disorders. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or changes in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in these rules. A child who manifests the characteristics of autism after age three (3) could be identified as having autism if the criteria herein are satisfied.

(b) Criteria

- Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations
- Score on a rating scale (normed for the appropriate diagnostic group) indicating the presence of an autism spectrum disorder
- Medical, clinical, psychiatric, or school psychologist evaluation, or an assessment by a qualified person (e.g., psychometrist) trained in the area of autism evaluation
- Evidence that communication/language skills and/or social skills adversely affect educational performance
- Evidence of current characteristics/behaviors typical of an autism spectrum disorder.

(c) Minimum evaluative components

- Vision/hearing screening
- A normed rating scale that is used to document the presence of an autism spectrum disorder
- Comprehensive evaluation and report to be completed by a medical, clinical, psychiatric, and/or school psychologist or other qualified person (i.e., psychometrist) trained in the area of autism evaluation
- Communication/language evaluation and a behavior rating scale and/or an adaptive behavior rating scale. Additional performance measures may include developmental, intellectual, achievement (individual or group), motor, criterion-referenced tests, curriculum based assessments, work samples, portfolios, observation
- Observation in both a structured and an unstructured school environment or natural setting and a structured interview with the parent/primary caregiver for all students in Grades K-12. An observation in a natural setting and a structured interview with the parents/primary caregiver for all preschool aged children.

(ii) Emotional disturbance

(a) Definition

Emotional Disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors;
 - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - Inappropriate types of behavior or feelings under normal circumstances;
 - A general pervasive mood of unhappiness or depression; or
 - A tendency to develop physical symptoms or fears associated with personal or school problems.
- Emotional disturbance includes schizophrenia. The term does not include children who are socially maladjusted, unless it is determined that they have an emotional disturbance as defined herein.

(ii) Emotional disturbance (continued)

(b) Criteria

- Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
- Evidence that the problem is not due to intellectual, sensory, or health factors.
- Standard scores (total or composite) on two out of three of the same norm referenced behavior rating scale must be at least two standard deviations above or below the mean (70, depending on the rating scale). Ratings from three or more scales will be obtained from at least three independent raters, one of whom may be the parent or the child through a self-report.
- Evidence that the emotional disturbance adversely affects the child's academic performance and/or social/emotional functioning in the school environment.
- Evidence that the emotional disturbance is exhibited over a long period of time (typically six months) and to a marked degree, and that the child's educational performance is adversely affected.
- Observational data that documents the emotional disturbance in two or more educational settings.

(c) Minimum evaluative components

- Vision/hearing screening
- Individual intellectual evaluation
- Administration of three of the same norm-referenced behavior rating scale by three or more independent raters who have had knowledge of the child for at least six weeks. One of the raters may be the parent or the child. If a self-report is used, it must be a version of the same behavior rating scale
- Individual educational achievement evaluation and a statement of how the impairment adversely affects the child's academic performance and/or the child's social/emotional functioning
- Documentation that the emotional disturbance is exhibited over a long period of time (typically six months) to a marked degree that adversely affects educational performance. Documentation must include teacher, parent and/or child interview(s); documentation of environmental, socio-cultural, and/or ethnic information (e.g., Environmental, Cultural and Economic Concerns checklist); and at least one of the following:
 - Observation of the child in an educational environment other than the required observation
 - Counselor reports
 - Language evaluation
 - Anecdotal records from classroom teacher(s) or other LEA personnel
 - Documentation may also include at least one of the following, if available
 - Clinical psychological/psychiatric reports
 - School psychologist reports
 - Medical reports.
- Observation by a qualified professional in two or more educational settings (one structured setting and one unstructured setting).

Appendix B

Figure B.1 Staged approach to assessment, identification and programme planning – Ireland

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| <p style="text-align: center;">Stage I</p> <p>A class teacher or parent may have concerns about the academic, physical, social, behavioural or emotional development of certain pupils. The teacher should then administer screening measures, which may include screening checklists and profiles for pupils in senior infants and first class, standardised, norm-referenced tests for older pupils and behavioural checklists where appropriate.</p> <p>The class teacher should then draw up a short, simple plan for extra help to be implemented within the normal classroom setting, in the relevant areas of learning and/or behavioural management. The success of the classroom support plan should be reviewed regularly, with appropriate parental involvement. If concern remains after a number of reviews and adaptations to the plan, the special education support team or the learning support/resource teacher in the school may be consulted about the desirability of intervention at stage II.</p> |
| <p style="text-align: center;">Stage II</p> <p>If intervention is considered necessary at stage II, then the pupil should be referred to the learning support/resource teacher, with parents' permission, for further diagnostic testing. In the case of pupils with learning difficulties, if the classroom support plan fails to achieve the desired outcome the pupil should be referred to the learning support teacher/resource teacher, with parents' permission, for further diagnostic testing. If this diagnostic assessment suggests that supplementary teaching would be beneficial, this should be arranged. The parents and the class teacher should be involved with the learning-support/resource teacher in drawing up the learning programme, which would include appropriate interventions for implementation in the home, in the classroom, and during supplementary teaching.</p> <p>The learning support/resource teacher and the class teacher should review regularly, in consultation with the parents, the rate of progress of each pupil receiving supplementary teaching. If significant concerns remain after a number of reviews and adaptations to the learning programme, then it may be necessary to provide interventions at stage III.</p> <p>In the case of pupils with emotional or behavioural difficulties, it is recognised that, with serious difficulties, more urgent action may be needed. In these cases the pupil's needs should, with parents' permission, be discussed with the relevant NEPS psychologist and/or the case should be referred to the clinical services of the Health Services Executive. This may lead to a more detailed behavioural management programme to be implemented at home and in class, or to referral for further specialist assessment (stage III).</p> |

Stage III

Some pupils who continue to present with significant learning needs will require more intensive intervention at stage III. The school may formally request a consultation and, where appropriate, an assessment of need from a specialist outside the school in respect of pupils with learning difficulties or with mild or moderate behavioural problems (or both) who have failed to make progress after supplementary teaching or the implementation of a behavioural programme and in respect of pupils with serious emotional disturbance and/or behavioural problems. Such specialist advice may be sought from psychologists, paediatricians, speech and language therapists, audiologists, etc.

The learning support/resource teacher, resource teacher, if available, and the class teacher, in consultation with the relevant specialist or specialists should then draw up a learning programme that includes identification of any additional available resources that are considered necessary in order to implement the programme. The parents should be fully consulted throughout this process. This programme should be the subject of regular reviews, leading to revisions of the learning programme and referral for specialist review, as necessary.

In the case of pupils identified at an early age as having very significant special educational needs, intervention at stage III will be necessary on their entry to school. Support in the classroom will be an essential component of any learning programme devised for such pupils, and primary responsibility for the pupil will remain with the class teacher, in consultation with the learning support/resource /or resource teacher.

Teaching resources are available to schools for pupils at Stage III without necessarily having recourse to an assessment by an external specialist outside the school.

Source: Circular SP ED 02/05 Appendix 3, pp 21-22

Figure B.2 Description and criteria for high incidence disabilities**Borderline/Mild General Learning disabilities**

Such children have been assessed by a psychologist as having a borderline mild general learning disability or mild general learning disability. A psychologist may recommend such children for additional teaching support or special class placement on account of a special learning problem such as:

- Mild emotional disturbance associated with persistent failure in the ordinary class (disruptive behaviour on its own, however, would not constitute grounds for special class placement or additional teaching support)
- Immature social behaviour
- Poor level of language development in relation to overall intellectual level. A recommendation to place such a child in a special class or to allocate additional teaching resources to support a school in catering for his/her needs should take into account the extent to which the child is making progress in his/her present learning environment and the other existing support available to the child in his/her school.

Specific Learning disability

Such children have been assessed by a psychologist as:

1. Being of average intelligence or higher; and
2. Having a degree of learning disability specific to basic skills in reading, writing or mathematics which places them at or below the 2nd percentile on suitable, standardised, norm-referenced tests.

Children who do not meet these criteria and, who in the opinion of the psychologist, have a specific learning disability are more properly the responsibility of the remedial teacher and/or the class teacher.

Source: Circular SP ED 08/02

