

Education and Lifelong Learning Committee

Date: 16th October 2003

Title: Support for children with special educational needs an Estyn overview

1. Purpose

This report provides contextual information to support the policy review of special educational needs (SEN). It identifies issues, including those relating to early identification and intervention, which need to be addressed. It is based on Estyn's inspection evidence and expertise in this field.

2. Background

The most recent developments in the statutory framework for SEN are the SEN and Disability Act 2001 and the SEN Code of Practice for Wales 2002. The Code is a comprehensive document setting out legislation, definitions, principles, roles and procedures.

The underlying principles of the Code of Practice are:

- children with SEN should have their needs met;
- needs will normally be met in a mainstream setting;
- views of each child should be taken into account;
- parents have a vital role to play; and
- children with SEN should be offered full access to a broad, balanced and relevant education.

The characteristics of success are that:

- children's needs are identified early and met;
- schools exploit best practice;
- the wishes of children and parents are taken into account;
- there is close co-operation between all partners, including parents and other agencies;
- assessments are timely, and
- statements of SEN are clear and detailed, monitored and reviewed.

3. Many different types of special educational needs

The Code of Practice recognises that there are many different types of SEN and that the severity and persistence of needs may range across a wide spectrum. In addition, needs are often inter-related and many children can have needs which span two or more areas.

The Code describes the following areas of SEN:

- communication and interaction difficulties;

- cognition and learning difficulties;
- behaviour, emotional and social development; and
- sensory, physical and medical needs.

Communication and interaction difficulties may be seen in pupils with:

- speech and language delay, impairment or disorder;
- specific learning difficulties, such as dyslexia¹ and dyspraxia²;
- sensory and physical impairment, particularly hearing impairment;
- permanent physical impairment;
- autistic spectrum disorders³; and
- moderate, severe or profound learning difficulties.

Cognition and learning difficulties may be:

- moderate;
- severe;
- profound; or
- specific, such as dyslexia and dyspraxia.

Such difficulties may occur alongside:

- physical impairments;
- sensory impairments;
- behavioural difficulties; and
- autistic spectrum disorder.

Pupils with problems of behavioural, emotional and social development may include those who are:

- withdrawn and isolated;
- disruptive and disturbing to others;
- hyperactive and lacking in concentration;
- very challenging in their behaviour.

These difficulties are likely to occur alongside other kinds of special need.

Sensory, physical and medical needs include:

- the full range of hearing, visual and multi-sensory difficulties;
- physical impairment due to neurological, metabolic or other causes;
- medical conditions that might impair the pupil's access to education; and
- physical and medical conditions that affect a pupil's cognitive ability, behaviour or emotional state.

These are daunting lists and can help explain why classroom teachers often lack the expertise to identify and cater for special educational needs. In addition, there can be wide variations in:

¹ **Dyslexia** is a specific learning difficulty in which accurate and fluent word reading and/or spelling is very difficult or develops very incompletely, despite appropriate learning opportunities.

² **Dyspraxia** is a specific learning difficulty, sometimes known as developmental coordination disorder, involving clumsiness, problems with performing skilled movements and often with associated speech and emotional difficulties.

³ **Autistic spectrum disorder** is a developmental neurological condition that leads to impairment of social interaction, social communication, imagination, flexibility of thinking and, sometimes, associated coordination problems.

- severity of need;
- the age at which the need emerges; and
- how long the need persists.

4. Many children have special educational needs

Different degrees of severity and persistence of special educational need are recognised nowadays. It is expected that early years providers and schools will make a graduated response to those needs. The majority of needs are met by Early Years/School Action⁴ or Early Years/Action Plus⁵ interventions. A minority of special educational needs are met by the provision of a statement.

The existence of a statement of SEN is not, however, a reliable indicator of the level of, or effectiveness of, early identification and intervention because:

- there is no all-Wales threshold for Action, Action Plus or the issue of a statement of SEN; and
- some LEAs make specialist provision for children with SEN without first making a statement.

We know that:

- A large proportion of children, perhaps 1 in 4, will have some special or additional educational need at some time in their school life, sometimes throughout. The vast majority of children with these needs are in mainstream schools and most have mild to moderate learning difficulties, specific learning difficulties and/or emotional and behavioural problems. Many pupils have a mixture of needs.
- There are relatively small numbers of pupils with sensory impairments, physical disabilities and very severe complex difficulties.
- The number of pupils with communication difficulties has risen steadily in recent years, although the proportion of pupils with these difficulties is still relatively small. In part, the increased numbers of children with autistic spectrum disorder accounts for this rise.
- Overall, about 3.4% of children have statements of SEN. However, there are large variations between LEAs where the figures range from 1.6% to 5.1%. Estyn is currently investigating the factors governing the differential practice in issuing of statements of SEN across Wales.
- Three quarters of the children with statements of SEN are in mainstream schools.
- In 2001-2002, 14% of pupils permanently or temporarily excluded from school had statements of SEN.
- The proportion of new statements given to pupils under 5 years of age continues to increase. In 2002, 24% (466 out of 1953) of new statements were for pupils under the age of 5, compared to 14% (369 out of 2570) in

⁴ **School Action:** when a class or subject teacher provides interventions for a pupil with SEN that are additional to or different from those provided as part of the school's usual differentiated curriculum offer and strategies.

⁵ **School Action Plus:** when the class or subject teacher and the SEN Coordinator are provided with advice or support from outside specialists, so that alternative interventions, additional or different strategies to those provided for the pupil through School Action can be put in place.

1997. There is considerable difference between LEAs. For example, in January 2003, in Blaenau Gwent, pupils under the age of 5 accounted for less than 1% of all statements, while the corresponding figure for Swansea was 7.7%.

5. Early identification and intervention

Early identification continues to pose a number of challenges, particularly at the school level. However, whether in the earlier years of schooling or in secondary school, there may be many factors at play that can mask a special need or cause misdiagnosis. These include: normal variations in rates of development; the impact of social disadvantage, in particular, the ability of parents to stimulate and encourage their child's learning; the influence of hormones and peer group pressure, especially for teenagers; the impact of family breakdown or illness; and separating cause and effect where children have both learning and behaviour problems. In some cases, there may also be issues of child protection, youth offending or substance or alcohol abuse. It is important that staff in schools have both the expertise to recognise difficulties for what they are and the confidence to intervene appropriately at an early stage. It is also vital that staff have access to specialist advice where needed.

Early identification of SEN requires effective systems for:

- recognising early signs of disability in infancy;
- identifying emerging developmental problems in early childhood;
- responding promptly to any special needs that arise from injury, illness or progressive conditions that occur during the school years;
- identifying educational problems that emerge during the primary school years, including those relating to subtle problems of child development;
- recognising, at any stage in the child's or young person's life, the impact on learning of factors such as trauma, disadvantage and mental health problems;
- recognising the learning difficulties that can arise from a mismatch between the developmental needs of a child and the learning and social expectations of the school curriculum; and
- enabling joint working of the relevant agencies and partners.

Early intervention is a matter of taking prompt action, whatever the age of the child or young person, in order to obtain the right specialist advice, equipment and support for the child or young person, for the family and for the educational setting. Whilst the general approach is to intervene at the minimum level needed to make a difference, past experience suggests that, for some young people, those levels of intervention are not always enough.

6. Examples of the variety and complexity of special educational needs

The following scenarios illustrate the complexity of the field of special educational needs and the different types of interventions that may be needed.

Case A: A baby girl is born with Down's Syndrome and this is recognised at, or soon after, birth. She is likely to have cognitive and communication problems, but there is no way of knowing how severe these will be. She will need early help from a speech and language therapist, together with a special educational needs assessment. She will probably receive a statement and could attend either a mainstream or a special school.

Case B: A boy who is healthy at birth suffers meningitis at the age of 22 months. As a result, he becomes severely hearing and visually impaired, with profound physical and learning difficulties. He will have special needs for expert care, medical and educational intervention all his life. He will definitely receive a statement and is highly likely to attend a special school.

Case C: A baby's profound hearing impairment is identified shortly after birth by a neonatal screening programme. The baby is provided with hearing aids and her parents receive weekly support from a teacher of the deaf. In due course, she has a cochlear implant and by seven years of age can understand and use speech nearly as well as other children. She might receive a statement, but could receive the appropriate support in mainstream school by School Action or School Action Plus.

Case D: A little boy who is healthy and happy during his early years finds it difficult to concentrate and sit still in school. He is somewhat clumsy for his age and his speech is not as well developed as it should be. He finds great difficulty with reading and writing, and tries to avoid these activities. This might result in him distracting his friends or clowning around in class which could become embedded behaviour if not addressed. He has moderate learning difficulties that are likely to persist until his school finds a way of teaching him that enables him to learn successfully. He may need specialist support for some tasks and behaviour management. He will probably be supported at School Action Plus in his mainstream primary school.

Case E: A girl aged 10 had been happy and successful in school. However, she then suffered abuse at home and as a result became aggressive and difficult in school. She has emotional and behavioural difficulties that may or may not persist, depending on how quickly and how effectively her family, her social worker and her teachers identify the problem, intervene, and provide the right support. This might be offered by School Action support, and should include planning for transition to secondary school.

Case F: A five year old boy comes to school with exceptionally difficult behaviour. He likes to start fires and is violent to his teacher and other children. His family has been known to social workers since he was born, and after several child protection referrals he has been accommodated with a foster family. He is in danger of being excluded from school, and his foster carer is now worried for her own children. He has very severe social, emotional and behavioural difficulties, and will probably receive a statement and additional support. However, in view of his history the difficulties are highly likely to persist for some while. Education and Social Services will need to plan jointly for him for the foreseeable future. He could be placed in a residential special school at some time.

Case G: After a period of poor attendance, a teenage girl stops attending school altogether. The EWO visits and encourages her parents to take her to see the GP, who diagnoses depression. The diagnosis surprises everyone at school except her best friend, who knew that she had been tearful and worried about her appearance for a while. She has significant but unrecognised emotional difficulties and may need alternative educational provision for a while.

Case H: A teenage boy is excluded from school and sent to the local PRU. On arrival, the staff find that his behaviour settles down quite quickly, but that he has very poor literacy skills, low self-esteem and is convinced he cannot learn. He had attempted to cover up his difficulties in reading and gain status with his peers by insolent and inappropriate behaviour in school. Assessment shows that he is dyslexic and will need support for this, probably at School Action Plus.

7. Impact of developments and research in special educational needs

In recent years, there has been considerable research into and interest in the effectiveness of arrangements for supporting children with SEN. For example, in 2001, Estyn published 'Quality and Standards in Secondary Schools: Aiming for Excellence in Provision for Special Educational Needs'. The Audit Commission has published a series of reports on SEN and the Welsh Assembly Government has issued guidance. Many LEAs and schools have reviewed their arrangements as a result.

Although we do have some indications of the effectiveness of different approaches to early intervention, our knowledge is patchy. As a result, money is too often spent on interventions whose effectiveness is unknown, or taken on trust. The most recent Audit Commission report 'SEN: A mainstream issue' states that, 'a lack of systematic monitoring by schools and LEAs makes it difficult to recognise good practice – or to challenge poor (practice)'.

It is difficult to obtain good quality research evidence about the effectiveness of special educational interventions, partly because we can never be sure that we are comparing like with like. Also, the nature of children's needs changes over time, as they develop and mature. However, with some caution, we can say that the following interventions appear to be effective for many pupils:

- structured teaching programmes for children with cognitive and communication difficulties, including Portage⁶ and some of the specialist programmes for young autistic children such as TEACCH (Treatment and Education of Autistic and Communication Handicapped Children) ;
- early years teaching programmes that fully involve parents and carers as educators;
- family literacy and numeracy programmes;
- specialist advice and guidance for parents of young hearing and visually impaired children;
- specialist approaches to teaching multi-sensory impaired children to communicate;

⁶ **Portage** is a planned, home-based educational support for pre-school children with special educational needs. LEAs usually provide Portage services.

- conductive education⁷ programmes for young children with physical disabilities;
- provision of nurture groups⁸ in primary schools, catering for children with significant emotional and behavioural difficulties;
- multi-sensory teaching programmes⁹ for specific learning difficulties; and
- some specialist mental health interventions, such as brief therapy¹⁰ and cognitive behavioural therapy¹¹.

Much more should be known about the effectiveness of early intervention programmes so that children and families can receive the best advice, and that best value can be received from the expenditure of public money.

8. Evidence from inspection - schools

If we look back over the last 3 years, the pattern is one of steady improvement in the primary sector, with 80% of primary schools judged as making good or very good provision for children with SEN. There is a more mixed picture in the secondary sector, where the percentage of good or very good ranged from 55% to 80% in this period. The comments in the Annual Reports of the Chief Inspector of Education and Training in Wales for the three year period can be summarised as follows:

In 2000-2001, schools were most successful where they:

- trained staff in effective ways of meeting SEN;
- made early links across phases;
- expected all staff to share responsibility for SEN; and
- had commitment and leadership from senior managers.

Particular issues which needed addressing were:

- insufficient time for SENCos;
- getting the right balance of support for pupils, and
- ensuring a whole school approach to SEN.

In 2001-2002, positive points were that:

- 80% of all schools gave at least good support for pupils with SEN, and
- in most schools, pupils with SEN had full access to the range of learning opportunities, including the National Curriculum.

But some teachers found it hard to provide work to meet the wide range of needs of pupils and there was a need for better planning of the use of learning support assistants.

⁷ **Conductive education** helps some children with cerebral palsy, and has more recently extended its scope to cover a wider range of children and adults with motor disorders. In Great Britain, it is a multi-disciplinary early intervention, with physiotherapists, occupational therapists, speech and language therapists and early years educators working alongside parents

⁸ **Nurture groups:** small group provision in primary schools, usually for children identified as having difficult behaviour, and/or traumatic early experiences.

⁹ **Multi-sensory teaching programmes** enable learners to use their senses of hearing, vision and movement to strengthen the learning and recall of new words.

¹⁰ **Brief therapy** involves using shorter interviews than in traditional counselling.

¹¹ **Cognitive behavioural therapy** is used to identify and change unhelpful patterns of thought and belief so as to change patterns of behaviour.

Pupils with SEN in generally high-achieving schools are likely also to be doing well. However, a particular concern must be whether classes in poor performing schools have disproportionate numbers of learners with unmet special needs. Such children may be most vulnerable in under-achieving secondary schools.

In addition to Section 10 inspections, Estyn gains intelligence from ongoing inspection work: such as specific surveys, joint inspections with the Social Services Inspectorate for Wales of services for children with disabilities, and regular monitoring visits of independent schools which cater for children with SEN.

We know, from looking at the records of pupils with social, emotional and behavioural difficulties who are placed in independent residential schools, that they represent a population for whom early intervention has clearly failed. Many have histories of very early identification by social services and education departments, followed by many different stages of childcare and educational intervention. In all these extreme cases, there is clear evidence of progressive escalation in the severity of their difficulties, accompanied by ever more specialised and exclusive provision.

Despite early identification, for many of these extreme cases, insufficient priority may have been given across all agencies at the start to ensure long term success. It may be that not all agencies could prioritise the needs of these children in the short term. However, the longer term costs of too little intervention in the short term can be considerable in both financial and human terms. Hence, resource allocation and decision-making need to be able to respond to more than immediate crises. This is a strong argument for joint funding for prevention and intervention work with children and families.

9. The school inspection framework

Historically, there has been no requirement in the inspection framework to report specifically on the identification and assessment of special educational needs. The new inspection arrangements, that will be in place from September 2004, and the associated guidance and training emphasise the need for an inclusive focus on the outcomes for all learners, with SEN as one part of the whole. Inspectors will evaluate and report on seven key questions. In the guidance for each key question, inspectors are reminded of the need to make clear judgements about the progress of pupils with SEN and are given advice to assist them. Inspectors have to consider the extent to which schools, “plan to meet learners’ individual needs flexibly and to monitor and review their progress”. In relation to early identification and intervention, inspectors will be specifically asked to answer the following questions:

Does the school effectively diagnose individual learning needs?

Does the school provide additional support to meet individual needs?

The first of these specific questions will be particularly helpful in terms of monitoring future progress in the identification of SEN.

10. Evidence from inspection - LEAs

Since 2001, there have been 11 inspections of SEN services covering half the local education authorities in Wales. Judgements about the quality of these

services spanned the whole range from excellent to poor, with most services judged as 'good' or 'fair'. In terms of future progress, the majority (7) were judged to be 'promising' although 4 services had uncertain prospects for improvement. In every case, the local authority recognised the importance of early identification and intervention, though this was sometimes seen to be inhibited by insufficient resources and/or a lack of clarity about roles and responsibilities.

Common features of those LEAs with effective SEN services are that:

- the LEA provides good training and advice for teachers about SEN;
- LEA plans are helping schools to manage their own provision for special educational needs;
- specialist units have appropriate resources and well-qualified staff, and
- there is good consultation with schools.

Recurring weaknesses include: poor communication of LEA plans and the financial effects of these; ineffective monitoring and evaluation of services; and long delays in providing support for pupils with special educational needs, even where these needs have been identified.

Estyn and the Audit Commission have recently produced draft self-evaluation criteria that LEAs can use to help them assess how well they are fulfilling their responsibilities in this area. There are 40 indicators of good features in relation to SEN. Of particular relevance to this paper are the criterion relating to the LEA's strategy for early intervention, and several criteria relating to provision and the impact of interventions for learners with SEN. The full set of criteria can be found on Estyn's web-site.

11. Evidence from inspection – multi-agency work

Between September 2001 and March 2002, HMI visited a sample of multi agency projects with an educational input. These projects were all 'interventionist' in that they targeted vulnerable children or young people and their families and worked with them in order to raise educational achievement and improve life chances.

We considered: the benefits for children, young people and staff gained from partnership working; what makes multi agency projects work well at strategic level and at operational level; and the barriers to good partnership working.

We found that where partnerships are working well:

- membership of, and funding from, multi-agency partnership gives better access to provision, greater awareness of other services and the ability to plan interagency initiatives with increased status;
- staff have better access to a range of services and expertise;
- joint planning is easier for the partners, including parents. For example, it cuts out duplication and unnecessary meetings;
- staff have a clear understanding of their role and how it fits with other partners' roles. They can influence, and are well informed about, policy and provision in partner agencies;
- there is more effective use of resources and improved accommodation as agencies can share and so reduce costs; and
- there is more effective use of funding.

However, Estyn also found barriers to partnership working that need to be addressed, if multi-agency partnerships are to be fully effective. These include:

- poor communication and information sharing;
- under-developed planning and evaluation;
- levels of funding, priorities and which agency pays for what and when; and
- lack of trust by one agency of another.

12. Other work by Estyn related to special educational needs

As well as inspections of individual service providers, Estyn is involved in other areas of work that enable us to identify trends and issues. We work closely with other inspectorates, ACCAC and the Welsh Assembly Government. This year, we are undertaking or have been involved in projects on:

- a survey of practice in the development and delivery of SEN Statements;
- the operation in mainstream schools of the new inclusion guidance;
- the use of paraprofessionals in schools, many of whom provide a range of support for children with SEN;
- behaviour management;
- the provision of speech and language therapy.

We are also undertaking joint working with the Care Standards Inspectorate for Wales and carrying out a series of inspections with the Social Services Inspectorate Wales on provision for children and young people with disabilities.

13. Key issues in early identification and intervention

Although there is rising confidence and better provision for children with SEN in general, there are still major issues in relation to early identification and intervention. There is no data that tells us how many children do not have their needs identified at all or how commonly such needs are misdiagnosed. The four areas of SEN pose very different challenges to effective early identification and intervention. In addition, there are undoubtedly considerable inequalities of provision within the present system.

Visible difficulties

The kinds of SEN that are generally identified early include the obvious congenital impairments such as Down's Syndrome, and some sensory conditions. Early screening for hearing impairment, visual impairment and chromosomal or neurological conditions identifies most babies and young children with these difficulties. Progress then depends on multi-agency working and early intervention being equally good in all areas. It is highly likely that there are inconsistencies in the quality and effectiveness of these across Wales.

Impact of historic practice

In SEN that are identified early, there are inequalities of provision for early intervention that stem from historic practices, rather than from any rational evaluation of what works. In part, this is due to the degree to which different voluntary bodies have lobbied successfully for level and style of provision. For example, babies with Down's Syndrome may receive less educational intervention

than those with a significant hearing impairment. Early intervention in the form of a full-time home tuition programme for a young child with Autistic Spectrum Disorder (ASD), delivered by a team of Applied Behavioural Analysis (ABA) or Lovaas¹² therapists, can cost up to £30,000 per year. A Portage home teaching programme for the same child would cost about £2,000 per year for a weekly visit by a pre-school teacher and follow up work by the child's parents. More comparative studies are needed to establish the relative cost effectiveness of the different approaches.

Parents, public perception and pressure groups

The extent to which different SEN are identified can depend on the level of media interest, parental lobbying, internet information and even commercial pressures. For example, there is now a higher public and media awareness of dyslexia, dyspraxia, Attention Deficit Hyperactivity Disorder (ADHD)¹³ and Autistic Spectrum Disorder than in the past, which leads parents to press for assessment and provision. There are significant national lobby groups for these 'syndromes'. In some cases, commercial interest is high, for example, medication for ADHD, expensive and unproven 'treatments' for ASD and specific learning difficulties.

In contrast, there is usually less effective early identification of those SEN that are significantly more prevalent but have a lower media profile, for example, mild and moderate learning difficulties. No one claims to have 'magic cures' for such problems, leaving teachers to manage intervention without much support from professionals outside the school. Some parents are unlikely to press for early identification because they may themselves have some learning difficulties or be socially disadvantaged, or because they do not necessarily wish to draw attention to their child's difficulties.

In the case of social, emotional and behavioural difficulties, there is general public reluctance to separate these out from 'bad behaviour'. This area of SEN attracts neither sympathy nor money. Parents may not press for early identification, fearing that the label will harm their child. Children with behavioural difficulties, for instance, have most problems getting into their parents' choice of school. An exception now is the identification of ADHD, probably because this diagnosis is seen as medical and 'within child', and therefore nothing to do with poor parental management.

Differential impact of the SEN Tribunal

These factors also seem to have impacted on the workings of the SEN Tribunal in terms of the profile of cases and the pattern of outcomes. The breakdown of cases by type of SEN in the 2001-2002 Annual Report of the SEN and Disability Tribunal (covering England and Wales), does not reflect the corresponding figures relating to their prevalence within the population overall. The percentage of cases concerning autism and literacy, including specific learning difficulties, at 16.1% and 34.5%, are higher than might be expected. On the other hand, Moderate Learning Difficulties are significantly underrepresented at only 5.2%, as are Emotional and Behavioural Difficulties at 14.2%. The report notes that there was 'Once again, a

¹² **ABA and Lovaas:** These behavioural approaches are used to teach children with autistic spectrum disorders new skills and to modify behaviours. These programmes often involve presenting a stimulus and giving a reinforcing consequence each time the child responds correctly.

¹³ **ADHD** is a developmental disorder of inattention, over activity and impulsivity, considered to be neurological in origin.

marked increase in cases concerning autism' (22% increase over the previous year).

There also seems to be a differential pattern of outcomes. Only 12% of appeals relating to ASD and speech and language were dismissed, compared to 28% for Emotional and Behavioural difficulties. It was more common for the Tribunal to order an LEA to assess and make a statement for literacy than for any other SEN.

These patterns may influence LEAs' practices in early identification and intervention and, in some instances, might undermine policies aimed more at providing support at School Action than at ensuring statementing takes place.

Mental health

Adolescent mental health problems are under-identified, particularly in girls, unless or until they become very serious indeed eg eating disorders, self-harm, attempted suicide. Although secondary schools report many concerns about behavioural difficulties, they do not always see the connection with emerging mental health issues. The area of behaviour, emotional and social difficulties is still too frequently confused with 'disaffection' and 'bad behaviour'. Even where mental health problems are recognised, there can be great difficulty in accessing Child and Adolescent Mental Health Service teams for support.

14. Main findings

Positive outcomes

- in good schools, all pupils, including those with SEN, make progress. Since the overall trend is of rising standards, particularly in the primary sector, then this is very encouraging;
- over the last 10 years, the quality of assessment in schools has been improving. This is important for children with SEN since effective assessment is essential for monitoring progress and planning future work;
- despite tensions with the standards agenda, there is a strong commitment to both inclusion and early intervention at both school and LEA level;
- there is, generally, a better understanding of special educational needs by all stakeholders, including school staff, governors, parents and elected members; and
- there are more examples of stakeholders working together, both across phases and involving several agencies.

Remaining challenges

- Fulfilling the requirements of the SEN and Disability Act
Perhaps the most obvious challenge, given the state of the building stock in Wales, is that of making all schools fully accessible. However, other key factors are staff training and support. Given the huge range of needs that may arise, teachers and school staff will inevitably require regular training and ongoing support. Increasingly, medical and technological advances, together with changes in attitudes and a commitment to inclusion, are meaning that more children with severe and complex difficulties are being admitted to mainstream schools. This requires changes, not only in the ways that schools may operate, but also in the provision of other services such as therapy and transport.

- Assessing the achievements and progress of learners with SEN

Little is known about how well children with SEN achieve in school. Many schools and LEAs do not systematically analyse and monitor the progress of their pupils with SEN, possibly because such work is hindered by a lack of common performance measures. National Curriculum Assessment does not include all pupils. In particular, some pupils with SEN (usually those having profound and multiple learning difficulties) can be designated as 'working towards level 1' for their whole school lives. This term covers a very broad range of achievement and is not helpful to teachers' assessment and planning. It also perpetuates an 'exclusive' system which regards these pupils as somehow, 'outside normal arrangements'

The current emphasis on National Curriculum results in core subjects as a means of judging the relative performance of schools is not helpful in encouraging schools to include pupils with significant learning difficulties, or those whose behaviour disrupts their own learning, or that of others. A possible remedy would be to collect and value a broader range of assessment information that reflects 'value added' in core subjects and in a number of other areas of importance to individual pupils.

Work is being undertaken by ACCAC, SENCOs, special schools and others on ways of improving this situation.

- Ensuring equality of opportunity

There are considerable differences in the availability of support. These differences may reflect geographical location, local policies and funding levels, historic practice and the success or otherwise of local and national pressure groups. Some parents are able to exert more influence than others. In some cases, the tension between meeting the needs of individual learners and those of other pupils may impact negatively on the opportunities made available to some young people. These issues have been explored above in relation to early identification but they can apply at any stage.

One of the main factors influencing equality of opportunity is the fairness of the funding arrangements underpinning provision. Across Wales currently, there is not a level playing field. Pupils with similar needs do not necessarily have access to equal provision. This applies whether we are considering pupils with or without statements of SEN. Responsibility for making provision for the latter group usually lies with schools, whereas it is shared with LEAs for pupils with statements. Many schools, and other agencies, argue that financial and other pressures prevent them from providing the level of support that they would wish.

Another aspect of seeking to provide equal opportunities faces decision-makers when considering whether to reduce support for an individual child, thus freeing up resources for another. Again, factors, such as parental pressure, may influence outcomes.

- Getting better data on SEN to inform decision-making

Much of the data on SEN can be misleading since they are not based on common definitions or criteria. Hence, the use of such data can result in unsound conclusions. This increases the difficulty of carrying out research into issues such as the equality of funding or based on comparisons between LEAs.

▪ Better coordination and joined up approaches at all levels
 Inspection evidence shows that there are considerable differences between schools in the effectiveness with which they use paraprofessional staff to support pupils with special educational needs. Many special schools have good practice in this respect. Learning support assistants can greatly enhance the learning experiences of such pupils. This is most likely to occur where:

- schools provide training for teachers and support staff in how to work together effectively, and
- teachers and support staff have time for joint planning, assessment and evaluation.

Education and Social Services directorates, within Local Authorities, and other agencies who provide for vulnerable young people need to address the barriers identified in Section 10 of this report.

15. Recommendations

Pupils with more moderate difficulties, particularly involving social and behaviour problems, need better support.

More initial and update training is needed for teachers to help them to identify and assess needs and pupil progress. A particular 'SEN focus' is needed on curriculum differentiation, performance measurement and target setting. Teachers need training in those specific strategies which do work for many children.

More research is needed to better inform policy makers and decision-makers about what works, costs and equality of opportunity.

Greater consistency is needed in SEN assessment, resource allocation and tracking performance so as to make research easier and help to improve understanding about the effectiveness of different interventions.

More effective inter-agency working is needed and should be the focus of future joint inspection work.

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