



A Framework For European Collaborative Working, Inclusive Education and Transition: Analysing Concepts, Structures and Relationships

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Fiesta Literature Review

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FIESTA Literature Review

1.0 Introduction and Executive Summary

The central aim of this literature review is to:

- Establish the conceptual and cross-cultural basis for collaboration on the FIESTA project.
- Explore terminology and definitions of inclusion, integrated working and transition utilised in the partner countries (Bulgaria, Cyprus, Greece, Ireland, Netherlands, Romania and Scotland).
- Establish key hypothesis concerning best practice that will be tested in the project survey (set out in Appendix 2).
- Develop key qualitative questions to be examined in the focus groups (set out in Appendix 2).
- To contribute to the thinking that will allow the best practiced report to recommend standardised criteria for service providers aiming to establish and evaluate best practice in inclusion, transition and integrated working.

This review synthesises information from the individual country reviews and is separated into sections that consider:

- Concepts of childhood
- Concepts of inclusion and disability
- Transition concepts and processes
- Approaches to assessment and integrated working

Section 2.0 Concepts of Childhood argues that there has been a shifting in thinking about childhood from deficit models to ecological, holistic and systemic approaches and that this raises questions concerning the politics of child - adult relationships, professional capacity, partnership, the balance between child and adult rights and the extent to which people's views of childhood influence issues of transition, integrated working and inclusion.

These issues are taken up in section *3.0 Concepts of Disability and Inclusion* that contrasts medical and social model ideas of inclusion; the conceptual difference between pupil inclusion (equity of experience)/pupil integration (being in a mainstream setting but not necessarily fully included); and the disparity between individual versus more community based approaches. This section illustrates that

many of the partner countries have been influenced by the work of Mel Ainscow and broader understandings of inclusion yet concludes there is a lot more to be done before to enable fully inclusive education for disabled children. This section identifies numerous barriers to inclusion such as: teachers, parents and pupil attitudes, too much focus on attainment/accreditation, a lack of attention to the diversity of disabled childhood, professional fears, inaccessible buildings, scarcity of teaching methods/strategies, a pre-occupation with categorisation, the inability of national policy to influence local settings, lack of training and personal prejudice/animosity. This section concludes that though the policy context supports a shift to inclusion, professionals need more support to develop their practice. However, it also suggests that there are some signs of hope and that inclusion can be fostered in settings that have flexible curriculum, programmes of staff exchange/training, spaces for regular dialogue, attended to issues of human rights, an ethos of collaborative leadership, processes of pupil participation and practices of peer/mentoring support for parents, pupils and professionals.

Section 4.0 Concepts and Practices of Transition argued that disabled children and their families should receive bespoke information on transition, be involved in flexible collaborative planning processes well in advance of transition and that there should be accurate plans (including clear agreements/time lines). It was also argued that all parties (including the voluntary sector) should be involved in planning processes, that information/strategies should be transferred between settings and that resources (including direct payments) should follow the child. This section also discusses concepts of childhood transition contrasting the notion that transition is a one off moment with the idea that it is a process (that can also include transition from home or hospital back to school after a time of illness). It contrasts the idea that transition is troublesome with the idea that children have a range of skills (including leadership skills) to offer processes of transition and therefore such processes should be concerned with relationship building.

Section 5.0 Methods of Planning and Assessment picks up the notion of collaborative working by connecting policies on inclusion with policies on children's well-being to stress the need for service provision to: be co-ordinated by key people, strive for minimum intervention and recognise the strengths/abilities of service users. This section suggests that children and families should for themselves be enabled to define the outcomes of processes of inclusion, integration and transition. The section contrasts the term service integration (more collaborative or synthesised services) with the term pupil integration (a pupil's presence in a mainstream setting). It suggests that there are different types of integrated working including where there is greater co-operation (information

sharing), collaboration (joint planning), co-ordination (adoption of shared goals and agreements on shared policies resources) and service synthesis (structures are merged/unified). Barriers to smooth and integrated working are identified as professional conceptual confusion, professional in fighting, a dearth of flexible referral pathways and a lack of face-to-face contact between children, families and professionals. This section introduces the concept of inter-sectionality (the idea that children and families may have overlapping life issues related to gender, age, ethnicity etc) and makes a distinction between the notion of ‘judgement’ (decision making) and judgemental (prejudiced thinking). In particular it contrasts individualised/academic assessment with- politically nuanced strength based/holistic assessment that is built on professional reflexivity arguing that the content, ethos and tone of the assessment/plan is important in relation to whether an assessment actually supports processes of inclusion. This section stresses the need for regular review and evaluation of services, outcomes, plans and agreements. It contrasts top down performance indicator evaluation with participatory evaluation and argues that there is a lack of clarity concerning how to evaluate inclusion, transition and integrated working. This section draws from social justice ideas to argue that there is no one set of evaluation outcomes that will be meaningful to all people, that we should enable complex solutions within our systems and that we should avoid tokenistic evaluation. It suggests that children and families will have different aims and aspirations and different requirements that might relate to financial, political, legal and emotional issues. This section concludes that inclusion is a dynamic concept (constantly changing), that service providers should not rigidly assume that any one solution always works and that we should make concepts such as rights, justice, participation, recognition and respect central to multi-professional assessment, planning and review (Davis, 2011).

2.0 Concepts of Childhood

2.1 Deficit and Individualised Approaches

Issues of childhood have been significantly neglected in a number of countries, for example notions of children's rights have only recently come into Irish theory and practice. The profound levels of systemic and systematic abuse uncovered in recent years (Murphy Commission) have underlined the poor level of understanding of Irish professionals and significant gaps in their training and formation. Irish traditional conceptions of children's rights are gravely impaired by historical structures. The only institutional provision for children's needs until the mid nineteenth century was Workhouses. The Children's Act (1908) allowed for more humane concern. Nonetheless the specific services for marginalised, poor or problematic children were confined to reformatories or 'industrial schools' (both operated under the authority of the Minister of Education). These became synonymous with abuse and cruelty but were only finally reviewed in the Kennedy Report (1970). Legacies of abuse, segregation and institutionalisation have dominated Irish discourse on childhood (Coolahan, 1991). Historically, authoritarian approaches were used within the education system where 'the aim was to educate children to conform to a nationalistic and Catholic ideology' (Devine, 1999, cited in Keogh et al., 2008). (How does this compare to partner countries?). Such deficit views of childhood have been connected to medical, psychological and individualised approaches. For example, in Cyprus they have been connected to discourses that have pathologised children's behaviour, e.g. Reinert (1980) groups children's issues in four major categories: biophysical, psychodynamic, behavioural, and socio-ecological.

From a biophysical point of view, behavioural deviation was interpreted as having many characteristics of physical illness (Reinert, 1980). Inappropriate behaviour was neither a result of environmental influences, nor a consequence of society. Deviance occurred solely as a result of biophysical problems: e.g. excessive secretion of hormones. The biophysical theory was not focused on the teacher as a point of intervention. The teacher's role was very narrow and is limited just to support medical intervention.

The origins of the psychodynamic approach lie in Freud's theory that suggested the child had not successfully negotiated the various intra-psychic and external conflicts associated with the process of maturation. According to the Freudian theory there were three different levels of mental activity: conscious, pre-conscious, and unconscious and children who presented with behaviour issues were

believed to actively repress their feelings: ‘material that is incompatible with the individual’s view of self, or a potential source of too much guilt, anxiety or pain’ (Cooper et al., 1994, p. 54). This perspective identified the unconscious as being responsible for the behavioural difficulties, and recommended that it must be checked up for the discovery of the real reasons that cause misbehaviour.

The behavioural approach was based on the learning theories of B.F. Skinner, J.B. Watson and E.L. Thorndike. According to this theory “a person behaves in a certain way because he has been taught to behave in that way or because he has not been taught to behave differently” (Westmacott, 1981, quoted by Mongon and Hart, 1989, p. 66). The fundamental principle of behavioural theory was that behaviour that was reinforced tended to recur while behaviour that was not reinforced tended to disappear. The implication of this was that teachers could modify pupils’ behaviour by rewarding desired behaviour, and ‘extinguish’ undesired behaviours by ignoring or even punishing them.

2.2 Critiques of Individualised Approaches

In the UK individualised approaches have been critiqued for drawing from medical model and child development ideas to identify individual children’s pathologies (Alderson, 2000). They have been accused of reducing children’s life experiences to a single psychological/individual cause. For example, individual support can be offered in schools but a child’s problems may relate to the behaviour of professionals or other children e.g. bullying. Individualised approaches to childhood involve children being judged against normative criteria of how they should individually behave (in a similar way that imposed performance indicators are often used to judge adult service providers Dahlberg et al., 2007).

Individualised approaches to children’s behaviour have often employed assessment scales and models (e.g. Goodman’s, SDQ, Connors, Achenbach, etc.) that have tended to concentrate on specific behaviour (swinging on chairs, inattention, opposition to adult views) and privilege professional/adult views over those of children and young people. In particular they characterise children’s behaviour as innate, subconscious and irrational (Davis, 2011). In the past such concepts have led to child protection processes being criticised for downplaying children’s abilities, failing to engage with the perspectives of children and families and constructing children/families as incomplete, immature, irrational, inadequate, incapable and problematic (Moss et al., 2000; Smith and Davis, 2010; Davis, 2011).

Individualised objective/scientific approaches have been criticised by systems theorists in relation to local authority services that experience rationing (e.g. social care settings) because they have led to practitioners ‘gaming’ referrals (e.g. improving the criticality of a case in order to get it past the hurdles required to receive funding (Seddon, 2008)). It has been argued that these particular approaches result in people wasting time on inappropriate assessments, form filling and shunting referrals instead of dealing with services users issues at the first opportunity (Seddon, 2008). Integrated services have been criticised when such approaches lead to people’s life issues going unaddressed because staff are too keen to pass a case to another service in order to meet their target by closing ‘their’ file (Seddon, 2008). Contemporary approaches to assessment recommend that we need to adopt shared approaches to judgement making and involve a range of stakeholders’ perspectives including the child, family, teachers, health and non-psychology/health professionals (Davis, 2011; Munroe, 2011). Such approaches in England have enabled practitioners to become more ‘client focused’, view children as agents and include children in decision-making processes (Leathard, 2003b; Rixon, 2008b).

In relation to children’s health services, it has been argued that individualised forms of assessment disempower children (Corker and Davis, 2000, 2001). In the past such approaches in educational settings have tended to stress the deficits of disabled children, put forward the idea that their complex individual ‘need’ can not be provided for in the mainstream system and resulted in requests for complex, segregated and specialist provision (Davis and Watson, 2001). Such approaches have been criticised in childhood studies for ignoring cultural diversity, failing to fully assess the social context of children’s behaviour, under representing children’s capacities, ignoring the potential for children to possess formed identities, concentrating on children’s inability rather than their abilities and for using questionnaires that only take a few minutes to complete rather than properly investigating the issues in children’s lives (Alderson, 2000; Davis, 2006).

2.3 Ecological Approach

In contrast to individualised criteria, ecological approaches take a holistic perspective. The sociological and the ecological are closely related in Cyprus. According to Reinert’s (1980) sociological theory “society has created deviance through a process of labelling individuals as deviant, various forms of rule breaking, and the effects that social forces have on the individual” (p. 100). The society gave those children who break the rules specific labels, such as: behaviour problem, socially

maladjusted and retarded. From this point of view, the focus of attention was on specific behaviours that a child exhibits. It was argued that this came about because sociological interventions for pupils with behaviour difficulties were the most difficult to achieve because they aimed to modify social situations which included belief systems imposed on individuals that were quite difficult to be overcome (Reinert, 1980). The ecological approach emphasises the interaction between the child and the environment. Summarising Reinert (1980), this approach sees the problem as one that relates to both the child and his/her community. Therefore, the intervention recognises the totality of the problem and attempts to modify the interactive process between child and environment. New ways of thinking about behavioural difficulties in Cyprus introduced new ways of dealing with this sort of problem. Currently, there is an increasing trend within education that focuses upon a more environmental or ecological model. It is based on the position that the development of children can be better understood only “in relation to the nature of their interactions with the various environments which impinge on them and with which they are constantly interacting” (Mongon and Hart, 1989, p. xi). Mongon and Hart (1989) suggest the whole-school approach by which they begin to re-establish the link between ‘problem behaviour’, teachers, schools and the curriculum.

Practice in Cyprus has been influenced by the work of Rutter, Maugham, Mortimore and Ouston (1979) that suggested that children’s behaviour in school was largely related to factors in the school and not their background and to work that questioned the way that school norms significantly influenced pupils’ behaviour (e.g. Cooper, Smith and Upton, 1994; Galloway and Goodwin, 1987). Mongon and Hart (1989), for example, pointed out that the specific factors of schooling that had negative effects on pupils’ behaviour were school ethos, teacher-pupil relationships, and curriculum. Consequently, the role that schools and teachers played in the development of behaviour problems was major and substantial. This perspective gave rise to the interest in schools as units, and teachers and pupils as members of those units, and not as individuals with separate unique characteristics. They are, of course, unique individuals but, at the same time, they operate as integral parts of the same institution, under the same culture, so their behaviour must be studied in relation to the specific organisational context.

Ecological models are also based on the work of Bronfenbrenner (1989), which considered the social context of childhood. Such approaches have encouraged practitioners to adopt ‘child centred’ perspectives and examine the social relationships around the child’s life (e.g. family, school neighbourhood etc.).

Whilst ecological approaches to integrated service assessment have been welcomed, they have also been criticised for not always dealing with the politics of children's services or challenging the assumption that adults know what is the best intervention for children (Davis, 2007; Smith and Davis, 2010, Davis 2011). In Scotland, England and Ireland it is now being argued that it is important to apply the notion of ecology to all the individuals in a process and not simply the child (e.g. we need to understand the pressures that professionals are under in their lives and how these issues influence their capacity to provide service solutions for children and families).

In any given situation we should explore the power relations within different service settings in order to better understand both the issues that underpin children's life issues and to ensure that any solution is built on knowledge of the complexity of the situation that service users and providers find themselves in. Writing in other countries such as Canada has analysed the power relations of integrated services and encouraged us to move away from approaches that: impose Eurocentric/culturally prejudiced notions on processes of assessment, exclude families from the assessment process, deny local choice/decision-making, and ignore the potential for family/community self help (Ball and Sones, 2004; Moore et al., 2005, Davis 2011).

2.4 Politically Nuanced Holistic Models

In Scotland integrated multi-professional approaches have sought to enable greater dialogue between parents, children and service providers. They have aimed to ensure that one professional perspective does not dominate service provision and that by providing more thoughtful, flexible and complex service provision waste is reduced in the system (Davis and Smith, 2012). Such approaches require engagement from families (that is not always forthcoming) and for professionals to consider how their own fears, values and prejudice may impact on their work. Similarly, collaborative working is seen in Ireland as an essential element to ensure inclusion for pupils with SEN. Kinsella and Senior (2008) convey the culture of an inclusive school is 'characterized by discussion and collaboration, where adequate time and appropriate opportunities are available for staff to discuss issues concerning special needs provision and to engage in collaborative problem-solving exercises in this regard' (p 654). This culture was not evident in participants' responses within the following studies (Flatow-Watson, 2009; (Kinsella & Senior, 2008; Shevlin et al., 2008), which signifies the gap in the participatory/partnership

approach that will in turn enable an all inclusive school. Researchers in Ireland have examined how inclusive legislation fits in the current education system and wider social systems (MacGiolla Phadraig, 2007; Shevlin et al., 2008).

‘The extent to which a school can be inclusive is determined by the inclusiveness of the broader education, social and legislative systems in which it operates’ (Drudy & Kinsella, 2009).

Drudy and Kinsella (2009) also emphasise that coordination between different sectors e.g. health & education is vital to fully implement an inclusive system in schools (Drudy & Kinsella, 2009). A lack of cohesion and joint working in various sectors was found to dilute inclusive practices and enable exclusionary practices. At the centre of notions of joint working is the idea that different people have different yet equally important forms of expertise.

Politically nuanced holistic models have challenged the assumption that the professional is the totalising expert on any situation. These approaches have assumed that children, peer group, families, communities, practitioners, leaders, managers all have different forms of expertise. They have utilised Bronfenbrenner’s (1989) holistic approach but also in for example, Ireland, England and Scotland have connected it to more complex ideas concerning minimum intervention, service users strengths, rights, social justice, redistribution, anti-discrimination, community collaboration and self-empowerment (Dolan, 2006, 2008; Broadhead et al., 2008; Smith and Davis, 2010).

In Ireland The National Children’s Strategy (Department of Health and Children, 2000) addresses children’s needs on the basis of three principles: children will have a voice; children will be better understood; children will receive quality supports. Significant concerns were expressed in Quin and Redmond (2003, p. 109) whether this had any impact on children with disabilities. International influences such as the UN Convention on the Rights of the Child (1989) and the development of the National Children’s Strategy (2000) have led to more child centred services. A whole child perspective advocates that children are active subjects who can shape all aspects of their own lives rather than controlled passive members of society. It recognises the ecological approach (Bronfenbrenner, 1979) that child development is dependent on a number of factors e.g. family, school, health and community agencies, family/social supports etc.

According to ‘The Agenda for Children’s Services: A Policy Handbook’ (Department of Health and Children, 2007) the ‘whole child/whole system approach ensures that the effectiveness of any particular service benefits from being reinforced and complemented by other services working together, for and

with children' (Department of Health and Children, pg. 26, 2007). They also require us to connect policies on inclusion with policies on childhood wellbeing. For example in Ireland both the National Children's Strategy (2000) and the Agenda for Children's Services (2007) embrace the whole child/whole system approach and are also outcome focused in order to improve the lives of children.

The 7 national service outcomes for Children in Ireland are:

- Healthy, both physically and mentally
- Supported in active learning
- Safe from accidental and intentional harm
- Economically secure
- Secure in the immediate and wider physical environment
- Part of positive networks of family, friends, neighbours and the community
- Included and participating in society (Department of Health and Children, pg. 12, 2007)

These are significant developments within the ideology of services for children that were previously characterised by individual, medical based approaches to childhood development. Such shifts have also occurred in Scotland with Getting It Right for Every Child and England with Every Child Matters. Such approaches attempt to balance individualised notions of children's rights with an acceptance that children seek to build strong relationships in their communities. Such approaches also try to connect thinking in health, education and social services that balances out social model ideas with the need to recognise that issues concerning bodily difference can still be important. For example, a number of studies have connected concepts of inclusion to the interconnectedness of 'the body' to social processes (e.g. Dyck, 1999; Stables and Smith 1999; Valentine 1999) and in disability studies we have been asked to broaden out our understanding of the social model to consider connections between biological, cultural, individual and social issues (Corker and Shakespeare 2001; Davis and Watson 2001; Prout, 2005 and Davis, 2007). Corker and Davis (2000) and other work have argued that we should not conflate notions of disability with concepts of impairment and that we should investigate the relationship and fluidity between impairment, disability, the body and society (Abberley, 1987; Hughes & Paterson, 1997; Paterson & Hughes, 1999; Corker, 1999b) and the complexity of nature-culture interaction (Prout, 2005).

In Romania this type of concept of childhood balanced the children's services premise of optimal recovery of the pupils' intellectual potential and skills, with respect for the democratic right of every

individual to education (according to the resources and opportunities it provides and the willingness to participate in the Education Act).

‘Along with the reform there should be a reconsideration of content adaptation and diversification of learning methods and means of increasing individualization in terms of teaching and radical changes in the assessment strategies necessary for objective assessment, positive motivation and stimulation of each student without affecting their self-esteem and dignity in front of their colleagues by setting an artificial and subjective class hierarchy or by reference to a number of standards without a realistic and objective contents (Ghergut; Stainback S., Stainback W., Forest M.).

The concept of children being part of a wider community is key to ecological perspectives. The later section on integrated assessment will further discuss tensions between individual and community based approaches. Such ideas are similar to social/educational capital ideas in the UK and USA (that argue that children derive educational and social skills, values and knowledge from the families and communities) and therefore need services to address issues such as poor housing, lack of financial resources and gaps in community/peer/social support. Holistic pedagogy perspectives (that services should be interested in the whole child, mind, body emotions and so forth) and social model perspectives in disability studies that defined disability as the barriers that disabled people encounter in their lives created by societies structures/attitudes (including inaccessible buildings, negative stereotypes about disabled people’s abilities, intransigent welfare rules) rather than by their medical impairments (Morrow 1999, 2000; Cohen et al., 2004; Dolan 2008; Davis 2011, UPIAS 1976). Catalonia connected holistic and community based approaches to ideas from England on Inclusive education, however there appeared to be less knowledge of UK and Irish approaches to childhood studies, concepts and theories. The Greek and Bulgarian FIESTA partners indicated that concepts of childhood in their countries tended to relate to policies such as the UNCRC that emphasised themes such as participation (the right to have ones views listened to and acted upon), protection (the right to be protected from harm, abuse or exploitation), prevention/provision (the right to health, education and social services). Similarly, in the Netherlands there has been a plethora of policies and laws (Pranger, 2009) relating to childhood and inclusion but there is a lack of conceptual clarity with different municipalities utilising contrasting concepts of childhood across the country. This finding raises an important issue concerning the variability of conceptual clarity within the countries (their sub regions/local areas) of the FIESTA project. The next section discusses social model ideas in relation to shifts concerning inclusive education and considers tensions between individualised approaches and more social/barrier type thinking.

2.5 Key Conclusions Concerning Concepts of Childhood

This section has argued that there has been a shift in thinking about childhood from deficit models to ecological, holistic and systemic approaches and that this raises questions concerning the politics of child - adult relationships, professional capacity, partnership, the balance between child and adult rights and the extent to which peoples' views of childhood influence issues of transition, integrated working and inclusion. These issues are further explored in the next section on concepts of disability and inclusion.

3.0 Concepts of Disability and Inclusion

'Inclusion' is a multi-dimensional term with many associated ideologies. There is in fact no single universal definition of inclusion. Inclusion in its very nature is complex and dependent on national and international influences (Stainback, 1990, p.4, quoted in Meegan & MacPhail, 2006).

This section of the review considers different perspectives on disability and inclusion (e.g. social model v medical model), identifies different concepts of inclusion (e.g. segregation, integration and inclusion) and considers a move from individualised notions of special educational need to more community based and broader understandings of inclusion.

3.1 Social Model

In the UK social model writers in disability studies critiqued medical definitions of disability and suggested (through the 'social model' of disability) that disability was/is caused by social barriers in society (Finkelstein 1975, UPIAS/Disability Alliance 1976; Abberley 1987; Oliver 1990; Morris 1991; Barnes, 1991; Zarb, 1995). Such ideas led to the suggestion that learning barriers were caused by the way schooling was structured and the inequalities that children experienced in schools (e.g. lack of access to both social and academic interaction, Booth and Ainscow, 2000). It was argued that medical model approaches were not neutral from political/economic contexts (e.g. ADHD enabled drug companies to make huge profits by encouraging parents vulnerable to social pressure to believe that their children's 'innate' biological impairment could only be addressed by a chemical solution that would ensure their children met societal norms (Sing, 2002; Lloyd and Norris, 1999).

It has been argued that the medical model of disability has left a legacy that means there is a tradition of special institutions that segregated children, a lack of training/knowledge on inclusion in mainstream settings, a tendency for disabled children to be educated in segregated units within mainstream schools and a lack of in-school solutions in mainstream educational settings. Segregation occurred in mainstream settings despite the fact that research has demonstrated that pull out programmes in such settings do not offer sufficient time for children to learn, apply and master the complexity of skills needed to enable progression (Sawyer and Bernstein, 2008). Disabled children and children who exhibit difference have often experienced bullying, stigmatisation and social-cultural exclusion in schools (Davis and Watson, 2001) and disabled children's expressions of dissatisfaction have tended to go ignored (Corker and Davis, 2000, 2001). Such explanations of the barriers to learning that children experience in educational settings suggested that their learning issue might relate as much to children's incompatibility with teaching procedures (Everatt and Reid, 2009) as to bio-medical issues they experience in their bodies.

Education for children with disabilities in Ireland was traditionally carried out almost exclusively in segregated settings that were often run by religious orders or voluntary agencies. It was not until decades later long after the UK and other European countries that inclusive legislation emerged in Ireland. Historically, the medical model of disability dominated the provision of SEN. Various studies (Shevlin et al., 2008, Kinsella & Senior 2008; O'Donnell 2003) critiqued the psycho-medical model in Ireland and noted the need for a cultural shift from this constricted model toward examining the environmental, societal changes which enables an equitable inclusive school. These Irish writers indicate that environmental and societal factors need to be addressed in order to implement inclusive practices in schools in a meaningful way.

The introduction of the social model of disability drastically altered the way people understood and perceived disability. The social model of disability refers to the 'distinction between impairment as a functional loss or limitation and disability as the social disabling of people with impairments, leading for example to social barriers and disablist attitudes that limit the social lives of people with impairments. In other words, disability is not the result of impairment but the outcome of social oppression (Hyde et al., 2004).

The social model of disability emphasises the need for structural change to enable people with disabilities to take charge of their own lives in a society that is inclusive, accessible, promotes choice,

values freedom and is supportive of personal rights. The concept of inclusive education embraces the social model of disability with an emphasis on the right of all children to access education.

Most partner countries had been influenced by the work of Mel Ainscow (with the exception of the Netherlands and Bulgaria which has developed policies on inclusion that have at their heart a presumption of mainstreaming but lack clear concepts, practices and processes). In Catalonia the general principles of inclusive education were utilised to suggest that whenever possible and appropriate students should be educated in ordinary school environments. Each partner country had policies, guidance and frameworks for inclusion and each country had adopted the principles of the Salamanca statement. For example in Catalonia the origin of the idea of inclusion started in the international forum of UNESCO, which established some guidelines in the educational field in the event held in Jomtien (Thailand) in 1990, where the idea of an education for all that offers the satisfaction of learning basic needs while developing the individual and social welfare of all people within the formal education system was promoted. At the international conference of 1994, which concluded with the Declaration of Salamanca, there was a great attachment of this idea among the delegates and it emphasised the urgency of imparting education to all children, youth and adults, with or without special educational needs in a same common educational system. The declaration of Salamanca generalized the inclusion as the central principle that must guide the policy and the practice of building an education for all.

Yet, disability had for the most part traditionally bore negative connotations in many cultures ‘dominant definitions of disability view physical, sensory and cognitive impairments as an individualistic and medical problem’ (Hyde et al., 2004). In England Oliver (1990) found that the historical conceptualisation of disability was based on the ethos and ideologies of the capitalist society. Capitalist ideology that viewed people with disabilities as a burden on society that later manifested into the emergence of institutionalisation and dependency on the state. This type of writing ties ideas of disability and inclusion to concepts such as history, time and context. For example, inclusive education in Romania has a history of over 20 years. In 1990, Romania was on the verge of great transformations and major social challenges. Revolution of 1989 clearly stated the need for change and shift in all levels of society. Until 1990 the education for children with disabilities was provided only by special education network. Depending on the level of deficiency there were identified the following children categories: recoverable, partially recoverable or irrecoverable. For those considered irrecoverable

access to education was completely inaccessible, because unrecoverable was associating with uneducated. For children considered recoverable or partially recoverable, school education was organized in residential institutions (institutions such as school houses, kindergartens or special schools with children's home); in these closed institutions, the opportunities for interaction and social development of children were very small (Ghergut, 2005, 2006, 2007, 2008).

Over time there was a shift in many countries to the concept of Special Educational Need. For example, in Cyprus and Greece approaches were based on ideas that centred on the pupils' needs and teachers' strategies (Zogou Karastergiou, 1996). They were underpinned by the idea that children should experience success and should be encouraged to believe in themselves (Fernald, 1921) and that teachers should differentiate their teaching according to the content of a lesson, the interests of every child, his/her pace and level of learning, responses to questions and activities, the structure, time, and the method of teaching (Lewis, 1992). For example, Catalonia was influenced by the English Warnock report (1978). That tried to shift the concept of special educational need from students' inabilities to environmental conditions e.g. curricular modifications, singular resources, teacher training etc. In Catalonia the idea of individual needs led to the suggestion that there should be a constant provision of services and help to satisfy the constant special needs that appear in a school and in Romania teachers were encouraged to master techniques and methods for specific work activities with students with special learning requirements including intellectual, sensory, somatic/motor or language disabilities (Vrasmas and Vrasmas, 2007). In Greece, specialist provision connected to DISTAR (Direct Instruction System For Teaching Arithmetic and Reading) that tried to focus teachers on clearly defining the learning process and on transparent formulation of objectives. In Greece and Cyprus there was also a focus on repetition of activities, classroom interdependence, active participation, social skills, self-esteem etc. This context suggested that professionals had to balance ideas concerning individual need (and teaching techniques to address need) with ideas that focussed on the wider environment.

3.2 From Special Educational Need To Broader Community Based Understandings

In Scotland The Additional Support For Learning (Scotland) Act 2004 stated:

‘A child or young person has additional support needs for the purposes of this Act where, for whatever reason, the child or young person is, or is likely to be, unable without the provision of additional support to benefit from school education provided or to be provided for the child or young person’

This definition changed the focus from assessment of specific individual medical impairments to an investigation of issues that prevented learning that for example included: medical impairments, bullying, bereavement, being particularly talented, having language issues, being looked after, parents abusing substances, parents mental health issues, truanting, emotional issues, social/housing issues and being a young carer.

This Act required education professionals to consider a range of impairment, cultural, social and economic issues that create barriers to learning and to create dialogue with young people concerning their learning requirements. Such approaches have enabled practitioners to become more ‘client focused’, and include children in decision-making processes (Leathard, 2003a and b; Rixon, 2008a and b).

The ASL Act 2004 was heavily influenced by parents and young people’s groups calling for more involvement of pupils and families in processes of assessment, planning and service delivery and from groups of educational psychologists who wanted to move away from spending the majority of their efforts on processes of diagnosis to working more on processes where children were enabled to identify in partnership with children solutions to their barriers to learning (Tisdall and Davis, 2004). Primarily in Ireland inclusive education was associated with children with special needs (Ainscow et al., 2006). A broader understanding of inclusive education has begun to emerge that also focuses on those marginalised or at risk of exclusion. It is well documented that children’s experiences of inclusion and transition is dependent on a number of variables. Inter-related factors such as age, disability, gender, ethnicity, socio-economic status, sexuality and religion affect a pupil’s experience of inclusion and transition. These inter-related factors are inherent and are reflective of the current diverse population of pupils that make up Irish schools. It is important to note that disabled children are not a homogenous group (Booth & Ainscow, 1998). Similarly, the work of Ainscow and Booth (2003) influenced a shift in Catalonia ‘From special educational needs to barriers for learning’. And in 2009: LEC (Catalonia Education Law) emphasised the need for social cohesion and inclusion as central themes of the education for all agenda.

In Ireland such a broadening of thinking led to the suggestion that an inclusive school should be:

‘A place where everyone belongs, is accepted, supports and is supported by his/her peers and other members of the school community in the course of having his/her educational needs met’ (Stainback, 1990 p.4, quoted in Meegan & MacPhail 2006).

In Cyprus New DEPPS (Interdisciplinary Unified Framework Curriculum) suggested that small group working could enable disabled children to be more fully included in the school community. In both Greece and Cyprus the recent development of collaborative learning approaches that stress holistic working with children that is in Harmony with their experiences (Clay, 1993) was in stark contrast with and contradiction to the tradition of didactic teaching. In Romania the concept of the school as a community was connected with parents roles. For example, parents had the responsibility to support the activity of schools, to understand the importance of education in the training/development of children and appreciate the significance of activities that contribute to the development of pupils’ aspirations to success and skills. Communities, including groups of parents working together, were tasked with creating learning opportunities and organising events/programs that supported, promoted, and rewarded pupils’ progress, creativity, contributions, performance and excellence. Communities were given the responsibility to create familiar contexts and to come up with events meant to encourage children as much as possible. (Agabrian)

In Catalonia the fundamental principle of inclusive schools was that all children should learn together, whenever possible, ignoring possible difficulties and differences. Inclusive schools must recognize the different students’ needs and respond to them, adapt to children’s different learning styles and rhythms and ensure a quality education through an appropriate curriculum, a good school organization, a sensible use of resources and an association with their communities. Apart from the activities aimed at teaching Catalonia language (see below) the whole school community was tasked with especially watching over disabled children in order to make the learning easier.

In Ireland writers differentiate between different types of community based working. It is possible to differentiate between community based approaches that are local and aim to build relationships to those that involve service outreach from a specific location, those that connect families to broader services/support systems, and those that more specifically provide an identified context for planning, targeting of intervention and action (Chaskin, 2008). Such perspectives can be utilised to question how far we have travelled from concepts of segregation to practices of inclusion and to consider the reality of inclusion in the contemporary context of partner countries.

3.3 The Reality Of Inclusion; Structures Of Segregation And Integration

In all countries there was a range of provision including special schools/centres, special classes and mainstream classes. For example, in Ireland provision included mainstream primary or post-primary school (where the class or subject teacher has primary responsibility and there may be involvement of an additional learning support or resource teacher). A special class in a mainstream primary or post-primary school with a lower pupil-teacher ratio (e.g. one teacher to 6 pupils) specified according to category of disability. This means that classes have small numbers of pupils, for example, a special class for children with autistic spectrum disorder has one teacher for every six pupils. A special school with a lower pupil-teacher ratio specified according to category of disability (e.g. one teacher for every eight pupils, NCSE, 2011)

EAP (psycho-pedagogical assessment teams) moves students with special educational needs towards the most appropriate form of 3 different types of schooling: Mainstream (with the support of the Special Education and the USEE - the special educational support unit and the student attends the whole school in an inclusive way); Shared (the student attends the ordinary school and the special education school sharing the timetable); and Special (the student attends a special educational centre for the whole school journey. In Catalonia students who are new to the system and are without any knowledge of Catalonia were segregated to learn the in educational centres before joining mainstream settings.

Similarly, special educational support units (USEE) are resources to make the educational attention easier and to promote the participation in ordinary school environments to students with intellectual disabilities, pervasive development disorders and disorders on the autism spectrum. Teachers in these units have to attend between 5 and 10 students. In an educational setting, those students who have USEE resources must be part of an ordinary group of students. There is also shared schooling between ordinary centres and the special educational centres. Special educational centres in coordination with the educational services, can give support to inclusive schooling in ordinary centres of students with disabilities. Similarly in Greece there are The (SMEAEA) Special Education School/Training Units, Departments of Inclusions, IC (Inclusion Classes) and special vocational lyceum. In the Department of Inclusion a student can attend language or mathematics courses a few hours a day or week for a short

or long period of time (or for the entire school year). At the same time they attend the rest of the courses in the regular class. A student who is attending the Inclusion Class must have: the written consent of their parents and confirmation of the diagnostic committee (K.E.D.D.Y.).

The major exception was the Bulgarian education system which is still dominated by segregated forms of teaching and learning. Despite the considerable progress towards inclusion of disabled children in mainstream schools – the number of students with SEN in mainstream schools has grown by 10 times over the last five years – their share remains too low, at only 1.4% of the overall enrolment in primary and secondary schools. A large proportion of disabled children are outside the system: children with extensive disabilities and complex needs, as well as those in residential care. Another large group is enrolled in special schools with or without boarding facilities that are excluded from the community. Latest policy documents of the Government sound promising, although there is as yet no indication of real action.

In Bulgaria a Save the Children report outlined seven main issues for the public education system that needed attention from the authorities: segregation of children on the grounds of ethnic origin and/or disability and the damage it causes to young human beings; an irrelevant legal framework; quality of education; and a need for urgent reforms. The report includes a number of recommendations based on the concept of inclusion and best European practices in the field. It concludes that there is no convincing evidence of action addressing all the issues, although small steps have been made to improve the system.

Research on the Methodology to Assess the Needs of Children and Students with SEN (October 2006) is another report showing the deficits of the system related to the initial stage of the inclusive learning process. Conclusions and recommendations focus on the necessity for raising the awareness of administrators and experts, for raising their capacity and improving the coordination between the different actors and stakeholders involved. Another target group of the research are parents of disabled children who have the final say as to which school their child will attend. Based on the finding that the parents are overprotective and easily manipulated by experts, the report recommends that more efforts be put into working with parents. None of the reports seems to have received the attention of the policy makers that they deserve.

Though the situation seemed most restricted in Bulgaria that opportunities for inclusion varied across different settings of all countries, for example In Ireland it was argued there ‘is not a consistent model of integrated or inclusive practices evident across the majority of these schools, as practices tend to vary considerably from school to school’ (Kinsella & Senior, 2008 p655) and this raised questions about the extent to which countries had moved to inclusion rather than integration.

3.4 Integration v Inclusion

In Ireland it was argued that coordination between the national education system and schools mainly focused on administrative and resource issues rather than fully embedding inclusive approaches within the school as a whole. Research suggested that there needed to be more systematic approaches to inclusion and greater focus on the concept ‘of schools becoming learning organisations around the issue of inclusion’ (Kinsella & Senior, p.659). Systems theory highlighted how any changes within an environment will affect other areas and results in a knock on effect and illustrated the delicate nature of implementing change in schools. It highlighted the overall implementation of a systematic approach to inclusion includes collaborative approaches and consideration to the multiple actors and sectors involved in the process. In keeping with the ecological model it is argued that schools do not work in isolation but are dependent on greater social systems. Similarly, in Romania it is argued that child wellbeing and disability should link to integrated working in particular regarding vulnerable (children at risk) and children from poor and/or isolated areas e.g. street children (Vrasmas and Vrasmas, 2007). In Ireland many cases parents struggled to gain resources and support for their child and there is a lack of understanding of how best to ensure that disabled children gain appropriate access to teaching and learning in schools (Rose et al., 2010, p. 368). In Romania it is argued that at the school level there is a lot more to do in order to create an open, friendly, democratic and supportive learning environment for all pupils and to prevent discrimination, marginalisation and/or exclusion (Vrasmas & Vrasmas, 2007). The OCDE National Report on "Education Policies for at Risk Students and those with Disabilities" of Romania identified 3 education perspectives of special education: the individual perspective (based on labelling and segregation), the curricular perspective (aimed at classroom adaptations) and the special education needs approach (promoted a non-categorical approach to all children). This work suggested there might be terminology issues concerning the use of the term SEN e.g. unlike Romania in Scotland this term is identified with labelling approaches and additional support is the term used to promote broader non-categorical and inclusive approaches. In Scotland SEN is associated with notions of

integration rather than inclusion. Similarly the term integration has positive connotations when used to suggest that different services should take a more synthesised and systematic approach to working with disabled children but has negative connotations when connected to the concept that children's integration in schools means they are located in schools but not fully included.

In England a distinction is made between settings where children are integrated but not experience equity and settings where they are included in ways that mean they have a similar quality of experience to other students. The suggestion is that children's experiences can vary in different settings depending on the ethos of inclusion and that simply being in a mainstream setting does not mean that children experience inclusion. In Scotland it has been argued that barriers to inclusion relate to social processes such as the cultural context of education, the behaviour of pupils, teachers and parents and power relations between adults/children. Professionals have been encouraged to question how their own practices, processes, perspectives and prejudices create barriers to inclusion (Davis 2011; Davis 2006; Davis, 2000; Davis and Hogan, 2004). In England it has been argued that professionals have been too concerned with categorising children's bodies/minds for what they could not achieve rather than facilitating their inclusion into educational settings (Alderson and Goody, 1998). Contemporary psychologists have criticised traditional types of psychology for down playing children's abilities, views/feelings, rights, and ignoring creativity/diversity of childhood (Stanton-Rogers, 2001; Woodhead and Faulkner 2000; Burman 1994, 1996).

In the Netherlands the current policy to integrate more disabled learners into mainstream education asks for more tailor-made curricula. This requires a lot from schools and teachers (Van Leeuwen, 2008). It is important to realise that schools differ in the way they design and implement the curriculum for pupils with special educational needs, the people who are involved and their tasks and responsibilities in this process. In addition, there are differences between teachers in knowledge, skills and attitude and there are differences between disabled pupils as well. It is argued in the Netherlands that curriculum development, school development and teacher development should be stimulated in order to strengthen the role of the teacher in enhancing the curricular and social integration of disabled students.

In Greece: Special Education (as organized and operated to date) has failed to implement the statutory goal of "inclusion or re-inclusion into mainstream school" and to become proficient in coexistence with the community (Article 1 n 2817/2000, Article 2 n 3699/, Hellenic Government, 2008). Moreover,

many students are not yet integrated in school or have the appropriate training plan. Instead, "special education", and its prevailing practices, tend to contribute to the social isolation of students with disabilities. Ultimately, the question is not just to register the student with disabilities in school or in the common classroom. The school for all concept requires the education system to equally and effectively respond to the right for education for all, regardless of the strengths and weaknesses. It is a challenge both in terms of school organization, collaboration between teachers and the support and expertise in level of teaching in the classroom. It highlights a major issue for the educational system in general and for the welfare state.

Many Irish studies have found that the implementation of inclusive legislation is not applied locally (Shevlin et al., 2008; Meegan & MacPhail, 2006; Kinsella & Strong, 2008; Rose et al., 2010). There are also issues about the interpretation and implications that policies have on schools. In Bulgaria there is awareness of inclusive education but very little practice (Save the Children Report), disabled children were often not registered in the education system and a large group of children were excluded from society by being located in special schools or boarding schools (Panayotova, 2010).

3.5 Barriers To Inclusion Training and Attitudes

In Cyprus Special Schools there has been a great deal of development of policies on 'school for all' but the system has been less effective at practice and it has been argued that training/learning is needed to establish processes that enable equity of experience. Despite the laws on inclusion, often the practice is to withdraw children from mainstream classes into separate classrooms. Teachers are not sufficiently trained to facilitate inclusion and may not be inclined to promote inclusion (Angelides, 2010). In Cyprus it has been argued that training and attitudes are connected:

Maintaining students with special needs in regular education depends crucially on the attitude and the actions of the regular teacher and the school team (Pijl, 1995:59).

Angelides (2000) argued that many teachers appear to be negatively oriented towards inclusive education and students who experience difficulties in schools, because they do not serve the teachers' interests of, e.g. maintaining a quiet class, covering the curriculum, achieving high outcomes, etc. Vlachou-Balafouti and Zoniou-Sideris (2000) reported a similar example of a teacher from a Greek school that had a negative attitude towards children with special needs. According to Vlachou-Balafouti and Zoniou-Sideris though this example could be characterized as an overt expression of

prejudice and discrimination. The negative attitude of the teachers seems to act as a barrier in the effort to establish an atmosphere of acceptance and to plan activities that foster inclusion in schools (Angelides, Vrasidas & Charalmbous, 2007). Indeed a change in attitude is a priority for moving towards more inclusive education (Phtiaka, 1996) but teachers' attitudes, however, have to be studied within the wider context of education and it is dangerous to criticize the teacher's negative attitude in isolation from the wider context within which such a response was created (Angelides, Vrasidas & Charalmbous, 2007).

The pursuit of an inclusive society involves a very difficult and demanding struggle against those cultural, ideological and material forces that combine to generate and legitimate policies and practices of exclusion. In seeking to understand the present in order to change it, it is necessary, for example, to explore some of the images of the past and how these both inform and become incorporated into our current future endeavours (Cyprus. Armstrong, Armstrong and Barton, 2000:3).

Thus, we can seek for factors underlying attitudes and behaviour and say that a teacher's negative stance might be the result of the historical, social and cultural context of special education in Cyprus (Phtiaka, 2000). Pijl (1995) argued that teachers are afraid that their knowledge and skills are insufficient and that the placement of a child with special needs in their classroom will have negative effects on the other children in the classroom. In Ireland educational professionals report the need for a more hands on approach to training in SEN and compulsory SEN training in teacher training colleges. (Shevlin et al., 2008):

'The act of inclusion is understandably often prevented by the teacher's and principal's fear of individuals with disabilities. Yet the reason they may be afraid is that they have never interacted with these students. Inclusive education may be one way in which educators will overcome their apprehension'. (Meegan & MacPhail, p. 57)

In a study conducted in Greece Pandeliadou (1992) found that 89% of the mainstream teachers she studied did not feel competent to teach children with special needs in their mainstream classes. Therefore, if the policy of inclusion is to have an impact on practice and thus follow international trends in special/inclusive education, (e.g. Ainscow, Booth & Dyson, 2006; UNESCO, 1994) teachers and principals will require opportunities for training. The staff of schools should also develop disability awareness. Fulcher (1989) argued that special education was not only about policy-making. He believed that teachers themselves have a significant role to play in it. Phtiaka (1996) pointed out that teachers would only embrace a change when they become convinced that it did not threaten them as professionals, and it was fairly imposed. According to Vlachou (1997) the lack of special training is a reason for mainstream teachers to feel insecure about their involvement in teaching children with

special educational needs although she later relates these insecurities to the historical development of special education. To achieve what Fulcher (1989) calls ‘inclusive discourse’ (p. 9) all teachers should be able to appreciate the diversity of the human family, recognize that all students have strengths and everyone has unique abilities and characteristics. It is unrealistic and unfair to expect teachers to include students with difficulties in learning in their classrooms in the absence of adequate training. With the proper training they will be able to move towards providing equal participation in teaching and learning to all students, which is a more effective way of enhancing all students’ outcomes (Ainscow, 1999).

Teachers have the power to cultivate an atmosphere in the classroom to help disabled children to be accepted by their classmates and be considered equal members of society. In addition, they can sensitize the rest of the children and develop feelings of safety, acceptance, and certainty. In order for inclusive education to succeed, we must exploit every available resource. The notion of inclusion requires a logic that aims exclusively at bringing about improvement of strategies, programs, and better use of available resources. Teachers, as operators of school processes, have a key role in helping children and should experience training focused on teacher skills, knowledge, self-awareness, and skills for the adaptation of the environment (Fullan & Hargreaves, 1992). Further, it should be focused on the development of teachers’ positive attitudes towards disabled children.

In Cyprus there are teachers with positive attitudes towards disabled children but due to many competing needs in the classroom they find themselves being ineffective at providing equal opportunities in teaching and learning to all children. In Bulgaria the goal is the establishment and implementation of specialized educational support for people with disabilities in mainstream schools. The assumption is that in Bulgaria there are adequate personnel undergoing training that will support students in the classroom alongside the teacher's typical class. However, in reality teachers often lack the necessary knowledge. The plan on integration of disabled children in the national education system involves wishful thinking since the policy behind it is isolated with no strict financial estimates, clear responsibilities and time frame (p. 19)¹. The document also outlines the reasons why disabled children do not acquire a decent education: (1) lack of physical accessibility; (2) lack of teaching methodologies that would meet the needs of the disabled children; (3) low capacity of professionals to facilitate the learning of children. There is no evidence that the government is considering measures to address

¹ MEYS; http://minedu.gov.bg/opencms/export/sites/mon/left_menu/documents/strategies/programa_MOMN-2009-2013.pdf

these issues. The MEYS Annual Report for 2009 demonstrated that under the School Modernisation Programme, 8 schools in four regions of the country have been made accessible and there is no mention of the costs (p. 17). Several calls for proposals came out of the Regional Development Operational Programme (funded by the EU Structural Funds) that included provisions for “accessibility adjustments in the area of education”. Results of the implemented projects have not been reviewed yet and made available to the public.

In a similar way in Romania specialists in the field of inclusive education highlighted the need for training trainers in the spirit of the principles and values required of inclusive education, the need for staff to relate with students in an open and honest way, to create a relaxed and harmonious atmosphere in the class and not to allow some arbitrary prejudices to interfere. In Ireland the lack of teacher training and inherent teacher expectations was found to have an affect on the learning outcomes of pupils with SEN (Scanlon & McGilloway, 2006; Shevlin & O’Moore, 2000). It was argued that further research was required to fully understand the learning outcomes of disabled pupils and in order to achieve meaningful inclusion.

A number of sources of exclusion were identified in Romania society attitude and prejudices, old thinking and practices, the resilience of the old educational system (focussed on academicals achievement and rigid evaluation procedures) incoherence and lack of continuity in the educational policies (Ghergut 2005; 2006, 2007, 2008). Research suggested that barriers to inclusion included: resistance to change, fear of a little-known situation, preserving a degree of comfort at work, the need for implementation of new strategies and ways of working with students and adaptation of learning content that requires an extra effort from teachers, the lack of confidence in their forces in conjunction with the absence of special education, preparation of recovery activities and educating children with special needs, etc.

In the UK and elsewhere (e.g. Australia) proponents of the social model have argued that a range of structural issues have created learning barriers in schools including: market place educational policy (Slee 1996; Riddell 1996; Ainscow et al., 2006); the power relationships between adults and disabled children (Davis and Watson, 2000; Alderson and Goody, 1998); a lack of knowledge and practice in schools (Corker 1999; Adams et al., 2000); a dearth of training resources (Clark et al., 1997); and a lack of proper assessment, planning and resourcing of children’s learning requirements (Armstrong & Galloway, 1994). It was suggested that many disabled children experienced difficulties in mainstream

schools because of structural and attitudinal issues caused by fellow pupils, staff, head teachers or local authorities (Davis and Watson, 2000). It was also argued that for inclusion to prosper teachers needed: to have greater opportunities for peer exchange, to review the structure/balance of the curriculum, to increase opportunities to take vocational subjects and to involve pupils and parents in genuine participation (Munn, 2000). It is important for children, parents and teachers to feel part of the process of inclusion and for changes in practice to be sympathetic to people's concerns (Evans and Lunt, 2002; Allan, 2010; Farrell, 2001)

Research in Ireland on inclusive practices has focuses on teacher training and classroom support (Rose & O'Neill, 2008; Kearns & Shevlin, 2006). Shevlin et al. (2008) found that nearly all teachers preferred support to be provided outside the classroom. Lack of time was referenced as the main shortcoming to enable collaborative working and advance planning. Shevlin et al. (2008) argued that teachers were often not privy to the individual needs of children in their class. Teachers outlined the need for training in SEN in particular in regards to curriculum differentiation and whole school approaches. It was advocated that SEN training be compulsory in all teacher-training colleges and that hands on training was required.

In Ireland Special Needs Assistants (SNA) reported that their role as defined by the DES differed considerably to their actual role on the ground. The DES outlines that SNAs are 'recruited specifically to assist in the care of pupils with disabilities in an educational context' (DES, 2000). Studies have recently reported that the recent developments in teacher training in Ireland have enabled an introduction of SEN of pupils in the main classroom (Gash, 2006; O'Gorman, 2007). However, although supports are welcomed there is a need to move away from teacher specialists and the need for all teachers to be familiar with the SEN of pupils.

SNAs had mixed experiences of their role in the classroom that is ultimately dependent on the class teacher. Some SNAs were involved in all planning and teaching approaches where as others worked exclusively with the child. The role of the SNA is examined within Irish literature, the SNA is a non-teaching profession and caters specifically for the care needs of the pupil. However, this is not the case for many SNAs on the ground that find they are more and more involved with the pupil's learning outcomes. (Shevlin et al., 2008; Kinsella & Strong, 2009; Rose et al., 2010; Rose & O'Neill, 2009). The definition of the SNA consolidates the historical presence of the medical model still apparent in

Irish educational policy. In some cases the lack of collaboration between the SNA and the class teacher can result in an over dependency and lead to exclusion from peer activities (Shevlin et al., 2008).

In Ireland the principal and school board of management develop the local admissions and inclusion policies. Some studies (Shevlin et al., 2008; Meegan & Mac Phail, 2006; Kinsella & Strong, 2008; Rose et al., 2010) have found that national policies do not provide the necessary guidance to develop local policies that entail clear requirements and approaches. This in turn can lead to stagnant policies that do not allow a collective will or cultural shift to implement inclusion. In Ireland gaining admission to schools for children with SEN was traditionally dependent on the child's category of disability. Segregated settings were the only options available. The 1990s witnessed a cultural shift based on the advancement of Irish educational policies. Mainstream schools began to diversify and accept children with SEN. Admissions and access to schools is reportedly a difficult process for parents. Lack of knowledge meant that pupils with particular disabilities and the extent of their additional needs were major factors in determining their access and enrolment into the school (Shevlin et al., 2008; Kenny et al., 2003; Flatman-Watson, 2004). It is the principal who has the final decision in relation to pupils with SEN enrolment, often times lack of knowledge and experience can result in the pupil being denied access.

In Ireland, teachers reported that a lack of information on pupils needs entering the class prevented them from planning ahead or meeting individual needs. Teachers also highlighted the need for SEN training in initial teacher training and how to implement inclusive approaches (Shevlin et al., 2008). Of all the barriers to inclusion, the most difficult to eradicate is that of discriminatory attitudes. O'Donnell (2003), Shevlin et al. (2008) and Drudy and Kinsella (2009) outlined evidence of attitudinal barriers which in turn have led to exclusionary practices. Predefined assumptions and understandings of disability have led educational professionals to have an inherent lack of confidence and low expectations in pupils' abilities. However, in Ireland some parents indicated that once the child was accepted and entered the school they were more flexible and innovative in their teaching practices. This suggested that if teachers fears are alleviated, they receive training that enables them to better understand and plan for inclusion, then there is hope that school might be able to become more inclusive.

3.5 The Potential For Change To More Inclusive Practice

A number of partners believed that certain sectors were more inclusive than others. For example, in the Netherlands most people accepted inclusive education in primary schools, however it was not so common in post-primary/vocational (especially for children labelled with behavioural issues). Most teachers had not been trained to work with children who experienced behavioural issues, however a lot of effort was now being made to change the curriculum and have more expertise on inclusion. In Romania there were believed to be less barriers in primary and pre-primary than in post-primary schooling. It was argued that the curriculum was more flexible (in the kindergarten there were new ways of organising the classroom including areas or centres of learning, in the primary classes using the Step by Step system was more flexible). It was believed that greater control of the curriculum and a focus on attainment (through exams) created barriers for disabled children. It was argued that there was a need for a more coherent transition from primary to secondary education in order to foster inclusion and reduce the selection, marginalization or even exclusions from the lower secondary school (Vrasmas & Vrasmas, 2007). Another critical aspect towards an inclusive education system is a shared vision of the curriculum, of a more flexible school organization and teaching-learning strategies and methods. Research stresses that we need more clear terminology particularly to make the necessary distinctions between integration and inclusion in education (Vrasmas & Vrasmas, 2007).

In Scotland the Curriculum for Excellence (CfE) (Scottish Executive, 2004) was developed and launched nationally in August 2010. Building on the ASL Act, 2004/2009, a major component of the CfE is the entitlement of all children and young people to support with their education. Support is tailored to individual need in order to overcome any barriers to learning. The CfE places greater responsibility on teachers with the delivery of the curriculum in ways that are responsive to the individual. The CfE also recognises the importance and the quality of the learning experience and environment in developing attributes and capabilities in achieving a depth of learning for all pupils. This includes

- creating an ethos of achievement for all pupils within a climate of high expectation;
- valuing a broad range of talents, abilities and achievements;
- promoting success and self-esteem by taking action to remove barriers to learning;
- countering conscious and unconscious discrimination that may prevent individuals, or pupils from any particular groups, from thriving in the school; and

- actively promoting understanding and a positive appreciation of the diversity of individuals and groups within society (HMIE (2002)).

As the CfE is a significant major change in Scotland, Initial Teacher Education Programmes have also adapted in order to ensure that social and educational inclusion for training teachers is addressed within the University led Programmes (Florian and Rouse, 2009).

In Greece today the Ministry of Education's basic position is to adopt a modern approach to education that is closely connected with the promotion and protection of human rights. Their goal is to have the necessary student focused mediums and training models tailored to the particularities of each student so that no student with disabilities shall be deprived of a good education. In Ireland it was argued that recent developments in national and international educational policies have supported the involvement of disabled pupils in the decision making process in relation to their educational needs. However, whether this participatory approach is implemented locally in schools has not been documented. In Catalonia hope comes from the laws that promote integration and research that suggest that professionals' and the educational communities' attitudes are increasingly favourable. In Romania teacher training at the university and other training institutions level (the initial teacher education and ongoing/in-service training for all teachers) now includes a component on inclusive education (education for understanding and addressing diversity in schools). There is a favourable attitude among the staff; 544 teachers, or 70.8% of those questioned expressed total agreement (268 of subjects) or a partial agreement (276 of the subjects) on the possibility of promoting wide inclusion of children with special educational needs in mass higher structures. However, when the respondents were asked to express their opinion on the implementation of inclusion programs in their school (thus increasing their involvement and responsibility in issues of inclusion), the number of subjects who consented to it was 388 (50.5%) of whom only 176 (22.9%) fully support the program of inclusion in their schools. However, out of the 380 subjects who expressed disagreement with the statement referred to, only 92 of them totally reject the idea of inclusive education in their school, while 288 subjects (37.5%) only partially reject this idea (Ghergut, 2005, 2006, 2007, 2008). The teachers knew that there were children with special educational needs (64%) in their schools. Most of them defined inclusive education via the support programme (61.8%), counselling services (52.9%) or special adaptations (46.1%), activities that belonged for the time being to the centres for inclusive education. The features of the inclusive school, such as: accessibility (39.3%), the attitude of the teachers (26.7%), the attitude of the students (13%), continuous training (16.3%), educational management (10.8%), were

in second place) (Inclusive Education in Portugal and Romania - Comparative Study, http://www.redeinclusao.com/index.php?option=com_content&view=article&id=56&Itemid=27&language=en).

According to the vast majority of those questioned, successful implementation of inclusive education in Romania was thought to be dependent on: the teachers who were tasked/selected to promote inclusion and the development of an inclusive curriculum (especially regarding the content) and of the development of teaching strategies in classes where children were integrated in education. The prognosis on the chances of implementing inclusive education in Romania was thought to be a favourable one despite the results of research that showed that there are some difficulties in carrying out the implementation and support of such education.

3.6 Hope, Inclusion and Multi-Professional Development

In Scotland professionals in integrated and inclusive settings are now encouraged through CPD to develop creative and innovative ways of working. We (UNEDIN) previously participated in the CREANOVA project that found that Learning embedded in an emergent activity can enable a qualitative transformation of the entire activity system (Engeström, 2004). It has been argued that multi-professional learning should utilise integrated approaches to joint training to enable professionals to: focus on specific issues within integrated working (e.g. roles, duties, structures, relationships and concepts), break down professional barriers and develop comparative/collaborative perspectives (Davis, 2011; Carper and Dickinson, 2008). It has been suggested that such learning opportunities should also be utilised as a complementary activity with other approaches that foster more integrated perspectives such as joint problem solving, developing shared goals, having regular meetings, and trust building activities (Fitzgerald & Kay, 2008; Glenny & Roaf, 2008; Stone and Rixon, 2008; Walker 2008; Anning et al., 2006; Scott, 2006; Milne, 2005; Frost, 2005; Harker, 2004 et al.; Bertram et al., 2002, Gilbert & Bainbridge, 2003; Leathard, 2003b; Tomlinson, 2003; Bertram et al., 2002).

Everyday creativity involves coping with continuously changing local environments (improvisation, adaptability and flexibility (Richards, 2007; Amabile, 1996). Creativity and innovation is a necessary response to continuous change at different levels (e.g. local, regional, national international), of different types (individual, team, community network, organisational, cultural, societal) and of different

time scales (short, intermediate and long-term) (Davis, 2012). Professionals value being able to work together in supportive environments that aim to be creative and innovative for the common good (Etzioni, 1993; Ibáñez et. al., 2010; Davis et al., 2011).

The CREANOVA study confirmed the suggestion that freedom and environment are connected and that creative and innovative practices do not occur in an abstract vacuum (Ibáñez et al., 2010). The study findings could be connected with the work of writers who have argued that creativity and innovation are hindered by the techniques of hierarchy, simplification, uniformity and control associated with the traditional industrial era (Miller, 2003). Recent changes in children's services in Scotland place an expectation on staff and service users to collaborate to develop creative and innovative approaches. Authors have argued that creativity and innovation involve a complex interplay of issues of health and wellbeing, personal growth and development (Richards, 2007); the evolution of cultural awareness (Richards, 2007) and notions of emotional understanding, bounce-back-ability, diverse learning and cultural variety (Hargreaves, 2003; Ibáñez et al., 2010).

Davis (2011 et al.) and Davis and Smith (2012) have argued that we needed to balance the development of common multi-professional structures, processes and spaces with approaches that question the power relations within organisations and that enable service users and front line staff to set organisational agendas. Such writers describe a tension between systems that are discouraging or inhibiting and/or (on the other hand) systems that are nurturing, stimulating or inspiring (Copley, 2009). Creativity and innovation are believed to be dependent on the connection between issues in environmental systems (helpful frameworks) and the activities of creative individuals and groups (Copley, 2009; Ibáñez et al., 2010; Davis et al., 2011). Personal issues of motivation, stickability, resilience and personality are connected to collaborative/interactive approaches such as international exchange, regional centres, learning networks, flexibility, inter-disciplinary, cross-fertilization of ideas at managerial/front line levels, collaboration between academics/practitioners and spaces for sharing conceptual diversity (Ibáñez et. al., 2010, Sternberg, 2003; Mumford, 2002; Schienstock, Hamalainen, 2001; SITRA, 2005; Hamalainen, 2005; Tuomi, 2002; Bruce's, 2009; Copley, 2009). In relation to multi-professional working this work has pointed to the need to not simply involve service users and colleagues in collaborative discussions but to also create spaces that are welcoming, supportive and resilient on different levels (emotional, aesthetic, cultural, strategic and physical (Davis and Smith 2012)).

Learning approaches that aim to stimulate innovative and creative working need to balance academic and practical tasks (Pascarella and Terenzini, 2005, Ibáñez et. al. 2010) and learning should involve exchange within or between communities, disciplines, organizations, job roles or educational institutions (Carneiro, 2007, Ibáñez et. al. 2010).

A number of respondents (in keeping with writers such as Vygotsky, 1995; Bruner, 1996; Rogoff, 1993; Wells, 2001, Cedefop, 2008; European Commission, 2006; Ibáñez et al., 2010) highlighted the importance of interpersonal attributes and ethical values during learning. In particular they mentioned the need for cultural awareness, mediation, equity and anti-discrimination during internal and external networking. Notions of dialogic, trusting, multidimensional, egalitarian, transformational, expansive and adaptive learning were highly valued (Searle, 1980; Searle & Soler, 2004; Freire, 1997; Engeström, 2004; Spinoza, Flores and Dreyfus, 1997; Sepúlveda ,2001; Ibáñez et al., 2010). Specifically, research respondents (e.g. in the CREANOVA project (Davis 2011)) have stressed the need for learning around creativity and innovation to enable people to go beyond the limitations of their cultural understanding and to visualise other kinds of cultural orientations of a more complex nature that did not previously exist.

These findings in the CREANOVA project were connected with notions in cultural-historical activity theory that highlight the need for innovative learning, co-construction and knowledge transfer (Engeström, 1987; Engeström & Escalante, 1995; Tuomi-Gröhn, 2003; Säljö, 2003). In particular these ideas connect to the arguments that multi-professional working should stimulate collaboration between professionals, service user and community members and that systemic approaches should enable interrelation working that values diversity, ambiguity and uncertainty.

Writers on creativity and learning argue that creativity involves an interrelationship between diverse expert knowledge, local environments and the worker/learner responsible for generating new ideas (Csikszentmihalyi, 1996; Ibáñez et al., 2010; Farrier et al., 2011). Multi-professional working has been connected to practices/processes of early intervention, prevention and working in partnership (Davis, 2011). Understandings of diversity require to be built on well thought out, planned and resourced processes of evaluation, dialogue and interaction. Many writers have argued that creativity and innovation benefited from ideas of equality, cultural awareness and interactive social relations (Mouleart et al., 2005; Hamalainen, 2005; Hamalainen & Haskell, 2007; Mumford & Morel, 2003; Ibáñez et al., 2010). Unsworth (2001) has questioned the idea that creativity is a unitary construct and

Davis et al. (2011) connected this idea to the notion that for multi-professional working to lead to innovative service delivery it requires service users to be involved in collaborative design and that the visionary leader notion promoted in ‘quality management’ approaches to public services have their limitations because they underplay the benefits of collaborative leadership and design.

Creative, design and innovation processes have been found to involve both incremental innovation and disruptive innovation (Figueredo, 2009; Ibáñez et al., 2010; Davis and Smith, 2012). It is important when carrying out evaluation and learning to consider issues of disjunction between service providers’ aims and the service participants’ aspirations. It has been argued that the analyses of conflict and conflicting ideas should be a central aspect of multi-professional learning.

Mentoring:

Theories of teaching and learning (e.g. with communities, adult and children) have seen a shift across a range of ideas from formal notions to more interpretative ideas. Formal notions of conditioning that suggested that people learnt from repetition, reward and punishment (Laird, 1985). These can be connected to the top down management ideas discussed in chapter 4 (traditional management) that assumed, for example, that workers needed extrinsic rewards (Seddon, 2008). Constructivist ideas (e.g. Vygotsky, 1995) built on the notion that the child/adult should be enabled to be an active learner and the teacher should start from the learner’s everyday understanding when trying to transmit knowledge (Dahlberg, 1999). Social-constructivists recognised the learner’s ability to make choices/meanings and therefore make alternative constructions of the knowledge of the teacher (Dahlberg, 1999). Group approaches to reflexive learning highlighted the connections between learning, environment, experience and reflection (Dewey, 1938; Kolb, 1984). These approaches highlighted the potential for group learning, peer learning and mentoring to involve flat hierarchies (Turnbull 2009). More political ideas concerning learning that outlined the connection between dialogue, respect and the lived experience (Freire, 1970).

We can unpack these ideas in relation to concepts of mentoring. Professional guidance in social care has differentiated between different models of mentoring (e.g. a one-to-one shared partnership model, a peer group model, a team mode, a group model, a single organisational model (CCUO 2011)). One to one mentoring was perceived to facilitate significant transitions in knowledge, work or thinking (Megginson and Clutterbuck, 1995, 13), to foster supportive dialogue (Garvey and Galloway, 2009) and to help the learner develop their skills, improve performance and become ‘the person they want to

be' (Parsloe, 2009:1). Academic literature on mentoring promotes ideas about avoiding hierarchies, promoting learner led discussions/goal setting and enabling mentee choice/self-direction (McNicoll et al., 2010). Some authors have argued that training for staff involved in public services has become too functional and knowledge has become 'standardized and routinized' (MacDonald 1995, 3). They have suggested that as competence models have become more prevalent in education and training, knowledge has become impoverished:

'learners and teachers are denied the opportunity to develop an orientation towards understanding a given social problem rather than achieving technical success' (Ozga, 2000, 57).

Formal approaches to mentoring have particularly been applied to new staff that have to fulfil an induction period (McKimm, Jollie and Hatter, 2007). For example, in Scotland teachers are required to fulfil a formal post qualification induction year where they are supported to grow into the profession. As such concepts of mentoring involve a tension between aims that are functional (the expectation that there will be improvements in performance of the learner) and aspirational (the mentee defines and fulfils their own agenda (Garvey, Stokes and Megginson, 2009, 11)).

The political context of such learning was analysed by Freire (1972) who made connections between learning, hope and social change. In adult learning the humanistic notion of learner facilitators (who utilised ideas of trust, empathy and relationship building) emerged that questioned the power relations in learning encounters (Rogers and Freiberg, 1993). This also led writers in childhood studies to question the assumption that the child should always be the learner and the adult the facilitator. Such approaches encouraged us to recognise that children could learn from as well as help adults learn and that an interaction between different people would involve an interplay of learning and expertise (Mayall, 2000). Such approaches suggest that pupils, parents and professionals can benefit from processes of peer support (Davis and Noble forthcoming). These ideas connect with the argument below that suggests participatory processes should be built on the idea that children, families, communities and professionals all have different yet as relevant types of expertise that can be utilised to analyse the appropriateness of multi-professional services.

In Ireland current professional development is influenced by rights based discourse and the importance of embedded choice for students with disabilities. The role of the State as both policy maker and primary funder is noticeable. The economic crisis since 2008 has gravely affected the ability of the State however to back positive aspirations with resources. Issues around teacher training have

concentrated on poverty and disadvantage in providing equitable treatment for all children. St Patrick's College in Drumcondra in Dublin (a major primary teaching college) hosts the Educational Disadvantage Centre that has highlighted these concerns. Continuous professional development is a criterion that is mentioned in professionals who work directly with pupils with SEN. It is an ongoing criteria that further training is provided through in-service courses. Mainly universities and colleges of education provide specialised courses for experienced teachers. The Teaching Council is responsible for ongoing professional development. The SESS provides courses in SEN. As noted in q. 4.1 the majority of studies indicate that teachers require further training in the area of SEN. There are a number of individual professional development courses provided by the SESS. The SESS provide schools with a two-hour evening seminar entitled 'Transition from Primary to Post-primary for Students with Special Educational Needs: Challenges for the Student and Strategies for the Teacher'. The Teacher Council provided a newly developed induction programme for newly appointed teachers. This is a voluntary programme and there is a training programme specifically designed for mentors and understanding mentoring.

In Catalonia professionals are accepting more and more inclusion and the Department of Education supports it by doing training for teachers. In addition, there is in force the Law 12/2009 of July 10th (DOGC number 5422 of 16.7.2009), which is based on the inclusion and the equity of all students with or without disabilities. The school also provides training to teachers in which the topic is chosen according to the needs of the centre. Teachers also can attend external courses, which are recognized by the Department, through trade unions: summer training, entitat prisma or rosa sensate. Teachers also have to do permanent training, promote teacher exchange with other countries, sabbaticals in companies and have free access to public libraries and museums and there are also area and centre training plans.

In Greece this year's academic year is the last year of operating ten (10) in-service training schools across the whole country, which offered a two-year retraining practicing to primary teachers and kindergarten teachers who are already hired by the State. The reasons for removal are economic. In Romania teachers of mainstream schools are not sufficiently prepared for integrative teaching; they are not trained in teaching in the frame of differentiated and individualised lessons (Phare Report, 2005). Romanian experts in inclusive education highlight the need for increasing the number of institutional structures that provide educational services in schools and organizing, in each community, a resource centre which will be able to: manage teaching and methodological changes in regular schools, help

schools to become more inclusive; help schools developing and expanding programs for training and further training for teachers; improve the identification process of special educational needs and make services of school psychology, compensation and educational support services more efficient (Ghergut, 2005, 2006, 2007, 2008). Improvements on diversity and components of inclusion have also been aimed at universities, other training institutions, initial and ongoing (in-service) training for all teachers (Vrasmas and Vrasmas, 2007). Similarly, in Greece there has been a boom in CPD on inclusion and all universities now provide training in ‘special education’. In Cyprus CPD is voluntary for teachers post degree from the university of Cyprus, there is insufficient training of ‘specialist’ teachers. There needs to be work-based in service training that analyses local practice (Angelides, 2003). In Netherlands teachers receive 1 week training a year.

3.7 Key Conclusions Concerning Disability And Inclusion

This section has contrasted medical and social model ideas of inclusion; the conceptual difference between pupil inclusion (equity of experience)/pupil integration (being in a mainstream setting but not necessarily fully included); and the disparity between individual versus more community based approaches. This section illustrated that many of the partner countries had been influenced by the work of Mel Ainscow and broader understandings of inclusion yet concluded there is a lot more to be done before we will be able to enable fully inclusive education for disabled children. This section identified numerous barriers to inclusion such as: teachers, parents and pupil attitudes, too much focus on attainment/accreditation, a lack of attention to the diversity of disabled childhood, professional fears, inaccessible buildings, scarcity of teaching methods/strategies, a pre-occupation with categorisation, the inability of national policy to influence local settings, lack of training and personal prejudice/animosity. It is possible to conclude that though the new policy context of the various countries support a shift to inclusion, professionals need more support to develop their practice. It is also possible to conclude that there are some signs of hope and that inclusion can be fostered in settings that have flexible curriculum, programmes of staff exchange/training, spaces for regular dialogue, attend to issues of human rights, an ethos of collaborative leadership, processes of pupil participation and practices of peer/mentoring support for parents, pupils and professionals).

4.0 Concepts and Practices of Transition

4.1 Seamless Transition?

In Scotland Local Area Co-ordination (LAC) was introduced in Scotland in 2000. The recent national review of services for people with learning disabilities has promoted the aim of improving processes of planning and transition, highlighted the importance of the lead professional role and drew from the Getting It Right For Every Child policy to argue that there is a need for a change in systems, cultures and practices if disabled children are to experience improved outcomes (Scottish Government, 2011). It suggested (building on the 2010 review of the ASL Act) that whilst the ASL Act had led to improvements in joint working - there was still a need to improve at national and local levels the way that information on disabled pupils was collected and managed. This was found to be similar to the expectation in Cyprus that there should be a full multi-agency assessment of a pupil's learning needs

and it is the head teachers' role to coordinate transition. In Scotland it was also argued that we should not assume that disabled children have a uniform set of needs and that plans had to be flexible to take account of childhood diversity. The national review indicated that too often parents and children have to struggle with mechanistic systems, jargon and poorly led services. It found that sometimes a restricted reading of advice on medical support and on an over concentration on risk exclusion rather than risk management led children not to receive equitable experiences in education settings. They contrasted this situation with positive experiences where services were organised, proactive and took account of family life. In particular this review connected positive transition to:

- a shared perception and approach between child and adults services and partners
- sufficient expertise in both child and adult teams and partner agencies
- clear agreement and timescales to avoid crisis driven responses
- accurate transfer of information between services
- income maximisation at an early stage, and
- exploring self-directed care options well in advance of transition (Scottish Government 2011:22)

Similarly in Romania it was argued that there was an obvious need for a coherent transition from primary to secondary education in order to foster inclusion and reduce the selection, marginalization or even exclusions from the lower secondary school (Vrasmas & Vrasmas 2007). The transition from integrated to inclusive education in Romania has been a long and complex road involving a wide variety of players, from pilot-projects, NGOs, universities, and educational policy groups. The non-governmental organisms, voluntary/NGO and church groups have always played an important role for the integration of pupils with special need in education system; The NGO's have a wide array of initiatives for the transformation of the Romanian school into an inclusive one: supports the children with SEN to integrate in educational system; the graduates of special education in the active life, according to their qualifications and the provisions to the law; develop partnerships with authorities or schools to diversify approaches; develop strategies and implement raising awareness, lobbying and advocacy campaigns. Yet, in Ireland the role of the church and voluntary sector has been put under considerable scrutiny because of recent child protection scandals so it should not be universally assumed that any support group is better placed to work with children and families.

In Scotland the Additional Support for Learning (Changes in School Education) (Scotland) Regulations 2005 set out time lines for when stages of transition planning should occur (e.g. 6 months before nursery and 12 months before primary/secondary school). The Supporting Children's Learning (revised) 2010 statutory document (Chapter 6 transition) stated that effective shared planning for

transition required close communication amongst all relevant persons, should take place as early as possible (e.g. sometimes more than 12 months in advance), should be co-ordinated by one person when there was more than one agency involved, should take into account the views of the parent/child, should clearly identify what support is needed to enable the child to successfully pass throughout the transition process and should be embedded in local policies/procedures. It also connected the ASL Act and the Getting It right For Every Child Policy by outlining how a single joint assessment can underpin planning (see joint assessment section below). Provision for transition was also covered in the Self Directed Support: A National Strategy For Scotland which indicated that direct payments were provided by local authorities to a range of children/families and enable them to have better choice of services.

In Ireland there is very little research that focuses primarily on transition for disabled children. O’Kane and Hayes (2006) carried out a study to examine the transition practices between preschool and primary school in Ireland. Part of their study focussed on nation wide sample of preschool and junior infant school teachers. 66% of preschool teachers and 74% of junior infant teachers highlighted that disabled pupils were more likely to experience difficulties during the transition period (O’Kane & Hayes, 2006). Communication and levels of continuity in particular re: curriculum between preschool professionals and primary school teachers were low and few teachers reported that information was transferred from pre-school to primary school in a sufficient manner. This is reflective of the experiences in the transition to secondary school also (Smyth et al., 2004)

Smyth et al. (2004) undertook a longitudinal study of pupils’ experiences of curriculum in the first three years of their secondary schooling this study was supported by the NCCA, although it did not focus primarily on disabled pupils. There is reference to marginalised groups and the findings are relevant to gain insight into the experiences of transition for the wider pupil population.

The main findings included:

- There was a lack of information about incoming pupils being transferred
- Information provided to the secondary schools was often ad hoc and informal
- Students felt anxious and excited about transferring
- Many students experienced difficulties in relation to the greater number of subjects, increased academic pressure, additional homework and the number of new teachers they encountered in first year.

There was a reported discontinuity in curriculum and teacher approaches in particular for marginalised pupils including pupils from designated disadvantaged schools, disabled students, students with low academic ability and students from minority groups. Supporting pupils through ‘student mentors’ and ensuring inclusive practices were seen as a means to achieving smooth transition to secondary school. (Smyth et al., 2004)

The INTO (2008) carried out a study which examined transition from preschool to primary and primary to secondary. The research entailed direct fieldwork with teaching professionals, parents and pupils. Junior infant teachers reported the importance of all supports and resources being in place prior to the pupil’s transition. They highlighted the importance of the parents’ role in relaying information in advance to the school to ensure their child’s needs were met. Further training was recommended by junior infant teachers in how to work with disabled pupils. Secondary school teachers stressed the importance of the transfer of supports. Automatic transfer of supports e.g. resource hours or SNA are not provided. It is the responsibility of the secondary school to apply for these resources that may entail further assessments. This issue inflicts delays and teachers outlined the majority of times the supports are not in place when the pupil begins school. The INTO report outlined that ‘the process of transition entailed the same worries as it did for every child – fitting in, making new friends, feelings of isolation, fear of bullying and a fear of failure and not being able to do exams (INTO, 2008).

A significant finding illustrated that concerns were shared amongst teachers within secondary schools and primary schools.

‘The issues of immaturity, length of school day, dealing with a new environment, not fitting in, special needs children and the delay in getting the necessary resources and supports in place by day one of school were all raised repeatedly. These are issues that affect all teachers who have to deal with children in transition’ (INTO, 2008).

This reiterates the importance of understanding that transition is not a one off period but an ongoing learning experience of a pupil’s lifecycle. Yet it also shows that there is an assumption that some children will have individual deficits that make transition more difficult such ideas tend to be associated with medical model thinking and this raises questions about the extent to which professionals view children as ‘victims’ in the process rather than people with assets who can contribute to and lead transition processes. Kelly and Devitt (2010) found that an increasing number of students from 12 to 15 years were transitioning from mainstream to special schools because of academic and

social/emotional issues. The report also found that a more formal transition process was required and that successful transition required greater identification for support and communication pathways.

Radhan (2006) established that parents found periods of transition a difficult time and illustrated their contribution or involvement was not at the level required in order to ensure a smooth transition. O'Donnell (2003) illustrated parents struggle for resources and school personnel were unsure of what was required to meet the needs of disabled pupils. O'Donnell (2003) examined the transition from special to mainstream schools and concluded the views of disabled pupils were often overlooked, educational professional's lacked knowledge, understanding and experience of disability. Pupils reported a feeling of isolation and found many academic pressures but indicated mixing with peers an overall positive experience.

Rose and Shevlin (2004) found that there is associated apprehension with teachers due to a lack of confidence in their abilities to complete the curriculum and learning outcomes during periods of transition for pupils with SEN.

4.2 Broader Concepts of Transition

Catalonia had a range of policy concerning transition for children with diversity (including new pupils from other cultures, disabled children and children who had experienced illness). The attention to students who suffer lengthy diseases raised issues concerning another type of transition that is not transition from one sector to another but transition that involves a pupil re-entering their school. This broader concept of transition is useful as it confirms the idea put forward in the Irish literature that transition is not a one off event. It also raised question concerning home schooling and the educational attention to those children who temporarily cannot follow the studies in his/her school that is done in the hospital school in order to provide continuity to the learning process and make the return to the school easier once the child is discharged from hospital.

In Catalonia the EAP (psycho-pedagogical assessment teams) is the organization that regulates the transition in education and occupational integration. They know about the cases and coordinate network watching over the inclusion and the monitoring of each particular case. In order to ensure an appropriate transition between the primary educational stage and the compulsory secondary educational

stage, during the school year, the secondary school and the school which the student comes from will plan different sessions of coordination contributing to have a coherent educational process and sessions of student's formative route; common and shared criterion will be agreed during the sessions. Some of the important aspects that this coordination should include are those relative to:

- Student' knowledge (personal development, family situation or basic abilities and skills).
- Curriculum specification and development (aims and contents prioritization, educational and methodological strategies and student's assessment criterion)
- Organization of the centre and of the students, according to the inclusive school approaches.
- Join work between the school and the secondary school to establish criterions to do reinforcement activities during the summer for the last course students who have not pass some of the language or mathematical subjects.
- Monitoring the adaptation process of students of 1st ESO (compulsory secondary education) to the secondary school. During the information transfer, if the secondary school asks for, schools have to hand in a copy of the academic record, the individual report and the report with the results of the assessment test done in the 6th course of primary education. In order to attend properly

Those students who join to secondary education, the information transfer has to be done before June 30th. In the case of students with special educational needs, this transfer will be done in coordination with the EAP (psycho-pedagogical assessment teams). The information transfer will include all the summer reinforcement and entrusted activities. These activities will be taken into account for the first course initial assessment. The management teams of centres state and plan the coordination structure. In order to be enclosed to the Pla de formació permanent de la zona (permanent training plan for the area), when needed, teachers' joint educational proposals could be drawn up. The activities plan, especially during the first quarter, has to foresee interviews between the tutors of last cycle of primary education and first cycle of compulsory secondary education of the linked centres in order to complete the information of students' learning. In Catalonia transition ideas cover from 3 to 16 years old, so there is the same educational guidance and we follow the same line both in the transition from preschool to primary and from primary to secondary.

In the UK there was a great deal of research concerning the concepts of transition. In an attempt to approach transitions in early education one is struck by the diversity in the ways that educational transition (the transition to school, see Peters 2003) is approached and defined within academic literature, policy and practice. This may be due to the fact that it is a developing area. For example, most commentators in the United Kingdom (see for example, Stephen 2006) agree that transitions in general, and early years transitions in particular, have never been higher on the agenda of policy-

makers. In addition there is policy innovation elsewhere: Australia (Anderson, 2010), New Zealand, and Europe (see Ramey & Ramey, 1998). Studies undertaken over several years have yielded many answers, yet no one has clearly defined transitions. Transition is banded about as if it is understood by all, which of course it is not. However some have sought to define transition, and whilst this is not an exhaustive list a number of suggestions are put forward, most notably, Bronfenbrenner, 1979; but also see Pianta, 1996, 1998, 2000, 2010; Newman & Blackburn, 2002; Rogoff, 2003; Brostrom 2003; Dockett & Perry, 2004; Dunlop & Fabian, 2006; Jindal-Snape, 2010, Anderson, 2010 and others.

The explosion of interest in children's rights (Valencia, 1997; Davis, 2011) accompanied with a greater awareness of the differences (see Prout, 2005; Anderson, 2010) between children, helps us understand transition is not just a theoretical issue; it is an immensely important social one that will have its most obvious ramifications in the field of education. For example, there is almost a tacit understanding that change is not a simple process, nor according to de Vries (1984) is it a comfortable one; and others (Fabian & Dunlop, 2006) claim the impact of the transition to school can forecast later achievement (see also, Ryan, 1971; Valencia, 1997; Anderson, 2010). Yet no theory specifically resolves the practical issues about how to address these concerns. With this in mind researchers (see Margetts, 1997; Dockett & Perry, 1999; Peters, 2000, 2003; Griebel & Niesal, 2003; Thorsen, Bo, Loge & Omdal, 2006; Adeyemo, 2010, and others) have asked what sort of experience best assists the child in acquiring the capacities (Valencia, 1997) that facilitate their transition from early years to primary school. It is believed that this early transition affects not only the initial experience, but also school life (Margetts, 1997), and that this particular transition affects ways of coping with other life transitions (see Dockett & Perry, 1999, but also see Early et al., 1999).

Research has further shown that the debate over age often overrides the debate about differences between children and the varying experiences they encounter prior to starting school (see James, Jenks and Prout, 2007), as irrespective of social context the expectation is that all children will commence school at the same time.

Viewed from the standpoint of this dominant tradition, a standardised school starting age, it follows understanding that all children will arrive at a similar stage of development at the same time for example, at 4.5 years - 5.5 years 'school age' children will develop the necessary capacities to begin formal education. These practices embody a principle of regulation. Children are then, subsequently, regulated by society's normative expectations (which are based on structurally determined values and

goals of social systems that are impressed on the child). And ideally, in order to accord with these expectations is the concept of developmental milestones (see Gesell, 1925; Gesell & Ilg, 1946).

What does this mean then for children's transition? Behind the answer to this question and behind the issue of what child development means to transition lie assumptions between children and difference and the adults who hold views about children and their particular characteristics (Ingelby, 1974; Henriques et al., 1984; Prout, 2005). The current developmental discourse perpetuates the idea that the typical child will be capable of certain skills at a specific age. This fails adequately to acknowledge there are additional and perhaps insuperable difficulties in understanding the differences (i.e., race, gender, ethnicity and disability) between children and how children's unique transitions can be supported in practice.

Bronfenbrenner's argued parental involvement was critical to the transition process and that the parents' sense of efficacy for helping their children succeed through their involvement exerted a positive influence of their children's educational success. Of critical importance to Bronfenbrenner's theory was how parents disciplined their child; his studies illustrated how the child disciplined in the home affected their life in school. Again this area has attracted much interest and is now a flourishing culture, for example books titled 'The no-cry discipline solution: gentle ways to encourage good behaviours' Pantley (2007); 'Positive discipline' Nelson (2006); 'Discipline me right' Simmons and Simmons (2009); 'Between parent and child' Ginott (2003); and 'Raising a self-disciplined child' Brooks & Goldstein (2007) and many others line our bookstores with advice on how parents should discipline their child. Yet, Bronfenbrenner challenged researchers and practitioners to look beyond (assumed) tacit understandings that enable people to predict how parents should behave in children's lives. He focused concern on various other salient features that distinguish children's experiences such as the community, extended family and governmental entities that affect the child's development and are mutually constitutive. For example, the economy, parents' work, resources in school, and so on can all be important. Transition scholars have drawn upon his ideas as a source of inspiration (see for example, Pianta, 1996, 1998, 2000, 2010; Dockett & Perry, 1999; Rogoff, 2003; Fabian & Dunlop, 2006 and others). And the proliferation of transition policies (see for example Dockett & Perry, 1999; Rogoff, 2003; Corsaro, 2005), which includes peers, family, schools and the community are testimony to Bronfenbrenner's work (Jindal-Snape, 2010). His work raises questions concerning how best to achieve effective transition through collaborative working.

The difficulties associated with transition can be exacerbated for pupils with additional educational support requirements. Pupils with additional support requirements are in contact with many professionals from all three social systems e.g. education, health and social care during their educational career. There must be a common understanding between these professional disciplines in order to successfully meet the pupil's needs. Research shows that one of the most difficult periods in a pupil's educational career is the transition from primary school to secondary school (Zeedyk et al., 2008). In many cases the transition from pre-school to primary school centres around readiness and adapting the environment, curricula to meet the child's needs. It is also a period where professionals involved in the pupil's development begin to meet and exchange knowledge in order for successful transition to take place. Much of the more recent literature focuses on the problem of co-ordination and the difficulties families face in assessing services and co-ordinating all the supports (Meijer, Soriano, and Watkins, 2003).

Previous projects have centred on the relationships between children, parents and educators during periods of transition e.g. EASE Comenius. This project recognises that transition in particular for children with special needs may be more difficult than for other children since, in addition to the usual changes, the process concerns the change of a whole range of provision and related educational, health and social services. More recent studies have found (Conkey, 2009) that effective transition programs involve a range of stakeholders.

A major longitudinal study carried out by Galton et al. (2000) reports that over the last 20 years schools have increased the organisation and planning of this transition stage, which has resulted in fewer children reporting anxiety over the move. Many young people now look forward and get excited about making new friends and learning new things once the move to secondary school has been completed (Chedzoy and Burden, 2005; Graham and Hill, 2003). However, despite such positive findings other research has continued to conclude that many children still anticipate the transition to be a difficult, stressful and anxious time (Pratt and George, 2004).

Research has demonstrated that information assists parents of disabled young people to cope, make informed decisions and plan. In particular parents and children require information on the accessibility of specific schools (Buran et al., 2009; Beresford et al., 2007; Mollard, 2003). For example in Greece supportive transition processes are associated with students' IEP which should ensure that the appropriate services, counselling, help and support is provided to enable the successful integration of

the student. Successful transition, integration and inclusive education are also connected to the development of vocational training programmes, which are drawn up according to pupils' abilities and requirements.

Some authors have highlighted that many parents of disabled children find that information processes are complicated/confusing/unresponsive, that a lack of information from professionals impairs their ability to make informed decisions and that poor communication leads to inconsistent/deficient services (Buran et al., 2009; Timmons et al., 2004; Mitchell and Sloper, 2001). Such negative experiences mean that parents do not develop trust in services and are prevented from developing positive experiences (Reiss et al., 2005).

Mollard (2003) and Cavet and Sloper (2004) concluded that the level of written information available to parents and disabled children needs to be improved to include specific information regarding accessibility, service availability and provision of support staff. It is argued that earlier consultation with parents and young people regarding the type of information they require would be advantageous Noble and Davis (forthcoming).

Reiss et al. (2005) have stated that positive past experiences are required as the basis to the formation of trusting relationships. The degree to which families trust services will impact on their level of satisfaction with the service provision. Thus where possible it is important to maintain relationships with families and to work with them in order to build historical and trusting working relationships (Davis, 2011). Contemporary approaches to integrated children's services have called for more relational approaches to problem solving (Glenny & Roaf, 2008; Walker, 2008; McGhee and Waterhouse, 2002; Tisdall, 1995; Aldgate and Tunstill, 1995). Yet, it appeared that these ideas have not always been engaged with in relation to issues of additional support and that there is a divide between policies, processes and practices concerned with children's well-being and those relating to additional support and transition (Noble and Davis forthcoming).

It is also important to understand that though literature on transition tends to focus on the school context other writers have emphasised the need for policies and practices concerning transition to work. For example, in the Netherlands new legislation gives municipalities the responsibility for transition of youngsters with disabilities into the labour market. Before 2012 transition guidance was the responsibility of a national Labour Office for people with disabilities, the municipalities will be in

charge fully from 2013. There will be no new budget for the group youngsters with disability. Also the youngsters have no right to welfare, extra care and or guidance if the family income is high.

The European employment strategy for those with disabilities is strongly focused on rights, equality of opportunity, social partnership and anti-discrimination legislation. The foundation of this is the Directive for Equal Treatment in Employment (2000/78/EC) adopted in November 2000. There is a lack of harmonization in job standards and (as previously noted) a dearth of common definitions of disability in the various European countries. There is a low rate of participation in the labour market in all countries of people with disabilities. Employment rates have been calculated as 20% to 30% below that of non-disabled Europeans (European Commission 1994; Bruce 2002). Lack of statistical standardization cannot hide the fact that Europeans with disabilities experience substantially higher rates of unemployment, underemployment and below-standard rates of pay and conditions (EIRO 2002, Bruce, 2002).

The data, however fragmented, also show that the range of jobs accessed by those with disabilities is clustered at the unskilled and low-skilled levels (Bruce, 2002). There is no consistent Europe-wide information available for disabled workers compared with non-disabled workers with reference to the sector of employment, contract duration, type of employment or size of company.

One of the key influences in the evolution of thinking in Irish policy terms around labour market access for people with disabilities was the evaluation report of the European Social Fund Evaluation Unit (Department of Enterprise and Employment 1996, Bruce 2003). This gave a comprehensive overview of the origin, nature and structure of training and employment initiatives for people with disabilities in Ireland – especially those funded under ESF supports (Bruce 2003). This report examined in depth the objectives, content and outcomes of ESF training for people with disabilities and highlighted contradictions in service provision systems, high exit rates to outcomes other than employment, agency fragmentation, the diverse and distinct needs of potential trainees and the positive impact of certain measures in enhancing quality of life and social inclusion (Bruce 2003). The report made a series of significant recommendations with important implications for future developments.

These included:

- Responsibilities and funding arrangements
- The need for role clarification regarding Health Boards and the then NRB

- Ambiguous reporting systems for widely varying training providers to the designated authority for the ESF
- Complexity and appropriateness of criteria for benefits and funding for training allowances
- The inherently medicalized bias in systems of training benefits for trainees with disabilities
- Development of more sophisticated and dedicated models of training
- Wider use of innovative programmes and approaches
- Development of standardized job matching and occupational placement methods. (Bruce 2003)

The Report acknowledged that personal development and improvement of quality of life were important objectives and therefore should be given due attention and resources in terms of training design, delivery, assessment, monitoring and evaluation. In its emphasis on the medical orientation of the criteria to establish eligibility for participation on vocational training, the Report identified one of the most important paradoxes in the service delivery system. This was seen as being at the root of inappropriate determination of needs on the one hand and over-reliance on permanent benefit systems for training purposes (like the Disability Allowance) on the other. The disincentive nature of such a complex and self-defeating system was noted.

Significant attention was paid to the concerns around the validity and effectiveness of the assessment methods used to determine eligibility for ESF training. Assessment was seen as at the centre of issues around appropriate strategies for developing competencies and methods for people with disabilities in gaining meaningful entry to the labour market (Bruce, 2003). The 1996 Report, however, stressed the importance of this assessment factor in being able to take into account the non-vocational aspects of individual performance coupled with a realistic and pro-active evaluation of external environmental factors in terms of both barriers and labour market opportunities.

It is particularly important in this regard that account be taken of the many factors that act independently to determine success in vocational training and employability of an individual. Such factors include:

- the quality of training available
- the extent to which links have been developed by the training agency with employers

- the extent to which an individual's abilities and interests are matched with training and job requirements and
- the extent to which issues relating to the Disabled Person's Maintenance Allowance (and the security it is perceived to provide) amongst others, are addressed.

(ESF Evaluation Unit 1996, p. 183)

The Report was among the first published reports to consider the stated policy of mainstreaming and to consider it from an Irish perspective where agencies were rooted in the structures and practices of what they themselves termed the “voluntary sector”. The charitable and religious origins of the overwhelming majority of disability related service providers have produced a significant sector which, if not strictly ‘voluntary’ in the accepted sense of the term, is in fact private and not for profit. This sector traditionally had little if any orientation to open labour market conditions, requirements, expectations or norms. The sector had developed significant economic presence and interests and could not, in all circumstances, be regarded as a neutral actor in determining future policy directions to meet the needs of people with disabilities themselves.

Indeed such writing connects with studies that argue for better communication between adult and children's services (Morris and Wates, 2006) and that raised concerns about the utility of transition from school to adult services (e.g. training, employment, unemployment) and/or transition from home/care to independence services (e.g. that supported coupledom, adult sexuality, marriage, parenthood; or financial independence (Morris, 1999)). Some studies have suggested that between 30-40% of disabled people have great difficulty in establishing independence and that these difficulties relate to a range of issues (e.g. Black and Asian disabled people have had to contend with individual racism and institutional racism, particularly in service provision in school and later in the working environment (Ali et al., 2001). Many young people felt that service providers did not take their aspirations seriously and tended to direct them to welfare services rather than careers services (Davis and Hogan, 2002). Research found several barriers to transition e.g. adulthood services were not user led, there was a lack of accessible accommodation, poor staff training, a lack of supported living projects and high-costs of moving away from home (which contrasted with the low incomes that were available to young disabled people (Morris, 1999)).

The Independent Living Movement promoted disabled people's rights to organise their own services to support their full participation in society (Morris, 1993). In recent times research and policy has

focussed on a range of moments of transition including from early years to primary school from primary to secondary and between services (e.g. hospitals and schools (Noble and Davis forthcoming)). Policies have encouraged service providers to begin planning processes as early as possible and to include disabled children in planning processes. Yet, recent research has suggested that transition literature produced by service providers is inadequate, that disabled children are rarely supported to take lead roles in transition processes and that approaches to transition could much more creatively utilise the abilities of disabled children (Davis and Noble forthcoming). Such research has drawn from strength-based (as opposed to deficit model) approaches to service planning and delivery that have sought to enable service users to develop their own local/community based solutions to their life problems and promoted social justice perspective that suggest service users require different things including recognition, respect, resources, legal support, swift responses and cooperative power sharing (Dolan, 2008; Davis 2011; Davis and Smith, 2012). For example, disabled young people can be frustrated at the time it takes for changes to take place in local services and at the way adult power hierarchies (e.g. infighting between different budget holders) inhibit processes of change (Davis, 2011).

It is possible to conclude that transition literature encourages practitioners to deal directly with guidance, supports and mentoring to enable children to achieve their full potential. It also links the question of education and additional schooling supports to *prior issues* (psychometric assessment, educational evaluations, determination of needs, parental expectations, available resources, etc.) and also to *future issues* (post-school placement strategies, progression, determining learning goals, setting vocational targets, specialized employment/further education targets). As such, transition strategies and supports are precisely those areas most affected by allied issues around power, over-professionalization, resource allocation and individual needs assessment. It is also possible to conclude that the role of assessment in inclusive education and transition is a critical one. For example, in Ireland frequently, simple psychometric evaluations have been employed, often by external agencies where both methodologies and assessment results/findings are at best opaque and of little use to teachers, educational managers, parents or (above all) pupils. Agencies such as NEPS have extensive and lengthy waiting lists, often produce reports of little practical use to educational staff and, at worst, may perpetuate systemic forms of dependence and disempowerment. In the Netherlands transition planning is to be devolved to local municipalities who have varying degrees of experience of inclusion. In Bulgaria legislation and acts on inclusion mean that schools can not deny access to children who have been assessed as capable of studying in mainstream settings. School authorities should take the necessary measures to ensure there is appropriate support from resource teachers and to provide

resources to make the environment fully accessible (e.g. transition from primary to secondary may involve preliminary contact between the child and teachers from both settings). However, some schools try to avoid enrolling disabled children claiming they can not afford the resources for making the school physically accessible, transition meetings are rarely held (depending on staff personal initiative) and that the teaching staff are not prepared to deal with disabled children. Sometimes, parents of other children are negative towards inclusion. So, in practice, even though there are specific regulations, in many cases, inclusion happens thanks to the goodwill and the personal efforts of the school authorities and the school personnel rather than processes of transition planning.

4.3 Key Conclusions Concerning Transition

This section raises the question (also discussed in the next section) of how we connected concepts of childhood (discussed in section 2) that stress the need to adopt holistic and participatory ways of thinking with concepts of inclusion that stress the need for children to experience full inclusion (equity discussed in section 3) and with concepts of transition discussed in this section. In particular it is important to recognize the requirement for children and families to receive bespoke information on transition, be involved in flexible collaborative planning processes well in advance of transition and that there should be accurate plans (including clear agreements/time lines). It was also argued that all parties (including the voluntary sector) should be involved in planning processes, that information/strategies should be transferred between settings and that resources (including direct payments) should follow the child. This section also discussed concepts of childhood transition contrasting the notion that transition is a one off moment with the idea that it is a process (that can also include transition from home or hospital back to school after a time of illness). It contrasts the idea that transition is troublesome with the idea that children have a range of skills (including leadership skills) to offer processes of transition and therefore such processes should be concerned with relationship building, planning and change. Our final conclusion is that in an aim to reduce confusion and differences within and between countries, there is a need to develop a European transition framework for adoption and adaption by national parties.

5.0 Methods of Planning and Assessment

Changes in policies related to inclusive education took place at the same time as policies on children's well-being in the countries that make up the UK (including Every Child Matters England, The 10 year Strategy For Children and Young People Northern Ireland, Getting It Right For Every Child Scotland and Core Aims For Children and Young People Wales) promoted notions of integration, multi-professionalism flexibility, diversity and inclusion (Davis, 2011). Such policies highlighted the need to adopt participatory approaches to address issues of conflict during service transition; develop co-ordinated planning/delivery at regional/ local levels; increase information sharing; and improve issues of education, learning, and community development (Davis, 2011; Smith, 2009) A central aim of the plethora of policy initiatives was to create more joined up outcomes based approaches underpinned by specific processes of earlier referral, recording, information sharing, assessment, management, planning, delivery, monitoring and evaluation (Davis and Smith, 2012; Walker 2008; Munroe 2011). Similar shifts have occurred in Ireland where more outcomes and community based approaches have begun to be developed (Dolan, 2006).

5.1 Multi-professional Coordination

In Scotland, it was recognised that there was a need to connect processes of assessment defined in the ASL Act 2004 with ideas concerning child/family well-being held in the Getting It right For Every Child Guidance:

‘The core components of a GIRFEC approach, with a focus on young people’s and families’ needs regardless of service processes, must be more clearly embedded in providers’ strategic and business planning and in their practice (Scottish Government 2011:21).’

However, a problem associated with this policy shift was that that different professionals have different starting points from which to promote more integrated, participatory and inclusive working and therefore parents and children have not always experience improved processes of planning and delivery because of professional uncertainty and conflict (Davis, 2011; Davis and Smith, 2012).

The ASL Act 2004 in Scotland introduced the legal requirement that children who experienced more than one service, faced long-term complex or multiple barriers to learning and who required frequent

access to a diversity of services from out with the education authority were provided with Co-ordinated Support Plans that would be reviewed every 12 months (children requiring support only within education had plans recorded in an Individualised Educational Programme document). The CSP must contain the name of the school, name of a contact person who will provide information to parents/the child/staff and co-ordinate the plan. It should also include target learning outcomes/objectives and indication of the additional support required to meet the outcomes and objectives.

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Yet, processes of assessment have been critiqued because they have constructed service users as incomplete, irrational and inadequate (Moss et al., 2000, Smith and Davis, 201; Davis, 2011). At the heart of this critique was the idea that service providers failed to enable parents and more specifically children participate in decision making processes. Participation involves listening, working together and change that recognises local politics (Davis, 2006, 2007, 2011). Politically nuanced approaches have at their heart the idea that professionals will listen to other people’s points of view and reflect on the possibility that they themselves may misinterpret what children and families are saying. Listening becomes more possible in integrated children’s services that are underpinned by the idea that children are agents, have opinions and can take control of their lives (Davis, 2011).

The Common Assessment Framework (CAF) in England and Wales (relating to Every Child Matters) and the Integrated Assessment Framework in Scotland (relating to Getting It Right For Every Child) advocated joint, integrated and earlier assessment as a way of promoting integrated working with children and families who experienced multiple issues such as drug abuse, alcohol abuse, anti social behaviour, attendance issues, mental health concerns, welfare issues etc. Joint assessment has been replicated and adopted in over 15 countries worldwide (Leveille and Chamberland, 2010).

The Common Assessment Framework was a standardised approach to assessing the needs of children and families. It aimed to encourage common understandings amongst professionals, parents and children. Similarly the integrated assessment framework sought to be a foundation for identifying

concerns, assessing needs/risks and sharing language/understanding (Scottish Government 2010). Key components of both approaches included a central policy framework (ECM/ GIRFEC), early identification, joint assessment, multi-agency working, training, standardised paper work, named professional, lead professional and three levels of provision (universal, targeted, complex). Joint assessment was intended to be a thoughtful process that acted as the basis for early intervention before problems could grow (Jones and Leverett 2008). In Scotland the purpose of the integrated assessment framework was to ensure that there was:

- holistic assessment of children's needs
- a reduction in the number of children being referred to the children's reporter (Scottish Children's Reporter Administration, SCRA is the statutory process of referral/decision making on issues of care, welfare and youth justice)
- better integrated planning and a greater emphasis on engaging the young people in the planning process
- greater emphasis on helping young people to take ownership of assessment, planning and delivery
- improved transition from care to adult life
- increased documentation of and recording of evidence for decisions making
- specific identification/clarification of the intended outcomes and evidence of progress in the children's plan (Stradling et. al., 2008)

The integrated assessment framework was established to ensure that the process of referral began when a concern was reported by member of the family, the general public or more usually a professional (e.g. the police). In particular it was argued that adult services (e.g. general practitioners, community nurses) and service such as the police have a crucial role to play in recognising signs of neglect and abuse and triggering the need for multi-professional discussions and assessments (Munroe, 2011).

Research has shown us that relationships of multi-professional assessment can be problematic if:

Questions arise concerning role clarification, use of scarce resources and willingness to undertake more mundane tasks (Rowe, 2005).

- Where agencies that are not the lead agency are reluctant to share information (Billingham and Barnes, 2009).
- Where statutory services and specific professionals in key positions find it difficult to accept new ways of working (Fox, 2005).
- Where local politics and vested interest result in agencies failing to fully support new initiatives (Smith and Davis, 2010).
- Where practitioners vie for position, have no defined case-load, see very few children/families and make a very small amount of home visits (Aubrey, 2010).

- Where practitioners (e.g. social workers and educational psychologists) only provide general support outside of statutory processes (e.g. those related to children at risk, in care or experiencing disability Aubrey, 2010).

Contemporary reports into issues of assessment have highlighted problems when professionals are so tied up with the management of procedures and performance indicators they no longer work with children and families on a face-to-face basis (Munroe, 2011). These approaches have highlighted the requirement for: strong partnerships between children/professionals/families; clear agreements concerning joint assessment; and intensive dialogue concerning the most appropriate solutions (Smith, 2009). It has been argued that there is conflicting evidence concerning the utility of tools of joint assessment, that too much focus has been put on children protection/regulatory process in children and family services and that workers do not have sufficient knowledge of early intervention approaches (Munroe, 2011). It has been suggested that more emphasis needs to be placed on learning opportunities that develop practitioners' knowledge and skills concerning multi-professional assessment and early intervention (Munroe, 2011).

Assessment processes in Scotland include two defined roles: the 'named person' and the 'lead professional'. The 'named person' is a professional who comes from within universal services such as health/education and is allocated to every child (e.g. health visitors, early years nursery heads, primary/secondary school head teachers or devolved staff such as guidance teachers, therapeutic professionals, nursery practitioner and classroom teacher). The 'lead professional' is the professional who co-ordinates assessment, planning and delivery of services when a child has two or more agencies involved in their lives (in assessments related to additional support the lead professional role is a statutory role). In local services there can be lots of different people who consider themselves to be key workers (Davis and Hughes, 2005; Davis, 2011). Those that: are responsible for a child/ communication with the family on a daily basis; link families to a range of services; carry out assessments; provide outreach work; and coordination service provision (Davis and Hughes, 2005). However, in joint assessment frame works the lead professional is the person who co-ordinates the provision and is the contact person to the child/family (Fitgerald and Kay, 2008). Similarly in Ireland under the EPSEN Act 2004 the principal must take all reasonable accommodations to meet the educational needs of pupils attending their school. School principals can request an assessment under Section 3 while parents may also request an assessment under Section 4. In Section 3 of the Act, the assessment must be commenced within one month and completed within three months and, for those

children assessed as having a special educational need, an individual education plan (IEP) which must be prepared within one month of the assessment.

Special Educational Needs Organisers (SENOs) are employed by the National Council for Special Education. They are a supportive role who advises schools on the types of resources required to meet the needs of children with special educational needs and in ensuring that these resources are used efficiently in schools, in accordance with national policy. They also are available to support parents and pupils when required by identifying placements, liaising with other services e.g. HSE and facilitating transition between schools and adulthood. In Catalonia coordination is particularly important in processes of shared schooling. According to the ENS/226/2011 Resolution of February 1st that passes students preregistration and registration rules for the school year 2011- 2012 (DOGC number 5811 of 4.2.2011), students in shared schooling between an ordinary centre and a special educational centre will be registered in the centre where they will stay longer, according to resolution of the regional services office or the competent organ of the Consorci d'Educació de Barcelona. This centre will have the custody of the corresponding academic documentation. Coordination between professionals who will attend students in both educational centres is required in shared schooling. Similarly a mentor is responsible for documentation, information transfer, the student's marks and registering academic reports register. The mentor is also responsible for the elaboration of the classroom planning and centre management teams are responsible for the organization of the centre reports.

It should be noted that there is a committee of attention to diversity (CAD) that consists of the head of studies, special education teachers, the language coordinator, the advising team and the social educator that monitors social and special educational needs cases in order to do a better information transfer. In the stages of the special educational needs transition, there is the educational psychologist of the advising team who is responsible for the information transfer.

5.2 Assessment and Communication

It has been argued in Scotland that no specific method of inclusion is effective with all children, that processes of assessment should involve greater dialogue between children and professionals and that adults should recognise the ability of children themselves to lead processes that developed solutions to

their issues regarding inclusion (Davis, 2011). This work links objectives concerning participation rights to the key innovation, education and social exclusion objectives of Europe 2020 document (e.g. regarding pupil involvement, inclusion and reduce school dropout rates etc).

The Getting It Right For Every Child (Scottish Executive 2005) initiative and The Additional Support For Learning (Scotland) Act 2004 had aimed to address such criticisms by ensuring that children received timely and appropriate interventions. It was similar to the Every Child Matters initiative in England that aimed to promote service, culture and practice change. Both approaches aimed to stimulate workforce reform, improve outcomes for children/families and to promote more integrated approaches (e.g. improved information sharing).

They raised questions for professionals as to how they can decide what an appropriate approach to assessment is. It has been argued in cases related to children's wellbeing that workers in multi-professional children and family services needed to be able to exercise more reflexive judgement with in processes of collective decision-making (Munroe, 2011). For example, it is appropriate for a professional within a school to exercise their judgement however they need to ensure that they have carried out an appropriate assessment that, that their decisions are not based on prejudice and that assessment process includes the views of the child, family, siblings and other colleagues that work with the child.

Contemporary approaches have encouraged us to be clearer when trying to support service users resilience and have proposed a set of approaches that can be effective when used together (e.g. those that reduce risk, stop negative chain reactions, promote self-empowerment/esteem/efficacy, enable compensatory experiences, open up positive opportunities, analyse/understand negative experiences Dolan, 2006, 2008.). In Ireland (in relation to family support) they have suggested that services should be built on the following values/processes (sometimes referred to as social support theory):

- partnership working with children, families, professionals and communities
- a needs led approach that strives for minimum intervention
- a clear focus on the wishes feelings, safety and well-being of children
- a strengths-based/resilience perspective and strengthened informal networks
- accessibility and flexibility incorporating both child protection and out-of-home- care
- self-referral and multi-access referral paths
- service users and frontline providers collaborating in planning, delivery and evaluation
- the promotion of social inclusion and addressing of issues of ethnicity, disability and rural/urban communities

- outcome-based evaluation that supports quality services based on best practice (Dolan et al., 2006: 13)

Such work seeks to combine processes that relate to issues of family wellbeing with ideas concerning additional support and equity. This work points to the inter-sectionality between a range of equity issues (e.g. disablement, sexism, ageism, racism, etc). These approaches have highlighted the requirement for: strong partnerships between children/professionals/families; clear agreements concerning joint assessment; and intensive dialogue concerning the most appropriate solutions (Smith, 2007). In Ireland service providers have been encouraged to adopt approaches that questions their own prejudices and recognise the strengths of service users. This raises questions about the term ‘judgement’ (decision making) and judgemental (prejudiced). There has been a tradition of non-judgmental (non-prejudiced) decision making towards children in Scotland. For example, the judicial system relating to children is traditionally based on ‘needs not deeds’ (Tisdal, 1995). Hence, a child who has committed offence will experience a similar judicial process to a child who has experienced abuse/neglect, the views of the child will be taken into account and they will be present during hearings. This philosophy focuses on understanding children’s lives rather than judging their deficits. Such thinking can be connected to the idea that assessment should look at the abilities of children/families (strength based or asset based assessment (Dolan, 2006)) and that assessment should be holistic.

Such approaches can be connected to notions in Ireland of the ‘Whole School Approach’. The DES in Ireland advocated a whole school approach. A coordinated framework where management and teachers embrace a team based approach to assessments, transition, SNA work, curricula and differentiation. This approach has enabled a broader understanding of the concept of supports as well as promoting collaborative working in a system where teachers/specialists and particular individuals worked in isolation and maintained ultimate responsibility for child development.

Under the Disability Act 2005, the Health Service Executive (HSE) or voluntary organisations contracted by the HSE must carry out an independent assessment of need for children with disabilities aged between 0 and 4 years, 11 months. This is an assessment of the full range of a child’s needs associated with their disability. The HSE assessment officers, who are appointed under the Act, oversee and co-ordinate the assessment process and will be the first point of contact for child/parents/guardians. A service statement will be drawn up as a result of the assessment which will also reference educational needs where appropriate. Your child's assessment must start within 3

months from when the completed application form is accepted by the HSE. It must be completed within a further 3 months from the date on which the assessment commenced.

In 1999, The National Educational Psychological Service (NEPS) was established as an executive agency of the Department of Education and Science (DES).

"NEPS mission is to support the personal, social and educational development of all children through the application of psychological theory and practice in education, having particular regard for children with special educational needs." (NEPS, 2005)

NEPS psychologists specialise in working with the school and the community. They work in partnership with teachers, parents and children in identifying educational needs. They offer a range of services aimed at meeting children's educational needs and supporting individual students through consultation, assessment and array of interventions. The NEPS service model emphasizes the importance of partnerships and collaborative working.

Since the 1980s pupils in Catalonia have been enabled to have individual development plans and since the 1990s individual curricular adaptation (significant and ordinary). Every person with a disability have the right to express their wishes with regard to their education as far as this can be ascertained. Parents have an intrinsic right to be consulted on the form of education that best suits the needs, circumstances and aspirations of their children. The assessment for those students taking basic education courses in special education centres in Catalonia are guided by the following orders: EDU/296/2008 and EDU/295/2008, which state the procedures, documents and the formal requirements of the assessment process both in primary education and in compulsory secondary education. The official documents needed in the assessment process in primary education are stated in the 8th and 14th articles of EDU/296/2008 Order; those corresponding to compulsory secondary education are the 18th and the 23rd articles of the EDU/295/2008 Order. When the student finishes his/her basic education, the educational centre headmaster has to issue a schooling certificate that has to contain the years of schooling, the subjects done and when needed, the marks obtained.

The assessment of students with special educational needs' learning processes must follow the same process as the rest of the students. The individual programmes, for those students who have one, have to become the benchmark for the assessment of these students, taking into account - within the framework of the course, the cycle and the stage aims - the achievement of the basic skills, the personal

and social autonomy (adaptation into the ordinary classroom, the specific needs of the small group) and the acquisition of work and learning habits.

Children with several and permanent disabilities being educated at regular-inclusive schools are attended by a specified organization called USEE. The work done with those children is aimed at providing children as much autonomy as much as possible. Communication between mainstream and specialist professionals aids successful transition to pre-school, to primary and to secondary.

When appropriate, the measures adopted related to the attention to diversity or the individual programme have to be included in the official assessment documents. The EDU/484/2009 Order of November 2nd (DOGC number 5505 of 13.11.2009) regulates the students' assessment process, documents and the formal requests in the second cycle of preschool education. On the other hand, in primary education is the EDU/296/2008 Order of June 13th (DOGC number 5155 of 18.6.2008) that regulates these aspects. The assessment must be continued and global. The purpose of the assessment is to detect the difficulties as soon as they appear, to find out the causes and to take needed measures in order to help students to continue their learning process successfully. The general assessment criterions specified in the educational project (2nd article of the aforementioned orders) and those which will be used in the learning assessment in order to decide if a student gets through the cycle must be public and families and students must be informed about them by educational centres; specifically, each family and student have to know what the student is expected to do and to achieve. According to the educational commitment letter, this information has to make possible the commitment of each family and student in the learning process. The student always has to be informed of his/her progress in order to guide his/her performance towards the educational success; has to be conscious of his/her mistakes and correct choices and he/she has to be able to make decisions in order to improve together with teachers. In the same way, families have to have information about their children's learning process and have to receive guidance in order to help them to improve the family environment. Written reports to families (7th article of the aforementioned orders) are a regular element of communication between families and the centre. Generally, results must be joined with qualitative directions that make possible that both families and students find strategies to improve the students' learning, together with teachers. Moreover, other monitoring information must be given by virtual environments, which have been a very effective way of communication between teacher and families.

Relative to special educational needs, an individual plan (IP) that gathers contents and skills to be achieved in a school year is done. The mentor, together with the special education teacher, has to do this document, which has to be signed by the student's parents to inform them how his/her child is going to work. This document is going to be assessed each quarter in order to check if the student has achieved or not the purposed aims. The assessment of students with an individual plan is done according to this plan.

In Greece the 58 KEDDY (Differential Diagnosis and Support Centres) evaluate students who have not completed the twenty second (22nd) year of age. The evaluation is carried out by a five interdisciplinary team, composed of: a Special Need educator (of preschool, primary or secondary school), a child psychiatrist or paediatrician specializing in paediatric neurologist, or a neurologist specializing in paediatric neurology, a social worker, a psychologist and a speech therapist. The interdisciplinary team may involve an occupational therapist or a member of the specialist Special Educational Personnel (SED), on the recommendation of the Head of KEDDY (Differential Diagnosis and Support Centres). Graduates over eighteen (18) years with disabilities and special education needs are not the responsibility of KEDDY.

The assessment made by the interdisciplinary team of KEDDY involves an opinion on the definition and description of the difficulty of the student and concrete proposals to better support the student. It sets out the school context the student should attend (special school, Mainstream School, parallel support, remedial teaching) and provides an Individualized Education Program (IEP) for the teacher, setting out the objectives to better support the student. The assessment is issued by KEDDY to the parents and school (the documentation of the student is strictly confidential and accessible only by the director and the school teachers involved in educating the student).

In Bulgaria funding mechanisms in the public education system have changed recently and standard per student has been introduced for all students, which is higher when the child has special needs. However, the assessment of these needs does not affect the funding in a form of an individual budget to follow the child. Thus, money earmarked for disabled children cannot be traced in order to judge its effectiveness and efficiency. It is clear though that funding of special schools costs twice as much as per student with SEN status than it does in mainstream settings. The then Ministry of Education and Science (now the Ministry of Education, Youth and Science) passed a Regulation on Resource Centres to Support the Integrated Education of Children and Students with Special Educational Needs (SEN)

(State Gazette, 77, dated 19th September 2006).² Resource Centres are assigned the task to “run consultative, educational, developmental, rehabilitation and coordination functions”. There are 28 Resource Centres (RC) geographically covering the area of the regional education authorities.

This piece of legislation regulates the assessment of the child’s needs, the reference procedure and the protocol for enrolment of children and students with SEN in mainstream schools. However, the choice of whether to apply for SEN assessment and integrated schooling or to choose special education for the child was left to the parents. Complex SEN Assessment Teams are set up with Regional Education Authorities (28 in number around the country) and they bring together professionals with different expertise who review applications based on a medical diagnosis when asked to by parents. The document they issue entitles a child to support in a mainstream class, which is provided by the relevant Resource Centre.

The mechanism of needs assessment –described vaguely in the regulation – requires that education, healthcare, social welfare and local government authorities collaborate in the best interests of the child. The intention was that an institutional support network would be created that would provide all resources needed to accommodate the learning and development related needs of the child caused by their impairment. A lack of more specific collaboration procedures in the basic document has resulted in variation in implementation from one region to another, thus placing at risk the quality of support, educational outcomes and making procedures dependent on the performance of local authorities.

Students who pass the needs assessment procedure and are referred to mainstream schools also receive a development plan, which should specify all the individual support that the child needs except for technical aids, which are provided under another piece of legislation – the Law on Integration of Disabled People of 2005 and its implementation by-laws.³ There is no evidence of such an individual planning and implementation process, which would reveal the specific types of support provided, but anecdotal evidence exists that the ‘package’ comprises predominantly of extra hours with a special education teacher in or outside the classroom.

²http://minedu.government.bg/openecms/export/sites/mon/left_menu/documents/regulations/prvlnk_resursnite_centrove.pdf

³ <http://www.mlsp.government.bg/bg/law/law/index.htm>

In Cyprus assessment tends to be individual, academic and dependent on child development/medical model criteria. This raises a question for this section of the review. To what extent do professionals, parents and pupils understand that there are different types of assessment, individualised, academic, psychological developmental, strength-based, politically nuanced and holistic. It also raises questions about whether professionals in multi-professionals groupings actually agree on what should be assessed. For example in Romania the degree of disability of the students with special educational needs is assessed by special commissions within the County Centres for Educational Resources and Assistance/ in collaboration with the Commissions for Child Protection within the General Directorates for Social Assistance and Child Protection. The assessment, psycho educational assistance, school and career counselling of the children, students and youth with special educational needs shall be carried out by the county centres for educational resources and assistance, through assessment and school and career counselling according to the methodology developed by the Ministry of Education, Research, Youth and Sport, by giving priority to integrating them in mainstream education (Education Law, no 1 / 2011).

Romanian documents on curriculum use two types of educational and rehabilitation planning: the Individual Services Plan (ISP) and the Personalized Intervention Plan (PIP). The ISP is an instrument for planning and co-ordination of services and for ensuring their continuity, complementarity and quality in responding to the various needs of children. The PIP is a component of the ISP, an instrument of planning and co-ordination to assist in reaching the proposed objectives in each domain of intervention. Basically the disabled pupils who attend mainstream school follow as much as possible the same curriculum as other pupils from community schools. This can be also adapted (differentiated) and complemented by typical intervention (rehabilitation activities) - which are usually implemented in the special schools. The itinerant/support teachers play a key role in working with teachers from the main schools in developing the PIP and in adapting (if necessary) the curriculum for SEN children. The individual plan could be an important asset for real inclusion but it should be designed and used with care, in order to avoid a possible unwanted emphasis on different learning task (that in turn leads to exclusion) (Vrasmas and Vrasmas, 2007). Hence, deficit notions concerning ‘rehabilitation’ have to be balanced with more holistic and community based thinking. Similarly, in Scotland one of the problems identified with processes of joint assessment has been that the diverse range of professionals have had allegiances to different forms of assessment including individualised, ecological, multi-agency and politically nuanced/holistic models (Davis, 2011). This suggests that the

content, ethos and tone of the assessment/plan is important in relation to whether an assessment actually supports processes of inclusion.

In the Netherlands there are similar tensions within the new law for Inclusive Education that makes boards of schools responsible for assessment. Boards have to estimate what the extra costs are to provide inclusive education to pupils and they make a development perspective plan in which the profile the pupil will be transmitted. The school leads processes of assessment but the parents can refuse the plan and go to court if they don't agree about the decision of the school. Yet, very few people have experience of these new processes. In particular there was a lack of forums to enable parents, professionals and pupils to have considered dialogue in the Netherlands, Bulgaria, Ireland and Cyprus to work out their conflicting positions. This contrast with the notion in the UK that there should be multi-professional spaces that enable discussion of conflicting views on assessment, planning and delivery of services (Davis, 2011). Even in the UK such forums often over looked the views of pupils and this was similar in other partner countries. For example, in Ireland it was argued that

'Education is entering a critical transition period in which new policies in relation to disability are being developed and guidelines for new practices are being established' (McDonnell 203, p. 43).

This writer suggested significant barriers to real participation related to unresolved issues around power, control, dominance and subordination of the needs of learners with disabilities to inherited structures and systems that exclude. In Greece, there was close cooperation between all sectors in Special Education with both local government and the parents of students. In matters such as the type and choice of school attendance, teaching content, or teaching an individualized program, the repetition of a grade schooling etc. is always a product of all stakeholders in the educational process and has the consent of students' parents. The school promotes and endorses the mutual support and close cooperation with local authorities at regional and municipal level. Yet, pupil participation was under utilised.

The most important aspect of multi-professional assessment is information. Information should be gathered in a systematic/precise way, should be up-to-date/accurate, should be kept within the requirements of data protection acts concerning the display and sharing of information (e.g. not leaving information on a desk or sharing it out with people who have a need to know) and should not be shared without the reason for sharing being recorded (Walker, 2008). Information sharing processes vary in

partner countries and information sharing approaches may also vary depending on the different types of service structures.

Integrated- Service Structures:

Many authors have tried to define integrated working. However, it is safe to say that it means different things to different people and that your views on its importance will depend on where your job is located. A number of writers suggest that it is not possible to give a formulaic description of integrated working but that at its heart is the idea of ‘jointness’. Jointness is believed to occur when more than one agency works together in a *planned* and/or *formal* way or a single agency responds to the ideas/decisions of others (Scott, 2006; Menmuir & Christie, 2005; Lloyd et al., 2001; Wilson & Pirie, 2000). It may involve schools, health centre, play settings, children’s centres, social work offices and community projects but also educational psychology, nurses, doctors, social workers, volunteers, faith group members, etc. (Fitzgerald & Kay, 2008; Glenny & Roaf, 2008; Rixon, 2008; Walker, 2008; Leathard, 2003b). Similarly it may involve more than one agency working (*Multi-Agency Working*) with a young person, a family or a project or a range of services being provided by more than one discipline (*Multi-Disciplinary Working*) (Malin and Morrow, 2007). Many writers discuss the nuances of intra (between different professionals in the same agency), inter (sharing) and trans (across) disciplinary/professional working (e.g. Fitzgerald & Kay, 2008). They suggest that it is important not to get too concerned with terminology as the same term may be applied in different ways by a variety of professionals, writers and academics (Fitzgerald & Kay, 2008).

It should not be assumed that integrated approaches are a new thing. For example, for many years in England voluntary and statutory agencies have collaborated on co-located campus and in Scotland Community Schools have sought to bring services onto the one site and large scale integrated approaches within youth strategies (Stone and Rixon, 2008; Glenny & Roaf, 2008). Similarly, it is argued that we should not view integration as a specific moment and that there is a continuum of integrated partnership approaches ranging from co-operation to integration (Frost, 2005; Stone and Rixon, 2008).

Co-operation

At its least complex co-operation may simply mean information sharing where arrangements are made that ensure information is transferred more smoothly between agencies, for example, in relation to the

transitions of children between schools, services or life stages (Stone and Rixon, 2008; Walker, 2008; Frost, 2005; Leathard, 2003a; Bertram et al., 2002). Inter-agency communication may be formal and informal, written or oral and require agencies to work across traditional boundaries (Fitzgerald & Kay, 2008; Anning et al., 2006; Lloyd et al., 2001). Some writers highlight the benefits of employing a nested approach to communication where locations (e.g. schools) are connected to local hubs/groups that can input in local authority strategic management (Glenny & Roaf, 2008). Processes of information sharing are complex not least because different agencies may have different approaches (Walker, 2008). In Scotland and England information can be shared where a child is at risk of significant harm, were there is reasonable cause to believe they are experiencing significant harm or where significant harm may be prevented (Walker, 2008; Davis and Smith, 2012). Confidential information can also be shared where consent has been given after clear explanation of agencies policy (Walker 2008; Davis and Smith, 2012). At this level, services work towards consistent goals but maintain their independence - each striving to better achieve its own mission (Stone and Rixon, 2008; Huxham and Macdonald, 1992).

Collaboration

Can occur where services plan together (*Joint Planning*) with the aim of reducing duplication of services and shift their efforts to address service gaps (Stone and Rixon, 2008; Glenny & Roaf, 2008; Frost, 2005). *Joint Working* that may emerge from *Joint Planning* can be *concurrent* (e.g. involve staff from different services working with the same family at the same time) or it may be *sequential* (involve services working in series Lloyd et al., 2001). In either case there are believed to be additive benefits from professionals from more than one agency working directly together on a project (Lloyd et al., 2001, Leathard 2003a). School-based inter-agency meetings may involve *joint* planning, which reflects *joined-up* thinking (Lloyd et al., 2001). Some writers differentiate between horizontal collaboration (where children and families experience services concurrently) and vertical collaboration that facilitates a child or family's transition to the next level agency (Bertram et al., 2002). High-level collaboration occurs in processes of joint commissioning as agencies move towards greater co-ordination of effort and when participants work together to pursue a meta-mission while also pursuing their individual missions (Leathard 2003a, Huxham and Macdonald, 1992). However, *Collaboration* is less systematic than *Co-ordination* because *Collaboration* does not require the adoption of shared and agreed goals (Stone and Rixon, 2008; Frost 2005).

Co-ordination

Is very joined-up and deliberate. Coordinated planning and working takes account of different agencies aims, goals, policies, practices, and values (Stone and Rixon, 2008; Frost 2005; Lloyd et al., 2001). *Co-ordination* can include agencies working together to develop joint thinking, practice or policy development (Lloyd et al., 2001). It can occur where there is no instantaneous service delivery in relation to a particular family, but where an organisation aims and plans to ensure that its own activities take into account those of others (Huxham and Macdonald, 1992). Co-ordination has included *agency based* initiatives such as consortiums, panels, forums or locality groups that take account of different: service boundaries (structures); planning cycles (procedures); funding/resources (finances); politics (status); and vested interests (professional domains/self-interest) (Fitzgerald & Kay, 2008; Walker, 2008; Leathard 2003b; Tomlinson, 2003). In an effort to overcome such problems some forms of integration have moved to *process based* working that has strived to create a more unified approach (Leathard, 2003b).

Merger/Integration

Joined up working may involve closer collaboration or co-ordination but not always necessarily the integration, unification and/or merging of services (Cohen et al., 2004; Leathard, 2003b). Full integration occurs when different services become one, where resources become shared/focussed or where a unified one-stop shop model is achieved by amalgamating services (Stone and Rixon, 2008; Walker, 2008; Scott, 2006; Frost 2005; Cohen et al., 2004, Bertram et al., 2003; Gilbert & Bainbridge, 2003). For example, a range of integrated centres emerged over time in early years services. These included single site centres, co located campuses, and integrated networks and multiple site integration (at more of a distance). Here connected services inhabit the same or several locations and offer either specialist services or a range of services (including outreach) (Glenny & Roaf, 2008; Walker, 2008; Bertram et al., 2002). The role of one-stop shops can not only be to introduce children and parents to a wide range of support that can address immediate concerns but also to enable reciprocity where people over time can also become a resource within the community to support others (Broadhead et al., 2008; Dolan, 2008). Sometimes, in the most innovative integrated approaches the notion of community spreads across countries and continents (Broadhead et al., 2008). In other cases these approaches build on long held community traditions (Dolan, 2008).

Process-based integrated working involves organised merger, whole systems approaches, service level agreements, local flexibility, teamwork, joint learning and/or liaison (Fitzgerald & Kay, 2008; Leathard 2003b). It is synergistic and non conventional (Scott, 2006; Roaf, 2002; Wilson & Pirrie, 2000;

Menmuir & Christie, 2005). It is something bigger than the objectives of a group of organisations (Huxham & Macdonald, 1992). Such transformational developments required courage, determination, resources and commitment in order to achieve a cohesive web of support for children and families (Leathard, 2003b; Bertram et al., 2002). At the centre of this shift is the notion that there is something additive gained from building strong trustful professional relationships, be that through merger, coalition/federation, discrete model or a professional partnership (Stone and Rixon, 2008; Walker 2008; Bertram et al., 2003; Leathard 2003a).

The majority of professionals in children's services will work in inter-disciplinary teams at some point in their careers (Fitzgerald & Kay 2008). *Process-based* approaches raise issues for different professionals depending on whether they feel part of the team, are conscripted, experience status issues, consider themselves a core or peripheral member, have support for professional ongoing development/specialist skills retention and experience internal/external line management (Stone and Rixon, 2008; Anning et al., 2006; Harker, 2004). The processes through which work activities are deployed, the location of activities, the sharing of protocols, agreeing of strategic objectives, the status/responsibility of a role, the nature of staff contracts (full/part time, seconded/permanent, new/traditional service, bolt on service etc.), the ability to commit to team/shared decision making, clear lines of accountability, etc., are all factors that have to be worked through in more integrated approaches (Glenny & Roaf 2008; Stone and Rixon, 2008; Anning et al., 2006; Harker 2004; Tomlinson, 2003). Some writers highlight the importance of recognising the politics of how integrated approaches are developed. For example, there may be differences between where policy texts/agreements are produced and where practice occurs (Jones and Leverett, 2008; Davis and Smith, 2010). The politics of integrated services are never more apparent than during processes of evaluation.

5.3 Evaluation and Quality Indicators of Multi-professional Working

In Ireland the tradition of independent evaluation and assessment is weak and unevenly applied. A strong focus is usually placed on assessment of needs as opposed to assessment of outcome. Consultation is at best uneven. The current economic crisis has led to significant concerns about community empowerment or involvement. Schools adhere to the macro level of management through the DES inspectorate who ensures quality and equality as well as support and advice in the

development of local educational policies in the provision of education. Each school board will have an annual school plan and will have published an admissions policy as per statutory legislation e.g. Education Act, 1998. Local management of local school policies are administered by the school board, however the DES has published a number of guidelines on key areas for example bullying, sexual education etc. for secondary schools to adapt as local policies.

In Catalonia educational measures must be taken for those students who have failed to get through the cycle. These measures can be organizational but mainly they must have a bearing on educational and methodological strategies and on students' assessment process. The achievement from previous cycles must be continuously assessed and professionals should constantly check those strategies appropriated to detect difficulties as soon as is possible. These measures can be organizational but they mainly must have bearing on educational and methodological strategies and on students' assessment process. Likewise, decisions about centre aims and strategies will be made from evaluating the final results of the group and the centre, and from the results of the assessment test provided by the Department of Education. Measures are used in a deficit model way to decide if a student has to repeat a course in any of the three cycles of primary education but consideration is given to specific educational needs when considering issues concerning cycles and learning consolidation. The head of studies or any other member of the management team will be present at the final primary school assessment and students who have not achieved the basic level in the instrumental areas when finishing the primary education stay one more year in that stage (if they have not already been held back a year). Teachers of the third cycle have to ensure that students who have not achieved in a satisfactory way some of the language and mathematical areas and that the following course they start the secondary education stage, could do some summer reinforcement activities. Teachers have to provide these activities to families taking into account the results of the assessment tests done in the 6th course and the contents worked relating to language and the mathematical areas during the school course 2011- 2012. At the beginning of the school year 2012- 2013, the student has to hand in the summer reinforcement activities to the 1st ESO course tutor, who will take these activities into account for the initial assessment and the following reinforcement actions. This suggests that in Catalonia evaluation and assessment of pupils is not a neutral act and can have strong consequences that possibly lead to exclusion and punishment (e.g. more studies during the summer).

The Law 12/2009 of July 10th of Education (DOGC number 5422 of 16.7.2009) and instructions at the beginning of the school year regulate academic management and gathering of statistical data. The

Department of Education returns the specific statistical results to each centre. In Centres that depend on the Department of Education use the software SAGA (administration and academic management system) for the academic and administrative management. Educational centres must hand in registration data, services use, academic results to the Department of Education, and if proceed, any other information according to the current Pla Estadístic (statistical plan) and the Programa anual d'actuació estadística (annual programme of statistical activities).

In Bulgaria there is an information gap concerning monitoring and evaluation of inclusion. Quality standards and follow up procedures have not been introduced to make sure that the resources and efforts involved in inclusive education are made in the best interests of the child. Since the process started, in real terms no study or research has been performed – if anything, reports focus on general access to education. There is no independent research, monitoring or evaluation report publicly available that would analyse the process of inclusion in education through support for the needs of children with disabilities. Raw data is also scarce and difficult to find.

In Romania the National Action Plan (NAP) for Access to Education for Children with SEN comprehensively describes and justifies the needs and possibilities for the further development of the system for Special Needs Education in Romania and makes concrete proposals for its implementation. The NAP will serve as a basis for the further development of the system in order to respond to paradigm shift focussing on the needs of disabled children. The NAP presents a comprehensive concept that is divided into the following issues:

- inclusion and integration in mainstream schools
- model of the resource centre
- early identification and early intervention
- transition from school to vocational training
- access to education for children and youth with severe and multiple SEN
- identification of SEN
- training for teachers
- legal framework
- the role of the parents.

Special schools are to support the work in mainstream schools and to further develop resource centres (Ghergut, 2005, 2006, 2007, 2008). The National Action Plan for Access to Education sets out a clear path towards inclusive education, and it includes specific targets, mechanisms and criteria for making this fundamental shift in the approach to learning. However, such a profound transformation will

require extensive preparation, cooperation and follow-up to meet with success, and the Government will need to make a concerted effort to ensure that all those implicated in this process have the information and support necessary (Ainscow, 2004).

‘Romanian schools are trying to adapt the educational offer in relation to the new directions of change in educational activities, as a consequence of inclusive educational programs’ (Ghergut 2005, 2006, 2007, 2008).

One of the priority objectives for action in the social system in Romania, after the reform measures in the 1990’s, was to prevent and combat marginalization and social exclusion by improving access to education for disadvantaged groups, so there were created the necessary mechanisms in order to increase participation of disadvantaged groups of students in regular schools and to improve their school performance by:

- improvement of preschool education for children from disadvantaged backgrounds or people with different types of disabilities;
- providing support services and fostering children with special educational needs to successfully face compulsory education and improve school success rate;
- encouraging inclusion in programs for a second chance at the primary and secondary level (early correction)

| It is by these criteria by which inclusion is presently judged in Romania.

In the Netherlands to inform inclusive education policies, several indicators and data are used. These include:

- the number of pupils in the age of 5-18 who are not enrolled in education;
- the number of pupils who are referred to special schools;
- the educational achievement of all pupils, in mainstream education and in special education;
- the number of pupils at risk of educational disadvantage who are not enrolled in early childhood education programs;
- the number of early school leavers under the age of 23;
- the number of people who leave school without a basic qualification;
- the results of national and international comparative studies (PISA, PIRLS, etc.).

In Ireland inclusion has been a relatively recent process in comparison to other countries. Therefore, the body of research focuses on the interpretation and principles of inclusion. Outcomes or the measurement of successful inclusion is not documented to the same degree (Rose et al., 2010). As noted by Rose et al. (2010) there is a distinct lack of literature on the outcomes of inclusive practices. The Irish education system is based on a curriculum that centres on exam results and achievements.

Educational professionals use of curriculum differentiation needs to be further researched there is a tendency to measure the success of inclusion based on social integration alone.

In Scotland there is hope that the task of evaluation will move from testing students/professionals (than judge how good or bad they are at meeting abstract and top down criteria) to be more concerned with helping the actors involved in inclusion develop their critical capacities so that inclusive practice can be developed (Dahlberg et al., 2007). Similarly, the role of teaching and learning has moved from teaching student practitioners objective realities to encouraging people (through supportive frameworks/networks) to expand their ability to think and therefore collaboratively find diverse solutions to the issues they encounter in their work places (Seddon, 2008; Davis, 2011). Some authors argue that social spaces such as schools, community centres and leisure/entertainment centres have lacked a culture of dialogue, reflexivity and change and have been forced (e.g. by performance indicator cultures of evaluation) into meeting short-term imposed targets at the expense of developing cultures of dialogue and understanding different concepts of participation (Moss and Petrie, 2002; Dahlberg, et al., 2007; Munroe, 2011).

Whilst there have been considerable discussions concerning the theory/concepts of participation in academic arenas these have not always been recognised in professional and administrative settings that have been too concerned with quantitative national outcomes (Hill et al., 2004; Davis, 2011). Advocates of participation have come from many subject backgrounds (e.g. sociology, geography, community development, child development, cultural psychology, social psychology and environmental psychology (Malone and Hartung, 2010). Within such disciplines there has been an overall journey from theories that have treated children as objects (e.g. who needed to be worked on to meet developmental goals) to more complex approaches that have been concerned with children's inter-subjective relationships within the social spaces they locate (have perceived children as being able to influence their peers, parents and professionals (Alderson, 2000; Woodhead, 2009; Davis, 2011). Such writers have recognised and shared the idea that children are capable of making complex decisions and that we need to develop professional capacity to enable this to happen (Alderson, 1993; Mayall, 1994, 1996; Bricher, 2001).

It has been argued that participatory approaches should have clear goals, enable trust, promote equity and agree targets/outcomes with participants (Lansdown, 2001; Cairns 2001, 2006; Davis, 2011) and that participation should lead to real change in peoples lives, attended to issues of rights/social justice

and should be inclusive (Cairns, 2001, 2006; Davis 2011). This type of perspective encourages us to question the reasons that services are provided, consider issues of social justice and to analyse the motivation behind providing specific types of provision (e.g. those that enable inclusion, compensate people, are preventative or help develop capacity (Davis, 2011; Gilligan, 2000 and Dolan, 2006)). Process of participation in children's services can enable greater clarity concerning the different types of services that people required. For example, social justice perspectives on children's services have argued that children and families will require different outcomes depending on their perspectives, cultures and life contexts. These may include: financial support (redistribution), structural barriers to be removed (e.g. by provisions of transport, play facilities or housing), information on their rights (e.g. legal advice, access to tribunals), their rights to be upheld (e.g. in relation to mistreatment/discrimination) and/or recognition of their own abilities (e.g. respect from professionals concerning their ability to contribute to resolving their own life issues). This understanding places a duty on service providers not to rigidly assume that any one solution always works and requires concepts such as rights, justice, recognition and respect to be central to multi-professional working (Davis, 2011). It also requires much quicker engagement with people's life issues (Davis, 2011).

Social Justice:

It has been argued that the concept of social justice is interpreted differently by diverse staff within contrasting organisations (Percy-Smith et al., 2001; Davis, 2011). Konstantoni (2011) drew from a range of authors when arguing that: social justice was a complex term; that there were many theories of social justice; that many of those theories considered both the politics of redistribution (e.g. of rights, duties and resources) and the politics of recognition (e.g. of culture, respect, capacity etc. (Vincent, 2003; Griffiths, 2003; Gewirtz, 2006; Riddell, 2009); that social justice must be understood both in terms of localised every day stories as well as larger scale grand narratives (Fraser, 1997; Griffiths, 2003); and that social justice was a dynamic, utopian, flexible, and temporal thing (Vincent, 2003; Griffiths, 2003). In particular, Konstantoni (2011) highlighted the tendency in children's services for concepts of childhood innocence to be utilised as an excuse for neglecting issues of equity and discrimination and reproducing existing power relations. She (drawing from Derman-Sparks, 1989; Brown, 1998; MacNaughton, 2000; Robinson & Jones-Diaz, 2006) called for a shifting of practices towards fairness and social justice that moved beyond 'safe approaches' and promoted a proactive, interventionist and anti-discriminatory stance (Konstantoni, 2011). In relation to children and family services other writers drew from Honneth (2000) to define social justice as the person's right to be treated with regard/care, to be entitled to legal rights and to be recognised as having attributes and

strengths (Dolan, 2006a; Thomas, 2009; Davis, 2011). Such work connects notions of rights, strengths and thoughtfulness with the need to engage in people's lives, confront thoughtless practice and outline clear expectations regarding the way that people are treated within public services (Davis, 2011).

Additional Support for Learning aims and practice linked to this idea include the position that we should involve parents and children in assessment and planning and that there should be processes of mediation to resolve conflict.

Poverty, Inclusion and Social Capital

Dolan (2008) and Dolan and McGrath (2006) have connected social justice approaches to the concept of social capital (the development of community bonds of support (Putnam, 1993; Coleman 1998)). Some writers argue that social capital is a prerequisite for community regeneration (Broadhead 2008; Leverett, 2008). Davis (2007) has connected social capital discourses to those concerning the social model of disability in disability Studies. Christensen (1999) has argued that most projects concerning children and health are disappointing because the way they are constructed prevent people understanding the child's perspective or engaging with children's everyday cultures. Indeed, sociological studies on health and social capital in the UK are dominated by interview and statistical based studies and over emphasise adult perspectives on childhood, poverty and health (Christensen, 1999; Morrow, 1999). Similarly, social capital theorists have tended to sideline children's own perspectives (e.g. only examining the negative affects on their lives of adult-based problems (Morrow, 1999)).

Additional Support for Learning aims and practice linked to this idea include the availability of direct payments to children/families and production of support plans that involve universal and targeted resources. However, social capital theorists have been accused of painting a partial picture of childhood because they fail to understand that children are a diverse group; that different children can develop their own contradictory ways of generating social capital; and they do not have a uniform way of experiencing social exclusion (Davis, 1999, 1996).

Researchers have indicated that children feel excluded for a number of reasons, including 'unfair' engagement with public servants (e.g. the police or teachers), not having a home you are happy to bring a friend to; not having access to transport to visit friends, not being able to go with your friends to

play/leisure areas; not having acceptable clothing; not being able to gain access to school related events, equipment or opportunities (Davis, 2007; Ridge, 2002; Morrow, 2000). Davis (2007) concluded that

- Children/young people and adults that inhabit a social space have complex identities and form complex allegiances.
- Different children/young people in the same setting have contrasting opportunities to form mutually respectful relationships.
- Those who do not have access to respectful relationships are keenly aware of how this deficit has consequences for their inclusion.
- Social Inclusion relates to process as much as resources, is relative, involves agency (is caused by the acts of others) and can be dynamic (influence the present as well as the future).
- Exclusion can mean different things to the same person in different contexts.
- Specific people/groups intentionally and unintentionally act to exclude others in different ways in diverse locations.
- All individuals and groups are capable of exclusion and inclusion (e.g. a child bullying/ being the bullied).

The socially excluded need not be characterised as homogenous groups. Everyone has the potential to act in powerful ways and has the capacity to act in both integrative and divisive ways (Davis 2007:135). Davis (2007) promotes a social dynamic approach to working with children that he suggests is useful because:

It moves us away from patronising approaches to social inclusion that characterise specific groups as victims. It also moves away from rigid definitions of socially excluded young people that separate them out into neatly boxed groups. (Davis 2007:135)

This enables us to conclude that different social factors react in different ways to the same initiative and that a specific solution to integrated working and inclusion will not work in the same way, in the same context on each occasion (Davis, 2007). For example, tensions can arise in participatory processes when too much focus is placed on longer-term issues. Longer term issues can include improved educational capacity, stronger moral foundations, protection from unemployment, prevention of social isolation and improved health (Sinclair and Franklin, 2000; Hogan, 2003; Kirby and Bryson, 2002; Kirby et al., 2003; Davis, 2009; Davis, 2011). Similarly, some approaches to participation have stressed the hierarchical nature of participation differentiating between approaches that involve children taking leadership roles and those that seek to for example manipulate them (e.g. Hart's 1992 ladder of participation). Whilst there can be much to be gained from children, parents and local communities running their own projects, processes and services (Davis, 2006, 2007, 2011), Hierarchical notions of participation have been criticised for their polarity for promoting the assumption that the 'best' forms of participation require participants to be in total charge of a process

and for ignoring more sensitive typologies that differentiate between contrasting types of participation on the grounds of their dialogic nature (e.g. listening, supporting expression, taking account of, direct involvement and power sharing) (Shier, 2001). These latter types of approaches stress the requirement for us to recognise the readiness of service users and caution us to start where people are at and not where we hope them to be.

In any participatory space there will be different types of people with contrasting types of expertise and no one person (or professional grouping) should be considered to have a monopoly on expert knowledge (Davis, 2011). Such a position can form a strong basis from which to build powerful relationships, effective spaces for dialogue and collaborative approaches to delivery and evaluation (Davis, 2007; Davis and Hogan 2004; Davis 2011).

We need to avoid the potential that the process became tokenistic or be open to tokenistic exploitation (Cockburn, 1998, 2002; Alderson, 2000, 2002; Cairns, 2001; Moss and Petrie, 2002; Tisdall and Davis 2004; Davis, 2011). Tokenism can be avoided by organisations adopting approaches that are consistent and encourage participants to draw on learning from previous initiatives (Badham, 2000).

Their approach can be contrasted with participation processes that are instigated in local authorities and at national level in a cynical attempt to cloud over situations where decisions have already been made. In such cases participation has been criticised for being: more of a manipulative tool than a theoretical framework and for being a tokenistic false therapy for experiences that require more fundamental change (Pupavac, 2002; Malone and Hartung, 2010). Indeed, politicians have been criticised for manipulating the idea of service user choice in ways that result in lots of people being asked their opinion who have not actually used services in a first hand way or in ways that produce a single reduced/limited set of aims (based on service provider's own idea of what the problem is) when a variety of services and outcomes is what service users require (Seddon, 2008)).

Indeed, well-intentioned participatory processes can often have little impact on public decision-making (Cairns, 2001, 2006; Kirby and Bryson, 2002; Davis, 2011). Writers from systems theory have questioned pseudo-participatory, market and consumerist approaches to evaluation that have promoted private sector notions that competition between providers can better meet customer needs and choices. For example, marketisation perspectives promoted the idea that the service users should have choice and flexibility (Farnham and Horton, 1996; Pierson, 2004). It was argued that a 'purchaser' of services

(e.g. parents choosing their child's school or a patient choosing a hospital) should be able to move their 'custom' between providers (Pierson, 2004, 157). Farnham and Horton (1996, 3) suggested that market systems became preferred to politics as a means of allocating resources and distributing welfare because they were believed to offer personal freedom (e.g. where people could choose services that closely met their own personal needs). This shift led to a redefinition of the concept of welfare from the idea that the task of states was to provide citizens with a safety net of benefits to the notion that welfare (as part of a wider market) should promote public interest, economic progress, work and wealth (Giddens, 2004; Brown, 2003).

However, the pursuit of lower costs and profits often led to cheaper provision, poorer services and lower customer satisfaction and therefore it was recommended that public services should avoid participatory approaches based on manipulated choice (e.g. that ask voters to decide which service should be cut rather than whether there should be cuts (Seddon, 2008)). Public service providers were encouraged to develop more systematic evaluation approaches that reduced the need for cuts by adopting approaches that removed waste and by ensuring that service users got their problems solved as early as possible (Seddon, 2008).

Some writers sought to develop a dynamic approach that balances out formal and informal ideas of evaluation. Critiques have emerged of formal approaches such as representative structures (e.g. school councils, local government forums and youth parliaments) on the basis that they duplicate the failings of adult democratic structures (Cairns, 2001). It has been argued that such structures can often result in a gap between the local population and representatives, act as a barrier to local collaborative dialogue and therefore fail to stimulate long term change (Alderson, 2002; Kirby and Bryson, 2002; Hogan 2003; Davis and Hogan 2004; Cairns 2006; Turkie, 2010).

Participatory evaluation processes involve procedures that occur within specific structures (e.g. through membership of governing bodies, recruitment panels, management committees, advisory boards, steering groups, forums, meetings, conferences, research projects and news groups (Badham, 2000; Gabriel, 1998). They can also involve different organisational structures such as conferences, residential weekends, forums, draft plans and committees and different forms of media (e.g. publications, presentations, videos, training packs, web sites, campaigns and editing written material (Badham, 2000; Gabriel, 1998; TCS 2000; Davis, 2011). Similarly, participatory evaluation approaches can be targeted to specific issues or include collaboration with people across different

levels/sectors in organisations e.g. staff, senior managers, policy makers, local politicians and national executives/policy makers (Badham, 2000; Gabriel, 1998; TCS 2000; Tisdall and Davis, 2004; Davis 2011).

Such approaches have been found to be able to deliver more relevant multi-professional services that are based on children/families requirements. They have also been found to boost moral of staff by increasing their sense of connectedness to colleagues/service users, to increase productivity/effectiveness because staff have greater clarity concerning their work aims and to promote creativity/innovation by intensifying processes of dialogue/learning that can stimulate new thinking (Kirby and Bryson, 2002; Hogan, 2003; Davis, 2011).

Systems theorists have encouraged us to think of service users needs in the present and to create dialogue that has enabled service users to set the form, function and outcomes of services (Seddon, 2008). In so doing, they have recommended that service providers engage with issues of diversity because they believe that a lack of opportunity to develop complex solutions leads to service users receiving services they do not want (Seddon, 2008). Similarly, it has been argued that notions of distributional justice (the idea that power can be shared between diverse people) encourage us to restrict the use of standardisation in the public service (Dahlberg et. al., 2007). At the centre of this perspective is the idea that equality of service provision is a diverse concept and that the principle of equal treatment when rigidly imposed in services can result in the suppression of difference (e.g. the use of a ‘one size fits all’ approach). In particular it has been argued that notions of equality do not mean that everyone should be the same and that the usefulness of a specific service provision is open to cultural interpretation (Young, 1990; Thomas, 2009). This type of writing calls for a recognition of a politics of difference (where the individual service user or professional is not reduced to one identity but has multiple identities across different contexts) and the realisation that the ways that institutions define and attempt to resolve people’s life problems can in themselves become further sources of exclusion (Penna and O’Brien, 1996). These ideas suggest that we should balance the need for formal participatory structures with the need to have flexible processes of dialogue (Cairns, 2006; Percy-Smith et al., 2001).

The requirement for structural flexibility means there can be no uniform approach to children and families life issues and that processes of participation (like processes of assessment) have to realistically take account of issues such as worker capacity, training requirements, local agreements and

existing structures/relationships (Malone and Hartung, 2010; Davis, 2011). In particular participation has been seen to fail on an individual capacity level because of a lack of staff: skills, resources, enjoyment, motivation, opportunities, commitment, planning, relevance and willingness to work with service users of different ages/back grounds (Gilligan, 2000; Moss and Petrie, 2002; Prout et al., 2006).

Individual issues can be as important as structural issues when understanding the requirement of flexible participation. This perspective puts an obligation on practitioners to recognise. That participation can take place in a range of formal and informal settings e.g. families (ordinary family processes and legal family processes such as divorce/care), public services (schooling), public spaces (neighbourhoods), commercial settings (shops, entertainment, sports and leisure facilities), young people's groups (clubs, voluntary organisations, traditional charities, children's rights/participatory organisations, etc.), pseudo-democratic institutions (children's councils, youth parliaments, forums etc.) and institutions/processes that traditionally exclude children and young people (parliaments to which people are elected and represent others) (Thomas, 2007, 2009).

A number of writers in childhood studies have highlighted the interconnected rather than autonomous rights of individuals (Cockburn, 1998; Davis, 2011). In some organisations appreciative and co-operative enquiry has enabled insiders and outsiders to develop a collaborative approach to a point where the boundaries are blurred between service user and provider. For example, children's centres in Sheffield have developed a structure where community members can begin as service users, become volunteers who support others and subsequently be employed as staff members (Broadhead et.al., 2008). Similarly, in Canada the boundaries between service provider and user were blurred by joint training initiatives that encouraged local service users to become providers and to conceptualise, define and deliver local integrated services (Moore et al., 2005, Ball and Sones, 2004).

The success of collaborative and relational approaches has very much been linked to the ability of practitioners to be perceived as warm, caring and trusting (Glenny and Roaf, 2008). It has also been argued that in order for relational approaches to flourish in multi-disciplinary services relational approaches should include an understanding of the benefits of analysing conflict (Davis, 2011). For example, it is important that local traditions/differences between services users are considered when we try to establish collaborative service development (Broadhead, 2008; Leverett, 2008) and to recognise that barriers to collaborative multi-professional working can occur when service providers are not able

to resolve problems within their own ways of working (e.g. in-fighting between services have created barriers to participation for parents and children (Davis and Smith, 2010)).

At the heart of this collaborative and relational approach to participation is the notion that participation is not a single project, it is a sustainable process (Davis, 2011). Social activities such as intra-project visits, team building events, events facilitated by external experts, practice development forums, reflective circles and workshops for exchanging practice have all been recommended as a way of embedding participatory practice (Maitney, 1997).

Participatory approaches are problematic when people do not want to participate, structures can encourage a dependency culture (rather than shift power relations) and service providers can assume children and young people are insufficiently informed to make complex decisions (Maitney, 1997). Individual and collective leadership is required to turn such perspectives around. Literature has argued that participatory processes are most likely to achieve good outcomes when organisations have a clear vision, experienced leadership and the processes is supported at senior levels (Cutler and Taylor, 2003) and when staff are aware of the pitfall of using top down performance indicators (e.g. they balance hard/quantitative national indicators with soft/qualitative local indicators (Davis and Smith, 2012). Contemporary writing encourages local discussion between work colleagues and service users as to what the key indicators of success should be (Davis and Smith, 2012).

Such approaches seek to balance summative (measurements) and formative (developmental) forms of evaluation and to foster discussion concerning the many different things that can be evaluated including: cost/efficiency (resources in relation to gain/loss), outcome (whether anything changed), impact (the specific effect of the initiative), implementation (whether the initiative actually delivers to the intended audience or in the intended way), logic (the theory a process was based on), need/requirements (actual problems) or design (the planning/development/delivery process) (Davis and Smith, 2012).

In many evaluations professionals tend to take the role of expert (or use external experts who do not know about local contexts) to test whether there has been a change in a child's/families deficit rather than evaluating systemic change. Such evaluation tends to over emphasise formal evaluation structures/processes (e.g. statistics/facts) at the expense of softer indicators. They also fail to stimulate local flexible processes of dialogue between service user and provider of the meaning of the evaluation

findings. That is they often fail to enable collaborative evaluation. This means that very often service users put forward their views but don't know what happens with them or whether something changed. In Midlothian there has been an effort to move to dialogue that leads to quicker change.

A shift from an individual deficit testing based evaluation to strength-based evaluation requires:

- Service providers to use a range of verbal, textual, creative, kinaesthetic and visual participatory approaches to gain service users views
- Children to have choices on how to participate, their views to be compared with those of their parents, siblings, family members, members of their community and professionals and different views to be discussed/analysed
- Dialogue concerning the social context within which children make their personal choices and services to be designed around their aspirations and ways of being in the world
- The expertise of different people to be openly discussed, different options to be fully explained and there to be considered/informed choice
- Participatory peer group approaches to be employed that enable well-resourced, creative and artistic dialogue. Solutions to issues to be collaboratively modelled, tried out and adapted
- The process of service development involves creative co-construction and all participants are enabled to take leadership roles at different times in the process
- Unexpected solutions arise as a result of enjoyable, innovative, local and community based discussions.
- Participants to make informed discussions e.g. national and international examples of creative and collaborative solutions are discussed, analysed and adapted/rejected (Davis and Smith, 2012).

This raises questions about the service user/provider divide - participatory evaluation enables children/young people to demonstrate their ability to take powerful local roles and become actors who plan and help develop processes of change. Participatory evaluation processes demonstrate strength based thinking e.g. by recognising, utilising and supporting the abilities of children, families and communities in the evaluation process (Davis and Smith, 2012)

In Scotland each local authority will have their own local mechanisms (as per above) for participation. But consultation also occurs at the national level. For example, the national review of services for disabled children found pupils wanted members of staff to make them feel like they "fit in", act as role models to pupils (e.g. in terms of disability equity), to encourage them, respect confidentiality and create safe learning environments. They wanted (in terms of resources) more additional needs assistants in classes, increased one-to-one or small group, continued support from Additional Support teams/specialist resources, special exam arrangements, easy to use/timely system for pupils to request new equipment and creative solutions (not one size fits all). They welcomed peer support, using outside professionals and linking with colleges etc. In terms of transition into buildings they suggested

changes had to be in place before they arrived, that they should be actively involved in planning/designing adaptations to schools and proactive rather than reactive planning (Scottish Government 2011:17-18).

5.4 Young Peoples Indicators

Young people said that any model for describing the process of transitions at all stages needed to:

- Look at young people in terms of the wider world
- Be wider than just about school and education
- Show how “everyone is going through the same thing but in different ways”
- Focus on friends
- Allow for aspirations – “you might want to travel the world when you leave school”
- Include your family
- Involve “working together as a team”. (Scottish Government 2011:20)

The recent national review of services for people with learning disabilities has promoted the aim of improving processes of planning and transition. The review states:

‘The Scottish Government’s performance framework sets out a number of national outcomes. Within this framework, government and public services are focused on shared ambitions, expressed at national level through the National Performance Framework and reflected locally. Many of these national outcomes are of vital relevance to the lives of disabled children and young people. They include:

National Outcome 5 – our children should have the best start in life and be ready to succeed

National Outcome 8 – improving the life chances for children, young people and families at risk

National Outcome 4 – our young people should become confident individuals, effective contributors, responsible citizens, successful learners.’ (Scottish Government 2011:8).

Such policy initiatives provide a direction of travel for local authorities that are required by the Children (Scotland) Act 1995 to have their own local children’s services plans. Children’s Services Plans set out the local delivery of services for children, young people and their families. They should involve joint planning, coherence and co-ordination that enables local people to receive the services they require in a way. Chief Executives of Scottish local authorities and of NHS boards and their local partners have been directed by the Scottish government to incorporate educational improvement, child health, children’s social work and care services, and youth justice into a single integrated planning process for Children’s Services. However the exact nature of service structures is left to local decision-making and results in a variety of approaches across local authorities in Scotland tailored to local circumstances.

5.5 Key Conclusions Concerning Assessment and Planning

This section connected policies on inclusion with policies on children's well-being to stress the need for service provision to: be co-ordinated by key people, strive for minimum intervention and recognise the strengths/abilities of service users. This section suggested that children and families should for themselves be enabled to define the outcomes of processes of inclusion, integration and transition. The section contrasted the term service integration (more collaborative or synthesised services) with the term pupil integration (a pupil's presence in a mainstream setting but not full inclusion). It suggested that there are different types of integrated working including where there is greater co-operation (information sharing), collaboration (joint planning), co-ordination (adoption of shared goals and agreements on shared policies resources) and service synthesis (structures are merged/unified). Barriers to smooth and integrated working are identified as professional conceptual confusion, professional in fighting, a dearth of flexible referral pathways and a lack of face-to-face contact between children, families and professionals. This section introduced the concept of inter-sectionality (the idea that children and families may have overlapping life issues related to gender, age, ethnicity etc) and made a distinction between the notion of "judgement" (decision making) and judgemental practice (prejudiced thinking). In particular it contrasted individualised/academic assessment with politically nuanced strength based/holistic assessment that is built on professional reflexivity arguing that the content, ethos and tone of the assessment/plan is important in relation to whether an assessment actually supports processes of inclusion. This section stressed the need for regular review and evaluation of services, outcomes, plans and agreements. It contrasted top down performance indicator evaluation with participatory evaluation and argued that there is a lack of clarity concerning how to evaluate inclusion, transition and integrated working. This section drew from social justice ideas to argue that there is no one set of evaluation outcomes that will be meaningful to all people, that we should enable complex solutions within our systems and that we should avoid tokenistic evaluation. It suggested that children and families will have different aims and aspirations and different requirements that might relate to financial, political, legal and emotional issues. It is possible therefore to conclude by stating that inclusion is a dynamic concept (constantly changing), that service providers should not rigidly assume that any one solution always works and that we should make concepts such as rights,

justice, participation, recognition and respect central to processes of transition that involve multi-professional assessment, planning and review (Davis, 2011).

6.1 Appendix 1: What Professionals Are Actually involved?

In Scotland families can experience services from a range of universal, targeted, daily, regular practitioners including: ‘regular specialists’ on an outreach basis (e.g. peripatetic teachers/health visitors who may be attached to early years services), ‘targeted specialists’ (e.g. social workers, educational psychologists, speech and language therapists and other health related specialists) who provide targeted, peripatetic, clinic based or intensive/short-term support for care/learning/development and/or universal/regular practitioners (e.g. school teachers and some out of school/early years workers) (Davis and Hughes, 2005).

Staff should have clear roles in multi-professional settings, be able to articulate their service/job aims, and understand what level of leadership, management/corporate/experience/responsibility they have (including devolved responsibility e.g. for CP issues). All staff are encouraged to act as leaders whatever their job title and ideas of visionary leadership are not overly hierarchical. Staff have the freedom to develop speedy, creative, responsive and timely solutions in collaboration with children, families and communities. Staff are able to collectively assess and manage risk, staff instigate integrated discussions and referral processes in a timely way. Staff have discussions with colleagues that question the assumptions or prejudices they have concerning different professionals and communities (the politics of their roles are openly debated and understood). The role of non-degree staff should not be underplayed and those with HNC type qualifications are viewed as professionals who have information to share in integrated assessment processes (Davis, 2011). Colleagues reflect on how ideas about hierarchy influence their ability to interact in multi-professional settings (e.g. share information for joint assessment processes).

Staff are now encouraged to discuss issues that create barriers to change e.g.:

- History, Function, Size, Local, Routine, Ritual, Lore, Symbols,
- Internal/External Control, Policy, Power, Funding & Structure
- Participation, Unfairness and Inequity
- Trust, Dialogue, Identity and Loyalty
- Departmentalisation, Specialisation, Informal and Formal Territory
- Group, Individual/ Personal, Departmental, Organisational, Generational Goals (Davis, 2011).

In Scotland structures of cooperative working vary depending on local authorities but might include for example: a children's services planning group (including heads/directors of services and members of the community planning group), different professional groupings (integrated, link and extended teams) and various professionals adopting different levels of management responsibility.

At strategic management level most but not all members of the children's services planning group may move resources around to support new initiatives and the planning of the development (including aims, outlines and objectives).

Integration teams may include education welfare officers, home link teachers, family support workers and assistant family support workers. The integrated teams can be fully managed teams where the managers are accountable for all work (Anning et al., 2006).

Extended team members (e.g. social workers, community learning and development workers, support for learning teachers, behaviour support teachers, educational psychologists) may be part of the children and family service but may have a specific line manager who is not the integration team manager. (Davis and Smith, 2012).

Link team members may be managed in separate agencies and included school nurses, health visitors, speech/language therapists, community paediatricians, child and adolescent mental health workers, sure start workers, physiotherapists, police and voluntary sector services. There may also be a network association of voluntary groups, charities and religious organisations. (Davis and Smith, 2012).

In Ireland the Department of Education and Skills fund a range of support services for pupils with SEN.

Resource Teachers/Learning Support: This service is available to primary schools. Specific guidelines have been produced to identify children who may require further support. The role of the resource teacher is to facilitate additional teaching. Children who continue to have difficulty with the curriculum, can be psychologically assessed by the National Educational Psychological Service.

Special Needs Assistant (SNA): Special Needs Assistants (SNAs) work with children who need extra non-teaching support. They have no input into the teaching or learning outcomes of pupils with SEN. The SNA caters for a range of pupils' needs that is dictated by the DES. SNAs may work with more than one child and can also work on a part-time basis depending on the requirements of the school.

National Council of Special Education: The council is a statutory body set up by DES in order to implement and support the EPSEN Act 2004. It has a number of principle functions to provide support to parents and pupils, schools and other sectors. The council works with the health and education sector to provide an all inclusive approach to supporting children with SEN.

Special Educational Needs Organiser (SENO): Each SENO has responsibility for specific schools, primary, post primary and special, within their region. In general, the role of the SENO ensures that a child with special educational needs receives the supports they are entitled to. SENO are employed by the NCSE. (NCSE, 2011).

Psychologists: The National Educational Psychological Service (NEPS) is part of DES. NEPS psychologists work with both primary and post-primary schools and they are concerned with childhood development. Psychologists are allocated a group of schools and work within the community of the designated schools. They use a partnership approach and include teachers, parents and pupils in identifying educational needs. They offer a range of services aimed at meeting these needs, for example, supporting individual students through consultation and assessment.

Class Teachers: ‘A teacher works with one single class for an entire academic year and is responsible for teaching a wide range of subjects on the National Curriculum. Depending on school size, teachers may have responsibility for more than one curriculum class group and as such will have to divide their time, presenting different material on different subjects to students at different levels within a single classroom. The teacher plans and delivers lessons, sets and marks assignments, works as a team-member within the wider school staff, and, as required, liaises with parents and other relevant individuals such as educational psychologists’. (<http://gradireland.com/careers-advice/job-descriptions/teacher-primary-level>).

Visiting Teachers: The Visiting Teacher Service provides advice and support to ensure that the needs of children and young people with hearing and visual impairment are met. This service is available at pre-school, primary, post-primary and at third level.

School Principal: Responsible for the leadership, administration, learning and development of schools including management of staff and resources. The principal has a pivotal role in advocating inclusive practices and partnership approaches with parents, other services and the wider community. The Health Service Executive funds and supports the following professionals to meet the health and educational needs of children with SEN.

Local Health Officer (LHO): The LHO is the first point of contact for parents with children who require an assessment for their child who are under 5 years of age. It is a statutory obligation that an assessment of need is provided to children under the age of 5 years under the Disability Act 2005. Educational needs will be identified within this assessment that should be communicated to preschool services/primary schools.

Family Support Worker (FSW) The FSW provides support and advice to families and provides services within the child’s home. Activities

depend on the age and needs of the child but may include play with the child at home, helping with homework, trips to the park or library and accompanying the child to local clubs or events to help with inclusion in the community. *Multi-disciplinary teams:* Occupational Therapist, Psychologist Speech & Language Therapist, Physiotherapist, Social Worker. These professionals input into the child's IEP and will work collaboratively with pupils, parents, teachers and principals to ensure a holistic approach to service delivery. The HSE appointed a 'National Reference Group on Multi-disciplinary Disability Services for Children aged 5-18 years'. A report was published in 2009 that examined the current structure of services and recommendations for the future operation of services.

An important finding from this group was in relation to collaborative working. The report recognised that in order for the EPSEN Act to be implemented locally there must be a strong partnership between health and education. The report advocates for pupils to access therapy within the school environment in order to build relationships and a comprehensive programme best suited with the school setting.

They call for a shift away from centre based services to school based services within mainstream settings. They recognise that further training for both health and education professionals will be required as well as training on joint working (HSE, 2009). The findings of the report are innovative and recognise the need for collaborative working in order to provide a holistic approach and meet the needs of children with SEN. This is a positive step for the health sector and may lead to future development and re-structuring of disability services as a whole.

Ireland's entire history of disability service provision and professional support has been characterised by an absence of planned State intervention. Such services as developed were largely religious or private, frequently charitable, and usually self-described as 'voluntary'. Legacies of specialist care and segregated service provision are strong and persistent. Church bodies continue to play a disproportionate role. Many service providers have been established by philanthropic individuals or agencies. Some of these are powerful advocacy agencies. Others operate as commercial enterprises in their own right.

In Catalonia Spain there are several important areas of joint working involving *Professionals in centres and professionals in specialised service teams.* *Professionals in centres:* The management team consists of the headmaster, the head of studies and the secretary. Mentor teams interact with the classroom, from preschool (3-6 years old) and primary (6-12 years old), to secondary (12-16 years old).

Specialised teams include: The specialised preschool and primary team: special education, music, foreign languages (English) and sport. The specialised secondary team: special education. The CAD (Committee of attention to diversity): the head of studies, the advising team, the intercultural coordinator, special education teachers, and social educator. *Professionals out of the centre*: The EAP (psycho-pedagogical assessment teams) is responsible for managing and moving on to all the services explained next, and they also do the information transfer during the transition and the school stage of those students with special educational needs. There are also resources from the local administration (EBASP: Equip bàsic d'atenció social primària (basic team of social primary attention, Home support services and day centres) and resources from the department of education (including EAP: psycho-pedagogical assessment teams), CREDA: educational resources centre for people with hearing disorders. ELIC: language, interculturality and social cohesion team. ONCE: Joan Amades' resource centre for people with visual disorders). There are also resources from other departments (including depending on agreements and administrations UTAC: unit of argumentative communication techniques and access to computers, CDIAP: children's development and early attention centre, CSMIJ: child and youth mental health centre, EAIA: childhood and adolescent team and attention centre, DGAIA: attention to childhood and adolescence general management) and other sources of resources (including SEETDIC: specific education services for students with pervasive developmental and conduct disorders, Department of Health (psychiatric centres, day centres, etc., Social Services etc.).).

In Romania the responsibility to ensure protection and assistance of the children in difficulty in accomplishing and exercising their rights belongs to the local community. County Councils have the obligation to establish and apply the measures to protect the children in difficulty. In this respect, the commissions for child protection and the public specialised service for child protection are organised and they are subordinated to the County Councils. The commission for child protection comprises 11 members:

- Chair – general secretary of the county;
- Deputy chairs;
- The head of the public specialised service for child protection;
- The General School Inspector;
- A representative of the county Prefect;
- Members;

- A specialised paediatrician, a neurology-psychiatry doctor and a psychologist designated by the County Public Health Direction;
- A psycho-pedagogue designated by the County School Inspectorate;
- A representative of the territorial police inspectorate;
- A representative of the County Labour and Social Solidarity Direction, with attributions in the social assistance area;
- A representative of the authorised private organisations, proposed by the general secretary of the county.

The commissions for child protection have specific attribution in all relevant areas concerned, including evaluation of the children for establishing the type and degree of the disability. The evaluation process is based on specific criteria jointly elaborated by the Ministry of Education, Research and Youth, the Ministry of Health and the National Authority for Child Protection and Adoption. According to the results of the evaluations, children can be re-oriented to or from special education, subject to the agreement of the parents or legally appointed guardian. The children, students and youth with special educational needs who are integrated in the mainstream education benefit from particularized educational support from support and itinerant teachers. The educational support services are organized by County Centres for Educational Resources and Assistance developed according to the specific methodologies set down by the Ministry of Education. The provision for itinerant (support) teachers came in 1997 (the law for teaching staff). Its real enforcement into a methodology was developed later in 2000, revised in 2004 and again in 2011 in the education law. The number of itinerant teachers has grown during these years up to 700 this school year (2006-2007). The training of itinerant teachers has started in 2001 (RENINCO did some pioneer work with UNICEF support, at the request of the Education Ministry).

The transition from integrated to inclusive education in Romania has been a long and complex road involving a wide variety of players, from pilot-projects, NGOs, universities, and educational policy groups. The non-governmental organisations, voluntary and church groups have always played an important role for the integration of pupils with special need in education system; The NGO's have a wide array of initiatives for the transformation of the Romanian school into an inclusive one: supports the children with SEN to integrate in educational system; the graduates of special education in the active life, according to their qualifications and the provisions of the law; develop partnerships with

authorities or schools to diversify and approach special education; develop strategies and implement raising awareness and lobby and advocacy campaigns.

In Cyprus there are [Resource Teachers/Learning Support](#) (there are special teachers who sometimes, in English, are called support teachers, especially those who are appointed in mainstream schools), [Special Needs Assistants](#) (there are some paraprofessionals, called ‘escorts’ (translation from Greek) who support children but not pedagogically), [Special Education Coordinators](#) (at the ministry of Education), [Psychologists](#) (at the Ministry of Education), [Health Officers](#) (but they do not go to schools very often, perhaps once a year), [Family Support Workers](#) (but only for special programmes, e.g. children with autism).

In Bulgaria the resource centers plan their work annually according to the cases of children in their respective regions; they work in close partnership with the Regional Inspectorates on Education and mainstream schools and kindergartens. The resource centers are state organizations, but they operate with their own budget and manage their own personnel, consisting of support teachers, speech and language therapists, psychologists, etc. When a child with SEN applies to be enrolled for studying in a particular school (either primary or secondary), their enrolment will depend first of all on the complex assessment of their skills and needs made by a team for complex pedagogic assessment. It consists of a speech therapist, a clinical psychologist, a special teacher and other specialists will make a detailed assessment of the child’s specific needs in terms of additional support and adequate measures for academic development. The team will decide whether the child can be enrolled in a mainstream school and what sort of additional support that child should get on part of the regional Resource Centers for Supporting the Inclusion of Children with SEN.

In Greece professionals involved in Keddy include health, social work and schooling. Pupil evaluation/assessment is carried out by a five interdisciplinary team, composed of a special educational teacher (of preschool, primary or secondary education), a child psychiatrist or pediatrician specializing in pediatric neurology or a neurologist specializing in pediatric neurology, a social worker, a psychologist and a speech therapist. An occupational therapist or a member of the Special Educational Personnel (child psychiatrists, psychologists, speech therapists, occupational therapists, social workers, physiotherapists, school nurses, guidance counselors for the Blind, a specialist in Sign Language Deaf, Mobility Specialists in the Orientation for the Blind, Consultants in Vocational

Guidance and Special Assistant for Personnel) may participate in the interdisciplinary team, on the recommendation of the Head of the particular KEDDY.

In the Netherlands in schools there is no special – specific diploma and/or education necessary to guide youngsters from school to school, school to work or school to care. In the Netherlands this type of guidance is called LOB. Every teacher that has interest in these matters can take this job or even teachers who don't like to teach any more are offered these (internal) jobs. So quality is not always guaranteed. In general, trained High school teachers, who execute LOB jobs, will have a post master degree (1 year) in a University of applied sciences or University level mostly from HBO (University of Applied Sciences). There is also complementary full time higher education in first degree (2 years) and bachelor (4 years) for three kinds of directions: Social Legal Services (these people mostly work at the offices of municipalities for Social Work. They work for unemployed people and provide benefits and guidance back to work. Also they work for the Labour offices and for specialized reintegration companies for the unemployed). Social Pedagogical Care (these people will go to work with youngsters/people with behavioural, psychic and or mental problems in institutions and or school, etc. Sometimes they work at schools, this is not very common. But if they do they work mostly with youngsters to prevent school leaving, guidance to external youth care etc). Social Welfare Work (these pupils are trained more general for the total family care. They work mostly for municipalities but also for institutions for healthcare etc. They generally work with children and their parents). Schools have so called 'school social workers' and mostly they work with youngsters who have not only problems at school but also within the family. They prevent dropout and guide them if necessary to youth care outside the school. There are enormous and extending voluntary networks for youngsters with disabilities. Everyone in the Netherlands can do voluntary work within the time of their job. If this is done you have to pay half of it in free-time. Almost all employers stimulate this.

Appendix Two: Key Questions

Key Questions From Section 2.5 Concerning Concepts of Childhood:

Key hypothesis for the survey relating to concepts of childhood:

- H1. Organisations/professionals that demonstrate best practice adopt a holistic approach to childhood.
- H2. Organisations/professionals that demonstrate best practice adopt a holistic approach to professional capacity
- H3. Organisations/professionals that demonstrate best practice question the politics of the child adult relationship
- H4. Organisations/professionals that demonstrate best practice avoid deficit models of childhood
- H5. Organisations/professionals that demonstrate best practice balance children and adults rights

Key qualitative questions:

- Q1. How do professionals' views of childhood influence processes of inclusion, transition and integrated working?
- Q2. What examples exist of politically nuanced practice in this field?
- Q3. How do professionals balance the need to respond to children as individuals with the need to see them as part of systems?

Key questions From Section 3.0 Concerning Concepts of Disability And Inclusion:

Key hypothesis for the survey include:

- H6. Best practice occurs in settings that utilise a variety of concepts of inclusion?
- H7. Best practice occurs in settings that have a flexible curriculum?
- H8. Best practice occurs in settings where professionals have positive attitudes to inclusion?
- H9. Best practice occurs in settings where professionals have experienced focussed training on inclusion, diversity and creativity?
- H10. Best practice occurs in settings where professionals utilise adaptations, strategies and specific teaching methods?
- H11. Best practice occurs in settings that understand social, broader and community concepts of inclusion?
- H12. Best practice occurs where children are educated in mainstream classes?
- H13. Best practice occurs in settings where professionals aim to boost children's self esteem?
- H14. Best practice occurs in settings where children participate in planning processes and define their own outcomes/aspirations?
- H15. Best practice occurs in settings where children lead inclusion processes?
- H16. Best practice occurs in settings where children are not treated as a homogenous group?
- H17. Best practice occurs where there is a systems theory and synthesised (integration of services) approach to inclusion?

- H18. Best practice occurs in settings that integrated ideas from child protection, well-being, social inclusion and educational inclusion?
- H19. Best practice occurs in settings that look beyond children's abilities?
- H20. Best practice occurs in settings where teacher's limitations, fears, pressures, historical contexts and capacities are recognised/supported?
- H21. Best practice occurs in settings where parental fears are recognised/supported?

Key qualitative questions include:

- Q4. How do professionals balance different concepts of inclusion?
- Q5. How do professionals enable children and parents to influence and or lead processes of inclusion?
- Q6. How do children engage with processes of inclusion?
- Q7. What does an inclusive curriculum look like?
- Q8. What does an inclusive school look like?
- Q9. What are children's definitions of appropriate inclusion?

Key Questions From Section 4.0 Concepts and Practices Of Transition:

Key Hypothesis Concerning Transition:

- H22. Best practice involves a lead professional co-ordinating transition?
- H23. Best practice involves professionals planning well in advance of transition events/processes?
- H24. Best practice involves transition processes being flexible to childhood diversity?
- H25. Best practice involves risk management?
- H26. Best practice involves dialogue between professionals, parents and pupils?
- H27. Best practice involves professionals, parents and pupils being clear about their concepts of inclusion?
- H28. Best practice involves professionals having training, experience and expertise on transition?
- H29. Best practice involves professionals accurately transferring information?
- H30. Best practice involves resources moving with the child?
- H31. Best practice involves children leading processes of transition?
- H32. Best practice involves transition being treated as a process and not a one off event?
- H33. Best practice involves joint working between professionals from different services and sectors (e.g. voluntary)?
- H34. Best practice involves national policies that are embedded in local policies?
- H35. Best practice involves processes that alleviate pupil fears?
- H36. Best practice involves processes that alleviate pupils' feelings of discontinuity?
- H37. Best practice involves processes of peer mentoring?
- H38. Best practice involves processes that avoid viewing the disabled child as a victim of transition?
- H39. Best practice involves documentation that is tailored to pupils and parents requirements?
- H40. Best practice should involve clarity regarding adaptations in curriculum and practice?
- H41. Best practice involves the development of a complete transition plan?
- H42. Best practice involves transition plans being regularly reviewed?
- H43. Best practice involves adultist issues of age and maturity being questioned?
- H44. Best practice involves trust building between professionals, parents and pupils?
- H45. Best practice involves clear communication between professionals, parents and pupils?
- H46. Best practice involves joint problem solving?

- H47. Best practice involves different professionals roles and responsibilities to be written down clearly in plans?

Key qualitative questions regarding transition:

- Q1. What examples do professionals, parents and pupils have of trust building processes?
- Q2. What are the pros and cons of formal planning, participation and review?
- Q3. How do parents and pupils view the co-ordinator role?
- Q4. What is involved when pupils lead processes of transition e.g. in terms of feelings, commitment, energy etc.?
- Q5. Is risk management a useful concept?
- Q6. How do different actors in the process think about transition and does this affect practice?
- Q7. What types of training on transition do professionals enjoy and why?
- Q8. How are systems of transition connected?
- Q9. What are the pros and cons of peer mentoring?
- Q10. How do people balance the need to develop individual adaptations with pressures to develop local/national approaches?
- Q11. What is at the heart of effective joint problem solving? Are there examples of its pros and cons?

Key Questions From Section 5.5 Concerning Multi-professional Assessment and Planning

Key hypothesis concerning inclusion, integrated assessment/planning and evaluation

- H48. Best practice occurs where assessment connects policies on well-being and inclusion
- H49. Best practice occurs where assessment is participatory
- H50. Best practice occurs where assessment involves conceptual clarity
- H51. Best practice occurs where assessment is strength-based
- H52. Best practice occurs where there are clear policies on information sharing
- H53. Best practice occurs where local politics are analysed
- H54. Best practice occurs where services are outcomes focussed
- H55. Best practice occurs where there is a lead professional
- H56. Best practice occurs where there is a clear plan
- H57. Best practice occurs where professionals are open to new ideas
- H58. Best practice occurs where professionals making decisions have face to face meetings with children and families
- H59. Best practice occurs where there are flexible referral processes
- H60. Best practice occurs where professionals adopt non-prejudiced practice
- H61. Best practice occurs where there is a balance of qualitative and quantitative evaluation criteria
- H62. Best practice occurs where services are evaluated on the basis of children's outcomes
- H63. Best practice occurs where outcomes are jointly defined between professional, parents and children
- H64. Best practice occurs where outcomes relating to disability are balanced with other intersectional equity issues (e.g. age, gender, ethnicity etc.)

- H65. Best practice occurs where assessment is timely
- H66. Best practice occurs where evaluation is regularly carried out
- H67. Best practice occurs where assessment does not lead to punitive actions
- H68. Best practice occurs where assessment enables resources to follow the child
- H69. Best practice occurs where parents and families can obtain legal support
- H70. Best practice occurs where service users can take issues of conflict to tribunals
- H71. Best practice occurs where conflict is openly discussed in forums
- H72. Best practice occurs where there are a range of participatory structures
- H73. Best practice occurs where there are a range of participatory settings
- H74. Best practice occurs where assessment can lead to unexpected outcomes
- H75. Best practice occurs where service structures are synthesised (merged/unified)
- H76. Best practice occurs where there is service co-operation (information sharing)
- H77. Best practice occurs where there is collaboration (joint planning)
- H78. Best practice occurs where there is co-ordination (adoption of shared goals and agreements on shared policies resources etc.).

Key qualitative questions concerning inclusion, integrated assessment/planning and evaluation:

- Q12. What are children's and families' views of more joined up profession working (what examples can they give and are they aware it makes a difference)?
- Q13. What does strength based working look like to professionals, children and families?
- Q14. What are the pros and cons of information sharing from different children's and families' perspectives?
- Q15. What do the relationships of joined up working look and feel like to professionals, parents and children?
- Q16. What examples of clearer planning can children and parents provide?
- Q17. Is joined up working important from the perspectives of children and families?
- Q18. Does the concept of inter-sectionality have meaning to professionals, parents and children?

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