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Gaining access to support for children with special educational needs in the early years in Ireland: parental perspectives

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Abstract

In common with other European countries the Republic of Ireland has adopted a policy of promoting inclusive education to enable all children with special educational needs (SEN) to access education alongside their peers. An essential strategy for supporting this policy has been the introduction of an early assessment and diagnostic procedure which aims to ensure that children receive appropriate support and resources on entering formal education. This paper reports the perceptions of parents of children with SEN in relation to the effectiveness of this procedure. Interviews were conducted with parents of children in the early years of education, and additional data collated from focus groups with professionals involved in the assessment process.

The findings of the research suggest that whilst a comprehensive policy has been adopted, there remains much to be done to ensure that the intention to provide timely assessment and adequate resources is achieved.

Key words: Ireland, Assessment, Early years, Inclusion, Special Educational Needs, Parents

Special Education and Inclusion in Ireland

Traditionally mainstream and special education operated as separate parallel systems of provision within the Republic of Ireland. Recently there has been a significant move away from separate educational provision for children with special educational needs (SEN) towards increasingly including these children in mainstream schools (Griffin and Shevlin, 2007). This policy shift has its origins in the early 1990's, when a combination of national and international factors interacted to produce a reorientation of policy and practice towards a more inclusive stance in relation to children with SEN. In particular, the ratification of the *UN Convention on the Rights of the Child* (United Nations 1989), obliged the Irish government to consider the rights of all children including those with SEN.

Enabling legislation and accompanying policy initiatives marked the shift from segregated education towards inclusive education within mainstream settings for children with SEN. The *Education for Persons with Special Educational Needs Act* (EPSEN) published in 2004 represented a milestone towards the establishment of inclusive learning environments. A more inclusive definition of SEN/disability was adopted with less emphasis on a deficit approach and more understanding that any definition had to encompass a wide range of difficulties, including physical, sensory, mental health or learning disabilities, or 'any other condition which results in a person learning differently from a person without that condition' (Government of Ireland, 2004). Previously the Department of Education and Science (DES) was responsible for the administration of special educational provision, employing a highly centralised bureaucratic decision making process. As demand for special educational provision rapidly escalated in the 1990's the DES found it increasingly difficult to respond to the complexity of need involved. The establishment of the National Council for Special Education under EPSEN (2004), was designed to ease this pressure by taking over

responsibility for assessing applications for support and assigning support provision along with the DES to schools.

Since the passage of the EPSEN Act (Government of Ireland 2004) successive governments have provided investment to develop a more sophisticated support infrastructure within mainstream schools, including additional specialist teachers, special needs assistants, establishment of special classes and inputs from external agencies such as the National Educational Psychological Service (NEPS). Despite undoubted progress significant challenges remain. Prevalence rates of SEN have been estimated as 25% of the pupil population, in line with international rates, but significantly higher than budgeted for in official government statistics (Mc Coy, Banks and Shevlin, 2016). Recent research has indicated that SEN identification is problematic and again in line with results internationally, evidence suggests that the identification of emotional/behavioural disabilities based on teacher judgement is resulting in an over-representation of children from socio-economically disadvantaged backgrounds. More evidence is emerging that children with SEN tend to like school less than their peers (Mc Coy et al., 2016).

The Disability Act (Government of Ireland 2005), is also influential in how children are assessed for potential SEN before entering school. This Act was designed, among other things, to enable provision to be made for the assessment of health and education needs. Children aged 0-5 years are entitled, under this Act, to an assessment of their health and education needs where this is requested by parents/professionals. However, it is not always clear how this initial assessment is related to the special educational provision available within the school. Establishing viable pathways from a child's assessment towards appropriate school provision is complicated by the fact that the assessment and individual planning elements of the EPSEN Act (2004), remain to be implemented.

Current provision for children in the Early Years in Ireland

In a similar way to special educational provision, the Republic of Ireland has witnessed significant progress in relation to provision for children in the Early Years (aged 0 – 8 years) since the late 1990s, determined by a range of policy and curricular initiatives. In this section a brief overview of early childhood provision and current developments will be provided, in order that parental experiences of assessment processes for their children can be contextualised.

In Ireland it is compulsory that children attend primary school from the age of six years. Younger children who are not attending formal education can avail of a range of optional early childhood provision including crèches, Naíonraí (provision through the medium of the Irish language), preschools, playgroups, and nurseries. These options draw on an eclectic mix of early childhood philosophies which permeate Irish Early Years provision, including Froebel, High Scope, Montessori, Steiner, and play-based options. Frequently children aged four attend infant classes in Primary schools and are taught through the Primary School Curriculum (DES 1999b).

Early years provision for children aged 0 – 8 years, prior to the 1990s developed in an *ad hoc* manner, as either a targeted service to address issues of disadvantage and social inclusion or for children with SEN. This provision adopted a combination of approaches, including the Early Start Programme (Education Research Centre, 1998), and The Rutland Street Project (Holland 1979), and private ventures reflecting a neo-liberalist, dualist approach to educational provision in the early years.

Several policy and curricular initiatives have influenced Early Years provision for young children. The National Forum on Early Childhood Education (DES, 1998), developed a consultation process culminating in the *White Paper on Early Childhood Education: Ready to*

Learn (DES 1999a). The purpose of this White Paper was to set out government policy on all issues relating to early childhood education. Quality of provision was a key issue of discussion and while the focus was mainly on the early years of primary school, the Paper considered the crucial need for support for preschool children, specifically for those with SEN under the age of six years.

Following on from the White Paper *The National Children's Strategy: Our Children Their Lives* (Government of Ireland, 2000) was developed to address critical issues in children's lives. This strategy is underpinned by the United Nations Convention on the Rights of the Child, (1989), establishing that children have the right to express their views, their lives should be better understood and that they should receive quality support and services.

Promoting a whole child perspective, the strategy acknowledges the benefits of quality Early Childhood Care and Education (ECCE) services for the cognitive, social and emotional development of the child and particularly for those children with SEN. Prior to this *The National Childcare Strategy Report* (Government of Ireland, 1999) underlined confusion arising from the fact that eleven Government Departments shared responsibility for the funding and/or provision of services to children. The report advised assigning responsibility for 'coordinating children's policy' to a new office – that of the Minister for Children. In response to the report recommendations in February 2011, the Department of Children and Youth Affairs (DCYA) was established.

More recent provision for early years has been influenced by three initiatives focused on standardisation and quality of provision. *The National Quality Framework: Siolta* (Centre for Early Childhood Development and Education 2006), introduced by The Department of Education and Skills acknowledged the change to a developmental emphasis for young primary school children. Until recent years, pre-school curricula were considered disorganised and unregulated leading to unavoidable disparity, which inevitably resulted in

discrepancy in terms of quality of the curriculum provided by various settings. The development of the *Framework for Early Learning* for all children from birth to six years sets out an overarching framework that seeks to traverse age boundaries, inform practice, and reflect diversity (National Council for Curriculum and Assessment, 2009). *Aistear* the new early years curriculum, endorses the role of play and creativity as a foundation for early years education.

Significant policies have been developed to address the issue of early intervention services for preschool children who have SEN and/or disability. The publication of the *National Policy Framework for Children and Young People 2014-2020, 'Better Outcomes Brighter Future'* (Government of Ireland, 2014) together with the *Quality and Standards in Human Services in Ireland: Disability Services* (National Economic and Social Council (NESC), 2012) underpin and guide the progression of Early Intervention (EI) services. This *National Policy Framework* (Government of Ireland, 2014) sets out six transformational goals aimed to achieve better outcomes. These goals include supporting parents, listening and involving children, ensuring quality services and strengthening transitions into primary school. These policies are designed to facilitate parental participation in decision making processes involved in identification and assessment of SEN for pre-school children.

Parental involvement in assessment: principles and practice

The early identification of SEN has been widely regarded as an essential process, whereby children may be afforded appropriate support and interventions and adequate resourcing to enable them to gain effective access to learning (Campbell *et al.*, 2002; Vaughn and Fuchs 2003). As countries adopt a philosophy of providing a more inclusive education for children in mainstream schools (Farrell 2012; West 2015), the importance of ensuring that they and their teachers feel confident that they have the resources required to address diverse learning needs has become more apparent. Recent studies have demonstrated that teacher confidence

is a critical factor in enabling children to settle into schools or other educational settings, and that where this is limited, obstacles to inclusion are common (Ainscow 2005; Sharma, Loreman and Forlin 2012). In addition to teacher confidence, the necessity to ensure that parents feel assured that the needs of their child will be fully addressed in the early years of schooling is important.

Research into the impact of parental involvement in the early years of their children's education has, for the most part reported that where parents play a leading role, their children are more likely to achieve successful social and learning outcomes. Studies from the USA (Klimes-Dougan *et al.* 1992; Stacer and Perucci 2013) have demonstrated that parental participation in school in the early years has had a positive impact upon children's adjustment to the learning environment. In a meta-analysis based on 100 independent effect sizes of 46 studies conducted by Ma *et al.* (2015), that investigated the relationship between learning outcomes and parental involvement during early childhood education, an overall positive correlation (.509) between learning outcomes and parental involvement was established. Within this study, the authors emphasise that when they perceived their child to be vulnerable or at risk of educational failure, parents were more likely to demand involvement and play an active role in seeking support to address academic difficulties.

Whilst parental participation in the education of their children, particularly during the early years phase of education has been seen to yield positive outcomes, much of the research reported has focused upon support for teaching or social interventions. The experiences of parents who express concerns for their children during an initial period of assessment have received less attention. However, a study conducted in Sweden by Isaksson, Lindqvist and Bergström (2010), indicated that parents placed a high priority on early assessment of their children's needs. These researchers suggest that the "*most crucial aspect of special education*

is the assessment process” (page 136), not least because of a perception that heightened awareness of a child’s needs was more likely to result in actions being taken by the school to address these. The parental perspective was reinforced through the data collected by Isaksson and his colleagues, who observed that school managers also believed that an official diagnosis of special educational need was a precursor to obtaining additional support. The findings from the Swedish study are similar to those from research conducted elsewhere (Janus *et al.* 2008; Lebeer *et al.* 2012), with an emphasis upon the relationship between parental influence and statutory assessment providing a dominant discourse.

The emphasis placed upon consultation with parents during initial assessment of SEN is evident in the legislation of many countries (Soriano 1998; Galloway, Armstrong and Tomlinson 2013). Miedel and Reynolds (1999), in a Chicago longitudinal study of 704 parents who were interviewed about their experiences of participation and decision making in pre-school and kindergarten facilities, concluded that *“parent involvement can be a protective factor in counteracting risk conditions that may lead to school underachievement”* (page 399). In particular, these researchers concluded that parental involvement during the early years provides a strong foundation for the promotion of transition to the start of formal schooling. The need for parents to feel confident that the assessment of their child’s needs would lead to both the provision of resources and appropriate pedagogical actions is more likely to be addressed when they feel that they are respected partners within this process. Similar conclusions were drawn by O’Connor, McConkey and Hartop (2005), who in an analysis of survey responses from 1,054 parents in Northern Ireland identified their involvement in assessment procedures as a high priority. The parents in this study had all experienced provision for assessment made under the statutory procedures of a special education Code of Practice (Department for Education and Skills 2001), which required that they should be consulted and encouraged to contribute to the formal assessment of their

child's learning needs. This Code of Practice has since been revised (Department for Education 2015), but retains an emphasis upon high levels of parental participation. Some parents in the research conducted by O'Connor *et al.* (2005), whilst welcoming the intentions of the Code of Practice, expressed frustration that the reality of participation fell considerably short of the well-intentioned nature of the legislation. Where dissatisfaction was expressed, this was often associated with the tardy nature of the process and an associated lack of reporting of progress, and in some instances insufficient clarity with regards to how they might contribute.

The challenges faced by parents, and the frustrations expressed with regards to the limitations of statutory assessment procedures, coupled with their lack of ability to influence decisions are echoed in other studies (Kay, Tisdall and Riddell 2006; Keenan *et al.* 2010; Bajwa-Patel and Devecchi 2014). Recognition of the importance and potential value of including parents at every stage of the education process has been well documented and there are many examples of good practice that suggest significant efforts on the parts of policy makers and schools. However, research suggests that there remain many challenges to be overcome before good intentions can be said to have become common practice. A longitudinal study conducted in the Republic of Ireland, outlined in the next section of this paper, provides an opportunity to assess whether policy intentions of promoting participation in assessment processes are perceived by parents as a fair interpretation of the current situation. .

Project IRIS

Project IRIS (Inclusive Research in Irish Schools), was a four year longitudinal study of SEN provision across the Republic of Ireland (Rose *et al.* 2015). Through this project the researchers collated data which provided insights into the quality of provision, the effectiveness of policy, the experiences of children and young people, teachers and families,

and the learning outcomes for children in schools. The data collected during this project placed an emphasis upon gaining insights into the first hand experiences of parents in respect of the education provided to their children. This paper draws upon this data to discuss parental experiences and perceptions of the initial assessment procedures associated with the identification of SEN.

Methods

Participants

Field work was conducted using mixed methods to obtain both qualitative and quantitative data from a variety of sources particularly focused upon service users and providers. The methods deployed included a national survey of all mainstream and special schools in Ireland (returns $n=373$), focus groups with professionals providing support for children with SEN and their families ($n=15$), the construction of profiles of individual students in schools ($n = 134$) and the development of narrative case studies of 24 schools (10 primary, 10 post-primary and 4 special schools), based upon semi-structured interviews with service users and providers.

Procedures

The case studies schools were identified through a stratified sampling procedure that reflected the variables in school size, single sex and co-educational provision; school type (religious schools, non-denominational schools, multi-denominational schools and Gaelscoileanna - (schools that teach through the medium of the Irish language), geographical distribution (urban and rural), and socio-economic factors within locations (see table 1). Evidence from case study schools was collated using data from two visits to each school undertaken over a minimum of two days and involving at least two researchers for each visit. Each visit to an

individual school was conducted two years apart in order to gauge whether any change was discernible over this period (Rose and Shevlin 2014).

This paper discusses data from the findings obtained through 107 interviews conducted with parents of children with SEN from the 10 sample primary schools, and from focus groups conducted with members of the National Educational Psychology Service (NEPS), (focus group 1 $n = 7$; focus group 2 $n = 6$), and with representatives of the Health Service Executive professionals (HSE) ($n=5$), who have responsibility for providing initial assessments of children identified as possibly having SEN.

Analysis

All data obtained from focus groups and interviews were audio recorded, transcribed and subjected to thematic coding (Braun and Clarke 2006). Trustworthiness of the data was established through a process of analyst triangulation (Patton 2001; Torrance 2012), whereby multiple analysts of the data established codes independently before sharing these in discussion with other members of the research team. Through this process it was possible to gain consensus of interpretation by accepting those codes where there was agreement across analysts and rejection of those where it was not possible to gain such an agreement. The researchers were thus able to ascertain the experiences of individual parents from interview data, compare these with those of others in the sample, and relate them to the discussions emerging during focus groups.

Findings

*N.B. the excerpts from transcripts are produced exactly as spoken and for ethical reasons have not been edited by the researchers.

The relationship of assessment to provision of resources

Parents who were interviewed were clearly aware of the relationship between a formal assessment and diagnosis of SEN and the possibility of gaining additional support for their child. For this reason they placed an emphasis upon the need to access formal assessment as soon as possible, and preferably before their child entered school. Once an assessment had been gained this often triggered action in the form of providing an allocation of time from a school based specialist teacher or the paraprofessional support of a special needs assistant (SNA). However the process of obtaining an assessment was seen by many parents as far from straightforward. Two issues in particular exercised parents who had eventually received assessments and subsequent resources for their children. The first of these concerned the length of time from initial referral to professional services before obtaining the necessary diagnosis and report that was necessary to enable the school to apply for additional support. Obtaining a report from a psychologist was seen as the means of opening the door to support and resources, and thus being in possession of this document was regarded as a major boost to the confidence of some parents as expressed by the father of a child with emotional and behavioural difficulties. This particular parent expressed every confidence in the professionalism of the teachers in his son's school, but was aware that it was the necessity to obtain the opinion of a psychologist that determined the provision of what he saw as being essential support.

The psychologist report, I would have loved to have got that earlier, but I didn't. The school could only with the qualifications perhaps they have here; could only do certain types of assessments, and so they could identify certain things with [my son], but there was other screaming areas that weren't sort of labelled; so far as it's nice to label things, it can be very damaging to label things sometimes, but nice to get some idea on the right lines. So he was falling between, there were gaps there, they recommended the psychologist. I would have liked that done earlier, or that the qualifications were here to do it. Then you know what you're working with and you can work within the constraints that you have. That was a great boost I would say, getting that report.

(Parent of a child with Emotional and Behavioural Difficulties).

The advantages of obtaining an assessment as early as possible were reiterated during focus group discussions with psychologists. They emphasised the importance of intervention in the early years and believed that if reports could be issued before statutory school age, children might gain access to services that enabled them to make important developmental strides before entering formal schooling. As one psychologist commented:

The Disability Act actually stated the entitlement of the under-fives very clearly. And that statement of entitlement has had an impact in that those children are now getting therapy a lot more quickly than they used to. There are children now, coming in to school at the age of five and they have... they're receiving occupational therapy, they're receiving speech and language and they're receiving them when they're very young and they're coming to school with recommendations from these people. So it's making a huge difference in that schools can, schools can begin to work with these children from the outset.

(Educational Psychologist)

However, advantageous as early assessment might be seen to be, the process often appeared to parents as a slow and frustrating period, even when the outcome brought rewards.

He was diagnosed with Asperger's syndrome when he was around four. He started the process of being diagnosed around two and a half, he was sent for assessments and they took two years to assess him, and when he started school then we got the final diagnosis that he has Asperger's syndrome, and from then on he had a special needs assistant in school, and he's been progressing since then, and he's doing fairly well

(Parent of a child with Asperger's Syndrome)

Speaking about her own experiences and those of other parents, one mother commented that

...it was four years before her son got proper diagnosis through the system which is in place now, which is a disgrace. It's an absolute disgrace. There's parents out there, they don't even know that their children have problems and it's very sad.

(Parent of a child with Autism Spectrum Disorder)

Inequalities in gaining access to assessment

A further concern related to the fact that access to assessments was most readily available for those parents who had the means to pay for a service. Such was the pressure associated with waiting times that several parents had resorted to paying psychologists and other professional service providers for private assessments in order that they could secure resources for their children.

We really had to beat our paths to get him diagnosed, do it all independently, I had to go and find somebody to do it and arrange for it to happen, so the processes in the mental health process here, but effectively we've been told that's a long time to come, that he wouldn't be considered a priority, and yet we felt that if it wasn't dealt with very quickly, he could run into some significant difficulties.

(Parent of a child with Attention Deficit Hyperactivity Disorder)

So I decided then before the term finished last year, that I would take her privately and have her assessed, because I wasn't happy and there was a waiting list.

(Parent of a child with Dyslexia)

Gaining assessment was a high priority for many parents who saw this as a means of ensuring that their child received additional support either from within school, or provided by therapeutic professionals. Some parents emphasised their belief that an allocation of specialist teaching hours was critical to the progress of their child:

If I remember right, somewhere around the start of school, they identified something. They got the educational psychologist from the Department of Education to get an assessment done, perhaps in second class maybe. Again, which was great. Resource was allocated to him, he had his three and a half hours a week, again which was wonderful.

(Parent of a child with Emotional and Behavioural Difficulties)

Other parents felt that the allocation of a special needs assistant had impacted significantly upon their child's learning:

He's very different from when he started school, he's a different child altogether, he got a full time SNA when he started and then he's had an SNA up until this year. They're supposed to kind of phase it out, but I don't think he could have got this far without his SNA, do you know what I mean? It's kind of, it's not even academically

he's fine, he's very clever; it's emotional support for him, you know, that kind of thing.

(Parent of a child with Autism Spectrum Disorder)

He has a full time special needs assistant currently and he also gets some additional resource hours to help him with some of the learning that he has missed out on, and to help him around specific behaviours.....So we have somebody dedicated who works with him permanently, and we think that will actually expedite his, you know, improvements in his behaviour and his life generally.

(Parent of child with Attention Deficit Hyperactivity Disorder)

Accessing support following assessment

Access to a special needs assistant was often seen as not only providing support for learning, but was also perceived to be essential for ensuring that social and personal needs were addressed. As this parent observed:

In school, she has a special needs assistant, who helps her, especially when she wants to use the bathroom, she can't, you know, even with the step and all that she still needs somebody there to help her on, because of her size, so basically she needs the special assistant with that and then she just started wheeling the wheelchair herself recently, before it used to be the special needs assistant who used to do that all the time for her, but now she's getting more independent and getting on and off the chairs, she can do that herself now, she's improving every day. Well she still needs the special needs assistant to be there, and the teacher has also been very helpful, she's always giving me progress reports if there's anything, and she's always asking me to tell her if there's anything bothering me, and I really feel comfortable with that, yes.

(Parent of a child with a Physical Disability).

Whilst parents in the study were generally pleased with the level of in-school educational support provided for their children, access to therapeutic support appears to be much more difficult to obtain. In some cases, even after obtaining an assessment this was not a guarantee that the agreed services would be readily available, and once again, some parents found themselves paying for the support they had anticipated would have been automatically made available to them.

The waiting list for occupational therapist in [the area where I live] is diabolical. I've had to pay 644 sterling to get a private OT in to work with my child. SLT is not available in schools, which it should be. Speech and language therapists are not allowed to come and do school visits because of the pressure on their time. So on paper I'm supposed to have access to those services, in reality they don't take place. We have speech and language therapy maybe once a fortnight, but in the speech and language therapist's office. As I say the waiting list for OT's can be up to two years. Don't get me wrong, I'm not criticising individuals, but the system is totally inadequate.

(Parent of child with Autism Spectrum Disorder)

Eventually somebody gave me a name of an occupational therapist, and she was kind of working privately... [My daughter] went to her for a while, she felt that an awful lot could be just done at home, you know, 'I'll tell you maybe things to do, you do it', and that worked better.

(Parent of a child with a Physical Disability)

Frustrations around the lack of availability of specialist services that had been recommended through assessments were reiterated by both psychologists and representatives of the therapeutic professions during focus groups, as illustrated by the comments made by a senior psychologist who had worked in this area for many years.

Well, the child has a right to an assessment. But then the disadvantage will now be that they don't have the right to receive the therapy or the treatment which is recommended. Although they have a right to be seen, they still don't have a right to receive the therapy... A child can have the right to assessment but not necessarily to... well, the right to assessment and the right to an IEP but not necessarily the right to the therapies that might be to their advantage.

(Educational Psychologist)

Discussion

The findings from this study suggest that whilst policy in Ireland articulates a clear intention to provide an early assessment process, which will enable children with SEN to attain appropriate resourcing to support their learning and social needs, there is a significant discrepancy between intention and practice. Having obtained a formal assessment and report

confirming their child's needs, most parents felt reassured that they should receive the additional resourcing required. However, it is evident from the data collected from both parents and professionals involved in this process, that initial confidence in the system was not always well-founded. Whilst there was consensus that the professionals involved in assessment and staff working in schools were fully committed to providing the best possible support for children, a lack of available services, and those procedures which determine working practices sometimes led to frustration. This mismatch between policy and practice in initial assessment is not unique to Ireland, with similar situations pertaining in other jurisdictions (Salvia, Ysseldyke and Witmer 2013, Galloway, Armstrong and Tomlinson 2013).

Discrepancy between policy intention and provision is closely related to how legislation and policy are interpreted and translated into practice. For example, the EPSEN Act (2004), provides for an extensive assessment process supported by enabling legislation and yet this section of the Act has not been enacted twelve years later. As a result, assessment practices can vary across regions and even at school level (Douglas et al. 2012), preventing any guarantee of ready access for parents to the assessment infrastructure. Early identification and assessment is even more critical given that under the current special educational provision arrangements additional resources are overly dependent on initial assessment of special educational need. On initial reading it appears that the EPSEN Act (2004) and the Disability Act (2005), are aligned in relation to assessment, as the EPSEN Act addresses assessment for school age children while the Disability Act (2005), covers pre-school children from 0-5 years. However, this neat delineation of responsibilities is not always clear in practice as two separate government departments are responsible for the operation of the respective policies (Education/EPSEN; Health/Disability). As the child approaches school age anecdotal evidence gathered during the research suggests that there can be a reluctance by schools and

early childhood providers to assign scarce resources to the assessment required. In some cases either provider can encourage parents to contact the other provider in order to access the assessment. In addition, therapeutic supports, though limited, are more readily available to preschool children as the Department of Health directly employs the therapists involved in assessments and delivery of subsequent services for this cohort of children. The lack of clarity in practice about respective responsibilities of providers for initial assessments, combined with a scarcity of therapeutic supports has serious consequences for the personal and educational progress of children with SEN. Recent Irish research (Smyth, 2016) reiterates the centrality of timely assessment and delivery of appropriate support, as children with SEN are reported to have significantly poorer language skills and less engagement with schools than their peers.

It was clear from interviews with parents, that they were satisfied that primary schools and early years providers were working hard to deliver effective and appropriate education and care for their children. The majority recognised the high level of professionalism demonstrated by teachers, and acknowledged the commitment given to children with SEN. Furthermore, when resources were provided either through specialist teachers, special needs assistants, or via therapists, parents were confident that these were efficiently deployed to provide excellent support for children. It was generally considered that recent changes to legislation have provided a positive response to the need to ensure a more holistic approach to supporting children in the early years. However, the ability to address the intentions of these changes remains inadequate and educational psychologists and professionals working in therapeutic services, appear equally concerned that they are unable to deliver the level of support that they would wish. As a result of this shortfall, the ability to deliver timely assessments or to guarantee the recommended support has become a concern for parents and professionals alike.

A situation in which those parents who can afford to pay for assessments can accelerate a process, where others have to wait for longer periods, is inequitable. Some parents interviewed indicated that they felt both guilty and frustrated that they were unable to pay for assessments and may be putting their own child at a disadvantage. Having paid for assessments, other parents then found that they could still not access necessary support for their child unless they were again prepared to make private arrangements. Similarly, parents living in rural areas expressed the view that accessing support both during and after the assessment process was often difficult, and expensive because of the time required to travel to major urban areas where the majority of facilities are located.

Conclusion

The mechanisms put into place to ensure early assessment and diagnosis of SEN emphasised in both the SEN and early years legislation, and to provide adequate resources for support, are based upon a good understanding of the requirements of schools and early years settings and parents. Policy makers in Ireland have responded positively to recommendations made through earlier evaluations of early years and SEN provision within the country (OECD 2004), and have a vision for how children and families might receive support. However, in order to ensure that established policies have the intended impact, it is necessary to review the operational aspects of the procedures put into place, and to work with professionals and families, to establish effective working practices and realistic timelines. Future research in this area might consider the specific roles played by professionals from across education, health and social services in providing support both during and after the assessment process. An emphasis of this research could well be placed upon the disparities that exist between rural and urban communities, and between wealthier and less advantaged sections of Irish society.

Teachers and early years practitioners in Ireland have demonstrated a commitment to the provision of an education system that is inclusive and equitable (Shevlin, Winter and Flynn 2013), but their confidence in addressing the needs of an increasingly diverse population may well be impeded unless the shortcomings identified through this research are addressed. Similarly, parents who currently express a belief that schools desire to address the needs of their children and make them welcome in school, may feel less well disposed towards the provision made if the gap between well-intentioned policy and practice is not closed.

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