



EUROPROJECT

SPECIAL EDUCATIONAL NEEDS

A REPORT

OF WORK UNDERTAKEN BY A
PARTNERSHIP OF 20 SCHOOLS
IN 19 EUROPEAN COUNTRIES
DURING 2011 – 2013

INTRODUCTION

The Europroject is a longstanding and expanding network of schools dedicated to the following principles:

- To respect the religious and philosophical identities of each school
- To respect the differences between national education systems
- To respect the languages spoken within the project
- To respect differences in opportunities for travelling, which exist between different countries
- To be receptive to new ideas applicable to one's own culture or that of other European nations, the common European heritage, its contribution to other civilisations and the debt that it owes them
- To preserve and promote democracy and fundamental human rights
- To promote awareness of our European identity whilst avoiding a narrow 'Eurocentric' attitude
- To promote tolerance and equal opportunities and to fight prejudice, stereotyping, racism and xenophobia
- To put aside economic differences within Europe or the world
- To value all people equally
- To promote a European dimension in Education

It began in 1988 with a small group of schools and has now grown to include the following:

Austria – Bundesrealgymnasium Wien 19: Age range 10-18

Belgium – Heilige Maagdcollege, Dendermonde: Age range 12-18

Denmark – Bagsvaerd Kostskole og Gymnasium, Bagsvaerd: Age range 6-19

Estonia – Jögeva Gümnaasium, Jögeva: Age range

Finland – Cygnaeus-Lukio, Jyväskylä: Age range 16-20

France – Institution Saint Jude, Armentières: Age range 11-19

Germany – Wittekind-Gymnasium, Lübecke: Age range 10-19

Greece – Second Lyceum of Kalamaria, Thessaloniki: Age range 15-18

Hungary – Móricz Zsigmond Gimnázium, Tiszakécske: Age range

Ireland – Ramsgrange Community School, Wexford: Age Range 12-18

Italy – Liceo "Rambaldi Valeriani" e "Alessandro da Imola", Imola: Age range 14-19

Luxembourg – Lycée Hubert Clément, Esch: Age range 12-19

Luxembourg – Lycee Michel Rodange, Luxembourg: Age range 12-20

Netherlands – Strabrecht College, Geldrop: Age range 12-19

Norway – Lena Videregående Skole, Lena: Age range

Portugal – Escola Secundária Francisco Rodrigues Lobo, Leiria: Age range 14-20

Slovakia – Gymnázium Bilingválne, Žilina: Age range 14-21

Spain – Instituto de Educación Secundaria Miguel Catalán, Zaragoza: Age range 12-22

Sweden – Danderyds Gymnasium, Danderyd, Stockholm: Age range 16-19

Wales – Radyr Comprehensive School, Cardiff: Age range 11-19

Every year, within this partnership, many hundreds of staff and students participate in a wide range of cultural, linguistic and curriculum-related visits and exchanges. In addition to this, Europroject takes on a major (largely) Comenius Funded project each two years.

In 2011 it was decided that the **ETHOS** (Equality Through Harmony, Open-mindedness and Solidarity) project would focus on five aspects of Special Needs, namely:

- Dyslexia
- Dyscalculia
- Attention Deficit Hyperactivity Disorder (AD[H]D)
- Autistic Spectrum Disorder (ASD)
- Exceptional Giftedness

A range of activities was planned across the partner schools, including:

- Masterclasses for staff and for students exhibiting exceptional giftedness in Mathematics, Music and Sport
- Conferences for teachers with a particular interest in the five special needs indicated above and for school and college principals, fostering the sharing of best practice across this diverse and multi-national group of schools
- Workshops for teachers and students
- A major survey of how schools across the network identified and supported students with the special educational needs on which the project focussed.

What follows is a summary of the main findings and outcomes of this two-year project.

The Special Needs Survey

This lengthy (89 question) survey was completed by Senior Managers, Special Needs specialists and Europroject co-ordinators in 17 of the 20 schools in the network.

The Survey provided data on

1. The nature of the schools in terms of size, age range and type of education provided
2. How Special Needs (especially Dyslexia, Dyscalculia, Attention Deficit [Hyperactivity] Disorder, Autistic Spectrum Disorder and Exceptional Giftedness) were identified in each school
3. How the schools sought to meet such identified Special Needs
4. How Special Needs provision was managed in the schools
5. The extent to which schools had to meet external requirements and received support from national and regional agencies in dealing with Special Needs issues
6. The areas in which schools felt the need for further support from schools within the network

SECTION 1: THE NATURE OF THE SCHOOLS

The schools ranged in size from a little under 500 students on roll to those with more than 1500 students. Four of the schools had less than 500 students, five between 501 and 1000, six between 1001 and 1500 and just two had more than 1500.

Age ranges varied considerably. One of the schools takes students aged as young as 6 years with another catering for students up to the age of 22. However, there is more common ground than might be supposed from this. Every participating school caters for students aged 16-18, all but two of them catering for students aged 14-18 - and the majority (11 schools) providing for students throughout at least the 12-18 age range.

Most of the participating schools (12) described themselves as providing a general or comprehensive education with four of them describing their provision as 'general and vocational'.

SECTION 2: THE GENERAL IDENTIFICATION AND DIAGNOSIS OF SPECIAL NEEDS

It is clear that schools have access to very different areas of professional expertise, both within the staff of the individual school and available within the wider local education community. Inevitably, this leads to substantially different approaches to the identification and diagnosis of the special educational needs of students.

In the survey, a distinction was made between the identification of special needs (meaning recognition) and the diagnosis of such needs (the more detailed attestation by a specially qualified and authorised person – usually requiring action).

Involvement in Identification

Nine of the schools say that all teachers play a part in identifying special needs with a further six of them stating that most teachers are involved in this process. Thus, only two of the participating schools do not appear to involve substantial numbers of the mainstream, subject teachers in special needs identification of one sort or another: even then, one of the two has specially trained teachers involved.

Ten of the schools refer to involving parents in the identification process, five involve an Educational Psychologist, eight involve students' former schools, and two refer to the involvement of a school doctor or specialist physician.

Identification procedures are clearly multi-faceted in many of the schools with more than half of them involving at least three of the sources of input mentioned above (mostly including at least teachers, parents and former schools).

Involvement in Diagnosis

The pattern here changes dramatically from that for the identification of special needs. In only two of the schools are mainstream subject teachers authorised. Diagnosis is clearly, generally regarded as a much more specialist process with a range of non-teaching professionals authorised to be involved.

Special Needs Co-ordinators/Counsellors are so authorised in the process in five of the schools but the diagnosis seems to lie mainly in the hands of non-teaching professionals. Medically trained experts are involved in 13 of the schools (Specialist physician in 11, General Practitioners in 5 and a School Nurse in 1), psychologists in 11 of the schools and Speech Therapists in 2.

It is clear that a multi-agency approach is common with as many as four specialists (other than school-based teachers) taking part in the process in some schools. In only one of the participating schools are no non-teaching professionals involved or authorised.

Outcomes of Identification and Diagnosis

Despite the different levels of involvement in identification and diagnosis, there is surprisingly little difference between the two categories in terms of the range of types of special need. The differences are summarised in the following table.

Table 1: The range of Special Needs identified in the schools

Type of Special Need	Number of participating schools in which students with this need have been IDENTIFIED	Number of participating schools in which students with this need have been DIAGNOSED
Main areas of focus		
Dyslexia	16	16
Dyscalculia	12	8
AD(H)D	16	15
ASD	12	13
Exceptional Giftedness*	4	5
Intellectual Giftedness*	9	7
Other identified Needs		
Agoraphobia	1	0
Cerebral Palsy	1	1
Chronic Illness (inc Cancer)		1
Co-ordination Difficulties	1	1
Domestic Problems	1	1
Dyspraxia	1	1
Hearing Impairment	8	8
Intellectual Difficulties	2	2
Mild Learning Difficulties	1	1
Mobility Difficulties	5	4

OCD	1	0
Physical Handicaps	1	1
Psychosomatic Problems	1	1
Spacio-Visual Co-ordination	1	1
Social/Psychological	1	0
Social & Emotional Problems	2	1
Tourettes Syndrome	2	2
Visual Impairment	7	7

*NB 12 in which at least one of these identified and 11 in which at least one is diagnosed

It would appear from the following chart, however, that a significantly higher percentage of students are identified by the schools as having a special need than are diagnosed by the specialists involved.

Table 2: Percentages of students identified and/or diagnosed as having some kind of special need requiring additional help and support.

Percentage ranges of children identified as having some kind of special need requiring additional help and support	Number of schools identifying themselves as being in each category in terms of IDENTIFICATION	Number of schools identifying themselves as being in each category in terms of DIAGNOSIS
None: it is not policy to identify students in this way	1	0
0-4%	6	11
5-8%	6	2
9-12%	3	2
13-16%	1	1
17-20%	0	1
21-25%	0	0
> 25%	0	0

NB

- 5 schools recorded having a higher percentage of students identified than diagnosed
- 10 schools fell within the same range for both identification and diagnosis
- 2 schools reported having more students diagnosed than identified

SECTION 3: THE IDENTIFICATION AND DIAGNOSIS OF SPECIFIC SPECIAL NEEDS

Here, responses for each of the following special needs are detailed first. At the end of these individual details is a **summary and comparison section** and a series of **questions prompted by the analysis**.

Dyslexia

Sixteen of the seventeen responding schools had policies and practices in place to diagnose dyslexia. In the majority of the schools (10), these resulted in under 2% of students being diagnosed. In a further three of them, the figure was a little higher but still below 5%. Two schools identified between 6% and 8% as experiencing this problem and one of them diagnosed more than 15% of its students as dyslexic.

Methods used in the initial *identification* and the range of professionals involved in *diagnosis* varied greatly between the schools.

The majority of the schools (10) used tests for all students to identify those with dyslexia (six of them had a standard test at, or about, the time of admission. Others tested only those students in whom dyslexia was suspected. Beyond this, there was clearly a multi-faceted approach to identification, as the following chart indicates.

Table 3: Approaches used in the identification of dyslexia

Approach	Number of schools in which used
School tests for all students	10
Observation in the classroom (inc. reports from subject teachers)	14
Information from parents	13
Tests by school psychologist/specialist	7
Information from former schools with the permission of the parents *	11

*No school used such information without the permission of parents.

Over half the schools (10) used at least four of these methods in combination. No school that had policies and procedures in place used less than two in combination.

Nine of the schools recognised that teachers were authorised in their countries to diagnose dyslexia. However, every responding school identified that other professionals were also so authorised. The following table indicates the range of authorised professionals:

Table 4: The range of professionals involved in the diagnosis of Dyslexia

Professionals authorised to diagnose Dyslexia	Number of countries in which authorised
A qualified teacher / specialist	5
A Special Needs Co-ordinator/Counsellor	5
A Speech Therapist (logopaedics)	6
A physician (Specialist)	7
Educational Psychologist	4
Special Department at public hospital	1
A municipal reading / writing counsellor	1
Educationalist (external to the school)	1

In only one of the schools was a single category of specialist authorised. Typically, schools could use two such professional inputs and one school could access four different types of professional input.

Dyscalculia

Seven of the schools had no policies or procedures in place to identify students with this special need. Of those which did, only two identified themselves as having more than 2% of students with dyscalculia. One of these had identified between 3-8% of students and the other up to 11%.

In terms of how such students were identified, the following were the main methods employed.

Table 5: Approaches used in the identification of dyscalculia

Approach	Number of schools in which used
School tests for all students	3
Observation in the classroom	12
Information from parents	12
Tests by school psychologist/specialist	5
Information from former schools with the permission of the parents *	7
A teacher specifically trained in Special Learning Difficulties	1
A physician (specialist)	1
An educationalist external to the school	1

*No school used such information without the permission of parents.

In terms of diagnosis, only four of the responding schools identified teachers (even specialists) as being authorised to diagnose dyscalculia. In three of the countries there appears to be no type of professional – teaching or otherwise - identified by the school as being authorised to do so. The following table indicates the range of authorised professionals:

Table 6: The range of professionals authorised to diagnose Dyscalculia

Professionals authorised to diagnose Dyscalculia	Number of countries in which authorised
A qualified teacher / specialist	1
A Special Needs Co-ordinator/Counsellor	3
A Speech Therapist (logopaedics)	2
A physician (Specialist)	6
Educational Psychologist	3
Special Department at public hospital	1

In only four of the schools was more than one category of professional authorised to diagnose of dyscalculia.

AD(H)D (Attention Deficit [Hyperactivity] Disorder)

Two of the schools had no policies or procedures in place to identify students with this special need. Of those which did, ten had no more than 2% of students on roll with AD(H)D and the remaining five identified themselves as having between 2% and 5%.

In terms of how such students were identified, the following were the main methods employed.

Table 7: Approaches used in the identification of AD(H)D

Approach	Number of schools in which used
School tests for all students	1
Observation in the classroom	13
Information from parents	15
Tests by school psychologist/specialist	8
Information from former schools with the permission of the parents	9
Information from former schools without the permission of parents	1
Examination by a Psychiatrist	2

Only two schools used a single source of information, a further five utilised two of the above approaches, six relied on three approaches with two using six.

In terms of diagnosis, only two of the responding schools identified that teachers (even specialists) were authorised to diagnose AD(H)D in the country. The following table indicates the range of professionals so authorised:

Table 8: The range of professionals authorised to diagnose AD(H)D

Professionals authorised to diagnose AD(H)D	Number of countries in which authorised
A qualified teacher / specialist	1
A Special Needs Co-ordinator/Counsellor	2
A Physician (General Practitioner)	3
A physician (Specialist)	10
Educational Psychologist	11
Special Department at public hospital	1
A Psychiatrist	1

Every responding school had some degree of ‘non-teacher’ specialist involvement with more than half having two or more types of external professional authorised to be involved in diagnosis.

ASD (Autistic Spectrum Disorder)

Four of the schools had no policies or procedures in place to identify students with this special need. Of those which did, twelve had no more than 2% of students on roll with ASD and the remaining one identified itself as having between 2% and 5%.

In terms of how such students were identified, the following were the main methods employed.

Table 9: Approaches used in the identification of ASD

Approach	Number of schools in which used
School tests for all students	0
Observation in the classroom	10
Information from parents	10
Tests by school psychologist/specialist	4
Information from former schools with the permission of the parents	7
Information from former schools without the permission of parents	1
Examination by a Psychiatrist	1
A Physician (specialist)	1

Only four schools used a single source of information, a further two utilised two of the above approaches, five relied on three approaches with one using five and one six.

In none of the countries represented were teachers authorised to diagnose ASD. Only ten indicated the range of professionals (shown in Table 10 below) authorised to diagnose ASD.

Table 10: The range of professionals authorised to diagnose ASD

Professionals authorised to diagnose ASD	Number of countries in which authorised
A physician (Specialist)	10
Educational Psychologist	6
A Psychiatrist	1

Exceptional Giftedness (including Intellectual Giftedness)

In only four of the participating schools is 'Exceptional Giftedness' formally recognised as being a 'Special Need'. One school recognises between 9% and 11 % of its students as having a special need in this area. No other school has identified more than 2%. In one further school, those exhibiting exceptional giftedness are identified by an external specialist organisation.

In those schools recognising exceptional giftedness as a 'special need' all of them rely to some extent on observation in the 'classroom' as a method of identification: two of them also rely on test results, information from parents, reports from former schools (with parental permission) and the involvement of specialist external organisations.

Despite, not being recognised as a 'special need' in most of the schools, a number of them (8) report seeking to identify students with exceptional giftedness in a number of areas. In particular,

- 4 schools seek to identify students with exceptional intellectual giftedness
- 3 schools seek to identify students with exceptional giftedness in Sport
- 2 schools seek to identify students with exceptional leadership qualities
- 1 school seeks to identify students exceptionally gifted in the area of entrepreneurship

Whilst most schools do not report regarding this area as a special need, one school has procedures in place to identify exceptionally gifted students in a number of areas, namely intellectual giftedness, music, sport, leadership, drama and creative writing.

Section 3 summary and comparison

It is clear that, whilst individual schools clearly have different emphases in terms of special needs, a few general patterns emerge, some of which can be seen in the following table.

Table 11: A summary of some of the differences in the identification and diagnosis of the special needs being investigated

Schools in which	Dyslexia	Dyscalculia	AD(H)D	ASD	Exceptional Giftedness
There are policies/procedures for identification and diagnosis of this special need	16	10	15	13	4
More than 2% of students are diagnosed as having this special need	6	2	5	4	1
Teachers are authorised to diagnose this special need	9	4	2	0	*
Non-teaching professionals are authorised to diagnose this special need	16	13	16	10	*
All students are routinely tested for this special need	10	3	1	0	2
No professional appears to be authorised to diagnose this special need	0	3	0	6	*
More than one category of professional is authorised to diagnose this special need	15	4	11	6	*
No more than a single strategy is in place for the identification of this special need	0	6	3	7	14**

NB

*No questions were asked about the formal diagnosis of 'exceptional giftedness'

**The strategy in each of the schools which indicated identification procedures depended heavily on teacher observation and recommendation with external specialist organisations being involved in two of them

These different emphases include:

- An apparently much greater focus on dyslexia than on the other special needs
- Widely differing levels in the balance between teacher and 'non-teaching professional' involvement both between schools (countries) and between the different types of special need.
- The complexity of identification procedures between schools (countries) and between the different types of special need.
- Apparently little focus on exceptional giftedness in most schools despite this being felt to be an important area by many at the ETHOS Project's inaugural planning conference – but a heavy emphasis on this area in a small proportion of schools

The survey was not designed to throw light on the effectiveness of the various approaches but rather to highlight the differences to encourage the sharing of information about the effectiveness of the approaches in face to face meetings at the special needs conferences.

Section 3 questions to prompt further discussion and discovery

1. The table above suggests that there is a heavier focus on dyslexia than the other special needs being explored.
 - To what extent is this the reality in our schools?
 - Is this an appropriate emphasis or do other needs require greater attention?
2. A wide range of strategies – very different in terms of range and complexity – are used in our various schools. What can we share and learn from each other in terms of most effective practice?
3. Why is it that, in most countries, teachers are authorised to diagnose the condition of dyslexia whilst far fewer education systems appear to authorise teachers (even specialists) to diagnose Dyscalculia, AD(H)D and ASD?
 - Would it be appropriate for more teachers to be trained in the diagnosis of
 - Dyslexia?
 - Dyscalculia?
 - AD(H)D?
 - ASD?
4. Professionals external to the school are clearly heavily involved in assessing and diagnosing special needs.
 - How effective is their working with schools?
 - What examples of good practice can be shared?
5. Exceptional giftedness is recognised as a special need in only a very small number of our schools.
 - In what sense should this be recognised as a special need requiring additional help and support?
 - In what areas would it be beneficial to identify it?
 - What types of help and support might be most appropriate?

SECTION 4: MEETING THE SPECIAL NEEDS OF STUDENTS

Once again, responses for each of the following special needs are detailed first. At the end of these individual details is a **summary and comparison section** and a series of **questions prompted by the analysis**.

Dyslexia

The identification of, and support for, students with Dyslexia is identified by only two of the schools as a feature of Initial Teacher Training in their countries. However, all but six of the schools have at least one teacher with post-graduate qualifications in this area on its staff.

All the others (11) identify themselves as having between 0.1% and 5% of their staff holding such a qualification.

However, when post-qualification training, rather than qualification, is considered, a rather different picture emerges. Only two schools indicate that they have no staff with such training. At the other end of the spectrum, two schools indicate that all their teaching staff have received some training and a further two indicate that more than 20% have had some training. All the remaining schools (11) indicate having less than 20% of the staff with training in this area.

Asked a rather different question, every school indicates that it has staff members who are able to help and support students with Dyslexia. Three believe that all teachers should be in a position to offer such help and support, a further two believe that only language teachers can do so. Overall, most schools believe that less than 25% of staff members can offer help and support, although one school indicates a figure over 75% and two others less than this but still greater than 50%. Nine of the schools also indicate that there are colleagues on the staff other than teachers who help students with dyslexia. These include:

- School Nurse – 1 school
- Psychologist – 3 schools
- Dyslexia Co-ordinator – 1 school
- IT specialist to help with special software – 2 schools
- Teaching Assistants – 2 schools

Two schools indicated that they took no special measures to support students with Dyslexia. The strategies adopted to support students within the remaining schools are indicated in Table 12 below.

Table 12: Strategies used to support students with Dyslexia

Strategy	Number of schools in which used
Alternative work in lessons	8
A reduced curriculum (missing some work in some subjects or missing some subjects altogether)	8
Help in some or all lessons from an extra teacher or other 'coach'	8
Help or coaching outside lesson time by a teacher or other person	10
Extra educational aids (eg use of laptop)	11
Prolonged deadlines	1
Use of CDs instead of books	1
A special Support Unit	1
Extending the time allocation for a course	2
Giving lessons at a different level	1
Workshop for assistance with homework (supported by teacher and reading/writing counsellor)	1
Use of specially designed computer programs to develop literacy	1
Teaching in smaller than average groups (of around 12 instead of the more usual 30)	1
Student voice linked with awareness raising and training for staff, students and parents	1

Types of support felt to be of particular value included:

- The combination of special computer programs and an extra teacher
- Students being given 'resource hours' (taught in small groups of 2-3)
- The use of a 'fast forward' computer programme to help with literacy
- Being taught in small groups of around twelve
- Support on a one to one basis by a specialist
- Student voice linked with awareness raising and training for staff, students and parents

Only three of the schools who have support mechanisms in place rely on a single strategy. Of the remainder, four utilise two strategies and all the rest combine at least four different approaches.

Only one of the schools indicated that it had no different or distinctive ways of assessing students with Dyslexia. Table 13, below, indicates strategies in the others.

Table 13: Strategies used in assessing students with Dyslexia

Strategy	Number of schools in which used
Simplified assignments and/or tests	5
Shorter assignments and/or tests	7
Extended time for assessments and/or tests	13
Different content for tests and exams	3
Different method of asking questions on tests and exams (but with the same questions as for the students without any special need) such as oral tests instead of written ones	7
Different interpretation of the marks and results (eg students with this special need do the same tests and exams but their results are interpreted in a different way	8

Strategies felt to be of particular value in assessing students with Dyslexia included:

- A focus on what the student can do rather than what (s)he cannot do
- Eliminating some elements (eg spelling and orthography) from the assessment criteria for such students

Dyscalculia

Only two schools indicated that initial teacher training in their countries included something on identifying and supporting students with this special need: a further two were unsure.

Nine schools indicated that they had no-one on their staff with a specialist post-graduate qualification in identifying and supporting students with dyscalculia. Six indicated there were staff with such qualifications but none had more than 5% of staff so qualified.

In terms of training rather than qualifications, no school claimed that all had received training but only one said that it had no-one with such training. Eight indicated that between 0.1% and 10% had received training but no school had more than this.

Eleven schools believed that less than 25% of staff were able to offer help and support to students with dyscalculia. At the other end of the spectrum, two schools said that all staff are able to offer such help and support with one other saying that not all, but over 75%, could do so with a further five suggesting that help and support for such students was only available from teachers of Mathematics and Science. Two schools specifically said that, while teachers should be able to help students with dyscalculia, many were unwilling to recognise it as a special need or follow the relevant guidelines. Only two of the schools indicated that non-teaching staff (a psychologist in both cases) were available to offer help and support.

One school commented that Dyscalculia is becoming an increasing concern and that plans are currently being put in place for staff training and student support. Similarly, another of the schools is currently developing a more consistent approach to aspects of calculation with the aim of introducing a more unified approach by teachers.

Eight schools said that there were no special strategies in place to support students with dyscalculia. The strategies adopted to support these students in the other schools are indicated in Table 14 below.

Table 14: Strategies used to support students with Dyscalculia

Strategy	Number of schools in which used
Alternative work in lessons	1
A reduced curriculum (missing some work in some subjects or missing some subjects altogether)	0
Help in some or all lessons from an extra teacher or other 'coach'	3
Help or coaching outside lesson time by a teacher or other person	4
Extra educational aids (eg use of laptop)	4
Prolonged deadlines	1
Use of CDs instead of books	1
Less exercises	1
More time to complete a course	1
Additional material or repetition of material	2

Types of support felt to be of particular value included:

- Specialist support during lessons
- Extra-curricular support
- Tailoring the support offered to the specific needs of individual students

Eight of the schools specifically stated that they have no specifically different ways of assessing students with Dyscalculia. Table 15, below, indicates strategies used in assessing such students in the remaining schools.

Table 15: Strategies used in assessing students with Dyscalculia

Strategy	Number of schools in which used
Simplified assignments and/or tests	0
Shorter assignments and/or tests	3
Different content for tests and exams	0
Extended time for assessments or tests	7
Different method of asking questions on tests and exams (but with the same questions as for the students without any special need) such as oral tests instead of written ones	3
Different interpretation of the marks and results (eg students with this special need do the same tests and exams but their results are interpreted in a different way	4
Use of additional resources such as calculator, lists of terms	1
Allowing students to ask for further explanation / clarification of questions	1
Oral, rather than written, tests	1

AD(H)D

In only three of the schools was initial teacher training believed to include elements on the identification of, and support for, students with AD(H)D. Eight of the schools indicated that they had no-one on the staff with a post-graduate qualification in this area. Of the remainder, nine believed that less than 5% of staff held such qualifications. No school indicated a higher percentage than this. Three of the schools acknowledged that no-one on the staff had received any training in this area whilst two stated that every staff member had received at least some training. The majority (13) believed that less than 20% had received such training.

Despite, the lack of qualifications or training in most schools relating to AD(H)D, nine of them believed that some staff were able to help and support students with AD(H)D (nine suggested between 0.1% and 20%, and, remarkably, five suggesting that all staff were able to offer such support). One stated that the teacher in charge of 'special needs' sent out instructions to all teachers and another said that teachers tried to help on a 'personal basis'

Whilst teachers may not appear to be well trained or qualified in this area, it seems that most of the schools (13) had other members of their staff who help students with AD(H)D. These included

- School Doctor
- Educational Psychologist (4)
- Internal Supervisor
- Counsellor (2)
- Teaching Assistants
- Behaviour Support worker

Five of the schools said that they had in place no special measures for students with AD(H)D (indeed, one school went as far as to say it had never had students with this problem). The

strategies adopted to support such students in the remaining schools are indicated in Table 16 below.

Table 16: Strategies used to support students with AD(H)D

Strategy	Number of schools in which used
Alternative work in lessons	5
A reduced curriculum (missing some work in some subjects or missing some subjects altogether)	1
A reduced curriculum (missing some work in some subjects or missing some subjects altogether)	1
Help in some or all lessons from an extra teacher or other 'coach'	4
Help or coaching outside lesson time by a teacher or other person	7
Extra educational aids (eg use of laptop)	3
Parents taking responsibility for finding specialist help outside of school	2
Extra lessons	1
Involvement of parents	1
Students allowed to leave the classroom between lessons if necessary	1
Use of laptop in classroom	1

Seven of the schools utilised only one of these approaches, usually either the provision of alternative work in lessons or support outside of lesson time. Of the others, three combined two different strategies and only two made it clear that they utilised three or more of those listed above.

Types of support felt to be of particular value included:

- Special arrangements for testing and assessing students
- Teachers having an understanding of the behaviour of these students
- Extra lessons for individual students

Nine of the schools indicated that they had no different ways of assessing students with AD(H)D. Table 17, below, indicates strategies used in assessing students with AD(H)D in the remaining schools.

Table 17: Strategies used in assessing students with AD(H)D

Strategy	Number of schools in which used
Simplified assignments and/or tests	1
Shorter assignments and/or tests	3
Extended time for assessments and tests	7
Different content for tests and exams	1
Different method of asking questions on tests and exams (but with the same questions as for the students without any special need) such as oral tests instead of written ones	2
Different interpretation of the marks and results (eg students with this special need do the same tests and exams but their results are interpreted in a different way)	4
Not penalising students for handing in assignments late or for forgetting equipment	1
Being allowed to ask for further explanation of questions	1
The use of a separate examination area to avoid disturbance	2

Of the schools that made special provision for assessing students with AD(H)D, only one used just a single strategy. With the remainder combining two, three or four.

ASD

In only three of the schools was initial teacher training believed to include how to identify and support students with ASD – and one of these indicated that such training varied greatly in terms of quality and quantity between the various universities. All of the others seemed quite sure that initial training did not include such elements.

Seven schools stated that they had no staff with post-graduate qualifications in this area. Of the remaining ones, no school had more than 5% of their staff with such qualifications. However, all but six indicated that they had some staff with training in the identification and support of students with ASD. Indeed, two said that all teachers had received at least limited training. Of the remainder, none had more than 20% of teachers having received training in this area. Despite this, five of the schools indicated that they felt all their teachers should be able to help and support students with this special need with a further nine believing that up to 25% of their teachers could do so. Eleven of the schools indicated that there were colleagues other than teachers who helped students with ASD. Such colleagues included:

- School Psychologist (3 schools)
- Special Needs Assistants
- Internal supervisors
- External coach
- Physician / GP

Six schools said that they had no special measures in place to support students with ASD. Indeed, one school clearly stated that they had never had students with this particular special need. The strategies adopted in the other schools to support students with ASD are indicated in Table 18 below.

Table 18: Strategies used to support students with ASD

Strategy	Number of schools in which used
Alternative work in lessons	7
A reduced curriculum (missing some work in some subjects or missing some subjects altogether)	9
Help in some or all lessons from an extra teacher or other 'coach'	5
Help or coaching outside lesson time by a teacher or other person	7
Extra educational aids (eg use of laptop)	5
Extra lessons	1
Extended time for courses	1
Special classes for students with ASD	1
No oral tests or exercises	1

One school did not specify measures but indicated that support would depend on the particular needs of the individual and would be enshrined in a convention indicating that student's rights.

The complexity of the support measures in place varied enormously with five schools combining at least four of the types of provision listed, and a further four combining three of them.

Types of support felt to be of particular value included:

- The integration of such students within mainstream groups
- Tailoring support to the needs of the individual, including such measures as help with study skills and organisational skills
- Support with assessment

In terms of assessment, seven schools indicated that they made no special provision for students with ASD. Table 19, below, indicates strategies used in assessing students with this special need in the remaining schools.

Table 19: Strategies used in assessing students with ASD

Strategy	Number of schools in which used
Simplified assignments and/or tests	5
Shorter assignments and/or tests	4
Extended time for assessments or tests	8
Different content for tests and exams	4
Different method of asking questions on tests and exams (but with the same questions as for the students without any special need) such as oral tests instead of written ones	4
Different interpretation of the marks and results (eg students with this special need do the same tests and exams but their results are interpreted in a different way	3

Two of the schools offered six of these approaches in combination. Of the others making special provision, five combined at least two of them and two made just a single type of special provision.

Exceptional Giftedness

Just two of the schools indicated that initial training to be a teacher in their country included aspects of how to identify and support exceptional giftedness of any kind: a further two were unsure.

A significant majority of the schools (11) had no teachers with specialist post-graduate qualifications in this area of work and none of the rest claimed to have more than 5% so qualified. However, fifteen of the schools reported that at least some staff had received training in identifying and supporting exceptionally gifted students. Two of them said that all teachers had received some training. The remaining 14 schools who sought to identify students in this category were evenly split between those indicating that less than 20% had received such training and those suggesting their figure was between 20% and 40 %.

Again, most schools believed that a significant percentage of teachers were able to offer help and support to students identified as being exceptionally gifted. Six believed that all their teachers should be able to offer such help and support. At the other end of the spectrum, two schools stated that none of their teachers could do so. Between these

extremes, eight of them believed the figure in their schools to be less than 25% and two believed it to be between 50% and 75%. Two of the schools indicated that support was also forthcoming from fellow students and one indicated support from a psychologist.

In terms of providing for the special needs of exceptionally gifted students, only eight schools indicated that they made special provision. The strategies adopted to support such students in these schools are indicated in Table 20 below.

Table 20: Strategies used to support 'Exceptionally Gifted' students

Strategy	Number of schools in which used
Alternative work in lessons	7
An expanded curriculum (additional more challenging work in some subjects or extra subjects)	9
Additional coaching outside lesson time by a teacher or other person	6
Taking advantage of a modular approach to the curriculum	1
Encouraging participation in competitions	1
Regional and national masterclasses and talent programmes	1
Co-operation with universities	1
Allowing flexibility in choice of programmes	

Types of support felt to be of particular value included:

- Giving students greater responsibility for, and flexibility in, their studies
- Co-operation with higher learning institutions

Section 4 summary and comparison

It is clear that, whilst individual schools clearly have different emphases in terms of providing for students with special needs, a few general patterns and some marked differences emerge, some of which can be seen in the following table.

Table 21: A summary of some of the differences in the provision for students with the special needs being investigated (excluding provision made by only a single school)

Schools in which	Dyslexia	Dyscalculia	AD(H)D	ASD	Exceptional Giftedness
Initial teacher training in their country is believed to include work on how to help and support students with this special need	2	2	3	3	2
Have at least one teacher with post-graduate qualifications in dealing with this special need	10	6	8	10	6
More than 20% of teachers have received some training and support in helping and supporting students with this special need	4	0	2	1	2
Non-teaching professionals are involved in the help and support of students with this special need	9	2	13	11	2
There is specific provision made for students with this special need	15	8	12	12	10

Special provision includes:					
• Alternative work in lessons	8	1	5	7	7
• A different curriculum either reduced or enhanced	8	0	1	9	9
• Help in some or all lessons from an extra teacher or other 'coach'	8	3	4	5	0
• Help or coaching outside lesson time by a teacher or other person	10	4	7	7	6
• Extra educational aids (eg use of laptop)	11	4	3	5	0
• Prolonged deadlines	1	1			
• Use of CDs instead of books	1	1			
• A special Support Unit	1	0			
• Extending the time allocation for a course	2	1			
• Giving lessons at a different level	1				
• Specialist help from outside school			2		2
• Workshop for assistance with homework (supported by teacher and reading/writing counsellor)	1				
• Use of specially designed computer programs to develop literacy	1				
• Use of laptops in lessons			1		
• Involvement of parents			1		
• Extra lessons			1	1	
• Students allowed to leave classroom			1		
• Extended time for courses				1	
• Special classes				1	
• No oral tests and exercises				1	
• Teaching in smaller than average groups (of around 12 instead of the more usual 30)	1				
• Student voice linked with awareness raising and training for staff, students and parents	1				
• Less exercises		1			
More than a single strategy in place for helping and supporting students with this special need	15	3	5	9	7
Different or distinctive ways of assessing students with this particular special need	15	8	6	10	*
More than a single strategy is in place for the assessment of students with this special need	11	6	5	7	*

NB

*No questions were asked about the assessment of exceptionally gifted students

Overall,

- there are very few of the countries represented by the responding schools in which there is significant input on these special needs during initial teacher training.
- there is huge variation in the range and extent of training in the various aspects of special needs provision for practicing teachers between the schools. It would also appear that many schools have expectations that teachers will be able to help and support students with a range of special needs without such training.
- there appears to be more focus on dyslexia, in terms of staff training and the extent and range of provision than on any of the other special needs. In particular, provision for students with dyscalculia seems to be somewhat limited.

- there are quite widely differences in the balance between teacher and ‘non-teaching professional’ involvement both between schools (countries) and between the different types of special need. In particular, the balance shifts towards non-teaching professionals in the cases of AD(H)D and ASD.
- special provision for students exhibiting exceptional giftedness (intellectual or otherwise) in most schools appears to be quite limited despite this being felt to be an important area by many at the ETHOS Project’s inaugural planning conference – but, again, a heavy emphasis on this area in a small proportion of schools.
- from comments about provision felt to be of particular value, it would seem that some effective practice is going on in individual schools which would be well worthwhile disseminating more widely.

Again, it should be stressed that the survey was not designed to throw light on the effectiveness of the various approaches but rather to highlight the differences to encourage the sharing of information about the effectiveness of the approaches in face to face meetings at the special needs conferences.

Section 4 questions to prompt further discussion and discovery

1. There seems to be very limited focus on special needs during initial teacher training in most of the Europroject countries. Should we be making representation to national and international bodies to do more in this area? If so, how?
2. As with identification procedures, training and provision seem to be more extensive and sophisticated for dyslexia than for the other special needs. Some comments suggest that other needs are becoming more common in our schools. Have we got the balance right or is it time to give greater emphasis on training and provision to other needs that are hindering the progress of many students?
3. There seem to be a number of schools in which teachers who have had no relevant training are expected to be able to support students with quite demanding special needs. Is this reasonable? If not, what can we do about this situation?
4. Some strategies that appear to be judged highly effective are currently being used only in individual schools. How can we best evaluate and learn from these? For example,
 - collaboration with universities in meeting the needs of exceptionally gifted students
 - the use of external bodies to extend and improve our provision
 - listening more to our students
 - involving parents more to improve and extend our provision
 - developing modular curricula to better meet the needs of individuals
 - programmes to develop greater study and organisational skills
 - more varied approaches to assessment (perhaps not just for those with special needs)

5. How can we best liaise with medical and other experts so that students and teachers are able to benefit more from their expertise?
6. Most of what we do and seek to be improve will have to be done in each national context. However, is the more we can do across national boundaries within our Europroject network to improve provision, especially in terms of master classes, student conferences and teacher education?

SECTION 5: MANAGING SPECIAL PROVISION

Management within schools

Ten of the responding schools have a designated member of the school staff whose primary responsibility is to lead and co-ordinate work with students having special needs. Even where this is not the case, all the schools can identify who has the main responsibility for making sure that special needs are identified and met. Eight of them identify the headteacher as having this responsibility: eleven attribute this responsibility to a Special Needs Co-ordinator. Others identified as taking a leading role include:

- A psychologist ()
- School Doctor
- School Nurse
- An external psychological and guidance service

Eleven of the schools have a written policy / plan for the identification and meeting of special needs. In all but one of the schools with a written policy, it has been produced collaboratively rather than by an individual (Head of Special Needs). The Headteacher has been part of this group in eight of the eleven schools with a written plan. Others involved have included Deputy Headteachers (8), Heads of Special Needs (8), other teachers (6), students (2) and parents (1).

The involvement naturally changes when it comes to making plans for the individual student with a special need. Six of the schools report that the Headteacher is involved at this level. Three report Deputy Headteacher involvement. The Special Educational Needs Co-ordinator is involved in ten of the schools. Ten schools involve the student in helping draw up the plan and nine involve the parents at this stage. Others involved in this process in individual schools include a physician, a psychologist, the Head of subject area, study counsellor and the class/subject teacher. In most cases, the drawing up of the individual student plan is very much a collaborative exercise with three or four people being involved.

The schools clearly have access to very different ranges of non-teaching professional assistance – either school-based or at a Centre of Pupils' Assistance. Eleven schools have such access to a psychologist, eight to a qualified special needs specialist, six to a doctor, five to a nurse, two to a speech therapist and individual schools also list access to other specialists including a counsellor, an ophthalmologist, a physiotherapist, an ear, nose and throat specialist a Mathematics counsellor and a reading/writing counsellor. At one

extreme, one of the schools has access to none of these specialists and, at the other, one of the responding schools has access to seven of them.

In all the schools, whether or not parents are directly involved in producing the individual plan, there is significant communication with the parents of the individual child – sometimes in up to five different ways. All of the schools hold face to face meetings with the parents but this is supplemented in a number of ways including:

- Telephone calls (13 schools)
- Email (12 schools)
- Letters (8 schools)
- Text messages (4 schools)

External support and requirements

A framework within which to work

Fourteen of the schools work within a framework in which there are either national or local rules about how to act in identifying and supporting students with special needs. All but one of these finds their framework helpful.

Specialist support

All of the schools report a wide range of specialist support made available through national or local authorities. These include:

- Doctors (13 schools)
- Psychologists (16 schools)
- Speech Therapists (12 schools)
- Special needs Advisors (12 schools)
- Psychiatrists (1 school)

Most (14) have access to at least three such specialists.

As well as providing specialist support most of the responding schools have national or local education authorities which provide training in the identification and support of children with the special needs being investigated in this survey. Fifteen schools report access to such training related to Dyslexia, eleven for Dyscalculia, twelve for AD(H)D, twelve for ASD and eight for exceptional giftedness. On the whole, this training provision is well regarded with eleven schools rating it good or very good and only one saying it is not very good. One school reports that teachers have to make their own arrangements for such training and pay for it themselves. Another of the schools reports training for Teaching Assistants being provided and a third reports that the authorities are just beginning to run such courses so it is too early to judge quality.

As well as support within and for schools, many national and local authorities offer additional provision for special needs students. Only two schools report that there is no such additional provision. In thirteen of the countries, this provision takes the form of

'special' schools with ten of them also sending specialists into mainstream schools. Two schools report a national move towards 'inclusion' with all special needs students being expected to be in mainstream classes. One school has separate classes within it for students with ASD and one reports special classes for exceptionally gifted students within selective grammar schools.

Widening the scope from the specific special needs being focussed on in this study, schools report that the following special needs tend to be catered for in separate special schools:

- Learning disorders (dyslexia, dyscalculia, AD(H)D etc (4 schools)
- Intellectual giftedness (6 schools)
- High giftedness (sport, music, art etc) (5 schools)
- Development disorders (ASD, behavioural disorders etc) (8 schools)
- Physical disabilities (visual / hearing / mobility disorders) (10 schools)
- Mental disorders (13 schools)

Improving provision

Schools were asked, "If you could make just one improvement in the 'special needs' support from your education authorities, what would it be and why?" The responses were as follows:

- A Psychologist based in every school permanently because behavioural issues are on the rise
- More schools for students with ASD who are otherwise mentally capable
- Special Needs training made compulsory in initial teacher training
- More support from specialists within schools
- More training courses for teachers
- A focus on what students can do rather than on what they can't do
- Offer training for all teachers
- More concrete guidelines on how to meet special needs
- More extra lessons with an extra teacher to allow earlier and greater planning to meet individual needs and minimise disturbance in classes
- Help from an additional teacher in class now that 'inclusion' means students with special needs are to be in class
- Smaller groups in class to allow better support for students with special needs
- More training for teachers in dealing with behavioural problems, AD(H)D and high levels of giftedness because most teachers have a willingness to help but lack the training
- Training for teachers on the identification of symptoms (as most teachers are not able to recognise whether 'being different' indicates a serious problem) and more training in supporting these students with special needs.
- A specialist in every Primary School classroom in order to identify and give support from a younger age so that students are more ready to access the secondary curriculum

When asked to identify areas in which the school needed to develop greater expertise,

- 5 schools indicated dealing with Dyslexia
- 10 schools indicated dealing with Dyscalculia
- 8 schools indicated dealing with AD(H)D
- 7 schools indicated dealing with ASD
- 14 schools indicated dealing with exceptional giftedness

However, the schools were asked to rank order these from most to least urgent. When the averages were calculated, the priority order was

1. AD(H)D
2. Exceptional Giftedness
3. Dyslexia
4. Dyscalculia
5. ASD

Schools made requests for all these areas to be discussed at Europroject Special Needs conferences. Requests were made for a focus on the following (listed in priority order):

1. How to help and support students with special needs
2. How to organise a special needs team in school
3. Help with the identification of special needs
4. How to write a school policy / plan for special needs
5. How to communicate with parents

Section 5 questions to prompt further discussion and discovery

1. Only about half of our schools have a written policy / plan. How useful, in practice, have schools found such a document?
2. Two schools have involved students in drawing up their policy / plan and one has involved parents. Has this proved of benefit? Is it something more might consider?
3. The majority of our schools have someone whose primary responsibility is special needs: others do not. How beneficial is it to have such a person?
4. National / local authority guidelines and support seem to be generally well-regarded. Are there areas of outstanding support that we would advocate being adopted by authorities across Europe?
5. Practice appears to vary enormously when it comes to drawing up plans for individual students. Ideally, who should be involved in drawing up special needs support plans for the individual student?
6. Access to school-based or locally-based specialist support clearly varies enormously. What support is most valuable and how can we best make efficient and effective use of professional support in identifying and supporting students with special needs?
7. Responses on priorities for future emphases in Europroject conferences are rather ambiguous and contradictory. Can we clarify our priorities and draw up a draft programme for the coming years?