

Consultation Response Booklet

Every School A Good School

The Way Forward for Special Educational
Needs (SEN) and Inclusion

The closing date for this consultation is: 31 October 2009

Your comments must reach us by this date.

August 2009

Every School A Good School

The Way Forward for Special Educational Needs (SEN) and Inclusion

Name Kate Lesslar

Address Po Box 1502

DUNGANNON

BT70 1SQ

Telephone 028 8773 8999

E-mail Kate.Lessler@cot.co.uk

Organisation on whose behalf you are replying (if applicable)

College of Occupational Therapists

Does your response represent the collective view of your organisation (if appropriate)?

Yes

No

Your position within that organisation (if appropriate)

Policy Officer, Northern Ireland

Responses can be sent by email or post

E-mail: seninclusion@deni.gov.uk

Post: The Review of SEN and Inclusion Team
Room G18
Department of Education
Rathgael House
43 Balloo Road
Bangor
BT19 7PR

This consultation response booklet should be read alongside ‘Every School A Good School: The Way Forward for Special Educational Needs (SEN) and Inclusion’ in order to understand the context of the policy proposals.

The proposals are shown in bold throughout the consultation document; Annex A of that document provides a summary table of the proposals and their identified benefits.

We welcome views on all aspects of these policy proposals. You are asked to consider each of the consultation points. Space is provided to allow additional comment on each of the questions posed.

Opportunity is provided at the end of this response booklet for any additional comments you would care to make. If, however, you have a particular interest in one area and do not wish to comment on the whole document, feel free to complete only those sections that are of interest to you.

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Consultation Point 1 - Inclusion

(Reference: paragraphs 3.1 to 3.8)

1 Do you agree with the introduction of an inclusive framework based on the wider concept of additional educational need (AEN)?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

The College of Occupational Therapists (College) welcomes these proposals for an inclusive framework and system change that will ensure the individual needs of children and young people are met. However, we have concerns about the detail and implementation of the aspirations in this document.

It is naive to think that teachers will have all the necessary skills, when their expertise is education, so there will be less dependency on external interventions (3.8). Expertise provided by health professionals, including occupational therapists, is essential in order to support teachers and pupils in the classroom. Occupational therapists working in schools with teaching staff facilitate learning and development opportunities (Hutton 2009, Jenkinson et al 2008). There are currently insufficient resources, in particular, too few occupational therapy posts to work with teaching staff and pupils in order to meet the needs of children with life long needs, complex disabilities and life limiting conditions. It is also essential to support those with mental health problems, fluctuating conditions, and learning difficulties such as Asperger's Syndrome, Attention Deficit Hyperactive Disorder and developmental coordination disorders.

Consultation Point 2 - Key Principles of the Proposed Policy Framework

(Reference: paragraphs 4.1 to 4.6)

2 Do you agree with the key principles on which the policy proposals are based?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

The College welcomes this model and supports this approach.

The current priorities and targets are different within Health and Social Services and will make a collaborative approach difficult and challenging. It will be essential that there are strategic as well as operational partnerships with all organisations, in order to support children. This will be needed if partnerships between the professionals within these organisations are to be successful (4.2).

Further work will be required to improve the interface with existing services, including preschool and child development centres.

To ensure children receive the right support at the right time (4.4) and that outcomes are improved through early intervention, assessment and removal of barriers (4.6) will require prompt, timely access to professionals with the appropriate expertise. There will also be a need to monitor and review the impact of these proposals on the Code of Practice. The creation of Multi-disciplinary Groups (MGs) will also impact on occupational therapy time with children and teaching staff although it is important that occupational therapists are included in these groups.

Consultation Point 3 - Early Identification and Intervention

(Reference: paragraphs 5.1 to 5.5)

3 Do you agree with the proposals relating to early identification and intervention?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

There is too little detail in this document to be clear how this will be implemented.

There appears to be unrealistically high expectations on schools. For example, if formal assessments are only going to take place 'when it has been clearly demonstrated that the in-school support programme has not been successful in meeting those needs' (5.3) then opportunities for early identification and intervention through early years services have been missed. Children with disabilities are usually identified when they are less than a year old. Ideally, assessments should be carried out so that adjustments are made in preparation for the child to start school. To facilitate early identification and intervention, schools will need to collaborate with other organisations and fully understand their roles in supporting children.

There is a regional variance in the availability of occupational therapy, which requires harmonising to allow equitable access to services for all children. As education are unable to determine the level of occupational therapy at present, this urgently needs tackling at many levels including, appropriate data collection, effective service level agreements or by education employing occupational therapists to ensure effective workforce planning and value for money.

Consultation Point 4 - Pre-School Settings

(Reference: paragraphs 6.1 to 6.3)

4 Do you agree with the proposals relating to pre-school settings?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

Occupational therapists already work in a wide range of pre-school settings. Their expertise in identifying children’s needs and providing interventions and support to children and their families is well documented and referenced. For example, using personalised, client centred occupational therapy assessments motivate children and families and help them focus on their outcomes and achievements (Tam et al 2008).

It will be essential that “early intervention officers” (6.3) recognise the holistic needs of the children. Occupational therapists already have the expertise to fulfil this role. Using those who are already skilled has many benefits.

Consultation point 5 - Primary and Post Primary

(Reference: paragraphs 7.1 to 7.5)

5 Do you agree with the proposals relating to primary and post primary?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

The College welcomes the Nurture Groups. Occupational therapists have the skills and expertise to work with children experiencing emotional and behavioural difficulties (COT 2008). Therefore we hope these groups will routinely employ occupational therapists to ensure children with emotional and behavioural difficulties have access to the occupational help they need.

We recommend the establishment of a framework that enables clear care pathways to access appropriate expertise. Such pathways do not presently exist.

Consultation Point 6 - Training and Development

(Reference: paragraphs 8.1 to 8.5)

• 6 Do you agree with the proposals relating to training and development?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

The College is pleased to see that these proposals recognise the importance of training and development, both in continuing professional development and in initial teacher education. Teacher training should include disability awareness as standard.

We believe it is also important to include training and information about the roles and expertise of other professionals who might be working with children and families with special needs. Recognising the value of other professionals and exploiting them can empower teachers in the classroom.

Consultation Point 7 - Learning Support Coordinators

(Reference: paragraphs 9.1 to 9.4)

7 Do you agree with the proposals relating to Learning Support Coordinators?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

The College believes this is an unrealistic expansion of the role of the LSC because:

- It is unreasonable to expect one professional to have a knowledge base to meet all the needs as outlined 9.3 and 9.4.
- There are already other professionals who have the expertise and already contribute to assessments and intervention strategies.

We also challenge the value of the 'lower level diagnostic testing' (5.4 and 9.3) because:

- Children will be required to undergo yet another assessment. There is already criticism from families of children with disabilities who have to undergo repeated assessments from health professionals.
- It would be more appropriate and cost effective to coordinate information already available and utilise an existing workforce that already has the necessary expertise.

For more information about occupational therapy approaches in schools please contact the College about useful reading and references.

Consultation Point 8 – Co-ordinated Support Plans

(Reference: paragraphs 10.1 to 10.6)

8 Do you agree with the proposals relating to Coordinated Support Plans (CSP)?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

Occupational therapists working in schools work with teaching staff to enable children to access the curriculum. To achieve successful outcomes adequate resources are needed. For some children with disabilities, this may require significant additional resources e.g. for access around the school environment, for access to computer technology, for specialist equipment or staffing to support and enable inclusion in class activities.

Current legislation states that resources should be made available for specialist equipment. This is neither consistent nor always available in a timely manner within Education services. In order to support inclusive education resources must be made available.

It is important to recognise that it is not the combined effect of statements that hinder effective use of classroom support, but rather the impact of several pupils with special needs in one class (10.3). We agree, classroom assistant support is not simply about hours.

The intention to coordinate services provided by Education and Health and Social Services is welcome. However, it seems superficial as it offers no real suggestions as to how this will happen. Currently, occupational therapy is provided by health employed therapists. Health and Social Services have their own priorities for services and, as a result of this episodes of care do not necessarily coincide with the requirements of education services. A child might be discharged from health and will, therefore, be excluded from access to occupational therapy at school when required. We suggest urgent attention is given to either developing robust service level agreements or for education to employ its own occupational therapists.

The proposals suggest that CSPs will be reviewed at ‘dynamic trigger points’. We would like to see more specific information about these ‘trigger points’ to ensure children with needs that might not change are not overlooked. We also recommend that reviews should take place at transition points as standard i.e. at school leaving age and from primary to secondary school.

Consultation Point 9 - Transition Points

(Reference: paragraphs 11.1 to 11.7)

9 Do you agree with the proposals relating to transition points?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

The College is pleased to see that the proposals recommend the sharing and exchange of information at all transition stages. This is essential and current and future supporting agencies and professionals (11.3) should be included to try and ‘future-proof’ projected needs.

Occupational therapists have the expertise and skills to be an integral part of the transition team. Occupational therapists help young people develop life skills and self help skills to enable independent living. An example of good practice can be seen at Fleming Fulton School, Belfast.

Transition teams are already established and good practice is evident. This should be built upon and developed across the region. Clear pathways will be needed to ensure there is no duplication of services and parity of access across the region. Resources will be required, in particular to ensure young people have full access to the expertise they need.

Consultation Point 10 - Developing Effective Partnerships

(Reference: paragraphs 12.1 to 12.30)

10 Do you agree with the proposals relating to the development of effective partnerships:

(a) Within school and pre-school settings? (paragraphs 12.3 to 12.5)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

In order to develop effective partnerships consideration will be needed to the management of boundaries both geographical and organisational e.g. between Education and Health and Social Services.

10 Do you agree with the proposals relating to the development of effective partnerships:

(b) Across educational settings & learning communities? (paragraphs 12.6 to 12.7)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

The College recommends that a collaborative approach should be embedded in the ethos of this proposal and that resources should be allocated to centres of excellence to enable sharing of expertise and outreach services within their locality.

10 Do you agree with the proposals relating to the development of effective partnerships:

(c) Between mainstream and special schools? (paragraph 12.8)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

Partnership needs to be based on a multidisciplinary and where possible a multi-agency approach. This is dependent on access to a dedicated Allied Health Professions (AHP) service that is adequately resourced and includes occupational therapy.

The College believes that opportunities for special schools to be centres of excellence should be based on a transparent and equitable process. Agreed standards that are evidenced by effective collaborative working with clear outcomes will be needed.

10 Do you agree with the proposals relating to the development of effective partnerships:

(d) Between Education and Health and Social Care (e.g. Education and Skills Authority and proposed Regional Health Boards)? (paragraphs 12.9 to 12.17)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

The College believes it is essential to develop effective partnerships between Education and Health and Social Services at all levels, in particular at a strategic level. However, there is little detail in this section to be confident that there will be any real change.

It is common practice for occupational therapy to be provided under the provision of a SEN statement across the UK under Part 3. However, within Education and Health and Social Services in Northern Ireland there appears to be either little education funding or poorly administered service level agreements. As a result there is a serious conflict of priorities between the organisations which results in extreme difficulties providing occupational therapy and an increase in the number of complaints and tribunals (12.9).

The College urgently requests that the respective organisations develop strategies and provide resources to resolve this.

HSC Trust services are driven by targets, which current occupational therapy resources are struggling to meet. To embrace this collaborative approach and ensure children receive the support and help they require, occupational therapy needs an increase in resources (12.16)

If this proposal is to be implemented effectively, the vision will need to be owned and shared by all partners (12.11).

10 Do you agree with the proposals relating to the development of effective partnerships:

(e) Between the Department of Education (DE) and the Department of Employment and Learning (DEL)? (paragraph 12.18)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

It is essential that projected needs are taken into account for the future planning of services, for workforce planning and succession planning to enable seamless transition for young people.

Effective communication and identification of needs at an early age are also essential to prevent silo working.

10 Do you agree with the proposals relating to the development of effective partnerships:

(f) Through the establishment of Multi-disciplinary Groups? (paragraphs 12.19 to 12.25)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

In order to support consistent and effective working for the children it will be essential that the child's AHPs, including occupational therapists, are part of the Multi-disciplinary Group (MG).

Whilst we believe MGs should be integral to the child's school and locality so that an informed decision can be made, they will also need to be effective, timely and efficient if they are to meet children's needs and facilitate early identification and intervention (12.22).

The document 'Standards and Guidance for Promoting Collaborative Working to Support Children with Special needs' May 2007 resulted from a joint working group of education and health professionals. Where it has been adopted by schools it works very well and forms a best practice ethos for the school -Torbank School in Dundonald is a good example of where the Principal has used this to inform good collaborative working with AHPs. Unfortunately it has not been universally adopted.

10 Do you agree with the proposals relating to the development of effective partnerships:

(g) With parents and carers? (paragraphs 12.26 to 12.28)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

The College believes that parents and carers should be an integral partner throughout this framework.

The lack of detail in 12.28d makes comment difficult. It will be essential that 'levels' of occupational therapy are discussed and agreed with occupational therapists to ensure parents have an informed understanding. This is especially important if the levels offered or available are not the same as the level recommended.

10 Do you agree with the proposals relating to the development of effective partnerships:

(h) With children and young people? (paragraph 12.29)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

It is paramount to the effective implementation of these proposals that children and young people are partners throughout.

10 Do you agree with the proposals relating to the development of effective partnerships:

(i) With voluntary organisations? (paragraph 12.30)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

Consultation Point 11 - Outworking of the Proposed Model

(Reference: paragraphs 13.1 to 13.9)

11 Do you agree with the replacement of the sequential stages of 1-5 of the current CoP by the proposed 3 strand model (Within School, Within School plus External Support, Co-ordinated Support Plans)?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

It is unclear from this section whether children who need to access special schools will have to do this under this framework. There is also no information about how choice, either the child's or the parents' will be considered; about timing and length of time to go through this process; and about how the complexities of some conditions e.g. mental health problems, will be dealt with and external help brought in quickly.

On the face of it, the proposed process may make timely, early intervention difficult to achieve.

Consultation Point 12 - Resolution and Appeal Mechanisms

(Reference: paragraph 14.1)

12 Do you agree that the current informal appeal, dispute avoidance and resolution and formal appeal arrangements (SENDIST) for children with SEN should remain unchanged?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

At present there are serious difficulties with resolution and appeal. There is an urgent need to match funding with recommendations to ensure children and young people are given the therapies agreed in their statement in order to help them at school and without compromising the children who need health based therapies.

Occupational therapists are experiencing serious difficulties meeting both Education's requirements, especially following tribunals, and their employing organisations priorities. As a result, some children and young people are not receiving the help they need outside of the school environment.

The College urgently requests that further work is done to define, agree and fund service level agreements or that education should employ its own occupational therapists. It is not unreasonable for AHPs to be employed outside Health and Social Services. Concerns around governance, workforce planning, and management can be overcome and are not realistic barriers.

Consultation point 13 - Funding

(Reference: paragraphs 15.1 to 15.5)

13 Do you agree with the proposals relating to funding?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

We have mentioned resources several times and, to reiterate we recommend that these will need to be realistic if the aspirations in this framework are to be even partly achieved. We strongly recommend that Education considers employing its own occupational therapists and AHPs to deliver an integrated service. The value of dedicated multi and inter-agency teams cannot be underestimated.

Funding needs to take account of the safeguarding and equipment needs for those children with special needs. More cost effective use of equipment might be possible through a different model, e.g. one that is centrally managed.

Flexibility of funding and other resources is needed to facilitate working with IT Departments to incorporate special needs. Integrating the technological access needs of children with disabilities into mainstream technologies will ensure systems are compatible throughout the schools and a sharing of expertise between occupational therapists and IT experts can take place.

It is important to align funding cycles to be able to facilitate access to schools for children and young people with disabilities. For example, when a school has been selected for a particular child, but it is not accessible because he/she uses a wheelchair, it is unreasonable to wait for the next funding cycle before alterations are made to the building. The impact on the child's education and by excluding him/her from their class can be detrimental to their learning, development and well-being.

The College recommends funding that facilitates placements is timely and appropriate.

The College recommends the Department of Education consults with local occupational therapists when you are developing proposals for funding outreach services by special schools (15.5). Children, young people and families, as well as teaching staff, value the help provided by occupational therapists.

Consultation Point 14 - Monitoring, Review, Evaluation & Accountability

(Reference: paragraphs 16.1 to 16.5)

14 Do you agree with the proposals relating to monitoring, review, evaluation & accountability?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

We hope, through these proposals, there will be greater parity between schools across the region and that this will be monitored and maintained.

It appears that there will be an increased level of responsibility on the Board of Governors and Principal (16.3). To support this, the College recommends additional training is provided, especially in the areas of disability and illness, associated resources, and joint working to provide seamless services.

Consultation Point 15 – Roles and Responsibilities

(Reference: paragraphs 17.1 to 17.19)

15 Do you agree with the proposals relating to the roles and responsibilities for:

(a) The Department of Education (DE)? (paragraphs 17.1 to 17.2)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

15 Do you agree with the proposals relating to the roles and responsibilities for:

(b) The proposed Education and Skills Authority (ESA)? (paragraph 17.3)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

This needs to be implemented as soon as possible.

15 Do you agree with the proposals relating to the roles and responsibilities for:

(c) The Department of Health, Social Services and Public Safety (DHSSPS)?

(paragraphs 17.4 to 17.6)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

15 Do you agree with the proposals relating to the roles and responsibilities for:

(d) Multi-disciplinary Groups (MGs)? (paragraphs 17.7 to 17.8)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

Consideration needs to be given to how existing MGs will be coordinated into these proposals and to develop equitable services that embrace an inclusive approach.

The responsibilities for MGs have been outlined in this section, but the 'devil's in the detail'. We would like to see much more consideration given to their level of authority and any powers, they may have; how they will be resourced and enabled to deliver timely, prompt services; and how the balance between the school's needs and an individual children's needs, will be managed (17.7 and 17.8).

15 Do you agree with the proposals relating to the roles and responsibilities for:

(e) Mainstream schools and other educational establishments? (paragraphs

17.9 to 17.16)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

Training will be needed to help meet the proposed changes.

15 Do you agree with the proposals relating to the roles and responsibilities for:

(f) The Education and Training Inspectorate (ETI)? (paragraphs 17.17 to 17.18)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

More clarity is needed to define 'inspecting all aspects of provision for children and young people' (17.18), with regard to inspecting AHP services. If there is to be a recommendation that ETI's will be responsible for inspecting occupational therapy services to education, appropriate expertise and advice will be required and information must be sourced.

15 Do you agree with the proposals relating to the roles and responsibilities for:

(g) Children's Services Directors? (paragraph 17.19)

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

Consultation Point 16 - Proposed Phased Introduction of the Policy

(Reference: paragraphs 18.1 to 18.7)

16 Do you agree with the proposed phased introduction of the policy?

Strongly agree	Agree	Don't know	Disagree	Strongly Disagree

Any other comments:

Pilots can be a good way of gathering information about what works well and what doesn't. However, the time frames for this are tight (18.4).

Additional Comments

If you have any additional comments you wish to make about the proposals please use the box below.

The College supports the move in these proposals for Special Educational needs and Inclusion. At a time of economic crisis these will be challenging to implement.

There are already difficulties resourcing enough occupational therapy to meet the needs of children, young people and their families across both Education and Health and Social Services. In order to meet the aspirations within this document more resources will need to be made available. Collaboration between Departments will be vital at all levels, and this will be a particular challenge.

We are disappointed that there is very little in the document about collaboration with the children and their parents, how they will be able to exercise 'choice', and how services will be personalised around the children's needs.

Occupational therapists are skilled and knowledgeable about what they could provide given adequate resources. We hope you will consult with them as you develop the detail needed to deliver and implement these proposals.

If you would like more information about occupational therapy approaches in schools please contact the College for useful reading and references.

Occupational therapy helps people of all ages to lead healthy and fulfilling lives through improving their ability to carry out the activities they need to do or choose to do in their daily lives. Occupational therapists work with children and young people with poor physical or mental health, disabilities, social limitations or learning difficulties. The problems that they might help them with are, for example, in the areas of development, personal, social, educational, economic or cultural functioning (Creek 2003).

References

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Jenkinson J, Hyde T, Ahmad S 2008 *Building blocks for learning: occupational therapy approaches Practical strategies for the inclusion of special needs in primary school* Wiley-Blackwell, West Sussex

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May 2007 *Standards and Guidance for Promoting Collaborative working to support Children with Special Needs*

Link to document: http://www.deni.gov.uk/index/7-special_educational_needs_pg/special_educational_needs-newpage-2.htm