5.1. Categories of Special Education Need & Disability

In Ireland, the Education for Persons with Special Educational Needs (EPSEN) Act (GoI, 2004) defined Special educational needs as:

… a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition.

The EPSEN Act was clear that, while a disability may lead to a CYP presenting with support needs or a special education need, this may not always be the case. It is also important to understand that a child can have a disability but not have any special educational needs arising from that disability which require additional supports in school.

The ESPEN Act further outlined four different areas of disability from which special educational needs may arise :

• physical

• sensory

• mental health

• learning disability

These broad categories of disability which can lead to additional areas of support need are also referenced in the UKs 0-25 SEND Code of Practice (2015).

These broad categories were further divided within the UK School Census categories of special educational needs include:

- Specific learning difficulties (SpLD);

- Moderate learning difficulty (MLD);

- Severe learning difficulty (SLD);

- Profound and multiple learning difficulty (PMLD);

- Speech, language and communication needs (SLCN);

- Social, emotional and mental health (SEMH);

- Autistic spectrum disorder (ASD);

- Visual impairment (VI);

- Hearing impairment (HI);

- Multisensory impairment (MSI);

- Physical disability (PD);

- 'SEN support' but no specialist assessment of type of need (NSA)

Importantly, the UKs code of practice (2015) emphasises how such categories of disability can be used to support the inclusive educational practices within schools in the following manner:

'The purpose of identification is to work out what action the school needs to take, not to fit a pupil into a category. In practice, individual children or young people often have needs that cut across all these areas and their needs may change over time... A detailed assessment of need should ensure that the full range of an individual's needs is identified, not simply the primary need.' (section 6.27)

This approach emphasises the role of assessment in identifying the individual profiles of CYP who may present with SEND. These profiles are then advised to be used to allocate resources or supports to ensure the CYP receives the support they may require.

Such an approach is particularly important given the complexity of profile that is common among CYP with SEND. The reality is that the diagnostic frameworks which guide the identification of discrete categories of SEND are increasingly viewed as overly simplifying the complexity of many children's presentations (Embracing Complexity Coalition, 2019; Gillberg, 2010). In the case of the range of diverse neurodevelopment conditions which commonly contribute to SEND diagnosis, there is commonly significant overlap across conditions (Embracing Complexity Coalition, 2019) and co-occurring diagnosis. For example, in the case of Autism, one study found that 70% of Autistic children had a comorbid psychiatric presentation, and 41% had two or more (Simonoff, Pickles, Charman, Chandler, Loucas,& Baird, 2008). Rogers (2019) points out that between 22% and 84% of autistic children and 35% to 77% of adult's report anxiety, with 50% of children describing this as impacting on daily life. The incidence of autism within the population of Ireland is currently estimated to be 1 in 65 (HSE, 2018), while to assessed prevalence of *the same* condition in Northern Ireland is 4.6% of the population. The figure below indicates the level of overlap across the range of Neurodevelopmental differences in CYP with disability, emphasising the need for individualised profiling and assessment of children.

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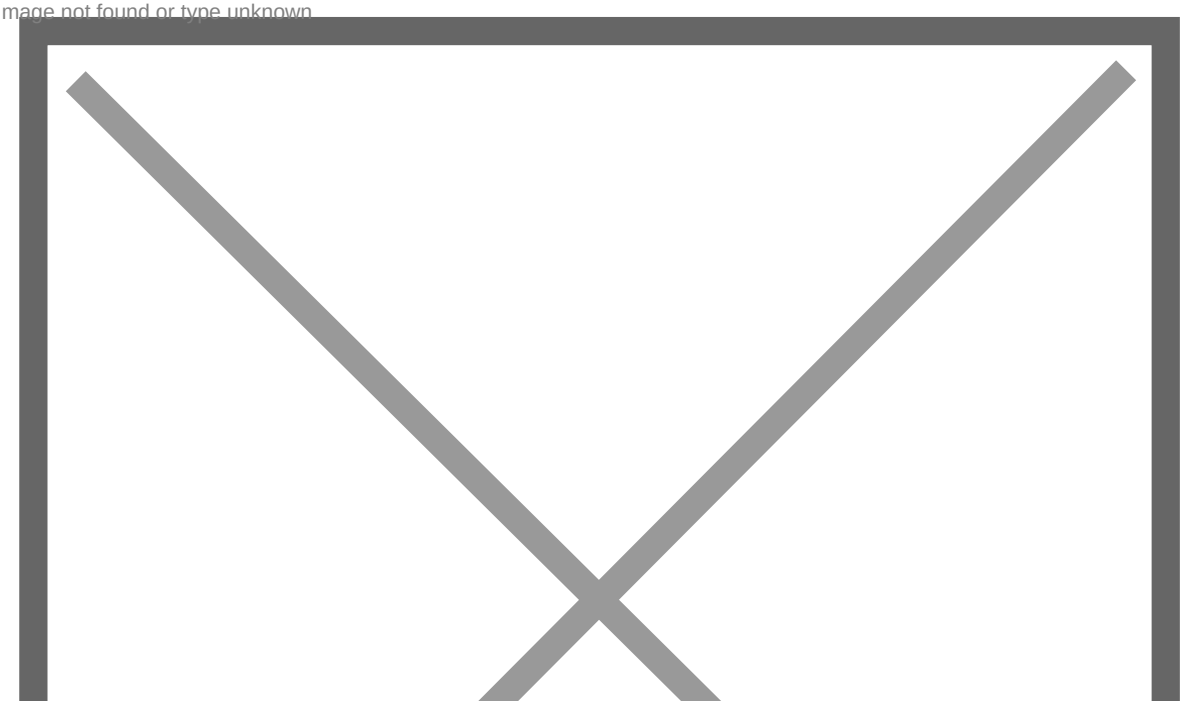


Figure 1. Neurodevelopment differences and their overlap.

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