Provision for learning support in Scotland: a survey of local authorities

Report to Educational Institute for Scotland

September 2018

Dr Jennifer Spratt

Dr Jackie Ravet

Dr Laura Colucci-Gray

Dr Mhairi Beaton

Dr Mishel Moriah

Table of Contents

1 Executive Summary

This study was commissioned by the Educational Institute of Scotland (EIS) to examine changes in, and variations of, provision of learning support for pupils. The project investigated the different criteria currently used by Local Authorities (LAs) to establish students' entitlement to learning support. It explored changes to these criteria over time, and the reasons for these changes. It also looked at potential impacts of these variations for both pupils and staff. In discussion with the funding body the research team was commissioned to address the following research questions:

- How do LAs identify and support children with Additional Support Needs (ASN)?
- How and why has this this changed over time?
- How do the above factors vary between and within LAs?

Methods

This was a mixed methods study, involving an online questionnaire and in-depth interviews. The study concluded with a focus group with representatives of the EIS's ASN network.

Ethical approval for the study was obtained from the University of Aberdeen and consent was sought from the Director of Education (or equivalent) in all of Scotland's 32 LAs. Twenty-six LAs consented to participate, and an online questionnaire was distributed to the member of staff with responsibility for ASN/ Inclusion in each LA. Fourteen respondents completed and returned the questionnaire. Although this number is lower than we had hoped, there was a mixture of rural and urban LAs, and a geographical spread throughout the country. This provided a range of interesting responses that allowed us to address the research questions in depth.

Following the analysis of questionnaire data, six LA respondents were invited to take part in telephone interviews to explore some of the issues that were raised.

Finally, when all the research data had been collected and analysed, invitations were issued to members of the EIS's ASN Network to participate in an online focus group to discuss the implications of the findings for their work. Two participants were involved in this activity.

1.1 Findings

The changes that have taken place in identification and support of children with additional support needs have been driven by the changes to the national legislative and policy framework, as outlined in section 4. Scotland has developed a distinctive rights-based approach to

inclusion, with a presumption of mainstreaming, and a focus on provision of appropriate support for all children. This is aimed at moving work with children with ASN away from deficit driven models of need towards an understanding of the rights of all children to participate in the life and learning of the school. This policy shift has demanded new ways of working in LAs across Scotland, and this report will show that there are differences between LAs in how far they have travelled along this route, and some differences in how they have chosen to enact the policies.

- There are variations between LAs in terms of how readily they use diagnostic criteria to identify ASN, with some LAs seeing these as unhelpful and static, as they locate the difficulties and potential solutions within the child.
- In describing how children were identified as having ASN, many LAs preferred to describe the process of identification, rather than specifying criteria. These answers invoked various aspects of the Getting it Right for Every Child (GIRFEC) process such as staged intervention, wellbeing indicators, resilience matrix, Team around the Child (TAC).
- Decisions about which children were deemed to have ASN, and how best to support them were made collaboratively by teams including teachers, head teachers, Educational Psychologists, and other specialists where appropriate, for example speech and language specialists.
- These collaborative processes in line with GIRFEC have the advantage of responding to the particular needs of children in the specific circumstances that apply to them. This allows for professional judgement to be the main currency in determining who needs support, which may lead to variation between LAs in terms of the numbers and types of ASN that are identified and reported.
- Mainly LAs described devolved budgets for ASN that were allocated to schools based on formulae that took account of factors such as level of deprivation and the size of the school. Under these models, resources were not allocated to children, but they were allocated to schools, with the expectation that schools would meet the needs of the children as they saw appropriate. In one case the resources were allocated at school cluster level and schools could then share resources if appropriate. Only one responding LA described funding decisions made on a child by child basis, by a local authority 'screening' team.
- The main changes over time relate to the roles of ASN staff and classroom teachers. LA respondents argued strongly for the role of classroom teachers in making environmental and pedagogical changes. The role of specialists in providing limited targeted support coupled with capacity building for the teachers was common, although LA respondents acknowledged considerable variation at school level with this development.
- Support for teachers to take on these new roles was variable within and between LAs. The most extensive support was provided by an LA that had a well-established framework, available online, that teachers were expected to use to analyse the difficulties experienced by children and the possible changes to the classroom climate and teaching approaches that would be supportive of the children in the classroom. This provided an ongoing tool to support decisions about classroom inclusion.
- In the questionnaires, LA respondents rarely mentioned budget as a reason for changes over time. In the interviews, respondents largely commented that budgets for ASN had remained fairly static. However, the level of need was recognised as increasing by all respondents who commented on this issue. Reasons for increased need were unclear.

- There was also a recognition that staff shortages affected ASN provision. Particularly in rural areas, where there was a shortage of staff generally, ASN staff were sometimes deployed as classroom teachers where there was no one available to take a class.

2   Introduction

This document reports on a study commissioned by the Educational Institute of Scotland to examine changes in, and variations of, provision of learning support for pupils. The project investigated the different criteria currently used by Local Authorities (LAs) to establish students' entitlement to learning support. It explored changes to these criteria over time, and the reasons for these changes. It also looked at potential impacts of these variations for both pupils and staff. In discussion with the funding body, the research team was commissioned to address the following research questions:

How do Local Authorities identify and support children with ASN?

- What criteria (normative and non-normative) do LAs use to identify children with ASN?

- Which criteria lead to an entitlement for funded learning support?

- What format of support is offered to those with additional funding?

- What format of support is available to children with ASN who do not attract funding?

- Who is involved in the decision-making process?

- To what extent are parents / carers involved in identification of ASN and subsequent decisions about support?

- How are staff (classroom teachers and ASN staff) supported to develop their approaches to support children identified with ASN?

- To what extent are LAs aware of socio-economic factors in the identification and subsequent support of difficulties?

- What differences exist between schools within the LA?

How and why has this this changed over time?

- How, if at all, have these criteria changed since 2008?

- What are the key reasons for any changes in these criteria?

- What are the implications of these changes (including resource implications) for schools and staff?

- How do these changes affect the experience of pupils?

- How have staff been supported to address changes identified with the questions above?

The national picture

- How do the above factors vary between and within LAs?

3   Methods

This was a mixed-methods study, involving an online questionnaire and in-depth interviews with LA representatives and a focus group with members of the EIS's ASN Network. Qualitative and quantitative data were collected.

Ethical approval for the study. This was obtained, at the outset, from the University of Aberdeen. We submitted letters of invitation to LAs, participant information sheets and consent forms for scrutiny by the Ethics Committee. We were also required to explain the ethical protocols that would be applied to the project including guarantees of anonymity and confidentiality to participating individuals and to LAs.

Gaining access to Local Authorities. It is a requirement that researchers gain formal consent from the Director of Education (or equivalent) before inviting any participation from individuals in that LA. Personalised letters were drafted and distributed to each of the 32 Directors of Education, with a participant information sheet enclosed.

Twenty-six LAs gave consent for participation. One LA remained unresponsive, despite follow-up phone calls. Four LAs declined for the following reasons:

- restructuring of their education department;
- high volume of work and focus on priorities around improving attainment;
- a range of additional pressures on staff at the present time;
- 'The Council provides learning support on a needs basis and not a diagnostic basis'.

A fifth LA declined without giving a reason.

In addition to giving permission, the Directors of Education were asked to provide details of the person in their LA who was responsible for ASN, who we could approach to participate in the study. An interesting early observation in this study was the range of post holders that were identified as being the person with overall responsibility for children with ASN, as shown in the table below. In some cases, Education Psychologists were identified as the study participant. In other cases, the role was defined in terms of ASN or inclusion or sometimes both ASN and inclusion. The role was also associated with Lifelong Learning or employment.

The twenty-six representatives identified by the LAs were invited to participate in the study by completing an online questionnaire. Reminders were issued. Fourteen questionnaires were returned (54% return rate). Although this number is lower than we had hoped, it provided a

range of interesting responses from a range of contexts across Scotland that allowed us to address the research questions in depth, as will be shown later in this report.

Study participants

All participants below completed the questionnaire. The six interview participants are indicated in the table below.

Table 1 Study participants

Role within LA (as described in questionnaire response)	Interview participant	
Acting Principal Education Psychologist	Yes	
Education Manager, (ASN, Educational Psychology and Inclusion)	Yes	
Quality Improvement Officer (QIO)		No
Manager		No
Service Manager		No
Education Officer, Additional Support Needs	Yes	
School Group Manager, Inclusion and ASN	Yes	
Continuous Improvement Officer for Inclusion		No
QIO for Children and Young People with ASN	Yes	
Inclusive Education Manager		No
Head		No
Senior Education Manager		No
Learning Support Manager		No
Senior Manager	Yes	

The questionnaire

All identified participants were invited to complete an online questionnaire.

The questionnaire was designed to address the questions outlined in the research proposal. There were a mix of closed and open-ended questions to provide both quantitative and qualitative data.

The questions were designed with input from the full research team. Modifications to the draft questions were made following consultation with the EIS ASN network. The questionnaire was converted to an online format with support from the University of Aberdeen's Information Technology team. The online version of the questionnaire was piloted for technical workability

and for the clarity of the questions by: three education psychologists who volunteered on behalf of the EIS Educational Psychologists' Network; University staff colleagues, including one at another institution; and team members.

Minor changes were made in the light of feedback.

Interviews

Six participants were invited for interview based on their responses to the online questionnaire. All six participants provided answers in their questionnaires that the research team identified, during analysis, as meriting a deeper conversation. Interviewees represented a range of perspectives and were drawn from rural, urban and mixed LAs.

Interviews were conducted by telephone following a semi-structured format. There were a number of questions, that had arisen from the survey more generally, that were put to all participants, and some further questions which were designed to follow up on individual questionnaire responses. Two researchers were present at each interview.

With consent from the participants, interviews were recorded and professionally transcribed. Transcripts were sent to participants for member checking. Participants were invited to add, remove or alter their written transcripts if they felt that, on reflection, they did not accurately represent what they wished to communicate. Any alterations requested by participants were accepted without requiring justification.

ASN Network focus group

Following the analysis of the data collected from the LAs, all members of the EIS's ASN Network were invited to participate in an online focus group, to offer their responses to the findings. The EIS ASN network works to represent the views of the wider membership of the organisation. Two members of the group attended the event. As this conversation was a response to the findings, this work is reported at the end of this document, after the discussion of findings from the LAs.

4   Brief summary of relevant legislation and policy

Since the turn of the 21st century, Scotland has developed a series of legislative and policy frameworks which guide the work of LAs and schools in their support of children with ASN. They articulate a political and ideological commitment to inclusion. Views on the implementation of the policies are mixed.

 To inform the discussion of the research findings that follow, the main legislation and policy sources that feature in the data are highlighted below.

The Standards in Scotland's Schools etc. Act 2000 introduced the requirement that all children be educated in mainstream schools, unless exceptional circumstances could be demonstrated. This 'presumption of mainstreaming' was the legislative background which drove subsequent policies to enhance the inclusion of all children. It is notable, that the non-statutory guidance on the presumption of mainstreaming is currently under review, with the Scottish Government consultation on new draft guidance having recently closed.

The Education (Additional Support for Learning) (Scotland) Act 2004, (amended 2009 and 2016) introduced an important change to terminology, by replacing the term 'special needs' with 'additional support needs'. This change signalled a move away from conceptualising difficulties solely in the child, to an approach that recognised that difficulties in learning can arise from a wide variety of circumstances, many of which are environmental.

The Act is structured around the concept of support being needed for any reason, for short or long-term periods, determined by the individual learning needs of the child or young person. The key duties on education authorities are to identify, make provision for, and review provision for the additional support needs of children and young people for whose education they are responsible.

The Act also places duties on education authorities, (and in certain circumstances health, social work and Skills Development Scotland) to work collaboratively to plan and make joint provision for children and young people with complex or multiple additional support needs.

The 2009 amendment recognised the support needed by looked after children and young people and legislated that all looked after children should be deemed to have additional support needs.

The Act was further amended in the Education Scotland Act (2016) (see below) which extended children's rights to be involved in decisions about their ASN provision, depending on the LA's judgement of their capacity to understand the issues under review and also dependent on such involvement not being likely to have a deleterious effect on their wellbeing.

Getting it Right for Every Child (GIRFEC) is described as, 'the national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people by offering the right help at the right time from the right people'. By framing wellbeing as the eight 'SHANARRI Indicators, (Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included) it conceptualises wellbeing in terms of the rights children have to key provisions (rather than as 'deficits' of the child). Under the 'National Practice Model' the SHANARRI wheel is used as an analytical tool for identification of barriers to learning and for putting in place appropriate supports. GIRFEC offers a vehicle for structuring interagency working putting the 'child at the centre' and places a strong emphasis on the involvement of families.

Linked to the National Practice Model is the staged intervention approach. This may differ in detail between LAs, but a typical approach sees Stage 1 as universal support that can be offered within the school; Stage 2 involves support from specialists outside the schools, but largely within education (single agency plan); Stage 3 involves a multi-agency response, involving input from other agencies as appropriate.

The Children and Young People (Scotland) Act 2014 (CYPA) was developed from experience of the 'Getting It Right for Every Child' approach, and effectively puts the majority of the GIRFEC approach onto a legislative footing. Implementing the Act requires statutory authorities to work intensively with relevant stakeholders, particularly including the third sector, and to undertake significant and wide-range planning.

The Act places in legislation a definition of a child's wellbeing, which is based on the SHANARRI indicators. The Children and Young People (Scotland) Act 2014 ensures a single planning framework, a Child's Plan, will be available for children who require extra support that is not generally available. The Plan should address a child or young person's needs and improve their wellbeing.

The CYPA also introduced the Named Person, as part of the GIRFEC approach. This provides each child and their family with a single named contact such as a health visitor or teacher, who

is responsible for providing advice, information and support to children and parents. The named person also acts as a point of contact for the team of professionals and services around a child. In spite of some opposition to the introduction of the Named Person, the Scottish Government has moved ahead in introducing the scheme across the country, albeit with some modification to plans for data sharing as required by the Supreme Court.

Curriculum for Excellence (CfE) is closely linked to GIRFEC. CfE was designed with the intention to achieve a transformation in education in Scotland by providing a coherent, more flexible and enriched curriculum from 3 to 18 years old. It fosters child-centred, inclusive approaches to teaching and learning, positive school ethos, and an understanding of achievement that is much wider than attainment measures. Under CfE the health and wellbeing of children is deemed to be 'the responsibility of all'.

The Education Scotland Act 2016 introduces the National Improvement Framework, aimed at addressing the socio-economic inequalities in educational attainment. This Act also introduced amendments to the Education (Additional Support for Learning) (Scotland) Act 2004, as described above.

5 Findings

The structure of this section reflects the research questions as outlined previously. However, it was evident that some of the research questions overlapped in the way the participants conceptualised their issues, so the findings are grouped into topics that are driven by the data. Data from questionnaires and interviews inform the discussion of these topics.

5.1 Criteria for identifying children with additional support needs

The questionnaire asked about the criteria used by LAs to identify children with ASN, both formal (or normative) criteria and informal (or non-normative). Normative criteria are those for which there are diagnostic criteria and/or objective tests against which a child can be assessed e.g. visual impairment, autism spectrum disorder (ASD). Non-normative criteria are those that for which there are no diagnostic criteria, but depend entirely upon professional judgement e.g. social and emotional behaviour difficulties. In asking LA participants about their use of criteria, we received responses that revealed different ways of viewing the difficulties that children may face. Some answers revealed a more 'medical model', whereby difficulties are seen as within-child, others revealed a 'social model' where the focus lay on environmental barriers, and, of course, there was some overlap between the two.

5.1.1 Normative criteria

When asked in the questionnaire about formal criteria, two LA respondents offered lists of examples. The most comprehensive list read:

> 'Autism Spectrum Disorder (ASD), Dyslexia, English as an Additional Language (EAL), Hearing Impairment (HI), Visual Impairment (VI), Speech and Language Disorder, learning disability, physical impairment including Foetal Alcohol Syndrome Disorder (FASD) etc., Child and Adolescent Mental Health Service (CAMHS) diagnosis including Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD) Global delay etc.'[1]

However, it became clear from the interviews that the LA that had provided the most extensive list of criteria, in practice used a range of different methods when considering which children required additional support, saying:

---

[1] This list is reported is quoted directly from a questionnaire response, but for clarity, where the respondent used acronyms, the full wording has been added in.

> *'None of our supports or placements are dependent on a label in any way',*
> *(Interview 6).*

One questionnaire response cautioned that diagnostic information should be considered:

> *'….in the context of the wellbeing indicators'.*

Similarly, another respondent wrote:

> *'The use of any criteria should be informed by whether there are barriers to*
> *learning and development which need addressing.'*

These answers often invoked the GIRFEC approach as replacing an ASN approach (for example the 'Getting it Right for Me' plans replacing Additional Support Plans). In these answers we could see an environmental / social approach to understanding the difficulties children faced.

Two questionnaire participants seemed to have little time for criteria, one stating, that:

> *'Diagnostic criteria alone [are] a limiting basis on which to identify ASN*
> *[being] static, clinically based, deficit based and within-child'.*

The other respondent who expressed a similar view wrote:

> *'We meet needs as presented, therefore we do not require any label or*
> *diagnostic indicator'.*

Participants who took this approach cited the broad definition of additional support needs in the ASN Act. Although, having rejected diagnostic criteria in general, it was acknowledged by one respondent that all looked after children (LAC) would be deemed to have additional support needs.

The move away from a criterion-based approach was summarised in Interview 4 as follows:

> *'So really, for probably the last 20 years [this LA] has been moving along a*
> *route of rejecting or not showing a primacy to a diagnostic label, to being*
> *much more about looking at Additional Support Needs in the broadest*
> *context that the ASL Act introduced. So, when the ASL Act came along in*
> *2005 it in a sense reinforced or confirmed what our view was. …. And [the*
> *Educational Psychologist] had taken the view for some time that we wanted*

> *to look at the context that a child was learning in, and the family context that*
> *they came from, or lived in, and that that would dictate, if you like, or inform*
> *how we met need.'*

In this LA the move away from diagnostic criteria was clearly well established.

Nine answers to this question focussed more on the *approach* taken to identify children with additional support needs, than the criteria themselves. These answers referred to staged intervention approaches, typically framing Level 1 universal approaches involving school staff, Level 2 involving specialists from within education services, and Level 3 involving a wider team of interagency staff including NHS staff and social workers. (Although staged intervention was commonly mentioned by LA respondents, and was based on similar principles, the details of the stages varied slightly, with some describing four stages rather than three). These answers suggested that any formal identification of ASN would be undertaken at levels 2 and 3, as appropriate.

5.1.2   *Non-normative criteria*

Two responses to this question listed a set of non-normative criteria. One suggested the following:

> *'Bereavement, communication support needs, family issues, looked after*
> *children, poor mental health and wellbeing, moderate learning difficulties,*
> *challenging behaviour, including social and emotional needs, substance*
> *misuse'.*

Interestingly, this respondent viewed looked after children as an informal criterion, whereas a different respondent had seen this as a formal criterion. Overall, looked after children were only mentioned by two LAs in either of the questions about criteria.

The second respondent who offered a list included more educational concerns alongside wellbeing concerns, by identifying

> *'One or more of the following: anxiety and stress resulting in challenging*
> *behaviour, trauma, loss, attachment and poor attainment through low level*
> *of literacy, numeracy, social skills and lack of concentration / engagement'.*

However, much more commonly, respondents answered this question in terms of how professional judgements were made. Ten referred to some aspect of GIRFEC in their answers

e.g. wellbeing indicators, the National Practice Model, planning for targeted support using the Child's Plan or the Children and Young People (Scotland) Act 2016. Links were made between GIRFEC and the use of staged interventions. Decision making at 'GIRFEC meetings' was also mentioned. Two LAs reported using systems they had designed themselves, which were used to enact the GIRFEC principles.

Two LAs answered this question by commenting simply that identification was based on judgement of (variously) teaching staff, parents, young people themselves, and social workers.

Overall, the responses to our question about informal criteria for identifying children with ASN suggested that in many LAs criterion referencing is not the main approach to identifying difficulties. A strong theme emerging was the role of professional judgement in making such decisions. On one level this allows for local context-related judgements about children's circumstances, but it also raises questions about consistency of provision.

5.2 Allocation of additional resources

In the questionnaire, participants were asked which criteria were used to identify those children who were entitled to additional resources. Interestingly, no respondents offered any criteria on which this judgement would be made. Instead, all the answers described the *processes* by which decisions were made about appropriate support. This underlines the point made in the previous section, that there is a move away from conceptualising these issues in terms of in-child deficit, towards thinking in terms of appropriate supports. This is entirely in keeping with the spirit of the ASL Act and the terminology of 'additional support needs' rather than 'special needs'.

Respondents were keen to emphasise the individuality of the difficulties that children face and their responsiveness to needs as presented. Various aspects of the GIRFEC model were cited in this response, including use of the wellbeing indicators and the National Practice Model to identify support needs. Staged intervention was also frequently mentioned, to assess the level of support that was needed. The 'Team around the Child' was also mentioned. The embeddedness of the approaches advocated by GIRFEC was clear in these answers, which is perhaps unsurprising, given the legal standing of GIRFEC through the Children and Young People Act.

There was some difference between LAs in terms of how they allocated funding for additional support needs. Although participants were not directly asked about funding models in the

questionnaire, some information was volunteered both in questionnaires and in follow up interviews. For this reason the data on this is limited.

One approach to funding was to use a formula based on factors such as the size of the school, the level of deprivation (or the proxy of free school meal entitlement) and the number of looked after children. The factors varied slightly between authorities, for example one rural authority did not include deprivation as a factor. Five authorities identified this type of approach. In this model funding was not allocated to specific children, it was allocated to schools and decisions about how to use the resources were devolved to schools. There was no need for 'criteria' to identify particular children. In the limited data that we have, this was the most common approach.

In another model described in the data the LA made decisions centrally about how to allocate resources according to assessments of need. For example, one LA described an 'authority screening group' that made such decisions, describing this as a fair and consistent approach across the LA. In this case the funding was clearly linked to specific children.

A third model described in the data by one LA located the decision making at the level of local management groups. In this model, resource was allocated to groups of schools according to an LA formula. The head teachers met with education psychologists and other specialists, to discuss how the resource was allocated to schools in any year. Where schools encountered changes in support needs during the year they negotiated with partners in their cluster to reallocate resources.

All of these models are described as attempts to allocate limited resources in an equitable manner that best meets the needs of the schools and children in the LA. In addition to the responses above, some LAs referred to additional resources available in cases where children's needs were significantly complex. Here allocation was dependent on individual circumstances and involved LA decision making.

Clearly, although there were similar approaches across LAs in terms of identifying children's additional support needs, there were differences in how the support was funded, which must result in different pupil experiences in different LAs.

5.3   Support for children with ASN that does not involve additional resource

As described above, funding models did not necessarily allocate resources to children. Where the funds were allocated to schools who could use them as they deemed appropriate, the distinction between children on this basis is not reflected in the practice in schools. As one respondent wrote:

> *'Our model does not match additional resource to need, it seeks to provide resource to be used to meet all need in that school'.*

However, in asking LAs about unfunded support, there were some detailed responses about the ways in which tier 1 support was offered in schools as part of general provision.

Most commonly respondents referred to the role of the class teacher in supporting all pupils. As one respondent wrote:

> *'Research shows that pedagogy for children with ASN includes learning and teaching that benefits all'.*

A wide range of inclusive pedagogical approaches were mentioned: metacognition, feedback, differentiation, cooperative learning, active literacy, positive relationships and pupil voice. A number of respondents supported this with reference to research, policy (staged intervention), and the General Teaching Council for Scotland (GTCS) professional standards. There was a strong sense that addressing the classroom environment and the pedagogical approaches were critical to supporting children with ASN. One LA had a specially designed online package to support teachers to develop these approaches, which they were expected to follow.

Moreover, universal pedagogical approaches were seen by one LA interviewee as an upstream approach which could avoid additional support needs emerging in the first place. To support this view, Interviewee 5 described how, by implementing effective teaching approaches to early literacy, there had been a reduction in children requiring support with their literacy:

> *'By changing the way in which we taught reading in this authority, we were able to reduce the number of children who required Additional Support. Through more effective universal teaching, through the delivery of early targeted interventions, we've got fewer children needing Additional Support for literacy'.*

Whole-school approaches such as restorative practices, nurturing approaches, autism friendly environment, dyslexia friendly environments, positive relationships, personal learning planning were also commonly invoked in this discussion. In some cases, specific learning approaches to literacy and numeracy were advocated. Robust assessment, monitoring and reporting arrangements were also mentioned.

In terms of support from Learning Support Staff or Learning Assistants, those LAs who mentioned this described a situation where schools made choices about how to use these staff according to the changing needs of pupils in the school.

5.3.1 Differences between schools in supporting children with ASN without additional resource

When asked if there were differences between schools within LAs, ten LAs reported differences between schools in this respect, and four reported no differences.

Three of the LAs who described differences pointed to different levels of funding according to Scottish Index of Multiple Deprivation (SIMD) levels, with one LA mentioning the opportunities provided by Pupil Equity Funding to provide support and resources to strategies that may 'close the attainment gap'.

The other LAs described differences between schools in terms of their practice. One respondent reported that the differences might lie in how they use Learning Support time. Others referred to how engaged different schools were with the range of strategies available. For example, questionnaire responses included the following comments:

> *'All schools in our authority use [LA resource] but we know from our self-evaluation that implementation varies between schools'.*

> *'Schools are on different points of the Dyslexia Friendly School Pathway'.*

> *'Not all schools have engaged with the systems in place although most have'.*

When asked for the reasons for differences between schools, some respondents articulated a view that there was variability in terms of approaches to inclusion, experience of staff and staff turnover. For example:

'Some schools have better ethos when it comes to inclusion, so support pupils
in different ways that require less 1:1 support for pupils'.

So, whilst we can see differences between LAs in their approaches, we can also see differences in implementation of policies within different schools, for a variety of reasons. Whilst LAs hold responsibility for setting policy direction and supporting its implementation, differences in pupil experiences are not solely due to LA decision making.

5.4   Support for children that involves additional resource

In this answer, of all answers, there are variations between how LAs portray the balance between universalist and targeted approaches. Two respondents focused entirely on classroom practice as the best support wherever possible. One of these respondents wrote:

'Children whose needs cannot be met through effective inclusive classroom
practice [will be supported] as appropriate'.

Seven respondents referred to both classroom practice and specialist support whilst five made no mention of classroom practice and instead listed a range of possible interventions, some of which entailed specialist support, subject to assessment though staged intervention processes.

The types of support that were identified were wide ranging and included: Nurture groups, specialist support for hearing impaired and visually impaired children, flexible curriculum, targeted literacy and language interventions, EAL interventions, counselling and mental health interventions, alternative assessment arrangements, additional transition arrangements, intervention and prevention programmes, horse riding. In some cases, specialist staffing was mentioned including education psychologists (3), social workers (2), NHS staff (1), third sector supports (2), Learning Support workers (6), specialist teachers working across the LA (3).

Some respondents also mentioned alternative provisions such as enhanced provision, shared placement and special schools. One rural LA also mentioned placement outwith the LA.

In answer to this question respondents were clearly giving a flavour of possible supports rather than an exhaustive list. Hence it is possible that the LAs that cited in-school responses as the most important would also have specialist interventions, even if these were not mentioned. However, the difference between LAs in terms of how they focussed this answer reveals a difference in emphasis.

Only five LAs reported differences between schools in this respect, with eight reporting no differences between schools (as compared to ten reporting differences between schools in terms of support for children who were not allocated additional resource). The implication is that for specialist provision there is more LA involvement in the decision making about who is allocated this support and why. One LA reported no differences between schools commenting that there was a '*fair and consistent approach from assessment of need across the authority*'.

5.5   Changes over time

In discussion with the EIS, when designing the questionnaire, we chose to ask respondents about changes since 2008. This was selected as it was the point at which the public sector started to suffer the effects of the politics of austerity.

5.5.1 Changes to criteria for identifying children with additional support needs

Nine LAs reported changes to these criteria since 2008. Three reported no changes. One respondent did not know. One did not answer this question.

The nature of the changes

The nature of the changes was often framed in terms of changes in national policy and the LA responses to those policies. For example:

> *'We have integrated assessment of additional support needs within a wider assessment in the context of the wellbeing indicators'.*

Within the responses there was often a sense that the changes ushered in by new policies did not necessarily change the philosophical rationale for the approaches taken to identify children with ASN, but furthered their existing strategies, for example:

> *'Deeper understanding of GIRFEC principles and embedding the practice model has strengthened the holistic approach that we previously encouraged'.*

And, similarly:

> *'We have embedded and strengthened the process of staged assessment and intervention'*

Another example of policy furthering existing strategies would be:

> *'The presumption [of ASN] in relation to LAC [looked after children] was introduced in the 2009 amendment. This did not change our criteria, but formalised a route to support'.*

There is a sense of LAs being on a journey of developing their approaches to identifying children with ASN that is guided and accelerated by policy shifts, but that the LA perspective is not necessarily radically altered by policy changes. One respondent commented that:

> *'The documents have changed names, but the criteria remain the same'.*

Reasons for changes

Although some answers to this question simply cited policy changes, several respondents reported broader reasons for change such as:

> *'Improvement in equality of access across the authority',*

> *'Models of assessment must be dynamic and responsive to change',*

and

> *'To improve equity and support and experience of young people and staff in schools, improve diagnosis and increase the ability to provide early intervention, reduce staff workload and give more joined up and focussed interventions by specialist staff.'*

5.5.2 Changes to support provided for children with ASN who are not allocated additional resources

Eight respondents reported changes in the support provided since 2008. Two reported no change. Three did not know. One did not answer this question.

For those who did report changes, there was a strong sense of changing the type of support that was offered or the way in which children were supported. For example, one LA commented on a deliberate move away from one-to-one support, where appropriate, as this, can lead to '*learned helplessness*', although they commented that this would vary between children. Another commented on the attempts to build the capacity of teachers who work with children on a daily basis to be able to meet low level needs.

Reports were made of new programmes on offer, for example nurturing. Technology and changes in school leadership were also reported as influencing new types of support. One respondent commented that support changes each year based on the changing needs of schools.

Reasons for the changes

Some of the reasons were couched in terms of the development of best professional practice, for example:

> *'Self-evaluation to keep pace with patterns of need, improving practice and raising expectations'.*

And:

> *'As a result of educational research playing a much more central role in determining best practice'.*

This was also one of the few places in the questionnaire that respondents indicated the pressures of the system that may have impacted on the way in which ASN provision was organised. One respondent noted:

> *'The financial situation has presented some challenges in relation to staffing and training, so this will have had some impact'.*

Another said:

> *'Budget cuts in schools have made a big difference to the ability of schools to support inclusion – there is not the flexibility that schools used to have in how they can use their staff to provide valuable group work'.*

One respondent commented on the rising numbers of children requiring support in schools since the presumption of mainstreaming. However, this was articulated more as a positive than a negative, adding that:

> *'This, coupled with the commitment, on the whole, of staff to meet pupils in their care has resulted in staff being more proactive and committed to ASN'.*

5.5.3 Changes to support for children who are entitled to additional funding

Six respondents reported a change in support for these children since 2008. Five reported no change and three did not know. There was less change in provision reported for children with a higher level of need, than those with low level need (see above).

Here, again, there was some mention of constraints due to the increase in children with additional support needs. The two respondents who mention money specifically commented that in their LAs the ASN budget has not been cut, but the need had grown. The consequence of this was more 'strategic' approaches e.g. less individualised teacher time, with specialists taking a more consultative role. The changing roles of staff are discussed below.

5.6 Implications of changes over time

5.6.1 Strategic management

The responses to the question about implication for strategic management resulted in a range of different responses, including both increased and decreased centralisation. Increased centralisation was reported in answers that refereed to strategic management sitting with the Inclusion and ASN manager; increased quality assurance; and the development of consistent processes to be followed by all in the LA. By contrast, other responses referred to the increased decision making powers in local communities (for example shared decision making between groups of head teachers) and the increased level of local expertise, due to enhanced provision.

Also, one respondent commented on the increased autonomy of head teachers to distribute resources when in receipt of Pupil Equity funding (although some tensions in this are evident in later answers).

5.6.2 Roles and responsibilities of ASN Staff

In terms of roles and responsibilities of ASN staff, one LA questionnaire response stood out from the others with the statement:

> 'We do not have ASN staff, all staff are expected to contribute to meeting the additional support needs in their care'.

Other LAs pointed to a changed role for ASN staff. Some responses related to organisation and distribution of staff for example, more outreach work or employment within clusters rather than individual schools. Other responses identified differences in the understanding of their role for example, more consultative role in staff training, helping schools to support children

themselves before requesting additional support. In keeping with the consultative, training role, one LA mentioned additional time being allocated to the training of ASN staff themselves to ensure they kept abreast of good practice. Additionally, one LA put additional expectations on ASN staff to deliver '*more targeted interventions*' with the '*requirement of evidence/ data to show impact*'.

Interviewee 1 commented on the changed role of ASN staff within their LA:

> *'At one point in time we would have probably had ASN teachers full-time in all our schools (…) and it was meaning that children were coming out of class and spending a lot of time with somebody else who was'nae their class teacher and they didn't have the same sort of relationship with the ASN teacher.'*

Instead, she described the current approach to deployment of ASN staff as follows:

> *'..working more on a consultancy basis so we would'nae be expecting these people to work directly with the child on the whole, they may observe the child and give the school ideas of what to do and be in contact, so to speak. But they would'nae be on the whole and I say 'on the whole' because we do have exceptions within that, as you would expect.'*

This LA had altered the allocation of ASN teachers to schools from a variable allocation based on reported pupil needs to a flat to a ratio of 0.1 FTE per 15 pupils (regardless of the socio-economic or other circumstances of the school). As this was a rural LA with numerous small schools this would have had significant implications for some schools.

Two respondents commented that they had difficulties in recruiting specialist staff, which has resulted in erosion of their role. The reasons (whether budgetary or shortage of candidates) was not made clear.

5.6.3 Roles and responsibilities of class teachers

There was remarkable consistency in the responses relating to the changes in roles and responsibilities of classroom teachers. All respondents reported more responsibility of classroom teachers to be involved in supporting children with ASN. Several referred to the inclusive learning environment, with teachers taking responsibility for the planning and learning for all pupils in their class. Classroom teachers were required to demonstrate they had

exhausted universal provision before requesting support. Additionally, classroom teachers were reported as having a greater role in initial assessments of needs and assessment of outcomes of interventions.

However, there seemed to be a difference in whether this was viewed as a positive development, or a response to shortage of support in other areas. For example, positive comments included:

> *'The emphasis is on inclusion',*

> *'Wellbeing plans at the centre,'*

and:

> *'The inclusive nature of CfE and effective learning and teaching'.*

Conversely, one respondent commented:

> *'With reduced access to specialist teachers, classroom teachers have had to take on an increased role in meeting the needs of children with ASN'.*

Another cited difficulties in classroom management when:

> *'dealing with learning difficulties, sensory issues, medical needs, physical needs, mental health issues which can result in extreme behaviours [all] in the same class'.*

In interviews we invited participants to comment on how this had affected the workload of class teachers. Responses to this were mixed. For example, Interviewee 3 perceived an increase in teacher workloads commenting, when discussing the move away from 1:1 PSA support:

> *'So, um...I...I think teachers might find that they're having to do a lot more thinking, a lot more reorganising of the classroom. …… I don't necessarily think that losing some of the Pupil Support Assistants has caused an issue for children with Additional Support Needs. But I think it's added to the workload of teachers'.*

Conversely, Interviewee 6 was alone in stating that, although it was well documented that teacher workload has increased in recent years, there was no evidence that this was associated with the presumption of mainstreaming or with children with ASN.

Most responses to this issue were more nuanced. For example, Interviewee 2 suggested that in making changes to the curriculum and teaching approaches there would initially be an increased workload, but that once the curriculum had been designed in expectation of a broad range of learners in the classroom, then the workload would subside. Notably, this respondent cautioned against assuming that ASN equals heavier workload.

> *'I think it would be false to say that there's no workload, because if you've got to differentiate your curriculum or develop your curriculum so that it meets a wider range of needs, that implies that it might have a workload issue. But I think we jump too quickly to ASN equals heavier workload. If your curriculum in the first place has been developed to…….. to meet that broad range of need, (whether it's a youngster who has reading difficulty, or whether it's a youngster who finds sitting at the desk for a period of time challenging), if your curriculum has been developed and you've got a good teaching and learning methodology then it doesn't necessarily imply extra workload'.*

Three interviewees commented that the new ways of working had resulted in a redistribution of workload within the authorities. Interviewee 1 commented that the new system of consultancy had reduced the caseload for outreach specialists, allowing them more time to work with the most needy children. Interviewee 3 (whose role was education psychologist) whilst noting an increased workload amongst some teaching staff also saw her role as supporting staff to develop teaching approaches that made that workload more manageable. Interviewee 4 commented that the development of inclusive pedagogical approaches by classroom teachers may entail an increased workload in the first instance, but that it reduced workload elsewhere in the system (including for the teachers themselves), as it may prevent problems from escalating.

Overall, the issue of workload was not straightforward. Whilst the transitional phase to any new way of working is labour intensive, interviewees overall were not convinced that there was a long term workload implication in adopting more inclusive pedagogical approaches, particularly when balanced against the positive effects of low level interventions. Additionally interviewees commented on the professional responsibilities of teachers and schools towards the inclusion of all children, and one commented that questions arise about where you want to devote your time. Interviewee 5 noted that teachers may respond differently to these demands.

5.6.4 Staff development to adapt to changes in roles

When discussing the implications of the changed expectations of class teachers, some LA representatives commented on differences they perceived between teachers in terms of taking on board their widened responsibilities for a diverse range of learners. Typically, Interviewee 1, for example commented that some staff have taken time to adapt to newer ways of working, whilst at the same time in the same LA:

> *.…and then there are other folk who are just fantastic and will take everything on and more. And really can…value what the rest of the children also get from having that diversity within their class.*

The existence of such a broad range of responses to inclusion within the same LA raises questions about how teachers are supported to develop the approaches that are demanded by the contemporary policy and resource environment. Ten of the LA respondents reported they had provided professional development for staff, and only one reported no professional development.

Some respondents were non-specific in their descriptions of staff development opportunities, stating for example that staff development took the form of '*training*', or '*ongoing CPD opportunities*'. Others provided more detail of the types of opportunities available. Across the data set the following types of staff development sessions were identified: Management of Actual or Potential Aggression (MAPA) training, ASD training, intensive interaction, nurture, mindfulness, intensive interaction, Picture Exchange Communication System (PECS) training, singalong, dyslexia, FASD, looked after children, CALM[2], sensory support, autism, restorative practice, pupil support, counselling, coaching. It was evident that the opportunities available to staff differed between LAs. Two LAs cited postgraduate study options for staff.

Few of the professional development opportunities were universally available. However, one LA had termly training days for all Learning Support staff. Another had provided universal training on co-operative learning.

Two LAs gave answers that implied that their staff development opportunities were not adequate, with one stating '*this is still to be developed*', and another commenting that although

---

[2] When CALM was first established in 1997, the letters originally stood for 'Crisis, Aggression, Limitation & Management'. The acronym is no longer used by the training organisation who are now simply known as 'CALM'

they offered training in a range of areas, this still '*requires more consideration moving forward*'.

One LA stood out as providing an extensive web-based resource and a framework which staff were expected to use to reflect on and make decisions about changes made to support the diversity of children in their classrooms. The expectations of the framework were embedded across all schools in the LA. Interviewee 4 described the purposes of the LA Framework:

> '*So…it was always with a view to how do you adapt the learning environment in order to overcome children's barriers to learning and what are the approaches, the strategies if you like which are evidence based that you should…that could be embedded in a classroom at any level*'.

The interviewee described how, initially, parent groups and other users challenged the new approach for being insufficiently diagnostic:

> '*Um…and its interesting because we had…we shared it quite a lot with parent groups and so on, and a parent group recently said to us…an ADHD network said why haven't you made it diagnostic, why haven't you said this is for children with autism? This is for children with dyslexia, this is for children with ADHD …*'

She continued by arguing for the value of a universal approach to support teachers work with the children they encounter in their classrooms:

> '*…..but that's not the point. The point is that if you're a classroom teacher you start with what do I see? What's happening here? What's the question that I've got and then what am I going to do about it? Because that's your cycle of reflection if you like. That has always been an underpinning principle, that if you go in too quickly with a judgment about what you see, or you indeed get into the grounds of beginning to diagnose when perhaps it's not even your area of competence to do that, that wasn't the point about [the framework] and never has been.*'

5.7 Comments about the poverty related attainment gap.

Many of the answers to this veered towards School Improvement Plans and accountability, discussing analysis of attainment data, tracking, evidence-based practice, and use of free school meals information, Scottish Index of Multiple Deprivation (SIMD) and looked after children in the analysis to examine the effectiveness of targeted interventions.

Some mention was made of additional funding, in terms of LAs providing additional resources to SIMD 1 and 2. Interestingly only 3 respondents mentioned Pupil Equity Funding (PEF). One of these commented that schools made their own plans on how to spend PEF funding to reduce the attainment gap, whilst conversely, another LA commented on its own role in having an *'overview of all the PEF projects'* and providing *'support in the measuring of data'*. The third LA suggested that schools were *'supported by LA in delivering PEF plans'* although this was not specifically explained.

6 Vignettes

To gain an understanding of how the different policies and practices in LAs would impact on the experiences of children, two case studies were included in the questionnaire to provide some examples of the actions that might be taken in these cases. 'Sunita' was described as having difficulties that may be associated with autism (an example of a normative criterion) whereas the difficulties described for 'Fergus' lie in behavioural issues (non-normative).

6.1 Example 1. Sunita's Case Study

Sunita is a 12 year old girl in S1 who is having difficulties with transition. She doesn't settle down in classrooms, and she is not coping with the learning. She shows signs of severe stress and anxiety in classes and she is isolated from her peers. Her Guidance Teacher suspects she may be on the autism spectrum. There were 13 responses to questions about this case study.

6.1.1 What process would Sunita typically follow?

The respondents described a wide variety of different processes that Sunita might follow, and ways that she might be supported, each unique to the different LA settings represented in the study. However, with regard to the first question, all of the respondents described a process with some common features. These features, and the variations associated with them, are identified in the table below and then discussed. Responses to the second question also varied considerably and are discussed thereafter.

What process would Sunita typically follow?

Table 2 Features of the process Sunita would typically follow

Common Features:	Variations:
Initial referral	Respondents identified a variety of different practitioners and teams who might handle Sunita's referral. They included the Guidance Teacher, Principal Teacher: Support for Learning (PTSL), Ed Psych, Pupil Support Team or Team Around the Child (TAC). These leads had a role in coordinating the intervention process.
Information Gathering Process	Most respondents described an intervention process that would typically involve some form of information gathering. One respondent simply stated that they followed their formal LA 'staged intervention' process

	and no further details were provided. Other respondents mentioned following their 'Quality Assurance Framework', the 'Getting it Right for Me plan' / GIRFEC pathway. However, most of the respondents did not name a formal process and simply described how information would be gathered to form the basis of a pupil plan.
Information gathering approach	Information gathering, across all the LAs, seemed to largely involve discussions. Three respondents also mentioned observations.
Collaborative partners	These discussions variously involved the class teacher, other schools staff, parents and/or the Educational Psychologist. Single-agency, Multi-agency and TAC meetings were also mentioned in several cases. However, the involvement of the pupil was only specifically highlighted by 5 respondents.
Information gathering focus	The information gathering focus varied. In some cases, the details were vague, and respondents simply mentioned gathering 'assessment information' or exploring 'concerns' or 'needs'. Other respondents were more specific and several mentioned discussions about barriers to learning, strengths and challenges, relationships, analysis of when and why Sunita felt anxious and possible strategies and resources.
Information gathering tools	Some respondents specified that they would use particular assessment tools to gather information about Sunita. Wellbeing Indicators/wellbeing web/ SHANARRI, the Person-Centred Planning approach, the Boxall Profile, Golding Attachment Scale and a specific LA approach were all mentioned. Three respondents stated that they might require autism specific assessment conducted by CAMHS or Autism Outreach.
Further action	Many of the respondents indicated that Sunita's case may require referral on to other services in the light of concerns about possible autism. Four respondents mentioned referral to the Educational Psychologist, three highlighted referral to Autism Outreach or an ASD advisor, three

	suggested possible referral to specialist autism provision (a 'specialist unit' or ASD provision within mainstream) and three made reference to the Child and Adolescent Mental Health Service (CAMHS). Staff training in de-escalation and nurture was suggested by one respondent and autism training was mentioned by another.
Monitoring & Review	Monitoring and review of the process was specifically mentioned by 6 respondents. One respondent stated that the Improvement Science Model might be used to measure the impact of change. Another mentioned review using the Child's Plan (GIRFEC) process.

The data in the table indicate that, overall, LAs take a fairly structured and systematic approach to referrals like Sunita's. The approach is characterised by a collaborative, discussion-based information-gathering process that makes use of a range of assessment tools. Indeed, indicators of the 'staged intervention' process recommended by the Scottish Government (2011) emerge fairly strongly from the data, though, in most cases, this model is not directly referenced. The staged intervention approach emphasises identification and assessment of learning needs at three stages, beginning with assessment and targeted support within the school (stage 1), then referral beyond the school but within the LA (stage 2) and then beyond the LA (stage 3). Stages 1 and 2 are clearly reflected in the findings. The collaborative element, recommended in GIRFEC and other Scottish policy documents, also seems to be firmly embedded. Parents are widely involved.

However, certain omissions within this process are striking. For example, it is noteworthy that, in the majority of cases, the pupil does not appear to be involved in the information-gathering process. Of course, direct reference to this may simply have been omitted from the respondent narratives. Nonetheless, it might be argued that the omission is ominous given the emphasis on pupil-centeredness within the Scottish policy context and within the staged process itself. In the light of this, it is surprising that only five respondents chose to give pupil voice some emphasis.

Given that the case study scenario highlights the possibility of autism, it is notable that only 3 respondents refer to possible referral for autism specific assessment. It is also interesting that the word 'diagnosis' does not occur at all.

6.1.2 Ultimately, how would Sunita be supported?

Again, the responses for this question varied across the LAs. Four respondents did not specify any strategies or approaches to support Sunita. Two out of these 4 respondents simply stated that they would follow multi-agency guidance or the staged intervention process. The remaining two stated it would depend on the information-gathering process. No details were provided in any of these cases. The remaining 9 respondents specified their support in varying degrees of detail.

Various adaptations to the learning environment were proposed by these 9 respondents. Five out of the 9 mentioned using a PSA to provide extra support. Four respondents mentioned using a flexible timetable and three mentioned bringing in the SFL support teacher. Though seven out of the 9 respondents specified that support should be autism specific, in three cases details were vague and referral to a visiting ASD or ASN teacher/Enhanced Provision was highlighted. However, 5 respondents referred to a range of autism specific interventions, including use of visual timetables, social stories, access to a sensory room, access to a quiet area, visual supports, work stations, enhanced transition, access to a support base/unit and special planning for social times such as breaks and lunchtime. Two respondents mentioned the importance of analysing the environment for triggers. Two respondents stated that staff training and support might be required to up-skill Sunita's teachers. Two also proposed that Sunita might benefit from a nurture class and EAL teacher.

Overall, these findings suggest that the LAs who contributed to the study have different ways of creating an inclusive environment for learners like Sunita. It is interesting that use of PSAs was a popular response to meeting her needs. However, the findings also suggest that most LAs are aware that learners with autism benefit from autism friendly adaptations in line with good autism practice and Scottish inclusion policy. Collaboration with ASD trained visiting teachers and Outreach staff is clearly a key way of approaching this in some LAs. However, this may imply a lack of autism awareness and training amongst class teachers and may account, in turn, for the fact that under half of the respondents (5/13) stated that they would expect Sunita to be supported using autism specific interventions. This means that 8 did not! It

is interesting, in this regard, that staff training was not widely considered in the feedback. The proposed changes were very much focused on supporting Sunita, not staff.

It is noteworthy that the autism interventions that were specified by respondents were all features of good autism practice as set out in Scottish Government guidance such as the online Autism Toolbox. However, it may be significant, given the reference to Sunita's anxiety, that there was little focus in the respondent feedback on identifying, reducing and/or eliminating environmental triggers that might be causing this anxiety. Only two respondents directly mentioned this. Research indicates that environmental factors frequently trigger stress and anxiety in learners with autism e.g. the school bell and other noises, cluttered spaces, strong colours or smells, use of too many words during interaction, unexpected changes of staff or activity, etc. Only three respondents highlighted this, which may suggest a lack of awareness of the role of the sensory, physical and communication environment in exacerbating the symptoms of autism. It appears that difference exist between LAs in whether they view autism purely as a difficulty within the child or whether they appreciate the impact of the environment (including teacher interactions) and the importance of creating autism friendly classrooms. This will influence the experiences of children like Sunita in the classroom

6.2 Example 2: Fergus' Case Study

Fergus is an eight year old boy in primary school. He often arrives late for school appearing tired and hungry. His homework is rarely completed. He easily becomes frustrated and angry with classroom tasks and his behaviour can be very disruptive. He struggles to maintain friendships over any length of time. His class teacher is very worried about his social and emotional wellbeing. There were 11 responses to questions about this case study.

6.2.1 What process would Fergus' case typically follow?

The respondents described a wide variety of different processes, and names for those processes, that Fergus' case might follow. However, regarding this question, the respondents described their processes with common features. These features, and the variations associated with them, are identified in the table below and then discussed.

Features of the process Fergus would typically follow

Common Features:	Variations:
Initial referral	Respondents noted that initial referral would originate within the school involving a range of school staff including the class teacher, depute head teacher and head teacher. The initial response was often a 'soft' response of making some informal inquiries relating to the child prior to making a more formal referral either within or out with the school.
Information Gathering Process	Respondents described a process that would typically involve some form of information gathering. The process was described by most respondents as initially informal, in one instance a conversation with the child and a trusted adult within the school and in more instances, a conversation with the parent/carer. Respondents noted that following this initial informal information process, a decision was often taken to widen the information gathering process to external partners such as social work, educational psychologist, family support team, Team Around the Child (TAC) groups, Named Persons, School-Family Development workers and/or health colleagues to explore whether there had been previous concerns or interventions put in place.
Information gathering approach	Information gathering, across all the LAs, seemed to move from the informal to formal in its approach. The information gathering always involved conversations with parents/carers either in the school or in the home. Initially the information process occurred within the school as part of a single agency assessment and only later was it extended through a Request for Assistance to other agencies. Information from other professionals was gathered in collaborative, interdisciplinary team meetings through reporting and discussion. One LA noted that in addition to consideration of home factors, the school contacted the Behavioural Support Worker to analyse reasons for behaviours causing concern within the school.
Collaborative partners	These discussions and decision-making processes initially involved the class teacher, other school staff and parents. If concerns continued, then a range of services and groups including a Well-being Forum, multi-

	agency meetings, School-Family Development Workers, Named Persons, local voluntary groups, a Child Concern Collaborative, behavioural support teachers/workers and, at later stages, social work became involved.
Information gathering focus	The information gathering focus was primarily on the home and issues which might arise from that area of the child's life. Only one LA referred to a behavioural support worker being asked to analyse issues within the school and classroom related to learning as potential sources of the behaviours.
Information gathering tools	Some respondents specified that they would use particular assessment tools to gather information about Fergus. SHANARRI, QA Framework, My World Triangle, the Boxall Profile were all mentioned.
Further action	All respondents focused on nurturing approaches as the basis for interventions including Nurture Groups themselves, Circle Time, and Social Skills groups for the individual. Some respondents reported on interventions that also included the family in an inter-professional manner such as a Child's Plan that co-ordinated the support and built a single approach or the creation of a plan 'with specific objectives' that targeted 'identifiable needs'. If the behaviour continued, respondents reported contacting social work for involvement or a potential placement in a SEBD unit.

The data in the table would seem to suggest that there are commonalities to the process that a case like Fergus' would take across the LAs represented. Initially the process would be dealt with within the school with class teachers notifying the head teacher or depute and the school making informal enquiries to the parent/carer. It is significant that only one respondent chose to mention that the child was consulted at this early stage, but this may just have been omitted because of the way in which the question was asked; the consultation with the child not being viewed as a formal 'process'. As with the previous vignette, the 'staged intervention' process recommended by the Scottish Government (2011) emerges fairly strongly from the data, though, in most cases, this model is not directly referenced. The staged intervention approach emphasises identification and assessment of needs at three stages, beginning with assessment and targeted support within the school (stage 1), then referral beyond the school but within the

LA (stage 2) and then beyond the LA (stage 3). Stages 1 and 2 are implicitly evidenced throughout the responses to question 49 and explicitly referred to once in response to question 50.

Therefore, following this informal in-house data gathering, if there were still concerns, all respondents indicated that the matter would then be referred to a range of inter-professional groups. The names of these groups varied between LAs but they all would seem to work in similar ways; collaborative opportunities for professionals to share information and make decisions about appropriate interventions for the focus individual. Working collaboratively between professionals, as recommended by GIRFEC and other Scottish government policy, appeared to be firmly embedded in practice across the LAs. Nevertheless, it is noteworthy that none of the respondents mention the involvement of parents in these inter-professional groups or with the named individuals involved at this stage e.g. the Named Person or Family Development worker. This may again be the result of the way the question was phrased asking about process but given the importance placed within much policy on increased parental involvement, it seems unusual not to outline more fully how parents are involved.

The emphasis seems to be placed on collecting data about home and family life as potential determinants of the behaviours causing concern. Only one respondent mentioned that a behaviour support worker would be contacted to analyse the school and classroom experience of the child as a potential factor.

All respondents referred to the possibility of nurturing approaches and interventions as a first resort followed with social work involvement or a potential placement within a SEBD unit if concerns continued or escalated.

6.2.2 Ultimately, how would Fergus be supported?

Only 8 respondents provided further comment to the responses to question 49 above but again there were commonalities between them. These respondents all commented that ultimately the way Fergus would be supported would be 'depth of need' dependent.

One respondent specifically mentioned the Scottish Government's 'Staged Assessment and Intervention' policy in response to this question. However as noted previously, respondents provided comments that reflected this manner of working although it was not specifically referenced. The support would begin with nurturing approaches within the school including interventions such as breakfast club, soft start, restorative approaches, sensory activities and

movement breaks. It is interesting to note that these are interventions that have roots in good pedagogical practices aimed at improving the learning environment for a wide range of children although the data gathering process seemed to focus on the origin of the problem lying in Fergus' home life. It is also notable that, despite responses elsewhere in the questionnaire about the important role of the class teacher, that the suggested changes tend to focus on the social and emotional environment rather than examining approaches to teaching and learning.

Moving on from Stage 1, if concerns continued, all respondents noted that the focus seemed to shift to family support with the final options being viewed as involvement of social work, the SEBD service, the possibility of Enhanced Provision and counselling services.

Additionally, various adaptations to the learning environment were proposed by some respondents including changes to classroom routine and/or PSA support within class. It is interesting to note the range of specialist supports that were suggested for Fergus, which seems to offer a different focus to other parts of the data set that emphasise the responsibility of classroom teachers to work inclusively with a wider range of pupils.

7 Conclusions

The changes that have taken place in identification and support of children with additional support needs have been driven by the changes to the national legislative and policy framework, as outlined in section 4. Scotland has developed a distinctive rights-based approach to inclusion, with a presumption of mainstreaming, and a focus on provision of appropriate support for all children. This is aimed at moving work with children with ASN away from deficit driven models of need towards an understanding of the rights of all children to participate in the life and learning of the school. This policy shift has demanded new ways of working in LAs across Scotland, but at the time of writing there are differences between LAs in how far they have travelled along this route, and some differences in how they have chosen to enact the policies.

A key focus for this study was to determine the criteria that are used by LAs to identify children with ASN. Our data revealed variations between LAs in terms of how readily they use diagnostic criteria to identify children with ASN, with some LAs seeing these as unhelpful and static. A key objection to overdependence on diagnostic criteria was the assumption that difficulties were assumed to arise 'within child' when it is often equally helpful, (or perhaps more helpful) to look for and remedy the environmental causes of the difficulty.

For many respondents our questions about criteria did not really capture the process of identification. Very often LAs provided information about the *processes* of identification, rather than identifying criteria. Respondents pointed to various aspects of the GIRFEC process such as staged intervention, the SHANARRI wellbeing indicators, the resilience matrix, or the Team around the Child. For these respondents, the understanding of the difficulties children face in their learning were best understood by taking a 'holistic approach', to identifying the best approach to support each child.

Decisions about which children were deemed to have ASN, and how best to support them were made collaboratively by teams including teachers, head teachers, Education Psychologists and other specialists as appropriate.

These collaborative, GIRFEC processes have the advantage of responding to the particular needs of children in the specific circumstances that apply to them, but this does allow for professional judgement to be the main currency in determining who needs support, and this leads to considerable variation between LAs in terms of the numbers and types of ASN that are identified and reported. A notable feature that emerged from the responses to the hypothetical

case studies is that respondents were much more likely to ascribe children's difficulties in learning to their home lives or in-child factors than they were to ascribe them to environmental factors or features of their school lives.

Mainly LAs described devolved budgets for ASN that were allocated to schools based on formulae that took account of level of deprivation and size of school. Under these models resources were not allocated to children, they were allocated to schools, with the expectation that schools would meet the needs of the children as they saw appropriate. In one case the resources were allocated at school cluster level and schools could then share resources if appropriate. Only one responding LA described funding decisions made on a child by child basis, by an LA 'screening' team. However, as pointed out by this respondent, this ensured parity across the LA.

The main changes over time that emerge from the data relate to the roles of ASN staff and classroom teachers. LA respondents argued strongly for the role of classroom teachers in making environmental and pedagogical changes. The role of specialists in providing limited targeted support coupled with capacity building for the teachers was common, although LA respondents acknowledged considerable variation at school level with this development.

One LA has no ASN staff employed in schools but maintained that all staff had a responsibility for Additional Support as part of their normal remit. In this LA additional resources would be translated into a smaller staff-pupil ratio, to allow flexibility in group working, team teaching or other staff-intensive approaches to support.

Support for teachers to take on these new roles was variable within and between LAs. Some LAs acknowledged that the available opportunities for professional development had not reached all teachers, especially where they were offered as optional courses. Others, however, described successful capacity building within schools through whole school approaches to inclusion. In some cases, LAs described differences between schools within the same LA depending on the approaches of leadership and staff. The most extensive support was provided by an LA that had a well-established framework, available online, that teachers were expected to use to analyse the difficulties experienced by children and the possible approaches to the classroom climate, and teaching approaches that would be supportive of all the children in the classroom. This provided an ongoing tool to support decisions about classroom inclusion.

Although this study was interested in the effect of budgetary considerations on changes in ASN provision, LA respondents in questionnaires only rarely mentioned budget as a reason for

changes over time. However, in interviews respondents commented that budgets for ASN had remained fairly static (one LA reported a cut in Learning Support staff of about 10%), but the level of need was recognised as increasing by all respondents who commented on this issue. For this reason, LAs were looking for ways of supporting low-level difficulties in ways that did not incur additional costs. However, LA respondents also argued strongly that supporting children in the classroom in ways that did not categorise or label them was not only less expensive but also met with the recommendations of the latest research findings in inclusion.

There was also a recognition that staff shortages affected ASN provision. In rural areas where there was a shortage of staff generally, ASN staff were sometimes deployed as classroom teachers where there was no one available to take a class.

8 ASN Network Focus Group: Response to findings from Local Authorities

Following the main study, the funders requested that the research be extended to include the collection of data from representatives of the EIS's ASN Network. As an extension to the original study, a focus group was set up. The purpose of the focus group was to explore the responses of the ASN practitioners to the findings of the study, so for this reason this part of the study is reported after the discussion of the findings from the LAs.

The participants in the focus group represented the views of EIS members in their local areas and were also ASN teachers themselves. The focus group took place using online technology to allow participation from anywhere in Scotland. Five representatives volunteered to participate although only two were eventually able to participate. Those individuals worked in different LAs.

The focus group was organised as an open forum with the opportunity for participants to respond to the findings of the study in ways which seemed most relevant and pertinent for them. To provide some structure to the discussion a PowerPoint presentation was prepared to share the key findings arising from the LA data. This section of the report therefore is structured around those earlier findings.

8.1 Criteria for Learning Support

The teachers agreed with the finding that there was definite move away from using solely diagnostic criteria to identify children and young people with ASN. Although they agreed that some diagnostic assessment took place, there was an expectation that a contextualised portfolio of evidence was to be utilised. The teachers expressed concern that this might limit the evidence available for decision making and for monitoring progress; particularly for some groups of pupils such as those with high achieving dyslexia. There appeared to be some dissonance between the LA attempts to reduce diagnostic labelling, whilst the Scottish Qualifications Authority was described, by the participants, as requiring evidence of diagnoses if students were to be allowed extra time in examinations.

8.2 Identification of Children with ASN

Although located in individual LAs, the teachers were aware, through discussion with colleagues, that localised decision making was reducing consistency across the country. They

specifically commented that GIRFEC was being rolled out differently in each LA but they also recognised that this had the benefit of being able to respond to local circumstances.

8.3 Decision Making and Planning

The teachers articulated a perception that, with budgets being devolved, decision making related to priorities for learning support were made based on the available budget rather than on the needs of children and young people.

They believed that current budgetary constraints were having an impact on staffing. The teachers expressed the view that learning support staff were being 'spread thinly' particularly as their perception was that there was greater need for their services within schools. This was exacerbated as they noted a reduction in learning support staff. They reported some experienced and qualified staff leaving the workforce due to the pressures of the ASN remit and that these staff were not being replaced. In one LA Educational Psychologists were limiting their input to consultative work adding to the pressures being felt by the teaching staff.

The teachers commented that PEF funding was beneficial but that they held concerns that this then prioritised certain groups of pupils to the potential detriment of others. Through discussion, it emerged that there was variation across the LAs in how PEF was being shared with schools.

8.4 Budgets

The findings of the questionnaire seemed to indicate that there had been no significant change to the learning support budget across LAs but that there was an increased level of need in schools for learning support which was causing challenges. The teachers, however, expressed strongly that they were experiencing ongoing yearly budget cuts. This was exacerbated by decisions by some LAs to move children and young people with complex needs back to their home LA, from residential care elsewhere, to make budgetary savings.

8.5 Changed roles for classroom teachers and ASN staff

The teachers agreed that the roles for both classroom teachers and ASN staff had changed with classroom teachers being expected to take greater responsibility for pupils at Stage One of learning support need. One teacher within the focus group expressed concern that this was challenging for new teachers and they expressed concerns about the availability of appropriate professional development opportunities for classroom teachers and new staff joining ASN provision.