6 Caring for children with special educational needs (SEN) and their rehabilitation

[Valéria Csépe]

The standards of the education of SEN children are indicative of the entire education system and their inadequacy is detrimental to the entire education system.

The education of children and young people with *special educational needs* (SEN) is a special domain within the public education system. Although the education of SEN children — ensuring that they acquire the knowledge and competencies specified by the curriculum of the given public education system — is tied to special professional conditions, the feasibility of these conditions and their functional quality is indicative of the quality of the entire education system, and their inadequacy is detrimental to the entire education system.

The question of educating children with special educational needs is both a particular and a general issue. It is a particular issue in the sense that the current special-education method providing learning support and development geared to suit individual needs identified by utilizing modern, complex diagnostic assessment procedures, requires the participation of highly trained professionals and the availability of high quality and specialized tools, all of which need to be organized into a system governed by regulations. At the same time it is also a general issue, in the sense that the necessary and sufficient conditions for educating children with SEN can only be created if the general conditions of education are also adequate, i.e., the professional conditions allow the fulfilment of school requirements, children receive individualized education, the categories of SEN and *below average achievement* caused by other factors are kept separate and their diagnoses and service provision are differentiated. The appropriate treatment of the issue of SEN therefore affects all participants of the education system. *The standards of the education and care of children with special educational needs, its successes and failures, also affect those who do not belong to this special group of children.*

SEN children are children with special rather than peculiar (as the Hungarian translation of the term suggests) educational needs or children suffering from other types of, and more severe, difficulties, who need rehabilitative support. The Hungarian translation of the English term Special Educational Needs (SEN) is an improvement over the more widely used term roughly equivalent to the English word “deficient” but it still deviates from international professional practice and OECD terminology, and the Hungarian practice, which tends to be guided by statistical and financial considerations, still, to some

extent, carries with it the concept of deficiency. This appeared explicitly and formally in the Public Education Act of 1993 and still appears today implicitly in the way diagnostic classes are categorized according to unusual criteria. It also follows, in a number of respects, that Hungarian attitudes towards SEN constitute a barrier to addressing the issue in a satisfactory way and to ensuring that the public recognise that the question of special education services offered to SEN children not only concerns those directly affected but also public education policy as a whole.

The question of special education services offered to SEN children concerns public education policy as a whole.

■ CONCEPTS AND MODELS

The first set of regulations concerning children in need of special education and rehabilitation services were published as part of the Public Education Act of 1993, which signified a major breakthrough at the time. The regulations appeared progressive at the time although the introduction of the dichotomy of "deficiency – other deficiency" conveyed a general and not necessarily positive attitude towards the issue of SEN that remained the standard for several years. The contents of the Act have been substantially refined, improved and updated over the one and a half decades of its existence, albeit with regressive consequences in some areas (see the section on current regulations below). The standards of service provision as identified by statutory statements, the assessment of needs and diagnosis, institutional specialization, a wide range of professional competencies and the regulations on funding have constantly evolved — partly in response to the reactions of affected groups but mainly in response to those of the institutional network and funding bodies. This is one reason why the end result has been a characteristically hybrid system which cannot, with the best intentions, meet the standards expected from OECD countries. The causes behind this are manifold and thus the identification of the anomalies of the system's operation requires a complex approach, which cannot be independent of a comprehensive analysis of the current system and conditions of public education. *SEN is first and foremost a professional issue* and thus a professional consensus must be reached before the nature of service provision, its human capital prerequisites, equipment requirements and institutional structure can be adequately defined or a development plan which does not lose sight of sensible and sustainable funding can be brought forward. An analysis of these questions is a precondition for the gradual development of a transparent provision programme where decentralized operation is continuously improved and enhanced, the necessary information systems are constructed and the service delivery and the use of financial resources are monitored centrally.

In OECD countries, most SEN services adopt either of two different models, both of which, however, build on the same professional principles:

In OECD countries, services adopt either of two different models, both of which build on the same professional principles: *1.* a system based on a detailed profile of needs, and *2.* a system based on diagnostic categories.

1. a system which is based on a detailed profile of needs, specifying areas to be developed, providing evaluation of interventions and a regular monitoring of progress;
2. a system which is based on diagnostic categories adjusting service provision protocols and funding to outcomes of diagnostic assessments.

Due to its considerable costs, the former model is typical of the most highly developed countries with high revenues (such as Finland). The main reason for the high costs is that a complex assessment of SEN, individualized services and the continuous monitoring and correction of outcomes requires a large number of highly trained and specialized professionals in the public education sphere and the system of service provision is also highly equipment and infrastructure-intensive.

The assessment of SEN requires standardized, complex diagnostic test-batteries, and the identified categories of SEN are paired with protocols specifying intervention procedures.

Provision systems based on diagnostic results presuppose the availability of complex standardized diagnostics programmes for the assessment of SEN, and protocols specifying educational service provision and interventions need to be assigned to each diagnostic category. A complex diagnostic framework and test-batteries are a necessary but not a sufficient condition of adequate SEN service provision, since educational procedures assigned to the different diagnostic categories also need to meet professional requirements without fail, and funding principles need to be established with reference to the relevant diagnostic and intervention protocols. In the absence of these conditions, it is impossible to maintain a transparent, viable, sustainable and fundable programme. SEN service provision based on identified needs and those relying on diagnostics share the same professional principles of public education, namely, the set of general and the set of special — i.e., extra — educational needs of children participating in education programmes.

It is essential to define a professional framework model in order to assess the SEN services of a given country, since this framework is needed to identify local special educational needs, to determine the set of minimally required services and find a sensible way of using funds. Hungarian public education encompasses a wide range of professionals and institutions involved in providing services for the current categories of SEN. Since, however, different sets of considerations are applied in defining their obligations — there are frequent overlaps in both duties and competences.

Distinguishing underachievement at school from the diagnostic categories under the heading of SEN clearly benefits both those involved and those who maintain public education.

The model discussed below only *functions well if poor school performance can be clearly distinguished from atypical performance associated with SEN*, since the two must have distinct solutions in public education. Distinguishing underachievement at school (e.g., below average reading performance) from the diagnostic categories under the heading of SEN (e.g., dyslexia) clearly benefits both those involved and also those who maintain public education, both from an economic and a narrowly or broadly defined professional point of view. The reason being that it clearly matters what factors are responsible for significant deviations from average school performance; whether the children involved have special needs due to various problems which require different types

of intervention (multiple disadvantages, ethnicity and/or SEN) or else whether the school struggles with difficulties (anomalies of organization or service provision, professional shortcomings, etc.). It is essential to define the type of compensatory education aimed at equalizing significant deviations in school performance, to decide who is responsible for assessment and how this should be done, who delivers corrective instruction and where, and what means are available for securing the necessary conditions and how much all that would cost.

Figure 6.1. shows the distribution of general and special educational needs of children participating in public education and the need for rehabilitative instruction with respect to education and special education service provision. The model defines general and special educational needs for the population participating in public education, which is assumed to be of standard quality. Services targeting special educational needs identified as such aim to provide maximum support concerning the acquisition of knowledge and competences specified in the general curriculum. Educational content is shared by a large proportion of children and is delivered in a shared class and/or school, i.e., children receive integrated education, which is the default case of education provision and a basic right of children. Integrated educational content is delivered to a substantial proportion of typically and atypically developing children [Groups 1, 2.*a* and 2.*b* in the figure]. A large share of the assessment and support of additional educational needs takes place in regular establishments attended by the children; remedial instruction requires varying amounts and varying types of specialist knowledge.

It may appear to be the case that the assumptions of the model do not concur under current conditions since it is assumed that public education is delivered by educational establishments of equal professional standards and with equal working conditions, i.e., the conditions of acquiring the knowledge and competences specified by the general curriculum are uniformly given and it is the *children's* abilities and aptitudes which are the sources of any special or extra educational needs. The model fits these situations the best and the professional assessment of extra needs is also the most straightforward in these cases. Other chapters in this volume indicate, however, that Hungarian public education system is fraught with anomalies (ability and ethnicity related segregation, variation by settlement structure, strong socio-economic effects, unsatisfactory treatment of disadvantages, etc.), which lead to a system of both varying professional standards and of unequal financial resources — a state of affairs which is also shown by international assessments. This does not mean that the model is unsuitable but rather that Group 1 (where no remedial education is needed) will be smaller than expected. It also follows from the model that due to the uneven standards of the Hungarian education system, Group 1 will be of a substantially smaller size than would be expected on a theoretical basis. Variations in testable performance therefore indicate that there is a greater need for special education than would be expected otherwise and this need is distributed between Groups 2.*a* and 2.*b*.

[SOURCE] KATONA (2007).

DISTRIBUTION OF EDUCATIONAL NEEDS

1. In an average educational establishment, there are no barriers to the acquisition of the knowledge and competences specified by the general curriculum, no special needs have been identified for pupils in this class.

2.*a*. As in 1. above but with observed problems in achievement, the required special procedures are determined by the teacher. Remedial and complementary instruction is delivered by teachers with support services provided as needed (school psychologist, educational counselling services).

2.*b*. As in 1. above but performance is significantly below average, special educational needs are identified by a specialist (SEN–*b*). A standardized diagnostic framework of tests is required for complex professional diagnosis. Pupils receive integrated education, special instruction is provided as an additional service. Specialised special-education teachers (or, if needed, specialised institutions) are involved in the service provision.

3. Special educational needs and the need for rehabilitative instruction are identified by specialists, intensive professional intervention is required (SEN–*a*). A standardized diagnostic framework of tests is needed for complex professional diagnosis, the full educational programme is delivered by special education teachers. Classes take place in a specialised establishment for the duration of the programme.

[FIGURE 6.1]
Distribution of educational needs

The large variation in the number of SEN pupils stems from the fact that the two groups are not distinguished reliably, achievement problems of different kinds are confounded.

The large variation in the number of children identified as having *special educational needs* (SEN) (between counties, settlements, schools) probably stems from the fact that the two groups of children, who share schools and classes but require fundamentally differing professional approaches, are not, in actual practice, distinguished reliably. The main problem is that while the assessment of the extra needs of Group 2.*a* and their remedial instruction are educators' tasks, the children in Group 2.*b* need a specialist diagnosis and education classes led by a specialist instructor. *The current altogether unsatisfactory conditions of SEN diagnostics and partially unsatisfactory conditions of special instruction lead to an overrepresentation of SEN*. As a result of professional shortcomings, achievement problems of different kinds are confounded, i.e., SEN fails to be distinguished from similar cases, even though the accurate assessment of SEN remedial educational needs and non-SEN complementary educational needs is more important in Hungary than in countries with education systems of more even standards.

It is a general characteristic of children in Group 2 that they all attend the same schools but receive different kinds of help, their needs are assessed by different methods, different interventions are utilized and their remedial instruction is provided by different people. Group 2.*a* encompasses children whose needs can be assessed by *a suitably trained educator* once their performance difficulties have been noted, and the educator also has the competence to correct these difficulties through minor modifications to teaching procedures. Additional support services can be provided by the school or outside sources (e.g., educational counselling service centres[1]) as needed. In this case, the

[1] The network of educational counselling service centres is a significant professional achievement for special educational needs services in Hungary. The professional profile of the network may need some enhancement but not at the expense of professional independence. Educational coun-

While educational diagnostic procedures may be suitable for the identification of extra educational needs which can be successfully addressed by an educator, they cannot replace a complex diagnosis by a specialist if any form of SEN is suspected.

educator in fact provides a standard service, which is essentially personalized instruction adjusted to the children's progress. The educator's task may be assisted by norm-based screening procedures of a broad application, which are designed to identify any extra needs that can be met by the educator. While educational diagnostic procedures may be suitable for the identification of extra educational needs which can be successfully addressed by an educator, they cannot replace a complex diagnosis by a professional specializing in the relevant field if any form of SEN is suspected.

The other two major groups of special educational needs (Groups 2.*b* and 3 in Figure *6.1*) are those where educational diagnosis is insufficient; a complex professional diagnosis being needed that, in addition to a detailed assessment of the condition, also serves to identify the required intervention or rehabilitation service. The major difference between Groups 2.*b* and 3 (both of which are SEN) is the degree of specialization required to identify special needs and provide the appropriate services. This determines the site, methods and provider of the service and, consequently, its costs. With respect to the causes behind school performance, both Group 2.*b* and Group 3 are characterized by a pattern of atypical development and developmental and/or acquired disorders, which surface as special educational needs at school. A *specialized diagnosis* is a precondition of both special and rehabilitative education and special classes are led by professional special education teachers specializing in the relevant field either at a regular school (2.*b*) or at a specialized establishment, at least during specific periods (3).

■ SEN IN HUNGARIAN LAW

Group 2.*b* in *Figure 6.1* best corresponds to Entry 29.*b)* of Paragraph (1) of §121 of the Public Education Act (PEA) as amended in 2007 (SEN–*b*). The classification is based on the above model and, also in line with EU practices, the complex diagnosis and the acquisition of the integrated educational content take place within the general school framework. Unlike in the case of Group 2.*a,* however, instruction is led by a specialist (special education teacher) and special equipment and materials (e.g., special course books) are used. The assessment of the special rehabilitation needs (complex diagnosis) of children in Group 3 is conducted by professionals specializing in the given field and the curriculum is delivered with the help of special equipment, infrastructure and professionals with specialized training over the entire period or a section of the education provision. A special feature of the rehabilitative education of

selling service centres are the only places at present where every discipline is represented. They could have a special role in providing services for Groups 2.*a* and 2.*b* and in developing and running a school psychology network. There are no professional reasons for placing them among the *unified educational therapy and methodology centre institutions.*

Group 3 is that the curriculum requirements may need to be adjusted in certain cases to ensure that the basic curriculum or, if justified, the reduced curriculum can be successfully completed. Current regulations apply this rule to the categories under Entry 29.*a)* of Paragraph (1) of §121 of the PEA (SEN–*a*) (the provision model defined by the Act is shown in *Figure 6.2* below).

For a modern service-provision to be efficient, the conditions of satisfying special educational needs and providing rehabilitative instruction should be broken down to individual concrete elements, each of which apply to specific diagnostic categories within the broader group.

As a general rule, the most important tasks in connection with diagnosis-based SEN–*a* and SEN–*b* are not restricted to the refinement of diagnostic categories and the structuring of per-capita funding (albeit this may be imperative in the short-term). For a modern service-provision to be efficient, the conditions of satisfying special educational needs and providing rehabilitative instruction should be broken down to individual concrete elements, each of which apply to specific diagnostic categories within the broader group. This requirement should not be part of the Public Education Act but should constitute a separate decree. The most important elements are the need for a specialist, equipment and institutional placement broken down to specific stages of instruction.[2] Current regulations disregard the fact that the specialist help and equipment needed for the special educational needs of SEN–*b* children,[3] who usually — appropriately — participate in integrated education, also give rise to expenses even if these are lower than the costs of SEN–*a* education. The solution to the problem of over-diagnosis in the category of SEN does not, therefore, lie in limiting financial support but rather in introducing a refined funding system.

The financial protocol can be assigned to the diagnostic protocol, which has previously been aligned with the service provision protocol.

It is also clear, however, that a provision programme will only be financially sustainable provided that educational needs are assessed reliably, i.e., on the basis of complex professional diagnostics. Appropriate assessment procedures must be identified for each diagnostic category — e.g., autism spectrum disorder (ASD), dyslexia, dyscalculia — and included in the professional protocol. The financial protocol can be assigned to the diagnostic protocol, which has previously been aligned with the service provision protocol (provision expenses assigned to diagnostic categories at given stages of public education). Services should be grouped by SEN diagnostic categories of the same level of funding requirements.

Considerations of space do not allow us to discuss the 15 year amendment history of the Public Education Act here but details can be found in several publications. Although it is apparent that the amendments effective as of 1st September, 2007 were motivated by progressive aims, the current text relies on definitions of distinguishing criteria which are professionally unacceptable and obsolete, even though previously used diagnostic classification principles were more up-

[2] People with total or partial visual or hearing impairments, for instance, need different equipment at the initial stages of instruction and at later phrases, but this is not usually the case for people with mental retardation.

[3] It should be noted that while over-diagnosis was a characteristic problem before the introduction of the categories of the Public Education Act of 2007, at the same time several pupils were not assessed at all or were assessed too late.

to-date. The amended Act deals with services offered to two major classes (SEN–*a* and SEN–*b*), defines provision categories according to type of funding and the site of provision (the latter is dealt with in detail in several acts and decrees) and specifies the procedures to be applied to redefine provision classes and reassess children's conditions. (These procedure requirements are prescribed in the continued absence of a complex, standardized, nationwide diagnostic programme.)

The Act itself nevertheless attempts to specify who should be educated in mainstream educational establishments together with their typically developing peers and who can be educated justifiably in a specialized establishment. It is apparent from the clauses added with the amendments that the intention is doubtlessly to reduce the runaway financial burden that lies behind the rewording of the Act. The current text assigns the two main professionally defined groups of atypical development patterns, developmental and/or acquired childhood disorders, to two basic categories. The terminology used here is an improvement over previous versions.[4] The new categories of SEN–*a* and SEN–*b*, however, conflict with international professional practice. In §121 of the interpretative clauses of the Act, the criterion that distinguishes the two categories[5] is whether the given atypical development pattern can be traced to "organic causes" or not. Dyslexia is a clear case in point. Interventions aimed at dyslexia of organic origin are entitled to financial support but those targeting non-organic dyslexia are not; the former type pertains to a special-purpose specialized educational establishment while the latter type does not.[6] As far as we know, none of the OECD countries have introduced such an odd distinction in their legislation. The definition is especially difficult to uphold considering that Hungarian diagnostic procedures are far from being up-to-date (standardized norm-referenced procedures are not used, for instance). Another problem is the question of how to identify organic versus non-organic relationships in assessing atypical development and developmental and/or acquired cognitive disorders: the aetiology of the disorder may not be known; specialists have limited access to procedures suitable for revealing organic relationships.[7]

The new categories of SEN-*a* and SEN-*b*, however, conflict with international professional practice. Only interventions aimed at dyslexia of organic origins are entitled to financial support and can take place in specialized establishments. This is a distinction which is not used in any other OECD country.

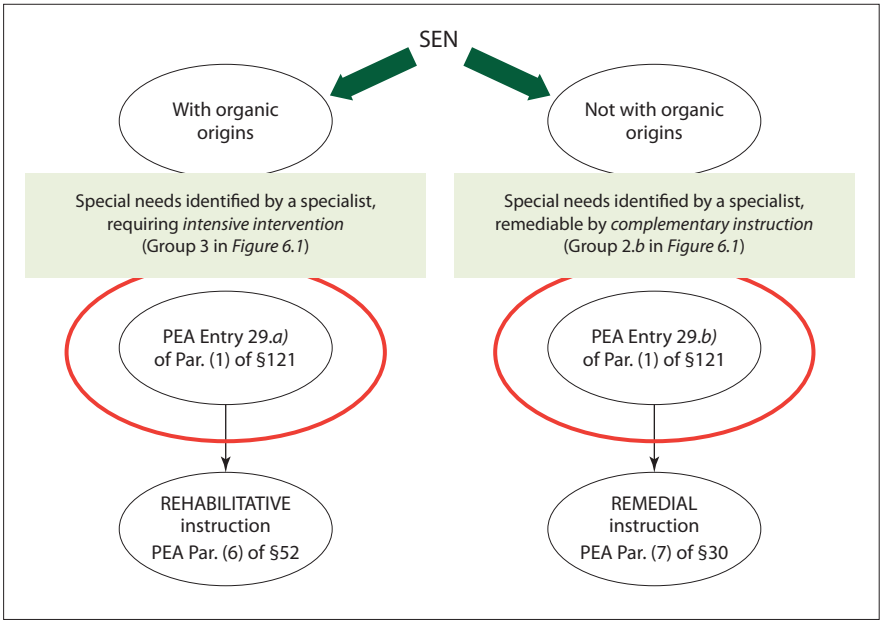
[4] Psychic and cognitive functions are no longer confused, i.e., it is recognized that learning disability patterns of atypical development can be linked to characteristic deviations in cognitive functions (attention, reasoning, language, etc.). The somewhat unfortunate Hungarian expression used in the text that roughly translates as "behaviour disorders" is a remnant of "folk psychology" — it in fact refers to disorders of behaviour control in a technical sense.

[5] Terminology constantly evolves as scientific progress is made in the various fields involved in diagnosing SEN. It would thus be sensible to describe problem areas in the main text of the Act and list diagnostic labels in an appendix.

[6] While it may appear to be a minor issue, it is reasonable to assume that dyslexia, for instance, is listed as a subgroup of SEN–*a* (why it should be a disorder of organic origins is difficult to explain,) because the Hungarian use of this diagnostic label deviates from international practice, that is, some professional groups still diagnose mental retardation as dyslexia.

[7] What is worse, the Act refers to causes and, as we well know, it is more difficult to prove cause and effect relationships than it is to reveal correlations, especially when few modern and reliable methods are available.

[FIGURE 6.2]
Services for special educational needs (SEN) as specified by the amendments of 2007 to the Public Education Act (PEA)



One of the official publications disseminated with the introduction of the Act (see *Figure 6.2*) states that disorders of cognitive functions and behaviour (for which "disorders of behaviour control" would be a more accurate term) can be traced to organic or non-organic causes and education provision is to be defined with reference to this distinction. The supplementary clauses to the Public Education Act as amended in 2007 also make it clear that since the two categories require different services, they are subject to distinct funding regulations.

Figure 6.2 displays the main features of the two SEN categories as they appear in the current Hungarian model. SEN–*a* (which is the equivalent of Group 3, requiring intensive intervention, in the model displayed in *Figure 1*) is characterized as requiring rehabilitative instruction, i.e., pupils in this class (may) continue to attend special-purpose establishments and the service remains subsidized. SEN–*b* (which corresponds to Group 2.*b* in our model and differs from SEN–*a* in that disorders in this category are diagnosed as having "non-organic" origins) is described as requiring remedial instruction, which is to be offered at mainstream educational establishments only. While this distinction between the two types of service makes perfect sense, the model has its problems: firstly, how the diagnosis should be made and secondly, why it is assumed that remedial instruction does not require any specialist knowledge or equipment and, consequently, financial support. Diagnostic procedures would need to rely on a complex battery of standardized methods and funding should be based on the minimum costs of services as specified by the protocol for each diagnostic category. It may be concluded, then, that the

well-intentioned amendments aimed at clearing up funding anomalies have not solved the problem of SEN but have instead given rise to new problems. We may contend, however, that the current legislation offers satisfactory guarantees that the rights of children with *special educational needs* to special services are observed. It is primarily the professional conditions needed for successful delivery which present a problem.

■ DIAGNOSIS

The model outlined above, the relevant central regulations and the documented and documentable indicators of everyday practices will now be used to make an overall assessment of the situation. We should first note that although there are serious anomalies in current service provision, regulations and funding system, considerable progress has been made in the 15 year history of SEN legislation. As at present several areas lack the necessary conditions for integration, narrow-range solutions targeted specifically at SEN, the further decentralization of the institutions involved and the tools tried so far (competition, reorganization, PR) are not sufficient to improve the situation. The problem of SEN — similarly to that of disadvantages due to deprivation, poverty or ethnic origin — cannot be solved without restructuring and modernizing the entire public education system to create a sustainable programme.

The most critical issues of SEN

The definition of service provision categories in terms of specific educational and rehabilitative needs.

1. The first question in connection with SEN services is — as previously mentioned — the definition of service provision categories in terms of specific educational and rehabilitative needs. The ill-advised dichotomy of organic vs. non-organic made by the Public Education Act as amended in 2007 is not only professionally incorrect but also fails to provide accurate definitions of individual components of special education and rehabilitative services, to link the appropriate components with individual diagnostic categories and to establish their actual funding requirements. SEN–*a* and SEN–*b* services are fundamentally different issues for public education in general and for the schools involved in particular. In addition to differences in the specialized knowledge required for diagnosis, they also differ in the location of service provision and centrally defined curricula that professional, legal and funding considerations call for. For SEN–*a,* rehabilitative instruction primarily relies on principles of special education and takes place at various types of special-purpose establishments (these are listed in the Amendments of 2007 to the Public Education Act). For SEN–*b*, remedial instruction takes place at mainstream schools as well as at the reformed educational counselling service centres. Where there are a large

SEN-*a* and SEN-*b* services are fundamentally different issues for public education.

number of pupils diagnosed with some category of SEN–*b*, schools providing integrated education need additional help to maintain high standards.

SEN–*a* and SEN–*b* also have distinct diagnostic requirements. The assessment of developmental anomalies affecting sensory systems and the complex investigation of motoric problems is primarily a task for medical science, and medical procedures are supplemented by the methods of disciplines such as remedial and complementary and augmentative education, which play a greater role in rehabilitative education. Various professional fields fulfil different functions in assessing mental abilities and, most importantly, in identifying different categories of mental retardation. IQ measurement is the responsibility of a psychologist (using the standardized testing methods of WISC-IV as of February 2008) while making a diagnosis of the level of mental retardation based on the indicators of IQ and social skills (RADVÁNYI, 2007) is a task for a special educator specializing in this field or, even better, for a special education psychologist (currently there is no official specialization opportunity of this kind for psychologists). For certain cases of SEN–*a* — for instance, autism spectrum disorder (ASD), Asperger syndrome, attention deficit hyperactivity disorder (ADHD) — clinical psychology and neuropsychology play a greater role, as remedial education is less competent in making the diagnosis itself, although it is fully competent in instruction and rehabilitation.

SEN–*b* requires the most complex diagnostic procedures relying on the expertise of several disciplines. Revealing the pattern of cognitive abilities is primarily a task for psychologists but the diagnosis must be made with the assistance of special educators and physicians. An educator is needed to assess conditions (such as teachability) which are important for teachers at the location of education provision, i.e., the school. SEN–*b* diagnosis is not, however, the responsibility of an educator, just as SEN–*a* diagnosis is not. As mentioned before, educational diagnostics cannot involve assessments going beyond the sorts of performance anomalies that an educator has the competencies to correct. In uncertain cases, the standard procedures of complex diagnostics (screening, prevention, etc.) can be used and the children should be referred to the appropriate service based on the results.

2. To have a reliable picture of the situation regarding SEN in Hungary, we need to examine the professional competencies of those involved in service provision, the characteristics of the programmes and methods used, the uniform and compulsory nature of applied protocols and whether conditions for these are given. With respect to SEN–*a* providers, it is useful to examine whether all professional, organizational, quality and financial sustainability requirements are satisfied at special-purpose establishments. Looking at SEN–*b* provision, the same tasks need to be performed for each educational establishment, since in this case regular and special education is the outcome of a co-operative effort between teachers and special educators, and regular and special educational needs are met at the same location, the school.

There are at least three factors contributing to the operation of a modern, uniform, transparent and financially sustainable service provision built on professionally sound foundations:
a) the competencies and responsibilities of *the professions involved in the services*,
b) the structure and operation of *provision centres*,
c) the control and monitoring of *the responsibilities of the state and the providers.*

■ Professions involved in the services

3. OECD countries with efficient SEN provision systems maintain complex programmes developed on the basis of a professional consensus. In these programmes, SEN diagnostic procedures, the methods of special education and rehabilitation and the qualification and training requirements ensuring appropriate professional standards are all organized into a unified system of protocols for *all professions involved.* In Hungary, professionals responsible for diagnosis, regardless of the type of institution they work for, employ untested procedures without reference to standardized norms or, at times, unlicensed copies of tests brought from abroad, some of which have been poorly adapted to Hungarian. This equally applies to screening methods (at educational counselling services) and diagnostic procedures (by professional panels). The current Hungarian system is almost unique among EU–15 countries (with the exception of Portugal) in that it lacks a nationwide diagnostic programme consisting of standardized procedures which are linked to individual diagnostic categories, governed by a uniform protocol and mandatory to use. The SEN–*a* group is affected through the assessment of cognitive abilities[8] and pervasive developmental disorders, but the "organic – non-organic" pairs of conditions of the same name are also affected as well as the entire category of SEN–*b*. The various disciplines involved have made attempts to spell out protocols for individual diagnostic categories but these have little professional utility in the absence of quality control and standardization.

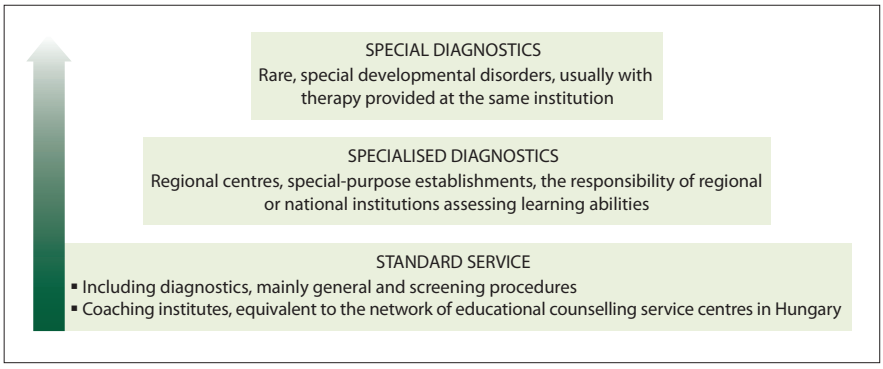
In Hungary, professionals responsible for diagnosis employ untested procedures without reference to standardized norms or, at times, poor quality Hungarian adaptations of foreign tests. The system lacks a nationwide diagnostic programme consisting of standardized procedures which are governed by a uniform protocol and mandatory to use.

4. *Since no uniform diagnostic programme exists in Hungary, there cannot be a nationwide diagnostic protocol either.* Although some of the procedures work well when used by experienced specialists, only temporary protocols may be created from them. While certain specialists involved in diagnostics receive continuous training and professional development opportunities, further training programmes that should accompany the introduction of modern diagnostic methods have not been developed; it has not been decided whether the cur-

Hungary lacks a uniform, nationwide diagnostic protocol.

[8] We hope that the introduction of the standardized Hungarian version of WISC–IV used to test school-age children (6–16 years), which is legally available as of February 2008, and related training courses give rise to a test culture which leads to positive changes. Since the assessment of mental retardation is an important question even before school, it would be crucial to introduce and use the pre-school version of the test as well.

[FIGURE 6.3]
A standard international model of diagnostics for Special Educational Needs (SEN)



rent decentralized training system — with its inconsistently monitored courses struggling with local funding difficulties — should be kept for that purpose. The diagnostic process is unfortunately fraught with overlapping obligations, cases of outstretched or clashing competencies and haphazard or incomplete sharing of duties. The overlapping obligations, frequent rivalry for fields of competence and conflicting interests between different professions and institutions involved in service provision could be avoided if the different levels of provision were subject to unequivocal regulations. A model of standard, specialized and special services is shown in *Figure 6.3*.

The training requirements and qualifications needed to obtain a license to diagnose should be more rigorous than they are at present. Teacher education curricula should include up-to-date information on SEN as part of a teacher's fundamental knowledge and skills.

5. The training requirements and qualifications needed to obtain a license to diagnose SEN and specify courses of action should be more rigorous than they are at present. This change requires some restructuring and can be implemented in the medium term. School teachers need to be familiar with basic diagnostic procedures and ready to use them in practice. They must also have up-to-date information on different types of SEN, on how to recognize them and what type of service provision is necessary. Teacher education curricula should include up-to-date information on SEN as an essential part of a teacher's basic knowledge and professional skills. Every teacher should receive theoretical and practical instruction and acquire the general principles and specialized methodology of SEN services. Teachers would thus be equipped to fulfil some of the special tasks of special education needs and could be confident in referring children to establishments offering diagnostic services[9] if a case proved to be beyond their competencies.

6. Doctors, remedial educators and psychologists who formulate the complex diagnoses should attain the necessary qualifications and work experience through special training and professional in-service training, which should be subject to strict regulations with regard to their organization, maintenance and moni-

[9] This would typically be an establishment with access to diagnostic equipment and materials, such as an education counselling centre.

The training and professional in-service training of doctors, remedial educators and psychologists who formulate the complex diagnoses should be subject to strict regulations with regard to their organization, maintenance and monitoring.

toring. Current decentralized, local in-service "teacher training" courses vary greatly both in content and in quality. It is not known how much of the financial burden of decentralized in-service teacher training schemes is covered by government grants and how much is borne by their participants. At present remedial education is the most adequately trained and organized profession involved in SEN services, although it could still benefit from some modernization. There is a shortage of psychologists specializing in SEN diagnostics, education or rehabilitation: the problem being severe in some areas (neuropsychology) and acute in some others (school psychology). The same observation holds for relevant medical professions. The situation is further aggravated by the fact that Hungarian law does not define the legal status of psychologists or regulate their professional activities (with the exception of clinical psychologists) and psychologists do not have a regulatory body or professional Chamber that could enforce high standards. The problem not only affects public education and there are several further issues (e.g., diagnostics and rehabilitative services for SEN–*a*) where the solution is not the exclusive responsibility of the Ministry of Education.

7. Cases of presumed or real errors of diagnosis or pupil placement can be referred to a professional (and juridical) appeal forum for review. Nevertheless, *quality assurance has no or minimal effect in everyday diagnostic practices* even though the desired standards are laid down almost everywhere. Genuine, standardized and mandatory professional quality control which is independent of both the provider and the maintainer and defines competencies, procedures and sanctions does not exist.[10]

With a uniform diagnostic programme which is defined in a protocol and specifies standardized assessment procedures for identifying diagnostic categories, *it would be hardly possible for the size or distribution of a diagnostic category to grow or decline as a function of the relative level of funding per pupil applying to that category.* One of the obvious objectives of the amendments of 2007 to the Public Education Act was to put an end to the escalation of financial support paid out for SEN–*b* services. The conduct of maintainers and schools seeking to obtain financial resources can, in fact, be regarded as natural, especially when the institution involved struggles with severe financial problems and/or large numbers of children. This should be assessed and taken into consideration by the regulator.

The interests of the organization responsible for diagnosis lie with the maintainer.

SEN could be turned into a money making label due to the absence of a modern diagnostic programme bearing in mind that the interests of the organization responsible for diagnosis lie with the maintainer and that the path of government funding intended for SEN is impossible to follow. The order to revise the categories listed under entry 29.*b)* of paragraph (1) of §121 of the Public Edu-

[10] The quality assurance programme should be based on the professional protocol of diagnostics and educational methods and the quality and results of a service should be evaluated through objective inspection methods.

cation Act as amended in 2007, for instance, simply indicates that at present the regulator can only hope to move in the direction of least resistance, since an inspection of the use of funding claimed for SEN and intended to support the education of SEN children is forbidden by current (local government) laws.

The past one and a half decades of SEN regulation efforts in the Public Education Act give the impression that the regulator has not reckoned with endeavours to obtain the higher rate of per-capita funding — these efforts are understandable to some extent but in the end militate against the interests of the children involved. As a result of the repeated rewriting of regulations following unavoidably from the absence of a diagnostic and professional quality assurance system, both the maintainer and the school lose direction, which in turn leads to misgivings even regarding otherwise practical suggestions of centralization, and to general resistance dressed in professional clothing. And this is unfortunate, since there is a great need for a centralized system of supervision and monitoring both in diagnostics and in special education and rehabilitative services. In the absence of a system of this kind, current conditions will become fossilized even if a nationwide, complex SEN diagnostic programme emerges in a few (minimum 4–6) years.

There is a great need for a centralized system of supervision and monitoring both in diagnostics and in special education and rehabilitative services.

■ Provision systems

8. In an efficient and financially sustainable service provision system, professional duties are associated with a transparent institutional system. A system of this kind is structured such that children diagnosed at or before[11] school as having *special educational needs* (SEN) are given a complex specialist diagnosis indicating specific educational needs and methods as part of a broader standard and where specialist and special diagnostics protocols and the process of diagnosis is harmonized with the educational and rehabilitative activities of schools (SEN–*b*) or specialist establishments (SEN–*a*). In Hungary, the work of specialist establishments is regulated by the Public Education Act and a number of decrees. The various establishments offering screening, diagnostics and education or rehabilitation services are locally organized into networks, which are often difficult to understand for the customer (such as micro-region associations with complicated connection and funding structures). The different levels are organized in an obscure system, the relationship between institutions with local and national responsibilities is not always unequivocal, and there are serious problems and conflicting interests with respect to funding.

Professional responsibilities should be mapped out in detail, and the responsibilities of local authorities and the central administration should be harmonized both in the diagnostic system and in the system providing correc-

[11] The atypical development or disabilities of children falling into some diagnostic categories of SEN–*a* can be diagnosed at an early stage, often at birth. In other cases (such as severe disorders of speech development), the disorder surfaces later but still long before school age, and can be diagnosed and treated given an adequate service provision system.

tive educational and rehabilitative services. Risking the charge of repetition, it should be noted once again that remedial education targeting SEN–*b* children, normally offered at the school, does not have a standardized methodology and the use of the funding intended as its resource is not, and cannot be, monitored. The current legislation makes no provision for the funding body to confirm whether the special education subsidy reaches the schools and the children concerned. This is because of a local government act that makes it impossible to inspect specific items of support transferred to local authorities under various headings on the basis of needs.

The current legislation makes no provision for the funding body to confirm whether the special education subsidy reaches the schools and the children concerned.

9. Due to the absence of a transparent system of provision levels and to the availability of different funding schemes, the services for children with special educational needs, especially as regards the category of SEN–*b* (which in practice has become a fund-raising label), do not fulfil their function adequately. The apparently simplest solution involves continuous monitoring, a revised placement of children and a levelling of funding schemes. There can be no doubt, however, that the remedial education of genuine SEN–*b* children requires easily calculable extra resources, which should be made available to the establishment providing the service. Ideally, *regional institutions* should take — both professional and financial — responsibility for the use of the funds. In the absence of regional co-ordination, the current, financially unmanageable system, which prides itself on being decentralized, will remain. Institutional decentralization is undoubtedly a great achievement for a system providing practical services but centralization is essential for professional monitoring based on diagnostic, educational and funding protocols — at a regional level, within a framework defined by the relevant departments of the central administration. While decentralized tasks can continue to be funded through the grant system (also not free from anomalies), a uniform, professionally sensible and financially sustainable system can only be developed with central intervention.

Institutional decentralization is undoubtedly a great achievement for a system providing practical services but centralization is essential for professional monitoring – at a regional level, within a framework defined by the relevant departments of the central administration.

What characterizes provision programmes in present day Hungary? Specialized establishments are not organized into a unified and co-ordinated service provision network (although a few of these were created in the framework of the first National Development Plan). Their activities are difficult to follow for participating children, parents and, at times, even for the schools that refer the children to them; the services they offer are not publicised widely enough. In the absence of co-ordinated operation and an adequate system and protocol of diagnostics, the need for intensive specialist intervention appears to be multiplied, which especially affects educational counselling services (SZAKÁCS, 2007). The task of co-ordinating the work of the *standard service* (diagnostics at educational counselling service centres and remedial education at schools), the *specialized service* (diagnosis by a national committee for assessing learning abilities and rehabilitation, education at an establishment specializing in compensatory education) and the *special service* (provided by establishments specializing in diagnostics and therapy for special developmental disorders

The task of co-ordinating the standard service, the specialized service and the special service cannot be the responsibility of the establishments and their maintainers themselves.

— such as autism spectrum disorder, Asperger syndrome or attention deficit hyperactivity disorder — and heavily relying on medical practitioners) cannot be the responsibility of the establishments and their maintainers themselves. *A co-ordinated programme must be supported by an appropriate centralized information system, it cannot emerge from separate developments.* The programme could be run by regional (or possibly macro-regional) centres. This is the level of administration with the best chance of success in co-ordinating the professional activities of various establishments, running a central information system and monitoring professional standards and the use of financial resources.

Before regional centres can be set up, an efficient model of SEN funding needs to be developed. The costs of diagnostics and therapy can be established for each broad diagnostic category grouped according to professional criteria; participant-based subsidy rates should be adjusted to these costs and the use of funding should be monitored. Practical service provision will remain decentralized, which is essential for services to be flexible and maintain high standards. However, the current system, where the national diagnostics system is the outcome of locally concatenating a variety of methods as dictated by the lobby interests of different professional groups, is untenable both from a professional and from a financial point of view. To maintain high standards and cost-efficiency in equipping establishments with modern tools, maintaining the standardized values of norm-referenced tools, training staff to use diagnostic procedures and offering continuous professional development, there must be an independent, autonomous national institution responsible for these tasks. An independent *national specialist diagnostics centre* could be the solution to the problem of supplying diagnostic tools, offering high quality professional development opportunities[12] and providing quality assurance.

■ Regulating and monitoring the responsibilities of the state and local governments

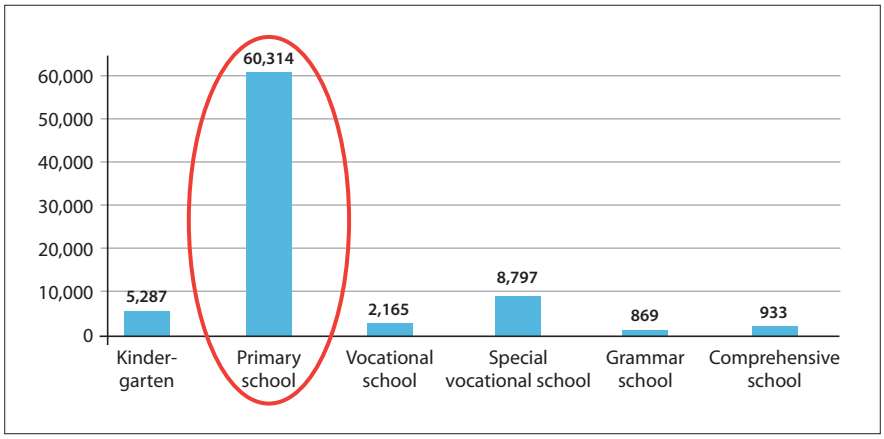
10. The use of resources transferred to local governments to fund services for SEN–*b* children sharing their classes with typically developing children cannot be monitored, which means that if the central budget is to allocate resources to cover the extra costs of remedial education, a special funding construction needs to be created to guarantee targeted use. In the current system, the subsidy chasing attitude of schools and maintainers has bloated the category of SEN–*b* to a size which is no longer fundable; but a simple cut in subsidy rates per pupil would drain resources from children in need of support. The SEN–*b* category encompasses children with unimpaired intelligence who have some kind of general or particular learning difficulty and need the support of special teachers, tools, information technology, etc. The costs of meeting the needs of

The subsidy chasing attitude of schools and maintainers has bloated the category of SEN-*b* to a size which is no longer fundable; but a simple cut in subsidy rates per pupil would drain resources from children in need of support.

[12] Some of the development courses available at present are of dubious professional quality and training staff may have average or below average knowledge and skills. A separate problem is that these advanced training programmes have substantial costs, especially considering the number of different courses needed to build a sound foundation of SEN expertise.

[FIGURE 6.4]
The distribution of SEN (based on the categories used before the amendment of 2007 to the Public Education Act) according to school type

[SOURCE] KŐPATAKI ET AL. (2006).



[NOTE] SNI–*a*: usually identifiable in the first year of primary school or even earlier; SNI–*b*: usually identifiable at a later stage only. 10 per cent: 60–80 thousand children in Years 1–8.

SEN–*b* pupils attending mainstream educational establishments between the ages of 6 and 18 and the costs of providing appropriate services for each subclass of SEN–*a* pupils attending special-purpose establishments are composed of the costs of wages and the costs of equipment. (Special-purpose establishments may be attended for the entire period of pupils' education or only during the initial stages prior to reintegration back into mainstream schooling, as is the case with blind children for instance, who first need to acquire adaptive techniques; see JANKÓ-BREZOVAY, 2007.)

Funding requirements are a function of the number of children in each SEN category, the real minimum costs of their education and the way the resources allocated for this purpose are made use of. National statistics typically indicate an equal number of children, while local (town-based, regional or county) figures show great variation even in terms of the previously utilized categories of SEN (see *Figure 6.4*). This is typically at most 10 per cent of all children in public education but there are national committees for assessing learning abilities and rehabilitation where a diagnosis of dyslexia, for instance, occurs over 30 per cent of the time. This is professionally unacceptable (see the boxed text on dyslexia for details). Without reliable diagnostic procedures, however, it is difficult to establish whether the number of children needing support with difficulties of this kind (dyslexia, dysgraphia, dyscalculia, general learning disorder) is over or underestimated, especially as regards the SEN–*b* category. That is, in addition to professional duties, the responsibilities of the state and those of local authorities should also be co-ordinated and the conditions and uses of funding as well as the procedures of financial inspection should be specified.

The present status of SEN suggests that the mechanisms underlying the service provision system do not work. The diagnostic categories which were intended to point to the appropriate type of education have turned into mere fund-raising statistical categories and the resources intended for SEN are used

A coherent system of compensatory education can only be delivered if the use of funds is monitored and any unauthorized use draws sanctions.

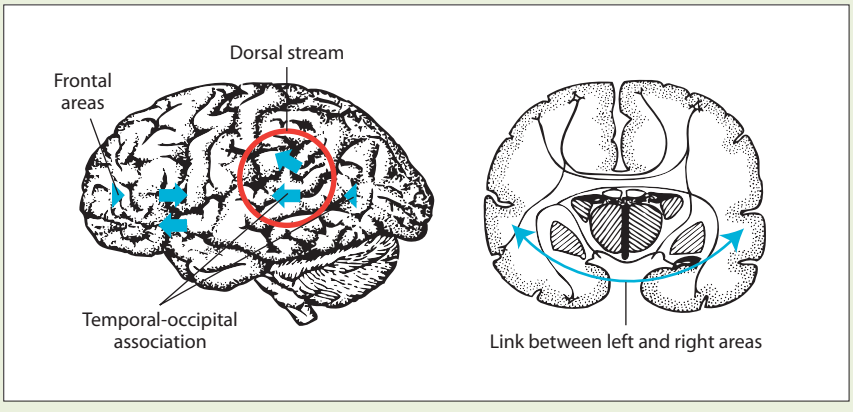
for unknown purposes (which may not be worthless but do not target the children's development). The problem cannot be solved by excluding certain groups from subsidization. A coherent system of compensatory education can only be delivered if there is a way to monitor the use of the funds allocated for this purpose and where any unauthorized use of the financial resources draws sanctions. However, the problem has to be faced, once again, that economic and legal tools cannot offer a satisfactory solution without a reliable diagnostic protocol and system and without high professional standards throughout the SEN services. This across-the-board problem of education is best illustrated through the issue of dyslexia and reading difficulties, where beliefs and false beliefs abound. This is discussed in the box *Reading disorders*.

The above analysis of the status of SEN in Hungary has shown that the programme is structured and layered in a complicated and hard-to-follow way. The service hierarchy is unsystematic and there being no standardized information system, the organization of the programme is impenetrable. These problems cannot be solved by legislative means alone. The Public Education Act, however, offers a relatively progressive framework (albeit with the shortcomings

READING DISORDERS

Reading accomplishments significantly deviating from the average in a negative direction may be the result of several different causes, since meaningful reading is a highly complex cognitive achievement. Even the development of reading routines is the outcome of a highly complex developmental process. Namely, the two routes of reading, the co-ordinated functioning of the system that requires the development of a phonological system and a word recognition system for the decoding process rely on several subroutines of cognitive functions (speech perception, auditory processing, visual perception, mental dictionary, etc.) and on their development and maturation (see *Csépe*, 2006 for details). As can be seen in *Figure 6.5*, reading is a highly complex skill, which relies on newly emerging and re-organizing brain functions.

[FIGURE 6.5]
Brain functions



Skilled reading is linked to complex, re-organizing brain functions. Developmental anomalies in these functions show a strong correlation with dyslexic behaviour. Dyslexia can only be shown to have so-called "organic" origins if the child has severe and demonstrable injuries. Incidents occurring around birth (e.g., prematurity) are not in themselves a sufficient diagnostic condition for classifying the disorder as "having organic origins." The category of dyslexia encompassing various reading disorders shows a characteristic cognitive pattern, which can be distinguished from other types of reading difficulty through appropriate diagnostic procedures. A brief summary of typical features reveals the areas for complex specialist diagnosis and the areas for educational diagnostics.

THE DOMAIN OF READING DIFFICULTIES

Not dyslexia: distinct cognitive profile. Factors:
- Socio-economic status (SES)
- Socio-cultural characteristics
- Inadequate school
- Inadequate education
- Inappropriate method

DYSLEXIA
- Heterogeneous, subgroups of characteristic cognitive profiles
- Characteristic differences in brain functions
- Subgroup displaying multigenetic inheritance

The following questions therefore apply to SEN in general: How do we define organic and non-organic? Who should establish whether a condition has organic origins and how? Who should make the diagnosis and what tools are available for this task? Specifically, are modern, reliable, standardized norm-referenced tests available? Is the funding really used to support dyslexic children in the absence of adequate diagnostic methods and trackable use of resources? Does the subsidized service reach children really affected by dyslexia? Should they be educated at specialized institutions, that is, do we want to encourage segregation or integration? Or should we perhaps opt for a model where specialist institutions are responsible for diagnosis and compensatory education but the children also attend regular schools? What can be done about difficulties caused by a combination of *special educational needs* and *multiple social disadvantages*? Can intervention targeting difficulties with reading comprehension boost performance in the lowest section of the overall educational achievement distribution? Is it sensible to subsidize support for poor reading skills on a per-pupil basis if
- no reliable diagnostic procedures are available, i.e., "poor reading skills = dyslexia";
- the role of the school and the effects of teaching methods and approaches are not clear;
- the Hungarian school system is widely accepted together with the fact that it magnifies the effects of low socio-economic status;
- the results of the PISA programme of 2006 (Programme for International Students Assessment) are depreciated by professionals in comparison with international assessment programmes using different methodology, such as TIMSS (*Trends in International Mathematics and Science Study)*.

mentioned above). The tasks waiting to be completed are primarily of a professional nature (diagnostics, therapy, protocol, professional monitoring, etc.), or a question of organization (service levels, competence domains, institution networks, monitoring, etc.). It is these that should be considered in developing an adequate funding scheme. Finally, once an efficient programme has been designed, any conflicts with current laws and regulations can be investigated.

■ SUGGESTIONS

1. A medium-term strategy is needed to solve the problems of SEN services but the most important issues should be addressed as soon as possible. Our suggestions concern three areas: *a)* changes to institutions, *b)* professional solutions, and *c)* long-term recommendations and select tasks which are closely related to other domains of education discussed in this volume.

Institutions

2. In the medium term, institutions involved in SEN diagnostics and educational and rehabilitative service provision should be organized into a region-level network structured according to a similar model; and, most importantly, the programme should operate as a coherent system. One of the pillars of the system should be a compulsory structure of standard, specialized and special diagnostic levels modelled on the hierarchical organization of the health service composed of a general, a specialist and a special level.

It should be investigated whether a unified system of SEN services is compatible with current education provision responsibilities and the funding obligations of local governments.

It should be investigated whether this type of unified system of SEN services is compatible with current education provision responsibilities and with the funding obligations of local governments. The task would be easier if there was a standardized method of specifying funding obligations at the local governmental level (for instance, local authorities could be required to spend a fixed proportion of their budgets on standard education services) and central sources were used to top up the funds to the level determined by the standard cost rate per pupil. The following measures are essential in implementing an education programme where integrated education is the default solution for a large section of the pupil population (see Groups 2.*a* and 2.*b* in *Figure 6.1*):

- enhancing the services aimed at improving the achievements of children with special educational needs,
- unequivocally determining the costs of services broken down to individual items,
- developing a transparent and trackable system of funds transfer.

The first step that must be taken is to assess the entire current construction of SEN services (human resources, tools, infrastructure, etc.) broken down to, and within, individual SEN categories (e.g., blind children, deaf children and children with mental retardation).

Service requirements should be itemized for, and within, each category in the protocols assigned to individual diagnostic categories and the average costs of services set out in the protocols should be estimated (the stipends to specialists, the wage supplements for teachers participating in integrated/inclusive education, the purchase or rental costs of special purpose equipment, infrastructure and other expenses, such as travel reimbursement for peripatetic

Service requirements should be itemized in the protocols assigned to individual diagnostic categories; average costs and the cost items the state can reasonably cover should be estimated.

specialists). This — broken down into age groups — should be the basis of calculating the total costs that the state can reasonably cover. (Some expensive equipment is only needed at the initial stages of education for blind children, for instance — JANKÓ-BREZOVAY, 2007.)

3. The higher rate per-capita funding allocated for services for children participating in integrated education should have improved focus (a given proportion of the funding should be transferred directly to the establishments providing rehabilitative services; see MIHALOVICS, 2007 for a similar proposal). Also, a rational procedure should be developed to estimate the expenses of peripatetic specialists taking travel distance and other factors into consideration. To improve the efficiency of SEN–*b* services, minimally a "mentor educator" but preferably all educators involved should be given specialist training.

Specialist training minimally for a "mentor educator" but preferably for all educators involved in an effort to improve the efficiency of SEN-*b* services.

4. To meet these objectives, it appears to be necessary to implement a system of monitoring standard and specialist services and develop standards of accountability and controllability. While practical tasks remain decentralized, quality assurance relying on professional and financial monitoring should be governed centrally. Following an assessment of overlaps of responsibilities and conflicts of competencies, the diagnostic and care provision services of various organizations (educational counselling service centres, specialist teacher services, the United Medical and Preventative Service, etc.) should be organized into a standardized and transparent system supported by appropriate information systems. An investigation must be undertaken into ways of setting up regional centres (EU-regions) which can be made responsible for quality assurance, monitoring professional activities, securing the conditions needed to acquire equipment and financial resources, ensuring that budget sources reach the end user and are used efficiently throughout SEN services. The need to support the work of regional centres and to develop, maintain and improve diagnostic tools justifies the formation of an independent national centre (a national centre for diagnostic services), which is responsible for introducing modern tools, standardizing procedures, maintaining the normative values referenced by the tests specified by the protocols and arranging advanced professional development opportunities.

Investigation needed into ways of setting up regional centres which can be made responsible for quality assurance, monitoring professional activities, securing the conditions needed to acquire equipment and financial resources, ensuring that budget sources reach the end user and are used efficiently. The formation of an independent national centre for diagnostic services is justified.

5. While keeping the decentralized structure of general service provision unchanged, there should be an examination into the way by which the special diagnostic and care provision activities of national committees for assessing learning abilities and rehabilitation could be made independent from the maintainer. It should be established whether these activities can be part of government administration, and personal, professional, infrastructural and financial conditions should be assessed. Three problems could be solved by incorporating the activities of national committees for assessing learning abilities and rehabilitation into government administration: *1.* independence from local

In what way could the special diagnostic and care provision activities of national committees for assessing learning abilities and rehabilitation be made independent from the maintainer – while keeping the decentralized structure of general service provision unchanged?

governments and educational establishments, which may be influenced by the financial consequences of diagnosis, *2.* the establishment of uniform requirements, and *3*. the enforcement of quality assurance.

Professional solutions

The institution to undertake assessment and diagnostics pertaining to *standard services* is first of all the education advice centre. The tasks of specialist diagnostic establishments demand complex diagnostic tools. Within the specialist programme, SEN diagnosis must be the responsibility of professionals with specialized training.

6. The tasks, specialist skills and institutions involved in services for SEN children should be linked to other care provision services (health care, individual and family welfare, and, most importantly, child protection services). In this system, the institution to undertake assessment and diagnostics pertaining to *standard services* is first of all the education counselling centre. The availability of diagnostic tools must be improved and the work on legislation should be completed as soon as possible to allow the network to fulfil its function (see SZAKÁCS, 2007). One of the tasks of the standard service is to apply diagnostic procedures intended to screen children and refer those who only need a teacher's support back to their teachers after advising them as needed. Education advice centres would also be responsible for the education of SEN–*b* children but the necessary conditions must first be granted (reliable diagnostic tools, monitoring and protocols). The first phase has wide applicability considering that, as indicated by the statistics on education counselling centres, 20–25 per cent of children are involved. *Specialist establishments* constitute the second phase. Their tasks demand complex diagnostic tools, which are currently unavailable. Standardized protocols supported by a professional consensus and clearly delineated areas of competence should be defined. Ways of developing a modern SEN specialist programme with the participation of some of the educational counselling service centres and national committees for assessing learning abilities and rehabilitation should be investigated. Within the specialist programme, SEN diagnosis must be the responsibility of professionals with specialized training. At present there are several endowment supported institutions which are connected to the national health care programme and could fulfil this function. The capacity of these institutions to provide specialist diagnostic services (autism spectrum disorder, ADHD, etc.) should be analysed.

Only limited diagnosis can be made at any given level of the hierarchically structured system. A national consortium is needed for a modern diagnostics programme covering every step from screening to specialist diagnostic.

7. In the structured system of SEN services proposed here, the diagnosis made at any given level of the hierarchical structure of standard, specialist and special services would have restricted validity and special categories would pertain to specialist services. Whichever aspect of the current position of SEN services we look at, it becomes clear that a *national consortium* is needed to develop a modern and complex diagnostics programme covering every step from screening to specialist diagnostic. The consortium could take part in the work of developing a complex diagnostics system and a professionally trackable provision programme from the outset.

It is essential to modernize SEN diagnostics if we are to understand the causes underlying pupils' failures, especially as regards SEN-*b* cases.

8. It is essential to modernize SEN diagnostics if we are to understand the causes underlying pupils' failures, especially as regards SEN–*b* cases. Reading is an especially critical area, where problems of different origins coalesce. With the category of dyslexia becoming diluted, the manifold causes behind poor reading comprehension are left neglected. An expert analysis would be needed to shed light on the politically charged debate that alternately links reading difficulties to dyslexia, social disadvantages, teaching standards or else the quality of textbooks and methods. A *national reading panel* could be set up as proposed by the Round Table on Education and Children's Opportunities to help to find a solution to this problem.

Long-term plans and high-priority tasks

9. The system of SEN services is difficult to follow both for the professionals involved and for the users (children, parents). Professional considerations play a less significant role in shaping the programme than do the administrative considerations of local governments (see, for instance, the authority of notaries in SEN issues). An integrated information system should therefore be constructed to document and keep track of assessment results, diagnoses and the actions and education activities aimed at supporting each child. This information system would be a continuation of the health visitor database supporting the task of early childhood care (see Chapter 1). The child-tracking information system would record the results of condition assessment, development assessment, screening, diagnosis and service indicators as well as variables pertaining to education, therapy and rehabilitation (content, duration, changes, etc.), which would be complemented by professional monitoring. Issues of data privacy and the professional and other (such as financial) conditions of the system should, of course, be given thorough and careful analysis.

An integrated information system should be constructed to document and keep track of assessment results, diagnoses and the actions and education activities aimed at supporting each child.

10. The label of "atypical development" should be used in its appropriate sense (the current professional and financial regulations only focus on disorders) and the legislation should spell out that the programme is intended both for children developing faster than the general population and those developing more slowly. This would allow a complementary education programme to be developed and subsidized for gifted children. The present programme related to gifted education should be enhanced, activities should be offered systematically and additional costs should be treated in line with the treatment of special educational needs in most OECD countries.

The programme is intended both for children developing faster than usual and those developing more slowly.

11. A decision model applying to the entire service provision programme should be developed — and made compulsory following professional approval — and a co-ordinated service provision protocol should be drawn up and detailed with regional differences (economic development, settlement structure, ethnic

composition) and family background (multiple disadvantages, profound poverty, etc.) taken into consideration. The complex care (educational, health and social) of special educational needs and other, atypically developing children (such as those with multiple disadvantages) requires co-ordinated regional activities, support for the work of local governments, adequate professional conditions and genuine quality assurance. There must be an investigation as to how centralized protocols, a system of monitoring and the necessary information systems can be defined while the current heavily decentralized schemes are kept. Once the recommended systems have been developed, regulations on the responsibilities of various professions involved in SEN service provision should be reviewed. The sections of local government laws applying to education funding may need to be revised in order to eliminate current funding anomalies.

There must be an investigation as to how centralized protocols, monitoring and information systems can be defined while the current heavily decentralized schemes are kept. The section of local government laws applying to education funding many need to be revised in order to eliminate current funding anomalies.

12. It is important to review professional responsibilities across all service areas and all the professions involved. Further, professional duties should be modernized (children with mental retardation) or refined (children with physical disabilities, blind and partially sighted children, deaf and partially hearing children, children suffering from pervasive developmental disorders, including autism spectrum disorder). These tasks also demand a modern child-tracking information system that observes current laws (such as data privacy).

■ LINKS WITH OTHER PROGRAMMES

For the programme to be successful, SEN must be a separate part of every major area of public education. At present, the subject of SEN only appears in selected modules of *teacher training,* and in a highly specialized context (teaching in inclusive education). The teacher training curriculum should make integration the standard model and should include SEN education throughout the training programme and especially in pedagogy/psychology modules, which require interdisciplinary collaboration. A comprehensive SEN programme should make sure that specific services are linked to service provision programmes of *child poverty, opportunities for children, child health* and *child protection*. The issue of SEN is not limited to basic education; it must be addressed across the entire spectrum of training and in the world of employment. For the services for children with special educational needs to be successful, they need to be incorporated into *lifelong learning* schemes as well.

■ TIMING

The implementation of the *diagnostic protocol system* needs to be funded by central or ministry-level sources and it will take at least five or six years to establish. For the task of restructuring the activities of different establishments, three years appears to be a reasonable time scale, including the preparatory tasks of reviewing the responsibilities of local governments as maintainers and drafting the relevant regulations. The development of the professional monitoring system, centralized functions and the institutional child-tracking information system is estimated to be a medium-term plan. Current regulations may need to be supplemented to allow the full spectrum of *atypical development* (including developmental delay as well as accelerated development and giftedness) to be taken into consideration and an appropriate funding model to be designed. The most pressing questions of SEN services are the unavailability of a modern and complex diagnostic programme, on the basis of which the most appropriate educational tools could be selected, the absence of effects analyses evaluating those tools, and the unsolved issue of professional monitoring. A special team should be set up to find a solution to these problems and to design a funding model for the modernized system. These steps are needed to deliver the medium-term plan concerning the full spectrum of SEN (disorder and giftedness). The most urgent tasks are to develop a national diagnostic programme supported by compulsory protocols, to construct a system of centralized professional monitoring and to review and reorganize current, untraceable funding routes as needed.

■ GAINS AND COSTS

In countries where children with special educational needs receive support and special attention throughout the system, the children's educational attainments substantially exceed the average level. (This holds both for the Netherlands, where diagnoses are made, and for Finland, where no diagnoses are made; see the PISA survey of 2006.) In countries where developmental deviations receive the attention appropriate to their complexity and depth, the odds of a pupil dropping out of school are lower, as an accepting attitude towards being different is acquired — partly thanks to communities where typically and atypically developing children live together — as part of socialisation at pre-school level and during compulsory schooling as well.

In countries where special educational needs and simply poor achievement are distinguished at the level of diagnostics, there are *no regional or ethnic differences* in diagnostic categories. An investigation into the causes of poor school performance would benefit the entire system of public education: PISA 2006 reveals a strong relationship between efforts of these kind and improved

education outcomes (e.g., in Germany and Poland). In a transparent system which relies on clearly defined categories, tracks service provision provided to individual children, and can be followed by professionals, there is less room for anomalies, and children's rights to special education and rehabilitative instruction are less likely to be disregarded.

■ INTERESTS, CONFLICTS

The primary beneficiaries of a well-organized SEN programme will be those whose poor school performance does not belong in the domain of SEN but are misclassified as having special educational needs as a result of current obscure diagnostic practices. Children correctly classed with SEN but not receiving appropriate support will also benefit, similarly to parents who currently need to use their own resources to help their children. The changes will further benefit private endowment institutions which undertake significant professional responsibilities and offer special services but are excluded from most government funding schemes or struggle with permanent financial problems for other reasons. The entire public education system will benefit if it can be clearly established whether a child's achievement problems stem from the child's abilities or from social factors (social disadvantages, profound poverty, the parents' low socio-cultural status, etc.) and what share of the responsibility is borne by a general inefficiency of school education, inadequate education methods or textbooks.

The proposed changes conflict with the interests of those who use subsidies for other purposes — possibly out of necessity but without consequences, nevertheless — be it local authorities, schools or other actors; all those representatives of public education for whom a revision of disability issues and related regulations or the introduction of more rigorous competence requirements may pose problems; and all those who may be negatively affected, perhaps to the point of existential insecurity, by the introduction of a strict programme of quality assurance in diagnostic and education services. The changes may further be a source of conflict for those who exploit the current anomalies of the services, development of methods or funding, those who gain benefits from the current decentralized system lacking professional control, and those individuals and institutions that are successful in the competition for funding and do relatively well within the current system. Integrated education for children with special educational needs also harms typically developing children and their parents if the necessary conditions for successful integration fail to be created and thus the standards of their education decline.

References

CSÉPE, VALÉRIA (2006). *Az olvasó agy* [The reading brain]. Budapest: Akadémiai Kiadó.

KATONA, NÓRA (2007). *Iskolapszichológiai hálózat, integrált oktatás és fejlesztés*. Az OKA számára készült háttéranyag az SNI témához [School psychology network, integrated education. Study commissioned by OKA (Public Foundation for Education)].

JANKÓ-BREZOVAY, MRS. [JUDIT ORDÓDI] (2007). *A vakok és gyengén látók ellátása a közoktatásban és az integrált oktatás feltételrendszere*. Az OKA számára készült háttéranyag az SNI témához [The education of blind and partially-sighted children. Study commissioned by OKA (Public Foundation for Education)].

KŐPATAKI, MRS. [MÁRIA MÉSZÁROS] ▪ MAYER, JÓZSEF ▪ SINGER, PÉTER (2006). Élethosszig tanulni, de hogyan? Sajátos nevelési igényű tanulók a középfokú iskolákban [Lifelong learning but how? Secondary schools and children with special educational needs]. *Új Pedagógia Szemle,* 2006 (10).

The amendments of 2007 to the Public Education Act, available in Hungarian at http://www.okm.gov.hu/letolt/kozokt/kozokt_tv_modosito_lxxxvii_070823.pdf.

Public Education Act LXXIX of 1993, available in Hungarian at http://www.okm.gov.hu/letolt/kozokt/kozokt_tv_070823.pdf.

MIHALOVICS, JENŐ (2007). *A siketek és nagyothallók ellátása a közoktatásban és az integrált oktatás feltételrendszere*. Az OKA számára készült háttéranyag az SNI témához [The education of deaf and partially hearing children and the conditions of integrated education. Study commissioned by OKA (Public Foundation for Education)].

RADVÁNYI, KATALIN (2007). *Sajátos nevelési igényű tanulók — értelmi fogyatékossággal élő személyek*. Az OKA számára készült háttéranyag az SNI témához [Pupils with special educational needs — persons with mental retardation. Study commissioned by OKA (Public Foundation for Education)].

SZAKÁCS, KATALIN (2007). *A nevelési tanácsadók helyzete*. Az OKA számára készült háttéranyag az SNI témához [Education Advice Centres today. Study commissioned by OKA (Public Foundation for Education)].