



## **AUTISTIC SPECTRUM DISORDERS**

### **Key findings**

- ◆ In Northern Ireland, as well as internationally, the incidence is increasing of pre-school children – boys especially – who are diagnosed with an Autistic Spectrum Disorder (ASD).
- ◆ However there is wide variation across the five Education and Library Boards (ELBs) in the number of children identified and suspected as having an ASD (range in prevalence rates from 7.1 to 117.6 per 10,000 of the childhood population aged 3 and 4 years). An even wider range exists among the Health and Social Service (HSS) Trusts (9.9 to 156.0 per 10,000).
- ◆ The variation was attributed to three possible factors: variability in the availability of diagnostic services; in the criteria used in identifying ASD; and in the lack of a standard dataset of identified children across agencies. Hence no accurate count was possible of the numbers of preschool children with ASD in Northern Ireland.

- ◆ Extrapolation from population surveys in England suggests the likely number of pre-school children with any form of ASD is probably in the region of 300 and those with an autistic disorder (ie meeting stricter diagnostic criteria) may be around 100. This equates to around 100 babies born in Northern Ireland each year who will later have a diagnosis of ASD.

## **Parental views**

- ◆ Parents are aware of the child's difficulties by their second birthday yet they may wait a considerable time before a diagnosis is made; in some areas up to two years.
- ◆ The main indicators that alerted the parents to a problem were delayed speech; the child's unusual behaviours; their lack of interaction; and suspicion of hearing difficulties.
- ◆ Three quarters of parents felt that they did not have the necessary skills to deal with the child's problems.
- ◆ Community paediatricians and speech & language therapists are the two professions that families have most contact with. However in the course of a year, families may have contact with 5-6 different professionals.
- ◆ Home-based interventions were welcomed by families for the support they gave parents, the information conveyed on ASD and the focus on communication.
- ◆ The children attended a range of early education facilities including nursery school, primary schools, playgroups, crèches and parent-toddler groups. Most expressed satisfaction with their choice.

## **Professional views**

- ◆ Three main themes emerged from the responses of Health and Social Services professionals:
  - The need for improved diagnostic and assessment services to reduce waiting times.

- Better support for families from when the problem is recognised.
- The need for multi-disciplinary and inter-agency working.
- ◆ Responses from early years education personnel were as follows:
  - The majority of respondents reported having had a child with ASD within their facility in the past five years (range 1 to 35 children).
  - Half the respondents reported they would be willing to have a child with ASD in the future with nearly all of the remainder stating they would consider if asked.
  - The main support requirements they had were for visits/outreach support from professionals.
  - They also required further training, especially in techniques and strategies for assisting children with ASD in groups or classes, supporting parents, managing behaviour and promoting communication.

### **Present and future service provision**

- ◆ The over-riding priority is to create structures and systems that will encourage partnership working between Education and Health & Social Services while strengthening local initiatives especially with mainstream community and voluntary organisations.
- ◆ A framework for strategic planning is proposed; the central driver of which is an inter-departmental Task Group between DE and DHSSPS who should produce, as a matter of urgency, a joint strategy on assessment and intervention with pre-school children with ASD and support for their families. This 'early years' strategy should cover the age range 0 to 8 years so as to include the children's school placement up to the end of Key Stage 1 and the identification of those with Asperger's Syndrome.

## INTRODUCTION

1. In Northern Ireland, as well as internationally, the incidence of pre-school children – boys especially – who are diagnosed with an Autistic Spectrum Disorder<sup>1</sup> (ASD) is increasing. Debate continues as to whether or not this represents a real rise in these conditions or if it results from better identification and earlier diagnosis (Fombonne, 2005). Nonetheless this means many more families are affected and they often feel at a loss to know how best to help their child.
2. International experience suggests that positive changes are possible with early identification followed by consistent intervention that involves the parents and provides direct teaching of essential skills with the child. However controversy continues over the particular methods that are best suited to the needs of the children and their families.
3. In many countries - Northern Ireland included - Health, Education and Social Services have been slow to implement these elements of good practice. In part this is due to a lack of financial resources but more crucial has been a lack of necessary expertise among service staff and effective inter-agency and inter-disciplinary working. Nonetheless there is an increased commitment to improving service provision from the Department of Education (Task Group Report, 2002) and from Health and Social Services (as per the paper on autism prepared by the four HSS Boards in 2004).
4. This provided the backdrop for the present study. Although the Department of Education in Northern Ireland (DE) commissioned it, the study was undertaken with the full knowledge and co-operation of the Department of Health, Social Services and Public Safety (DHSSPS).

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*1 There is growing use internationally of the terms 'Autism Spectrum Disorder' or 'Autism Spectrum Condition'. Definitions of this condition are given in the Appendix.*

## **AIMS AND OBJECTIVES OF THE RESEARCH**

5. The following aims were defined for the study by the Department of Education:
  - ◆ To identify the level of need for early intervention across Northern Ireland of children under five years of age who have a confirmed diagnosis of ASD.
  - ◆ To identify means for effective and consistent provision across the five Education and Library Boards.
  - ◆ Provide a literature review of best early intervention practices to inform effective service planning.
  - ◆ Make recommendations to ensure parents of children with autism receive support tailored to individual needs and circumstances from the point of concern about the child through diagnosis and until school entry.
  - ◆ Identify indicators of best practice and policy guidance so as to guide improvements in early years education for this group of children over the next ten years. This should inform the strategic planning of the Department of Education (DE) and the Department of Health, Social Services and Public Safety (DHSSPS).

## **MAIN FINDINGS**

### **Existing Policy**

6. All relevant statutory and voluntary agencies within Northern Ireland were asked to supply copies of any policy and guidance in relation to children with ASD and in particular those of pre-school age. Other than the Report of the Task Group on Autism (2002), which emanated from the Department of Education, there appear to be few comprehensive statements of policy from statutory services on children with ASD and their families. This means that service developments are dependent on committed professionals and parents who have to act with few extra resources at their

disposal and without an overall strategic framework to guide their service planning.

## Literature Review

7. Internationally there has been a marked increase in the number of research studies undertaken in the field of ASD in the early years. Literature databases<sup>2</sup> and search engines, such as Google Scholar, were used to access information on relevant published literature for the years 2000-2005. Search terms included: 'autism, autistic disorder and early intervention'. The most frequently cited studies prior to 2000 were also included where appropriate.
8. The review covered UK and international studies which have been published, or which are ongoing, and that embraced different types of intervention including those based on Applied Behaviour Analysis (ABA) and communication enhancement (TEACCH). Particular attention was paid to recent, early intervention programmes undertaken in Northern Ireland and in Great Britain.
9. In the report the literature review is arranged under themes that are particularly pertinent to early intervention and details of screening and assessment tools for ASD are summarised in an Appendix to the main report. A brief synopsis is presented of the findings from pertinent research studies and of the various intervention programmes that have been developed internationally. However the primary focus is to detail recommendations for 'good' practice to meet the needs of the children and their parents' aspirations. Nearly 40 recommendations are identified under the broad theme of assessment and a further 26 are noted relating to interventions.

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<sup>2</sup> These included *Allied and Complementary Medicine (AMED)*, *British Nursing Index (BNI)*, *Cumulative Index to Nursing and Allied Health Literature (CINAHL)*, *EMBASE*, *MEDLINE*, *PsycINFO*, *Web of Science*, *Cochrane Central Register of Controlled Trials* and *Cochrane Database of Systematic Reviews*.

## Estimated Numbers

10. Nominated informants in the five ELBs and the eleven Community HSS Trusts provided details of the numbers of pre-school children known to them with ASD; their procedures for undertaking assessments and the services that were provided in their area.
11. One goal of the project was to ascertain the number of preschool children in Northern Ireland with a known or suspected ASD. There is wide variation across the five ELBs in the number of children identified and suspected as having an ASD (range in prevalence rates from 7.1 to 117.6 per 10,000 of the childhood population aged 3 and 4 years). An even wider range exists among the HSS Trusts (9.9 to 156.0 per 10,000). The variation was attributed to three possible factors: variability in the availability of diagnostic services; in the criteria used in identifying ASD; and in the lack of a standard dataset of identified children across agencies. Hence no accurate count was possible of the numbers of children.
12. Another approach was to apply the prevalence rates found in other studies to the population in Northern Ireland. When the rates reported by Chakrabarti and Fombonne (2005) for Staffordshire were applied to the NI population of 3 and 4-year-olds (ie 48,000 using 2003 mid-years estimate), the likely numbers of pre-schoolers with an ASD would be as follows:  
  
Pervasive Developmental Disorder: 281 (5% confidence: range 217–345)  
  
Autistic Disorder: 106 (5% confidence: range 68–157)
13. Combining this information with that obtained from the survey, the likely number of preschool children with any form of ASD is probably in the region of 300 and those with an autistic disorder (i.e. meeting stricter diagnostic criteria) may be around 100. This equates to around 100 babies born in Northern Ireland each year who will later have a diagnosis of ASD.

## Present Service Provision

14. A wealth of information was garnered from the 18 informants in the ELBs and HSS Trusts about the range of services and supports that are available

to preschool children and to their families within their area and their suggested improvements. These related to:

- ◆ Referrals of children for assessment and diagnosis;
- ◆ The process of assessment and diagnosis;
- ◆ The role of Child Development Clinics;
- ◆ Specialist service provision;
- ◆ Specialist interventions for ASD;
- ◆ Training and support for parents;
- ◆ Staff training for early years personnel;
- ◆ Priorities for service developments with increased resources;
- ◆ Possible improvement requiring little extra resource;
- ◆ Partnership working between ELBs and HSS bodies.

15. This data provides a baseline against which further developments can be monitored. However there is strong impression of marked variation across Boards and Trusts in present levels of service provision that is to the obvious disadvantage of families in areas with less well-developed services.

## **Parental views**

16. Interviews and focus groups were held with over 100 parents who had a confirmed diagnosis of ASD or who were on a waiting list for assessment. Recurring themes in their responses are summarised below.

- ◆ Parents are aware of the child's difficulties by their second birthday yet they may wait a considerable time before a diagnosis is made; in some areas up to two years. Both parents and professionals find this unacceptable and it is against best practice internationally. Moreover families require information and support during this time especially on

promoting communication, play and social relationships. Around half encounter behaviour management problems.

- ◆ The main indicators that alerted the parents to a problem were delayed speech; the child's unusual behaviours; their lack of interaction; and suspicion of hearing difficulties.
- ◆ Three quarters of parents felt that they did not have the necessary skills to deal with the child's problems.
- ◆ Health visitors and GPs are the professionals parents are most likely to contact when they suspect a problem.
- ◆ Present assessment procedures are generally well received by families.
- ◆ Community paediatricians and speech & language therapists are the two professions that families have most contact with. However in the course of a year, families may have contact with 5-6 different professionals.
- ◆ Home-based interventions were welcomed by families for the support they gave parents, the information conveyed on ASD and the focus on communication.
- ◆ The children attended a range of early education facilities including nursery school, primary schools, playgroups, crèches and parent-toddler groups. Most expressed satisfaction with their choice.

## **Professional views**

17. Around 90 HSS professionals gave their views about service provision in self-completed questionnaires. These included speech and language therapists, community paediatricians, health visitors and Occupational therapists. Three main themes emerged from their responses:

- ◆ The need for improved diagnostic and assessment services to reduce waiting times;

- ◆ Better support for families from when the problem is recognised;
  - ◆ The need for multi-disciplinary and inter-agency working.
18. Similar information was also available for nearly 100 early years education personnel. The majority of respondents reported having had a child with ASD within their facility in the past five years (range 1 to 35 children). Around half reported receiving advice and support from: visiting teacher/adviser, Speech and Language Therapist or Psychologist.
- ◆ Half the respondents reported they would be willing to have a child with ASD in the future with nearly all the remainder stating they would consider if asked.
  - ◆ The main support requirements they had were for visits/outreach support from professionals.
  - ◆ They also required further training, especially in techniques and strategies for assisting children with ASD in groups or classes, supporting parents, managing behaviour and promoting communication.

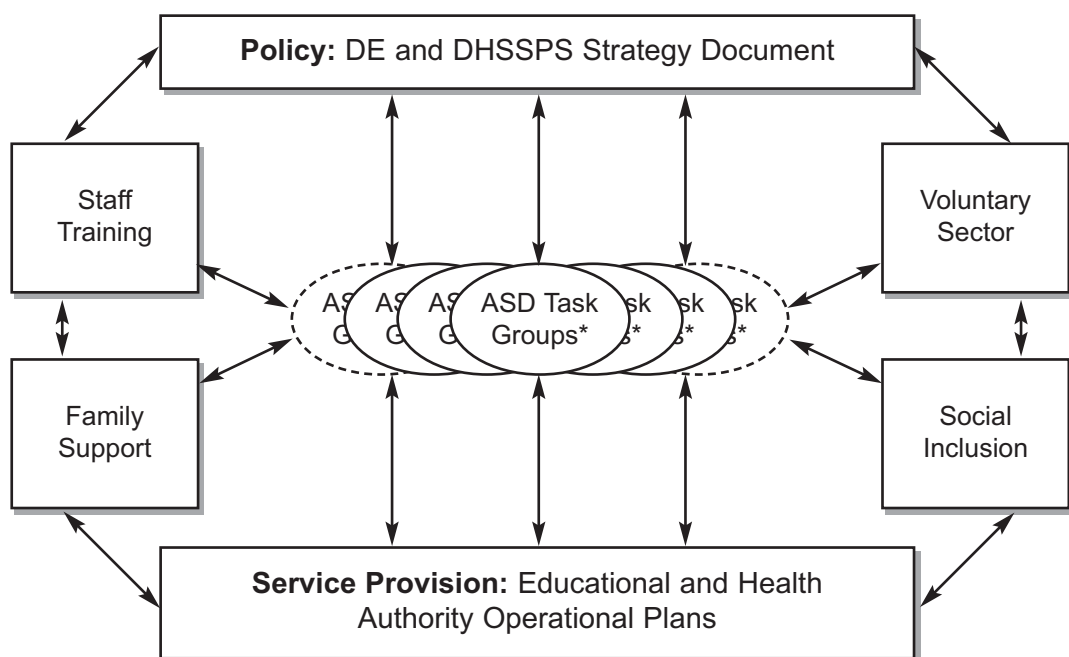
## RECOMMENDATIONS

19. From all the information gleaned in the study, a range of recommendations and standards for good practice were identified in relation to service provision for preschool children with ASD and to their parents. The final stage of the information gathering consisted of a postal survey in which 16 volunteer participants agreed to rate a series of recommendations with the main aim of identifying those that commanded widespread support. Although some of these recommendations could be incorporated into better professional practice, many require a more strategic push for them to become a reality throughout Northern Ireland alongside an increase in resources to meet the new demands.
20. Hence the final section of the report outlined the core elements of a strategy for taking forward the work begun by this project. The over-riding priority is to create structures and systems that will encourage partnership between Education and Health & Social Services working while

strengthening local initiatives especially with mainstream community and voluntary organisations.

21. A framework for strategic planning is proposed (see Figure 1). The central driver of the process is seen to be an inter-departmental Task Group between DE and DHSSPS but this must be complemented by actions at a more local level.

**Figure 1: Proposed framework for strategic planning**



\* One per existing ELB areas or each new district council area.

22. The key elements of this Framework are set out below.

### Policy

23. DE and DHSSPS should produce a joint strategy on assessment and intervention with preschool children with ASD and support for their families. However this 'early years' strategy should cover the age range 0 to 8 years so as to include the children's school placement up to the end of Key Stage 1 and the identification of those with Asperger's Syndrome.

## **ASD service provision**

24. The operation of the policy would be the responsibility of the two new bodies envisaged in the Review of Public Administration; namely the Education Authority and the Health and Social Services Authority. Although details are unclear as yet, both bodies potentially provide a means of ensuring more equitable service delivery across Northern Ireland. This might also be a time to explore the possibility of ring-fenced, joint funding of specific services, such as those provided to children with special needs.
25. Based on estimated numbers presented earlier in the report, throughout Northern Ireland there would be around 900 children aged 0-8 years with some form of ASD; around 130 in any one of the seven new district council areas.

## **ASD Task Groups**

26. It is important that due cognisance is taken of local needs and existing service provision. To this end, joint ASD Task groups could be formed in each of the seven proposed District Council areas or as an interim measure in the existing five ELB areas. They would provide a 'blue-print' for the development of joint assessment and diagnostic services; the provision of early intervention services; parent and family support and staff training initiatives. This process should help to ensure that existing good practices are maintained as well as addressing specific shortcomings. The preparation of business cases would be a priority in obtaining funding.

## **Staff training**

27. A priority within both the strategic and operational planning described above is the development of an integrated, regional training strategy for staff working in education, health, social services and in the voluntary and community sectors. However, it is crucial that training is made available at a locality level as well as regionally.

## **Voluntary Sector**

28. Parent groups and voluntary organisations with an interest in ASD have made a major contribution to the development of services thus far. This needs to continue and this sector should be seen as partners with statutory services.
29. Their engagement in strategic and operational planning should help in co-ordinating their lobbying among local politicians, the media and the wider public to make them more aware of the needs of these children and their families. Particular emphasis should be placed on success stories and on sharing resources and expertise across the sector and with other agencies. This sector has a vital role to play too in supporting families.

## **Supporting families**

30. Families with concerns about their child's development, and those who have received a diagnosis, should have easy access to information and support preferably through a 'one-stop' facility. This is best delivered at a local level but might be better co-ordinated regionally especially in the preparation of information resources. In the longer term this type of service might be integrated with information services for families in general.

## **Social Inclusion**

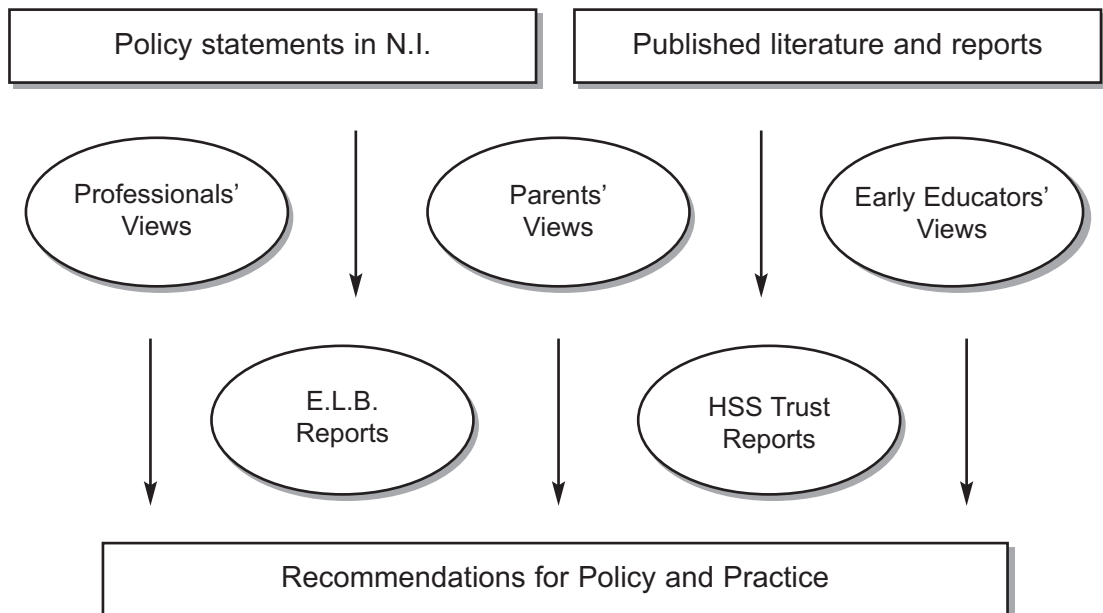
31. Another strand in planning and service delivery needs to focus on the children themselves and their age peers who arguably have been overlooked in this report. The aim would be to promote the child's social inclusion within their local community and nurture positive attitudes towards children who are different. Priority should be given to developing and sustaining options for supporting children with ASD in mainstream settings. This is in accord with parents' wishes and the accumulating expertise in making such a strategy successful. However this will not suit all children but when specialist placements are used, determined efforts must be made to promote contacts with their age peers.

## CONCLUSIONS

32. This study has identified the critical elements of the strategic plan in Northern Ireland for ASD in the early years. The basic presumption is that this is best achieved through partnership working. However the present reality is that many different and diverse agencies and groups exist, each with a valid and valuable contribution to make. Some will want to continue working in their own way or in their own locality; taking little account of another's efforts. Hence the over-riding priority is to create structures and systems that will encourage partnership working while strengthening local initiatives. Fortunately in Northern Ireland there is growing expertise, experience and willingness in making this a reality. There never has been a better time to embark on developing a regional strategy for ASD in the early years.

## METHODOLOGY

33. The Figure below summarises the sources of information that were accessed during the study (July–December 2005) in order to fulfil the aims.



34. A letter was sent to all statutory and voluntary agencies in Northern Ireland known to have an interest in ASD in the early years. This requested copies of any policy and guidance documents they had prepared covering ASD and pre-school children in particular.

35. Literature databases and search engines were used to access information on relevant published literature for the years 2000-2005. Search terms included: autism, autistic disorder and early intervention. The most frequently cited studies prior to 2000 were also included where appropriate. The review covered UK and international studies which have been published, or which are ongoing, and that embraced different types of intervention including those based on Applied Behaviour Analysis and communication enhancement (TEACCH). Particular attention was paid to recent, early intervention programmes undertaken in Northern Ireland and in Great Britain.
36. The Chief Executive Officers of the five Education and Library Boards (ELBs) and of the 11 Community HSS Trusts were asked to nominate an official who would act as contact person for the project. This individual was sent a standard pro forma that had been developed specifically for the project. They were asked to complete this in consultation with their colleagues. In the case of HSS Trusts they were reminded that this may need to be done across different Programmes of Care. Replies were received from all ELBs and from all eleven Community HSS Trusts.
37. In addition to the views of informants in the Boards and Trusts, information was obtained on the views and experiences of parents, and of professionals in HSS trusts and early childhood educators.
38. The final stage of the information gathering consisted of a postal survey in which volunteer participants agreed to rate a series of recommendations that had been culled from the response to questionnaires allied with literature reviews and policy statements.

## **THE PROJECT**

39. The project was undertaken for the Department of Education by the University of Ulster. The cost of the project was £10,450.

## FULL REPORT

40. The full report entitled “An evaluation of the need and early intervention support for children (aged 2-4 years) with an Autistic Spectrum Disorder in Northern Ireland” by Roy McConkey, Greg Kelly and Arlene Cassidy<sup>3</sup> is available on the Department of Education website at [http://www.deni.gov.uk/index/32-statisticsandresearch\\_pg.htm](http://www.deni.gov.uk/index/32-statisticsandresearch_pg.htm)

*This paper is a summary of the research report and as such any views expressed are those of the authors and not necessarily those of the Department of Education.*

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<sup>3</sup> Director of PAPA (now known as Autism Northern Ireland)

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CHAKRABARTI, S. and FOMBONNE, E., 2005. Pervasive developmental disorders in preschool children: Confirmation of high prevalence. *American Journal of Psychiatry*, 162, 1133-1141.

DEPARTMENT OF EDUCATION (NI), 2002. The education of children and young people with autistic spectrum disorders: *Report of the Task Group on Autism*. Bangor: Department of Education (NI).

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## Appendix: Definitions of ASD

### Diagnostic criteria for “Autistic Disorder” (DSM-IV, 1994):

- A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):
- (1) qualitative impairment in social interaction, as manifested by at least two of the following:
    - a) marked impairment in the use of multiple non-verbal behaviours, such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
    - b) failure to develop peer relationships appropriate to developmental level
    - c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (eg by a lack of showing, bringing, or pointing out objects of interest)
    - d) lack of social or emotional reciprocity
  - (2) qualitative impairments in communication, as manifested by at least one of the following:
    - a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
    - b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
    - c) stereotyped and repetitive use of language or idiosyncratic language
    - d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

- (3) restricted, repetitive, and stereotyped patterns of behaviour, interests, and activities as manifested by at least one of the following:
  - a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
  - b) apparently inflexible adherence to specific, non-functional routines or rituals
  - c) stereotyped and repetitive motor mannerisms (eg hand or finger flapping or twisting or complex whole-body movements)
  - d) persistent preoccupation with parts of objects
- B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.
- C. The disturbance is not better accounted for by Rett's disorder or childhood disintegrative disorder.

### **Diagnostic criteria for “Autism Disorder” (ICD-10; WHO 1992)**

At least 8 of the 16 specified items must be fulfilled:

- a) Qualitative impairments in reciprocal social interaction, as manifested by at least three of the following five:
  - 1) failure adequately to use eye-to-eye gaze, facial expression, body posture and gesture to regulate social interaction
  - 2) failure to develop peer relationships
  - 3) rarely seeking and using other people for comfort and affection at times of stress or distress and/or offering comfort and affection to others when they are showing distress or unhappiness

- 4) lack of shared enjoyment in terms of vicarious pleasure in other people's happiness and/or spontaneous seeking to share their own enjoyment through joint involvement with others
  - 5) lack of socio-emotional reciprocity.
- b) Qualitative impairments in communication:
- 1) lack of social usage of whatever language skills are present
  - 2) impairment in make-believe and social imitative play
  - 3) poor synchrony and lack of reciprocity in conversational interchange
  - 4) poor flexibility in language expression and a relative lack of creativity and fantasy in thought processes
  - 5) lack of emotional response to other people's verbal and non-verbal overtures
  - 6) impaired use of variations in cadence or emphasis to reflect communicative modulation
  - 7) lack of accompanying gesture to provide emphasis or aid meaning in spoken communication.
- c) Restricted, repetitive and stereotyped patterns of behaviour, interests and activities, as manifested by at least two of the following six:
- 1) encompassing preoccupation with stereotyped and restricted patterns of interest
  - 2) specific attachments to unusual objects
  - 3) apparently compulsive adherence to specific, non-functional routines or rituals
  - 4) stereotyped and repetitive motor mannerisms

- 5) preoccupations with part-objects or non-functional elements of play material
  - 6) distress over changes in small, non-functional details of the environment.
- d) Developmental abnormalities must have been present in the first three years for the diagnosis to be made.

## **DEPARTMENT OF EDUCATION RESEARCH BRIEFINGS (2000 TO DATE)**

Three years later: a follow-up survey of teachers who qualified in 1995	RB 1/2000
Immersion education: a literature review	RB 2/2000
From pre-school to school: a review of the research literature	RB 3/2000
The effects of the selective system of secondary education in Northern Ireland	RB 4/2000
Department of Education funded research 2000/01	RB 1/2001
Assessment of the effectiveness of the Youth Service Community Relations Support Scheme (YSCRSS) during 1998/1999 and 1999/2000, in relation to the needs of youth and community groups	RB 2/2001
An investigation of the provision for health education in schools during 1998/99	RB 3/2001
Careers provision in schools at Key Stages 3 and 4	RB 1/2002
Evaluation of Raising School Standards Initiative (RSSI) using Value Added measures of school performance	RB 2/2002
Literature review: effectiveness of different forms of interventions in the schools and youth sectors	RB 3/2002
Outcomes for pupils who received an Irish-Medium education	RB 4/2002
Multiply-suspended pupils: their educational career and support projects available to them	RB 5/2002
Reducing the bureaucratic burden on schools	RB 6/2002
Developing linguistic accuracy in Irish-Medium primary schools	RB 7/2002
Bullying in schools: a Northern Ireland study	RB 8/2002
Community use of schools: an international literature review	RB 1/2003
Department of Education Funded Research 2002/03	RB 2/2003
A Study of Careers Education and Guidance	RB 1/2004
Out of School Hours Learning Provision and School Improvement in Northern Ireland	RB 2/2004

The Professional Development of Teachers and Principals in Irish-Medium Education	RB 3/2004
Traveller children's experiences in mainstream post-primary schools in Northern Ireland: a qualitative study	RB 1/2005
The nature of Youth Work in Northern Ireland: purpose, contribution and challenges	RB 2/2005
Parental attitudes to the statutory assessment and statementing procedures on Special Educational Needs	RB 3/2005
A study into current practice and potential models for the effective teaching of Personal Development at Key Stage 3 in Northern Ireland curriculum	RB 4/2005
Language Development Programmes – coverage and effectiveness of Provision in Northern Ireland (0-36 months)	RB 1/2006
Attitudes of the Socially Disadvantaged towards Education in Northern Ireland	RB 2/2006
Effective Pre-school Provision in Northern Ireland (EPPNI)	RB 3/2006
The Development of Inclusive Schools in Northern Ireland: A Model of Best Practice	RB 4/2006
Department of Education Funded Research 2005/06	RB 5/2006
The recruitment and retention of teachers in post-primary schools in Northern Ireland	RB 6/2006

## **PURPOSE OF DEPARTMENT OF EDUCATION RESEARCH BRIEFINGS**

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