



ALTOGETHER BETTER

*(from 'Special Needs'
to Equality in Education)*

by Micheline Mason and Richard Rieser



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		Comic Relief	
		<u>A serious commitment to education</u>	
		Altogether Better is part of the education work of Charity Projects/Comic Relief which aims to promote greater understanding of the issues that lie at the heart of the charity's grant making. Comic Relief not only raises funds and allocates them as effectively as possible but also attaches great importance to the need to educate and raise awareness.	





Our journey of discovery

by Carol Sampson, Claire's P.A.

For the past three years I have been supporting Claire, who has severe impairments, both physically and intellectually, at St. Simon's, her local community school. My experiences during this time have been both exciting and painful. Exciting because it has been a journey of discovery for us both.

Claire has discovered a life which many people who are disabled can only dream about. A place where she is accepted and valued for herself. She has real friends in her life for the first time. Friends with whom she is able to share the laughter and joys of these very precious years. In the same way Claire has brought with her a gift for everyone at St. Simon's; she has allowed them into her life which has made them so much richer for their experiences.

The journey for me has not been without some pain. I had to come to terms with Claire's impairments. In the early days, I worked very hard on individual programmes with Claire, in the hope that one day she might be able to hold a cup, learn to feed herself or indicate physically what her needs were. I soon realised that this approach to her education did not bring encouraging results. I began to feel incapable, worthless and a failure. I knew that I had to find another way, so I stopped trying to teach with a capital 'T' and started to listen.

Our roles were reversed. Claire became the teacher and I became the one who was to learn. She certainly does have her own way of communicating; all she needed was someone to listen to her. I stood back and watched

the relationships develop with her friends in the classroom. They saw beyond her disability. Communication seemed quite natural for them. They have become confident in providing for Claire's additional needs and include her in all their activities as a matter of course.

Instead of designing and using individual 'special' programmes of work now, the class teacher and I work together to include Claire in most areas of the school's curriculum, adapting the work to suit her educational needs. Of course, inclusion is not an easy option and there are problems to contend with, but this simply means that we have to work that much harder and be that much more creative in order to discover the solutions.

At the moment, nationally, there seems to be a lot of controversy about where our children's needs will best be met. I have often wondered whether it is society's needs we are more concerned about rather than our children. It is certainly far easier to hide away disability as opposed to developing some understanding of it, so we send some children to 'special' schools and comfort ourselves in thinking that this is the best place to meet their needs.

Claire may never be able to hold a cup by herself, but that doesn't matter any more, because her friends will make sure she never goes thirsty. These friends are the key to Claire's future and through them both her parents and I will achieve our dream and Claire will have the opportunity to live a full life

From Learning Together, Issue 2

Authors' note

The purpose of this pack is to make Claire's experience commonplace. She is a living example of what is possible right now, despite all the problems and pressures which beset teachers and LEAs. The difference between Claire's experience and that of many other disabled children who are constrained to live a shrunken, hidden life, in a parallel 'special' world, is simply one of understanding. The adults and children who support Claire have a vision of a better world ahead. Our aim is to draw the reader into this vision, to explore how we are confused by outdated concepts of 'special needs', the 'medical model' and to offer access to the body and thinking of the disability movement and inclusive education movement.

Claire's life chances are dependent on the degree of 'enlightenment' of a few individuals around her, because the education system itself does not protect her right to be part of her local, mainstream community. In fact it is heavily weighted in the opposite direction.

No child's life should be so vulnerable to the whims of powerful 'others'. The 'vision' therefore is one of changed systems, which will include everyone, unconditionally.

To bring about these changes we, the excluded, need many individual allies to press for disability to be seen as a central issue, relevant to everyone, and based unequivocally on a human rights perspective.

We hope this pack and video will lead all teachers and school governors who read it to invite qualified Disability Equality Trainers into their schools to help them to progress on these issues. With headteachers and governors having more control over budgets and school policies including 'special needs', the collective responsibility for vulnerable children has never been greater. The power of school communities to help shape our future society leads to one of the most awesome, exciting and challenging responsibilities anyone could be given.





Inclusive education

Foreword by Tim Brighouse

Inclusive practices in education were brought forcibly to my mind in the first year of teaching. I thought I had a difficult group in the fourth year, but on Thursday afternoons they were not entirely easy for someone with as modest a grip on the skills and art of teaching as I had. The headteacher however accommodated me: maybe she saw some glimmer of hope in my feeble efforts. Anyway, she removed the three trouble-makers and I proceeded with my teaching of the French Revolution. By the end of the afternoon, however, I had decided there were another two trouble-makers who might benefit more from the attention of the headteacher than they did from my efforts. So I told her the good news.

'Tell me Mr. Brighouse,' she interrogated with the barest lift of her eyebrow, 'How many children can you teach? You started with 25; you are down to 20. Where will it all end?'

I soon learned sufficient of the skills and art of teaching not to be quite so hopeless, but I also learned a lot more. I realised that the tone of my voice, that the fair distribution of my questions, for example pause for a silent count of five to give a child the chance to reply, all affected whether the children felt included or excluded. I tried to notice the children who remained quiet and to get to know them.

Wherever I subsequently worked in schools we challenged the exclusive practices of streaming and the harsher consequences of upper and lower banding. Later still I marvelled at the inclusive or exclusive practices at awards evenings at the many schools where I have been invited to present to and meet

youngsters. Above all I learned of the effect of language on children. It is not just whether the language is sexist, racist, or predicated on theories of fixed ability, it is the small change in banter used in celebrating young people's achievements, or reinforcing the failure of those excluded.

In administration I soon realised that how committees were organised, how procedures were operated, how statistics were gathered, presented and emphasised could all promote 'inclusive' practices or not as the case may be. People's job descriptions, the way that leadership can be shared, the availability of benefits and other support are all vital.

We still live in an 'exclusive' society and this volume is committed to changing that. After all, we still have a very modestly developed model of representative rather than participative democracy. We ration education which, when all is said and done, is the key to unlocking mental slavery and establishing social justice and political freedom. Moreover we ration it in such a way that the bulk of public expenditure on education is directed towards those whose parents are already wealthy, so that the consequences are that the poor are comparatively excluded from a lifeline to a more comfortable life.

Read, or have someone read to you, drink, or sip at the ideas, values and principles that will spill over from the contributors, and when you have sipped, resolve to do something to change the world.

Professor Tim Brighouse
Chief Education Officer
Birmingham Local Education Authority





Introduction

We live in our bodies and know next to nothing about them. If the purpose of education is to help develop citizens who can work together to create a better world, then it is vital that we have a much greater understanding of ourselves as human beings – our bodies, our minds, our feelings and our relationships with each other.

In the UK, 14% of the adult population (6.4 million people) were categorised as disabled by the Office of Population & Censuses in 1989, and that is likely to be a considerable underestimate.

The same study identified 360,000 children under the age of 16 with impairments. Just over one-third of these are educated in segregated special schools while the rest are in mainstream schools. Despite the provisions of the 1981 Education Act only 62,000 of these children had extra resources guaranteed by the safeguard of a Statement.

A Statement is a statutory document defining a child's special educational needs and how and where these are to be met under the 1981 Education Act in England and Wales following a formal assessment. Special educational needs are defined as needs not normally provided for in an ordinary school. The Local Education Authority has to decide and make the provision where the need is met. From September 1994 new more rigorous procedures and time limits for assessment and statementing come into force under Part III of the 1993 Education Act for England and Wales. In Scotland children in an equivalent position have a Record of Needs.

Many children and adults in the education system will not be

acknowledged as disabled nor identify themselves for fear of the stigma. The 1981 Act requires it to be demonstrated that the ordinary school cannot provide for the Special Educational Needs (SEN) of the child before additional resources can be provided to meet the child's needs. This adds to the stigmatisation process.

In further education many young disabled people are kept on separate courses or do not receive the support they need to achieve. This leads to a situation in higher education where less than 1 in 300 students are identified as disabled people compared to 1 in 20 of all 16 to 30 year-olds.

Whether people have obvious physical impairments, learning difficulties, mental disturbance, visual or hearing impairments, hidden impairments such as epilepsy, diabetes, asthma, sickle cell or diminutive stature, they are oppressed by a society which does not value difference.

There are many historical reasons why disability is viewed negatively, but the result for disabled people is that we are perceived as less valuable than non-disabled people.

Our inclusion is treated as an 'optional extra' when funds allow – a time which never comes.

Most people have been conditioned to avoid thinking

about disabled people unless a close friend or someone in their immediate family is disabled. This habit of thinking is institutionalised and reinforced within education by the existence of a parallel but separate system for disabled children, whose needs challenge the ordinary school system. It has been established that low expectations have been one of the main determinants in the underachievement of many, especially working-class, black and disabled children. This has been particularly noted by the HMI* in segregated special schools. This will only change if the underlying assumptions regarding disabled people are challenged.

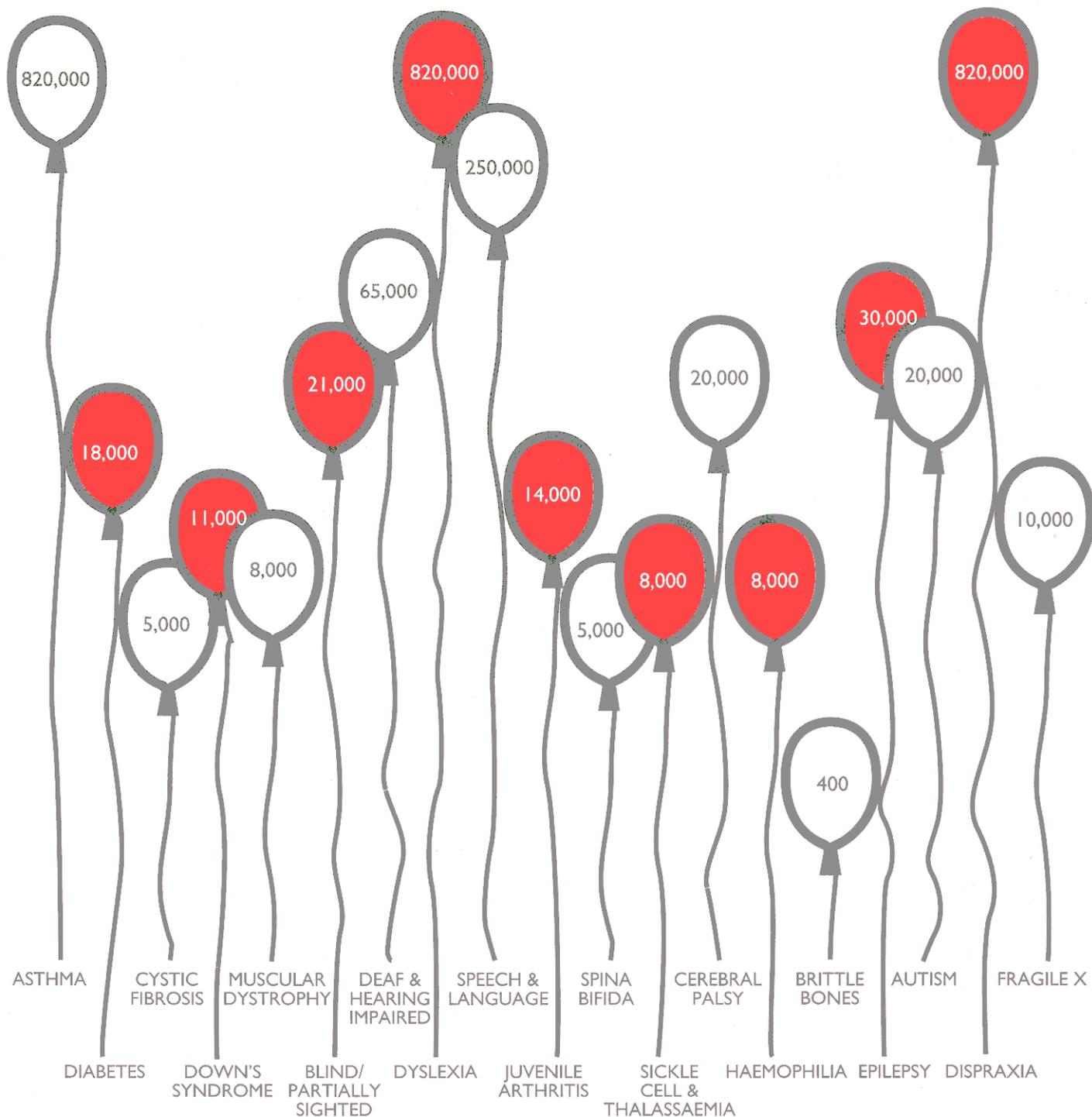
The creation of a school system which values difference, and starts by identifying individual needs and strengths, will enhance the educational environment for everyone.

* Report by HMI Inspectors on a Survey of Science in Special Schools (1986); Report by HMI Inspectors on a Survey of Provision for Pupils with Emotional/Behavioural Difficulties in Maintained Special Schools and Units (1989); Report by HMI Inspectors on Educating Physically Disabled Pupils (1989). All published by Department of Education, London.





*Estimated incidence of some common impairments
in school-aged population.
Total population: 8,200,000 (England and Wales 1993)*



Sources: National Asthma Campaign, British Diabetic Association, Cystic Fibrosis Trust, Down's Syndrome Association, Muscular Dystrophy Group of Gt Britain, RNIB, Deaf Childrens Society, British Dyslexia Association, AFASIC, Young Arthritis Care, ASBAH, National Children's Bureau, Spastics Society, Haemophilia Society, Brittle Bone Society, British Epilepsy Association, National Autistic Society, The Wolfson Centre, The Fragile X Association.



I. 'Where have we come from?'

The history of segregation

The Warnock Report and its enactment in the 1981 Education Act and 1983 Regulations set out to integrate far more disabled children into mainstream schools. They introduced the concept of Special Educational Need and moved away from impairment-based labelling.

But despite the change in procedures and labels, disabled children are still seen as different, as the problem to be changed. In short the 'medical model' (one based on the physical nature of the impairment) of disability is still dominant. Although the 1980s was marked as a period of education

cuts, this does not explain away the slow progress towards integration and inclusion. **Rather we have to examine current thinking in education about disabled people and people with learning difficulties, and this is inevitably heavily influenced by the past.**

SEVEN YEAR SENTENCE

by Sam Harris, 1992

"We couldn't possibly cope with him here – he should be at the special school."

These words from the head of the local infant school sentenced me to seven years at the local education authority's 'physical handicap' day school. It was six miles from where I lived and operated in a time warp all of its own. People arrived late and went home early. Lessons – in English and maths – only took second place to physiotherapy, riding and swimming. There was to be no pressure and so there were no apparent goals.

"He has cerebral palsy so he'll have spatial problems. He won't be able to do maths."

Staff at the special school were always stereotyping pupils. They saw the problem first and not the child. If I didn't understand a concept – such as fractions – after one explanation, they gave up. In fact everyone in my family has a problem with maths, but they never thought about that. It took me four attempts to get a grade C in GCSE, but I did it in the end.

They did try to get us to mix with the able-bodied pupils at the junior school on the site, but it didn't work because it was an artificial arrangement.

"If he is going to mainstream school, he'll have to control that dribbling."

Well, they might just as well have asked an amputee to grow a new leg before he was entitled to an education. I can control the dribbling if I concentrate on that alone, but not if I'm concentrating hard on something else. I know it's unpleasant, but having an unattractive feature shouldn't preclude me from the human race.

"What a clever boy, doing GCSEs."

If my friend from the special school hadn't been present when my mother said this, I'd have exploded! Everyone in the country does GCSEs. It's normal and should be expected. So I passed eight GCSEs. What's the big deal?

"We aim to help every pupil develop to his or her full potential, regardless of race, gender or any disability that he or she might have."

My last quote comes from the brochure of the comprehensive school where I took my GCSEs and where I am doing my A-Levels this summer. Here they treat me just like all the other pupils, but also provide the back-up that I need to 'level the playing field.' Everyone should have this opportunity.

Source: CSIE Magazine



The beginning of 'Special Education'

Until 1870 the majority of children in the UK received little formal education. Hitherto, a small number of schools were run by voluntary bodies or the Church, but they were only available for a minority of children and those who were able to pay.

From the 1790s onwards a few schools for blind or deaf children were established. There followed a number of educational institutions where the emphasis was on training rather than education. By 1870 there were some two dozen institutions for deaf or blind children and adults. They were protective places with little contact with the outside world.

So called 'mentally defective' children were confined to workhouses or infirmaries. Asylums were set up and educable 'idiots' and 'imbeciles' there received training and formal teaching. In Scotland this was carried out under a licence system to charitable institutions.

The Forster Education Act of 1870, and the corresponding Education Act of 1872 in Scotland, established school boards to provide elementary education in those areas where there were insufficient places in voluntary schools. The Acts did not specifically include provision for disabled children.

Elementary classes were large. Instruction was based on the 'Official Code' with rote learning and memory tests. Teachers were paid by results. Large numbers of children were making little or no progress. The scale and complexity of learning difficulty and impairment in the population became apparent for the first time. More and more children were excluded from the elementary system.

Spurious medical thinking determined the fate of many children with different impairments in the past. Take Down's Syndrome for example:

Down's Syndrome was first identified in 1860 by Dr. Langdon Down who noticed that a number of unrelated people in a mental institution had similar physical characteristics. Dr. Down, having noted that the shape of the eyes was rather 'oriental,' expanded on his theory that people were divided into levels of intelligence, the lowest being described as 'idiots'. This was further compounded by suggesting that the further one's origins were from Europe so intelligence decreased, hence the term 'Mongoloid idiot,' a meaningless and unacceptable description by today's enlightened standards, but a genuine scientific term of reference of the 1860s. However, it meant that for many years no help was given to people with Down's Syndrome other than 'care and attention,' because professionals and families believed that the children and adults with Down's Syndrome were all identical and unable to learn.

Almost 100 years later the reason for the similar physical characteristics and learning difficulty that Dr. Down had observed was discovered in Paris by Professor Jerome Lejeune, namely the presence of an extra chromosome in every cell of the body. This knowledge did not change people's attitudes and perception overnight. It pointed the way forward for people who were convinced that something constructive could be done to help children and adults with Down's Syndrome to achieve their potential.

Quote from Down's Syndrome Association booklet for students 1992.



Progress was made in providing specialist tuition for blind and deaf children in units attached to elementary schools. By 1890 in Scotland and 1893 in England and Wales all blind children aged 5-16 and all deaf children 7-16 were sent to

school as of right. Much of this provision was made by extending existing elementary schools. No such rights to education applied to the much larger group of 'physically and mentally handicapped' children for another 24 years.





The power to separate

The 1899 Elementary Education (Defective and Epileptic Children) Act applied to children who 'by reason of mental or physical defect are incapable of receiving benefit from the instruction in ordinary schools but are not incapable by reason of such defect of receiving benefit from instruction in special classes or schools'. The Act permitted school boards, and from 1902 the Local Education Authorities (LEAs) who replaced them, to make provision for the education of 'mentally and physically defective and epileptic children.'

Who was to decide who was 'defective'? Dr. Francis Warner had carried out, in the 1890s, an investigation into more than 100,000 children in district poor law schools and the London School Boards. He concluded that about 1% of children required special care and training in separate schools on grounds of their mental and physical condition.

Dr. Warner also suggested that the children could be assessed by physical examination. On the basis of this assertion each school board would appoint a medical officer 'who would decide whether a particular child should be educated in an ordinary school, in a special school or not at all.'

So the medical profession took on a pivotal role in determining the education of disabled children. The spurious assessment of the relationship between impairment and educability imposed in 1899 has, through a variety of guises, remained the key determinant of where disabled children are educated, and is the cornerstone of separate special schooling.

Despite these developments there was considerable resistance to

providing schooling for disabled children. In 1908 only 133 out of 327 LEAs were using their powers. This meant that, in many parts of the country, if there was any educational provision for disabled children, it was only provided on a voluntary, often charitable, basis. Not until 1914 was the power to provide education made into a duty for 'mentally defective' children and in 1918 for 'physically defective' children.

During the period up to 1914 there was considerable pressure to exclude all 'mentally defective' children from education and instead provide training under the control of mental deficiency committees in institutions. In the event the more extreme eugenicist position lost out.

The Mental Deficiency Act of 1913 required LEAs to ascertain and certify which children aged 7–16 in their area were defective. So began an increasing reliance on dubious intelligence testing. Those judged by the medical officer to be incapable of being taught in special schools passed to the care of the local mental deficiency committee.

The number of asylums had increased from 400 in the mid-nineteenth century to around 2,000 in 1914. As

a result of the prevalent medical view that 'mental defect' could be detected by physical signs, many children with difficulties in communicating, co-ordinating their movements or who had fits, were labelled as 'mentally defective.' They were incarcerated in long-stay institutions alongside those labelled 'morons, idiots and imbeciles.'

The eugenicists, as prime movers, believed, quite wrongly, that 'the mentally defective' were undermining the health and strength of the British nation. They were closely associated in much official thinking with crime, poverty, physical degeneration and sexual immorality. The favoured solution was to segregate them from the rest of society to avoid further contamination.

The special schools and institutions had a strong emphasis on training and discipline, the purpose of which was to prevent the disabled inmates from begging, living on poor law handouts and becoming a public nuisance. From 1907 school medical inspections were made compulsory.

Between 1900 and 1950 some half million physically disabled children were identified. Of these more than half grew up in

Cyril Hayward Jones recounts how discipline was harsh when he was a pupil at The Mount School for the Deaf and the Blind near Stoke-on-Trent around the time of the First World War:

'There was one side of the building for us blind boys and the other side was for deaf boys. One of the worst punishments was to go and live on the deaf side for a couple of days. If we talked in the dining-room or some such misdemeanour they could hand out that punishment. That was the only time we ever went on the deaf side, when we were naughty. Now the thing was, of course, that the deaf couldn't hear and we couldn't lip-read. So it was a pretty desperate situation there. Well, what you had to do was learn to spell on your fingers to be able to make yourself understood to the deaf boys, I remember the manual alphabet to this day. We used to take the deaf boy's hand and spell out the words on his hand. Without that we would have been completely cut off from the world, in absolute silence.'

From 'Out of Sight', Humphries and Gordon, Channel Four, 1992





Joyce Nicholson at the Royal School for the Deaf and Dumb in Birmingham in the 1920s:

'We were never allowed to sign in class at school. They tried to make us speak and to lip read which I found really difficult. We used to look forward to being out of the teacher's eye so we could sign. We used to sign behind their backs when they were writing on the blackboard with our hands under our desks. But if you were caught the teacher would be very angry. Sometimes we would get smacked on the hands and our arms would be tied by our sides for the morning or afternoon just to stop us signing. One was angry and said I shouldn't use sign. She said I looked like a little monkey. That's what they used to call us whenever they caught us signing, little monkeys.'

From 'Out of Sight', Humphries and Gordon, Channel Four, 1992

institutions. Most were from working-class backgrounds. Poverty and deprivation led to congenital impairments such as rickets and blindness. Many children acquired impairments due to poverty, malnutrition, poor housing and lack of medical provision.

The guilt, shame and superstition many parents felt at having disabled children combined with very strong pressure from the education authorities to institutionalise and segregate, led to enormous suffering and psychological damage for large numbers of children.

The 1920s saw the largest numbers of children segregated. Indeed the 1921 Education Act provided for 'handicapped' children to be educated **only in special schools or classes**. Even there they found their opportunities for communication restricted.

Selection by ability: Selection by disability

The situation changed little up until the 1944 Education Act. The Act introduced secondary education for all. Selection at age 11 by the 'eleven plus' sorted the more 'able' minority for Grammar schools and the 'less able' majority

for Secondary Modern Schools. To make sure the new system would work, it was considered essential to weed out those who might disrupt its implementation -- **selection by ability led to selection by disability**. L.E.As were instructed to make separate provision for children with an impairment of **mind or body**.

Eleven categories of children based on impairment were introduced: blind, partially sighted, deaf, partially deaf, delicate, diabetic, educationally sub-normal, epileptic, maladjusted and those with speech defects. It was prescribed in the regulations

that blind, deaf, epileptic, physically handicapped and aphasic children were seriously 'disabled' and must be educated in special schools.

It was hoped that the majority of other categories would receive their education in ordinary schools. Due to overcrowding in ordinary schools, prejudice, misinterpretations of the legislation and teacher resistance, this did not take place. In fact large numbers of new special schools were opened in the 1950s, 1960s and 1970s.

In 1970 the last 70,000 children who had been considered uneducable under the terms of the 1913 Mental Deficiency Act got the right to education under the label Educationally Sub-Normal (severe) and 400 new special schools were formed largely out of the old junior training centres. Similar moves took place in Scotland in 1974.

Throughout the 1950s and 1960s doctors continued to play a central role in directing disabled children into special schools by use of the HPI Form (Handicapped Pupils). As a result of child guidance work, the increasing role of educational



In 1951, at age 5, **Evelyn King** was admitted to one of the largest mental handicap hospitals in the North of England. She had cerebral palsy. After failing an intelligence test administered by a doctor she was diagnosed 'an imbecile' who was unfit to be educated.

'When I first came I was in a baby wheelchair. I never used to walk and I couldn't talk. And I weren't happy here as a girl 'cos it was a bit miserable, you know. On the villa we played dominoes, ludo, and snap cards and I played jigsaws and did sewing. I used to get a little bit bored and I used to look out of the window and dream about me poor mum and dad - 'cos I never used to go home and I missed all that. Then later I started school but I only used to go in the morning, not in the afternoon. And the staff, they were very strict. We had to be careful what we said in them days. Once I got upset, you know I just got hold of a stick and threw it. And the window cracked. They asked me why I did it and I said 'cos someone upset me. And I got punished for that...It was boring...'

From 'Out of Sight', Humphries and Gordon, Channel Four, 1992





BELONGING TO ONE SOCIETY

by Simone Aspis, 1992

Before going to polytechnic, I spent ten years at a special school for children with learning and physical disabilities.

My time at the residential school was very frustrating and upsetting. It was common for children who could barely read and write to work alongside others following external examinations in the same class. With only 40 students, the headmaster thought it wasn't feasible to have a wide curriculum which would include languages, art, social and applied sciences.

During the evenings the sole entertainment was television and attending a youth club where other members didn't want to mix with us.

The emphasis was all about building on disability rather than talent. I was very involved with computers and had written a few games and an accounts package. The teachers used to make fun of me and would think of every excuse to get me off my computer. I had physical difficulties and would take part in physiotherapy in isolation instead of participating in the regular maths class. Maths was my strongest subject and I was two years above my chronological age, so the teachers thought it didn't matter if I missed the subject. Staff would laugh and even mock if your disability was obvious.

Besides limiting our academic achievements, the teachers also wanted to control how we should behave and view ourselves. I was not allowed to organise any activities, or take part in any decision-making – the sort of skills needed to become a self-advocate and an articulate and rational member of the community. Instead I was told how to dress, what to eat, and how my leisure time should be spent. Consequently, I left my secondary education with little self-esteem and having limited experience of life, and knowing how people can take advantage.

I feel the whole attitude would change if I had been to a mainstream school. I would be able to work and develop my maths and science interests with others of similar ability while having additional help in weak subjects such as English language. Extra-curricular activities such as the Duke of Edinburgh scheme, sports, art and drama would allow all pupils to participate and develop skills for self-confidence and self-esteem. Children would grow up appreciating that everyone has something to offer.

psychologists and some successful integration, an educational, rather than a medical, approach to assessment became more apparent.

The 1976 Education Act introduced comprehensive schools to accommodate all children regardless of ability. Section 10 was intended to provide schooling for all categories of disabled children in mainstream schools. The Secretary of State decided not to introduce it, owing to resistance and economic cost.

Comprehensive schools were meant to cater for the needs of all children regardless of gender, race, class or ability. Fear over declining standards and economic cuts meant that the majority of comprehensives stuck to streaming rather than

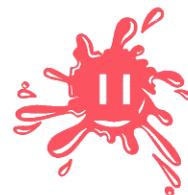
mixed ability teaching and did not cater for the full ability range.

Old wine in new glasses

Despite some significant integration in some parts of the country since the 1981 Education Act and some excellent examples of good practice, the number of children segregated has not gone down significantly, as a proportion of the school population (in 1977, 1.41% and 1.35% in 1988).

In fact the good practice in some areas has been matched by increases in the percentage of pupils in special schools in other areas, particularly in the period from 1988 to 1991.

There is little doubt that the 1988 Education Reform Act has increased the pressure in some schools to segregate disabled children. This is especially true in schools which have not already established good integration policies and allocated resources accordingly. Publication of results is making many schools more selective about their intakes. This is likely to affect the number of non-statemented children with special educational needs, as there is no additional funding earmarked for them and they are not recorded in published results. Statemented children who have earmarked resources attached to them are a more attractive proposition to locally managed budgets allocated by inflexible, cost-cutting formulae.





The Audit Commission/HMI Report 'Getting in on the Act', which examined the effectiveness of the 1981 Act, clearly identifies an unmet demand amongst two-fifths of special school parents who want their children educated in mainstream schools. If mainstream schools demonstrated their ability to **include** more disabled children a far larger number of parents would want their children educated there. The Audit Commission Report also indicated that in addition to the many problems with Local Authorities failing to adequately implement the provisions of the 1981 Act, Central Government needed to provide financial incentives.

Unfortunately the 1993 Education Act did not address the issue of central resources. Section 3 will replace the 1981 Act from September 1994. It keeps the clauses of the 1981 Act which have so often been interpreted to maintain the separate provision. That is, integrate, provided the needs of the child are met, the efficient education of other children is not affected and the efficient use of resources. All these are subjective and value-laden judgments. The assessment procedure has statutory time-limits and a new code of practice and independent tribunals will oversee assessment and statementing. **The fundamental point is that this legislation does not guarantee the right to an education in the mainstream, if you want it. It is still all about assessing the individual, rather than assessing how much schools have removed the barriers to inclusion that we have inherited from the past.**



'You may think that seven is a very early age to be aware of one's educational and social deprivation, but you have to believe me when I say that by that small age I was displaying the usual symptoms of someone who is ashamed or frustrated with their situation regarding school. I hated the school bus because it took me away from my local friends, who were beginning to wonder why I didn't go to school with them. It also highlighted my difference at a time when I wanted desperately to do and be the same, however difficult.'

I remember sending my mother all round the shopping centre – I must have driven her mad – to buy me a local school uniform even though I didn't go there.

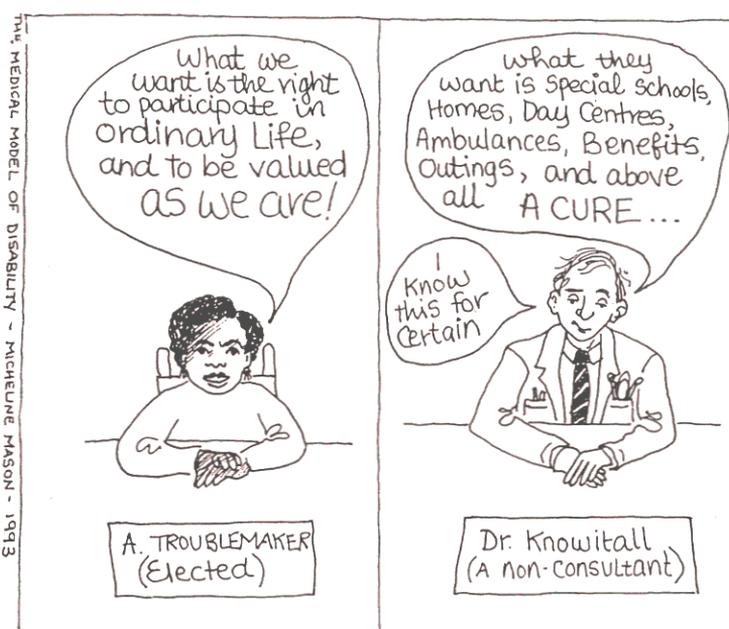
I didn't particularly like the way I was treated by school staff – special, frail, in need of very special care. My memories of junior school were not learning to read, add or multiply, nor even how to keep pets.... no, they are of endless hours of physio, tons of art and craft (this was recognised as something I could do and would content me in my adulthood since no employment was ever envisaged), and pushing myself in my wheelchair down endless corridors and consequently being tired.'

Jane Campbell, 1992

'I went to a school for people who are partially sighted. I was identified as having learning difficulties soon after I was born, because I had a lack of oxygen to my brain – it gave me this disability. Being separated at school was uncomfortable. I was being picked on, bullied quite a lot, made fun of in the special school for about three years – which made me very aggressive towards people, even teachers. In an ordinary school, I wouldn't have been able to see the blackboard, but if I had closed-circuit TV I would. And I would have mixed with ordinary people. I think that for integration you've got to start at an early age of, say, four or five. Because then the kids will accept the other kids that had learning difficulties or limbs missing, and they would grow up with learning difficulties or wheelchairs, and discrimination wouldn't be as bad as it is today.'

Simon Gardner, 1992

Source: Integration Now Conference Report published by The Integration Alliance



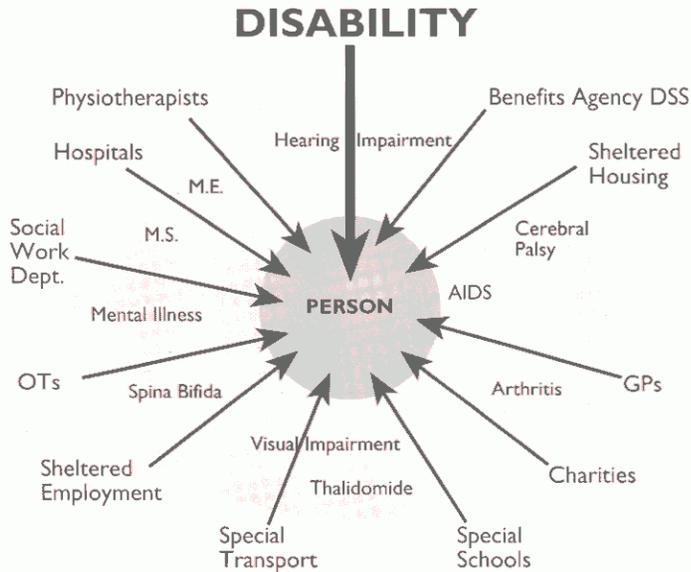
The medical model of disability

The medical model of disability sees the disabled person as the problem. We are to be adapted to fit into the world as it is. If this is not possible, then we are shut away in some specialised institution or isolated at home, where only our most basic needs are met.

The emphasis is on dependence, backed up by the stereotypes of disability that call forth pity, fear and patronising attitudes. Usually the impairment is focused on, rather than the needs of the person. The power to change us seems to lie within the medical and associated professions, with their talk of cures, normalisation and science. Often our lives are handed over to them.

Other people's assessments of us, usually non-disabled professionals, are used to determine where we go to school, what support we get and what type of education, where we live, whether or not we can work and what type of work we can do, and indeed whether or not we are born at all, or are even allowed to procreate. Similar control is exercised over us by the design of the built environment presenting us with many barriers, thereby making it difficult or impossible for our needs to be met and curtailing our life chances. Whether it is in work, school, leisure and entertainment facilities, transport, training, higher education, housing or in personal, family and social life, too many common practices and attitudes disable us.

The Medical Model



This diagram illustrates the range of social contact for the disabled person where the 'medical model' is applied

Source: SEATID, Edinburgh





Charity

The Government and the public give many organisations money to look after the interests of disabled people, but do they?

The vast majority of these organisations were set up by parents, or 'carers' of different groups of disabled people. They usually had a common aim of finding a cure, or treatment, or creating some kind of alternative to begging, being hidden in back rooms or the workhouse. Disabled people were not to be hated, or feared, but pitied and helped. They were part of the 'deserving poor.'

The non-disabled middle and owning class gained much credit in each other's eyes by fundraising or holding garden parties for the benefit of those less fortunate than themselves, and the less fortunate had to learn to be passive and grateful.

However, as the Industrial Revolution developed, and life became ever more complex and demanding, more and more people

were unable to compete.

The exclusion of some people from mainstream society was 'acceptable' as long as they were kept out of sight and their expectations kept as low as possible.

To this day, most of the charities which undertake to provide equipment, accommodation, training and education, sheltered employment, information and research for different groups of disabled people, are run by non-disabled people, and their management committees still bristle with lords, ladies, bishops and OBEs. Increasingly they are following policies which disabled people have publicly opposed, such as maintenance of segregated schools, or the promotion of oralist policies for deaf children. Yet, when the Government has proposals about

disabled people, it is to these organisations it goes for advice.

This is why it is so difficult for us to influence the issues which control our lives.

About 15 years ago disabled people began to come together nationally and internationally to fight for the right to represent ourselves. However, our organisations run by disabled people are barely funded and rarely consulted. Therefore the major, non-disabled-run charities dominate the public arena with expensive advertising and fundraising campaigns.

Disabled people feel abused by the images of disability which these charities have created in order to raise money. Charity advertising is one of the most insidious tools of emotional and intellectual manipulation of people's minds. They have one aim in mind – to get you to part with your cash, and to do that they have traditionally



Money Speaks
Income 1992

Scope (formerly The Spastics Society)	£54 million
The R.N.I.B.	£46 million
MENCAP	£23.4 million
The Shaftesbury Society	£13.1 million
Louder than us	
British Deaf Association	£1.39 million
British Council of Organisations of Disabled People (BCODP)	£170,000
People First	£59,000
National Federation of the Blind	£55,000



ASBAH stopped using this advertisement in 1991.





appealed to guilt, fear and pity for the pathetic images portrayed. More recently, in keeping with the political climate, they have moved from appealing to altruism to appealing to self-interest – ‘If you do not give YOU might get like this.’

Increasingly with the cutting back of public spending and services, charities are looked to, to provide basic services and opportunities.

Jane Campbell, co-chair of the British Council of Organisations of Disabled People (BCODP) says one of the most damaging effects of charities is the way that they separate disabled people from non-disabled people:

‘It is part of mainstream culture that segregation is right and that we have ‘special needs’. Charity is elevated by society into something good so that people who work in charities are wonderful paragons of virtue and what they do must be right, even if it’s the torture of forcing people to try to walk, or segregating them in Homes by the sea.

Rights are about doing the things other people take for granted. Choosing where you want to go, where you want to live, who you want to live with. For me it was the right to be educated in the same local school as my sister, the right to enjoy the same basic access to transport, leisure, housing and employment. It is also a right to have control over my body, not to have to endure physical torture at the hands of some physiotherapist, not having to go to the loo when it suited others rather than when I needed to, having the right to lie down when I want to.’

Despite over 130 years of state provided education in the United Kingdom many disabled young people are still referred to charity-

run schools and institutions rather than ordinary or special schools provided by the local authority. Many schools, particularly special schools, now regularly supplement basic provision by charity funding due to public spending cuts. Such activity has the effect of increasing feelings of isolation and otherness for young disabled people at the school and pitying and patronising attitudes are often reinforced amongst staff and parents.

Will Swann of the Open University has demonstrated that over the last ten years a minority of Local Education Authorities are sending an increasing number of children to independent, charity-run special schools. Schools run by the RNIB, RNID, The Spastics Society and The Shaftesbury Society figure prominently

among the many impairment-specific segregated schools used by LEAs often paying more than £30,000 per year for boarding.

What is provided in these schools can be provided in ordinary schools with support, and is, but not all in the same schools at the moment. Yet they continue to act as a strong counter-force to integration.

Self-advocacy organisations like People First, which is run and controlled by people with learning difficulties, are struggling against the stereotypes of them portrayed by charities run by non-disabled people like MENCAP. The images typically show disabled people as powerless, dependent and in need of charity. This is not helpful or desirable.

IMAGES OF PEOPLE WITH LEARNING DIFFICULTIES

We want people to see us as the adults that we are.

We want people to see us as capable citizens with the same rights and responsibilities as anyone else.

We want people to be proud when they see our pictures.

We want people to treat us with respect and dignity.

We want people to see us as workers who do a good job and are reliable workers.

We don't want people to pity us.

We want people to be our friends and to accept us as people

People First Newsletter 1991



Misrepresentation of disabled people in the media

In the past, disabled people were thought incapable of looking after themselves. We were rarely consulted about our needs, our wants or our preferences. Our parents or our 'carers' were asked what we wanted to eat, when we should go to bed, and people talked over our heads as if we were not there. Although this attitude is now beginning to change, people with learning difficulties still find that they are not allowed to grow up and make their own decisions.

Much of this is explained by the negative images of disabled people in the media, books, newspapers, comics, films and television. For example, in children's books disabled characters are often presented as evil and bitter like Long John Silver or Captain Hook, or as sweet little things who get better in the end, like Heidi's friend Clara.

There are, of course, also thousands of books about how to manage, diagnose and assess disabled people. Most publishers will only accept those works which they feel will have popular appeal. This means that they will usually only support traditional representations of disability, eg disabled people should be brave, cheerful and overcome their difficulties through immense personal effort.

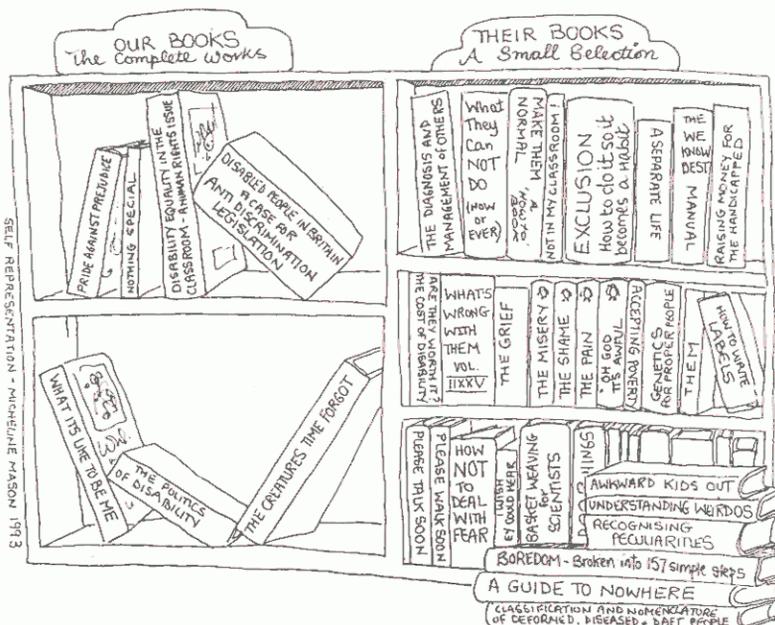
Rarely, books by disabled authors which reflect our own views of ourselves in society, are published. Some of our most challenging works, such as **'Disability equality in the classroom: a human rights issue'** have become available only through self-publishing.

There are very few books where disabled children or adults are just part of the story and pictures without being the whole focus or absent. Reporters and programme makers are also very powerful in creating in people's minds images of people who are otherwise unknown to them. Because disabled people have been largely segregated from mainstream society, the general population is easily persuaded that the images and stories they watch and read are a true representation of us.

Take any selection of newspapers. How many stories are about disability? How many do you think are written by disabled people? How many times are the words 'suffered', 'victim', 'brave' or 'tragic' used? What feelings about disability does this style of reporting stimulate in the public's mind? Unsurprisingly, most people remain unaware that a growing number of disabled people have a very different story to tell.

The common perception among media people is that disability is a turn-off – if you put it on prime time television you lose half the audience. Not long ago a disabled actor, Nabil Shaban, was turned down as a presenter of children's programmes because the programmers thought his physical appearance, as a person with brittle bones, would frighten children. The only exception is if the story is about hope of a cure, or some amazing feat someone has achieved despite their 'appalling afflictions'.

Moreover, some fictional characters encourage the disrespect, name-calling and bullying. A current example is Simon in 'What's Up Doc?', a well known children's TV programme broadcast every Saturday morning. He has spots, big teeth, unfashionable clothes, plasters on his face and is 'stupid'. Simon is a figure of fun, created to make children laugh at him. Such imagery is deeply offensive to disabled people.





The habit of exclusive thinking

le

'Many people fear nothing more terribly than to take a position which stands out sharply and clearly from the prevailing opinion... Not a few people who cherish lofty ideals hide them under a bushel for fear of being different' Martin Luther King Jr.

From a very young age, disabled children fear and experience exclusion. Separation from family, friends and peers is common. Witnessing the isolation, removal and exclusion of others from their earliest experience of school leads children with hidden disabilities or those in need of help to 'cover up'. Non-disabled children experience exclusion of disabled children as the norm. These early experiences reinforce acceptance of segregation in later life.

Most of the experts in the field of 'special education' are themselves products of separate, segregated provision. Their whole career and success has been in practices which we are now questioning and seeking to change. Very few will have personal experience of the sense of isolation and exclusion we are seeking to change or have understood the process through their own children's experience.

- **Excluded from the family**

Even in this day and age, children as young as two years old are being institutionalised 'for their own good'. The concentration of support in 'special centres' instead of in the community, still leads to desperate parents feeling that the only alternative to complete breakdown of the family is to send the disabled child away for all or most of the time.

A disabled child will feel the same as would a non-disabled child at this happening. Can you imagine the

emotional cruelty of being forced to leave your parents when very young?

There is growing evidence that the non-disabled sisters and brothers suffer long-term guilt and sorrow from the separation. Even where integration has occurred, allowing disabled children to go to specially resourced mainstream schools, siblings have often been denied the right to go to the same school.

- **Exclusion from the built environment**

Building regulations, the training of architects and planners, the unawareness of their clients and the general public, all conspire to build an environment in which generally only the needs of non-disabled people are taken into consideration. This often forces disabled people to struggle to cope in inappropriate surroundings, or live separate lives.

- **Exclusion from mainstream services**

'Ordinary' services such as daycare, play schemes, education, transport, health, maternity and family planning, the arts and entertainment, sports and fitness centres and much else, are designed with the implicit assumption that disabled people will not be able to use them.

- **Excluded from the curriculum**

HMI (Her Majesty's Inspectors of Schools) Reports have also demonstrated that special schools have at best satisfactory resources and accommodation and in many they were inadequate. Many were under-

financed, relying on charity appeals to buy essential equipment. There was a general lack of teaching facilities for science, design and technology and maths. There was a general lack of curricular expertise among special school teachers. They were often over-protective of their students, not encouraging independence and too often valuable curriculum time was lost as students were removed for physiotherapy, speech or other therapies. Given these considerations it is not surprising that academically the learning experience in special schools often compares unfavourably with the mainstream despite the higher staffing ratios.

- **Excluded from social relationships**

HMI Reports in recent years have identified what many disabled people who experienced special schools have known to be true for years. They tend to be much smaller than their mainstream equivalents taking pupils with a wide age and ability range. Many accommodate those aged 2-19 years. The average size is around 50. There are more boys than girls. This can mean there are no other children of similar age or gender in the school. They have a much larger catchment area than mainstream schools. They can cater for a variety of needs or specialise in children with one impairment. Some are residential and some are day schools and some are a mixture of both. Many children at day schools spend excessive amounts of





time travelling to and from school – four hours a day is not uncommon. Attending such schools outside their neighbourhood helps foster a sense of isolation as they are less able to make friends with peers who live near their home. Anderson and Clarke in **Disability and adolescence** (Methuen, 1982) compared non-disabled young people with disabled and found the disabled young people spent much more time on isolated activities and went out less, and then with family. Those who went to special schools were even more isolated and had even fewer friends.

- **Exclusion from real employment**

Many people with 'learning difficulties' as children, become people with 'earning difficulties' as adults. The rate of unemployment for disabled people of working age is several times the national average and the real rate is two-thirds. Much of this is to do with discrimination and not to do with 'inability'. It is also to do with the lack of expectation, and consequently preparation, of young disabled people to work in the real world, and not be relegated to a lifetime of 'Adult Training' or basket-weaving.

- **Excluded from teaching**

Teachers are still subjected to the Department for Education's 'Medical Fitness to Teach' criteria at entry to training, entry to a post and throughout their career. Although slightly more flexibility has been introduced and some LEAs have been more supportive in recent years, RADAR, surveying the situation last year, found that only 1 in 1,000 teachers were disabled. This is probably an underestimation as there is considerable pressure to conceal one's impairment because of the stigma and lack of

sympathetic treatment. However, if there was no discrimination, then 1 in 10 teachers would have an impairment as 10% of the adult population, of working age, have an impairment that significantly affects their functioning, according to Government statistics.

- **Excluded from being special educational needs (SEN) specialists**

To become an educational psychologist or a specialist 'special needs' teacher one has to have been a practising teacher for several years first. Consequently, very few disabled people are likely to be in those posts which determine the needs and place of education of disabled children under the assessment procedures.

- **In the Mainstream, but Excluded**

Section 2.3 of the 1981 Education Act allows disabled children to be integrated into mainstream schools provided they receive the special educational provision they require; it is compatible with the efficient education of those they are to be educated with; and the efficient use of resources. This formulation does not acknowledge that mainstream schools have developed in parallel with segregated separate provision, and therefore most mainstream schools are unlikely to have the will, expertise and resources to integrate effectively. There has been considerable integration, but most mainstream schools are not accessible, or barrier-free.

Too often disabled children are compared to and judged by non-disabled standards. There is a general lack of understanding of impairment and the social process of disablement. There is little empowerment, or positive advice, for young disabled people and little

good advice, or support, on seeking a worthwhile career. Most often disabled students are seen as the responsibility of a few SEN teachers rather than being the responsibility of all teachers as part of a whole-school policy. Stereotyped thinking and attitudes, name-calling and bullying are often not challenged by staff and students. And lastly too few books and resources include disabled people as part of ordinary life.

- **Deaf People excluded by oralism from sign language**

Many deaf people who see themselves as a linguistic minority and who use sign language to communicate rightly fear and oppose integration because over the past 110 years their culture and language have been denied by oralists. The imposition on deaf children of oralism and the denial of sign language has left five generations of born-deaf people as failures in the education system and job market. Oralism is a form of exclusive thinking that while geographically integrating children denies them access to learning and each other, thereby ensuring failure and low self-esteem.

Many profoundly deaf people who use British Sign Language, often see themselves as a cultural minority and are strongly in favour of keeping their own schools for the deaf. Yet the oppression deaf people face is the same as other disabled people. The creating of an inclusive future must include bilingual schools where sign language is part of the curriculum and deaf signing adults are part of the staff.

Consequently the deaf community are arguing for a genuine choice of deaf schools or mainstream with support. This does not exist for any disabled child as they can be forced into segregated provision.

Label jars, not people!



The inheritance of the past determines current attitudes, policies and practices towards disabled children and young people in society and within education. This is nowhere more clearly demonstrated and symbolised than in the language used.

Take, for example, the negative connotations associated with 'cripple' (without power), 'sufferer', 'invalid' and 'handicapped' (commonly used as a noun to describe children when it actually means imposed disadvantage from beyond the person – a verb).

We wish to be known as 'disabled people' in recognition of the common oppression we face regardless of our specific impairment. People with learning difficulties reject 'mental handicap' wishing to be known as the former.

We reject the inhumanity and 'medical model' thinking involved in labelling and identifying people by their impairing condition. Calling someone a 'Down's' or 'spina bifida' child makes the child no more than their condition.

Using 'the blind', 'the deaf' or 'the disabled' to describe us diminishes us. We wish to be known as blind people, deaf people and disabled people.

Education has moved from grouping and labelling children by specific impairing condition labels such as 'epileptic', 'diabetic' and evaluative labels such as 'educationally sub-Normal' or 'physically handicapped,' to labels based on bands of need from 'The Warnock Report'* 'MLD–Mild Learning Difficulty' or 'SLD–Severe Learning Difficulty'.

Inevitably as the child was assessed to fit these categories of need they became known by their label, and

*Special Educational Needs Committee of Enquiry, HMSO, 1978, which led to the 1981 Education Act.

their destination in terms of specific separate provision was also identified.

In 1991 the Department for Education produced five categories of staffing provision for special schools based on increasing need linked to impairment. These are now more and more widely used and children are becoming labelled – eg 'PMLD – Profound and Multiple Learning Difficulties' – the most severe category of need with the best staffing ratio. This has reinforced the idea of a range of specialist provision in different special schools to which the child once assessed is sent.

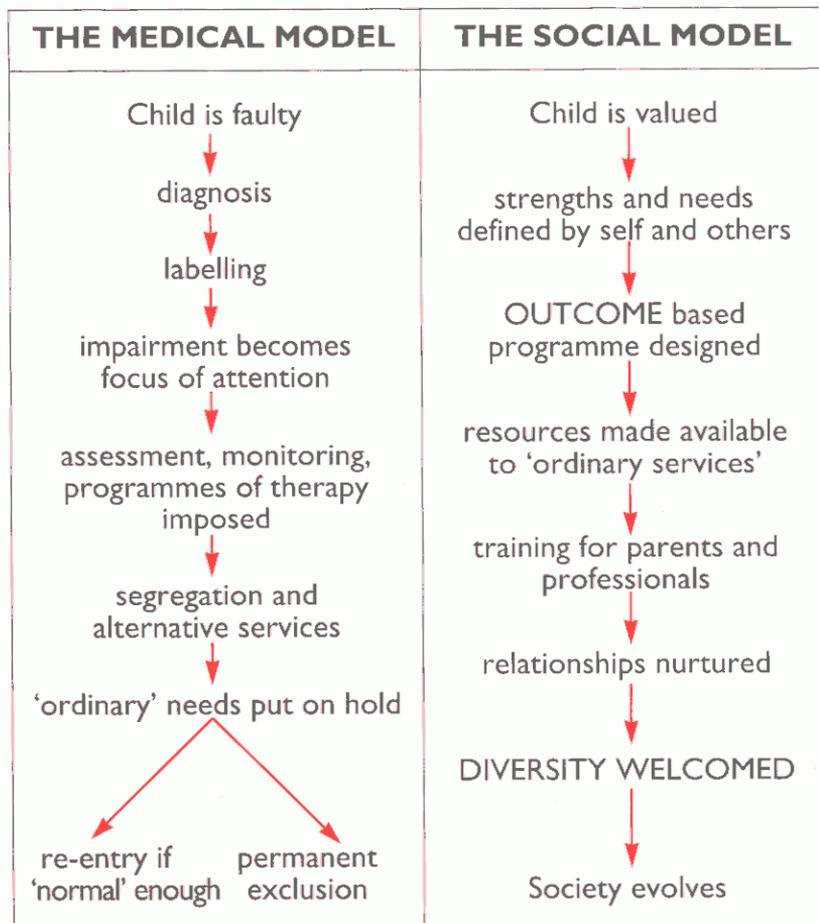
We must reject the legacy of the past that has excluded us. We have

to recognise that all children and adults have a right to be included in mainstream education and society as a fundamental human right.

To achieve this, thinking needs to change. There are two analytical models that can help with this task.

Firstly, the analysis of increasing numbers of disabled people worldwide. We reject the 'medical or individual model' in favour of a social model.

The social model of disability identifies prejudice and discrimination in institutions, policies, structures and environments of society as the principal reason for our exclusion, rather than the particular impairment of the individual. [See Figure below]



Michelle Mason

2. 'Where are we going?'

2a

The two roads

'Segregation is the offspring of an illicit intercourse between injustice and immorality'.

Martin Luther King Jr.

We have come to a fork in the road. There are two paths ahead. One is sign posted 'Segregation', the other 'Inclusion'. They lead to different places. We must decide as a community which path to follow. It is a clear choice. One or the other.

Segregation of young disabled people, including young people with learning difficulties, and other young people who are experiencing difficulties in their lives, has been based on a particular way of thinking: 'There is something wrong with this child which makes it hard for them to function in our society. We must remove the child and attempt to mend them by the provision of therapeutic measures with the hope that they will be fit enough to return to the mainstream at some later date'.

The outcome of this way of thinking is today's society in which disabled people are feared, misunderstood and where the segregation of vulnerable young people continues into adult life. It is the reason we have adult training centres, day centres, residential homes, secure units, psychiatric units, and hostels for homeless people.

The skills developed by this system are of identification, assessment, measurement, categorisation, labelling, monitoring, recording, judgment, competition and exclusion. We create a culture in which everyone is preoccupied with who is 'in' and who is 'out' from the fear that any one of us

could join the 'out' group.

The road marked 'Inclusion' is a new and different route. It is about building a community. The thinking which underlies inclusion is that life is given meaning by relationships with others. Physical, emotional, intellectual impairments, or medically defined conditions do not in themselves stop meaningful relationships. What stops these are the actions taken in response to our condition such as removing us from other people, denying us access to the environment and information, not learning sign language, not listening to us, not valuing our contribution, not offering us appropriate assistance and a refusal to change. [See Figure - The Two Roads]

The road to inclusion develops different skills – problem-solving, listening, team work, patience, collaborative learning, sharing of skills and knowledge, flexibility, humility, acceptance and responsibility.

We do not know exactly where it will lead because it is new. What we do know, however, is that in little pockets of experience where the inclusive path has been chosen, young children are growing up, going to school and living and being part of their communities. Here, adults are not afraid to make mistakes, and a new sense of possibility for our future society is apparent in the hearts and minds of the children.

Our aim is to pose the alternative – inclusive education. This is not a structure, but a process. We seek

to convince you as teachers, governors, parents and educationalists that our perspective, experience and insights coming as they do from the view of the 'excluded' can bring new direction to a demoralised and crisis-ridden education system. We hope that we can help you to understand why we, disabled people, want you to become allies in our fight for civil rights – rights which can only exist within a society in which we belong from the start.

Therefore, we seek to convince you of the need for change, not based on Government diktat, but drawn from a reassessment of goals and attitudes so more and more children can be included and valued in our mainstream schools. To develop this process we put forward and examine practical concerns arising from the need to change and develop practice towards inclusive schools. Here all children's varying needs are catered for, whilst maintaining an ethos of equal value for all.

Join us on the road to inclusion as we examine where we are going from the perspective of the disabled people's movement, focusing on the school system. Disablement is an experience which happens to ordinary people.



The two roads



The social model of disability

2b

The obsession with finding medically based cures distracts us from looking at causes of either impairment or disablement. Most disablement is created by oppressive social systems.

Impairment and chronic illness exist and they sometimes pose real difficulties for us. The disability movement comprises those disabled people and supporters who understand that we are, regardless of our particular impairment, subjected to a common oppression by the non-disabled world. We are of the view that **the position of disabled people and the discrimination against us are socially created. This has little to do with our impairments.**

As disabled people we are often made to feel it's our own fault that we are different. The difference is that some part, or parts, of our body or mind are limited in their functioning. **This is an impairment. THIS DOES NOT MAKE US ANY LESS OF A HUMAN BEING.** But most people have not been brought up to accept us as we are. Through fear, ignorance and prejudice, barriers and discriminatory practices develop which **disable** us. The understanding of this process of disablement allows us as **disabled people** to feel good about ourselves and empowers us to fight for our human rights.

The disabled people's movement believes the 'cure' to the problem of disability lies in the restructuring of society. Unlike medically based 'cures', which focus on individuals and their impairment, this is an achievable goal and to the benefit of everyone. This approach, which we refer to as the 'social model of disability' suggests that disabled people's individual and collective disadvantage is due to a complex form of institutional discrimination

as fundamental to our society as sexism, racism or heterosexism.

Clearly, this thinking has important implications for our education system – particularly with reference to primary and secondary schools. Prejudicial attitudes toward disabled people and, indeed, against all minority groups are not inherited. They are learned through contact with the prejudice and ignorance of

others. Therefore, to challenge discrimination against disabled people we must begin in our schools.

Our fight for the inclusion of all children, however severely disabled, in one mainstream education system, will not make sense unless the difference between the 'social' and the 'medical' or individual model of disability is understood.

[See Figure - The Social Model]

The Social Model



This diagram illustrates the disabling forces at work where the 'social model' is applied

Source: SEATID Edinburgh



Self-image, impairment and disability

Disabled people are human, and in that respect are the same as everyone else, but it is no use pretending that our experience of life is the same as someone without an impairment.

The well-meaning attitude of 'They are all the same to me' is not helpful when we are trying to change to an inclusive society. Firstly, we usually have to put a lot more effort into doing the same things as our peers, and we need to have this difference appreciated.

Secondly, we may be having to deal with physical pain, discomfort or the frustration of not being able to do things we would like, because we cannot do them.

Thirdly, and this is especially true of intermittent conditions such as asthma or epilepsy, we are often dealing with a lot of disappointment, sudden changes of plan, and uncertainty about the future.

Fourthly, apart from the effects of impairment itself, we are also dealing with a relentless oppression which, even if

apparently absent from close, personal, day-to-day relationships, will launch itself at us from billboards, television, strangers on the street, officialdom and everywhere else. The fact that we are NOT valued equally is implicit in the whole fabric of society and its different cultures. This experience is a difference which needs to be boldly faced, not denied. Silence from our 'allies' feels like collusion or indifference, and does not encourage us to become confident in the fight for our rights.

The struggle to feel good about ourselves, as people who are different, is difficult to cope with alone. An ethos where all

involved in the school challenge name-calling, joking at others'

expense and bullying is still rare. Racism is challenged in many schools. This general awareness has not even begun in most schools for disability. If schools are to support young disabled people who have already internalised much negative conditioning, the connection with disabled adults needs to be made, not just as role models but as real people leading real lives.

Our own arts movement has developed from our need to express our thoughts and feelings about our common oppression. Disabled Artists provide one of the bridges which can be used to make connections between young disabled people and the disability movement. Some of the performers are developing work of particular relevance to younger people. Creative arts, such as popular music and drama, are far more likely to change young people's attitudes than boring talks. [See resource list for contacts.]

Disability Arts is not the same as Disabled Artists who have 'made it' in the mainstream. This would include people like Stevie Wonder, Evelyn Glennie, Ian Dury and Itzhak Perlman. It is important to celebrate these people, as every oppressed group needs models of fame and success, but they are not necessarily part of the political disability movement. [See Figure - 'Who am I']



Micheline Mason

Self-representation and empowerment

2d

'Disabled people, even the "super-cripples" amongst us, do not overcome our impairments or disablement. We learn to live with them. We learn to be different. We learn that we have to fight for what we need our whole lives, and most importantly we learn to value ourselves and challenge the poor self-image we internalise from our own experience of being disabled.'

Richard Rieser, Disability Equality in Education, 1990

The more a young person is affected by his or her impairment the more people feel they should be doing things for, or more likely to, her – to help. It has become an unquestioned assumption that the earliest possible intervention is what is needed, and many very young disabled people are subjected to programmes and therapies which dominate both their own lives, and those of their families.

The modern approach is not to remove the child from the family, but to train their parents to be therapists (eg Portage, Bobath physiotherapy, Dolman-Delacto therapy and conductive education). These are all initiated by non-disabled people to coerce the child to progress towards goals defined by the non-disabled world. They are in this respect disempowering the child, because they replace the child's own initiative, and her own choices and goals.

It has been noted that many disabled people are either extraordinary fighters or become very passive. Many disabled adults who are visible and active in the world were labelled as 'difficult' or 'rebellious' as young people, because there was an unrecognised conflict between the 'medical model' goals imposed upon us and our own inner-life which we had somehow to assert. We call ourselves 'survivors of the system', but we fully understand that many

more did not survive the system in this sense, but succumbed to the pressure to accept an alternative life, good enough for us.

It is possible to create a much more 'normal' experience for young disabled people, by balancing the control and power more evenly between adults and children. This needs to begin as early as possible, in infancy, so that no child ever experiences the sense that she/he does not have the right to state preferences, make choices, or have people co-operate with her/his own ideas.

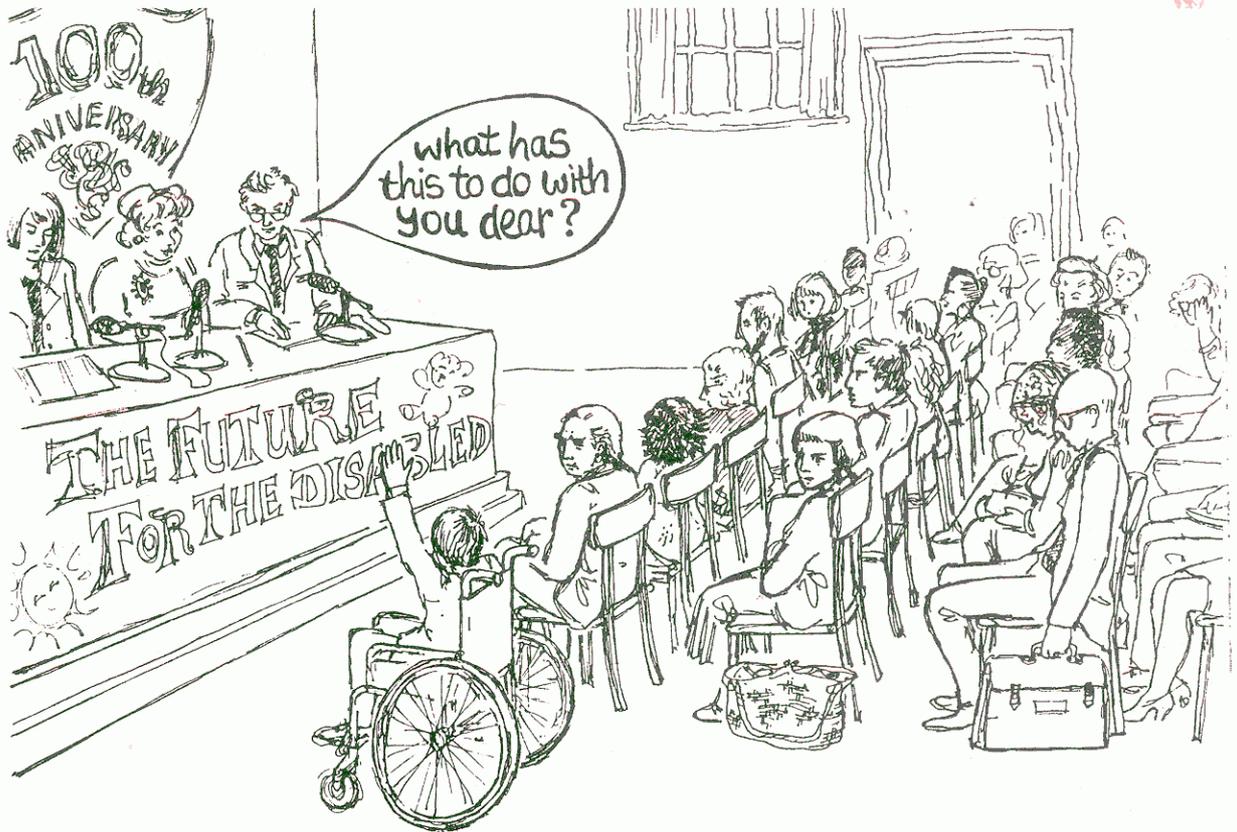
All children currently have to do things they do not want to do – brush their teeth, eat vegetables, go to bed, etc. Most children also have quite a large scope for choosing things, eg what to eat, what to play, who to play with, when to go to the toilet. They have a fairly robust ability to protest and rebel when other people's ideas are not to their liking. They have, for example, the ability to walk away from people who annoy them or bore them. However, many children who have impairments which restrict their ability to move independently, or communicate effectively, already face great difficulties in making these choices. They need people to 'empower' them, ie offer support which would enable the child to act upon her or his initiative. This is a real challenge for adults, particularly

because it requires acceptance that the child's wishes may be different to one's own. [See Figure Page 26 - What has this to do with you, dear?]

Our self-advocacy movement, which includes people with learning difficulties, is growing fast all over the world. We are supporting each other to have 'a voice of our own'. We are not right all the time, but we want to make our own mistakes and learn from them. So far this movement has barely touched the education system.

We are saying that we have a representative voice that deserves authority. We listen, learn and debate with large numbers of disabled people over common issues, and we draw conclusions that reflect our collective thinking. This is what we call the disability movement. We believe that where we have found broad-based support for ideas such as the need for anti-discrimination legislation, or the ending of segregated special schools, then policy makers should take heed.

It is important to remember that disabled people are found in every culture, class, caste, country and religious group. The degree of oppression we face is affected by our whole situation including whether we are rich or poor; which country we live in; our gender – female disabled people also have male oppression to deal with; sexual orientation – lesbian and gay disabled people also



have heterosexism; and black and ethnic minority disabled people in a white dominated society have racism. Despite these interlocking oppressions a clear worldwide movement of disabled people is fast developing. The unifying idea of the movement is that society disabled us and that we must take the lead as disabled people in representing our own needs. This perspective has hardly touched the British education system. This must start with the empowerment of young disabled people.

Empowerment of young disabled people is a change in power relationships from which the whole school or college benefit. Peter Coleridge, writing in the recent book **Disability, liberation and development** identified changes in attitudes about oneself and others as the key, arising from a change in consciousness. 'We can show the contrasting attitudes of people

who are empowered or not like this:

Empowered	Not empowered
open to change	closed to change
assertive	aggressive
pro-active	reactive
self-accountable	blames others
uses feelings	overwhelmed by feelings
self-directed	directed by others
learns by mistakes	defeated by mistakes
confronts	avoids
lives in present	lives in past or future
realistic	unrealistic
thinks relatively	thinks in absolutes
has high self-esteem	has low self-esteem

Empowerment comes from these positive attitudes finding expression.' The facilitation of empowering young disabled people in schools and

colleges is not at the expense of other pupils or students, but to their benefit, as all can become better citizens and human beings.

Schools and colleges can and do find ways of empowering young disabled people to take ever-increasing control of their lives. Some answers will rest in structures, eg making individual 'contracts' with pupils or students over curriculum, timetables, homework, use of extra support, rights and responsibilities. Some answers will lie in the culture of the school, ie what expectations should members of the school community have of each other, in terms of respect and how violations are dealt with. Some young disabled people will benefit from specific work on assertiveness, self-advocacy, and personal and social development both in special and mainstream schools. Thus the low self-image many young disabled people have can begin to be raised.



The tradition of thinking that disabled people are not part of society has created environments which exclude us even after attitudes have changed. This is especially applicable in schools and colleges. Most were built by and for non-disabled people. This is an issue which needs to be taken up collectively and not left to disabled people to take up by ourselves.

Physical access

But access is much more than putting in ramps and lifts for people with mobility related impairments. It is about the whole notion of 'standard' design, ie designing for the 'average' person.

Universal or inclusive design has a different starting point, ie that there is a range of people with a variety of needs, all of which can be met if the needs of the least able are met. For example, a gentle ramp with a non-slip surface and a hand-rail is an inclusive fixture which can be used by everyone.

Disabled people need things which can be used by everybody else. Accessible toilets are usable by non-disabled people, so too are lifts, automatic doors, accessible transport systems, waist-high plugs, light switches, door knobs and locks. Wide corridors uncluttered by things, adjustable height tables, movable equipment and flexible design and space are of benefit to all users. Access does not work the other way round – 'standard' design excludes us.

A report entitled **Within Reach** written by Coopers and Lybrand (1992) and sponsored by the National Union of Teachers and the

Spastics Society, shows that the cost of access, particularly lifts to upper floors, need not be so great. As one-off costs, they come from LEA capital accounts, or in the case of grant maintained schools, from central Government. Pressure is needed to make the Government prioritise capital grants for access. The report estimates it would cost £59m to make all primary schools in England and Wales accessible and £251m for all secondary schools. Meanwhile progress can and is being made where LEAs and schools treat access as a high priority, despite pressure on school and LEA budgets.



The starting point has to be an access audit. Pupils and students can participate in this as part of the curriculum using maths and geography skills to measure, identify and plot barriers and subsequently writing letters requesting their school be made accessible. This would benefit not only disabled pupils and staff, but the substantial and generally unknown numbers of disabled parents. Barrier-free schools will also encourage disabled adults to become school governors and bring the benefit of their perspective to the management of

the school. Accessible schools will also increase the number of public venues available for letting for community events.

Access to learning and the curriculum

Access to learning is often influenced by whether the tasks required are appropriate to the needs and skills of the pupil, their cultural background, emotional well-being, their literacy and learning speed. There will always be people who function at different paces to others. Most very young people go faster than older people, for example, which is why parents feel exhausted trying to keep up with their two year-olds!

We are all different. Some individuals are able to do mental arithmetic at a rapid pace, but unable to understand a foreign language. Others, numerically illiterate, are fluent in a variety of languages. Yet we conduct life at a pace set by the most able, ie a 'standard pace'.

This 'standard pace' is speeding up all the time, first with the advent of the industrial revolution and mechanisation of work and, more recently, with the arrival of information technology. But the development of labour-saving devices has resulted in people having less spare time than before; instead we undertake more daily activities.

The increase in daily commitments often leads to an increase in stress levels and poor health. It is now widely accepted that high stress levels lead to life-threatening illnesses.



THINGS BUILT INTO PAVEMENTS



Blind and partially-sighted people trip over them.

There is a difference between 'busyness' and being effective. It is evident that much of the frantic rushing around so common today produces little but premature heart attacks, and the feeling that people have no time for each other.

One disabled child who did not speak at all until she was 8 years old said as her first comprehensible sentence 'Why are you all in such a hurry?'

Martina, a Swedish girl with Down's Syndrome, whose mother fought successfully to have her educated in the mainstream, is clear about her limitations now she is an adult:

'It's difficult to think into the future and into the past.....and to think about time in general. I hate time. I'd like to live without time – but it's not possible.'

Martina's mother, Berit, is also clear about what her daughter can contribute. 'Martina has a lot to give...I dream about a job for her working with people, caring for the elderly, for children – she is much more gifted than we are in communicating with them.'

'The flip side of Martina's disability, then, is her extra ability: her openness, her sensitivity and patient, here-and-now timelessness.'

We value speed and see slowness as a problem, with 'slow learners,' for example. Many disabled people

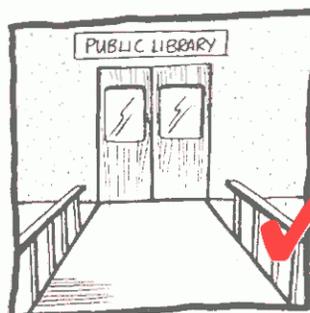
are often incapable of functioning at this 'standard' speed, or if they are, it is at the cost of their health and well-being. Each of us needs to find our own pace in every activity we undertake without value judgments being placed upon us. These considerations are therefore not only true for disabled children with learning difficulties, but for all children.

DEVELOPMENTAL THEORIES

Contact with disabled people and people with learning difficulties has contradicted theories of mental or physical child development based on straight lines; for example 'you cannot crawl until you have sat.'

It is clear that development is more like a fan with many different levels occurring simultaneously.

RAMPED ENTRANCES



Disabled people can come and go when they want.

This also contradicts the notion that people with learning difficulties get stuck at certain age-related stages of development, eg 'he has a mental age of nine' when he is really fourteen years old. In certain areas, reading skills for example, someone may be functioning at the standard level of a nine year-old, but this does not mean that emotionally and sexually they do not have the feelings and interests of a fourteen year-old.

Access for people with learning difficulties, therefore, means access to appropriate age-related activities and materials in different areas of intellectual development. Perpetually 'infantilising us' becomes a self-fulfilling prophecy with little opportunity for anything else.

COUNTERS TOO HIGH



Short people and wheelchair users cannot reach or be seen.

LITERACY

Literacy skills are considered 'standard' in modern society, and adults without these skills find there are few places for them in modern Britain.

There are two separate issues here. One is that many people with learning difficulties believe they could learn to read and write if they had the right kind of help. They feel they were 'given up on' because of low expectations, lack of resources, or lack of appropriate teaching skills. This group includes the estimated 10% of children with dyslexia where very specific methods of teaching can greatly help.

If children are blamed for learning difficulties and told that they are not trying hard enough, self-esteem diminishes, and emotional blocks to learning develop which are often impossible to shift.

Children diagnosed with 'Severe Learning Difficulties' may be labelled as incapable of learning and denied the opportunity to try at all. These children will sometimes be put on a

'At school, as the work got harder, I started getting stuck again and again. I couldn't do the work when everyone else could. I just wanted to cry and I thought "I am thick." I started to get depressed. I would stand in a queue waiting for my book to be marked, watching all the others getting ticks for their work. It would be my turn and I'd get 'xs' and I'd be told I wasn't trying. So I would have to rewrite the same piece of work several times and I'd make different mistakes each time. I never knew that I'd done it wrong. It always looked fine to me. Sometimes my work would be put in the bin. I didn't like this but I suppose it looked like rubbish.

....Having problems with right and left makes me feel very angry because I cannot join in properly with everything. In rounders, when I first played, we were told to run 'right' round the bases. I was the first batter and I ran left. I scored a rounder but I scored it the wrong way round, so it wasn't allowed. When friends shout out directions in games, I usually run the wrong way and get caught....

....Other children make fun of me and call me names. I am picked on a lot and a gang used to set on me because they said I was too thick to do anything about it. I was called 'thicko' and much worse things, but now I have been assessed I tell people that I am not thick, just dyslexic.....I know inside that I'm not stupid, but I look stupid to everyone else because all the things I CAN'T do are the things you HAVE to do at school.'

Paul Davis.

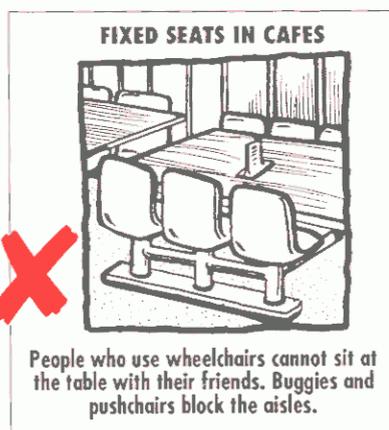
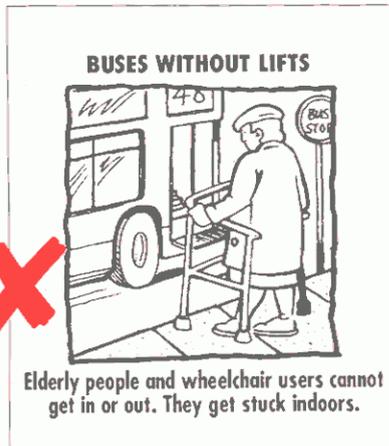
Quote from *The Reality of Dyslexia, John Osmond, Cassell/Channel Four Book, 1993*

'developmental' curriculum which reflects the older notions of 'training'. However, it is completely unknown how many of these children have severe communication problems which give the appearance of not learning.

There are many documented cases of disabled people who, once a method of communication has been found, have confounded the people round them by demonstrating that they

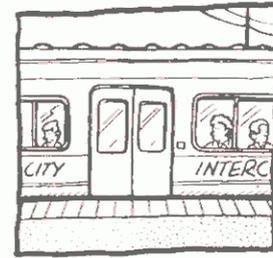
know how to read, intellectualise, to imagine and much else.

One of the best known of these cases was Annie who, with the help of a therapist called Rosemary Crossley, fought a court case to



release herself from a long-stay institution in which she was considered to be a 'vegetable'. She went on to study at a university in Australia. Rosemary Crossley has since started an international

TRAIN FLOORS LEVEL WITH PLATFORMS



People who use wheelchairs can have access to Public Transport systems.

movement called 'Facilitated Communication'. She is convinced that there is no such thing as an unintelligent child.

The second issue is that of value. Because some disabled people have impairments which make communication with the unreceptive, non-disabled world so difficult, it may be that there will always be a number of people unable to acquire these skills.

We need to create structures where other skills are valued and used without the necessity to read and write. We must stop associating the ability to read and write with levels of 'intelligence', and see it as a skill, like playing the piano – easier for some than others.

Literacy is used as a form of communication. People without literacy skills need all of us to learn new ways to communicate and receive information. Often, it is as simple as picking up a telephone instead of sending a letter, or drawing an instruction instead of writing it.

Young people with what have been called 'severe learning difficulties' have obtained GCSEs in subjects such as craft or design and technology because imaginative teachers in ordinary schools have been able to translate all the written instructions they needed into symbols and pictures. Most special schools do not have the facilities available in mainstream secondary schools. All young people need access to these facilities.

Dyslexia – a hidden impairment

Do you suffer daily embarrassment or humiliation? I do! My humiliation is a difficult thing to write about because every word I use could compound that humiliation: My Huemillyashon!

What do you say when a seven year-old asks you to spell a word for him because his teacher is busy? What do you say when you have to write a cheque but cannot spell the name? What do you say when the headmaster of your children's school says 'leave a note on my desk' and you cannot even remember how to spell his name?

You could say "I have forgotten my glasses," or "I haven't got a pen," or you could say "I can't spell!" If only that simple explanation would suffice. Most people will not accept that an adult of average intellect really cannot use written English language accurately. They think you mean you cannot spell complex words. They do not realise that a five-letter word could hold five pitfalls for you.

I have lived with this humiliation, frustration and embarrassment for forty years and though it does get easier to deal with, it is always there, just waiting to strike.

I was six or seven when I first began to have special lessons. How I hated those dreaded weekly appointments. Each week a few of us would leave our own classroom for a lesson in the headmaster's office. I can remember to this day the smell of stale smoke and see the semicircle of chairs around his large brown desk. It was not just the lessons I detested but the disappointment of what I had missed back in the classroom. All through my school life I was helped, always without success. At school I could not escape from writing, therefore I could not escape from humiliation...If only there were a magic tablet that I could have taken to make my brain retain all the hundreds of words I have learnt thousands of times. Most people learn a word and they have got it for life, but not me and many like me. We learn the same word over and over again, but when that word is needed our minds go blank or the letters come out in the wrong order.

I liken my brain to a sponge. I dip it in the water of knowledge, take it out, I can spell! Leave it for a day or two and slowly, drip by drip, that knowledge seeps away and I am back searching for all those lost words.'

A forty year-old woman with dyslexia.

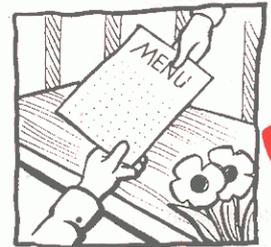
Many adults with learning difficulties are very angry about the things which have happened to them. They feel that they are capable of much more than people expect, deserve the right to do real work for real wages, and to have an education which expects them to succeed despite their difficulties. They feel they have been 'over-

socialised' and pressurised to conform. They feel they have been denied the right to take risks, and to make mistakes. As Nigel Bull of People First (an organisation controlled and run by people with learning difficulties) put it, 'How many drivers would be on the roads today if non-disabled people were only allowed to take their test once?'

Access to visual information

We use our senses to gather information about our environment. For people with visual impairments, this means accessing information received visually. For example, access to written information – not only books and newspapers, but also everyday things like packages, instructions, notices, room numbers and menus. It also means access to visual images by means of audio description and tactile contact.

MENUS, TIMETABLES AND OTHER IMPORTANT INFORMATION IN BRAILLE AND BIG PRINT



Blind and partially-sighted people can be independent and informed.

Some blind people read and write in braille. Many more do not. People with visual impairments may also require information in large print or on tape. Although computer technology has made enormous improvements in access with interactive programmes,

IMPORTANT INFORMATION ON LOUDSPEAKERS ONLY

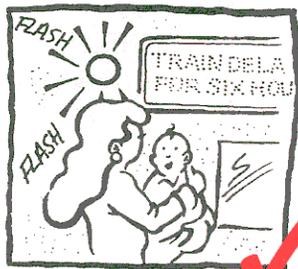


Deaf people cannot hear messages and so are unaware of dangers or other vital information.



speaking units and braille facilities, they are still much less readily available than print books. Consequently, for everyday tasks, many visually impaired people have to rely on a fully sighted reader to help. Obviously such a situation will affect their choice in education and employment.

FLASHING ALARMS AND VISUAL INFORMATION BOARDS

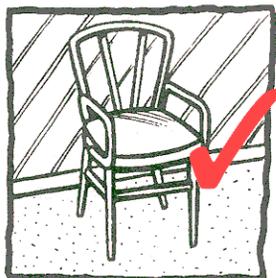


Deaf people can know what is happening.

An inclusive school must be prepared to address these issues as and when they arise. Disabled people are the best experts on their own access needs.

Access to audio information

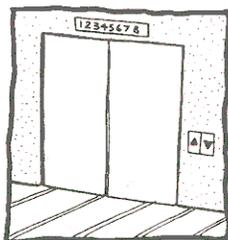
CHAIRS IN SHOPS AND OTHER PUBLIC PLACES



People who get easily tired can sit down and rest when they need to.

For a deaf person, access is primarily about language and communication. Deaf people all over the world have developed visual sign languages to supplement or replace spoken languages. Hearing people can learn these, and indeed many hearing relatives of deaf people are fluent signers.

LIFTS WITH WIDE DOORS & LOW BUTTONS



People who cannot walk upstairs can go to school, work and have fun alongside everyone else.

With a language with which to communicate thoughts and feelings, deaf children grow up emotionally strong, and can learn as well as hearing children. However, because of a 'medical model' approach to deafness, hearing people decided that deaf children should not learn sign languages, but should learn to speak and lip-read like 'normal' people.

The authorities banned the official teaching of sign language in deaf schools, got rid of deaf teachers and replaced them with hearing teachers and technology such as the phonic ear. Children often spent long periods unsuccessfully trying to understand speech patterns without meaning. Levels of attainment in reading fell considerably. Deaf children picked up rudimentary sign language surreptitiously in the playground, but without fluent sign language they were cut off from their own culture and community. Trying to get deaf children to speak still dominates in deaf schools, hearing-impaired units and particularly in mainstream schools. Access for deaf people means hearing children and adults learning a new language and not deaf people giving up their inclination to communicate physically. It requires the introduction of a bilingual curriculum into mainstream schools and colleges, the employment of deaf adults as teachers and teaching assistants, and offering British Sign

Language (BSL) as part of the general curriculum. Achieving this is clearly a long way off and it is important to note there are many small positive steps that can be taken towards the comprehensive solution. Pioneering work along these lines has already begun, for example in Leeds.

Extra staff

General Attendants/Welfare Assistants/Primary Helpers are vital to making integration work. Although they are usually untrained, poorly paid and have little status within schools or the education system as a whole, they can either make, or break, the whole concept of an inclusive education system.

The classroom assistant

Most young people who would be eligible for a segregated school placement can enter and remain in the mainstream school with extra adult attention allocated to them. This includes both teaching and non-teaching support.

Without an understanding of, and commitment to the social model of disability, this extra provision can be used badly. It can be used to bring the 'medical model' of disability into the mainstream classroom and, in effect, create a 'segregated' school with just one child in it. Assistants who have not been given clear guidance may think of themselves as 'carers', creating a protective wall and developing their own relationship with the child instead of fostering the child's relationships with her or his classmates.

The school may not see this as a problem unless they have fully explored the philosophy underpinning the move towards inclusive schools. Indeed, some schools may be relieved to leave the responsibility for the child to their 'special' helper.

Young people look towards adults as role models. They will reflect the attitudes of the adults towards disabled children, or children with other kinds of 'special needs'. The classroom assistant, sitting right in the midst of the children, is probably the most influential adult

in this respect. If they pat the head of their 'charge' then they will end up with a class full of head-patters.

But on the other hand, a welfare assistant who understands her/his role as a facilitator, can help greatly to set up a good relationship with the disabled children, and the other children in the class. She/he can model being both helpful and respectful towards someone who is disabled, and she/he can help work out the many individual solutions to the thousands of small 'exclusions' which will inevitably happen as we start on this new path forward. She/he will often make a good relationship with the classroom teacher, and will find herself learning how to be a teacher's aide, with the advantage of being able to think about the relationships between the children and the wider school community.

As it is likely that the welfare assistant will be doing very intimate things with her child(ren) it is important that the child, and her/his parents are involved in the interviewing and choice of the welfare assistant.

It is also important to have a second, 'back-up' assistant who is familiar with the needs of the child, and who can be called upon at times when the main assistant is ill, or away. This is to avoid the unacceptable practice of not allowing the child to come to school when the assistant is not there.

It is useful for central support teams to keep registers of welfare assistants, and to provide training for them. However, it is not useful for them to be recruited and managed centrally, as the key to success is that the welfare assistant feels that they are an important member of



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the staff of the school concerned – one of a team – and has a good relationship with the whole school community.

A whole-school policy on disability will pay particular attention to the protection from exploitation of welfare assistants. It will make sure they get paid at the proper rate for a general assistant which is higher than that of a primary helper (though still not enough), and they will make sure that the LEA is not inappropriately using a welfare assistant instead of an individual support teacher, because it is cheaper.

It will also make sure that the assistant is involved in all reviews of the child's Statement, and that any change in provision which might affect their hours, or their continuation, would be discussed well in advance of it happening.

Low pay, low status, and insecurity of employment have led to the loss of many excellent people in this field, particularly as the work itself has given new confidence to many 'unqualified' women.

In the inclusive schools of the future, non-teaching aides and facilitators should be permanently employed in every school, in direct proportion to the numbers of children on the school role, irrespective of the numbers of those children who have Statements. They should be paid as professionals and afforded status and respect within the education service.

The individual support teacher

For integration to work, the role of the support teacher is vital. They also have to be part of a whole-school policy, not an added extra. Their input to the curriculum and the social life of the

school cannot be made in isolation.

Class teacher and support teacher work out together a timetable, both educational and social, so that children with special needs feel accepted and included in all activities.

If a child needs individual support within the class it can be done in

need to have a say in how the environment in which they spend so much time is constructed. The class must be made a place that is amenable to everyone and the role of the support teacher in achieving this will be very important.

Absolutely essential then to successful integration is that support

'And me, what do I get out of working with children with special needs?

'I'm easily bored. I like challenges – detective work and I get real satisfaction at being part of my children's success – a child first reading out his own work in assembly – a child with little language telling a story into a cassette player, and listening to himself as if it is magic – the child who, after days of practice, finds she can respond to the instruction 'curl up' and tucks in knees and head, suddenly realising what the words mean and how to make her body do them! I have the joy of sharing in these wonderful moments and my life is illuminated by them.

'It seems to me that to think of our children with special needs solely as recipients, receivers or takers, ignores the fact that they are powerful initiators of change in the lives of those about them. Often the greater the 'special needs', the greater the changes they create. I believe this could be fine for our schools where the power of our children to create change could energise the total educational environment to the benefit of all the nation's children.'

Heather Roberts (Support Teacher) from Learning Together Magazine

such a way that the child does not feel isolated, for example with a class teacher taking a small group of children, giving individual attention within that group, whilst the support teacher takes the rest of the class.

Some children who suffer extreme emotional distress often find that they cannot cope within a class. The acting out of their distress can cause fear and anxiety to other children and is possibly the most difficult situation to deal with. The child may need to be held and comforted, but this does not mean being excluded, which always looks like a punishment.

Classrooms can be made caring communities as well as learning centres. This can be done by discussion of the issues that the rest of this document talks about. The children

teachers are an integral part of the school and that they have ongoing communications with the child, parents, class teacher, therapists and non-teaching facilitators.

Support teachers are at present all too often used to paper over cracks of crumbling resources and are used as supply teachers. The individual child's needs can be sacrificed for the smooth running of the institution. If they are peripatetic, they may have no contact with the school from one week to the next. Because they are spread so thinly on the ground they can be whisked away from one placement to the next with no consultation with child, parent or school. Because they are so transient, they often have no time to really know the child or the family. They have no way of observing how the child,

or the children, fare on a day-to-day basis within the school community.

In an inclusive school, support teachers would not be parachuted into schools by LEAs to clear up children who are seen as trouble spots. They would be permanent members of staff, part of a learning support team. This means a commitment to generous funding from both central and local government. It also means a whole-school policy which may decide to use delegated resources for a number of children with Statements, or the full-time employment of staff for such learning support teams. At the same time, it must have a policy which will not refuse admission of a disabled child to the school on the grounds that it doesn't have the resources to meet his or her individual 'statemented' needs.

The specialist and the therapist

Inclusion requires the learning of new skills by teachers particularly and 'experts' are needed to teach them. People who know about braille, British Sign Language (BSL), use of special technology, physiotherapy, speech therapy, counselling, mobility skills and paramedical skills (such as catheterisation) are needed to teach them to the child and their supporters.

Preferably these specialists should be both peripatetic and permanent members of resourced schools where groups of children with particular impairments are afforded 'enhanced facilities'. This is especially true for deaf children where a bilingual curriculum is only possible with the employment of teachers fluent in BSL.

Understanding of the social model of disability will help provide an indication of whether the intervention is empowering, or disempowering, to the child. For example, a child with cystic fibrosis may need to be 'pummelled' twice a day to clear lungs and assist breathing. However, a child with spina bifida may choose **not** to spend hours each day in a standing frame or struggling around on crutches because of pressure from adults who think she needs liberating from her wheelchair.

Schools hoping to empower disabled children must be able to build teams with common goals, strong lines of communication, and review procedures. Peripatetic specialists might still be part of a school-based team, but their work with individual children should be planned and timetabled with the class teacher so as not to disrupt the child's learning or social experience unnecessarily. 'Therapy' must never be a substitute for education.

Some LEAs have peripatetic teams of specialist teachers, called 'The Hearing Impaired Service' or 'The Visually Impaired Service.' Some of the more imaginative authorities committed to inclusion employ a range of specialists including aids/technology advisers and home/school liaison officers. All these professionals need to be part of the process of inclusion if it is not to be undercut. But the provision of physiotherapy and speech therapy is still subject to lack of clear responsibility between health authorities and LEAs. The 1993 Education Act tries to apportion responsibility but leaves it to the health authority to decide the reasonableness of any provision.

The Special Educational Needs (SEN) co-ordinator

If your school is lucky enough to have a full-time co-ordinator or postholder, and you are wishing to make your school inclusive, it may be necessary to look at the job description to see if it reflects the social model of disability. It should never be that the position is viewed as a way of delegating responsibility away from the rest of the staff for 'managing' those children who are having difficulties, or merely following routine 'legalities' for the Assessment, Statementing and Review process.

The role of the SEN co-ordinator in an inclusive school would be to facilitate the building of teams and group decision-making, to advise teachers on curriculum design and modification, to liaise with specialists, to foster a whole school ethos, and to help the school to formulate and implement a whole school policy on disability equality. This could be the development of the school SEN policy required by statute by September 1994 in England and Wales.



Jacky Chapman, Photographer

Impington Village College

Fears, facts and fantasies

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Much that is said about inclusion of disabled children in mainstream schools is not borne out in fact. Here are some examples of the most commonly expressed ideas and fears. Compare them to the actual reality.

1. 'We don't have any disabled children in our school.'

Oh yes you do! Most impairments are not apparent just by looking at a person – asthma, epilepsy, diabetes, sickle cell anaemia, cystic fibrosis, dyslexia, partial sight, hearing impairments, speech and language difficulties and many learning difficulties cannot be seen. Most children who have these conditions are educated in mainstream schools. Increasingly children with mild cerebral palsy, brittle bones, muscular dystrophy and spina bifida are being educated in ordinary schools. However, it is usually not until some visible symbol of the impairment comes into the picture, such as a stick, a pair of crutches, a white stick or a wheelchair, that people identify those people with impairments as 'disabled people'.

There are powerful historical reasons for this association of visible characteristics with 'handicap' as can be seen in our sections on self-representation and history. As a result, many disabled people will not identify themselves. It is up to the disabled person to self-identify, but this is less likely to occur in a school which does not have a strong ethos that all are valued. This has led to many children's needs not being met.

The distribution of resources for 'special needs' education directly reflects this misapprehension, with the proportionally small number of labelled and segregated children receiving on average 16 times more

money than their counterparts in mainstream schools.

2. 'But our children with 'special needs' do not want to be called disabled as it would stigmatise them.'

There are no rational reasons to be ashamed of having an impairment. The removal of the negative connotations associated with such conditions is vital if we are to create an equal society. Disability is created by negative attitudes and oppressive environments. It is a human rights issue which needs to be addressed by greater awareness and strong policies to protect the rights of disabled children.

Without a welcoming school culture and positive attitudes by staff, young people will not be able to feel comfortable with themselves, their needs or the needs of their disabled peers. 'Difference' will still engender the fear of exclusion.

3. 'But if the children with hidden impairments are intimidated in mainstream schools then it will be much worse for 'severely disabled' children who cannot hide their impairments. They will be bullied and teased; children are so cruel.'

In some schools it has been found the more obvious an impairment, the more sympathetically it is dealt with by other children. When children with overt impairments are included and **valued** in ordinary

schools, tolerance and understanding towards all differences appears to strengthen. Many schools have reported that the inclusion of disabled children has had a general calming effect on the whole school.

Additionally, children do not usually suffer from the sentimental over-protectiveness towards disabled children which affects some adults. This means that they fight and argue with each other in the usual manner. This is not a bad thing, as long as it does not slip over into victimisation.

However, bullying, teasing and name-calling is unfortunately widespread in schools throughout the country, including special schools. This negative, cruel and competitive behaviour is prevalent in adult culture and the media. Children who feel insecure about themselves often replicate it. Some schools have developed 'whole-school' policies where any harassing behaviour is unacceptable and this is essential for all children. There are few schools where name-calling or bullying motivated by racism would not be challenged by staff and other children. This is still not the case when it comes to differences of body or mind.

For schools to have an ethos where everyone feels valued and safe, work has to be done daily from nursery onwards. As we know, even very young children respond well to discussions on serious issues. In a classroom where differences of race, language, family,



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gender, ability, religion, appearance, etc. are discussed openly, where all children and their families are seen to be supported and respected by the teacher, children can and do take on this ethos. They begin to care for or defend anyone being left out or bullied in the playground and to support each other in the classroom. The teacher needs to talk with children about why some groups and individuals are harassed in or out of school, to help them recognise and challenge prejudice.

Young children are very affected by the views and attitudes of adults. When you start talking in this way, children find it an immense relief. Those who feel 'different' or have been bullied can share their worries and begin to feel good about themselves. Those who may have joined in teasing or bullying can begin to feel good about understanding and supporting others.

In one infant class where the teacher worked in this way, a Nigerian boy was telling her and the class about being called racist names on his estate the previous day. A six year-old Bengali girl, who was new to the school and had been very quiet in her first few weeks, suddenly stood up and said forcefully to the teacher 'At my last school I hated it. They called me Paki every day in the playground and no one stopped them. I like it here because they don't do it and you would stop them.' Then she sat down.

Even with infants it is not easy and needs constant reinforcement as a class and school ethos, as children are obviously affected by the rest of society.

With older pupils and students it is often much harder to change attitudes as prejudices can be strongly held. Class discussions may be

heated but this can still be positive. If work is done throughout the school it is obviously easier.

We find that many teachers understandably feel reluctant to tackle these issues, are not sure how to start and are under great pressure with the National Curriculum. But if there is a hidden agenda of stress or fear, real learning cannot take place. So without this work being

done **all** children's education and lives are diminished. (See Resources - Neti-Neti Theatre Co.)

4. 'Integration is very expensive. It would require a massive increase of resources to make it work.'

Simply not true.

In a sample of LEAs in 1992 the Audit Commission found that the

BACK IN THE PLAYGROUND BLUES

by Adrian Mitchell

I dreamed I was back in the playground, I was about four
feet high
Yes dreamed I was back in the playground, standing about
four feet high
Well the playground was three miles long and the
playground was five miles wide
It was broken black tarmac with a high wire fence all
around
Broken black dusty tarmac with a high fence running all
around
And it had a special name to it, they called it The Killing
Ground
Got a mother and a father, they're one thousand years
away
The rulers of The Killing Ground are coming out to play
Everybody thinking: 'Who they going to play with today?'
Well you get it for being Jewish
And you get it for being black
Get it for being chicken
And you get it for fighting back
You get it for being big and fat
Get it for being small
Oh those who get it get it and get it
For any damn thing at all
Sometimes they take a beetle, tear off its six legs one by
one
Beetle on its black back, rocking in the lunchtime sun
But a beetle can't beg for mercy, a beetle's not half the
fun
I heard a deep voice talking, it had that iceberg sound
'It prepares them for Life'—but I have never found
Any place in my life worse than The Killing Ground.

from 'On The Beach At Cambridge --New Poems by Adrian Mitchell', Allison and Busby, London, 1984.



cost of educating children with moderate learning difficulties was broadly similar for special schools and mainstream schools.

'The integration of physically disabled children is not as expensive as once thought. To make 75% of primary schools and 50% of secondary schools accessible, would cost an average of £2,863 and £60,729 per school in one-off adaptations respectively.' *Within Reach, Coopers and Lybrand on the Costs of Integration, 1992.*

'The cost of an inclusive education system is the same as the cost of a segregated system. There are no economic arguments for maintaining dual education systems.'
George Flynn, Former Director Waterloo School Board, Ontario, Canada, 1992.

5. 'Our school would have to pay for all these expensive adaptations out of our own school budget.'

All children currently attending special schools are entitled to a Statement of Need. Local authorities have the responsibility for all Statemented children wherever they are placed. This means in effect that the LEA would pay for any extra welfare or teaching support, physical adaptations, technological equipment, home-school transport or guides, if this resource was written into the 'provision' part of the Statement. The child would probably also be supported by the health service or voluntary sector who could provide advice, services such as physiotherapy, equipment and possibly training for staff. The school would find extra resources coming into the school with the child, which could benefit the whole school.

Some LEAs have recently decided to delegate money for Statement provision directly to the school to

buy in resources. The school is then accountable for how that money is spent. Any major adaptations to school buildings are still funded centrally by the council and Government.

6. 'The disabled child would take up too much of the teacher's time. Other children would suffer.'

The idea that disabled children demand and need more attention than non-disabled children is not generally true. This is part of the mythology of 'special needs' which leads people to believe that disabled children have to be taught in different ways to ordinary children, or that all disabled children have learning difficulties or behave oddly.

In fact, some disabled children are highly motivated to prove themselves amongst non-disabled peers, and are consequently the easiest pupils to teach. It is now well established by a number of studies from North America, Australia and the UK that in well integrated classrooms not only does the level of achievement of the disabled pupils significantly increase, but also the level of achievement of the non-disabled majority increases.

In many cases the additional staffing that a Statemented child brings with them to the classroom brings additional adult resources to the whole class.

Some of the 'odd' behaviour of children who have been segregated for a long time will usually disappear when the children feel they belong to the ordinary school.

7. 'Our class sizes are much too big. With 30 in a class, you cannot integrate.'

This stems from the same idea that the child will demand a lot of attention from the teacher. Smaller classes are clearly preferable for

many reasons, but not this reason. Indeed, an over-stretched teacher is often delighted to find that the welfare assistant or support teacher is able to be an aide to the whole class. Also when a school's standard number is arrived at or building work is carried out, which has to be in line with the 1981 school regulations, a Statemented child or one undergoing Statementing counts for 2, and this principle can also be built into formulae for budget delegation in the future.

8. 'Integration is all right for some, but there will always be some children for whom integration could not work.'

This must be one of the most frequently voiced reservations about integration, and, in a way, it summarises the difficulty most people have in imagining things any different to how they are now. The group of people who are usually referred to here are those who have 'severely', 'profoundly' or 'multiple' put before their condition - identifying label. These young people, by virtue of the fact that it is unlikely that they will ever become totally independent, or be able to work in the conventional sense, do force us to think seriously about deep questions, such as 'what does constitute the quality of life?'

The inclusive education movement has been largely driven by adults who have been excluded from society because of the power of such labels, and parents of disabled children. Without relationships and the right to participate in real communities, a child's life is much diminished.

When the desired outcome of a school placement is clearly stated it can be seen that 'equal' does not have to mean 'the same.' Parents are not usually hoping that the





school will miraculously make the child perform like others. The goals are more often to do with friendship, value, stimulation, fun, and the hope that the child's strengths will be recognised and built upon. When it comes to making schools inclusive, this group of children in fact has the most to offer, and the most to gain by being treated as fully human.

9. 'Children with severe learning difficulties would pose the biggest challenge and require the greatest amount of resources.'

It is because these children have the greatest need for a lively and stimulating environment that their placement in a small class of other non-verbal, non-moving children has lately been recognised as the worst possible educational environment.

The challenge brought by these children into mainstream schools is one of philosophy, not resources. The successful integration of the most severely disabled children has already happened, been documented, and the findings published. (See **Everyone belongs** by Ken Jupp, Souvenir Press, 1992)

Until people generally have a genuine understanding of the pain caused to disabled children and their families by their being excluded from their local neighbourhood schools and communities, it will be difficult to understand that a disabled child being called her own name on the street, or being invited to a neighbour's birthday party, are triumphs of the most enormous magnitude to that family and to disabled people as a whole. This requires teachers to suspend their fears and prejudice and be open to seeing how greatly these children benefit from being

in ordinary classrooms and how their class will benefit.

10. 'I don't have the training to teach disabled children.'

There are no special teaching methods for use with disabled children. There is, in fact, no agreement as to what constitutes 'special education' at all. Even children with learning difficulties learn in the same way as other children, if they can do the work at their own pace, and if the lessons are presented to them in an accessible form. Indeed, access to the curriculum is the real issue for disabled children, and for each child the solution will be an individual one. That is why the kind of training people often think they need, because of the lack of self-confidence most non-disabled people have in relation to disability, is not the training they really need. No two children with cerebral palsy, for example, have the same needs. Their needs will be affected by their age, their level of impairment (which is always unique), their personality, their other strengths, the support they are getting at home, the skills already learnt and many other things. Learning to listen to the child and her or his main supporters (usually parents) is the key to successful integration, not training in diagnosis. [See Pages 49 to 50 'Good Practice']

Inclusive education requires the merging of 'special' education with 'ordinary' education by bringing together the expertise currently available to only a tiny minority of children, in order to inform and support the practice of mainstream teachers. It also means making available the resources of the mainstream system to children who have been denied such access.

Planning and co-ordination is the essential element. Someone in the school must be responsible for constructing and facilitating teams of pupils, teachers, specialists, parents and general attendants who can make and deliver educational plans for individual learners. The chance to think and problem-solve together is as important as training because it allows new solutions to be created, and for the classroom teacher to feel less isolated and more confident about taking on challenges.

11. 'We have no specialist skills to make the curriculum accessible, such as braille or sign language. It would be impossible for us to all become experts in everything.'

Yes, it is impossible – and totally unnecessary. If you have a child in your class who uses braille or a communication aid for instance, you will be supported by a specialist teaching service, run by the LEA often supplemented by the voluntary sector. They will advise you on how to include the child in your ordinary lessons, and will fill in the bits you cannot do. They will often pass on their specialist skills to the child's welfare assistant rather than the classroom teacher. This is also true of paramedical skills such as physiotherapy, medication or catheterisation. As a long-term goal we believe that communication systems such as sign language should be universal, and that all teachers should be given a much wider training in things like language development, or physiology, or counselling skills so that the idea of 'normality' is stretched to include the reality of a great range of human experience. Integration is the first step along this road, not the end result.

12. 'There are children who are so unmanageable and disruptive in the classroom that it is unfair to the other children to keep trying to accommodate them.'

We recognise and know from experience that there are some children in most schools who are under extreme emotional distress, which may manifest itself in many different ways. Their unhappiness may cause them to be very violent, disruptive, to scream, sob or withdraw.

The acting-out of this distress can cause fear and anxiety to other children and adults and is very difficult to always cope with in a classroom with one adult. (See Section on Individual Support Teacher Page 33)

Children and adults act out their distress in order to get assistance with a real problem. The acting-out is not the problem (but it often feels like it when you have a child throwing chairs at people or sobbing under a table). It is like waving a flag when you are drowning. The problem may be because of a bereavement, or abuse at home, or other emotional trauma at home or at school. It may seem like a solution to remove that child and hope that someone else gets to the bottom of the problem, but in the long term it does not lead to creating better resourced, better staffed inclusive schools where the fact that many children have difficult lives can be addressed.

Disruptive children do need extra attention, but that is no reason for providing the attention in separate establishments. Extra support in the classroom and schools is necessary.

In cases of severe emotional disturbance it may be necessary to withdraw the child to a 'sanctuary' which is seen as a welcoming place

for intensive one-to-one counselling. This should always be done within the context of the child being part of the ordinary class to which they will return, and not as a punishment.

Teachers from Emotional and Behavioural Development (EBD) special schools and off-site units could be based in each mainstream or cluster of mainstream schools to develop this work.

Counselling and the introduction of approaches such as developmental discipline and collaborative learning provide a positive way forward. The apparently growing acceptance of the escalation of exclusions from schools (66,000 children in 1992), which appears connected to the increased competition between schools, is a frightening change in our expectations of equality of opportunity within the education system.

13. 'But our standing in league tables would be lower if we admitted more children with special needs. We cannot afford to do this in the 'market place'.'

In 1992 there were 106,000 children in special schools in England and Wales. There are some 24,000 mainstream schools in England and Wales, which makes an average of four children per school. In fact that is an overestimation because special schools take children up to the age of 19 when they would in fact be at college. Statistically there are likely to be two children per school with moderate learning difficulties and perhaps one physically impaired child. The number of children with 'profound', 'severe', 'multiple' or 'complex' impairments are considerably less than one per school. There are simply not enough children to make a difference of the type feared. [See Figure Page 40

'How Many Disabled Children are Educated Separately'.]

It is the underfunding of the much larger group of children with 'special educational needs' including 175,000 disabled children without Statements (OPCS Survey), and the 1,363,000 children with learning difficulties without Statements, all in mainstream schools which is the real problem.

14. 'We find the parents of these children cause us more problems than the children themselves. Whatever we do is never good enough. Anyway, parents often want special schools.'

Parents all want the best for their children. When a child is disabled the parents are besieged by 'medical model' advice and information. Doctors, child development centres, educational psychologists and various therapists have often, before the child has reached school age, already labelled the child in some way 'defective.' For all of us, these labels imply rejection by the world. It is no wonder many parents, because of the love of their child, feel desperate to remedy the defect or protect the child from possible rejection or harm, by seeking out 'special,' even segregated provision which they have been told will better answer the child's needs.

Many parents have the same prejudices as other non-disabled adults. Other parents may feel accepting of the child's condition and be supportive of the 'social model' of disability, but still be so painfully aware of the oppression their child still has to face, that they cannot stop fighting for their rights. Almost all parents, wherever their child is placed, feel that their child's

HOW MANY DISABLED CHILDREN ARE EDUCATED SEPARATELY

(figures for England and Wales 1992)

Young people aged 4 – 19 in special schools:		If fully integrated this means**
 Moderate learning difficulties	52%* 55,120 pupils	2–3 per school
 Severe learning difficulties	24%* 25,440 pupils	1 per school
 Physical/sensory impairment	16%* 16,960 pupils	less than 1 per school
 Emotionally & behaviourally disturbed	8%* 8,480 pupils	1 per 3 schools
total <u><u>106,000</u></u>		

* Percentages taken from Audit Commission/H.M.I. based on field work in 12 LEAs.

** There are 24,000 mainstream schools in England and Wales (approx)

In Scotland, children with assessed special educational needs are said to have a Record of Need. In September 1992 there were 832,598 children in school and 10,382 of these (1.25%) had a Record of Need. 6,721 attended special schools and 3,661 attended mainstream schools. The proportion of children with a formal assessment of need and the proportion of children attending special school is lower than in England and Wales.

'I was the first disabled student to be integrated in a Brent mainstream school. At 13 years old I attended my first real school, Queens Park. It was here I followed the National Curriculum and passed ten GCSEs. My confidence grew greatly as I was able to work alongside peers of similar age and have the academic challenges that able-bodied children had. For the first time, my work was marked and I was expected to work at a good pace.

'Beside developing my academic ability, I was becoming more aware of disability issues. I was seeing and questioning why schools, cinemas and theatres were so inaccessible to wheelchair users. It seems strange that I learnt more about disability issues in a mainstream school than a special school. I suppose this is because one is expected to live in the real world.

'I am glad my Mum fought for me to attend a mainstream school.'
Adam Myers 1993

Source: Integration News, 1993

position is conditional on factors over which they have no control. Education is only one of a list of things that have to be fought for – housing, money, equipment, assistance, information, play facilities and respite care. Even such basic items as a wheelchair may take months to acquire.

Because of the difference in power, it is difficult for parents to be cool and objective when professionals have difficulty understanding, or are genuinely frightened or confused about what to do for their child.

The best antidote to this is to involve parents as much as possible in the detailed planning of the child's school life without relying on them to actually fill the gaps in provision. Both parents and professionals need to be heard and collaborative teaching teams are the best place for this to happen. It is good also to invite parents to training days, and to facilitate the forming of school-based support groups for parents, who may initially have trouble identifying each other.



3. 'Where do we go from here?'

3a

Inclusion

'Institutional discrimination against disabled people is ingrained throughout the present education system. The data shows that most of the educational provision for disabled children and students remains basically segregative, is dominated by traditionally medically influenced attitudes and commands a low priority as a whole. As a result, rather than equipping disabled children and young people with appropriate skills and opportunities to live a full and active life, it largely conditions them to accepting much devalued social roles and in so doing condemns them to a lifetime of dependence and subordination.'

Colin Barnes, *'Disabled People in Britain and Discrimination'*, Hurst, London, (1991).

What is inclusive education? It is not integration

Integration is a matter of location.

Periodic integration: Children from special schools are bussed in to a mainstream school at a regular time each week for 'integration'. Or an 'integration event' is organised.

Geographical integration: Disabled children may be educated in units or schools on the same campus or site as their non-disabled peers, but not mix, even socially.

Social integration: Disabled children may share meals, playtime and assemblies together, but not be taught together.

Functional integration: Disabled and non-disabled children are taught in the same class.

Inclusion is a process.

Ending geographical isolation in separate 'special' day and boarding schools and putting disabled children in mainstream schools creates a possibility of inclusion and disability equality. **It does not achieve it.**

Inclusion depends on how much each child gets what they need to

grow and develop, and how open the class is to learn and respect each and every child's experience. This sounds idealistic, but the alternative is to continue to reproduce the status quo with its built-in discrimination against disabled people, black and ethnic minority children, working-class children, and girls.

Inclusion fundamentally challenges the traditional approach which regards impairment and disabled people as marginal, or an 'after-thought', instead of recognising

that impairment and disablement are a common experience of humanity, and should be a central issue in the planning and delivery of a human service such as education.

Professor Mike Oliver drew out the differences between the 'old integration' and the 'new integration' or inclusive education in a paper he gave during National Integration Week, May 1992, drawing on his experience as an educationalist and a leading member of the disability movement.

Old integration is:

a state
non-problematic professional and administrative approach
changes in school organisation
teachers acquire skills
curriculum delivery must change
legal rights
acceptance and toleration of children with special educational needs
normality
integration can be delivered

New integration is:

a process
problematic politics
changes in school ethos
teachers acquire commitment
curriculum content must change
moral and political rights
valuation and celebration of disabled children and children with learning difficulty
difference
integration must be struggled for

Mike Oliver, from a talk given to the Greater London Association of Disabled People Conference during Integration Week, 15 May 1992. Available from CSIE.



Self-representation in school

Do disabled children, staff or parents have a voice in your school?

In mainstream school, the first barrier to overcome is the unwillingness to identify as a disabled person. This is especially true of people with 'hidden' impairments. Because of society's wish to discriminate between the 'deserving poor' and 'undeserving poor – the scroungers' and the 'work-shy' – coupled with the medical myth that disability can be diagnosed by observation of physical appearance, we have developed a strange, double-sided attitude towards people with impairments. If we can see it then we are inordinately sympathetic, but if we cannot see it, then we are inordinately intolerant, often to the point that we deem it **cannot be there**.

'Stop making a fuss', 'Pull yourself together', 'Try harder', 'There's plenty worse off than you', and so on.

Teachers do this to each other as much as they do it to the pupils, and this attitude is encouraged by the reality of the discrimination in society against disabled people. In this respect it is similar to the issue for lesbian and gay people where disclosure could mean the loss of a

job. It is the fear of exclusion. However, unacknowledged needs equal unmet needs, both practically and emotionally. In some cases it can lead to dangerous situations for the disabled person. For example the 50 deaths a year in the UK of young people with asthma, could probably all have been prevented if people around had had the awareness to act faster. It also leads to the perpetuation of fear and ignorance surrounding disability, and the massive under-resourcing of disabled children in mainstream schools.

The inclusive school should create an atmosphere where people can talk about themselves freely and without fear of rejection or criticism. The inclusion of people with visible impairments will make it much easier.



If there are children with visible impairments in the school, then others will watch to see how they are treated. [See Insert 'Pride' by Johnny Crescendo] If they like what they see, they will feel safe to talk about their own needs. Children and adults with visible impairments have usually been unable to avoid talking about their impairments or disablement, so they do not have the same difficulties as people with 'hidden' impairments in 'breaking the taboo.' This is one of

DYSLEXIA: A hidden impairment

'If it is suspected that a child aged five or six or even younger is dyslexic then the organising of suitable help cannot possibly do harm; in particular there is every reason to encourage children to learn the sounds made by individual letters of the alphabet. Then, if they turn out to have no major reading or spelling problems, so much the better. It is the false negative that is disastrous – the DENIAL that a child is dyslexic. All too often parents of ten and eleven year-olds have said to me 'I knew since he was about six that there was something puzzling about him, but I was told not to fuss and that he would grow out of it'. In such cases sympathetic understanding could have saved years of frustration and discouragement, while 'catching up' on reading and spelling would have been correspondingly easier.'

Professor T.R.Miles 1993

the strengths that inclusion will bring to our schools.

However, even for obviously disabled people, it is not always the case that our ability to talk about impairment and disablement goes further than being able to answer the endless

confidence to say what our impairment really means to us, or the kind of help and support we would like. Nor can we always state what we don't like, or need from others.

The attitude of treating them all the same can prevent the development of opportunities for disabled people

to acknowledge our differences and needs. If no one asks the right questions, so that we are required to think of the answer, then it can be that we do not consciously know what our real needs are.

In an inclusive school, all disabled children would be expected to say, or indicate, what their needs are,

with the expectation that people will want to get things right

for them. They will not be **required** to talk about their impairment themselves, but if they **choose** to do so, that is up to them. To this end, young disabled children should be given information about their impairments by parents and professionals in as much detail as the child wants.

A policy for the whole school should include the following issues of self-advocacy for disabled pupils:

Do the disabled children have control over the help they are given? Do they attend the reviews of their Statements (if they have one)? Are they consulted about facilities or equipment? How do they describe themselves? Are they allowed to complain about (evaluate) their treatment by staff or pupils in the school? Did disabled people help to write the policy? What words or phrases do the disabled members of the school find offensive? How would they like this to be dealt with?



'what's wrong with you?' questions. We do not always have the

PRIDE

by Johnny Crescendo

Pride is something in your soul
Pride is somewhere you are in control
Pride is the peace within that finally makes you whole
Celebrate your difference with pride
Pride in yourself is bound to set you free
Pride in who you are, a person just like me
Pride & self respect & gentle dignity
No one can take away your pride
Pride can make you angry,
Pride can make you strong
Pride is the key to unlock the doors
To the rooms, where you belong
Pride is our destiny & where we all came from
Turn around embrace your pride
Pride can make you equal without your liberty
Pride can give its freedom to a prisoner like me

Pride is always with you, wherever you may be
Once won, you'll never lose your pride

Pride is a rocky road,
That's straight & doesn't bend
Pride's a path you follow,
Pride's your closest friend
Pride's a source inside your heart
From which you can draw strength
Begin all your journeys with pride

Pride's the bond between us, pride's the bridge we burn
Pride's the victory, the battle, from which we shall return
Pride's the spark of fires within, the crucible, the germ
The seed of our power is our pride

'Pride' by Johnny Crescendo and the P.O.P. Squad, March 1993, available on compact disc by contacting 081 889 1361.



Towards inclusion in Britain?

Changing perceptions and attitudes are the key to changes in practice. There is a long and successful history of change and innovation in education based on the commitment and ingenuity of countless thousands of classroom teachers.

Despite the current overload and chaos of the centrally imposed education reform programme and reductions in real terms in public spending, many teachers still strive to give access, equality and achievement to all children in their class. They somehow find the time to listen and to foster an ethos where all children feel safe, valued and supportive.

The move from a rigid 'chalk and talk' approach to a child centred approach in primary schools in the 1960s and 1970s has left a lasting improvement. Likewise the move from selection at 11+ for grammar schools or secondary modern to comprehensive schools, together with the raising of the school-leaving age posed questions and solutions to teachers, which are most relevant to the construction of inclusive schools.

The need for both these major changes was primarily motivated by a commitment to greater social justice by teachers. Important changes in practice emerged, particularly in schools and LEAs committed to making these changes work.

Another important ingredient during this period was the recognition that anti-racist and anti-sexist education, examining stereotypes and their history and the empowering of black and ethnic minority pupils, and girls, was important for them to achieve, as well as challenging offensive attitudes and behaviour

towards them from the general school population and society. Committed teachers have seen racial harassment as an evil that does not stop at the school gate. They have supported children and their families going to and from school and in their homes when subjected to attack – verbal and physical. These teachers know that not only must schools be safe for all children, but that if you live with fear you cannot play or learn. This practice needs extending now to include the valuing and support of disabled children and adults regardless of the severity or type of impairment.

In secondary education mixed-ability teaching led to curriculum planning, team teaching, continuous assessment and 'mode three' examinations (set by the subject teachers of the children taking the exam and externally moderated). The involving of the whole secondary cohort in examinations and the development of the GCSE was another outcome. This posed particular problems for disaffected students especially in inner city areas. The various successful responses such as collaborative learning and ongoing involvement of the staff in developing 'whole-school policies' led to what are now described as 'effective' or 'good' schools.

These can be characterised as having a high level of involvement of all staff in the development of the curriculum and planning. An

open and non-hierarchical style of management has been clearly shown to be beneficial to the well-being and achievement of children.

Over the last 15 years many teachers have taken these ideas further to include disabled children and children with learning difficulties in their schools. Unfortunately, with LMS and the National Curriculum, there is pressure to run schools in a more authoritarian way which affects staff and children's collaboration and autonomy.

Where mainstream schools are additionally resourced and the necessary building and learning material adaptations are carried out in a planned rather than piecemeal way, progress towards successful integration has occurred. For example, at Whitmore High School in Harrow the school has a planned additional staffing of 14 teachers for up to 28 Statemented children with various impairments. Here there is joint lesson planning with class teachers and teachers from the learning support department. The involvement of all staff is facilitated by a late start for teaching on a Monday morning to allow for planning and curriculum development.

Another way in which children and resources have been successfully integrated into mainstream schools has been that of keeping the children on the roll of the special school but placing the children,



classroom assistants and teachers as additional resources in the mainstream school on permanent outreach. This has occurred, for example, at the Vale School in Haringey, where most of the children attend either Belmont Primary or Northumberland Park Comprehensive all the time. Another more radical example was at Bishopswood school in Oxfordshire, for children with severe learning difficulty, which became just an administrative office, as pupils and staff went out to mainstream schools on a permanent basis.

Outreach can be a very important first step and is an interim way of reallocating resources. It can also help initiate the kind of re-examination of policy and practice in receiving schools on their journey to inclusive schools.

Geography (or even on one occasion a fire) has often acted as a catalyst in the move towards integration. The Grove Primary school in north Cambridge was rebuilt following a fire to amalgamate with a local special school. The additional support to meet the varying needs of the children is now in the school. The curriculum is jointly planned with the learning support team and the great bonus is the presence of additional adults in the classroom.

Springfield Primary School in South Derbyshire now has 50 Statemented pupils out of 240. Pupils labelled as having 'profound and multiple difficulties' and 'emotional and behavioural difficulties' are included. This was facilitated by having a unit for 'moderate learning difficulties' and one for 'severe learning difficulties' on the same site. These merged with the school. The extra staff from this have

WHEN NO ONE ANSWERS

by Robert Williams

(I was 12 or 13 when I wrote this)

A child sees me.
Naturally curious,
he looks to his
mother,
'Why?'
'Shhh!' is her
answer.
Time passes;
we meet again,
the child and I,
I smile recalling
his curiosity.
This time he
isn't curious though
He picks up a
stone, throwing
it in my direction
he yells.
'Get ya mental'
Where did he learn that?
Surely not his mother,
her only answer was
'Shhh!'

From Reflections on Inclusive Education by Patrick Mackann, Inclusive Press, Toronto, 1991

allowed classes to remain small, none greater than 21, and staff stress this is the key to success. All children are encouraged to respect and value each other. The collaboration between teachers in the old mainstream school and the units gave them confidence and experience to go for full integration.

In many more cases where parents have pushed and insisted, their child has been integrated in their local school. Where there has been a preparedness on the part of the staff to take this on as an extension of their day-to-day practice, and the issues raised are tackled openly with all children, there have been many success stories.

Teachers need to reclaim some of their best thinking and innovations of the recent past to develop the means to meet the challenge of inclusion.



Restructuring for diversity

Our values direct our actions. It cannot be denied that the current education system is structured in such a way that true inclusion of all would be impossible. Once, however, we begin to value the 'excluded', to see them as missing parts of a machine which cannot work properly until their place within the whole has been found, then we are faced with a different challenge – how to restructure our present system and resources to achieve a different outcome.

Much can be learnt from other countries such as Sweden, Italy, Denmark, Australia (Victoria) and Canada, and even from other LEAs in this country such as Derbyshire or Newham (see various pamphlets from CSIE and Action for Inclusion). It can be seen that the restructuring process can take 5–7 years; that it works best when it is initiated from the bottom up (the individual schools) and from the top downwards (the LEA) simultaneously; and that it calls for a merger of ordinary education and special education. Furthermore, restructuring leaves behind the old notion of a fixed continuum of provision into which the child is moved and slotted. It replaces it with children staying in their local school and having their needs met in the school, backed up by a mobile constellation of resources, which are utilised in the local school, as and when the child needs them.

Restructuring will require teachers, specialists, parents, students/pupils and facilitators to be formed into teams with plentiful face to face meetings – collaborative teaching groups – and that instructional methods must include a large proportion of structured group work – collaborative learning groups. Other changes would include peer tutoring being developed for all students/pupils; the use of developmental discipline; teaching

of techniques to help people solve difficulties without feeling isolated or blamed – creative solution finding; and learning skills to facilitate the processes of MAPs (making action plans) and individual educational programmes, both of which are outcome-based plans of action to guide teachers and other support staff on design and delivery of the curriculum to meet the needs of each child. MAPs is a method of involving all those close to the child in implementing a fully integrated day. [See O'Brien and Forest 'Action for Inclusion']

It is not being suggested here that integration of individual children cannot happen until all this takes place. Indeed, there are many current examples of excellent integration across the whole range of special needs. The problem is that such good practice tends to be a temporary phenomenon, lost when the child, the headteacher, teacher or director of education moves on. The system must be changed so that successful integration is no longer dependent on a feisty parent, or inspired professional.

Disabled people have a major part to play in uncovering the hidden values which most people in our education system hold dear. Their involvement in training is essential whilst most people and institutions are at the 'forming' stage of the

inclusive process – the 'Why?' stage. Disabled people are also beginning to work with allies to provide information and training on the following stages – the 'How?' stages. Restructuring for diversity is a new exciting concept beyond the scope of this pack, but it is a closely linked progression which can inform moves towards equality for disabled students and pupils.

Developmental discipline

In school systems in other countries where attempts have been made to restructure for inclusion one of the most significant concepts has been called 'development discipline'. This is a different approach from that commonly adopted in British schools. It attempts to separate discipline from punishment and coercion and replace it with a self- and group-regulating of unacceptable behaviour.

'The whole point of any discipline policy is to assist each person to say what they need in a way in which other people can hear.' Thousand and Villa, 1993

The clear difference between punishment and discipline has been understood, and a 'teaching' approach to unacceptable behaviour is sought wherever possible:

'Developmental discipline is the program component that is most



explicitly directed towards developing and maintaining a sense of community in the classroom. The teacher works to create a classroom setting in which all members – teachers, students and aides – are concerned about the welfare of the entire group and all its members. They share common assumptions and expectations about the importance of maintaining a supportive environment in the classroom, and the responsibility that each member has to make meaningful contributions to the life and welfare of the group.

'Developmental discipline is a classroom management approach

that encourages children to take an active role in classroom governance, including participating in the development of class rules. They meet periodically to discuss issues of general concern, enjoy as much autonomy as is appropriate for their age level, and work collaboratively with the teacher to develop solutions to discipline problems. Teachers foster children's interpersonal knowledge, respect and concern by using many classroom activities which explicitly focus on these qualities (e.g. activities which help them to learn about each other) while also building academic skills, and by avoiding learning activities

which force the students to compete with each other. The teachers also treat the children with respect – as capable people who can use and respond to reason. They help students to think about and understand the importance of common values, rather than imposing values by virtue of their authority and power. Furthermore, the teachers avoid extrinsic incentives, rewards as well as punishments, so that children will develop their own reasons for positive actions other than 'what's in it for me?' (Villa, Thousand, Stainback & Stainback 1992).

Nasty

When Richard was a little boy at school the kids made fun of him because he had polio. and said "arrrrr you are horrible. look at your leg." when they said that it made him feel sad. The teacher didnt let him yous the life. PEOPLE make fun of other people because they are in a wheelchair. sometimes they tip them out and beat them up and they say they won't get a girlfriend or a boyfriend because they think disabled people are horrible. sometimes disabled people think they are horrible them selves. Disabled people see beautiful people with no disability on the television or on advertisements. There arent hardly any disabled people in story books. If your black and you never see any pictures of black people you might feel invisible. That's how disabled people must feel.

by Indianita Age 7.

Source: *Disability Equality In The Classroom*



Changing attitudes and practice

The habit of exclusive thinking in education is more deeply entrenched in adults than in children and young people. This is why this pack and disability equality training courses are aimed at teachers, support staff and school governors

The best way to bring this information to young people in your school is by modelling a new habit of thinking with regard to:

- Acknowledging that 'Everyone Belongs.'
- Asking **who** is to be involved before deciding **what** is to be done or **where** it is done.
- Making information about impairments and disablement common currency between children and adults.
- Welcoming mistakes and 'mess' as an important part of education and change (including your own).

Many of these shifts in attitude and practice run counter to the market-orientated ideology of the Government that has increasingly dominated educational legislation and thinking over the last dozen years, which now appears to have run out of steam. Yet the majority

of parents and teachers have shown in the last year by their opposition to league tables and testing that they cannot be reduced to crude statistics unrecognising of differences in social background, impairment and learning difficulty.

'There is a growing consensus that the excesses of the 'kill or be killed' ethic of the market place must be replaced by one of altruism, co-operation, and an understanding of those with learning difficulties or from less privileged backgrounds. This will not happen on a national scale without political change. Class sizes will still be too large, buildings still poorly maintained and schools insufficiently staffed until more resources are put into education.'

Professor Ted Wragg, Observer 12.9.93

However, part of building the new consensus to make such wider change possible can start with

restructuring and rethinking policies and practices, and reallocating existing resources to include rather than exclude children. Fears, stereotyping and bad practice towards disabled children and children with learning difficulties have to be challenged and new inclusive attitudes and methods developed. After all, because education in general is under-resourced teachers don't refuse to teach the children in their class or classes. Is under-resourcing an adequate reason to deny the right of all children to be educated to the best possible level in our schools? Yet much of current practices reinforcing exclusion and segregation do just that.

All who accept the need to move towards inclusive education can be part of building a wider new consensus that guarantees the human right of all children to the best education.



Photographer, Sally Greenhill

Students at Kingsway College



Good Practices in the Classroom

Teachers will have to modify this depending on which age group they are teaching.

Good practices within the classroom towards the issues of disability are the major teaching methods that should be used. Teaching by example.

1. The school should have a whole-school policy towards disability. All the school's practices should be examined with the assumption that some of the staff and pupils affected by the practices will have disabilities. This includes everything from fire drill to collecting the dinner money.
2. Structures should be developed whereby all incoming staff and students can define their own 'special needs', eg all new pupils could introduce themselves to their class by answering the following questions:
 - (a) What's your name?
 - (b) How old are you?
 - (c) What do you like best about yourself?
 - (d) What do you like doing best?
 - (e) What do you find difficult to do?
 - (f) What things might you need some help with?
 - (g) What don't you like people doing to you?
3. In addition to this a short profile of each child's needs should be written for all the staff to refer to if this is necessary. If the child is able, they should write their own profile.
4. If a child defines a need which can be acted upon straightaway, then it should be done, eg a change of position so she/he can see/hear better.
5. If physical arrangements in the classroom have to be altered, or 'rules' introduced to allow access to someone in a wheelchair for example, it would be better to do this with the presence and co-operation of the fellow classmates who will then understand the need behind the request, eg pushing chairs back under the tables instead of leaving them blocking up pathways through the classroom.
6. If a child cannot communicate on this level because of age or lack of speech/language, then invite an advocate to attend the first day(s) and ask them the same questions.
7. Make sure the teachers and other staff consult the parents of any child about their needs. All people are individuals and even the most extensive reading into disabilities will not give you the information you need about any particular child. Nor will 'medical' information.
8. If a child's disability is affected by environmental factors, eg allergy to chalk dust, then make any attempt to lessen or eliminate these factors consciously and publicly. You are 'teaching' that people matter.
9. Make sure there are positive images of disabled people, especially children in the books, posters, photographs and other materials you might use. (See resource list.) Remember to include images of black and other minority groups amongst this.
10. Be aware of different cultures, attitudes and beliefs around disability. This is particularly important when in a school where many children speak a first language that may not be understood by the teachers. Disabled pupils may be being subjected to all kinds of teasing or abuse quite without the knowledge of the staff. Dealing with this will have to be done with great sensitivity.
11. Bring up the issue of language and disability from nursery age upwards. Do not allow the names of disabilities to be used as insults, eg dummy, spastic, deafy, etc. and be very careful of your own language as an educator. Consider even the use of very common words – ugly, stupid, silly, daft, clumsy, naughty – what does it do to label anyone with these negative judgments?
12. Never confuse a person with their behaviour. 'That boy is behaving in a destructive way' is very different to 'That boy is destructive'. It is important that children are reassured that a good person can behave in bad ways – including themselves – because once self-esteem is lost by the message 'I am bad' then it will automatically follow that they will try to compensate by labelling others as 'also bad' or 'worse' – usually weaker and less able or more troubled persons than themselves. People with high self-esteem do not abuse others, nor are they usually victims of abuse. Having a disability is not a factor that alters this.



13. Encourage any child with a disability to organise some group activities around their own strengths, eg 'crawling' games led by a child who cannot walk, 'guess the object in the black bag by touch' game led by a blind child, 'mime' games led by a deaf child. This may involve you in some careful observation of what a child's strengths may be. It is important that you point out though that if a child with a disability comes out as superior at manoeuvring their wheelchair or differentiating objects by sound or touch, for example, that this is only because of practice, not because of some magical 'compensation' that 'normal' people don't possess.

14. Set up a structure, formal or informal, for disabled pupils to come together to give 'feedback' on the school's policy and practice as regards their needs. This is one way of fostering a positive identity as a group, and it is important that children with mild or invisible disabilities are included (children with asthmas, diabetes, etc.). Very young children can be included in this, and it should include such things as their relationship with any classroom aides, management of medication, fatigue, feeling 'left out', etc. As they get older it would include self-image, etc.

15. Involve disabled people in the school at all levels, not as curios, invited to speak about disability, but as useful and interesting human beings. If a local disabled person has an interesting hobby, invite them to talk about it. If they have a skill to share, ask them to come and share it. If they have time to spare, perhaps they could come and listen to children read, or do an art project, or cooking or photography. Perhaps a disabled person does puppet shows, or likes singing or is just great at playing with young children. The point is to allow contact so that questions can arise and be dealt with naturally, and at the same time the non-disabled pupils are experiencing disabled adults as having something to give.

16. Be aware that the able-bodied adult world moves at a pace that is faster than is good for anyone. Children, although often physically active are not 'driven' in the way adults are usually. That is why we are always telling them to 'Hurry up'. (How many times a day do you say 'Hurry up and...' in your classroom.) People with physical disabilities

and people with learning difficulties suffer from this one thing almost as much as everything else. People with learning difficulties are actually called 'Slow' as if there really is a correct speed to do things. 'Quick' is a compliment, 'Slow' is an insult. Do we ever stop and ask ourselves why?

17. At the same time as non-disabled people try to hurry us up, when they want us to do something, they use their power to make us WAIT in almost every situation when we need them to do something for us. Disabled people wait for transport, wait to go to the loo, wait for a bath, wait to go for a walk, wait in hospitals – you name it, we wait for it. But we mustn't get impatient because we might annoy our helpers. This is one of the dilemmas of dependence. It happens to young children and older people as well. Waiting is institutionalised in this country for disabled people. Our time, like our lives, is not considered to be important. As we move forward towards self-respect and equality, it can be expected that we will lose our endurance and false patience. However difficult it may feel to the non-disabled, this trend should be encouraged by our allies. Disabled people learn to use time in different, and often much more efficient ways than able-bodied people. We often do less and achieve more. This is also true of people with learning difficulties. People who are able-bodied are often most challenged by our different paces, feeling enormous impatience and frustration with having to listen for five minutes to something they could have said in ten seconds, for example. This difficulty needs to be acknowledged, but the problem needs to be firmly located in the 'speediness' of society, not in our challenging behaviour.

Extract from Disability Equality in the Classroom by Richard Rieser and Micheline Mason (1992)





Teacher resources

There is a good deal of information produced by both disabled people and non-disabled people for reference and use by classroom teachers and young disabled people and their peers.

Here is a recommended selection.

Books

- **Disability Equality in the Classroom - A Human Rights Issue**

by Micheline Mason and Richard Rieser develops much further the issues raised in this pack. It is primarily a compilation of disabled people's writings, poetry and photographs, and includes much material which is suitable for work with young people. Published by 'Disability Equality in Education', 78 Mildmay Grove, London, N1 4PJ at £12.00 + £3.50 p+p (Choose Ringbinder or Perfect Bound). MAIL ORDER ONLY.

- **Nothing Special**

by Micheline Mason. A story of a disabled girl of eight attending a mainstream school. A fictional character, but describing real examples of 'good practice' in inclusive education. Suitable for all ages from Junior School up. Big print and line illustrations. Available from the Letterbox Library, Leroy House, Unit 2D. £2.50 a copy. MAIL ORDER ONLY.

- **Pride Against Prejudice**

by Jenny Morris. For teachers and older students, the book covers many of the key political issues, written from the point of view of a committed feminist who became a disabled person and single mother. Published by the Women's Press 1991. This is a celebration of our strength and a part of our taking

pride in ourselves, a pride which incorporates our disability and values it.

- **Everyone Belongs**

by Kenn Jupp. A description of the planned integration of five pupils of a special school for children with 'severe learning difficulties' into their local mainstream schools. Written by the then Head Teacher of the Special School in Stockport, Cheshire, it not only outlines in detail how they did it, but also why they did it. The 'social model' of disability is introduced in a humorous, down-to-earth and easily read style, with great honesty about the fears, difficulties and mistakes made, as well as the successful outcomes. Published by Souvenir Press, Human Horizon Series.

- **Policies for Diversity in Education and Curricular for Diversity in Education**

by Tony Booth, Will Swann, Mary Masterson and Patricia Potts for the Open University Course 'Learning For All' provides a rich variety of readings on the detailed issues of integrating children with all sorts of impairments and needs into mainstream schools. Published in paperback by Routledge in 1992.

- **Disability, Liberation and Development**

by Peter Coleridge gives an invaluable perspective on disability issues from the point of view of

'developing' or 'Third World' countries. Using the politics of the disability movement the book examines, using case studies, how change comes about, for disabled people and challenges the traditional charity model. Oxfam, Oxford 1993 £6.95

- **Out of Sight: The Experience of Disability 1900-1950**

Steve Humphries and Pamela Gordon give first hand oral history and photographs of institutions and special schools in the first half of the century. Northcote House/Channel Four 1992 £10.99

- **The Reality of Dyslexia**

by John Osmond gives some particularly strong and moving accounts about how children with specific learning difficulties were mistreated at school. Channel Four/Cassell 1993 £10.99

- **Apart or A part?:**

Integration and the Growth of British Special Education

Ted Cole gives an in-depth historical analysis of how the separate special school system developed. Open University 1989

Magazines

- **New Learning Together – from 'Special Needs to Inclusion'**

Edited by disabled people, parents and teachers, this is a termly magazine aimed at all those who are interested in developing the theory and practice of inclusion within the mainstream



education system. It includes commissioned articles on a wide range of topics, letters, legal advice, young people's contributions, advertisements for jobs and training courses and news from home and abroad. It is a unique forum in which to debate both the successes and difficulties involved in the process of change. Subscriptions from John Hall, Managing Editor, New Learning Together, 2 Devon Terrace, Ffynone Road, Swansea, Glamorgan, South Wales SA1 6DG. (£15 p.a. – special rate for schools.)

• **Dail Magazine,**

£15 for 12 monthly issues from Disability Arts In London, c/o Artsline, 5 Crowndale Road, London, NW1 1TU. News and views from the disability arts world. Although a London-biased publication, many national events and groups are listed with addresses for contact. Useful for teachers who wish to attend or organise disability arts events locally.

Organisations for Inclusion

Many of the large specialist charities produce packs for teachers and young people on specific conditions. Some are written from the medical model view, some from the view of the social model. It is hoped that teachers will learn to discern between the two.

Some which we would recommend are:

• **The Integration Alliance:** a national campaigning organisation representing the consumers of 'special education', parents and allies. The main aim of the Alliance is to change Educational Policies and Laws to ones which would

reflect the human rights of young people, especially the most vulnerable, and which would safeguard young people and their teachers from massive under-resourcing. Everyone is welcome to join. 70 South Lambeth Road, Vauxhall, London, SW8.

• **Parents in Partnership**

Organisation of parents of disabled children who are promoting the social model of disability. 70 South Lambeth Road, Vauxhall, London, SW8.

• **The National Asthma**

Campaign gets our top marks for presentation and thoroughness. The packs are designed for primary or secondary school and include colourful cartoon wall posters giving staff and children all the vital information about asthma and what to do when someone has an asthma attack at school. It has an 'Asthma Policy' for inclusion in a whole school policy on disability, and it has information about a young people's magazine, the Asthma Club, and holidays for young people with asthma. Its approach is of the full expectation that the young people themselves will be in control of their condition, whilst at the same time alerting everyone else to the dangers of complacency in the face of a crisis. They also produce a video made for the Asian Community called 'Managing Your Asthma' in Bengali, Hindi, Punjabi and Urdu and Gujarati. Available from NAC, Providence House, Providence Place, London N1 0NT.

• **Young Arthritis Care** produce useful information for schools including a magazine for young people with arthritis and an excellent report written by young adults called 'Our Relationships, Our Sexuality'. Although aimed

specifically at young adults with arthritis, many of the feelings and insights are relevant to many young disabled people on a subject which is often considered taboo.

Available from YAC, 18 Stephenson Way, London NW1.

• **The Down's Syndrome**

Association produce small but highly informative packs for teachers and a video about a girl with Down's Syndrome who goes to a mainstream secondary school. Available from the DSA, 155 Mitcham Road, London SW17 9PG

• **The Royal National Institute**

for the Blind publishes a good deal of information for nurseries and schools, including **Anna's Story** a video describing the issues for a nine year-old blind girl as she attends her local primary school with her sighted sister. An excellent resource, as it is all in Anna's own words. RNIB Integration Support Scheme is aimed at young people learning through Braille and vacation schemes provide an excellent opportunity for educationally blind children who attend mainstream schools, to meet other visually impaired young people and develop particular skills such as mobility and independence. RNIB also produce a triannual magazine called **Visibility**. Community Education/Information Service, RNIB, 224 Great Portland Street, London W1N 6AA.

• **The British Dyslexia**

Association produces a very small but extremely useful booklet called 'Information on Dyslexia for Schools'. This rich little resource could also form the basis of a dyslexia policy for the school. The British Dyslexia Association, 98 London Road, Reading, Berkshire RG1 5AU.



• The National Autistic

Society publishes reams of 'medical model' writings, but **Nobody nowhere** by Donna Williams is an insider's view of autism which provides a unique resource for people who are struggling to be an ally to people who are labelled autistic. Published by Doubleday, it is available from The National Autistic Society, 276 Willesden Lane, London NW2 5RB.

• The Association for Spina Bifida and Hydrocephalus (ASBAH)

publishes information on spina bifida which is a physical disability and hydrocephalus which can cause some learning difficulties. These conditions are often, though not always, found together in the same person. The Association offers an unusual resource for young people in mainstream schools – residential courses in independent living and wheelchair skills at their Five Oaks Centre in Yorkshire. Contact ASBAH, ASBAH House, 42 Park Road, Peterborough PE1 2UQ.

Many of the specific organisations employ staff who will visit schools to advise generally, or to support a particular child. However, always check with the family before an invitation is sent.

Pamphlets

• The Centre for Studies on Integration in Education CSIE

produces a number of excellent pamphlets on integration and examples of good practice. Particularly of interest are the following, though you should send for their publications list.

• Action for Inclusion

John O'Brien and Marsha Forest develop the key concepts that have

facilitated the inclusive education movement in North America. Available for £6 including p+p.

• Bishopswood - Good Practice Transferred

Explains how and why all the children of this Oxfordshire school for children with severe learning difficulty are now all successfully transferred to mainstream schools. £2.50

• Each Belongs: Integrated Education in Canada

Reports on two areas in Canada where there are now no special schools and examines the policies and practices that were developed to meet this challenge. £2.50

• Integration Working

Looks at three examples of good practice – Springfield Junior School, Derbyshire, Leeds LEA policy of integrating deaf pupils and Kingsway FE College where students with learning difficulties and disabled students have been educated alongside non-disabled peers for many years. £2.50

• Mainstreaming in Massachusetts

Examines the legal framework, parental involvement and lessons to be learned from the inclusion of disabled students in ordinary schools in the State. £3.00
CSIE, 415, Edgware Road, London NW2 6NB (all price includes p+p)

• Neti-Neti Theatre Company

Have produced and performed a number of excellent plays also available on video with the scripts in book form. All plays are multilingual using British Sign Language, English and Bengali. 'Only Playing, Miss' deals with bullying, 'Grief' deals with death and issues of bereavement. More information from Net-Neti Theatre Company, 44 Gladsmuir Road, London N19 3JU

Videos

The following video suggestions are just a small selection of material that is available on the themes of the pack.

• The Disabling Council

Examines how people are disabled more by structures and practices of society than their impairment. Sections on the Medical/Social Model, Employment, Education. Video 37 (can be viewed in sections), signed and subtitled, 1990 Distrib: Albany Video (for the Local Government Training Board) Battersea Studios, Television Centre, Thackeray Road, London, SW8 3TW Tel: 071-498-6811/9643

• Dramarama: In the Pink

A drama for young teenagers, based on a play written by 14 year old Annah Fitch, who experienced bullying and physical assault at school because of her 'difference' in being albino and having a sight impairment. Video, 26, 1989 Central Television (sale) Video Resource Unit, Broad Street, Birmingham, B1 2JP

• Exploring Educational Issues-Sam's Story

Looks at the successful integration of Sam into a mainstream school, considering the contribution of support teachers, welfare assistants, pupils and the family. Video 25, 1990 Open University Learning Materials Sales Office, PO Box 188, Milton Keynes, MK7 6DH

• Images of Ourselves

Disabled people discuss negative and positive examples of charity advertising. Video 15, 1991 Produced by The Kings Fund Centre Distrib: Bournemouth English Book Centre (sale) PO Box 1496, Poole, Dorset BH12 3YD, Tel: 0202-715555.

Videos continued...



Videos continued

- **One Way History** Looks at issues of race and disability from the point of view of four young women with learning difficulties. Video, 20, 1990. 20th Century Vixen (hire/sale) 74b St. James's Drive, London SW17 7RR, Tel: 081-672-1012
 - **Pictures in the Mind** Story of deaf people's struggle over 200 years to gain recognition of sign language. Video, 55, 1987. Concord Video & Film Council (sale/hire) 201 Felixstowe Road, Ipswich, Suffolk, IP3 9BJ, Tel: 0473-726012/715754
 - **We're Here Too** Young disabled people put forward their points of view about the problems they encounter in a world that largely excludes them. The three main sections look at access, rights and choices. With user notes. Video, 23, 1991. Distrib: Invideo (for ILEA), 80 Mildmay Grove, London, N1 4PJ, 071-254-1668
- Further information is available in 'Ability and Disability', published by the Mental Health Media Council, The Resource Centre, 356 Holloway Road, London N7 6PA, 071-700-0100.

Altogether Better the video

The video accompanying this pack is intended to promote further discussion of the many issues raised. It is not meant for viewing at a single sitting. It contains short excerpts from documentary programmes that have dealt with disability issues. The video begins with a short preview compilation which sums up the argument of what follows on the rest of the tape. This preview is ideal for showing to meetings or groups who you may wish to introduce to the issues of disability equality in education. We hope that the tape will prove useful not only for teachers themselves but also to promote classroom discussion. Each section has a main teaching point which is summed up by the graphic preceding it. On the inside cover of the box are the running order of the tape, timecodes and the relevant section of the pack to which each part of the video relates.

Here is a list of the programmes from which sections are chosen. They have all been donated by the production companies listed. We would like to say **THANK YOU** to all of them:

- **Pride Against Prejudice** - TV6 (BBC). Contributors: The Mansell Collection, The Spastics Society
- **Martina - Stolen Childhood** - North/South Productions.
- **Killing Fields of the Third Reich** - One in Four (BBC). Contributors: EMI Records, National Audio-Visual Centre, Washington DC, USA
- **Out of Sight - A Child Apart/ Another World** - Domino Films/Channel 4. Contributors: The Children's Society, British

Pathé News, British Council
Same Difference - The Same Production Company/Channel 4. Contributors: One Small Step, (QED:BBC)

• **Conductive Education - Link** - Central TV. Contributors: Central News (Central TV), Standing Up for Joe (BBC)

• **Roy of the Rovers - From The Edge** - BBC

• **Images of Disability - Off Limits** - Double Exposure/Channel 4. Contributors: Colin Izod and Harold Burgon for the music score, Mik Scarlett (presenter), WTN

• **Mental Health - LINK** - Central TV.

• **The Charity Business - People First** - Double Exposure/Channel 4.

• **Tragic But Brave - People First** - Double Exposure/Channel 4.

• **Promise you won't let them out on the streets - Video Diaries** - BBC. Contributors: Thames Television, Jackie Spreckley, Campaign for Accessible Transport

• **Seeds of Protest - People First** - The Same Production Company/Channel 4.

• **Anna's Story** - Moving Picture Company for the RNIB.

• **Judy Watson Profile - LINK** - Central TV.

• **Under the Walnut Tree** - Open University Educational Enterprises Ltd.

• **Tanzania O Yeh - Lifeschool** - IBT/BBC.

• **Reportage (Item 4 "Pride and Prejudice")** - BBC.

• **Together We Can Break Down This Wall** - by Anthony Minghella, made for Charity Projects/Comic Relief.



Disability equality training in schools

*'Tell me and I will forget,
Show me and I may remember,
Involve me and I will understand.'*

Over the last ten years a number of disabled people have developed some effective methods of helping non-disabled people to understand both the medical and the social models of disability, and to use this understanding to restructure their particular services accordingly. With the Government's new demand that every school should publish its own Special Needs Policy, we are pleased to be able to offer INSET Training to schools and colleges on disability equality. The main aim would be to assist such communities to develop a 'whole-school policy' which would reflect the social model of disability, and which would help ensure that any young person, teacher, staff member or parent who was disabled and was part of the school or college community had a positive and rewarding experience within that institution.

We can offer:

Short talks at staff meetings

One or two day INSET training in school

Courses for particular interest groups (eg SENCOs or Welfare Assistants), held in a separate training venue.

Each course is tailor-made, but generally will include both 'big group' and 'small group' work. For this reason we prefer to work in pairs when training in any group with more than ten participants.

Our current list of trainers covers many areas in England, Wales and Scotland.

Approved DEE Trainers:

Gloucester

Karen Perry - Cheltenham

Lanarkshire

Frances Bickett - Aidree

London

Nasa Begum, Frances Blackwell
Kath Gillespie Sells, Rosita Green
Susan Hemmings, Alan Holdsworth
Barbara Lisiki, Micheline Mason
Richard Rieser, Anna Sullivan

Strathclyde

Barbara Clayton - Glasgow
Terry Daly - Glasgow
Morag Mackay - Glasgow
Susan Stewart - Glasgow

Surrey

Ann Macfarlane - Surbiton

West Glamorgan

Andy Pudduck - Swansea

West Midlands

Mahtab Khan - Birmingham

West Yorkshire

Dr Colin Barnes - Leeds
Char March - Leeds
Dr Christine Hodgkinson - Sheffield

Wiltshire

Christine Wilson - Chippenham
Bridget Harman - Wootton Bassett

In addition, local networks of Trainers who also work in schools have been set up:

Avon Coalition of Disabled People
- Avon

Derbyshire Access Group - Derbyshire
Southampton CIL - Hampshire
Lothian Coalition of Disabled People - Lothian
OCODP - Oxford Council of Disabled People - Oxfordshire

For more information about our courses and our trainers, including fees, please contact:

Disability Equality in Education

78 Mildmay Grove, London N1 4PJ. Tel/Fax 071 254 3197

Charity Projects

74 New Oxford Street, London WC1A 1EF.

Tel 071 436 1122 (minicom)

Fax 071 436 1541

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Charity Projects,

74 New Oxford Street, London WC1A 1EF.

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