

Everybody In.

Developing Inclusion in Early Years and Key Stage One.

Good Practice in the Identification and Inclusion of Disabled Children and those with SEN: A Guide for Practitioners and Teachers.

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Written by Richard Rieser of Disability Equality in Education.

For the UK Disability Forum for European Affairs

With the support of Royal Mail

January 2003

Available from DEE, Unit GL, Leroy House, 436 Essex Road, London N1 3QP e-mail info@diseed.org.uk Tel: 020 7359 2855
£7.50 including p&p.

1. INTRODUCTION

"The education of children with special educational needs is a key challenge for the nation. It is vital to the creation of a fully inclusive society in which all members see themselves as valued for the contribution they make. We owe all children – whatever their particular needs and circumstances – the opportunity to develop their full potential to contribute economically, and to play a full part as active citizens." David Blunkett MP Forward to SEN Action Programme November 1998

Practice in education over the last 100 years has not served disabled children well. The legacy of a past is apparent in many aspects of life which show discrimination towards disabled people. Disabled people were locked away or sent to separate settings or did not have their needs met in integrated settings. In the 1970's and 1980's, as ideas of equality and human rights developed there was increasing pressure to integrate disabled people into society and schools. However, the schools did often not value the diversity disabled children brought and those who were **integrated** had to struggle to participate in schools that were full of barriers to their participation.

Disabled people are twice as likely as non-disabled people to have no qualifications whatsoever.

There are 6.8 million disabled people of working age in the UK. They are five times more likely as non-disabled people to be out of work and claiming benefit. There are 2.9 million disabled people out of work and claiming benefits.

Low self-esteem is often a reflection of how you have been treated. Lack of achievement is often a result of not having your needs identified and met.

Inclusion of disabled children into early years settings and primary school is a key objective in education currently.

Many early years settings have been developing good inclusive practice. The principles of inclusion now underpin and permeate throughout the Foundation Curriculum. In Key Stage 1 and primary and secondary education generally there is increasing emphasis on developing inclusive provision. The Qualification Curriculum Authority General Inclusion Statement (2000) provides both practical guidance and imposes a duty on all teachers to meet the needs of all learners in their increasingly diverse classrooms based on the principles of:

- Setting suitable learning challenges
- Responding to pupil's diverse learning needs
- Overcoming potential barriers to learning.

The SEN framework laid out in the SEN Code of Practice (2001) and documents such as Inclusive Schooling (DfES Nov 2001) lay a heavy emphasis on early identification of special educational needs and a systematic range of options for meeting those needs in ordinary, or mainstream, settings and schools.

OFSTED guidance for Inspectors require schools to demonstrate how they are effectively meeting the needs of all learners. Those establishments found to not be doing this will be down-graded.

“YOU MUST pursue the following three questions, which span the inspection schedule.

- Do all pupils get a fair deal at school?
- How well does the school recognise and overcome barriers to learning?
- Do the school's values embrace inclusion and does its practice promote it?”

The SEN and Disability Act (2001) has extended the duties of the Disability Discrimination Act 1995 to cover all education including early years settings, it came into force from September 2002. There are now legal duties on all providers and all who work in educational settings and schools not to treat disabled children less favourably and to make reasonable adjustments in admissions, education and associated services and exclusions. The duty to make reasonable adjustments is a general and anticipatory duty

owed to all disabled children and must be implemented by all settings and schools reviewing their policies, practices and procedures.

All these initiatives are part of a wider move to inclusion prompted by the UN Convention on the Rights of the Child (1989) and the UNESCO Salamanca statement (1994) (See box). This was restated at the Dakar World Education Forum (2000) and now being potentially introduced through 'Education for All' initiatives.

'The inclusion of children with special needs, from disadvantaged ethnic minorities and migrant populations, from remote and isolated communities and from urban slums, and others excluded from education, must be an integral part of strategies to achieve Universal Primary Education by 2015'
Dakar declaration. (Para.32 Framework)

Increasingly parents of disabled children are expressing a preference for having their children educated alongside their peers and not separated into special nurseries, units or schools. This is also increasingly the view of the general public.

In a recent UK National Opinion Poll for the Disability Rights Commission in November 2001 they found that:-

- 95% of the population thought that disabled people should have the same educational opportunities as everyone else.
- 66% of people thought that disabled children should be educated in mainstream schools.

There are still many parents of disabled children who want special schools for their disabled children. They are often 'refugees' from poor mainstream integration or parents who view their child from a 'medical model' perspective. If parents want a special school education for their children the law allows them to have that choice.

Despite moves to integration over the last 20 years young people (16-24) recently surveyed by NOP for the Disability Rights Commission (9th Dec. 2002) showed widespread discrimination towards them at school:-

- 25% said they had been discriminated against;
- 34% said they did not get the help they needed from teachers and other staff;

40% said they felt isolated or 'left out';
38% said they had been bullied.

This is not surprising as In integrated as opposed to 'inclusive' schools the following is often the case:-

- Disabled children faced barriers in the way teaching and learning were expected to happen- at just one pace and for one way of thinking.
- Disabled children faced barriers in the attitude of teachers who thought they should not be there or did not know how to teach them.
- Disabled children faced barriers with bullying and name calling from their peers, when prejudiced thinking from the media and community had not been challenged.
- Disabled children faced barriers from their parents who were over protective and other children's parents who did not see them as children.
- Disabled children faced barriers from exam and assessment systems that did not take account of differing needs.
- Disabled children faced barriers in the buildings, which were not designed so they could use them.
- Disabled children faced barriers in communication systems that were not adapted for them to understand in audio- tape, Braille, Sign Language or symbols.
- Disabled people learned and many teachers learned that disabled children could not be adapted to fit mainstream schools.
- Disabled people learned that it was the barriers that disabled them ,not their impairments. We call this '**Social Model thinking**'. Disabled people and parents learned that they had to restructure the mainstream, to remove the barriers, so that all could fully participate in the academic and social life of the school.

This is **inclusion**. They learned that real inclusion would also lead to the participation and involvement of many other groups who were not accessing education effectively, or not having their needs met, such as refugees, children from deprived backgrounds or those who disrupted schooling.

The key to understanding these two different ways of viewing disabled people- **medical model or social model thinking**-is to understand that it is not disabled people's impairments which disable them, but the barriers beyond them.

Very often one cannot change people's impairments, but one can begin to remove the barriers in schools and settings by access auditing and reviewing policies, practices and procedures as is required by the Disability Discrimination Act.

"**Impairment** is the loss or limitation of physical, mental or sensory function on a long term, or permanent basis".

"**Disablement** is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. "

(Disabled People's International 1981)

Inclusion is not the same as Integration or Segregation. If inclusion is to work all the key partners have to be involved-children, parents, practitioners or teachers and disabled people in the community.

The restructuring required for the development of inclusion is a bottom up process, utilising and enhancing the knowledge and skills of the local community. **Inclusion** is a journey. **Inclusion** is a process. It is underpinned by values statements such as 'each belongs', 'all means all' and 'all are welcome'. **Inclusion** is about developing solutions so that all can participate in the learning and social life of the class or setting. All will benefit from the richer diversity this creates.

Currently our thinking on inclusion and special educational needs faces in two directions . Towards rights based approach where the disabled person is valued and welcomed and barriers in the establishment are reduced. Backwards to identifying the problem

as resting in the individual and spending time and resources in trying to remediate the impairment.

A rights based approach views discriminatory practices and the, often unwitting, erection of organisational, attitudinal or environmental barriers as the main issue. To develop this approach all settings have to change their policies, practices and procedures to meet the needs of disabled children and fully include them.

However, the allocation of resources to meet these needs is still based on an assessment of the child's special educational needs.

Special needs are defined in Special Educational Needs as:-
"Needs which are different from or additional to, that which is normally provided in a mainstream school or setting " This assessment can all too easily become based on identifying what is 'wrong' with the child and then applying treatment and therapy to the child to 'cure' them.

Without the identification of an impairment the child is not disabled and therefore not protected against discrimination. At present it is necessary to identify the child's needs before those needs can be met. In future we will move to a time when the inclusive school or nursery will have largely anticipated the various needs of the children attending and be resourced accordingly and so it will not be necessary to identify and assess the child prior to meeting their needs.

The new legislation, which brings education under the Disability Discrimination Act and the greater emphasis on inclusion in the SEN framework hold the potential for making all settings and schools more accessible. The new anticipatory adjustments required of school and settings require a pro-active approach to the development of practice, procedures and policies. These changes and shifts in attitude hold out the real possibility of disability equality developing for this and future generations.

The Salamanca Statement of the UNESCO World Conference On Special Needs Education: Access and Quality (June 1994) states that:

- Every child has a fundamental right to education and must be given the opportunity to achieve and maintain acceptable levels of learning;
- Every child has unique characteristics, interests, abilities and learning needs;
- Education systems should be designed and educational programmes implemented to take into account the wide diversity of these characteristics and needs;
- Those with special educational needs must have access to mainstream schools which should accommodate them within a child-centred pedagogy capable of meeting these needs;
- Mainstream schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all. Moreover, they provide an effective education for the majority of children (without special needs) and improve the efficiency and ultimately the cost-effectiveness of the entire education system.

The statement went on to urge Governments to:

1. Give the highest policy and budgetary priority to improve the education system to enable them to include all children regardless of individual differences or difficulties.
2. Adopt as a matter of law or policy the principle of inclusive education, enrolling all children in mainstream schools, unless there are compelling reasons for doing otherwise.
3. Develop demonstration projects in conjunction with LEAs in every locality and introduce a teacher exchange programme with countries having more experience with inclusive schools.
4. Establish decentralised and participatory mechanisms for planning, monitoring and evaluating educational provision for children and adults with special educational needs.
5. Encourage and facilitate the participation of parents, communities and organisations of disabled people in the planning and decision making processes concerning the provision for special educational needs.
6. Invest greater effort in early identification and intervention strategies, as well as in vocational aspects of inclusive education.
7. Ensure that, in the context of a systematic change, teacher education programmes, both pre-service and in-service, address the provision of special needs education in inclusive schools. “

The statement was adopted by 94 Governments and over 20 NGOs. In October 1997, the UK Government gave its support in the Green Paper Excellence for All.

2.WHO ARE DISABLED CHILDREN?

Which children have Special Educational Needs?

The Education Act 1996 says that 'a child has special educational needs if he or she has a learning difficulty which calls for special educational provision to be made for him or her.' It also says that a disability, that prevents or hinders a child from accessing education, amounts to a learning difficulty if it calls for special educational provision to be made. Special educational provision is made under the SEN framework, including, in some cases, a statement of special educational need.

The SEN framework is there to identify and meet any additional educational needs or needs that are different from that which is provided for in an ordinary school. Therefore a school that is very good at meeting the diverse needs of children with learning difficulties would have no children with special educational needs. The definition of disability is not relative in the above sense. The duties under the DDA are there to ensure that disabled pupils are not discriminated against: they seek to promote equality of opportunity between disabled and non-disabled pupils.

Which children are disabled children?

Disabled children are those who according to the Disability Discrimination Act(1995) have:- “ a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities.” - Part 1, para. 1.1.

In the Act “disabled person” means a person with (an impairment) disability - Part 1, para. 1.2.

To fall within the Act, a person must be substantially affected by their impairment in one of the following ways:

- Mobility
- Physical co-ordination
- Manual dexterity
- Continence
- Ability to lift, carry or otherwise move everyday objects
- Speech, hearing, eyesight
- Memory or ability to learn, concentrate or understand
- Perception of risk or physical danger.

For the purposes of definition, ignore the effects of medical or other treatments or aids and appliances. The definition ignores

a social model definition of disablement that would recognise that disability is a process by which people with physical, mental or sensory impairments are excluded from ordinary activities by physical, organisational or attitudinal barriers.

Substantial means 'not trivial.'

The DDA definition covers pupils with physical (including sensory), intellectual or mental impairments. The definition is broad and might include children with a learning disability, sensory impairment, severe dyslexia, diabetes or epilepsy, pupils who are incontinent, or who have AIDS, severe disfigurements or progressive conditions like Muscular Dystrophy.

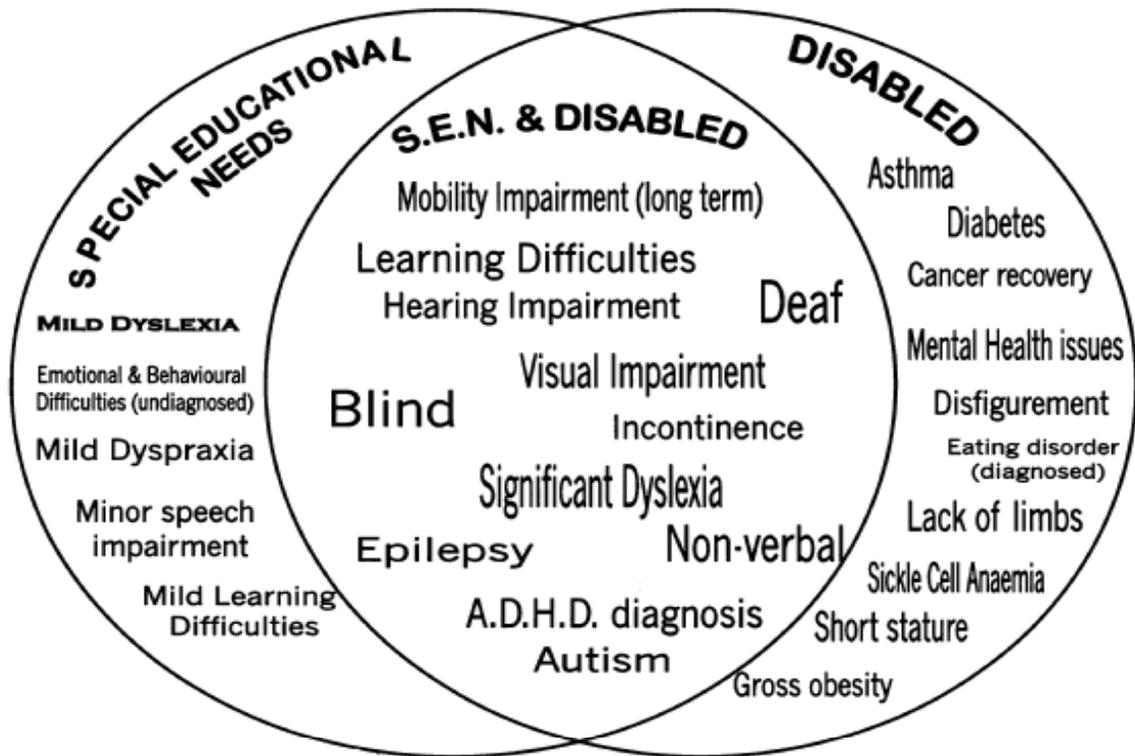
Those with challenging behaviour with an impairment or a clinically well recognised condition are covered, while those who may display similar behaviour but do not have a clinical diagnosis are not covered. Children with SEN are not necessarily the same population as those defined above although there is a big overlap.

Some people who do not come within the definition will nevertheless be considered disabled. Those with disfigurement or cancer survivors or others who have had a disability in the past or those people with a progressive condition once the symptoms appear.

Many children who have SEN will also be defined as having a disability under the DDA. Although there is a large overlap not all children who are defined as disabled under the DDA will have SEN. For example, those with severe asthma, arthritis, or diabetes may not have SEN, but may have rights under the DDA. Similarly, not all children with SEN will be defined as having a disability under the Disability Discrimination Act. A whole school/setting approach aimed at inclusion is likely to be the most effective way of meeting both sets of duties.

It is important for schools and settings to keep a record or register of all children with special educational needs and all children who are disabled. This will ensure that all staff who need to know are aware; do not treat them less favourably, and make reasonable adjustments. It will also be necessary to create confidence amongst parents so they divulge relevant information about their

children's impairments so their needs can be met and they are not discriminated against.



3. WHAT DOES THE LAW REQUIRE?

A child has SEN if he or she has a learning difficulty or disability which calls for special educational provision to be made; special educational provision is 'additional or otherwise different from' the provision made generally for pupils of the same age. sec. 312

LEAs shall identify children who have special educational needs and for who they need to arrange special educational provision sec. 321

LEAs shall assess the needs of such children sec.323

If assessment shows that a child requires special provision to meet their needs, then the LEA must 'make and maintain' a statement and arrange that the provision set out within is made. Sec.324

All schools and early years settings in receipt of Government grant are expected to have an SEN Policy and have regard to the SEN Code of Practice. sec. 312 (Plus sec. 123 ,1998 School Standards Framework Act)

Governing bodies must 'use their best endeavours' to ensure that children with SEN receive the support they need in school sec 317

Part IV 1996 Education Act

The Special Educational Needs Code of Practice

The school or settings must have due regard to the SEN Code of Practice and they must have named Special Educational Needs Coordinators who are responsible for co-ordinating implementation of the code.

Educational Assessments for children under compulsory school age and over 2

- Early Years Action - If it is thought a child needs additional support to that provided as part of the usual curriculum on offer, interventions will be agreed by the SENCO and child's teacher in consultation with the child's parents.
- Early Years Action Plus - this stage is when outside support services or more specialist advice is sought to help a child's development.
- Requests for a statutory assessment - for some children the stages above are not enough to meet their additional needs. It is at this stage that a request for a statutory assessment may be made by the setting. This can be made by parents, or it may be from one of the professionals who has contact with your child. However, if parents request an assessment,

the LEA will still need to contact the professionals working with your child for evidence of your child's additional needs.

Educational Assessments for Children attending school

Some children will have had their special needs identified before attending school, For others this is not the case. The stages are similar to a child attending an early years setting.

- School Action - This is the stage at which a teacher or SENCO identifies a child with SEN who needs additional or different support to that given as part of the general curriculum.
- School Action Plus - This results in the request for help from outside services or specialist help to meet a child's needs.
- Request for a Statutory Assessment - Where it is felt by the school, the parents or other professionals the child still has extra needs which cannot be met by the actions of previous stages, the school may ask for a statutory assessment of the child. Again parents also have the right to ask for a statutory assessment of their child but the LEA will still need to contact the child's school or other professionals for evidence of their needs.

Child's Statutory Assessment

This is a detailed multi-professional examination to find out exactly what the child's special educational needs are. It includes reports from :-

- the school or Education Adviser,
- an Educational Psychologist,
- a Doctor and any health professional involved with the child (such as health visitor or therapist).
- Parents are also asked to give a report .
- An assessment should also include, where possible, the views of the child.

The letter proposing formal assessment will give you 29 days notice and will tell you of your right to send in comments. The LEA will also give the details of a Named LEA Officer, who parents can contact for more advice. They are also given the details of the local Parent Partnership Service which can help with details about other independent sources of help such as independent parental supporters or voluntary organisations. This is an important time for parents to put forward their views and let professionals know about

what help they feel their child needs. Parental contributions are really important in this process.

Parental Advice

As part of the statutory assessment the LEA must ask parental views and any information they want to give about their child. This is called Parental Advice. The LEA should send them guidelines to help them record their advice. If they have difficulties in writing they can ask their Named LEA Officer to arrange for someone to write down their views and information for their (the local Parent Partnership Service may also be able to assist. These views, the child's views and any written private advice parents have or can obtain will be circulated to other advice givers and taken into consideration as part of the statutory assessment.

Assessment Timetable	
Considering whether a statutory assessment is necessary	6 weeks
Carrying out the assessment and deciding whether or not to produce a Statement	10 weeks
Drafting the proposed Statement or Note in Lieu	2 weeks
Finalising Proposed Statement	8 weeks
Total	26 weeks

Pupil Participation

‘Children who are capable of forming views have a right to receive information, to give an opinion and to have that opinion taken into account in any matters affecting them’. (The United Nations Convention on the Rights of the Child.)

The SEN Code of Practice (2001) says that children should, where possible take part in all the decision-making processes that take place in education. This includes; setting learning targets, choosing a school, contributing to the assessment of their needs, the annual review and transition processes. It also says that children and young people who attend special schools should be given the same chances to take part in decisions about their education.

Some children may need extra support and time to express their views. She or he may prefer to give their views through a parent or

other family member or through an independent supporter such as an advocate, social worker, health professional or through another pupil. Parents and children may have different views and both should have their views listened to and recorded separately with respect for any differences of opinion.

Result of the Assessment

The LEA will inform parents and school/setting of its decision of whether or not to issue a Statement in writing. If it is felt the child needs extra provision to meet his/her SEN, parents will be sent a Proposed Statement. This should outline the child's special educational needs and ways in which each of those needs should be met. It will not name a school but may give details of the type of school or setting the child needs, for example a mainstream school, resourced mainstream or special school. Parents should also be sent copies of all the reports that were used on which the Statement was based.

Parents have 15 days to give the LEA their opinions about the Proposed Statement or they can ask for a meeting to discuss it with an LEA officer. Parents can ask for further meetings as long as they are requested within 15 days of the last meeting. They can take someone to the meeting, such as a friend, relative or Independent Parental Supporter.

Checking the Proposed Statement

The Statement is split into 6 parts as follows:

Part 1 - Introduction gives the child's details

Part 2 - Special Educational Needs outlines any areas of difficulty the child experiences

Part 3 - Special Educational Provision should give details of all provision to be made directly relating to all needs listed above

Part 4 - Placement school where the child will attend, to be left blank in proposed Statement

Part 5 - Non-educational needs those which are agreed by social services, health or other agencies and the LEA

Part 6 - Non-educational provision made by health, social services or other agencies

Children on School Action or Early Years Action, Early Years Action Plus or School Action Plus or with a statement have to have an **Individual Education Plan**. The School or setting has to consult with the parent and if possible the child about the targets in

the Plan and monitor these and report back at least twice a year on these.

The school or setting has to convene an annual review of the child's statement

Parents have a right to challenge the LEA over the placement of the child(part 4), the statement and its contents (parts 2&3), discontinuance of statement and refusal of LEA to reassess or implement outcomes of reassessment. Parents can take a case to the SEN and Disability Tribunal whose decision is final other than on points of law, which are resolved by a higher court.

www.sendist.gov.uk

Disability Discrimination Act in Education

The Disability Discrimination Act applies under Part IV to schools and under Part III to all early years settings that are not schools.

Schools

From September 2002 the 1995 DDA **Part IV** came into force for **all** schools and is anticipatory in duty. The Act:

- makes it unlawful to discriminate against disabled children and prospective pupils in admissions, in education and associated services and in exclusions;
- sets out a duty on schools not to treat disabled pupils less favourably for a reason related to their impairment;
- sets out a duty on school to make reasonable adjustments to policies, practices and procedures to ensure that they don't put disabled children at a substantial disadvantage;
- provides for remedy through the renamed SEN and Disability Tribunal, which will have an extended remit to hear disability discrimination cases seek apologies and make orders to change practice;

The responsible body can be a proprietor of a private school or school Governors of a school or the LEA for a Nursery School.

Early Years Non- Schools and the DDA

- There are many private, voluntary and statutory providers of early years services that are not constituted as schools. The social care of young children in these settings has been covered by **Part III** of the DDA since 1996. Section 38(5) of

the SEN and Disability Act 2001 amended Part III of the DDA so that education providers have to make reasonable adjustments so that it is not impossible or unreasonably difficult to use the service provided which may include:

- providing auxiliary aids and services (from 2003)
- making permanent physical changes (from 2004)
- making temporary physical adjustments

- Provides a remedy, including compensation, through County Court.

This means early years settings other than schools will need to plan to remove physical barriers from 2004 or sooner.

They will also need to make arrangements, probably through the Early Years Development and Community Partnerships,(EYDCP) with LEA to provide services and auxiliary aids. Equipment could best be provided by a 'bank' or 'pooling' arrangement.

Who is the responsible body in Early Years Education Providers?

: Disability Legislation (England and Wales)

Part 3 of the DDA	Schools' duties in Part 4 of the DDA	LEA residual duty in Part 4 of the DDA
Local authority day nurseries, family centres etc.	LEA maintained schools LEA maintained nursery schools	Home teaching services for young children, such as Portage
Private and voluntary playgroups and pre-schools and Nurseries which are not schools. Accredited childminders	Independent schools Non-maintained special schools	

Reasonable Adjustments

The responsible body has a duty has to make reasonable adjustments.

These reasonable adjustments apply to all policies, practices and procedures and are owed to disabled children in general- they are anticipatory.

In determining a reasonable adjustments the following factors can be taken into account.

- The need to maintain academic, musical, sporting or academic standards.
- The financial resources available to the responsible body.
- The cost of taking the particular step.
- The extent to which it is practical to take the particular step.

For schools the access to the building and curriculum these come under the Access Planning arrangements and lack of them is not disability discrimination in law. The provision of auxiliary aids and services are likewise exempted and come under the SEN regulations.

ACCESS PLANS and STRATEGIES

For Schools Section 28D & E of the SEN and Disability Act 2001 require LEAs to strategically plan to increase environmental access, access to the curriculum and to provide written materials in alternative format Braille, BSL, audio tape etc. This applies to schools and maintained nursery schools.

All Schools have a duty to plan improvements in access to their individual school. In England they must have a three year access plan in place by April 2003, which must be included in the Governors annual report for parents.

This includes Independent schools as recognised by the DfES as providers of education who have early years education. LEA nurseries do not have to have an access plan. Guidance for schools from DfES is available and a summary has been sent to all schools in England- Accessible Schools: Planning to increase access to schools for disabled pupils. Separate advice is being issued in Scotland and Wales

All non-school early years settings are exempt as they have the duty under Part III of the DDA to make physical changes by October 2004.

Under Part III of the Disability Discrimination Act 1995 all early years education providers, who are not schools, have a duty to introduce reasonable adjustments to make sure disabled children are not at a substantial disadvantage including the provision of auxiliary aids and services. From October 2004 they must make reasonable permanent physical alterations to buildings that make it impossible or unreasonably difficult to use the service provided.

The current duty to make temporary adjustments will continue and this will be important for settings which cannot afford to make permanent adjustments. The guidance from Accessible schools (DfES 2000) is useful here.

The three elements of the planning duty

Increasing access to the curriculum

This might include:

- changes to teaching and learning arrangements;
- classroom organisation;
- the deployment of learning support;
- timetabling;
- staff information;
- staff training.

Improvements to the physical environment

Designed to 'increase the extent to which disabled pupils are able to take advantage of education and associated services.' This might include:

- lighting;
- signing;
- improvements to the acoustic environment;
- floor coverings;
- furniture;
- layout of the playground.

Improving provision of information to disabled pupils

Making information available for disabled pupils which is normally provided in writing for pupils who are not disabled. It includes:

- handouts;
- timetables;
- textbooks;
- information about school events.
- Information about the school- prospectus etc.

It might include making information available:

- in Braille;
- in large print;
- on audio-tape;
- through sign language;
- using a symbol system.

4. THE RANGE AND TYPE OF IMPAIRMENTS

Amongst older children the incidence of impairing conditions, which would count as a disability under the law has been estimated at 5.-6% by the Government. Some causes of impairment only emerge over the first few years of life, whilst other children who show developmental delay in early childhood grow out of their early difficulties.

The identification of the impairment can depend on local screening and parental awareness as well as the willingness of health and educational professionals to identify.

The incidence of impairment is considerably higher in areas of deprivation. Some causes of impairment are particularly prevalent in some minority ethnic groups e.g. sickle cell anaemia or thalassaemia and learning difficulty.

The increasing survival of low birth weight and premature babies has tended to increase the number of children surviving with severe and multiple needs, while those with more moderate needs have decreased due to improved health care and increased prevention through genetic screening and other approaches. Numbers of disabled children remain roughly constant.

There is a wider group of up to 20% of children, more in deprived areas, who will have a special educational need at some time in their childhood.

The actual number of children with an impairment is much higher, but not all impairments lead to a child being disabled or having special educational needs.

When does an impairment becomes a disability?

According to social model thinking when a child is excluded from day to day activities, prejudiced or discriminated against because of their impairment they are disabled. Negative attitudes, stereotypes and barriers in environment, attitude and organisation disable.

According to the Disability Discrimination Act a disabled child is discriminated against if their impairment leads to less favourable treatment and/or when no reasonable adjustments are made to

situations which place the disabled child at a substantial disadvantage and this can not be justified.

The Disabled People's Movement would put this figure considerably higher than the Disability Discrimination Act definition would allow for. In their view a child being bullied because of their eczema or diabetes would be disabled regardless of how much their impairment impacts on their ability to carry out normal day to day activities. In this 'social model' thinking the person with an impairment becomes disabled by society and the attitudinal, organisational and environmental barriers not their functional limitations.

Table 1 was constructed from prevalence figures for different impairing conditions. These were taken from the websites of different impairment specific voluntary organisations. These figures were then projected into the 2001 census figures for birth to 4 and 5-9 year olds. Some seventy percent of under 5's had some form of impairment. This is likely to be an over-representation, as a number of children would have multiple impairments and would count several times e.g. Dyspraxia and dyslexia are often linked. Others such as general learning difficulty are likely to subsume children with Downs Syndrome and some with autism or epilepsy.

Table 1. Prevalence of main impairing conditions, estimated voluntary organisations In United Kingdom.

	Affected	Estimated No.Children	Severely Affected	No. of Children
Achondraplasia (Commonest form of Dwarfism)	1 in 20,000	0-4 174 5-9 186		
Asthma wheezing	22% 0-4 17% 5-14 26% 0-4 13% 7-8	760,000 1,295,190 906,481 121,490	[25 deaths in '99 30,000+ hospital admissions.]	
Autism Spectrum Disorders	0.91% of children	Under 5's 31,726 5-9 59,800	Asperger 39% Kanner 4.3%	47,400 5,200
Birth Marks+ (Port Wine)	3 per 1000	0-4 5,186 5-9 5,561		
Blind and Visually Impaired	0-16 22,000 1:571	0-4 6,105 5-9 6,549		

Cerebral Palsy	1 in 400 1800 per year.	0-4 8,716 5-9 9,345	3 forms	
Cystic Fibrosis	1 in 2,500	0-4 1394 5-9 1495		
Deafness Born*	0.01- 0.02% 1-2 per1000	0-4 6,972 5-9 7,476	Of these 50% Moderate 25% Severe 25% Profound	0-4 3,486 5-9 3,738
Diabetes Type 1 Insulin dependent	20,000 children 5% 0-4 16% 5-10	1,000 3,200		
Downs Syndrome	0.1%	0-4 3,486 5-9 3,738		
Dyslexia	10%	0-4 348,640 5-9 373,816	4%	0-4 139,458 5-9 149,526
Dyspraxia	1 in 10 some symptoms	0-4 348,650 5-9 373,816	2% more severely	0-4 69,729 5-9 74,763
Eczema	15-20%	0-4 581,078 5-9 623,026	1 in 200	0-4 17,432 5-9 18,690
Epilepsy	1 in 133	0-4 26,214 5-9 28,106		
Facial Disfigurement	1 in 100 noticeable	0-4 348646 5-9 373816	1 in 500 significant	0-4 6,972 5-9 7,476
Haemophilia	1 in 10,000	0-4 348 5-9 373		
Hydrocephalus Spina Bifida				
Juvenile Arthritis	1 in 765	0-4 4,557 5-9 4,886		
Learning Difficulty –All (Valuing People. DoH)	25 per 1000 4%	0-4 139,458 5-9 149,526	+Severe and Profound 0-4 15,000 5-9 16,670	1% per year increase expected
Blood cancers (Leukaemia)	0-4 305 per year 5-9 164 per year		Cancer recovers count as disabled under the DDA	This would give 0-4 1220 5-9 2040
Mental Health	20% at some	0-14 2 million+		

	point in childhood			
Metabolic Bone disorder Brittle Bones	60 per year	0-4 300 5-9 300	300 impairments lack of collagen	Type I not always diagnosed.
Muscular Dystrophy	1 in 3,500 (boys only)	0-4 510 5-9 547		
Sickle cell & Thalassaemia	8000 children	0-4 1,950 5-9 2,150		Concentrated in minority ethnic pop.
Speech and Language Difficulty	6%	0-4 167,350 5-9 224,289	0.02 0-4 0.02 5-9	7,000 8,000

Sources: National Asthma Campaign, National Autistic Society, Cystic Fibrosis, British Dyslexia Association, RNID, British Diabetic Association, RNIB, AFAISIC, Young Arthritics Care, Muscular Dystrophy, Birth Mark Support GB, Downs Syndrome Association, British Epilepsy Society, Changing Faces, Brittle Bones Society, Cystic Fibrosis Trust, Haemophilia Society, Department of Health, Leukaemias Research Fund, SCOPE, Contact a Family, Young Minds, Hyperactive Children Support Group, Sickle cell Society, Young Minds,

@ increase linked poverty.

+ Higher incidence South Asian Population

* Meningitis increases this number. Up to 80% of children may experience hearing loss at some point through 'glue ear'.

+ Now mainly dealt with through cosmetic surgery.

There appears to be significant under identification of disabled children if we look at those identified with special educational needs even when allowing that many disabled children will not have a special educational need. (See page x) Table 2 shows the number of children with a statement of special educational need, or record of need, in the four parts of the United Kingdom for schools. The percentage in special or mainstream varies, but the trend has been to increasing numbers with statements attending mainstream schools.

Table 2 Where children with Statements /Record of Need are Educated 2000

Country	Total Pupils	Special School or Statemented sent to Independent School. or Pupil Referral Unit	Percentage statemented In non-mainstream	Mainstream with Statement or Record of Need in Scotland
Wales	511,826	3774	0.74	16,880
Scotland	781,413	9397	1.20	6,674
England	8,345,815	104,991	1.26	147,866
N.Ireland	339,000	4888	1.38	Not known

Total	9,978,054	122,850	1.23	171,420
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Source DfEE Sen Statistical Bulletin Table 1 Nov 2000; Dept of Education Northern Ireland compendium of statistics, Scottish Executive Education Statistics 2000, Welsh Assembly

The proportion of children identified with special educational needs, but not statements is also of interest. This is now at 16.8% lower than in the last few years due to changes in the stages of the Code of Practice SEN. Table 3. indicates the lower level of both statements and identification of those with SEN in Nursery Schools which only represents about 12% of 3-4 year olds entitled to early years education. As it has only recently become a duty on early years providers to identify children with SEN no systematic statistics are available. However, the Disability Discrimination Act, requires all settings to identify those children who are disabled and this situation will improve. **There is no requirement for registers of disabled children and those with SEN though this would be very useful. Data collected for EYDCP's and all the non-school settings where the majority of 3 and 4 year olds are educated.**

Table 3 Pupils with SEN in English Schools January 2002

	Total	Statemented	*SEN non-ST.
All Schools	8,369,081	248,982 (3.0%)	1,401,995 (16.8%)
Nursery	42,369	546 (1.3%)	4,942 (11.7%)
Primary	4,363,243	70,729 (1.6%)	834,143 * (19.1%)
Secondary	3,264,086	78,606 (2.4%)	519,116 (15.9%)
Special	87,797	85,803 (95.5%)	2407 (2.7%)

- Less than 2001-21% primary 18.1 secondary due to change in Code of Practice Stages

Source DfES 10/02 SEN Statistics November 2002.

* SEN non-statemented.

Though some impairments are not identifiable until children are older there is clearly a massive gap in identifying children's special educational needs and therefore a considerable gap in meeting their needs.

5. WHAT TO LOOK FOR IN EARLY IDENTIFICATION

In under 5's education we have not been good at picking up children with sen and disabled children. There has often been an attitude to let children develop at their own pace and they will out grow their difficulties. This approach has meant many children who should have been identified and had their needs met have not. This

has been exacerbated by Health, Social Service and Education not acting together.

A small proportion of children will have obvious impairments, and these should usually have been picked up by the child health service at pre birth, birth or in the first 18 months. However, far too many disabled children are not getting their impairments identified early enough.

Together from the Start

In a birth-2 initiative- 'Together from the Start', the Government, in conjunction with a number of voluntary organisations are supporting the development of services for very young disabled children and their families.

An increasing number of children will have complex or multiple impairments. Identifying these as early as possible will mean that the support they need will be available earlier. Most importantly parents can be supported in learning how to support and think about their disabled children.

Central themes within the guidance include:

- Effective co-ordination of services provided by different agencies, for example through the development of key worker systems
- Active partnership with parents, and communicating the news of disability in a sensitive way
- Prompt and co-ordinated initial assessment of need, leading to action and a written Family Service Plan
- Mechanisms to develop competent, accountable and family-centred services

For more information contact www.deafnessatbirth.org.uk and click 'government initiative' button. Here you can get information about the early support pilot programme which is DfES funded.

As this initiative takes off the number of disabled children identified early will increase. However there will still be a large number of unidentified disabled children in early years settings and primary schools at present and in the future whose

impairments will not have been identified. Early years practitioners, teachers and support staff will continue to play a vital role in identifying children who may need additional or different provision and support from that which is ordinarily available.

Identifying SEN and impairment in under fours.

It is not easy to apply definitions of special needs or disability to children under four. However we are getting an increasing range of tools to help with this task.

The following definition from Sure Start and the DfES/DoH Together from the Start is useful.

“ A child under four has a disability or special needs if she or he:

- Is experiencing significant developmental delays, in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or

has a condition which has a high probability of resulting in developmental delay.”

The Government are funding a number of pilots such as New Born Hearing Screening and early identification of dyslexia and autism.

What must the Health Service provide?

Primary Care Trusts and National Health Service Trusts must inform parents and the appropriate LEA when they form the opinion that a child under compulsory school age may have special educational needs. They must also inform parents if they believe that a particular voluntary organisation is likely to be able to give the parents advice or assistance in connection with any special educational needs that the child may have. (Section 332 1996 Education Act)

Identifying SEN or impairments

The Code of Practice SEN (4.14) talks of lack of adequate progress as triggering some additional or different action to enable the child to learn more effectively. This will be a judgement by practitioners based on their understanding of the child and their circumstances. Indicators of inadequate progress would be:-

- Not closing the attainment gap between the child and their peers
- Not preventing the attainment gap growing wider
- Is not similar to peers starting from the same attainment baseline who achieve less than the majority of their peers
- Does not match or better the child's previous rate of progress
- Not being able to access the full curriculum
- Does not demonstrate an improvement in self-help, social or personal skills
- Does not demonstrate an improvement in pupil behaviour.

The above list will be useful for identify children with general learning difficulties.

Identification of specific impairments.

There is not space here nor would it be useful to outline specific condition indicators in every type of impairment. These can be accessed through Contact A Family who provide a comprehensive directory for the whole range of conditions including those with a low or extremely low incidence.

www.cafamily.org.uk . The on-line version has links to all the impairment specific organisations, many of whom provide guidance.

The following is a list of indicators that can raise concerns that need to be shared with parents and Special Educational Needs Co-ordinators.

Autism Spectrum Disorders

There are particular things to watch out for that may help identify an underlying impairment for example the following may help to identify children on the autistic spectrum.

- delay or absence of spoken language (but not true for all children with ASD), including loss of early acquired language
- unusual uses of language - pronoun reversal (for example, saying 'you' instead of 'I'); prolonged echolalia (that is, repeating others' words beyond the usual age); 'playing' with sounds
- difficulties in playing with other children
- inappropriate eye contact with others

- unusual play activities and interests
- communicating wants by taking an adult's hand and leading to the desired object or activity
- failure to point out objects/third parties with the index finger when sharing communication
- failure to share in the interests or play of others
- unusual response to certain sounds, sights and textures
- resistance to changes in familiar routines
- repetitive actions or questions
- a preference for following their own agenda.

National Autistic Society Guide for Teachers. www.nas.org.uk

ADD/ADHD Attention deficit disorder is when a child has great difficulty in behaving appropriately as compared to other children of a similar age/sex. **A child with ADD:**

- Often has difficulty following through given instructions
- Often has difficulty sustaining attention.
- Often seems not to listen
- Often loses things necessary to complete tasks
- Often fails to give attention to detail
- Often is disorganised
- Often makes careless mistakes in school work or tasks
- Are often forgetful
- Often daydreams when they should be working
- Are Often unmotivated to complete school work or tasks.
- Children should be demonstrating at least six of the above over a period of 6 months or longer,

ADHD Attention Deficit Hyperactivity Disorder is the same as AAA but the child is very Hyperactive. **A child with ADHD:-**

- Often has difficulty waiting her-his turn in group situations.
- Often interrupts or intrudes on others conversations/activities.
- Often blurts out answers to questions.
- Often has difficulty playing quietly.

- Often leaves his-her seat.
- Often runs about or climbs excessively.
- Often fidgets or squirms
- Often talk's excessively
- Often acts as if driven by a motor-out of control and can not sit still.

Children should demonstrate at least four of the above list of symptoms over a period covering six months or longer.

ADD/ADHD & Related Syndromes Family Support Centre

www.addfocus.co.uk

Diabetes -Early diagnosis and referral

Symptoms include: frequent micturition, excessive thirst, and weight loss

Dyspraxia

Dyspraxia is generally recognised to be an impairment or immaturity of the organisation of movement. Associated with this may be problems of language, perception and thought. other names for dyspraxic include clumsy child syndrome; developmental co-ordination disorder (dcd); minimal brain dysfunction: motor learning difficulty; and perefceptuo-motor dysfunction. Dyspraxia is surprisingly common in both children and adults. It is a hidden condition, which is sill poorly understood.

Dysprqxia is a little understood condition. These quotes will help.

“My writing is messy
My drawings are too
I don't like my paintings
I wish I was like you” Poem by Tom, ten years –old boy who was dyspraxic

“Everyone says I'm stupid but I know I'm not. I wish someone could understand what it's like to be me. I feel so fed up and lonely.” Sarah, an eight year-old girl who has dyspraxia

How would I recognise a child with dyspraxia?

The pre-school child

- Is late in reaching milestones e.g. rolling over, sitting, standing, walking, and speaking.

- May not be able to run, hop, jump, or catch or kick a ball although their peers can do so.
- Has difficulty in keeping friends; or judging how to behave in company.
- Has little understanding of concepts such as 'in', 'on', 'in front of' etc
- Has difficulty in walking up and down stairs.
- Poor at dressing.
- Slow and hesitant in most actions.
- Appears not to be able to learn anything instinctively but must be taught skills.
- Falls over frequently.
- Poor pencil grip.
- Cannot do jigsaws or shape sorting games.
- Artwork is very immature.
- Often anxious and easily distracted.

How would I recognize dyspraxia in the school age child

- Probably has all the difficulties experienced by the pre-school child with dyspraxia, with little or no improvement.
- Avoids PE and games
- Does badly in class but significantly better on a one-to-one basis.
- Reacts to all stimuli without discrimination and attention span is poor.
- May have trouble with maths and writing structured stories.
- Experiences great difficulty in copying from the blackboard.
- Writes laboriously and immaturely.
- Unable to remember and /or follow instructions.
- Is generally poorly organised.

www.dyspraxia.org.uk

Dyslexia-Indicators

If a child has several of these indications, further investigation should be made.

The child may be dyslexic, or there may be other reasons.

This is not a checklist.

1. Persisting factors.

There are many persisting factors in dyslexia, which can appear from an early age.

They be will still be noticeable when the dyslexic child leaves school.

These include:

- Obvious 'good' and 'bad' days, for no apparent reason,
- Confusion between directional words, e.g. up/down, in/out,
- Difficulty with sequence, e.g. coloured bead sequence, later with days of the week or numbers,
- A family history of dyslexia/reading difficulties.

Dyslexia factors to look out for in Pre-school.

- Has persistent jumbled phrases, e.g. 'cobbler's club' for 'toddler's club'
- Use of substitute words e.g. 'lampshade' for 'lamppost'.
- Inability to remember the label for known objects, e.g. 'table, chair'.
- Difficulty learning nursery rhymes and rhyming words, e.g. 'cat, mat, sat'.
- Later than expected speech development.

- May have walked early but did not crawl - was a 'bottom shuffler' or 'tummy wriggler'.
- Persistent difficulties in getting dressed efficiently and putting shoes on the correct feet.
- Enjoys being read to but shows no interest in letters or words.
- Is often accused of not listening or paying attention.
- Excessive tripping, bumping into things and falling over.
- Difficulty with catching, kicking or throwing a ball; with hopping and/or skipping.
- Difficulty with clapping a simple rhythm.

Dyslexia factors to look out for in primary school age.

- Has particular difficulty with reading and spelling.
- Puts letters and figures the wrong way round.
- Has difficulty remembering tables, alphabet, formulae etc.
- Leaves letters out of words or puts them in the wrong order.
- Still occasionally confuses 'b' and 'd' and words such as 'no/on'.
- Still needs to use fingers or marks on paper to make simple calculations.

- Poor concentration.
- Has problems understanding what he/she has read.
- Takes longer than average to do written work.
- Problems processing language at speed.
- Has difficulty with tying shoe laces, tie, dressing.
- Has difficulty telling left from right, order of days of the week, months of the year etc.
- Surprises you because in other ways he/she is bright and alert.
- Has a poor sense of direction and still confuses left and right.
- Lacks confidence and has a poor self image.

Dyslexia Institute www.dyslexia-inst.org.uk

Mental Health Issues

Young Mind estimate 20% of children will have a mental health issues at some time as they grow up. These would include ADHD or ADD, eating disorders (mainly presenting among teenagers), and depression which is far more common than commonly thought.

How do I recognise depression in early years?

- Unresponsive or clinging
- Unable to accept comfort
- Refuse to eat
- Find it hard to settle down to sleep
- Wake up during the night
- Have nightmares
- Behave destructively
- Be unresponsive
- Become very demanding and have temper tantrums
- General development slows down
- Forget toilet training

How do I recognise depression in primary age children?

- May find it hard to concentrate
- Lose interest in work or play
- Refuse to go to school
- Complain of feeling bored or lonely, even when they have friends
- Irritable and difficult to control

- Lose confidence and seem careless
- Feel unhappy
- Present challenging behaviour
- Blame themselves if things go wrong
- Look for punishment by stealing or truanting.

The above are only indicators. If several persist they should give cause for concern and the child should be referred to Counselling or to the Child Mental Health Services.

Young Minds www.youngminds.org.uk Young Minds Parents Information Service can tell you more about help available and where to find it locally 0800 018 2138

Speech, language and communication difficulties

Aged 2-3

Children may need extra help if they

- Are 2 years or more and cannot say any words
- Are 3 years or more and only parents or close family can understand what they say
- Do not listen or respond to simple instructions
- Make little or no eye contact and it's difficult to draw their attention to things

Age 3+

Some speech, language or communication impairments may not be obvious until children are 3 years or older. Children may have a difficulty if they

- Find it hard to produce many sounds so that adults cannot understand what they say
- Muddle their speech or use words in the wrong order
- Struggle to learn new words
- Miss out words in a sentence or find it hard to link words together
- Forget instructions or conversation almost as soon as they are said
- Find it difficult to pay attention to instructions or conversation
- Make inappropriate answers or comments

Age 5 and beyond

Older children with speech or language impairments may

- Jump inappropriately from one topic to another in conversation
- Talk about one subject and find it difficult to switch to others
- Find it hard to learn to read

- Struggle to understand abstract ideas such as time or emotions
- Misinterpret language which isn't literal – like “pull your socks up”

Lost for Words ,Afasic www.afasic.org.uk

Indicators of undetected deafness

Warning signs to look out for are associated with the child who appears to be:

- Inattentive for no obvious reason
- Unable to obey simple instructions
- Always daydreaming
- Smiling and nodding but actually then does the wrong thing
- Unaccountably confused about something that has just been explained
- Always straining to listen
- Paying unusually close attention to your face
- Limited in their range of vocabulary and having difficulty learning new words
- Having difficulty locating who is speaking in noisy settings
- Given to saying ‘Eh?’ or ‘What?’ a lot.
- Always asking for repetition
- Experiencing a level of anxiety or frustration that is difficult to explain

It is particularly important to look out for the following:

- Unexpectedly poor language skills and/or poor speech with some word endings missing
- An abnormally loud or quiet voice
- Greater than average difficulty with phonics
- Unexpectedly slow progress with learning to read
- Difficulty following or understanding a story line when the teacher reads to the class
- Frequent colds, ear infections/catarrh
- Erratic educational performance

Royal National Institute for Deaf People www.rnid.org.uk

6. MEDICAL MODEL AND SOCIAL MODEL THINKING
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So far we have focused on the duties under disability and SEN legislation and identifying impairments and the implications for

individual children. However, the new duties are about making all schools and settings more friendly for all disabled children. The anticipatory duty- to remove barriers before they cause discrimination for disabled children is based on an understanding of the social model of disability. There are two ways of viewing and theorising about disability currently in use.

Medical Model thinking where disabled peoples' impairments are used to define them and the focus is on minimizing the impairment through medical interventions, therapy and normalisation.

'Social Model' thinking, where disabled people are people with impairments, but they are disabled by socially created barriers in attitude, organisation, environment and prejudice. It includes a rights based or equal opportunities approach where the institution (school or early years setting) changes to accommodate diversity.

There have been other ways of viewing disabled people that could be characterised as the **'Traditional Model'** where disabled people's difference from the majority is seen as a 'curse' or 'punishment' for disabled people or their parent's wrong doing, imposed by witchcraft, magic or deities. These ideas are still often current in the stereotypes of disabled people in literature and the media.

The 'Medical Model' of Disability

The 'medical model' sees the disabled child as the problem. Drawing on a past where disabled people were often viewed only through the lens of their impairment, subjected to attempted cures, institutionalised and isolated from the rest of society or even denied the right to live. Today 'high tech.' solutions, drugs and therapy programmes aimed at minimising impairments are more likely to feature e.g. cochlear implants for deaf children, Ritalin for children with ADD/ADHD, conductive education for children with cerebral palsy or behaviourist programmes of behaviour modification for children acting out their hurt feelings or behaving as they do because of an underlying impairment.

Disabled children are expected to change to fit into the world as it is. There is little recognition that disabled children have human rights. The right to be valued for who they are and to be fully included in society and in early years settings and at school. Instead they are often **integrated** under this approach. Integration is not to be confused with inclusion, though they often are. In an

integration approach the problem is seen to be located in the child and their special educational needs, rather than in the setting/school.

If the child cannot do something because of the functional limitations imposed by their impairment; the activity and the way it is happening is not seen as the problem. The child is seen as the problem. The child is bolted on to the setting and a lot of time and energy can then go into adapting activities so the child can take part.

In an **inclusive** approach the planning of activities/curriculum would be thought about and planned in an anticipatory way to accommodate the needs of all learners. This approach is the one required to conform to the SEN and Disability Discrimination Act (2001).

Parents are often misinformed, by medical practitioners, health visitors, social workers and psychologists, about what their child will be able to do and where they should be educated the possibility always exists that they will be advised that their child will be better off in a special school, setting, assessment nursery or isolated at home. Parents often buy into these approaches. The main reason for this approach is that medical science training is largely based on 'normality' and deviations from the norm are viewed as deviant or pathological. This does not accord with reality (See Table 1 p x) where impairment is very much the norm, but because of the pressure to be normal, if at all possible, people cover it up.

Impairments can shorten disabled people's life, limit what they can do. Impairments can be painful and a nuisance, but they should not define disabled children's lives. If they do we are stuck in medical model thinking.

MEDICAL AND SOCIAL MODEL THINKING IN SCHOOLS

MEDICAL MODEL THINKING	SOCIAL MODEL THINKING
Child is faulty	Child is Valued
Diagnosis	Strengths and needs defined by self and others
Labelling	Identify barriers and develop solutions
Impairment becomes focus of	Outcome based programme

attention	designed
Assessment, monitoring, programmes of therapy imposed	Resources are made available to ordinary services
Segregation and alternative services	Training for parents and professionals
Ordinary needs put on hold	Relationships nurtured
Re-entry if normal enough Or permanent exclusion	Diversity welcomed Child is included
Society remains unchanged	Society Evolves

Adapted from M. Mason 1994, R. Rieser 2000

The 'Social Model' of Disability

If people were to start from the point of view of all children's right to belong and be valued in their local school or early years setting, we would start by looking at 'what is wrong' with the school and looking at the strengths of the child.

This approach is based on 'social model' of disability thinking which views the barriers that prevent disabled people from participating in any situation as what disables them. The social model arises from defining impairment and disability as very different things.

"**Impairment** is the loss or limitation of physical, mental or sensory function on a long term, or permanent basis".

"**Disablement** is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. " (Disabled People's International 1981)

Impairment and chronic illness exist and they sometimes pose real difficulties for us. The Disability Movement comprises disabled people and their supporters who understand that they are, regardless of their particular impairment, subjected to a common oppression by the non-disabled world. They are of the view that the position of disabled people and the discrimination against them are socially created. This has little to do with their impairments. As a disabled person we are often made to feel that your fault that we are different. The difference is that some part, or parts, of our bodies or minds 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.

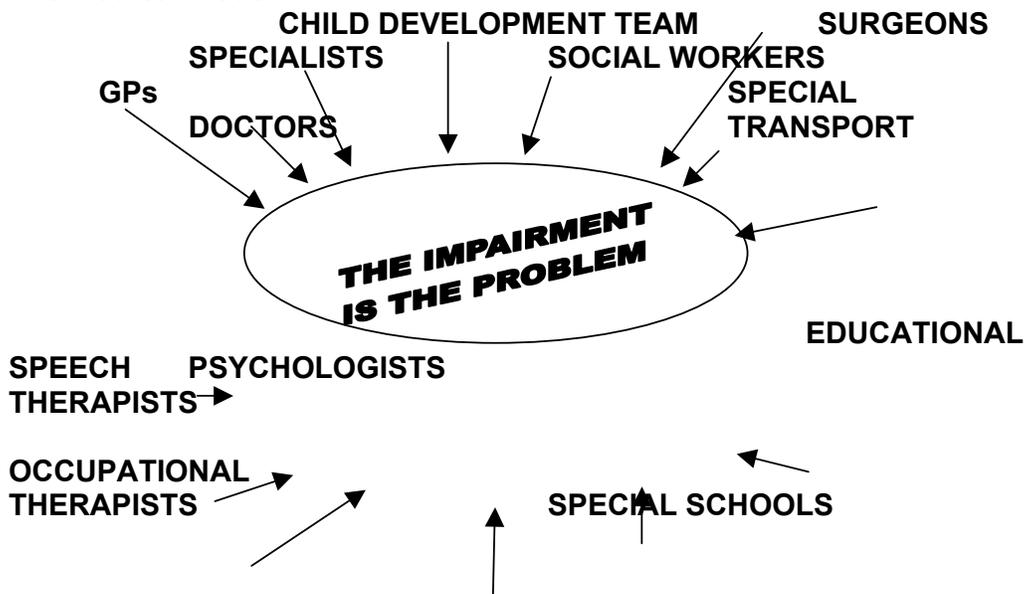
The understanding of the social model of disablement allows disabled people to feel good about ourselves and empowers us to fight for their human rights. This process of empowerment should start from the earliest age. Parents, teachers and early years staff of disabled children need to acknowledge and explain difference to support this process.

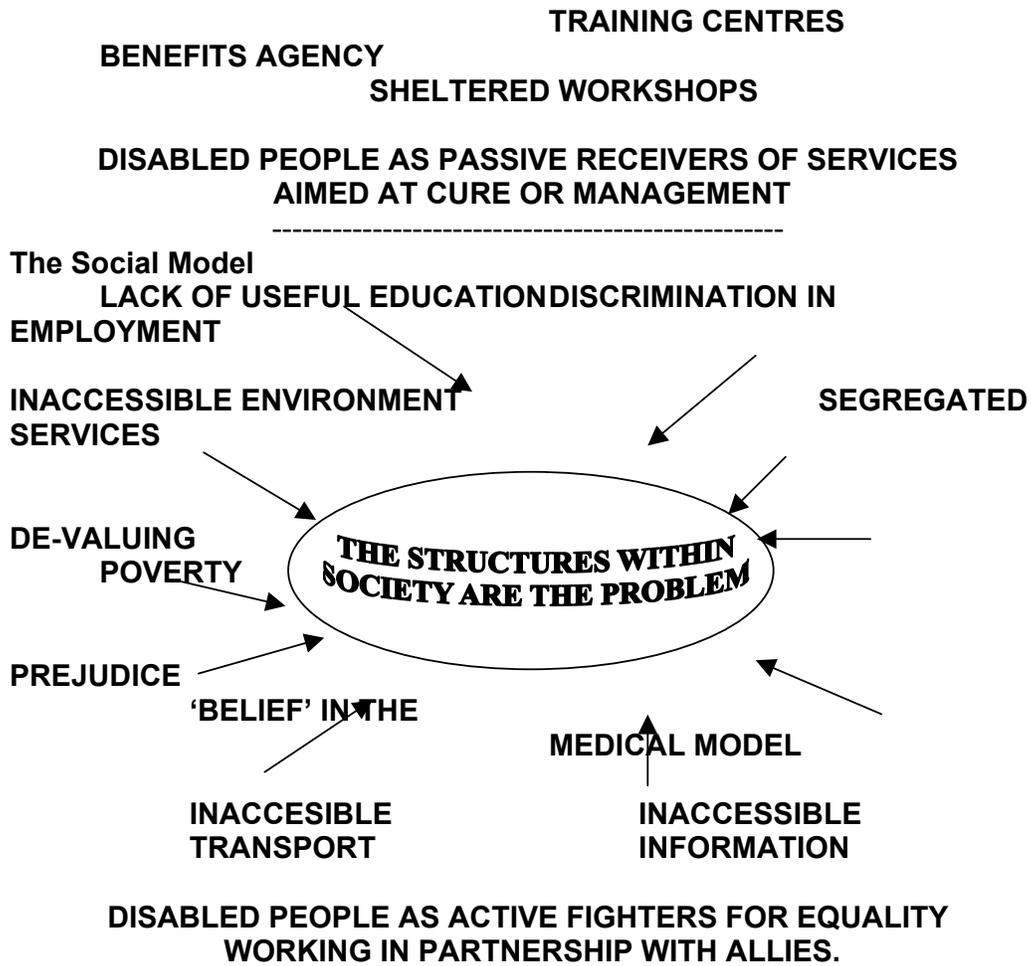
Parents and staff often feel awkward around disabled people and would benefit from **Disability Equality Training**. This helps participants understand the issues, feel more comfortable and is delivered by disabled trainers.

The obsession with finding medically based cures and therapies, distracts from celebrating diversity. 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 education system.

The struggle for the inclusion of all children, however 'severely' impaired, 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.

The Medical Model





7. THE PARENTS' PERSPECTIVE

Parents of disabled children often present a challenge to settings and schools. In communication with parents schools and settings often react negatively as they feel inadequate. Perceived lack of resources for, and knowledge of, the needs of disabled children often act as a barrier. However, settings and schools need to work with parents as partners and realise that the parents often have a great deal of understanding and knowledge of their children and their condition. Where they do not the school or setting can help parents become supporters and allies of their child. The statutory framework encourages this approach.

Statutory frameworks

At last the new SEN and Disability Act 2001 with the explanatory Code of Practice expresses the key role of working with

parents and working with young people to ensure that their needs are being met.

Quote from new Code of Practice 2.1 – 2.3

Working in Partnership with Parents

2.1 Partnership with Parents plays a key role in promoting a culture of co-operation between parents, schools, LEAs and others. This is important in enabling children and young people to achieve their potential.

2.2 Parents hold key information and have a critical role to play in their children's education. They have unique strengths, knowledge and experience to contribute to the shared view of a child's needs and the best ways of supporting them. It is essential that all professionals (schools, LEAs and other agencies) actively seek to work with parents and value the contribution they make. The work of professionals can be more effective when parents are involved and account is taken of their wishes, feelings and perspectives on their children's development. This is particularly so when a child has special educational needs. All parents of children with special educational needs should be treated as partners. They should be supported so as to be able and empowered to:

- recognise and fulfil their responsibilities as parents and play an active and valued role in their children's education;
- have knowledge of their child's entitlement within the SEN framework
- make their views known about how their child is educated
- have access to information, advice and support during assessment and any related decision making processes about special educational provision.

2.3 These partnerships can be challenging, requiring positive attitudes by all, and in some circumstances additional support and encouragement for parents

Parents Perspectives

Most parents get on the steepest 'learning curve' of their lives when they have a child with a significant impairment.

The close relationship with a real disabled person, their own child, may well challenge everything those parents thought they knew or understood about the world, their friends, themselves. For most, it is a lonely and painful journey because they are discovering a vicious oppression from which they now cannot hide or avoid. The current world-view of disabled children, is so negative that the birth of such a child is usually thought of as a tragedy to be avoided at almost any cost. If such a child does survive then parents are subjected to an onslaught of professional interventions, which try to turn the parents into teacher/therapists at home. Their children are declared defective, and from this position society struggles to see their life as anything else, but sad and hopeless, unless medicine finds a cure.

Under the influence of this world-view many parents have given away their children to residential hospitals or 'schools', or thrown themselves into organising therapies, fund-raising for medical research, campaigning for specialist and separate provision, and setting up impairment-specific charities and support groups."

(**Incurably Human** by Micheline Mason, Director, Alliance for Inclusive Education.)



"Many parents see how the oppression is hurting their innocent child, whom they have come to love. But feeling isolated and alone they often feel they are unable to defend them against the forces in society. If they find the courage to challenge the system, they are often labelled as 'difficult'. This can make them seem too ready for a fight and the professionals they encounter can become defensive and unsupportive. Understanding that these parents are challenging a vicious oppression and looking for allies in this huge task could make a huge difference to a child's life **Segregation is the problem not the solution**" Parents for Inclusion



“A separate existence in any sense different or apart from our family is not something any of us would automatically choose. ***That choice was made for us.*** We agreed to a separate school from her siblings, and away from home, as it was cruel to keep her at home all day, every day and no provision was made for her in our area. The consequences however have been devastating for our family. It has been impossible to have joint family activities without elaborate and extensive preparations, which may even then clash with her school arrangements. We rarely get to meet her friends or their families, therefore home visits and overnight stays are out of the question. Her siblings are not conversant with her communication, social and access needs and either leave her out of their activities or politely attempt to include her ***as one might a stranger.***”

Member of the Lambeth Black and minority ethnic

When I first had Kim he was my son.

A year later he was epileptic and developmentally delayed. At 18 months he had special needs and he was a special child. He had a mild to moderate learning difficulty. He was mentally handicapped. I was told not to think about his future.

I struggled with all this.

By the time he was four he had special educational needs. He was a statemented child. He was dyspraxic, epileptic, developmentally delayed and he had complex communication problems.

Two years later, aged six, he was severely epileptic (EP), cerebral palsy (CP) and had complex learning difficulties.

At eight he had severe intractable epilepsy with associated communication problems. He was showing a marked developmental regression. He had severe learning difficulties.

At nine he came out of segregated schooling and he slowly became my son again. Never again will he be anything else but Kim – a son, a brother, a friend, a pupil, a teacher, a person. [Pippa Murray, 'Let Our Children Be,' published by Parents with Attitude]

“Truth is often the hardest fact of life to face and to come to terms with, our children live the reality of this world ‘imposed upon them’, they lose their innocence quicker than most, because they have to struggle and battle with it as individuals every day of their lives, ‘out there’, because as parents we have no rights, we have no authority or control. Decisions are taken out of our hands and ‘they’ wreak havoc with the lives of our children. I feel as powerless as a child because whatever I say is ignored, professionals refuse to accept what I say as valid or important, then I am forced to witness their crimes against my child and suffer it as a parent without power, without control and without a say.”

Ann Jeronymedes, parent, Parents for Inclusion.]

Good practice

Schools and settings can develop good communication with parents at many levels.

- Accessible information and invitations to parents' evenings, reviews and other school activities.
- Welcome and value parents and their knowledge of their child.
- Respect confidentiality, but encourage parents to be open about their child's impairment.
- Active home school partnership, which respects cultural and economic diversity.
- Imaginative approaches to collaborative problem-solving and commitment to a non-confrontational ethos.
- Having a willingness to work along side parents' organisations in the voluntary sector – especially those wanting to empower parents to be good allies to their young disabled person.
- Remembering the child is central to all activities in a school and must be respected for who they are and the gifts they bring.
- The relationship between parent and child must not be threatened.

An in-school model developed by Parents for Inclusion, Unit 2, 70 South Lambeth Road, London SW8 1RL. Tel: 020 7735 7735.
www.parentsforinclusion.org

8.INCLUSION CURRICULUM, TEACHING AND LEARNING

Early Years

The Foundation Curriculum is built around the principles of inclusion. This is part of a wider trend towards inclusion reflected in the Green Paper Excellence for All (1997) and the Special Educational Needs (SEN) and Disability Act (2001) and the Special Educational Needs Code of Practice (2001) that now covers Early Years providers who apply for or are in receipt of nursery education grant.

SEN requirements for the early years settings providing education now include:

- to have regard to the SEN Code of Practice;
- to inform parents when special educational provision is made for their child;
- to agree to work towards the early learning goals for all;
- to have an SEN policy in whose development all practitioners are involved.
- to have a SENCO or if a network of providers a group SENCO.
- The SENCO is responsible for co-ordinating provision for children with SEN particularly those on Early Years Action or Early Years Action Plus.

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The Foundation Curriculum is an Inclusive document calling on all practitioners to ensure **all** children feel included, secure and valued.

It is based on the following principles:-

- Practitioners should ensure that all children feel included, secure and valued.
- Early years experience should build on what children already know and can do.
- No child should be excluded or disadvantaged because of ethnicity, culture, or religion, home language, family background, special educational needs, disability, gender or ability.
- Parents and practitioners should work together.
- To be effective, an early years curriculum should be carefully structured.
- There should be opportunities for children to engage in activities planned by adults and those initiated by themselves.
- Practitioners must be able to observe and respond appropriately to children.

- Well-planned, purposeful activity and appropriate intervention by practitioners will engage children in the learning process.
- For children to have a rich and stimulating experiences the learning environment should be well planned and organised
- Effective learning and development for young children requires high quality care and education by practitioners.

(From Curriculum Guidance for the Foundation Stage p. 17-18
QCA/00/587
May 2000.)

Meeting diversity in Early Years

- Plan opportunities that build on and extend children's knowledge, experiences, interests and skills and develop their self-esteem and confidence in their ability to learn.
- Use a wide range of teaching strategies, based on children's learning needs.
- Provide a wide range of opportunities to motivate, support and develop children and help them be involved, concentrate and learn effectively.
- Provide a safe and supportive learning environment, free from harassment, in which the contribution of all children is valued and where racial, religious, disability and gender stereotypes are challenged.
- Use materials that positively reflect diversity and are free from discrimination and stereotyping.
- Plan opportunities for children whose ability and understanding are in advance of their language and communication skills.
- Monitor children's progress, identifying any areas of concern and taking action to provide support, for example by using different approaches, additional adult help or other agencies.

Aims for the Foundation Stage

All settings and schools that receive grant-funding for the education of children aged three to five are required to plan activities and experiences which help children make progress in their development and learning. Young children will have had a wide range of different experiences and will have a wide range of competencies and interests when they join a setting or school at the age of three, four or five. They need well-trained and qualified

practitioners, and a well resourced and planned curriculum to take their learning forward and to provide opportunities for all children to succeed in an atmosphere of care and of feeling valued.

Monitoring of individual children's progress throughout the foundation stage is essential to ensure that all are making progress and that particular difficulties in any of the areas of learning, whatever the cause, are identified and addressed. Prompt and appropriate action at this stage could help to prevent children from developing learning difficulties later in their school career. There will be a small number of children in the foundation stage who have special educational needs or disabilities which will require specific provision such as specialist teaching, adapted equipment or support from an adult, for particular activities. It is essential that these children are identified as soon as possible and appropriate support provided.

The curriculum for the foundation stage should underpin all future learning by supporting, fostering, promoting and developing children's:

- Personal, social and emotional well-being
- Positive attitudes and dispositions towards their learning
- Social skills
- Attention skills and persistence
- Language and communication
- Reading and writing
- Mathematics
- Knowledge and understanding of the world
- Physical development
- Creative development

QCA/DfEE Curriculum Guidance for the Foundation Stage 2000

A number of LEAs and EYDCPs are developing useful materials to help inclusion in the Early Years. Here are two examples.

Newham and Tower Hamlets have produced an excellent, practical, guide to the early years curriculum, which includes disabled children in the full range of curriculum activities. Suggestions are based on readily available resources. **Planning Progress :An Early Years Curriculum Framework (2002) LBTH**

Learning Design THE PDC English Street, London E£ 4TA £25
including p&p
020 89831944.

Birmingham EYDCP have produced **Success for Everyone Under Five: Standards for Inclusive Practice in Early Years Settings**. This consists of 30 standards, which early years settings can use to evaluate how inclusive their practice is. £25 Available from Jopan Jones 012113032 2619 or e-mail joan_jones@Birmingham.gov.uk

Sure Start

Sure Start aims to transform the life chances of young children(0-4), particularly those with special needs and impairment who live in areas of disadvantage. The programmes try and reach all families in the area.

Recent DfES guidance for the programme (DfES 2002 SNG01) poses the following questions to staff working on programmes. They are useful for other settings and schools.

“Sure Start Services

- How do we welcome families that have children with special needs or a disability(impairments)?
- Are our services and buildings inclusive and accessible to parents and children with special needs and disabilities/
- What play materials, books and displays do we have that support positive images of parents and children with special needs and disability?
- What actions do we take when we think a child we are working with may have special needs or a disability?
- Do we have special needs expertise on our partnership board and if not do we know where we can get that advice?
- Do we have an action plan or policy for working families who have children with special needs or a disability?

Links with other professionals and voluntary/community services

- Who provides special needs and disability equality training?
- Who is the lead on child protection issues for children with special needs or a disability?
- How do parents contact local parent partnership service for advice and information about special educational needs?

- Where are local paediatric services?
- How do we contact speech therapists/
- How do we get help from the local social services department?
- How do we find parent support groups for families of children with special needs or a disability?"

Developing Inclusion. Teaching and Learning Styles.

The best way for schools and settings to develop inclusion is to develop existing early years and primary school good practice. We know that some children learn by doing and touching- kinaesthetic learners. Others learn by interacting with others. Some are visual learners. While others learn through introspection or hearing things. Psychologists like Howard Gardiner have confirmed and developed this thinking .

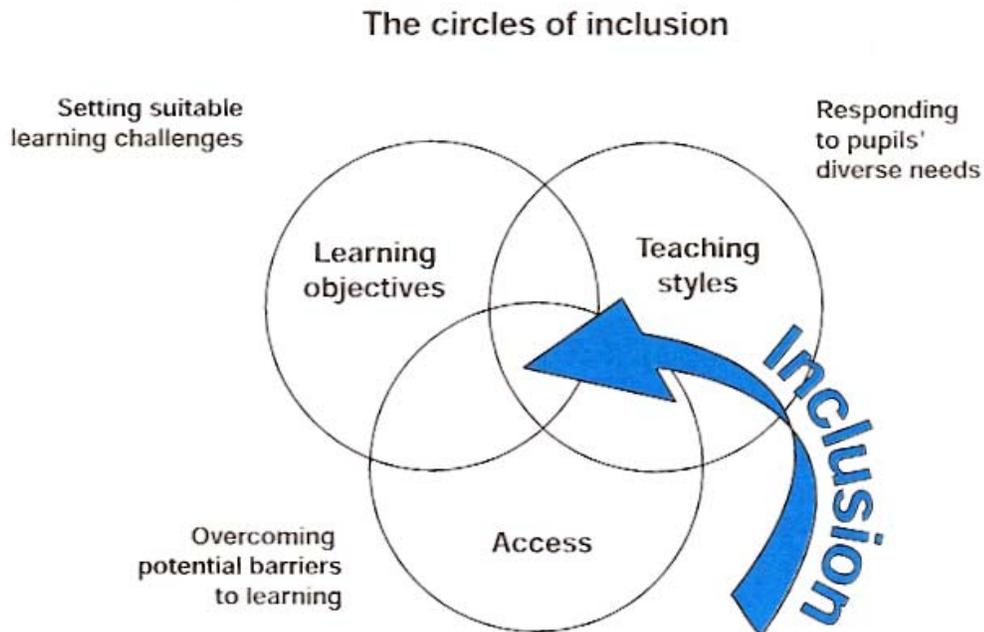
Theory of Multiple Intelligences identifies 9 discrete intelligences and different people have them in different amounts:-

1. Linguistic intelligence (as in poets and writers)
2. Logical-mathematical intelligence (as in scientist).
3. Musical intelligence(as in composer)
4. Spatial intelligence
(as in sculptor or airline pilot).
5. Bodily kinaesthetic intelligence
(as in athlete or dancer).
6. Interpersonal intelligence (as in teacher).
7. Intra-personal intelligence (those with an accurate view of themselves).
8. Organisational- list makers
9. Spiritual

The ongoing research in schools for more than 20 years has also shown intelligence has to be contextualized (culture); that a significant part is distributed (not in head); that intelligence can be nurtured in particular settings and that intelligence must be humanised (moral and emotional). This and much other research means that the inclusive classroom must be an multi-sensory learning environment with both self initiated and planned activities which allow for learning in different styles.

New guidance on Literacy and Numeracy Daily Lesson helps widen the range of children included. When originally introduced they did not include all learners. Interestingly these are non-compulsory, though many schools have acted as if they were mandatory, New guidance on the these and inclusion (2002)

allows teachers to be far more flexible in tailoring activities to different learning styles and levels of learning difficulty.



The Three Circles Model From 'Including all children in the literacy and daily mathematics lesson.' DfES 0465/2002.

Here setting suitable **learning objectives** means that the teacher identifies outcomes for particular individuals or groups of children which are different from those set for the whole class. These will be drawn from earlier stages in the Literacy or Numeracy strategy and are linked to the class topic.

Using particular **teaching styles** means that the teacher plans to vary teaching methods so as to match the needs of individuals or groups and secure motivation and concentration e.g. using visual, auditory and kinaesthetic channels, varying groups and styles of learning.

Access means finding ways of by-passing, or overcoming, barriers to learning e.g. using symbols instead of text; putting text on tape or having it read aloud by a peer; getting another adult to go over the instructions; adapting equipment so it can be used. The learning objective remains the same- the appropriate access strategy will enable the child to work at the same level. Teachers are urged to use the three circle model to ascertain the extent to

which their classrooms provide inclusive learning. Many disabled children will not necessarily follow the 'normal' stages of development or learning.

They will often have adapted to their impairment and learn and do things differently. Teachers need to be aware of this and observe children interacting, playing and responding to different teaching and learning situations to ascertain what will work best for each child.

This is one reason why the **P-Scales** are flawed as a means of designing programmes of study or setting targets.

They were introduced only as level indicators. But P-Scales are introducing a medical model approach to assessment in early years and schools. Be careful not to place too much reliance upon

P-Scales Levels p1-3

P1(i) Encounters activities and experiences... shows simple reflex responses, for example, startling at sudden noises or movements.

P1(ii) May have periods when s/he appears alert and ready to focus attention on certain people, events or objects

P2 (i) Begins to show an interest in people, events and objects e.g. smiling at familiar people.

P2(ii) Performs actions, often by trial and improvement, remembers learned responses over short periods.

P3(i) Explores materials in increasingly complex ways

P3(II) Actively explores objects and events for more extended periods.

them.

In the Foundation Stage Profile Handbook (QCA 2002) a system which is replacing base-line assessment is introduced. Chapter 5 provides much useful guidance for profiling children with SEN or who are disabled. It also provides tables for practitioners to make links between the P-Scales and the scales found within the Foundation Stage Profiles. The Early Learning Goals are not hierarchically structured and are therefore more useful in inclusive settings.

The P-Scales give 8 Level Indicators below Level one of the National Curriculum and have been produced by the Qualification and Curriculum Authority(2001) In **'Planning, teaching and assessing the curriculum for pupils with learning difficulties'** curriculum guidance is provided for all subject areas for each key stage for pupils unlikely to achieve above level 2.

The following aims for the school curriculum for those with learning difficulties are useful.

ESTABLISHING THE SCHOOL'S AIMS FOR THE CURRICULUM

The curriculum in all schools should be balanced, broadly based and aim to:

- promote pupils' spiritual, moral, social and cultural developments and prepare all pupils for the opportunities, responsibilities and experiences of life.

For pupils with learning difficulties the school might aim to:

- enable pupils to interact and communicate with a range of people;
- enable pupils to express preferences, communicate needs, make choices, make decisions and choose options that other people act on and respect;
- promote self-advocacy or use a range of systems of supported advocacy;
- prepare pupils for adult life in which they have the greatest possible degree of autonomy and support them having relationships with mutual respect and dependence on each other;
- increase pupils' awareness and understanding of their environment and the world;
- encourage pupils to explore, to question and to challenge;
- provide a wide range of learning experiences for pupils in each key stage suitable to their age.

Once agreed, the school aims will inform the development of curriculum plans.

'Planning, teaching and assessing the curriculum for pupils with learning difficulties' QCA 2001

In General Inclusion Statement (QCA) has since 2000 provided very useful statutory guidance for all teachers to include all learners in their classes by:-

setting suitable learning challenges; overcoming barriers to learning and responding to pupils diverse needs. The statement

also provides useful guidance on including disabled children and those with special educational needs.

The National Curriculum Inclusion Statement

A. Setting suitable learning challenges

Teachers should aim to give every pupil the opportunity to experience success in learning and to achieve as high a standard as possible.

For pupils whose attainments fall significantly below the expected levels at a particular key stage, a much greater degree of differentiation will be necessary.

For pupils whose attainments significantly exceed the expected level of attainment within one or more subjects or at a particular key stage, teachers will need to set suitably challenging work.

B. Responding to pupils' diverse learning needs

When planning, teachers should set high expectations and provide opportunities for all pupils to achieve. Teachers should plan their approaches to teaching and learning so that all pupils can take part in lessons fully and effectively.

To ensure that they meet the full range of pupils' needs, teachers should be aware of the requirements of the equal opportunities legislation that covers race, gender and disability.

Teachers should take specific action to respond to pupils' diverse needs by:

- creating effective learning environments;
- securing their motivation and concentration;
- providing equality of opportunity through teaching approaches;
- using appropriate assessment approaches;
- setting targets for learning.

C. Overcoming potential barriers to learning and assessment for individuals or groups of pupils

Teachers must take account of particular learning and assessment requirements and make provision, where necessary, to support individuals or groups of pupils to enable them to participate effectively in the curriculum and assessment activities for:

- i. Pupils with special educational needs
- ii. Pupils with disabilities
- iii. Pupils who are learning English as an additional language

Summarised from: QCA (2000) Inclusion: providing effective learning opportunities for all pupils

i. Pupils with special educational needs:

Curriculum planning and assessment for pupils with special educational needs must take account of the type and extent of the difficulty experienced by the pupil.

Teachers should take specific action to provide access to learning for pupils with special educational needs by:

- providing for pupils who need help with communication, language and literacy;
- planning, where necessary, to develop pupils' understanding through the use of all available senses and experiences;
- planning for pupils' full participation in learning and in physical and practical activities;
- helping pupils to manage their behaviour, take part in learning effectively and safely, and, at key stage 4, prepare for work;
- helping individuals to manage their emotions, particularly trauma or stress, and take part in learning.

ii. Pupils with disabilities:

Teachers must take action in their planning to ensure that disabled pupils are enabled to participate as fully and effectively as possible within the National Curriculum and the statutory assessment arrangements.

Teachers should take specific action to enable the effective participation of pupils with disabilities by:

- planning appropriate amounts of time to allow for the satisfactory completion of tasks;
- planning opportunities, where necessary, for the development of skills in practical aspects of the curriculum;
- identifying aspects of programmes of study and attainment targets which may present specific difficulties for individuals.

Summarised from: QCA (2000) Inclusion: providing effective learning opportunities for all pupils

9. INCLUSION A WHOLE SCHOOL/SETTING APPROACH : POINTERS TO GOOD PRACTICE

Inclusion is a process of whole school/setting change involving all staff, parents, children governors and local community to reduce the barriers so all children can equally participate in learning and the social life of the school/setting. Inclusion is a journey of school/setting improvement . The **Index for Inclusion** is a very useful self -review tool that all schools/ settings can adapt to regularly check how inclusive their culture, policies and practices are.

Index for Inclusion-Definition of inclusion

- Inclusion in education involves the processes of increasing the participation of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools.
- Inclusion involves restructuring the cultures, policies and practices in schools so that they respond to the diversity of student in their locality.
- Inclusion is concerned with the learning and participation of all students vulnerable to exclusionary pressures, not only those with impairments or those who are categorised as 'having special educational needs.'
- Inclusion is concerned with improving schools for staff as well as for students.
- A concern with overcoming barriers to the access and participation of particular students may reveal gaps in the attempts of a school to respond to diversity more generally.
- All students have a right to an education in their locality.
- Diversity is not viewed as a problem to be overcome, but as a rich resource to support the learning for all.
- Inclusion is concerned with fostering mutually sustaining relationships between schools and communities.

The Index is available from CSIE, Room 2S 203, S Block, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QU Tel: 0117 344 4007. Fax: 0117 344 4005.

Inclusion is about developing ever more accessible schools/settings, developing teaching and learning which provides suitable learning challenge, removes barriers and provides the support individuals need to achieve their potential. Inclusion is equally about valuing difference and creating situations where the development of self-esteem and friendships is assured.

Below are a range of pointers towards developing inclusion in your school or setting drawn from current good practice.

Access Audit of the Built Environment. Carry out a full access audit of your building and grounds. Involve children where possible. Cost and set targets of major and minor works to be included in the School Access Plan(See page xx). Non-school settings need to be aware that they are already under a duty to make reasonable temporary adjustments to facilitate access and by October 2004 they have to introduce reasonable permanent adjustment (See page xx). If you are not sure what are barriers and how they should be made accessible contact your local council access officers or local group of disabled people.

Audit Access to the Learning Environment. Audit information, software and hardware suitable for supporting learning difficulty; maintain up-to-date information on adaptations e.g. Braille, Makaton and British Sign Language communication aids, touch screen, laptops, switching. Keep all written material on PC so it can be converted into accessible formats. Many schools are increasingly sharing know how, resources and curriculum materials to enhance inclusion. This and the previous point are a requirement of all schools private and maintained.

Ensure Disability Issues are in the Curriculum. When planning curriculum topics think of including a disability dimension. Build up resources and books that are non-discriminatory (See recommended books). Make sure you have toys with different impairments. Promote the 'social model'. E.g. All children doing their name in Braille using half dozen egg boxes. Have story books

which include disabled children. If you cannot find them make them. Use children's sense of fairness to identify discrimination.

Disabled people are positively portrayed- images. Ensure all children have access to positive images of disabled adults and children. If you can't get them make them. Invite disabled people into the setting or school to talk about their lives. Make sure wall displays include disabled people and show diversity.

Diversify the curriculum – use a variety of approaches. Use a wide variety of approaches when planning the curriculum to draw on different strengths and aptitude of the pupils. Build up a resource bank of ideas and approaches allowing time for joint planning and review. Link up with other schools and settings and share learning resources and approaches. Develop peer observe of different practitioners/ teachers.
Use QCA General Inclusion Statement and Foundation Curriculum.

Develop collaborative learning and peer tutoring. The biggest learning resource in any setting/ school are the children. Involve them in groups and pairings with children of different abilities and different ages. Move away from setting and streaming; all will benefit

Assessment Policy-Is it Inclusive?

Ensure children are assessed against their own previous achievement rather than against normative targets, otherwise they will internalise that they are failing or in deficit.

Try and ensure any assessments the school have to do are carried out sympathetically and do not distort the inclusive ethos and practice.

Effective team approach for learning support and curriculum planning. Ensure that learning support is effectively co-ordinated throughout the setting by allowing time for joint planning when the children have gone involving teams of teachers & early years workers and / or learning support assistants.

Staff collaboration is essential to develop inclusion.

British Sign Language taught and used. When a setting includes deaf children where appropriate make use of British Sign Language translators and teachers. Offer deaf children the chance to work with native signers. Offer hearing children the chance to

study sign language as part of the curriculum. All children should be taught some basic signs. Only a small proportion of deaf children are currently sign users

Accessible communication in setting/to parents. Recognise that not everyone communicates by written or spoken English. Audit the communication needs within the school/ setting and of parents and provide notices, reports, information & directions in the relevant format, e.g. large print, Braille, tape, videos in BSL, computer disk & pictograms, community languages. Remember your setting provides a service to parents and carers as well as children, under Part III of the DDA. Ensure the acoustic environment does not prevent communication for deaf people.

Be critical of disablist language used. Examine language used to describe children, in teaching and by pupils. Much of it is disablist and impairment derived. Some words are offensive to disabled people- e.g. handicapped, cripple, spastic, mentally handicapped. Develop a critical reappraisal through Disability Equality Training, assemblies and in class . Is it fair to use this word?

AVOID / OFFENSIVE	USE / PREFERRED
Victim of	Person who has Person with Person who experienced
Crippled by	Disabled person Person who has Person with
Sufferer Suffering from	Person who has Person with
Afflicted Afflicted by	Person who has Person with
Wheelchair bound	Wheelchair user
Invalid	Disabled person
Handicap	Disability / impairment
Handicapped person	Disabled person
Disability	Condition / impairment
Spastic	Someone with cerebral palsy
The disabled	Disabled People
The blind	Blind person Visually impaired
The deaf	Deaf people
Deaf and dumb Deaf mute	Deaf or deafened Hearing impaired
Mongol	Someone with Downs Syndrome or

	Learning Difficulty
Mental handicap	Learning Difficulty
Retard / idiot / imbecile / feeble-minded	Learning disabled
Mute / dumb / dummy	Speech difficulty
Mad / crazy / insane	Mental Health System User/Mental health survivor
Mentally ill	Mental Health Survivor or system user
Mental	Disabled person
Stupid	Foolish / thoughtless
Dwarf	Short person
Midget	Short stature
Deformed	Disfigured
Congenital	Disabled Person
Disabled toilet	Accessible toilet

Challenge impairment derived abuse, name calling and bullying as part of school behaviour and anti-bullying policy. Introduce effective policy to prevent abuse, name-calling and bullying because of physical, mental or sensory differences e.g. challenge and explain how hurtful the use of words like 'dumb' or 'spazzie' can be. Involve all children in developing behaviour codes or rules. Don't forget homophobic, racist and sexist language and behaviour should be similarly challenged.

Intentionally build relationships. Policies devised with the involvement of the children & based on principles of self-regulation & mutual respect are the most effective. Sometimes it is necessary for adults to take a lead in setting up circles of friends & buddy systems. All children should remain on roll even if for some time they are out of class. Devise systems and safe places where distressed children can take 'time-out'.

Develop a whole-setting ethos on accepting difference. Use early identification to find children's needs and appreciate their strengths as defined by them and others who know them. Help children to feel good about themselves. Self-esteem is the most important factor in a successful and happy life.

Develop empowerment and self-representation of disabled children. Set up structures through which disabled children/those with SEN can express their views, develop self-esteem, All children can express an opinion. Allow children to have some influence on how the setting/ school runs. Involve disabled adults in coming into the setting.

Physical Education. Ensure play and sporting activities involve all pupils, develop collaboration & encourage all pupils to improve their personal performance. Use adaptation and creative imagination to succeed in this.

Transport and having a setting trips policy that includes all. Ensure transport to and from the school/ setting for disabled pupils fit in with the school day and allow for attendance at after school activities. Allow friends and siblings to use this to break down isolation. Ensure that no pupil is excluded from a trip or visit because their access or other needs are not met. This means careful advanced planning and pre-visits. Challenge venues which are not accessible. They are in breach of Part III of the Disability Discrimination Act.

Have an increasing inclusion ethos in setting/school development plan. The setting /school should examine every aspect of its activity for barriers to inclusion and then set a series of targets for their eradication describing how this is to be achieved.

Include Outside Specialist Support. Plan the work of speech, physiotherapy, occupational therapists, specialist teachers for sensory impairment in a co-ordinated way which best supports children's curriculum, play and learning needs as part of the everyday curriculum. Usually such specialists will have to act as consultants and so members of staff will need training to implement the on going programme wherever possible in groups.

Have policy on Administering Medication and Personal Assistance. Devise a policy on administering routine medication, which is easy for staff to use and develop systems that maintains children's dignity on personal hygiene issues. Have a system for handling medical emergencies, which is easy for everyone to use. All staff should receive training on medical procedures from a registered medical practitioner e.g. tube feeding or catheter use.

Maintain Equipment. Ensure that specialist equipment is properly maintained, stored and replaced when necessary; mobility aids, e.g. wheelchairs and walking frames, are regularly checked; and that staff are trained in their proper use. Make sure there are a readily available diversity of objects that sensory or physically impaired children can use .

Increase the employment of disabled staff. The Disability Discrimination Act Part II applies to employment in most schools and larger nurseries. From 2003 the small employers exemption goes and it will apply to employment in all settings. Revise your equal opportunity employment policy to increase the employment of disabled staff. There is Access to Work money available to support their needs. All children need disabled adult role models.

Disability Equality Training and ongoing INSET for Staff & Governors. Organise a programme of in-service training for teachers, nursery nurses, support staff and governors to help them move towards inclusion and disability equality. Ensure all staff are involved in and understand the process of inclusion and receive disability equality training. For staff who argue this is all too much of an imposition remind them 25 years ago we successfully challenged sexism which has led to big changes for girls and women. Now this must be done for disabled children and adults. Equality is not 'political correctness' it is right.

Governing Body or Management Committee representation. Appoint a governor to have a brief for inclusion, with the whole governing body/ management committee involved in developing inclusion policy. Try to get disabled governors.

Consultation with and involvement of parents. Ensure there are effective arrangements for involving parents in all parts of their child's setting/ school life. Make parents into partners in their children's education. Consult parents on key decisions that have to be made. Use local Parent Partnership Services. Provide education on inclusion for all parents. These arrangements should involve counselling & support in helping a child towards independence. Set up school based parental support groups for parents with disabled children or children with SEN. Value and use the knowledge and experience parents have of their children. With their permission, maintain information about parents who are themselves disabled so their access & their needs can be met.

10.RECOMMENDED RESOURCES

Resource List for Inclusion

All My Life's a Circle - Using the Tools: Circles, Maps & Path – by Mary A. Falvey, Marsha Forest, Jack Pearpoint & Richard L Rosenberg. Published by Inclusion Press 1993. Order from Inclusion Distribution, 29 Heron Drive, Stockport SK13 1QR

All together:

How to create inclusive services for disabled children and their families : a practical handbook for early years curriculum. The early years network Mary Dickins and Judy Denziloe., 1988 . Currently being revised

Altogether Better by M Mason & R Rieser. This is a pack containing a booklet and video which explains clearly why it is important to educate disabled children in mainstream schools. The statutory regulations in the 1993 Education Act require that every school in the UK have a Special Needs policy to deal with the special educational needs of statemented and non-statemented pupils. 'Altogether Better' is perfectly timed to help schools understand the issues and face the challenge of implementing the Code of Practice for Special Needs. Produced by Charity Projects. (Available at Disability Equality in Education info@diseed.org.uk . 0207 359 2855)

Asperger syndrome: practical strategies for the classroom: a teacher's guide. Leicester City Council and Leicestershire County Council (1998) National Autistic Society.

Outlines nature of impairments in Asperger syndrome, how these may give rise to problems in school. Practical management suggestions.

Autism:Guidance for schools and local education authorities on making effective provision for children with autistic spectrum disorders. Autism Working Group (2002) , Department for Education and Skills.

Autism :A structure for success: guidance on the National Curriculum and autistic spectrum disorder. (The Qualifications Curriculum and Assessment Authority for Wales) (2000) ACCAC Publications. Looks at key issues for managing learning in pupils with autism spectrum disorders, curriculum planning and access to the National Curriculum.

Circles of Friends by Colin Newton and Derek Wilson (1999). The book describes a simple but powerful technique for reintegrating children with behavioural problems into the life of their school and class. Available through DEE, .

Challenging Behaviour in Schools Gray, P, Miller, A and Noakes, N (1994) Routledge

Examines teacher support, practical techniques and policy development

Changing Our School: Promoting Positive Behaviour by Highfields Junior School, Plymouth. How the school transformed itself and the behaviour of its pupils through inclusive methods. Available through DEE

Developing An Inclusive Education Policy For Your School Published by CSIE. Order from CSIE, Tel: 0117 344 4007.

Disabled People in Britain and Discrimination by Colin Barnes (1991), Hurst, London. General position disabled people. Chapters on education and history very relevant.

Disability Equality In the Classroom - A Human Rights Issue by Richard Rieser & Micheline Mason . A handbook for teachers which compiles some of the best thinking of disabled people about our history, our current issues, language, images, and culture. Many ideas, as to how to bring disability into the classroom as an issue of equality. Available at DEE .

Disaffection & Inclusion: Merton's Mainstream Approach to Difficult Behaviour. Giles Barrow, CSIE. Excellent account of how Merton shut PRUs And used the resources released for supporting the development of wholeschool approaches to challenging behaviour. Available through DEE.

Dreaming the Dream, Inclusion and Social Justice. Parents for Inclusion, 2001. The voice of Young Disabled People, Disabled Adults, Parents and Allies working together to change Lambeth. Excellent resource. Available from DEE..

Don't Count Me Out: The exclusion of children with a learning disability from education because of health needs. Mencap 2001.

Deaf Children: Guidelines for mainstream teachers with deaf pupils in their class. RNID. 2000 Materials for mainstream teachers with little or no experience of working with deaf pupils.

Effective inclusion of deaf pupils in mainstream schools. RNID. 2000 Practical suggestions and guidance to support effective inclusion in a range of mainstream settings.

Promoting access to the curriculum for deaf pupils. RNID. 2000 Examines the diversity of deaf pupils, their curriculum and teaching and learning needs.

Promoting numeracy in deaf pupils. RNID. 2001

Examines the areas of mathematical information to which deaf children need access and how it should be taught

Promoting literacy in deaf pupils. RNID. Identifies areas of difficulty in developing reading and writing for deaf pupils and highlights appropriate strategies. All above available from RNID www.rnid.org.uk

Education and Disability – a parents' guide to rights from nursery to university, by Contact a Family, Network 81 and SKILL (2002) Contact a Family

Single free copies from helpline: 0808 808 3555 Information pack for parents on all aspects of education for a disabled child.

Education Equality and Human Rights. Edited by Mike Cole, 2000. Routledge, London. Covers Gender, 'Race', Sexuality, Disability and Social Class. Two chapters from Richard Rieser on History and Inclusion. Available from DEE.

Evaluating Educational Inclusion. Office for Standards in Education (2000) Ofsted
Ref No. HMI 235. Available from www.ofsted.gov.uk Tel: 020 7421 6800

Family Action for Inclusive Education Susie Miles, 2002, EENET, Manchester University 0161 275 3711 eenet@man.ac.uk website www.eenet.org.uk Developing inclusion in poorer countries making links with the North.

Human Rights and School Change - The Newham Story by Linda Jordan and Chris Goodey. This new CSIE publication provides a detailed account with pictures, diagrams and charts of the de-segregation of the education service in the London Borough of Newham. Written by two of the leading figures in the process, it shows how the authority moved towards closure of most of its separate special schools and units over a 12-year period, 1984-96, while at the same time improving mainstream provision for all pupils. Newly Revised. Available from DEE.

Incurably Human. Written and Illustrated by Michelene Mason. Excellent essay on why the development of inclusion is essential drawing on insights of the author as a disabled parent of a disabled child. Available from DEE.

Index for Inclusion. CSIE Excellent Self Review tool for schools to find out how inclusive they are and monitor their progress towards greater inclusion. Available from DEE or CSIE.

Inclusion Policy document The National Association for Special Educational Needs (2002) setting out principles and responsibilities .Details of other policy documents (e.g. Learning Support Assistants, Partnership with Parents) and publications available on NASEN's website: <http://www.nasen.org.uk> or phone: 01827 313005

Learning and Inclusion: The Cleves School Experience by Priscilla Anderson, David Foulton ,London Written by staff and pupils of the school in Newham, London. An excellent account of school change of teaching and learning for inclusion. Available through DEE.

Learning Supporters and Inclusion: roles, rewards, concerns and challenges Linda Shaw for CSIE Available from DEE.

Let Our Children Be - A Collection of Stories compiled by Pippa Murray & Jill Penman. Our disabled children are often not accepted as the individuals they are. They are often denied human rights. We want all our children to belong in their local communities and to have ordinary lives. Our disabled children are teaching us how to be their allies. This book is a collection of stories about our lives. Available from DEE.

Lost For Words. Afasic Introduces speech and language impairments – and how Afasic can help. Free from Afasic, 2nd Floor, 50-52 Great Sutton Street, London EC1V 0DJ www.afasic.org.uk

The Making of The Inclusive School by Gary Thomas, David Walker and Julie Webb (1998), Routledge. ISBN 415-15560-6. Excellent summary of research in Part 1 followed by an evaluation of the Somerset Inclusion Project in Part 2.

Making it Work Removing Disability Discrimination: A Training Pack for Schools & LEAs by Phillipa Stobbs & Richard Rieser,(2002). Council for Disabled Children 0207 843 6087

Meeting the needs of children with autistic spectrum disorders. Jordan, R and Jones, G (1999) David Fulton. Guide for teachers in mainstream settings.

On a wing and a prayer: Inclusion and children with severe learning difficulties. Mencap 1999.information@mencap.org

Pupils with Complex Learning Difficulties: Promoting learning using visual materials and methods. Porte, J and Ashdown, R (2002) The National Association for Special Educational Needs
Solutions to Bullying Young, S (2002) The National Association for Special Educational Needs Gives practical strategies and solutions for reducing the incidence of bullying and taking effective action when it does occur.

Telling Our Stories: Reflections on Family Life in a disabling world. Edited by Pippa Murray and Jill Penman, Parents with Attitude, Sheffield. 'Neither our upbringing nor the world around us seemed to offer a picture of the ordinary lives we wanted for our families'. This collection lets families with disabled children tell their own stories in this context. Available from DEE.

The educational experiences of 5-16 year old blind and partially-sighted children and young people. Franklin, A, Keil, S, Crofts, K and Cole-Hamilton (2001), Royal National Institute for the Blind. Examines the experiences of 93% of blind and partially-sighted children attending mainstream schools.

The Inclusion Assistant. Alliance for Inclusive Education. A video and report of the views of eleven young people with high levels of support needs. Available from DEE.

The National SEN Specialist Standards. 1999 Teacher Training Agency TTA.

TTA publications, tel: 0845 606 0323, www.teach-tta.gov.uk Also now available on CD-ROM.

Unlearning Discrimination in Early Years by Babette Brown, Trentham Books . Relevant theory and research challenges some preconceptions about early childhood development. Examples of good practice show how

young children understand issues to do with racism, sexism, disability and homophobia when encouraged to do so but they readily absorb prevailing stereotypical notions when they are not. Available from EYTARN

What works in Inclusive Education Sebba, J and Sachdev, D (1997). Barnardos. tel: 090 204 6438, www.barnados.co.uk A good overview of inclusive practice.

Working towards Inclusive Education Peter Mitler (2000) David Fulton Publishers. Provides a comprehensive overview of inclusion in early years and schools setting, including international perspectives.

You Can't Say You Can't Play. Vivian Paley, Harvard Univ. Press. Challenging the often heard 'You can't play with me'. The author introduces a rule as per the title. The struggles that ensue make interesting reading Available from DEE

Posters

Planet – 01926650165- 7 posters in colour of disabled adults in positive roles. £9 a set.

Jigsaw – Positive Image Posters. Trinity Centre, Wesleyan Row, Clitheroe, BB7 2JY. Tel: 01200 444345. Designed by and featuring Young Disabled People.

Eduzone- A number of posters including early years and primary disabled children 3, Dennis Parade, Winchmore Hill Road, London N14 6AA Tel 020 8882 1293 Fax 0208882 4700 www.eduzone.org.uk

Videos

All Together Better: Good Practice from Kent Schools (2000) Kent County Council Education and Libraries Video Available from jean.york@kent.gov.uk The video promotes discussion about current inclusive practices in Kent schools.

British Sign Language video collection for very young children. Forest Bookshop Unit 2, The New Building, Elwood Road, Milkwood, Coleford, Gloucester GL16 7LE www.ForestBooks.com 01594 810637

Count me in.(2001) Channel 4 Learning Video available from Disability Equality in Education, Unit GL, Leroy House, 436 Essex Road, London. N1 - £10.00 plus £1.50 postage. Made in six primary and six secondary schools in England and Wales. Shows development of inclusive practice.

Heart of Learning, Baker Jerrard Productions. A 66 minute video shot in Brent Early Years settings. It comes with a booklet which poses a number of questions about developing an inclusive setting. The video looks at the Foundation Stage by exploring the six areas of learning in an inclusive way. The video demonstrates inclusion in practice by showing how children of different genders, ethnicity and impairments can be fully included. AVAILABLE FOR £20 FROM EYTARN, PO Box 28, WALLASEY CH45 9NP TEL/FAX 0151 639 1778 EMAIL EYTARN@LINEONE.NET

Inclusion: Making a Difference. Birmingham City Council Department (1999)

Available from BASS Martineau Centre, Balden Road, Harborne, Birmingham B32 2EH. 0121 303 8080. Price £25.00. Shows positive experiences of Inclusion and school and community enrichment.

Inclusion: Raising the Issues.(2001) Bristol LEA

Video available from The Inclusion Coordinator, 83 North Street, Bedminster, Bristol BS3 1ES. £25.00 including p&p. 40 minute training video for schools and LEAs, with sub-titles and BSL. The Bristol experience of developing inclusive education from a disability equality perspective.

One in Five The Early Years-Special Educational Needs: A video for parents and carers. Kirklees EYDCP Britannia Mills, Colne Road, Huddersfield HD1 3ER 01484 223023 An excellent and parent friendly guide to SEN and Code of Practice stages. It makes SEN ordinary.

Inclusive Children's Books

Race You Franny by Emily Hearn, Women's Press of Canada.

Good Morning Franny by Emily Hearn, Women's Press of Canada

Franny and the Music Girl by Emily Hearn, Women's Press of Canada
Adventures of a Wheelchair-using Girl. Ages 3-8.

Come Sit By Me by Margaret Merrifield, Women's Press of Canada.
HIV/AIDS. Ages 4-8. (Letterbox Library, Tel: 020 7241 6063).

Don't Call Me Special :A first Look at Disability by Pat Thomas, Hodder Wayland 4-8

Letang's New Friend; Trouble for Letang and Julie; Letang and Julie Save the Day - all by Beverley Naidoo (set of three books). Letang's just arrived from Botswana befriends wheelchair using Julie. 3-8years. Available at DEE. £15 for set of three books.

Boots for a Bridesmaid by Verna Wilkins, Tamarind. DEE £5

Are We There Yet? by Verna Wilkins. Story of Nicky and her wheelchair-using mum. Ages 4-8. DEE £5

Friends at School by Rochelle Bunnett. From this book you can experience inclusion from a child's perspective. Beautiful Photos Available from DEE £15

Seal Surfer by Michael Foreman. As the seasons change we follow a special relationship between a disabled boy his grandfather and a seal. Available from DEE. £5.

Artist: Making It by Eleanor Archer Franklin Watts £9.99 About Cherry with Downs Syndrome and her successful art exhibition.

Sachiko Means Happiness by Kimiko Sakai. Sachiko's acceptance of her grandmother's Alzheimers with warm and gentle illustrations. Ages 3-7. Letterbox Library.

Dad and Me in the Morning by Patricia Larkin, Albert Whitman, Illinois. Lovely book of deaf boy and his dad. Signing, lip-reading and squeezing hands as they share a dawn walk. Ages 4-10. Letterbox Library.

Learning Together ABC: A Finger-spelling Alphabet with Signs for Deaf and Hearing Children by Dorothy and Jack Dowling. 18, Blackstock Drive, Sheffield S14 1AG. Tel: 0114 264 2914.

Me and My Electric Edited by Elizabeth Laird, 1998. Eight disabled children work with 8 authors to tell semi-autobiographical short stories. (Available at DEE)

11. USEFUL ORGANISATIONS

AFASIC: 50-52 Great Sutton Street, London EC1V 0DJ; Tel: 020 7490 9411; Fax: 020 7251 2834; e-mail: info@afasic.org.uk website: www.afasic.org.uk

Alliance for Inclusive Education: Unit 2, 70 South Lambeth Road, London SW8 1RL Tel: 020 7735 5277 Fax: 020 7735 3828 e-mail Allfie@btinternet.com website www.allfie.org.uk

ASBAH Association of Spina Bifida and Hydrocephalus 42, Park Rd., Peterborough PE1 2UQ Tel 01733 555988 Fax 01733 555985 www.asbah.org

Association for Spina Bifida and Hydrocephalus: Asbah House, 42 Park Road, Peterborough PE1 2UQ; Tel: 01733 555988; website: www.asbah.org

Association of Teachers and Lecturers: 7 Northumberland Street; London WC2N 5DA; Tel: 020 7930 6441

Barnardo's: Tanners Lane; Barkingside; Ilford; Essex IG6 1QG; Tel: 020 8550 8822; website: www.barnardos.org.uk

Birth Mark Support Group PO Box 3932, Weymouth, DT4 9YG www.birthmarksupportgroup.org.uk

British Council of Disabled People: Litchurch Plaza, Litchurch Lane, Derby DE24 8AA Tel: 01332 295551 Fax: 01332 295580 website www.bcodp.org.uk

British Deaf Association: 1-3 Worship Street; London EC2A 2AB; Tel: 020 7588 3520; website: www.britishdeafassociation.org.uk

British Diabetic Association UK: 10 Parkway; Camden; NW1 7AA; Tel: 020 7424 1000; Fax: 020 7424 1001; e-mail: info@diabities.org.uk website: www.diabities.org.uk

British Dyslexia Society: 98 London Road; Reading; RG1 5AU; Tel: 0118 966 8271; Fax: 0118 935 1927; website: www.bda/dyslexia.org.uk/

British Epilepsy Association: New Anstey House; Gate Way Drive; Yeadon; Leeds LS19 7XY; Tel: 01132 108800; Helpline: 0808 8005050; website: www.epilepsy.org.uk

Brittle Bone Society: 30 Guthrie Street; Dundee; DD1 5BS; Tel: 01328 204446; e-mail: bbs@brittlebone.org.uk website: www.brittlebone.org.uk

Centre for Accessible Environments: Nutmeg House; 60 Gainford Street; London SE1 2NY; Tel: 020 7357 8182; Fax: 7357 8183; e-mail: info@cae.org.uk website: www.cae.org.uk

Centre for Studies on Inclusive Education: Room 2S203, S Block, Frenchay Campus, Cold Harbour Lane Bristol BS16 1QU; Tel: 0117 344 4007; Fax 0117 344 4005; website: www.inclusion.org.uk

Changing Faces(facial disfigurement) Changing Faces, 1 & 2 Junction Mews
Paddington, London W2 1PN Tel 020 7706 4232 Fax 020 7706 4234
e-mail: info@changingfaces.co.uk Web Site
<http://www.changingfaces.co.uk>

Children in Scotland 5, Shandwick Place, Edinburgh EH3 4RG Tel 0131 228 8484 Fax 0131 228 8585 e-mail: info@childreninscotland.org.uk Web site www.childreninscotland.org.uk

Contact a Family (for families of disabled children) 209-211 City Road, London EC1V 1JN Helpline 0808 808 3555 website www.cafamily.org.uk

Council for Disabled Children: National Children's Bureau; 8 Wakley Street; London; EC1V 7QE; Tel: 020 7843 6000; Fax: 020 7278 9512; website: www.ncb.org.uk

Cystic Fibrosis Trust: 11 London Road; Bromley; Kent BR1 1BY; Tel: 020 8464 7211; website: www.cftrust.org.uk

Department of Education and Skills DfES publications available from DfES publications centre, tel: 0845 60 222 60, fax: 0845 60 333 60 and email: dfes@prolog.uk.com DfES web-site: www.dfes.gov.uk Inclusion website: <http://inclusion.ngfl.gov.uk>. Free catalogue of resources for teaching professionals, learners, parents and carers. Resources include publications, software, hardware, guidance and links to aid independent living and learning.

Disability Equality in Education: Unit GL; Leroy House; 436 Essex Road; London N1 3QP; Tel: 020 7359 2855; e-mail: info@diseed.org.uk website: www.diseed.org.uk provides training and resources.

Disability Living Foundation: 380-384 Harrow Road; London W9 2HU; Tel: 020 7289 6111; Fax: 020 7266 2922; Helpline: 0845 130 9177 (This advice line is open from Mon-Fri; 10am – 4pm); e-mail: info@dlf.org.uk website: www.dlf.org.uk

Disability Rights Commission: DRC Helpline, Freepost, MID 02164, Stratford-Upon-Avon, Warwickshire. CV37 9BR; Tel: 08457 622 633; Fax: 08457 778 878; e-mail: enquiry@drc-gb.org website: www.drc-gb.org

Down's Syndrome Association: 155 Mitcham Road; London SW17 9PG; Tel: 020 8682 4001; e-mail: info@downs-syndrome.org.uk website: www.downs-syndrome.org.uk

Dyslexia Institute: 133 Gresham Road; Staines; Middlesex. TW18 2AJ; Tel: 01784 463851; website: www.dyslexia-inst.org.uk

Dyspraxia Foundation: 8 West Alley; Hitchin; Hertfordshire SG5 1EG; Tel: 01462 454986; website: www.dyspraxiafoundation.org.uk

Employers' Forum on Disability: Nutmeg House, 60 Gainsford Street, London SE1 2NY; e-mail: efd@employers-forum.co.uk or website: www.employers-forum.co.uk

Early Years Training Anti-Racist Network, PO Box 28, Wallasey CH45 9NP Tel/Fax 0151 639 1778 e-mail EYTARN@LINEONE.NET

Equity Group 1a Washington Court, Washington Lane, Edinburgh EH1 2HA Tel 0131538 7717 Fax 0131 558 7719 e-mail: eg@shs.sol.co.uk works for inclusion in Scottish Education.

Forest Bookshop Unit 2, The New Building, Elwood Road, Milkwood, Coleford, Gloucester GL16 7LE Tel. 01594 810637 Fax 01594810637 e-mail forest@forestbooks.com www.forestbooks.com A wide selection of books and resources about and featuring deafness.

Haemophilia Society: Chesterfield House; 385 Euston Road; London NW1 3AU; Tel: 020 7380 0600; Fax: 020 7387 8220; e-mail: infor@haemophilia.org.uk website: www.haemophilia.org.uk

Headway National Head Injuries Association: 4 King Edward Court; King Edward Street; Nottingham NG1 1EW; Tel: 01159 240 800; Fax: 0115 958 446; e-mail: enquiries@headway.org.uk website: www.headway.org.uk

Hyperactive Children's Support Group, 71, Whyke Lane, Chichester PO19 2LD Tel: 01243551313

ICAN: 4 Dyer's Buildings; Holborn; London; EC1N 2JP; Tel: 0870 010 4066; Fax: 0870 010 4067; e-mail: ican@ican.org.uk website: www.ican.org.uk

Independent Schools Council: Grosvenor Gardens House; 35-37 Grosvenor Gardens; London; SW1W 0BS; Tel; 020 7798 1500; e-mail: info@iscis.uk.net website: www.iscis.uk.net

JMU Access Partnership: 105 Judd Street; London; WC1H 9NE; Tel 020

7391 2002; Fax: 020 7387 7109; e-mail Jmu@mib.org.uk website:
www.jmuaccess.org.uk

Kidsactive: Pryor's Bank; Bishop's Park; London SW6 3LA; Tel: 020 7736 4443; Fax: 020 7731 4426; e-mail: office@kidsactive.org.uk website:
www.kidsactive.org.uk

Leukaemia Research Fund 42 Great Ormond Street, London WC1N 3JJ
www.lrf.org.uk

LOOK: c/o Queen Alexander College; 49 Court Oak Road; Harborne; Birmingham B17 9TG; Tel: 01214 285 038; Fax: 0121 427 9800; e-mail:
office@look-uk.org website: www.look-uk.org

MENCAP: 117 - 123 Golden Lane; London; EC1Y 0RT; Tel: 020 7454 0454; Fax: 020 7696 5540; e-mail: information@mencap.org.uk website:
www.mencap.org.uk

Motability: Goodman House; Station Approach; Harlow; CM20 2ET; Tel: 01279 635666; website: www.motability.co.uk

National Association for Special Educational Needs (NASEN): 4/5 Amber Business Village; Amber Close; Amington; Tamworth; Staffs; B77 4RP; Tel: 01827 311500; Fax: 01827 313 005; e-mail:
welcome@nasen.org.uk website: www.nasen.org.uk

National Association of Head Teachers: 1 Heath Square; Boltro road; Haywards Heath; West Sussex; RH16 1BL; Tel: 01444 472 472

National Association of Parent Partnership Services (napps): c/o Parent Partnerships Service; Conciliation and Appeals Unit; Children, Schools and Families; County Hall; Hertford. SG13 8DF; Tel: 01992 555 922 e-mail: parent.partnership@hertscc.gov.uk

National Asthma Campaign: Providence House; Providence Place; London N1 0NT; Tel: 020 7226 2260; Helpline: 08457 010203; website:
www.asthma.org.uk

National Autistic Society: 393 City Road; London EC1V 1NG; Tel: 020 7833 2299; Fax: 020 7833 9666; e-mail: nas@nas.org.uk website:
www.nas.org.uk

NASUWT: Education Centre; Rose Hill; Rednal; Birmingham; B45 8RS; Tel: 0121 453 6150 website www.teachersunion.org.uk

National Blind Children's Society: Bradbury House; Market Street; Highbridge; Somerset TA9 3BW; Tel: 01278 764764; Fax: 01278 764790; e-mail: businessenquiries@nbcs.org.uk website: www.nbcs.org.uk

National Deaf Children's Society: 15 Dufferin Street; London EC1Y 8UR; Tel: 0808 800 8880; Fax: 020 7251 5020; e-mail:
helpline@nbcs.org.uk website: www.ndcs.org.uk

National Early Years Network 77, Holloway Road London N7 8JZ Tel: 020 7607 9573 Fax: 020 7700 1105 info@neyn.org.uk

National Eczema Society: Hill House; Highgate Hill; London N19 5NA; Tel: 08702 413604; Tel: 020 7281 3553; Fax: 020 7281 6395; website: www.eczema.org

National Federation of the Blind of the UK: Sir John Wilson House; 215 Kirkgate; Wakefield; West Yorkshire WF1 1JG; Tel: 01924 291313; Fax: 01924 200 244; e-mail: nfbuk@globalnet.co.uk website: www.users.globalnet.co.uk/~nfbuk

National Parent Partnership Network: 8, Wakley Street, London EC1V 7QE; Tel: 020 7843 6000; Fax: 020 7843 6313; website: www.parentpartnership.org.uk

National Register of Access Consultants: Nutmeg House; 60 Gainford Street; London. SE1 2NY; Tel: 020 7234 0434; Fax: 020 7357 8183; website: www.nrac.org.uk

National Society for Epilepsy: Chesham Lane; Chalfont St Peter; Buckinghamshire SL9 0RJ; Tel: 01494 601300; Fax: 01494 871 927; Helpline: 01494 601 400; website: www.epilepsynse.org.uk

National Union of Teachers: Hamilton House; Mabledon Place; London; WC1H 9BD; Tel: 020 7388 6191 website www.teachers.org.uk

Parents for Inclusion: Unit 2 ,70, South Lambeth Road, London SW8 1RL Tel 0207735 7735 Fax:020 7735 3828 e-mail info@parentsforinclusion.org website www.parentsforinclusion.org

Physically Disabled and Able Bodied (PHAB LTD): Summit House; Wandle Road; Croydon CR0 1DF; Tel: 020 8667 9443; Fax: 020 8681 1399; e-mail: info@phabenglan.org.uk website: www.phabengland.org.uk

Pre-school Learning Alliance: 69 Kings Cross Road; London WC1X 9LL; Tel: 020 7833 0991; Fax: 020 7837 4942; e-mail: pla@pre-school.org.uk website: www.pre-school.org.uk

Professional Association of Teachers: 2 St James' Court; Friar Gate; Derby; DE1 1BT; Tel: 01332 372 337

RADAR: 12 City Forum; 250 City Road; London; EC1V 8AF; Tel: 020 7250 3222; Fax: 020 7250 0212; e-mail: radar@radar.org.uk website: www.radar.org.uk

Royal National Institute for Deaf People (RNID): 19-23 Featherstone Street; London; EC1Y 8SL; Tel: 020 7296 8000; Fax: 020 7296 8199; e-mail: informationonline@rnid.org.uk website: www.rnid.org.uk

Royal National Institute of the Blind (RNIB): 105 Judd Street, London

WC1H 9NE; Tel: 020 7388 1266; Fax: 020 7388 2034; website:
www.nib.org.uk

SCOPE: 6 Market Road; London N7 9PW; Tel: 020 7619 7100; Fax: 020 7619 7399; Helpline: 0808 800 3333 (9am to 9pm weekdays) (2pm to 6pm weekends); website: www.scope.org.co.uk/

Secondary Heads Association: 130 Regents Street; Leicester; LE1 7PG; Tel: 0116 299 1122

SENSE (deaf-blind children) 11-13 Clifton Terrace; London; N4 3SR; Tel: 020 7272 7774; Fax: 020 7272 6012; e-mail: enquiries@sense.org.uk
website: www.sense.org.uk

Sickle Cell Society: 54 Station Road; London NW10 4UA; Tel: 020 8961 7795; Fax: 020 8961 8346; e-mail: sicklecellsoc@btinternet.com website: www.sicklecellsociety.org

Society of Education Officers: Manchester House; 84-86 Princess Street; Manchester; M1 6NG. Tel: 0161 275 8801

Young Minds: 102-108 Clerkenwell Road; London; EC1M 5SA; Tel: 020 7336 8445; Fax: 0207336 8446; e-mail: enquiries@youngminds.org.uk www.youngminds.org.uk

Back Cover

Acknowledgement . The author would like to thank the following people for their useful comments and help in the writing of this guide:-

Val Holman and Moss Foley of Royal Mail, Colin Ashmore and Ann Pridmore and other members of the UKDFEA; Phillipa Stobbs of the Council for Disabled Children; Mary Dickens Early Years Network; Jane Frew RNID, Lesley Campbell MENCAP and Kristina Jackson and Christine O'Mahony of Disability Equality in Education.

A short version of **Everybody In** is available **free** from Royal Mail Education at Palmerston House, 148 Old Street, London EC1V 9HQ 0207250 2220 Fax 020 7250 2688

This publication and the short version have been made possible by a generous grant to UKDFEA from Royal Mail. No proceeds from sales will go to Royal Mail all will go to producing these and other resources to support inclusion in education. DEE is a registered charity No.1055287

The United Kingdom Disability Forum for European Affairs(UKDFfEA) 85, Frampton Street, London NW8 8NQ Tel 020 7725 4242. The UKDFfEA represents the views of UK disabled people in Europe and is a national forum for disabled peoples organisations to develop policy for UK and Europe.
[Logo]

This is the full version of the guide Price £7.50 plus P&P and is available from Disability Equality in Education, Unit GL Leroy House, 436 Essex Road, London N1 3QP
Tel : 020 7359 2855 Fax: 020 7354 3372 e-mail
info@dissed.org.uk