

8 Inclusive education or special educational needs

Meeting the challenge of disability discrimination in schools

Richard Rieser

Introduction

When I first had Kim he was my son.

A year later he was epileptic and developmentally delayed. At eighteen 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 had complex communication problems.

Two years later, aged six, he was severely epileptic (EP), cerebral palsied (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.

(Kim by Pippa Murray, in Murray and Penman, 1996)

The great majority of children with special educational needs (SEN) will, as adults, contribute economically; all will contribute as members of society. Schools have to prepare all children for these roles. That is a strong reason for educating children with SEN, as far as possible, with their peers. Where all children are included as equal partners in the school community, the benefits are felt by all. That is why we are committed to comprehensive and enforceable civil rights for disabled people. Our aspirations as a nation must be for all our people.

So wrote David Blunkett, Secretary of State for Education and Employment, in his foreword to the government Green Paper *Excellence for All Children: Meeting Special Educational Needs* (DfEE, 1997, p. 4). Blunkett is himself a disabled person who attended a special school for the blind and left without any formal qualifications. He had to attend evening classes, while working full time, to gain the necessary qualifications to go to university. The UK government's commitment to developing inclusive education is, in principle, clear. However, it lacks an understanding of how deeply 'medical model' thinking (see Chapter 7 of this volume) permeates the world of education. In addition the government is easily deflected by those wishing to maintain the status quo of segregated provision. For example, in the Special Schools Working Group Report (DfES, 2003), the government sees a continuing and important role for special schools – in other words, segregated provision. Nevertheless, the expectation of the forthcoming period in education is that an increasingly wide diversity of pupils will be educated alongside their peers in mainstream classrooms.

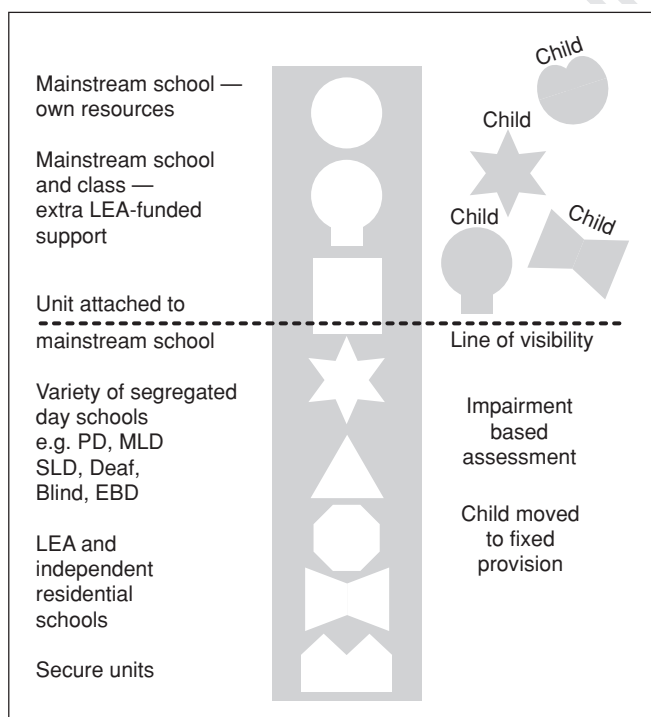
If inclusive education is to be effective, teachers have to adopt 'social model' thinking about disabled people (see Chapter 7 of this volume). They must analyse the growing documentation of good practice, but they should also be aware of the barriers which prevent inclusion. These include physical barriers, communication barriers, social barriers, attitudinal barriers, educational barriers and institutional barriers. By physical barriers I mean the separate special school system and inaccessible school buildings and equipment; communication barriers are to do with lack of appropriate signing, Braille and augmented communication, a lack of the use of plain jargon-free language, or of appropriate computers and other aids. Social barriers are separate classes or units, or 'discrete' courses within mainstream provision, which can lead to isolation and a lack of non-disabled friends. Attitudinal barriers include ignoring, bullying and devaluing us; denying the history, experience or culture of disabled people. Educational barriers consist of inadequate and inappropriate staffing levels, training or material resources within mainstream schools to address the real teaching and learning needs of all. Institutional barriers are the rules, regulations and procedures, including inappropriate testing, targets and examinations, that discriminate against disabled people. Finally, emotional barriers are to do with low self-esteem, lack of empowerment and the denial of the chance to develop worthwhile reciprocal relationships.

The term 'disabled' includes people with: physical impairments, sensory impairments (deaf people, blind people); chronic illness or health issues, including HIV and AIDS; all degrees of learning difficulties, including specific learning difficulties such as dyslexia and speech and language impairments; and impairment based on emotional and behavioural difficulties. It also includes people with hidden impairments such as epilepsy, diabetes, sickle-cell anaemia; children labelled as 'delicate'; people who identify as 'disfigured'; people of diminutive stature and people with mental distress. All are excluded by barriers, though not all have impairments.

The fixed continuum of provision

In Chapter 7 I examined society's historical response to difference and how, in the early part of the twentieth century, as a result of eugenicist thinking, segregation and separation of adults and children with physical and mental impairments became the norm. I also argued that people became identified by their impairment and were thus the target of professional interventions under 'medical model' approaches, which, for the sake of efficiency, were provided in specialized settings. These processes have led to a geographically discrete and fixed continuum of provision in most local education authorities (LEAs). In many parts of the country a child is assessed independently of their local school and community. From this assessment they will be placed where their 'need' can best be met, often in a school for that type of need away from their peers, segregated with other children with that particular need or impairment (see [Figure 8.1](#)).

This continuum of provision is very often located in the schools and institutions that were expressly set up in the past to segregate young disabled people from their communities. A brief examination of the factors that led to a separate special



▲ In the fixed continuum the disabled child is slotted and moved according to an impairment based assessment

Figure 8.1 The fixed continuum of provision

Table 8.1 Number of children in special schools in England and Wales, 1897–1998

<i>Date</i>	<i>Number of children</i>
1897	4,739
1909	17,600
1914	28,511
1919	34,478
1929	49,487
1939	59,768
1947	40,252*
1955	51,558*
1965	70,334*
1967	78,256*
1977	135,261*+
1987	107,126*+
1998	106,426*+
2001	104,900**
2003	105,890**

Notes:

* hospital schools not included; + includes severe learning difficulty

** 10/30 DfES Special Education Statistical Bulletin includes maintained and non-maintained special schools and pupils in pupil referral units with a statement.

Source: Cole, 1989, based on Chief Medical Officer, Ministry of Education, DfEE circular 9/13 1998 for England, only includes stated children in maintained and non-maintained independent schools and PRUs and special schools.

school system will be useful to understand the social forces that led to the separation of children with more severe impairments (Mason and Rieser, 1994; Cole, 1989). Despite the good intentions of legislators, this has remained remarkably stable in the last twenty years (see [Table 8.1](#)).

The origin of special schools

Following the Forster Education Act of 1870, School Boards were set up to provide elementary education for all. The Act did not specifically include provision for disabled children. For the next fifteen to twenty years, most disabled children were in units attached to elementary schools, or not at school at all. Elementary classes were large and instruction was based on the ‘Official Code’ with rote learning and memory tests. Teachers were paid by results. Large numbers of children made little or no progress and the scale and complexity of learning difficulty and impairment in the population became apparent for the first time. Some progress was made in providing specialist tuition for blind and deaf children in the aforementioned units. For example, by 1890 in Scotland and by 1893 in England and Wales, all blind children aged between five and sixteen and all deaf children between seven and sixteen were sent to school as of right. Much of this provision was made by extending existing elementary schools. No such rights to education applied to the much larger group of ‘physically and mentally defective’ children. In 1913, the

Mental Deficiency Act was passed. Consistent with eugenicist thinking, this required LEAs to ascertain and certify which children aged seven to sixteen in their area were 'educable defectives' and which were 'ineducable defectives'. In 1914 and 1918, respectively, rights to education were provided for those considered 'educable mental and physical defectives'. However, prior to this, many LEAs had made some such provision. In 1921, under strong eugenicist pressure, five categories of disablement were identified: blind, deaf, mental defective, physical defective and epileptic. Children thus labelled were certified and provided for only in separate schools or certified classes.

Following the increasing popularity of IQ testing in the 1920s and 1930s, the Spens Report recommended a tripartite system. The 1944 Education Act established secondary schools for all, but segregated into grammar, secondary modern and technical. Entry at 11-plus was based in part on IQ tests. Selection by ability prompted selection by 'disability' and the growth of special schools, the number of children in which rose sharply when eleven categories of children based on impairment were introduced. These were blind, partially sighted, deaf, partially deaf, delicate, diabetic, educationally sub-normal, epileptic, maladjusted, physically handicapped and those with speech defects. Regulations prescribed that blind, deaf, epileptic, physically handicapped and aphasic children were seriously 'disabled' and *must* be educated in special schools.

It was hoped that the majority of other categories would receive their education in ordinary schools. However, as a result of overcrowding, prejudice, misinterpretations of the legislation and teacher resistance this did not take place. In fact, it was not until the 1950s that large numbers of new special schools were opened. This continued throughout the 1960s and 1970s. Throughout this period, as new demands were made on teachers, nearly always without additional resources or training, the pressure to exclude more children became greater. In 1965, Circular 10/65 was introduced with the intention of abolishing selection at 11-plus and of instituting a system of comprehensive education, the aim being to cater for the needs of all children regardless of gender, 'race', class or ability. Ironically, this led to a further rise in the number of children in special schools, as a result of a fear over declining standards. In addition, economic cuts meant that the majority of comprehensives stuck to streaming rather than mixed-ability teaching and never catered for the full ability range. This is because effective mixed-ability teaching requires more preparation and planning time, and staffing cuts made this difficult. Even so, over the next thirty years, comprehensives proved to be the most effective way of educating the whole cohort, and where there was mixed ability there was overall the greatest exam success (Benn and Chitty, 1997).

In 1970, in England and Wales, the last 60,000 children who had been considered ineducable under the terms of the 1913 Mental Deficiency Act secured the right to education, but with the label 'Educationally Sub-Normal (severe)' (later 'Severe Learning Difficulty') attached to them. Some 400 new special schools were created largely out of the old junior training centres, which were where 'ineducable children' previously received training. Similar moves took place in Scotland in 1974.

The 1976 Education Act was intended to provide schooling for all categories of disabled children in mainstream schools. The then Secretary of State decided not to introduce it, however, owing to resistance from special schools and some LEAs, and the economic cost.

The 1981 Education Act, following the 1978 Warnock Report, again stressed the need for children with special educational needs to be educated in mainstream schools where possible, and introduced the principle of integration. However, no extra resources were made available, and despite some significant moves in some parts of the country, and some excellent examples of good practice, the proportion of the segregated school population has not declined significantly (1.41 per cent in 1977, 1.35 per cent in 1988 and 1.29 per cent in 1997, 1.27 per cent in 2003). In addition, owing to local variations in LEA policies, there is an eightfold difference in your chances of going to a mainstream school if you have a statement of special educational need depending on where you live (Norwich, 1997). This has increased to a twenty-four fold difference in 2003 with only 0.1 per cent of Newham pupils attending special schools and 2.4 per cent of children in Brighton and Hove attending special schools. (DfES, 2004 p. 34)

The good practice in some areas has been matched by an increase in the percentage of pupils in special schools in other areas, particularly in the period from 1988 to 1991. There is little doubt that the 1988 Education Reform Act has increased the pressure in some schools to segregate disabled children, especially when schools have not already established good integration policies and allocated resources accordingly. Publication of test results is making many schools more selective about their intakes. This has affected non-statemented children with special educational needs, as there is no additional funding earmarked for them and they are not recorded in published results. Statemented children who have earmarked resources attached to them are a more attractive proposition to locally managed budgets, allocated by inflexible, cost-cutting formulae.

The Audit Commission (2002 p. 2) examined how the 1981 and 1996 special Education Acts were working. It reported that schools were struggling. They found it a struggle to balance pressures on schools to raise attainment and to become more inclusive; that national targets had not reflected the good work done with many pupils with special educational needs. There was still a major need to help all children fulfil their potential and these children's interests needed to be reflected in every part of the education system. The report was entitled 'Special Educational Needs: A Mainstream Issue'. The government's response was a new strategy 'Removing Barriers to Achievement' which lays great emphasis of improving the capacity of mainstream schools to effectively include a wider range of students. As the DfES (2004, p. 28) put it, '[w]e are committed to removing the barriers to learning that many children encounter in school (DfES 2004, p. 28).

But the impact of discrimination in education goes much deeper. As Colin Barnes (1991, p. 28) put it after having completed a survey of government reports on education for the Disability Movement:

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

Unfortunately, both the 1993 and 1996 Education Acts kept the 'get-out' clauses of the 1981 Act, with respect to special needs provision. These clauses, which have so often been used to compel disabled children, against their and their parents'/carers' wishes, to attend special schools (Mason, 1998), stipulate 'that educating the child in a school which is not a special school is compatible with:

- a His [*sic*] receiving the special educational provision which his learning difficulty calls for,
- b The provision of efficient education for the children with whom he is educated, and
- c The efficient use of resources.

The SEN and Disability Act 2001 removed clauses (a) and (c) in general from Section 316 of the 1996 Act, but left these get out clauses intact in Schedule 27. So although the government's intention was to give more choice of mainstream school placement to disabled children and their parents this is not proving to be the case. The SEN Disability Tribunal is still, in some cases, upholding Local Education Authority views on placement in special schools against the wishes of parents who want a mainstream place.

It is clear that it has much more to do with attitudes and commitment than anything else. It is also clear that where integration has been planned and resourced, and where all staff have developed it as a whole school policy, it is much more successful (Hegarty and Pocklington, 1981; Booth *et al.*, 1992; Booth and Ainscow, 1998; Sebba, 1997).

The Special Educational Needs and Disability Act 2001 is in force following a lengthy review process. However, the fundamental point is that this legislation does not guarantee the right to an education in the mainstream, if you want it. It is still concerned with assessing the individual, rather than assessing to what extent schools have removed the barriers to inclusion, inherited from the past. So long as these stipulations remain, disabled children will always be threatened with being compelled to go to a special school when the political climate shifts, when there are insufficient resources, or if the school has failed to meet their needs. There is a wider symbolic problem. As long as there are institutions called special schools, mainstream schools and teachers will not feel they have to change their buildings, ethos or teaching and learning strategies to accommodate disabled children. All of

Table 8.2 Unequal opportunities growing up disabled

	<i>A Disabled</i>	<i>B Non-disabled</i>
Living with parents	92%	86%
Gone on holiday with friends	25%	52%
Had a spare-time job	22%	32%
Looked after siblings	34%	57%
Had own key	51%	76%
Paid work	35%	67%
Had a boy/girlfriend	30%	40%
Difficulty making friends	35%	20%
Satisfactory network of friends	57%	74%
Self-esteem score	7.3 ⁺	8.5*
Internal locus of control	8.8	9.3*

Notes: Group A: 400 disabled people on OPCS category 1–10; Group B: 726 non-disabled people; all respondents aged 13–22.

+ Self-esteem score of those in special schools, 6.2; those in mainstream, 7.5.

* Response score to 12 questions – 6 agree and 6 disagree.

Source: Hirst and Baldwin, 1994.

Table 8.3 Difference in GCSE and GNVQ results for year 11 students in state special and all schools for England 2001–4

<i>Year</i>	<i>School type</i>	<i>Grade 5 A*–C</i>	<i>5 A*–G</i>	<i>1 A*–G</i>	<i>No passes</i>
2001	All Schools	50%	88.9%	94.5%	5.5%
	Special school	0.6%	6.5%	29.3%	70.7%
2002	All schools	51.5%	88.9%	94.6%	5.4%
	Special school	0.6%	5.0%	37.2%	62.8%
2003	All schools	52.6%	88.6%	94.6%	5.4%
	Special school	0.9%	5.4%	32%	68%
2004	All schools	53.4%	86.4%	95.8%	4.2%
	Special schools	0.4%	4.8%	59%**	41%

Source: UK Education Statistics DfES www.dfes.gov.uk/statisticsGCSE-GNVQ attempts+achievement

Special schools include community and foundation special schools, pupil referral units and hospital Schools.

** in 2004 includes entry level qualification in 2004 which is at a significantly lower level.

us involved with education must engage in the ongoing task of changing deep-seated attitudes and discriminatory behaviour if we are to create an inclusive future in which all will benefit.

Segregated education has not been good for disabled people. Hirst and Baldwin (1994) carried out a major comparative survey of the lives of young disabled and non-disabled people (aged thirteen to twenty-two) which showed stark differences

in lifestyle. Most telling was an index of self-esteem which clearly showed that those who attended special schools had a significantly lower score than disabled people who attended mainstream schools, and their scores were also significantly below those of non-disabled people.

A recent OFSTED Report (Sept 2004) found that the legislative framework had had little effect on the proportion of pupils with SEN in mainstream schools, or on the range of needs for which mainstream schools cater. There has been an increase in the number of pupils placed in pupil referral units and independent special schools. A minority of mainstream schools meet special needs very well with high expectations, effective whole school planning seen through by committed managers, close attention on the part of skilled teachers and support staff and rigorous evaluation remain the key to success. Over half the schools visited had no access plans despite being legally bound to have them by from April 2003.

Yet, government statistics for (DfES, 2004c Table 34) show at least 588,000 disabled pupils in primary (6.7 per cent of all pupils) and secondary (6.2 per cent of all pupils) and special schools. But only 15.4 per cent of disabled pupils attended maintained and non-maintained special schools. So clearly a large majority of disabled pupils are attending mainstream schools, but are not receiving inclusion, but some inadequate form of integration.

However disabled pupils attending mainstream schools still do much better than disabled pupils attending special schools and for the first time using the national pupil data base it was possible to establish this. A government commissioned research 'Inclusion and Pupil Achievement' (Dyson, A., Farrell, P., Hutcheson, G., and Polat, F., 2004 p. 39), shows that LEAs with high rates of inclusion in mainstream schools did no worse than low including LEAs in national tests. As to the difference between individuals they also showed that: at KS4 in 2002 average point score was 38.55. (The average point score is the total of GCSE or GNVQ exams with 8 for a single subject grade A* and 1 for a single subject grade G.); for non-statemented pupils with special educational needs, in mainstream, the mean score was 21.85; for statemented pupils in mainstream the mean points score was 16.99 and for pupils in special schools the mean points score was 2.4 points – or seven times below the score for statemented mainstream pupils.

In addition, Gary Thomas *et al.* (1997) analysed GCSE results by type of school and found that 70 per cent of special schools do not enter any pupils for GCSE. He went on to show that 93 per cent of mainstream Year 11 students get at least one A*–G grade, whereas only 16 per cent of Year 11 students in special schools get at least one A*–G grade. This is particularly shocking if one considers the largest group of pupils in special schools are labelled as having 'Moderate Learning Difficulty' (nearly 55,000), and that in mainstream schools they would all be entered for GCSE.

The language we use

The inheritance of the past conditions current attitudes, policies and practice towards disabled children and young people in society and within education. This

is nowhere more clearly demonstrated and symbolized than in the language used. Take, for example, the negative connotations associated with ‘cripple’ (without power) ‘sufferer’, ‘invalid’ and ‘handicapped’ (commonly used as a noun to describe children, when it is actually a verb meaning imposed disadvantage from beyond the person).

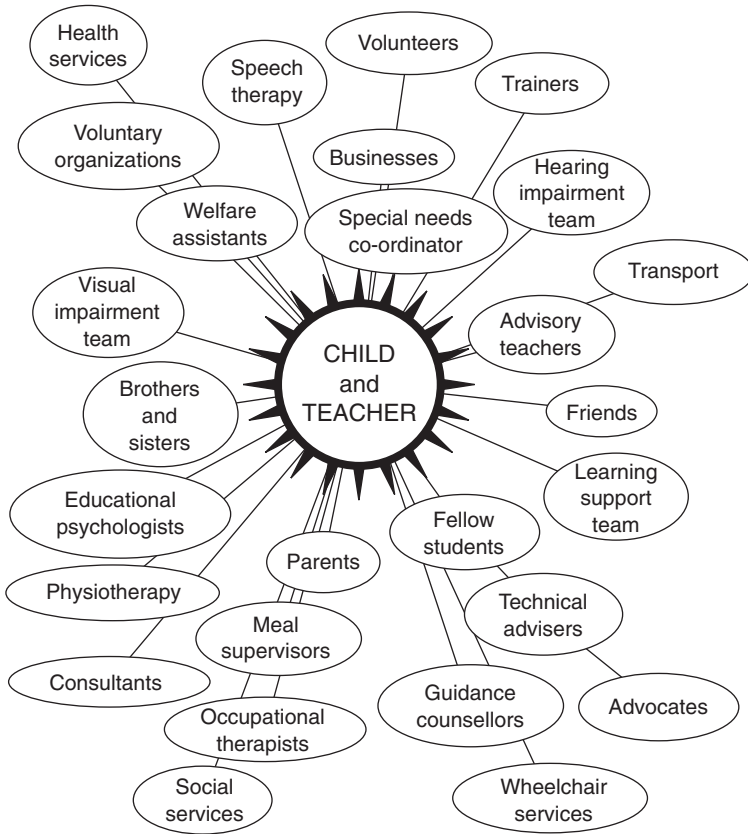
We wish to be known as ‘disabled people’ in recognition of the common oppression we face regardless of our specific impairment. People with learning difficulties reject ‘mental handicap’, wishing to be known as the former. We reject the inhumanity and ‘medical model’ thinking involved in labelling and identifying people by their impairing condition. Calling someone a ‘Down’s’ or ‘spina bifida’ child makes the child no more than their condition. Using ‘the blind’, ‘the deaf’ or ‘the disabled’ to describe us diminishes us. We wish to be known as blind people, deaf people or disabled people. If it is necessary to identify a particular impairment, one should say, for example, ‘child [or person] with Down’s syndrome’.

Within education, impairing condition labels such as ‘epileptic’ and ‘diabetic’ and evaluative labels such as ‘educationally sub-normal’ or ‘physically handicapped’ have been replaced by labels based on bands of need and derived from Warnock, for example, ‘MLD’ (‘mild learning difficulty’) or ‘SLD’ (‘severe learning difficulty’). Inevitably, since children are assessed to fit these categories of need, they become known by their label, and their destination, which tends to be specific separate provision.

In 1991 the Department for Education produced five categories of staffing provision, linked to impairment. These are now increasingly widely used and children are becoming labelled, for example, as ‘PMLD’ (‘profound and multiple learning difficulties’) – the most severe category of need with the best staffing ratio. This has reinforced the idea of a continuum of fixed provision in separate schools. We must reject the legacy of the past that has excluded us. We have to recognize that all children and adults have a right to be included in mainstream education and society as a fundamental human right (Mason and Rieser, 1994; Rieser and Mason, 1992).

A constellation of services supporting inclusion

In the fixed continuum of provision, the disabled child is slotted in and moved around according to an impairment-based assessment (see Figure 8.1 above). In contrast, the constellation of services provides what the child and the class teacher need in mainstream schools. This includes a variety of services, resources and specialists who bring their expertise to the child rather than vice versa. This conception allows for the development of inclusive schools (see Figure 8.2). It also provides much greater flexibility but, because it is new and unknown, it is seen by many professionals as threatening. These two figures show the transition we wish to achieve from an education service structured on the ‘medical model’ to one based on the ‘social model’.



▲ The constellation of services provides what the child and the class teacher need in ordinary schools, from a variety of services, resources and specialists. This conception allows for the development of inclusive schools.

Figure 8.2 The constellation of services

Source: Mason and Rieser, 1994

Integration and inclusion

Integration

Integration is a matter of location and there are at least four variants:

- Periodic integration: children from special schools are bussed into a main-stream school at a regular time each week for 'integration', or an 'integration event' is organized.

- Geographical integration: disabled children may be educated in units or school on the same campus or site as their non-disabled peers, but do not mix, even socially.
- Social integration: disabled children may share meals, playtime and assemblies with non-disabled peers, but are not taught with them.
- Functional integration: disabled and non-disabled children are taught in the same class.

What all forms of integration have in common is the assumption of some form of assimilation of the disabled child into the mainstream school. The school remains largely unchanged and the focus is on the child fitting in. As we have seen, if the child is unable to do this, the law can be used to direct her/him to a special school or unit.

Inclusion

Inclusion, on the other hand, is about a child's right to belong to her/his local mainstream school, to be valued for who s/he is and to be provided with all support s/he needs to thrive. Since mainstream schools are generally not organized in this way, it requires planned restructuring of the whole school. This restructuring should be seen as an extension of the school's equal opportunities policy and practice. It requires a commitment from the whole staff, the governors, parents/carers and pupils/students. Inclusion is not a static state like integration. It is a continuing process involving a major change in school ethos and is about building a school community that accepts and values difference.

In order to become inclusive, schools should adopt a 'social model of disability'. They must identify the barriers within the school's environment, teaching and learning strategies, attitudes, organization and management that prevent the full participation of disabled children and, as such, are part of the social oppression of disabled people. Functional integration is a precondition for the development of inclusion and disability equality. It does not, in itself, achieve it. The Index for Inclusion (Ainscow and Booth, 2000) was sent by the government to every school in England, Wales and Scotland. There is now an early years and play version (CSIE, 2004) and it has been translated into seventeen languages and is being used in more than seventy countries. The index enables schools to hold a mirror up to themselves, identify barriers and find out how inclusive they are in ethos and or culture, in policies and practice. Ownership of the process of inclusion by the school is essential.

Inclusion depends on the extent to which all children get what they need to grow and develop, and how open the teacher and the children in the class are to learn and respect each and every child's experience. This sounds idealistic, but the alternative is to continue to reproduce the status quo, with its built-in discrimination against disabled children. Inclusion fundamentally challenges the traditional approach which regards impairment and disabled people as marginal, or an 'afterthought', instead of recognizing that impairment and disablement are a common

experience of humanity and should be a central issue in the planning and delivery of a human service such as education.

Mike Oliver, an educationalist and a leading member of the Disability Movement, drew out the differences between integration and inclusion in a paper he gave during National Integration Week in May 1992:

Old Integration is:	'New' Integration or Inclusion is:
a state	a process
non-problematic	problematic
a professional and administrative approach	politics
changes in school organization	change in school ethos
teachers acquire skills	teachers acquire commitment
curriculum delivery must change	curriculum content must change
legal rights	moral and political rights
acceptance and tolerance of children with special education	valuation and celebration of disabled children and children with learning difficulty
normality	difference
Integration can be delivered	Inclusion must be struggled for

Inclusive education should be the guiding principle. We should be working towards a system and an ethos where mainstream schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions.

Central to inclusive education is the involvement of disabled people in the consultation, planning and implementation of it. Examples already exist of the successful inclusion of children with every type and severity of impairment in mainstream schools in the UK. Many changes in school organization and practice have been necessary to make this happen, but from all such changes the non-disabled majority of children have benefited.

The best way to initiate whole school change is to have a training day delivered by disabled disability equality trainers with experience of the education system (see www.diseed.org.uk for advice on such a highly valued network). The school should then set up a representative working group to either use the checklist below or use the index for inclusion and regularly report back to staff and the board of management or governors.

Pupils/students need to be involved in this process through whole class discussion, assemblies and pupil/student councils. Parents/carers of disabled children are often disempowered by professional interventions which have threatened or broken their relationship with their disabled child. Parents for Inclusion are developing training to address this issue. The LEA, Social Services and Health Service need to provide the support and additional resources to the school to help overcome the barriers to inclusion.

The inclusion process is part of school improvement and developing more

effective comprehensive schooling for all. Goals need to be built into the School Development Plan to be met over a five- or ten-year time-scale and their achievement must be monitored.

The inclusion of profoundly deaf pupils and students requires particular thought and attention. The eugenicist origins of ‘special education’ and the ensuing impact on current day segregation and integration had a particular impact on the **education** of deaf people particularly those who use sign language. In Milan in 1880 educationalists from 21 countries met and decided to outlaw the education and instruction of deaf people through sign language and develop instruction through the oral method. It was feared that the thriving deaf culture which had developed in the previous 90 years from the development of sign language now posed a threat to the gene-pool of hearing people (Facchini, 1983). This led to enforced education of deaf children through the oral method which led to them having a literacy level of half of that of their hearing peers. The Deaf community has rightly fought hard for deaf children to be educated in their first language – sign language.

Many deaf children are still forced to learn without sign language. This has often meant that recently schools for the deaf and deaf clubs are the only places where sign language is readily available (Ladd, 2003). There are now models of inclusion where deaf children are included with simultaneous interpreting–English/BSL, sufficient number of deaf students to form a BSL using peer group, deaf BSL using adult instructors to develop their sign language and the hearing pupils learning sign language to communicate with their peers. This successfully occurs, for example, at Selwyn Primary or Lister Secondary School in Newham or Cottingley Primary School in Leeds and leads to deaf pupils having the best of the hearing and deaf worlds. At present this means resourcing some mainstream schools. However, given the educational history of most deaf people it is quite right that they insist on education through sign language. Oralism still seeks to educate deaf children through high tech hearing aids and cochlear implants, but the deaf community argue they miss out on both deaf language and culture, and still do not understand all that is being said. It is up to mainstream schools to meet the challenge of including deaf pupils by the means outlined above.

What follows are some of the necessary changes that schools, teachers, governors, non-teaching staff, parents/carers and pupils/students have to undertake to become inclusive.

A whole school policy on disability equality and inclusion

a Access audit of the school environment. Carry out a full access audit of your building. Involve pupils/students. Cost and set targets of major and minor works to be included in the school development plan. Involve the governors in pressing the LEA for access works. Money is available through the Schools Access Initiative.

b Audit access to the learning environment. Audit software and hardware suitable for supporting learning difficulties. Maintain up-to-date information on adaptations,

example, signing, Braille, vocalizing, voice recognition, touch screen, laptops, switching. Make lessons multi-media. Make sure visuals can be described or subtitled if necessary.

c Ensure disability issues are in the curriculum. When planning a curriculum unit, topic or module think of including a disability dimension. Build up resources and literature that are non-discriminatory and include disabled people in a non-patronizing way (see guidelines in Chapter 7 of this volume). Promote the ‘social model’ of disability. All Equal All Different (Rieser, 2004b) is one such resource pack for Early Years and KS1.

d Disabled people are positively portrayed. Ensure all children have access to positive images of disabled adults and children in non-stereotyped activities and roles. Make sure the school has a range of picture or reading books that do this (see selected reading list at the end of this chapter). Involve disabled adults from the community in activities and lessons.

e Diversify the curriculum. When planning the curriculum, use a wide variety of approaches to draw on different strengths, learning styles – auditory, visual or kinesthetic – and aptitudes of the pupils/students. Build up a resource bank of ideas and lessons allowing time for joint planning and review. Check teaching and learning strategies and targets are appropriate for the needs of all children in the class.

f Develop collaborative learning and peer tutoring. The pupils/students comprise the biggest learning resource in any school. Involve them in pairing with children of different abilities and groups. All children benefit from these approaches.

g Effective team approach for learning support and curriculum planning. Ensure that learning support is effectively co-ordinated throughout the school and in each classroom. Allow time for joint planning in the school day, involving teachers and learning support assistants. Develop the skills and confidence of the learning support assistants to carry out different roles in the classroom with groups of children.

h British Sign Language. When a school includes deaf children, 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. Give a positive value to different forms of communication. For deaf and partially hearing children, it is important to understand their need for induction loops, lip reading and good room acoustics.

i Accessible communication with parents/carers. Recognize that not everyone communicates by written or spoken English. Audit the communication needs within the school and of parents and provide notices, reports, information and directions in the relevant format, for example, large print, Braille, tape, videos in British Sign Language, computer disk and pictograms, and use symbols for people with learning disabilities.

j Be critical of disablist language. Examine language used in teaching and by other pupils. Much of it is disablist and impairment derived. Develop a critical reappraisal through disability equality training, assemblies and in class.

k Challenge impairment-derived abuse, name-calling and bullying as part of the school behaviour policy. Introduce effective policy to prevent abuse, name-calling and bullying because of physical, mental or sensory differences. Make this part of your school anti-bullying policy.

l Involve all pupils in developing behaviour policy. Policies devised with pupil/student involvement and based on principles of self-regulation and mutual respect are the most effective. Cultivate developmental discipline. Sometimes it is necessary for adults to take a lead in setting up circles of friends and buddy systems. All children should remain on roll even if for some time they are out of class. Devise systems where distressed children can take 'time-out' and talk to sympathetic adults. Have access to counselling and psychiatry.

m Develop a whole school ethos on accepting difference. Use events like assemblies, plays and sports days to demonstrate this, as well as in day-to-day functioning.

n Develop empowerment and self-representation of disabled pupils/students. Set up structures through which disabled pupils/students can express their views, develop self-esteem, and have some influence on school policies. Involve disabled adults in this process. Develop training in self-advocacy. Find ways of ensuring disabled students are represented on the School Council.

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

p Transport and school trips policy. Make sure this includes all. Ensure that transport to and from the school for disabled pupils fits in with the school day and cater for attendance at after-school activities. Allow the disabled child's friends and siblings to use transport to break down isolation. Ensure no pupil is excluded from a trip or visit because their access or other needs are not met. This means careful advance planning and pre-visits. Ensure you don't use risk assessment to exclude pupils who think laterally to find solutions.

q Have an increasing inclusion ethos in the school development plan. The school should examine every aspect of its activity for barriers to inclusion identify temporary and longer term solutions, describe how these will be achieved, who will be responsible, how they will be funded, how their impact of student achievement will be measured, and incorporate these into the school development planning process.

r Include outside specialist support. Plan the work of speech, physio- and occupational therapists in a co-ordinated way which best supports pupils'/students' curriculum needs and reduces disruption to their learning and social needs.

s Policy on administering medication and personal assistance. Devise a policy on administering routine medication which is easy for pupils/students to use and develop systems that maintain their dignity on personal-hygiene issues. Have a system for handling medical emergencies which is easy for everyone to use.

t Maintain equipment. Ensure that specialist equipment is properly maintained, stored and replaced when necessary. Mobility aids, for example, wheelchairs and walking frames, should be regularly checked and staff trained in their proper use.

u Increase the employment of disabled staff. The Disability Discrimination Act now applies to employment in most schools. Revise the equal opportunity employment policy to increase the employment of disabled teaching and non-teaching staff. There is Access to Work money available for disabled employees from Placing, Assessing and Counselling Teams (PACT) officers at Job Centres. All children need disabled adult role models.

v Disability equality training and ongoing INSET for staff and governors. Organize a programme of in-service training for teachers, 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.

w Governing body representation. Appoint a governor to have a brief for special educational needs, with the whole governing body involved in developing inclusion policy. Try to get disabled governors.

x Consultation with and involvement of parents/carers. Ensure there are effective arrangements for involving parents/carers in all parts of their child's school life, including any decisions that have to be made. These arrangements should involve counselling and support in helping a child towards independence. With their permission, maintain information about parents/carers who are themselves disabled, so that their access and other needs can be met.

Moving towards inclusion

In many schools the largest barriers to including pupils/students with needs that have not previously been catered for at the school are the fears and attitudes of the staff. These can best be addressed by putting disablement into an equal opportunities framework and by having whole staff disability equality sessions which should be led by disabled disability equality trainers (Disability Equality in Education offer such training – see References). This should be followed by an audit of the barriers in the school, the development of an action plan to minimize the barriers and incorporation of the plan into the school's SEN policy (CSIE, 1996; Booth and Ainscow 2002).

Sometimes particular information about children's impairments is required and this can be most usefully obtained from the children themselves or their parents. They are experts on their impairments.

Sometimes medically based professionals such as occupational therapists, physiotherapists and speech therapists can be useful in providing certain

procedures or specialist equipment and practices. But it should always be remembered that the child is at school to learn alongside his or her peers and wherever possible this support should be given in class and in the least disruptive way. Often these other adults can benefit groups of children in the class.

There will often be learning support assistants in the class, usually to support particular children. The more they can be involved in joint planning, the more able they are to make a positive contribution to the learning and teaching in the class, not just for their particular pupil. The class or subject teacher has to take a lead in co-ordinating the activities of all these adults and making their activities part of the educational activity in the class. The SENCO (special educational needs co-ordinator) can play a vital role in developing such working partnerships.

For inclusion to work best requires a child-centred pedagogy in well-structured mixed-ability classrooms. There are many pressures from OFSTED, the government and the league tables to set and stream. But these are moves that undermine an inclusive ethos and can often replicate segregative practices within one institution, leading in the longer term to a drop in overall standards. A mixture of teaching styles can meet these competing pressures: whole class teaching with peer tutoring; collaborative groups; individual or paired work; and joint teaching with another class. The more flexible the teaching style, the more likely to include a wider variety of pupil/student needs.

Many teachers say they are in principle in favour of inclusion, but it requires a massive increase in resources to be possible. It must be remembered that one-seventh of all education budgets is spent on special educational needs. There is a need for increased capital investment in the school building stock to make it accessible, and, thanks to the Within Reach Campaign organized by SCOPE and the NUT, this is beginning to happen. But the major problem is that the majority of SEN spending is in the wrong place – some 1,200 special schools for 100,000 children. LEA development plans will have to identify over the coming period how these resources can be reallocated to mainstream schools in a planned way to enhance inclusion. The important point here is that LEAs should agree to ring-fence all resources and posts to special educational needs as they transfer them to the mainstream. LEAs must also set up adequate monitoring and advisory teacher posts to ensure that the resources put into mainstream schools are being used to further inclusion and meet the needs of children with SEN.

The London Borough of Newham (Jordan and Goodey, 1996) provides a useful indicator of how such moves towards inclusion can occur in a poor, multi-cultural, inner-city area. In 1984 a group of parents of disabled children ran for and were elected on to the council with the express wish of seeing the ending of segregated special education. They achieved their aim in a council policy which recognized the rights of children, whatever their needs, to learn together. The borough's latest policy has a goal of making it possible 'for every child, whatever special educational needs you may have, to attend their neighbourhood school'. Between 1984 and 1998 the number of special schools in the borough was reduced from eight to one and the number of children segregated in special education dropped from 913 to 206. Parents/carers are becoming increasingly confident in the ability of

their neighbourhood school to meet diverse needs and teachers have signed an agreement on inclusive education.

This was achieved in an educational and political climate that was hostile to this process. Resourced schools were set up to meet certain needs in mainstream schools response to parental/carer concerns. These are now planned to be phased out as Newham moves to inclusive neighbourhood schools. The process from the start envisaged radically changing mainstream schools rather than fitting children with SEN into the existing system. An independent report commented that having to cater for children with serious learning difficulties helped schools make better provision for all pupils (Rouse and Florian, 1996). This was borne out between 1997 and 2003. Newham schools had the biggest improvement nationally in the GCSE results of all students in grades A–G. Many children labelled as having severe learning difficulties are now passing exams. In addition, the numbers of exclusions have been falling while they have been rising in most other parts of the country. The LEA has now appointed four monitoring officers proactively to address this process of developing inclusion from integration.

It will help to understand the inclusion process to give a thumbnail sketch of two inclusive schools.

The first is one of seventeen resourced mainstream schools in Newham. It is a purpose-built inclusive school with funding for thirty-six statemented children with severe and profound learning difficulties. In addition, there are six other statemented children. Free meals are provided for 59.6 per cent of the children and the school has a multicultural intake. There are four wings: Nursery and Reception, with 120 pupils; Years 1 and 2, with 120; Years 3 and 4, with 120; and Years 5 and 6, with 96 pupils. The additional teaching staff are organized in teams with the class teachers to give six teachers in each wing. In Key Stage 1 there are also six support staff who work as part of the team. The children choose when and what they will do each day, though they must do reading, writing and maths. They keep their own diaries and these are used as the IEP (individual education plan) for statemented children. In each wing there is a practical room, a reading room, a writing room, a finding-out room for science, geography and history and a quiet room. There are no breaks but all children do a PE activity every day, including various sports and physiotherapy. The lunchtime is a continuous sitting and there are many clubs then. The children all seem engaged in learning and are very pleasant to each other, while the support staff are deployed across the teams to meet particular needs. All staff 'change' children and administer medicines if parental permission is given. Each team has a team leader. In the wings one teacher is responsible for one part of the curriculum for the week for all 120 children. In Years 5 and 6, this is for half a term. The additional resourcing allows for shaping teams to meet the needs of all the children. The school has eight extra teachers and fourteen extra support staff, giving a staff of fifty. There is now an excellent account of school change with respect to teaching and learning for inclusion written by staff and pupils at the school (Alderson, 1999).

The second school is a comprehensive high school with 1,100 Year 8 to Year 11 pupils, with ten forms of entry. It is an additionally resourced mainstream school

for thirty-six physically disabled students. They have a head of learning development, 8.4 full-time teachers, 1 part-time (two days a week) teacher, 8 learning assistants and a clerical assistant. There is a learning development room where staff from the department work and it is open to any student to come to ask for help at lunchtime or after school. Next door is a physio/resource/changing/toilet/shower suite. In addition to the thirty-six students for the resourced provision, the learning development department leads on the identified learning needs of the 247 students on the special needs register. The building has been adapted so all rooms are accessible. The school has developed collaborative/partnership teaching in which departments make bids to work with teachers from the learning development department for a term or a year. The purpose of this is to develop a shared understanding of all the arrangements and practice involved in working together, joint planning and evaluation. Time is essential for this process. This is achieved by timetabling learning development teachers and subject teachers to have non-contact periods at the same time, and these are ring-fenced so they are never asked to cover. The collaboration includes shared aims, the joint preparation and presentation of resources and shared responsibility for group discipline, marking and report writing. I visited a science, music and art class and saw the inclusive practice in process. Having disabled students in the class seemed natural to all the students. The teaching staff all seemed happy with the arrangements and talked of their benefit to everyone and how the department's flexibility gave them all the support they needed.

Thomas *et al.* (1998) have analysed the Somerset Inclusion Project, which drew its inspiration from a special school in Canada (Shaw, 1990). The Somerset Project centred on the Princess Margaret School for Physically Disabled Pupils. In 1992 it was a day and boarding special school. However, on closing in 1997, it had managed to include the vast majority of its pupils successfully in mainstream schools. Ninety staff were retrained and relocated to support the children in the mainstream. The study gives many insights into the management of change, not least because one of its authors, Dave Walker, was the headteacher of Princess Margaret and effectively oversaw a process which was to leave him without a job.

In conclusion the authors state that:

with vision and careful planning special schools can successfully change their work in such a way to enable their mainstream partners to include children even with serious disabilities. One of our clearest findings has been that while many mainstream staff were highly sceptical about the inclusion project before it started, they had changed their views entirely after several months of seeing it in practice and were fulsome in their support of inclusion.

(Thomas *et al.*, 1998, p. 198)

Conclusion

While it certainly helps to have a government or an LEA that is sympathetic to it, inclusion is fundamentally a school-based process. Mel Ainscow (1994,

1995, 1998) argued that inclusion is part of the process of developing school effectiveness. 'Moving' schools, those that are open to change, which are usually non-hierarchical but with strong leadership, are much more able to develop inclusive practice. 'Stuck' schools, on the other hand, have hierarchical structures, poor leadership and lack of involvement of staff in change, and are much less likely to be able to undergo the restructuring that is necessary to become inclusive. Certainly the variance in inclusive practice between similar schools would support this. Teachers deciding what type of school they want to work in would do well to remember this distinction.

The thinking of the disability movement, the development of the 'social model' and the voice of disabled people who have experienced segregated and integrated education are essential in the development of inclusion. The Salamanca Statement (UNESCO, 1994) recognizes this crucial role: 'encourage and facilitate the participation of parents, communities and organizations of disabled people in the planning and decision making processes concerning the provision for special educational needs'.

Inclusion is a process of school change that benefits not only disabled people but the entire school community. Eventually society will experience a reduction in prejudice and discrimination against disabled people as difference becomes part of everyone's experience and disabled people become part of the community in their own right.

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Selection of recommended inclusive children's books

3–8 years

- Bunnett, Rochelle, *Friends at School*, Star Bright Books. Letterbox*. Beautifully photographed images capture warmth of an inclusive classroom as children play together.
- Dowling, Dorothy and Dowling, Jack, *Learning Together ABC: A Fingerspelling Alphabet with Signs for Deaf and Hearing Children*, Sheffield: 18 Blackstock Drive.
- Foreman, Michael, *Seal Surfer*, Anderson Press. Letterbox. As the seasons change we follow a special relationship between a disabled boy, his grandfather and a seal.
- Hearn, Emily, *Race You Franny, Good Morning Franny, Franny and the Music Girl*, Women's Press of Canada. Third book: Letterbox. Adventures of a wheelchair-using girl.
- Hill, Eric, *Spot Goes to School*, National Deaf Children's Society. Sign Language book.
- Larkin, Patricia, *Dad and Me in the Morning*, Albert Whitman. Letterbox. Lovely book about a deaf boy and his dad, signing, lip reading and squeezing hands as they share a dawn walk.
- Merrifield, Margaret, *Come Sit by Me*, Women's Press of Canada. Letterbox. HIV/AIDS.
- Naidoo, Beverley, *Letang's New Friend, Trouble for Letang and Julie, Letang and Julie Save the Day*, Longman. Second book: Letterbox. Letang, just arrived from Botswana, befriends wheelchair-using Julie.
- Sakai, Kimiko, *Sachiko Means Happiness*, Children's Book Press, Letterbox. Sachiko's acceptance of her grandmother's Alzheimer's with warm and gentle illustrations.
- Wilkins, Verna, *Boots for a Bridesmaid*, Tamarind. Letterbox. Story of Nicky and her wheelchair-using mum.
- Wilkins, Vera, *Are We There Yet?*, Tamarind. Letterbox. A family day out at a theme park with Max, Amy and wheelchair-using Dad.

9–14 years

- Brown, Christy, *Down all the Days, My Left Foot*, Pan (over thirteens).
- Harris, R.H., *Let's Talk about Sex*, Walker Books.
- Keith, Lois, *A Different Life*, Live Wire/Women's Press. Excellent novel about a fifteen-year-old girl adjusting to not being able to walk and how she learns to be strong (over twelves).
- Keith, Lois, *Mustn't Grumble*, Women's Press. Excellent book in which thirty-six disabled women write about their lives (over thirteens).
- Stemp, Jane, *Waterbound*, Hodder Headline. An excellent book written by a disabled author, *Waterbound* is the story of a time in the future when eugenics has triumphed [.] or has it? The discovery of disabled siblings beneath the city leads to a revolution (over tens).

Replace with the above books and many others are available from Disability Equality in Education Unit GL, Leroy House, 436 Essex Road, London N1 3QP, Tel 44 (0) 207 359 2855 info@diseed.org.uk or on the DEE website www.diseed.org.uk. DEE also provides training for inclusion to meet your needs.