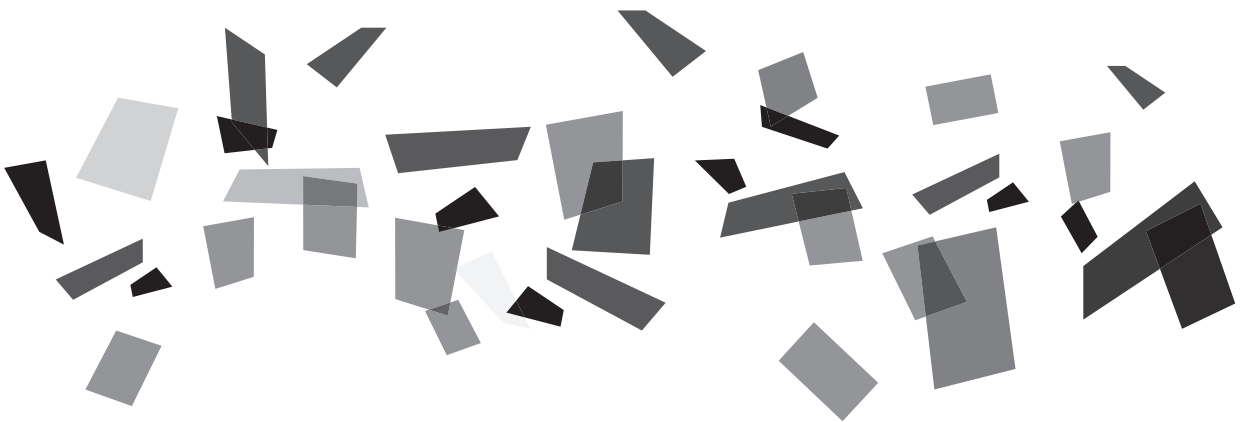


Rona Tutt's Guide to SEND & INCLUSION

Rona Tutt



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Introduction: Changing attitudes to SEND

'I want to be where I feel I belong.'

Chapter overview

This introductory chapter explains what lies at the heart of this book, namely the need to agree on what is meant by inclusion, in order to move forward with a united view. It explains how:

- Attitudes to people with disabilities have changed over time
- National and international legislation has influenced people's opinions of those who are disabled
- Models of disability have changed along with these changing attitudes.

The chapter ends with a preliminary discussion about the meaning of inclusion in the context of pupils who have SEND, a theme which is developed further throughout this book.

Changing attitudes

For too long, the inclusion of children and young people who have special educational needs and/or disabilities (SEND) has been held back by a failure to agree on what inclusion in this context really means. The first part of this chapter considers how attitudes have changed from an almost total lack of understanding about people who are disabled to one where considerable efforts have been made to meet their needs, although much more remains to be done. These changes are traced through the terminology that has been used and through different models of disability. An increased understanding has led to a number of legislative changes, both in the UK and internationally.

The 18th and 19th centuries

In the 1760s, Thomas Braidwood founded schools for deaf children in Edinburgh and London, while the same decade saw the founding of schools for the visually impaired in Edinburgh and Bristol. Schools for those with sensory impairments opened up new opportunities for pupils to communicate through sign language or through Braille. By the 19th century, other types of special schools were beginning to emerge, including The Cripples and Industrial School for Girls in London, where pupils were given lessons in reading and writing, as well as training in straw plaiting, straw hat making and needlework, and the St Martin's Home for Crippled Boys, which taught trades such as tailoring and boot-making. The latter was founded by the Waifs and Strays Society, which is known today as the Children's Society. Local authorities (LAs) were made responsible for providing education to blind and deaf children from 1893.

The first half of the 20th century

The 1918 Education Act made schooling compulsory for all disabled children, and by 1921, there were more than 300 institutions for blind, deaf, crippled, tubercular and epileptic children. Despite these developments, a stark reminder of attitudes at this time is reflected in the way the royal family responded to the arrival of Prince John. Born in 1905, he was the sixth and youngest child of King George V and Queen Mary. It is thought John was severely epileptic and may have had other difficulties as well. Whatever the extent of his medical problems, he was seen as 'not quite right', and so he was kept from public view. From 1916 until his death three years later, he lived in a cottage on the Sandringham estate with his nurse and a male orderly. Although this might be seen today as an uncaring attitude, it was very much in keeping with the times and it did enable Prince John to avoid the normal pressures of royal life. He died suddenly in his sleep aged 13 in January 1919. What does seem shocking in today's

climate is a letter Prince Edward (later Edward VIII) wrote to his lover, Freda Dudley Ward, on learning that Prince John had died:

... His death is the greatest relief imaginable & what we've always silently prayed for. ... No one would be more cut up if any of my other 3 brothers were to die than I should be, but this poor boy had become more of an animal than anything else & was only a brother in the flesh & nothing else. (Quoted in Greig 2011, *The King Maker: The Man Who Saved George VI*).

This attitude of 'out sight, out of mind' continued, and in the 1930s young people with disabilities continued to be shut away from their families and local communities. However, places like the pioneering community of Sunfield developed a more holistic approach to the care and education of disabled children. Barry Carpenter, who was its chief executive for many years, explains that, although Sunfield had started at a time when families wanted their 'handicapped' children shut away, the school turned this round to the point where he could say: 'We do not take in children; we welcome families as part of our community' (quoted in Tutt 2007: 87).

Before the 1944 Act, which was mainly concerned with providing universal free education at secondary level, the education of handicapped children had been considered separately, but from this time, they became the responsibility of Local Education Authorities (LEAs), who had to make sure these children were seen by a medical officer, to determine whether the child was 'suffering from any disability of mind or body and as to the nature and extent of any such disability'. The Act established 11 categories of disability. As well as physical handicap and sensory impairments (blind and partially sighted; deaf and partially deaf), the list included: delicate, diabetic and epileptic; speech defect, maladjusted and educationally subnormal.

Despite the problems caused by the war, after the 1944 Act, special education provision improved. Although far too late to help Prince John, methods of controlling epilepsy had moved forward and teachers in mainstream schools were increasingly willing to accept responsibility for less severe cases if they had medical support. The number of special schools rose substantially, including 25 new boarding schools for children with physical handicaps, such as cerebral palsy, and open air schools for delicate children. The development of provision for children with speech defects was delayed, but the number of speech therapists employed by LEAs increased.

The second half of the 20th century

A major shift in attitude was the 1970 Education (Handicapped Children) Act, which brought all children into education and stopped classifying some of them as uneducable on the grounds that they were 'suffering from a disability of mind'. This meant that all those who had been under the care of the health authorities became the responsibility of the LEAs.

Not long after this, the Warnock Report of 1978 and the 1981 Education Act that followed it, set off a lengthy and divisive debate about the role of special schools. The Warnock Committee's use of the phrase 'special educational needs' (SEN) was admirable in its desire to move away from placing children in categories of need rather than treating them as individuals. The downside was that it led some people to forget the very real difference between educating those with very significant needs and the majority of pupils with SEND who have always been in mainstream education. In a pamphlet Warnock wrote in 2005 (Warnock 2005: 13), she recognised that the umbrella term, 'SEN', had had its problems: 'Not only is there a gradation of needs which our early thinking did not adequately address, there is also a wide range of different kinds of need'. In the pamphlet and since writing it, she has spoken many times of her wish for special schools to be part of the provision available for pupils with special needs.

During the 1980s 'integration' was a buzzword, with the idea that an increasing number of individuals should be integrated into mainstream education. In the 1990s, this changed to 'inclusion', which suggested that schools themselves should change to accommodate all the pupils who wanted to come to them. These two decades were a time when special schools took a battering, as the media and others jumped on the bandwagon of inclusion being interpreted as *every* child being in a mainstream school. The effect was that, after years of development, special schools began to decrease in number. The 1988 Education Reform Act (ERA) introduced a national curriculum, which all children, whether in mainstream or special education, had to follow, and schools for pupils with severe learning difficulties (SLD), and profound and multiple learning difficulties (PMLD) in particular, went to great lengths to try to balance what was appropriate for their pupils with what they were required to do.

In 1994 the first Code of Practice on identifying and assessing special needs for all schools was published.

A new century and a more pragmatic approach

Although opinion remained divided about the place of special schools, by the turn of the century a rather more pragmatic approach had begun to creep in, as the reality of trying to meet an increasingly wide range of needs in mainstream schools began to come into conflict with successive governments' fixation on a 'standards agenda', whereby schools are expected to show an increase in academic results year on year. The role played by Ofsted (the school's inspection service) in judging schools by a narrow range of academic results exacerbated the gulf between these two agendas.

The first sign that times were changing in terms of the place of special schools, came when the then Labour government established a working

party to look at the future of special schools. The findings fed into the government's SEN strategy, *Removing Barriers to Achievement* (DfES 2004a). On the one hand, this gave a continuing role to special schools, but, on the other, it suggested that numbers in them would continue to fall as mainstream teachers became more skilled at meeting a wider range of needs. The role for special schools was seen as a dual one: educating those with the most complex needs and supporting mainstream schools in acquiring further expertise.

In 2005–06, the Education Select Committee held an Inquiry into SEN and asked Andrew Adonis, Minister for SEN at the time, to clarify the government's position on inclusion. Lord Adonis replied that, rather than continuing to talk about inclusion, the government would prefer to emphasise the need to have 'a flexible continuum of provision'. He agreed that an overhaul of the SEN system was needed and suggested it might happen in a few years' time. (More recent history around the SEND Reforms is covered in the next chapter).

Questions for reflection



A former secretary of state for education, David Blunkett, who, having been blind since birth, carried out his role with the aid of guide dogs, has said: 'Progress in school learning is ultimately about the quality of life post-school.'

Think about:

1. Whether you agree with this statement
2. What it might mean in terms of some of the children and young people you know or have worked with, who have a range of different needs.

The international dimension to inclusion

In 1990, the UK signed the UN Convention on the Rights of the Child (UNCRC) and ratified it in 1991. The Convention stresses the right of all children to be educated and to have their views listened to. It also states that a mentally or physically disabled child should enjoy a full and decent life. More recently, when introducing the Children and Families Bill, the Coalition Government reminded LAs to have regard to UNCRC and to ensure that children and young people were involved in the development of local services.

In 1994, in common with most other countries, the UK government supported what became known as the Salamanca Statement. This came out

of a World Conference on SEN, which was organised by UNESCO and attended by the governments of 92 countries. This set out that those with SEN must have access to regular schools. The statement went on to recognise that countries were at different points, with some (such as the UK), having well-established systems of special schools for specific types of need. These are described as representing a valuable resource for other schools, so that special schools or units within mainstream schools may provide the most suitable education for a relatively small number of children with disabilities whose needs cannot be met in regular classrooms or schools.

Meanwhile, in the UK the term SEN, which comes from education, and disability, which comes from health, were brought together in the Special Educational Needs and Disability Act 2001. Under the Act, schools were prohibited from discriminating against disabled children and were required to make reasonable adjustments to include them. The Act strengthened the right to a mainstream education for children with SEN by making it clear that if parents wanted a mainstream education for their child everything possible should be done to provide it. Equally, where parents wanted a special school place, their wishes should be taken into account.

In 2006, the UN Convention on the Rights of Persons with Disabilities (UNCRPD) was adopted by the UN General Assembly. This helped to change attitudes from seeing disabled people as objects of charity, to subjects with rights to make decisions about their own lives and become active members of society. Article 24 of UNCRPD guarantees all disabled learners the right to be part of the general education system. In ratifying the Convention, the UK Government explained that its interpretation of 'general education' included both mainstream and special schools and that parents should continue to have access to places in either type of school.

In 2010, the Equality Act provided a legal framework for protection against discrimination on the grounds of nine 'protected characteristics', namely:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

Key information: The rights of disabled people

International

1990 The UN Convention on the Rights of the Child (UNCRC) was signed by the UK in 1991.

1994 UNESCO's *Salamanca Statement* supported pupils with SEN having access to regular schools, while seeing a dual role for special schools.

2006 The UN Convention on the Rights of Persons with Disabilities (UNCRPD) was adopted by the UN General Assembly.

UK

2001 The Special Educational Needs and Disability Act (SENDA) brought the two terms together.

2010 The Equality Act brought together previous pieces of legislation and specified the groups that should be protected.

Differences across the UK

As Hodkinson (2015) points out, within the United Kingdom the educational provision for children with learning difficulties operates differently under the various legislative systems. Scotland has always been further apart from England in terms of its education system. In 2004, an Education Act abolished the term 'SEN' and replaced it with 'Additional Support Needs' (ASN). This refers to any child or young person who would benefit from extra help in order to overcome barriers to their learning. In 2005, Northern Ireland (NI) increased the rights of children with SEN to attend mainstream schools and introduced disability discrimination laws for the whole of the education system. Wales had, until now, retained the use of the term 'SEN' alongside its own SEN Code of Practice. However, a Draft Additional Learning Needs Bill (Wales) has suggested replacing SEN with Additional Learning Needs (ALN) and a Draft Additional Learning Needs Code has been issued. Although the new term would encompass both those currently described as having SEN and those who, at post-16, have been described as having Learning Difficulties and Disabilities (LDD), it does not go beyond this to take in other vulnerable groups.

Models of disability

Earlier in this chapter, there was a reference to the medical model of disability, which held sway before the social model of disability suggested an alternative viewpoint. More recently, a third model has been suggested, which incorporates elements from both the medical and the social models.

The medical model

The medical model arose from the way the 1944 Education Act, mentioned earlier, categorised children. Decisions about where these young learners were educated was often determined largely by the category they were placed in, rather than their ability to benefit from a mainstream curriculum. This model sees disability solely as a medical condition, and any difficulties that are encountered lie within the disabled person, rather than being affected by the environment within which they operate. The medical profession is seen as trying to cure or improve the disability and it is doctors who decide the disabled person's right to have financial assistance or healthcare support.

The social model

In the 1970s, another model of disability began to be developed, which was in direct opposition to the medical model and seen by many to be a more inclusive approach. The social model of disability draws on the idea that it is society that disables people through designing everything to meet the needs of the majority of people who are not disabled. There is a recognition within the social model that there is a great deal society can do to reduce, and ultimately remove, some of these disabling barriers, and that this task is the responsibility of society as a whole, rather than the disabled person.

Towards an interactionist model

A model which combines features of both these two models has been recognised by the World Health Organization (WHO). This model of disability involves a consideration of the interaction between features of a person's body and features of the society in which that person lives. Back in 1981, Klaus Weddell took this approach when working on the 1981 Education Act. In 2002, Tom Shakespeare, whose achondroplasia gives him a particular insight into models of disability, and his co-author, Nicholas Watson, wrote a paper arguing that the time had come to move on from the social model of disability. They argued that the way it has been characterised in the UK meant it had outlived its usefulness and had led to a position being taken beyond just the need to remove barriers – which they agree is correct – and

leading in some cases to opposition to medical interventions that might help the disabled person. They write:

People are disabled both by social barriers and by their bodies. This is straightforward and uncontroversial. The British social model approach, because it 'over-eggs the pudding', risks discrediting the entire dish. (Shakespeare and Watson 2002: 15)

Key information: Models of disability

The two best-known models are:

1. **The medical model** which sees the difficulty as residing within the person who has the disability. This is sometimes referred to as the 'deficit model'.
2. **The social model** which sees any difficulty as a result of the society in which the disabled person lives, and the inability of that society to adapt to the needs of people who are disabled.

More recently, there have been attempts to marry these two approaches by designing an *interactionist model*, which recognises both factors within the child *and* the context in which a person lives.

Inclusion as a process not a place

In a discussion paper written in 2015, Nick Peacey refers to Brahm Norwich (2013), pointing out that the word 'inclusion' is typically used in two senses:

- The process of implementing the rights of *all* liable to exclusion to full participation in education or society
- Increasing the placement of learners in mainstream education.

While there may be differences of opinion as to how the first bullet point can be best achieved, most would agree that it should happen. It is the second bullet point that sums up the debate that raged throughout the 1980s and 1990s and has never entirely gone away. Lorraine Petersen, who spent ten years as chief executive of nasen – the largest organisation for SEND in the country – says that her interpretation of inclusion is one where:

The child or young person receives an education that best suits their needs at any particular time. It does not mean that everyone has to be in the same building, but that there is the staffing and the resources to meet their needs.

The rest of the chapters in this book build on the idea that inclusion is a process by which children and young people can be properly included in education, so that they are prepared for life beyond school, whatever form that might take. In order to achieve this and to meet the needs of an increasingly complex population of young learners, there has to be a broad continuum of provision, so that every child and young person can be included in a meaningful sense in education. Special schools should never be seen as the last resort when all else fails, but as the very best option for the small percentage of children who need them. Equality is not about giving everyone the same experiences, but about recognising that, while everyone is different, they should be equally valued and educated in an environment where they feel they belong.

Summary

This introductory chapter has looked at how people's attitudes towards those who have SEND have changed from an uncaring one to one recognising their inalienable right to be included in education and in society. Points of disagreement were rehearsed about the nature of disability and the meaning of inclusion itself.

The chapter ended with a brief introduction to the central theme of the book, that of the need for agreement about inclusion being a process not a place and that a broad continuum of provision has the best chance of giving every young learner an education that will prepare them for life in the wider world.

Further reading

- Hodkinson A. (2015) *Key Issues in Special Educational Needs and Inclusion*, 2nd edition. London: Sage.
- Peacey, N. (2015) 'A transformation or an opportunity lost?' A discussion paper prepared for Research and Information on State Education (RISE). www.risetrust.org.uk
- Shakespeare, T. and Watson, N. (2002) 'The social model of disability: an outdated ideology?' *Research in Social Science and Disability 2*: 9–28.
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The benefits, drawbacks and omissions of the SEND Reforms

'I am the expert on my own child.'

Chapter overview

The SEND Reforms which formed Part Three of the Children and Families Act 2014 were described as the biggest shake up of the system for over 30 years. As the changes are in the throes of being embedded, this chapter considers:

- The background to the reforms
- The main changes and what they were designed to achieve
- The benefits and drawbacks of the reforms
- The opportunities that were missed.

The chapter ends with an explanation of why the changes to the SEND system were important in terms of an opportunity to agree on the meaning of inclusion.