



Additional Needs in context

ECIE4003

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Introduction

In this portfolio I will present a poster on the medical and social models of disability, looking at how they both have their place and can be used to inform and educate. I will look at how key policies, frameworks and acts surrounding children and special educational needs influence and effect education presently. I will identify how my setting supports the development of a pupil with additional learning needs and how principles, policies and approaches guide inclusive practise. The Warnock Report (1978) started some of the inclusive ethos we see in settings presently, promoting education for all children with learning needs and disabilities into their local mainstream schools. I will also look at the benefit of intra and interpersonal relationships, working in partnership for the good of the child and their development. With a co-ordinated person-centred approach, outlined in the Additional Needs Tribunal Act (2018), working in a unified manner for the good of the individual.

Models of disability

Inclusive schools are able to change attitudes to difference by educating all children together and form the basis for a just and non-discriminatory society.

Salamanca Statement 1994



Social model

- Removing stigma
- Individual at forefront, not the disability
- Changing attitudes
- Understanding and dispelling myths
- Promotes inclusion

United Nations Convention Rights of the Child

- ✓ The right to survive
- ✓ The right to be safe
- ✓ The right to belong
- ✓ The right to develop

The Index for Inclusion was distributed to all British schools, it includes the term 'barriers to learning and participation' rather than SEN. Intending to focus on identifying barriers and minimizing them by the provision of appropriate support.

Warnock report
1978

Salamanca Statement
1994

Every Child Matters
2003

Wales makes UNCRC
Law 2011

ALN Tribunal
Act 2018

United Nations Children's Rights Commission 1991

Disability Act 1995

Equality Act 2010

Government endorses
Social Model 2014

Ainscow (1995) regarded integration as involving the school in a process where the onus is on the individual to make changes in order to fit in. However, inclusion places the onus on the school to accommodate the individual by adapting methods, materials, curricula and procedures in a responsive manner.

ALN Tribunal Act Aims

- The term Additional Learning Needs (ALN) to replace Special Educational Needs (SEN)
- From 0-25 years of age
- Learners views considered
- Increased collaboration
- Early disagreement resolution

Every Child Matters aims :

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Medical model



- Something wrong with the individual
- Concentrates on impairment
- The individual must adapt
- The individual needs to be made to fit in
- Creates exclusion

Poster References

Booth, T., Ainscow, M., Black-Hawkins, K., Vaughan, M. and Shaw, L. (2000) *Index for Inclusion*, Centre for Studies on Inclusive Education.

Cheminais, R. (2010) *The Pocket Guide to Every Child Matters*, Oxon: Routledge.

Frederickson, N and Cline, T. (2009), *Special Educational Needs, Inclusion and Diversity* (2nd edition), England: Open University Press.

Hills, G. (2020) *The Equality Act*, Manchester: ICC Press.

Rees, K., 2017. Models of disability and the categorisation of children with severe and profound learning difficulties: Informing educational approaches based on an understanding of individual needs. *Educational & Child Psychology*, 34(4), pp.30-39. [Accessed 17th August 2021].

Salamanca Statement. <https://www.european-agency.org/sites/default/files/salamanca-statement-and-framework.pdf> [Accessed: 12th August 2021].

Walton, A and Goddard, G. (2012) *Supporting Every Child* (2nd edition), London: Sage.

The use of models of disability has been a helpful framework in understanding inclusion when considering children's access to education. Placing students into groups has been common practise over the years, age, gender, ability, but when those groupings put limitations on children, it is time to address attitudes and perceptions. The medical model of disability has allowed the disabled to be systematically excluded from society. This contradicts the United Nations Children's Rights Commission (1991) whereby it states that "A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community." Believing that the disability defines the person, concentrating on medical capabilities and all that the person cannot do. Categorising children by a deficit model, in the past, lead to negative perception and special provisions or schools, which excluded children from attending their local schools with siblings and neighbouring children. As stipulated in article 18 of The Salamanca Statement (1994) "...children with disabilities should attend their neighbourhood school, that is the school that would be attended if the child did not have a disability." Promoting the notion that the disabled person is the one who needs to change/adapt to fit in with society and surroundings. The risks of using the medical model solely, is the danger that the disability becomes the focus, and the individual disappears into the background. Though some impairments are more visible than others, this shouldn't define the individual and overall, the many capabilities and attributes they have. That is not to say that there is not a place for the medical model in schools today. Helping to understand the medical care and procedures needed to assist children in attending school safely, The Equality Act (2010) states that reasonable adjustments should made to remove barriers to learning. For example, a child that has severe food allergies should not be excluded from a cooking task, instead, adjustments should be made to ensure the safety and inclusion of that child. However, it should also not be used to forecast or anticipate a child's progress within their education. With so much focus on the disability/symptoms and treatments, little room is left to look at the individual and what makes them so. Whilst the medical model is acceptable for doctors it is not so beneficial for use in the community or schools. The social model of disability has a more positive, progressive approach, aiming to remove the stigmas of disabilities. Placing the individual at the forefront, with the focus on their needs rather than their inabilities. How schools look at models of disability and understand the barriers in

place, can enable or disable individuals and their access to the world. Schools have the ability to not only apply change in a way that includes disabled children, so they may access education and reach their full potential, but to educate the next generation. As stated in the Salamanca Statement (1994) “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.” If a school addresses aspects of learning difficulties as deficits, placing students into specialised interventions they are emphasising the difference in these students. A school which may regard the difficulty as a learning difference, however, conveys that there is a strength or preference in another learning style, that would benefit from differentiation in turn promoting inclusive practise. A school that follows the social model can change attitudes, perceptions and dispel myths, creating secure foundations in which all children can flourish. This is also applicable to its staff. As stated in The Index for Inclusion, “making schools more inclusive may involve staff in a painful process of challenging their own discriminatory practises and attitudes.” In understanding the needs of the students, it reinforces the importance of Maslow’s (1943) hierarchy of needs, as successful learning environments attribute to raised self-esteem.

Child A is a 15-year-old male, lives with his biological mother, two younger brothers and is in receipt of free school meals. Child A had several moves during his primary years, until he settled into his final school, which both he and his mother were happy with. The mother had been dis-content with the level of support made available to her child and unable to reach agreements, legal proceedings occurred. Child A has a diagnosis of ASD and has a statement of educational needs. Having difficulties in planning and organising is a common issue in people with ASD. Affecting the ability to carry out daily functions, these difficulties can have considerable effects on the ability to reach full academic potential. Child A struggles with planning of equipment needed for the variety of subjects, such as PE and Food Technology. As states Murin, Hellriegel and Mandy (2016), language difficulties are a key feature of ASD and one that impacts on Child A most significantly. The use of language by teaching staff in lessons can create a barrier to learning and can result in underperforming academically for children with ASD. As Frederickson and Cline (2009) discuss in understanding ASD, staff need to be flexible and resourceful in how they address and understand these needs in specific educational contexts. In experiencing language difficulties, children can also be at greater risk of social exclusion, resulting in poor mental health in some cases. Child A also has sensory hyper-sensitivity, increasing his sensitivity to stimulus, causing him to become overwhelmed, distressed or distracted by the volume of surrounding noises. The sensations of touch, texture and taste are also problematic for Child A, restricting his diet somewhat. Child A has some obsessive behaviours which include imitating people coughing and sneezing. It is not apparent why he displays these behaviours, as Frederickson and Cline (2009) declare, some characteristics of ASD cannot be easily explained. At times, Child A does display some anxious behaviour, such as pacing and covering his ears. Although it is not clear if this is due to his sensory sensitivities, heightened by his language and communication difficulties and being unable to communicate how he is feeling. Child A is placed at a level 3 on the continuum on needs, requiring targeted, specialised services in response to his complex multiple needs.

The transition from primary to secondary school can be an anxious and challenging period for any child and family. Children with ASD, who can find minor changes to their routine difficult to adapt to, will require additional support during this period. It was with this in mind that the decision was taken to postpone Child A's transition to the preferred secondary school during the termly Team Around the Parent Pupil and Setting (TAPPAS) meeting. Attended by an educational psychologist, specialist advisory teacher, speech and language therapist, occupational therapist, nursing and primary health workers, school counsellor and the school ALNCo, it was discussed that the school would be undertaking building works that required the pupils to relocate to an alternative building for a whole academic year. After discussion with child A, he expressed desire to stay in his primary setting for a further year. This is in line with the SEN Disability act (2001), where it states that the perspectives of the child should be considered when talking about their education and in supporting their child, parents play a vital role in this process. This Inter professional communication between different professionals to provide a co-ordinated response, with a client centred approach, to create bespoke support, ensures better success for the child.

As he lives some 21 miles from the school, Child A travels via a private taxi, with an escort, funded by the local authority. In accordance with the Learner Travel Statutory Provision and Operational Guidance (2014), under the Discretionary Transport Arrangements, whereby it gives local authorities the power they think is suitable to facilitate the safe travel of learners to their place of education. It would be too stressful for Child A to travel via public transport and travelling such a distance unaided poses a risk of bully commonly seen against children with ASD.

Having open access to the Student Support Centre throughout the school day, allows Child A to use the room as a base where he can safely store any belongings, such as his coat, PE kit and lunch bag. This helps to alleviate his anxieties about losing or forgetting equipment and the difficulties he has with his co-ordination in carrying several bags, whilst navigating different classrooms and corridors. Considering Child A's statement of educational needs and his language and communication difficulties, it was agreed that he should be disapplied from modern foreign languages, Welsh and French. This reduces his timetable, allowing the time to incorporate bespoke interventions planned by outside agencies and the

opportunity to complete any homework, as requested by Child A's parent. This was supported by the committee of the Warnock Report (1978), where they advocated parents and professionals working together. With both being viewed as experts in their own fields, the parent being the expert on their child and the professional in theirs, uniting in their expertise for the benefit of the child and their education. Regarding Child A's cognition and learning needs, the Occupational Therapist sets tasks to improve Child A's gross and fine motor skills and visual perception. By building his core strength and balance, helping Child A to improve his daily living skills such as buttering toast. The OT believes that once a child has reached the end of their primary school years, if they have not mastered legible handwriting then it would be more beneficial to proceed with the use of a computer or laptop. With this in mind, Child A uses a touch-typing programme to help him with this recommendation.

With regular school visits from the Speech and Language Therapist, ensuring that targets are met and updated accordingly, work is made to improve Child A's conversation skills, including greetings, initiating and asking reciprocal questions and considering other people's viewpoints. Developing word knowledge relevant to the curriculum is also a target and the school's ALNCo asks that every subject teacher of Child A, submits a termly word bank, allowing the opportunity to learn new vocabulary for the work ahead. This ensures that Child A is not at a disadvantage due to his language difficulties, helping him to reach his full potential. This is one of the aims of the New ALN reform (2018) set by the Welsh Government. Mastergeorge *et al.* (2003 *cited in* Frederickson and Cline, 2009, p.293) reported that 75-95% of children with ASD were able to develop useful speech through language interventions, on condition that they are specific and intense.

With expressed parental wishes on how best to assist Child A in progressing in positive behaviour, the school collaborates with Skybound Therapies to deliver bespoke behaviour interventions. Through Applied Behaviour Analysis (ABA), the aim is to use positive strategies to teach replacement behaviours, whilst minimising reactions to inappropriate behaviours. Aiming to focus on teaching functional replacement behaviours, instead of punishing unwanted behaviours, a token economy system is put in place. This system provides a delayed reinforcement, whilst working towards the end reward/reinforcer. With intended outcomes being the

ability to follow instructions and to be able to understand different feelings, Child A is awarded tokens for displaying a desired behaviour. Paired with a visual marker, Child A can see himself moving closer towards the end reinforcer, in Child A's case this is time on the computer or iPad. As with many children with ASD, Child A does not get reinforcement from verbal praise, instead needing instant reinforcement leading to the reinforcer.

As the Equality Act (2010) requires, reasonable adjustments should be made by schools and local authorities to prevent pupils from disadvantage. One of the reasonable adjustments made for Child A is that he can access the school canteen 10 minutes earlier than timetabled. This allows him to view the food choices available that day without rushing, giving him the opportunity to ask questions he may have regarding the menu. It is a common trait with ASD children that they eat a restrictive diet, preferring food of a particular colour, such as carbohydrates and processed foods, and develop eating rituals. Eating foods in a sequence, can also be time consuming and so the extra 10 minutes is beneficial for this. Limited diets can lead to some concern regarding eating disorders and deficits in vitamins and minerals. However, Kushner (2018) states that we should be equally concerned with excessive weight gain and resulting conditions such as diabetes. The acoustics in the school canteen can also be problematic, loud and unpredictable, causing sensory overload. As the school attended is a faith school, assemblies prove a challenge to Child A as he particularly dislikes singing. Allowing him to remain in the classroom whilst assemblies took place was the initial response that everyone was happy with.

The most effective and important support given to Child A is his 1:1 Learning Support Assistant (LSA). At the request of Child A's mother, the LSA completed Applied Behaviour Analysis (ABA) training to work specifically with Child A. Her daily support helps to remove barriers to his educational success and aids his social development with his peers. Working in a style that embraces Rogers' (1983) core conditions of empathy, congruence and unconditional positive regard, the LSA provides Child A with a nurturing support. Aspy and Flora (*cited in* Rogers, 1983, p.199) state that when a child receives high levels of care, understanding and genuineness, that greater learning and behaviour is increased. The intra professional communication the LSA has with Child A's teaching staff, ensures information sharing takes place regularly and effectively. All school teaching and support staff

have access to Child A's Individual Education Plan (IEP) through the provision mapping programme and should make themselves familiar with its targets.

Accessing the information and strategies set out by outside agencies, teaching staff have a responsibility to implement these within their classroom setting as far as they are able to. It is also her interpersonal communication with outside agencies, such as the speech and language therapist, displaying mutual trust whilst discussing differing professional concerns, whilst maintaining confidentiality, with the pooling of skills to help meet Child A's needs. As stated by Dunhill, Elliott and Shaw (2010) "The best interests of the child should be the cornerstone of all health, education and social care."

Conclusion

It is clear to see that Child A and his mother are well supported in his development in their chosen setting. It is a testament to the inclusive forethought of the Warnock Report (1978) that he is able to attend a mainstream school of their choosing. With the Salamanca Statement (1994) advocating the social model of disability, whereby schools should recognise and respond to the child's individual needs, to ensure inclusion and participation for all, Child A is educated with his peers in the classroom. After working on interventions and strategies, Child A is able to use the school canteen with his peers for extended periods of time now.

The success of decreasing the language barriers, by studying subject work banks during time of disapplication, has meant that Child A has enjoyed Geography more. He has been able to participate in lessons discussions, encouraged by the token reinforcer system in place, contributing and even asking a question to the teacher. This has led to Child A choosing Geography as an option for GCSE studies.

Although Child A's positive relationship with his LSA is one of success, it is a cause for concern should she require unscheduled time off work for illness. Of course, there is another member of support staff that is ABA trained available as a substitute, although Child A does find it difficult to communicate in these circumstances. The success of Child A's inclusive education is supported by the principles of Every Child Matters (2003), where multi-agency working provides joined up thinking of the services involved to make sure that Child A is healthy, safe, enjoying and achieving in his education and development, to make sure that he can reach his full potential in life.

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Reference List

- Ainscow, M., Slee, R. and Best, M. (2019) Editorial: the Salamanca Statement: 25 years on, *International Journal of Inclusive Education*, 23:7-8, 671-676, DOI: [10.1080/13603116.2019.1622800](https://doi.org/10.1080/13603116.2019.1622800) [Accessed: 12th August 2021].
- Booth, T., Ainscow, M., Black-Hawkins, K., Vaughan, M. and Shaw, L. (2000) *Index for Inclusion*, Centre for Studies on Inclusive Education.
- Dunhill, A., Elliott, B. and Shaw, A. (2010) *Effective Communication and Engagement with Children and Young People, Their Families and Carers*. Exeter: Learning Matters (Creating Integrated Services Series). Available at: <https://search-ebscohostcom.ezproxy.uwtsd.ac.uk/login.aspx?direct=true&db=nlebk&AN=411650&site=ehost-live> (Accessed: 26th July 2021).
- Cheminais, R. (2010) *The Pocket Guide to Every Child Matters*, Oxon: Routledge.
- Farrell, P. and Ainscow, M. (2002) *Making Special Education Inclusive*, Oxon: David Fulton Publishers.
- Frederickson, N and Cline, T. (2009), *Special Educational Needs, Inclusion and Diversity* (2nd edition), England: Open University Press.
- Haines, S and Ruabain, D. (2011) *Education, disability and social policy*, Bristol: Policy Press.
- Hills, G. (2020) *The Equality Act*, Manchester: ICC Press.
- Murin, M., Hellriegel, J. and Mandy, W. (2016) *Autism Spectrum Disorder and The Transition into Secondary School*, London: Jessica Kingsley Publishers.
- Pembrokeshire County council: Inclusion Service, (2019) <https://pembsinclusion.service.wales/> [Accessed: 2nd August 2021].
- Rogers, C. (1983) *Freedom To Learn*, Merrill: United States of America.
- Salamanca Statement. <https://www.european-agency.org/sites/default/files/salamanca-statement-and-framework.pdf> [Accessed: 12th August 2021].
- Skybound Therapies, (2020) 'About Us' <https://skyboundtherapies.co.uk/> [Accessed: 12th August 2021].
- The Warnock Report, (1978) <http://www.educationengland.org.uk/documents/warnock/warnock1978.html> [Accessed: 2nd August 2021].
- Walton, A and Goddard, G. (2012) *Supporting Every Child* (2nd edition), London: Sage.

Welsh Government. <https://gov.wales/sites/default/files/publications/2019-01/ways-of-supporting-learners-with-autistic-spectrum-disorder-asd.pdf> [Accessed: 17th August 2021].

Welsh Government. <https://gov.wales/sites/default/files/publications/2018-03/learner-travel-statutory-provision-and-operational-guidance-june-2014.pdf> [Accessed: 17th August 2021].

Welsh Government. *Education in Wales: Our national mission* (2017).