

Additional Needs in Context

ECIE4003

Portfolio

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Introduction

When looking at the world today it could be perceived that today's society has adapted to be more inclusive of those with a disability, but when looking closer it can be seen that there are still differences of inclusivity in our community. The UN Convention on the Rights of the Persons with Disabilities (CRPD) states that the principals of the convention should include, that a person with a disability should have their dignity and decisions respected, equal opportunities, non-discrimination and full participation and inclusion in society. When looking back at how disabilities, whether they be physical or mental, were perceived it is clear how far our community has come and how the image of disability has changed, but can we honestly say that we have a fully inclusive society?

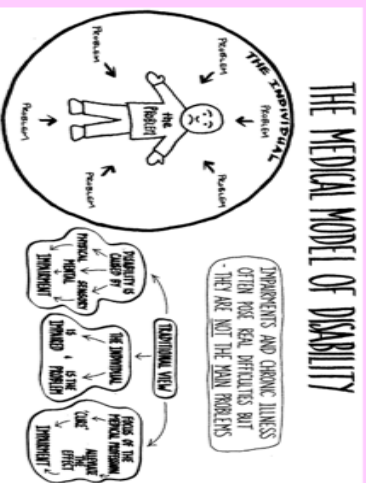
Disabilities can be viewed through a variety of different models that can be used to identify how people perceive disability. The models of disability are used to provide definitions and are based of perceived needs of the disabled person, but it can be argued that they are not of any value and cause more prejudice and discrimination in society.

This assignment will be looking at the different models of disability and how these model's impact on how society views with a particular emphasis on how the education system and the children that are in school settings, which models of disability are used when providing care for the children and where improvements could be made to make the education system more inclusive for all children with additional needs.

Element 1

Medical Model of Disability

- Heery, Noon (2017) describes the medical model of disability as “a physical or mental condition that is intrinsic to the individual sufferer and who thereby experiences a reduced quality of life”.
- Society seeks to find a cure for the condition or to alleviate the symptoms
- Looks only at what is wrong with the person and not looking at what the person needs.
- Scope.org.uk (2021) believe that the medical model of disability creates low expectations and leads to the disabled person losing their independence, choices and control of their lives.
- The nature of the person's disability will determine what they can or cannot do and is often based on assumptions of their abilities, for example, “She cannot walk so she will never be able to work”.
- An example of the medical model is ‘fixing’ deafness with hearing aids and assuming that it solves the child's disability, but not providing additional support through sign language.



Identity Model of Disability

- Similar in many instances to the social model of disability
- Claims disability as a positive identity
- Encourages those with a disability to embrace their differences
- Encourages those with a disability to adopt a positive self image of themselves
- Allows the disabled people to belong to a community of others with shared experiences

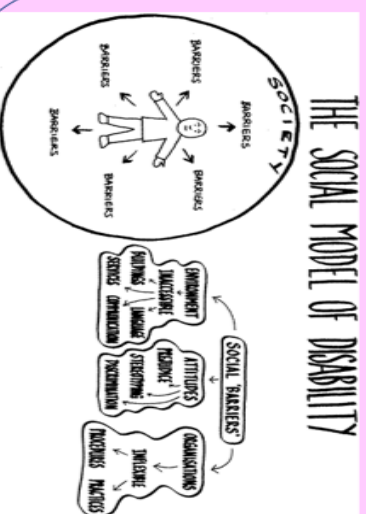
Models of Disability

Moral or Religious Model of Disability

- It is the oldest model of disability.
- Disability should be regarded as a punishment from God for sins that have been committed by the family.
- Refers to some disabilities as “unclean” or “demonic possession” leading to negative opinions of those with the disability
- Some believe that it is a test from God
- Others believe that God has given these special children as a gift.

Social Model of Disability

- Developed by Disabled people to challenge beliefs of disabilities and the medical model.
- Believes that the impairment to the disabled person is not caused by their disability but instead by society
- Learningdisabilities.org.uk state that “if modern life was set up in a way that was accessible for people with disabilities then they would not be excluded or restricted”.
- Barriers in society can be caused by physical barriers, such as steps instead of ramps for wheelchair users, or by peoples attitudes creating barriers by assuming someone is not capable because they have a disability.
- Scope.org.uk believe that by removing the barriers, it will create equality, and offer disabled people more independence, choice and control.
- Believe that peoples lack of knowledge of disabilities is to be linked to barriers imposed by society
- A positive example in education is modern schools with disability access, wide corridors and doorways for wheelchair users allowing free access around the school.



Element 1 Reference List

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Element 2

The poster in Element one shows just a few of the models of disability that have been looked at. The two most recognised models of disabilities are the medical model and the social model.

The Additional learning needs code for wales 2021 states that “it places the learners’ views, wishes and feelings at the heart of the process of planning the support required to enable them to learn effectively and achieve their full potential”. This would imply that it follows the social model of disability by putting the disabled person in the centre of their plans and finding ways to support the person to reach their full potential. This is a new bill that has come into place but a very positive step forward in providing support for disabled people especially in education settings. In the bill it states that the provision put in place should have a rights based approach and should be inclusive to the needs and preference of the child, it also favours an inclusive education system where the child could be integrated in a mainstream classroom with additional support where needed to help them participate fully in the education environment. These beliefs fall under the social model of disability, where the theory is that if you remove barriers then the disabled person would be able to be fully included into society.

These ideas are not new however, the Warnock Report (1978), after reviews of education for disabled children, stated that children where possible should be educated with their peers in mainstream school with support and that when working with children with disabilities or considering their support that you should look at the child’s abilities and potential for learning and the future not their disabilities. These beliefs again would fall under the social model of disability as they were trying to make the education system more inclusive for all and look at the abilities of the children, not their disabilities.

Action on Disability: The Right to Independent Living (2018) was written to give guidance on how people with disabilities could live independently and what needs to be done to encourage this through work and adaptations to enable the disabled person to live an independent life. This is following the social model of disability which if focussed on removing barriers to allow independence and self-reliance for the disabled person. It does make clear that where there is a need, that support should be offered to the disabled person to allow them to be fully inclusive in society.

In contrast, the oldest of the models of disability is the religious view that believed that the child or person is disabled due to sin by the parents or family members and that the disabled person is unclean or less worthy than others. Ancient Jewish attitudes taken from the bible which said “No man who has any defect may come near” (Leviticus 21: 17-20) meaning that those with a disability were not worthy of giving sacrifice to their god. Christianity and Judaism are not the only religions with these beliefs, Buddhists have a belief in Karma, meaning that what they put out into the world is what they will receive, it could then be perceived that bad karma could result in a disabled child coming into the family. Although the religious holy books hold ancient examples of these beliefs, now religions are much more understanding

and welcoming of those with a disability, with many believing that every child is a gift from God and that they were chosen by God to be given this special child, very few still hold the discriminations on disability held by the religious or moral model of disability. To view this model of disability in education several church schools ALN policies were looked at to compare if they fell into the religious models of disability. This was not the case, the policies from schools showed good practice with inclusion and support to ensure that all children reach their full potential. Several of the points made such as the belief that good special needs policy is valuable to all children in the school shows just how inclusive church schools are, they follow a much more social model of disability than the religious one that may have been a guidance for them in the past.

When researching was carried out for this assignment, although it was possible to find a variety of different models of disability, when looking at policy and procedures that are in place today it is clear that they all follow the social model of disability where inclusivity and independence are key. The guidance in all of the information looked at was that the centre of all of the intervention needs to be the disabled person and that their rights and opinions need to be respected at all times.

Element 3

For the purpose of this portfolio a student has been selected who is profoundly Deaf. Pupil A is fourteen years old and is entering the GCSE years in school having just selected their subject options. They are classed in the school as a more able and talented pupil and have a high global grade and predicted grades for their upcoming exams.

Pupil A passed the newborn hearing screenings and was not diagnosed with hearing loss until the age of 5 where he was identified as having a moderate hearing loss and was given hearing aids. Pupil A was then moved from a mainstream school which he was attending to a primary school which had a Deaf unit to facilitate their needs. The Deaf unit had their own teacher of the Deaf and Communication Support Workers who were trained in British Sign Language and knew how to best support Deaf pupils. Pupil A learnt sign language in school and at home as his family became involved in the Deaf Community locally and attended the local Deaf Centre where they run a youth club for Deaf children and their families to attend. Although it has been argued in the past that the use of sign language in education hinders the child's development, a study by Quigley in 1968 found that "children exposed to fingerspelling did better on speech, speech reading, reading and three of five measures of written language ability", thus showing that in deaf children there is a benefit of using sign language from an early age to help the deaf child with language acquisition.

Pupil A's hearing continued to deteriorate and at the age of nine, Pupil A along with their family made the decision to have cochlear implants fitted to aid in their hearing. The pupil thrived with their cochlear implant but still used sign language to communicate missed information and although was spending more time within the mainstream classes of the primary school with their communication support worker, they were still a part of the Deaf unit in the primary school and would get additional support and guidance.

The pupil moved to a mainstream comprehensive school where there was no onsite Deaf unit, but Pupil A had access to the council's teacher of the deaf team who would visit them on a termly basis. Pupil A was concerned about fitting in at the comprehensive school, so the decision was made for them to have a teaching assistant support them rather than a communication support worker supporting through sign language. Although Pupil A thrived in their first year in school the teaching assistant was not supporting Pupil A in a manner that they wanted to be supported so Pupil A was allocated a teaching assistant who was already working within the school who was a fluent user of British sign language. Although Pupil A was happy to use their receptive skills in sign language in the classroom, they were nervous about signing themselves, with the fear that their peers would stare, but as time went on Pupil A began using sign language to support their learning more and more leading to them asking for full time support through British Sign Language.

As Pupil A's hearing did not start to deteriorate until he was already in school, they have a good use and understanding of spoken language and very clear speech. Pupil A becomes very anxious around the care of the cochlear implants as if the batteries run out or fail then there

is no hearing meaning that Pupil A is completely reliant on BSL communication and lipreading and other than his Teaching assistant no other member of staff in the school has knowledge or training on hearing aids and cochlear implants. If there are incidences where the batteries fail or the cochlear implant cannot be worn, for example during a thunderstorm due to static electricity, then Pupil A does not use his voice as he is unable to hear himself so there for is self-conscious of the clarity of his voice and their vocal volume. There also the health and safety impact if the cochlear implants are non-responsive then if for example the fire alarm sounds or there is an emergency the pupil would have no knowledge of what was going on around them.

Element 4

Pupil A attends mainstream lessons in the school and although they come under the bracket of the inclusion department Pupil A has little to do with the inclusion team who are mainly involved around the time of an annual review or if a problem arises. Pupil A is supported in the classroom by a Teaching Assistant who has high qualifications in British sign language and who has a good knowledge of Deaf culture, hearing aids and implants and the Deaf community. It was decided between Pupil A and their designated teaching assistant that all support would be through BSL and that Pupil A does not want notes taken in lessons, which is something that is often offered to Deaf pupils in the classroom so that they can focus on the understanding of the lessons rather than miss information. This is following guidelines from policies such as the ALN bill under the right based approach where the person with an ALN can specify what support they would like and support if any should be tailored to the individual person. When working in the education environment, what works for one pupil may not work for another, even if they have similar additional learning needs.

Pupil A has support through the county's Teachers of the Deaf who come into the setting to work with the teaching assistant to relay any issues back to the school that Pupil A or their teaching assistant come across. They are also able to support the pupil through the use of specialist equipment such as radio aids to aid in communication. The teacher of the deaf team also supports the family and are in regular contact with the home and will attend annual reviews providing support and guidance. This provision is also supported by legislation as agencies working in collaboration means that the child with the additional needs will receive the best possible support. The schools ALN policy also states that working together leads to better outcomes for the pupil, the school itself has an open-door policy where agencies and families can come in at a time to discuss the progress of the pupil and offer any advice and guidance on how to provide the best support. This is also supported by the Salamanca statement that states that outside agencies providing specific support for pupils in areas that the school may not have experience or knowledge in is key in providing the best possible outcomes for pupils.

Currently Pupil A is a statemented pupil, meaning that he has a statement of special educational need that is in place for him. This means that the support that is outlined in the document is a legal document and that the document is reviewed on an annual basis to allow for changes to be made. With the implantation of the Additional Learning Needs and Educational Tribunal ACT (2018) which will mean moving from a statement to an individual development plan which will allow for more flexibility in the way pupil A wishes to be supported. For Pupil A this will be a positive change as the document and support will not end when he reaches the end of school age, it will move with them into further education until the age of 25 which will allow for a continuation of support for the pupil, even in changes to their education setting.

Conclusion

Through looking at the different models of disability it is clear that over time the view of disability has changed from a negative consequence of sin, to the disabled person being the problem and their need to fit into our society to where we are today in a much more inclusive world for those with disabilities which is underpinned by policy and legislation which protects the rights of disabled people in our communities.

For the education sector, when working with pupils with additional learning needs things are always changing and it is imperative to remember that every pupil has different needs and requirements. When looking at Pupil A it was found that they receive the support that the pupil requested showing that the pupil is the centre of any decision making. Pupil A is however lucky as this is not always the case. It is also not always possible to match the correct support with the right child, for example in Pupil A's case there was a fluent sign language communicator already working within the school, this is often not the case meaning that the school will put makeshift support in place that is not of value to the pupil in helping them to reach their full potential. More specialist training needs to be given to staff in schools to support their individual learners and for staff to have a greater understanding of their needs.

There is still a long way to go before society can call itself fully inclusive but by placing the social model of disability in the forefront, as it was created by disabled people, it makes a good starting point from which to build from and it is already clear that things are beginning to change.

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