

How does a primary school support the journey to inclusion?

Hello. My name is Roxanne Walton, and I am a student at the University of Wales Trinity Saint David studying a foundation degree in inclusive education. This text will include my findings for a case study conducted in August/September of 2020.

Pupil A attends a school in a small town in South Wales, which has roughly 320 attendees. School A is a Welsh medium school. It has two LRCs, one for KS1 and one for KS2. Both LRCs make up the total number of 27 pupils, all of which have a range of children living with additional learning needs, the support they receive and referrals in which they are given.

This case study was conducted to highlight the children with an ALN within an educational setting. It will distinguish between the social and medical models implied in schools in Wales, and the aftercare these pupils have after they have long left their settings at the end of the school day.

Pupil A is within an LRC of 13 pupils, all of which have a range of conditions and need additional support. Pupil A has attended the LRC since reception age, and now approaches the age of 6. Pupil A belongs to a loving family, whom, have fought hard for the diagnosis after realising something needed attention in the developmental stages of infancy from a very young age.

Pupil A lives at home with Mum and Dad and has a very secure and happy home. Shortly after turning 5 Pupil A was diagnosed with Epilepsy and ASD, and as a result experiences sensory overload. Pupil A is non-verbal and doesn't respond to sign, however, has an exceedingly good memory and can memorise extremely long words almost immediately. Pupil A can recognise language from written words that have been previously shown to her. Pupil A communicates by prompting a member of staff's hand or uses flash cards which seems to be the only method of language so far used. Mimicked language is used by Pupil A, however there is zero understanding of these words and they are only said or used when an adult has just spoken them.

Pupil A enjoys singing and can memorise a song word for word very easily and sings the song freely. Pupil A experiences frustration when her method of flashcards is not recognised, or she is unable to do the activity she is asking for. This results to a

sensory overload and will lead to objects being thrown without any understanding of consequence, and sometimes this can lead to injury to either Pupil A or her peers or staff members.

During school, Pupil A receives many forms of support to meet her needs. Pupil A has Speech and Language therapy. She is under the care of an LRC as previously stated which means she receives more support than what she would, should she be in mainstream setting. Within the LRC, staff members consist of the class teacher, 3 class LSA's - myself included – and a one to one. She is under the support of a Lenco, has an IEP, a health plan (Support plan) and has Statemended support, which was approved just before June of 2020, the cut-off date before the ALN reform was implemented.

Aswell as support in school, Pupil A's family also receive support outside of school from multiple agencies. These include support from the staff of the school with the LRC being the primary source of support within the educational setting, a parent partnership plan, speech and language and a paediatrician which specialises with Pupil A's conditions.

Pupil A faces many challenges during daily life in both school and home. After observing and working with Pupil A for 9 months I was Interested in forming this case study to investigate the challenges that pupil A faces, and how they are summarised with support.

One of the main challenges that is an everyday reoccurrence is Pupils A's sensory overload as a result of her Autism. Pupil A has no understanding of why a routine must change and doesn't cope with a disruption to the day. With that said, there are not changes to a routine unless it is last resort in an LRC. However, certain things are unavoidable, such as heavy rain cancelling a P.E lesson, as an example. Pupil A has a handful of calming therapies that are used regularly when these instances present themselves. An example of this would be a staff member blowing bubbles whilst pupil A watches them fall slowly. Another example is Pupil A's favourite nursery rhyme sang to her in a quiet place. Pupil A cannot cope with high pitched noise and will get frightened should a fellow student cry inconsolably. Pupil A will clutch her ears and scream. She will find a place she can move to where she can distance herself, and should that fail to be an option, she will throw an object she is

closest to. This overload will continue until her peer stops crying, or she is away from the situation completely.

Many children including Pupil A will benefit from the new ALN reform, being introduced in September of 2020. With a pupil that has complex needs such as Pupil A, it's often a worry for her family and support of how she will transition into later life, as under the old SEN code of practice, she would no longer require additional help from agencies once she reaches end of school age. However, under the new ALN Reform, it allows pupils continued support right up until the age of 25. According to the Additional Learning Needs and Education Tribunal (Wales) Act (2018), it states the new act will create a "Unified Plan".

A Unified plan will allow agencies to automatically collaborate with each other and therefore Pupil A, along with many other students will have the correct support at many stages of their development throughout their infancy, primary and adolescent years.

Pupil A's placement on the continuum of needs family framework currently ranks as a level 3. She receives intensive support from multiple agencies. A diagram of the Continuum of needs is available for local authorities to correspond between each other freely regarding a child or young person. This is done so multiple agencies are aware of the level of needs almost instantly. An example of the continuum of needs framework, would be Families First (2017).

With School A being a mainstream school with an additional LRC, inclusion is always top of the priority list for any parent and staff. Helping the student reach potential and have them comfortable and happy and able to cope in a mainstream class is always an achievement, however a portion of students are not able to do this given their complex needs, including Pupil A. Pupil A's parents are enthusiastic that there will come a time where Pupil A will be able to join her school year in a mainstream classroom. However, Pupil A's education at an appropriate level is paramount and the Welsh Government state that: "Governing bodies have legal duties under the 1996 Act to: make every effort to see that the necessary special arrangements are made for any pupil who has special educational needs;" : Children with Additional Learning Needs (2009). Pupil A has no recollection of other students, and almost believes they are not there with her. As of Easter 2020, it was agreed by both

parents and staff that we would attempt inclusion at playtimes with mainstream classes, to get an idea of whether Pupil A could cope with it. The inclusion itself went extremely well, and Pupil A, although played by herself and made no attempt to partake with others, really enjoyed mainstream outdoor inclusion. There were periods of time over the course of 3 weeks where Pupil A looked at her peers intuitively and watched them play for a while however made no attempt to engage.

The negative part of outdoor inclusion was of course, returning to the classroom. Pupil A could not understand why she had to leave and why she could no longer play. She didn't like others lining up and did not take the ringing end of playtime bell very well. She reacted by covering her ears and screaming until the sound wore off. We used many methods of bribery to allow her to proceed to the classroom of her own accord, this included prompting with her favourite activities by staff members. Some of those activities shown were – an iPad with her favourite matching game, the 'games' flashcard used for P.E which she is very fond of, and a treat from the snack time box.

Whilst in the LRC, Pupil A is generally very happy. She goes at her own pace and enjoys the activities set out for her each day. She enjoys playing with an interactive castle and loves dressing up games. With that said, Pupil A displays knowledge and understanding of imaginative play, yet fails to do so with another peer. She prefers to be by herself both indoor and outdoor, however will sit within a class group for activities such as box time, circle time, teeth brushing time and snack time, given she is in the correct mood. Pupil A enjoys drawing and can freely write her name after having memorised it previously. She is able to count to 30 and is able to recognise numbers out of sequence. This, personally, would be my understanding of the positives of Pupil A's condition. Pupil A is very inquisitive and will often attempt to solve puzzles.

Unfortunately, Pupil A was diagnosed with epilepsy in 2018. She suffers with silent seizures which, thankfully are rare. That said, it is even more paramount that staff are aware of Pupil A's Autistic traits, and what is different to usual as an episode can occur. Pupil A's symptoms of an upcoming seizure consists of vacant staring, unresponsive, agitated mood and also reclusiveness. All of which are tell-tale autistic symptoms and therefore difficult to distinguish. Despite this, staff are extremely well

trained and have come to know Pupil A and have a very good understanding of her to know when something is suspicious arises.

To summarise my findings in this case study, School A presents a clear understanding of Pupil A's complex needs. She attends a place that has the resources and staff to support Pupil A and also her family. School A uses the social model within their practice. This is shown in many forms, with Pupil A used as an example. An example of this would be as mentioned before, Pupil A not being able to cope with a situation. A staff member will stop their activity and blow bubbles to allow pupil A to regain calm. The lesson will continue when all students are in an appropriate mood. The medical model, on the other hand, would have consisted of removing the pupil for the lesson to continue. The Inclusion London factsheet states "It states that impairment is, and always will be, present in every known society, and therefore the only logical position to take, is to plan and organise society in a way that includes, rather than excludes, Disabled people." Lisicki (2003)

Pupil A has as much inclusion as she can cope with at this stage. However, her family remain optimistic that one day she will manage a bit more. At the moment of Pupil A's path of education, she is learning through play, sensory play, imaginative play and also hands on learning. See and learn, speech and language are also both factors of her education and she is at the correct level as of now.

Thank you for taking the time to read through the journey of Pupil A.

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