UNIVERSITY OF SOUTHAMPTON

FACULTY OF LAW, ARTS AND SOCIAL SCIENCES

School Of Education

ISSUES OF SELFHOOD: IDENTITY AND INCLUSION IN RELATION TO CHILDREN WITH SPECIAL EDUCATIONAL NEEDS: AN IN-DEPTH QUALITATIVE STUDY

by

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ABSTRACT

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ISSUES OF SELFHOOD: IDENTITY AND INCLUSION IN RELATION TO CHILDREN WITH SPECIAL EDUCATIONAL NEEDS: AN IN-DEPTH QUALITATIVE STUDY

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The thesis aims to discuss research carried out to investigate the links between the identities and process of 5 primary aged children with SEN and their inclusion into or exclusion from mainstream schools in one county. The work of Carl Rogers was used to discover aspects of the children's identities and process, which were crucial to their inclusion or exclusion from mainstream schooling. Other methodology included the use of field notes, interviews with parents, grandparents, teachers, SENCo's etc., documents such as letters, Baby books, parental records, children's' written work, County and DfEE policy documents etc.

Results suggest that the success of a child's inclusion into mainstream school can be predicted by the examination of their identity and process. Given time with the individual it is possible to know if the child is ready to be included into a mainstream school, or whether the child will ever be able to be included. The examination of the child's process and the facilities provided for the process of helping that child increase their own sense of identity will also play a part in whether that child will ever be able to be included in a mainstream setting.

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Special Note On The System Of End Notes

The reader will see that I have used the Roman numeral system in the text where an endnote is available to expand on the information already given. I have chosen endnotes rather than page notes as this system allows the aesthetic qualities of the pages to be uninterrupted by other text. The Roman numeral system is unlike other numbering in the pages so the reader may immediately recognise that an endnote is available.

Chapter One

INTRODUCTION

This study began to form during my work within the Home Tuition service where I aided children of mixed age, ability and culture to include into school situations or special units. There were many who had been unsuccessful in the past who, eventually entered fully into the school. There were others who, despite my best efforts stayed out of the mainstream schools. Schools, other teachers and services such as the Educational Welfare Officers had no answers as to why some children never included into the school situation whilst others did. The question at the back of my mind during these years was, 'Why do some children manage to include into school and others do not?'

My work in special units and schools along with mainstream schools again raised many questions along the same lines. So what were the factors?

From the literature chapter the reader will see that a number of studies suggest that factors such as home background, social class, economic status, school variables and pupil's qualities affect the inclusion of children in mainstream schools.

- Home background – social class and economic status (Wedge and Prosser, 1973)
- School variables (Rutter et al., 1979)
- Pupil's qualities (Smith and Tomlinson, 1989; Berger and Yule, 1985)

My experience as a Home Tutor and counsellor led me to hypothesise that there might be one underlying aspect to each of the suggestions above. The findings from other studies seemed like the foliage of a plant. I wanted to find the roots! The roots were founded the child's own identity or selfhood. Thus my question became:

Does the identity or selfhood of a SEN child make any difference to their successful inclusion in a mainstream school?

My questions led to the research reported here entitled: *'Issues Of Selfhood: Identity And Inclusion In Relation To Children With Special Educational Needs: An In-Depth Qualitative Study'.* In this study I have endeavoured to discuss research carried out to investigate the links between the identities and process of five primary aged children with Special Educational Needs (SEN) and their inclusion into or exclusion from mainstream schools in one county. With reference to the work of Carl Rogers I discovered aspects of the children's identities and process, which were crucial to their inclusion or exclusion from mainstream schooling. My own research encapsulated other methodology including the use of field notes, interviews with parents, grandparents, teachers, Special Educational Needs Coordinators (SENCO's) etc., documents such as letters, Baby books, parental records, children's' written work, County and Department For Education And Employment (DfEE) policy documents etc.

Results suggest that the success of a child's inclusion into mainstream school can be predicted by the examination of their identity and process. Given time with the individual it is possible to know if the child is ready to be included into a mainstream school, or whether the child will ever be able to be included. The examination of the child's process and the facilities provided for the process of helping that child increase their own sense of identity will also play a part in whether that child will ever be able to be included in a mainstream setting.

Whilst the results of this study are taken from the data available it also encapsulates my experiences working with children who have attempted inclusion into mainstream and special settings over the years. The five 'cases' reflect a mix of children encountered during my years as a Home Tutor and work in schools.

Chapter contents

Chapter one is essentially an introductory descriptive chapter, containing how I became interested in this area of study, an abstract for the study, an outline of contents for each chapter and an introduction to the children and their families who took part in the research.

Chapter two is again an essentially descriptive chapter setting out the background to the children's special needs (Attention Deficit (Hyperactivity) Disorder, Down's Syndrome, Autism and Non-labelled Special Needs under investigation whilst my study was in progress), the three primary schools that the children attended have been described and outline of the inclusion policy in a wider context has been given.

Chapter three sets out the purpose of the study and examines the methodology including the validity and relevance of the biographical method, educational biography, autobiography and small group study. A discussion of what to include in my study follows along with the ethical issues involved. Collecting and interpreting the data completes the methodology. This chapter also discusses the literature already available in the field. It includes general literature on inclusion, educational biography, ethical issues, literature from the local education authority and schools and literature about the 'self' and identity.

Chapter four contains the case studies of the five children I studied outlining the background and analysis of each case. I have included the context of the family, recreation centre and schools within these studies as each has direct relevance on the identity of the child.

Chapter five presents the findings of my study. It discusses individual reality and perception, behaviour including the relevance of emotions and the story from their own viewpoint, interaction with the world and how values affect the way in which they evaluate the world, the way in which the children work out what to do with their experiences and decide whether to own their behaviour, and how they adjust to changes in their experiences.

Chapter six contains the conclusions about my research outlining the links between identity and successful inclusion of children with SEN in a school setting. Results suggest that the success of a child's inclusion into mainstream school can be predicted by the examination of their identity and process. Given time with the individual it is possible to know if the child is ready to be included into a mainstream school, or whether the child will ever be able to be included. The examination of the child's process and the facilities provided for the process of helping that child increase their own sense of identity will also play a part in whether that child will ever be able to be included in a mainstream setting.

Chapter 2

DISCUSSION ABOUT THE LITERATURE

General Literature

Inclusion

The definition of the term '*Inclusion*'[i] according to the Centre for Studies on Inclusive Education (CSIE) is:

> *A philosophy which views diversity of strengths, abilities and needs as natural and desirable, bringing to any community the opportunity to respond in ways which lead to learning and growth for the whole community, and giving each member a valued role. Inclusion requires the restructuring of schools and communities.*
>
> *CSIE (26/06/2001:2) http://inclusion.uwe.ac.uk/csie/studnts.htm*

In schools[ii] this may look like:

> *... children – with and without disabilities or difficulties – learning together in ordinary pre-school provision, schools, colleges and universities with appropriate networks of support. Inclusion means enabling pupils to participate in the life and work of mainstream institutions to the best of their abilities, whatever their needs.*
>
> *CSIE (26/06/2001:2) http://inclusion.uwe.ac.uk/csie/studnts.htm*

Often inclusion is known as integration. Sheldon (1989:107)[iii] defines integration:

> *In its widest usage 'integration' is a process of making whole, of combing different elements into a unity. As used in special education, it refers to the education of pupils with special needs in ordinary schools where, alongside their peers, they are freed from the isolation characteristic of much special school placement.*
>
> *Sheldon (1989:107)*

While acknowledging that a special needs child has the same rights as other children CSIE notes that individual needs must still be catered for:

> *There are many different ways of achieving this. An inclusion timetable might look different for each child.*
> *CSIE (26/06/2001:2) http://inclusion.uwe.ac.uk/csie/studnts.htm*

The experience of pupils where people in education failed recognise the needs have been the subjects of a number of studies through the 1960's and 1970's such as Gillborn and Kirton (1999)[iv] where social class is an important factor. By the end of the 1970's, however, researchers such as Rutter et al. (1979)[v] suggested that school variables were more important for academic success. Smith and Tomlinson (1989)[vi] went further to suggest that academic achievements depend at least as much on school factors as on pupil's qualities. To emphasise this the findings in the study by Lynas (1986)[vii] of the integration of 50 hearing impaired pupils in ordinary schools in Greater Manchester concluded that:

> *... positive discrimination towards pupils with special educational needs in the ordinary classroom should be offered with discretion. If integration is to be effective, it is important that 'special educational provision' in ordinary classes is viewed positively by both handicapped and ordinary pupils.*
> *Lynas (1986)*

With the above in mind I felt that it was important to include examination of school policies in my study.

Studies such as Hastings and Graham (1995)[viii] suggest that it is not the type of school into which the child is included which determines their acceptance by others but the frequency of contact with the mainstream children.

The fundamental principles involved in a child's education according to the SEN Code of Practice (2001:7 section 1:5) states that:

- *A child with special educational needs should have their needs met*
- ***The special educational needs of children will normally be met in mainstream schools or settings***
- ***The views of the child should be sought and taken into account***
- *Parents have a vital role to play in supporting their child's education*

- *Children with special educational needs should be offered full access to a broad, balanced and relevant education, including an appropriate curriculum for the foundation stage and the National Curriculum*

There are more Government documents which set out their commitment to promote inclusion by choice including their policy document (Green Paper) 'Excellence For All Children: Meeting Special Educational Needs' (1997) and the Circular 11/99 'Social Inclusion: Pupil Support'.[ix]

My interest for my study in researching the child's view was sparked by the introduction to chapter 3 of the SEN Code of Practice (2001:27), which is based on articles 12 and 13 from The United Nations Convention on the Rights of the Child.

> *Children, who are capable of forming views, have a right to receive and make known information, to express an opinion, and to have that opinion taken into account in any matters affecting them. The views of the child should be given due weight according to the age, maturity and capability of the child.*
> *Chapter 3 of the SEN Code of Practice 2001:27, Introduction*

Biography

Educational Biography

A paper by Jacklin (1998)[x] discusses the pupil perspective of transfer between Special and Mainstream Schools. Two factors of inclusion were apparent: friends and friendship groups, different culture of the schools. Methods used included a small group sample, data collection by informal and semi-structured interviews focused on the use of open questions about their school and later more specifically on events/experiences around their transfer, documentary evidence (pupil records) and observation.

Sheldon (1989)[xi] wrote a biography about pupils of a primary special unit, charting their progress through secondary school and post school life. Focus was on documenting their successes and their difficulties and to record aspects of their current lifestyles. Interviews were carried out from interviews with pupils, parents, teachers and tutors.

General discussion

Studies about inclusion containing biographical data were few and far between. One of the nearest studies investigated pupil's attitudes by interviewing special needs pupils, mainstream pupils and teachers (Lynas, 1986)[xii]. Special needs pupils found that the special academic attention received from teachers publicly emphasised their difficulties in a way that was unacceptable to them. They did not want to appear different or stupid or get special privileges or favouritism[xiii]. The emphasis in this study, however, was on how the teacher could support the pupil in this situation not on the view of pupils themselves. Another study using semi-structured interview methodology, which emphasised the meaning for teachers in having special needs pupils in the classroom by Mukherjee et. al. (2000)[xiv] focused on the support needs these children felt that they had. Repeating themes for these pupils were:

- Keeping up with school work during absence
- Taking part in school activities
- Help with peer relationships
- Assistance in explaining their condition to other pupils
- Having someone to talk to about health-related worries while in school

These ideas went some way towards what a special needs pupil in mainstream school was experiencing but did not even begin to discuss how this affected the child themselves in their relationships and identity which I felt that a biographical account may investigate more fully.

Ethical Issues

The personal nature of my research led to a number of ethical and legal necessities:

1. According to the Human Rights Act 1998 chapter 24 'Articles' section 8:

   > *Everyone has the right to respect for his private and family life, his home and his correspondence;*

2. The Data Protection Act 1998 chapter 29 section 10 says that every individual:

... has the right to prevent processing of data likely to damage or distress ...

3. For every participant in the study this led to the necessity for Informed Consent which has been defined as:

> *... the procedures in which individuals choose whether to participate in an investigation after being informed of facts that would be likely to influence their decisions.*
>
> *Diener and Crandall, 1978*[xv]

With the context for the research in schools this need applied to every individual and also the schools themselves. It also applied to the procedures, particularly interviews which touched on some very emotional aspects of family lives, methods of collecting the data including field notes gained through interaction with the family sometimes at vulnerable times, the fact that my responders were under age and had special needs, the highly personal information of a sensitive kind, what is to be done with the data – publishing, the right to confidentiality for schools, family and children and whether to reveal or not to reveal information given by others, which affected the children, I was studying.

Literature From The Local Education Authority And Schools

The Special Educational Needs Code of Practice published by the DfEE (581/2001) was a useful source of reference for the comparison of what should be happening in the school (Government guidelines) to what was actually occurring. So, for example, when the SENCO in Shaw[xvi] school stated that unless the child had a statement they could not treat this child in a different way to any other child they were not following the Code of Practice: The Role Of The SENCO which clearly states

> *The SENCO, with the support of the head teacher and colleagues, seeks to develop effective ways of overcoming barriers to learning and sustaining effective teaching through the analysis and assessment of children's needs, by monitoring the quality of teaching and standards of pupil's achievements, and by setting targets for improvement ...*
>
> *SEN Code of Practice 2001 page 50 section 5:31*

This shows the sometimes stark contrast between what the school officially said was happening e.g. to the inspectors and what was actually happening given in confidence to myself and shared by the children and their families.

One of the sources for my study of the schools in which the children were attending were the Ofsted Inspector's Reports. These provided a rich resource of the background to which my subjects led their daily lives. For example in Montford[xvii] school the inspectors praised the work of teachers and support staff:

> *Pupils with special educational needs always make good progression from their previous level of attainment ... The teaching and support for pupils with special educational needs are both good, where pupils are given suitable activities to help them to improve and progress. Additional support helps pupils to learn well and the special needs provision in the school is well coordinated ... About 27 per cent of pupils are on the school register for special educational needs which is above the national average proportion. Five pupils have statements for special educational needs ... Pupils relate well to each other in all aspects of school life and this is particularly noticeable where pupils with special educational needs integrate well into the classrooms.*
>
> *Inspector's Report for M school*

However, the information above conflicted with the view of my subjects, their families and learning assistants. One of my subjects was kept well away from the view of the inspectors as they toured the school in question.

Due to the requests for confidentiality I am unable to include the exact sources for my comments within the bibliography. I will, however, provide a consistent substitute name for each school. This ethical aspect of the study is discussed at greater length under the design of methodology when taking into account ethical issues.

Literature About 'Self' And Identity

Gottschalk, Kluckhorn and Angell (1945:138 and 139) suggest that it is important to take into account the psychological analysis and interpretation, personality of the subject, personalities of the interpreter and of the interviewer and personality formation when interpreting personal data such as personal documents and interviews. With this in mind, for this part of my study, I focused on the theories of Carl Rogers who suggested that the behaviour and emotion of a person depends on how the individual perceives and accepts his or her experiences in any situation[xviii]. His 'Nineteen Propositions'[xix] outline his theory of personality or how a person comes to perceive his or her environment and experiences. At first these experiences are reacted to (Proposition 2)[xx] but then a person begins to organise some of these experiences into their perception of self (Proposition 8)[xxi]. At the basis to the theory is the philosophy that Human beings have a basic tendency to fulfil their potential, to be positive, forward looking, to grow, improve and protect their existence (Proposition 4)[xxii]. Behaviour or the things we do every day are done to satisfy our basic needs (Proposition 5)[xxiii], the ways we behave being those consistent with the concept of 'self' (Proposition 12)[xxiv]. Emotion tells us if our needs are being met or not (Proposition 6)[xxv].

Proposition 7 states that:

> *The best vantage point for understanding behaviour is from the internal frame of reference of the individual himself.*
>
> *Rogers (1951:485)*

Thus my study focused on the children who were being included into mainstream schools.

Some of the values, which are attached to personal experiences, are our own, whilst other values are values taken from other people, but perceived in distorted fashion as if they had been experienced directly (Proposition 10)[xxvi]. The values taken from others sometimes prevent us from symbolising[xxvii] the experiencing of the environment and our needs causing denial and distortion. When the person does not understand why they are behaving in a certain way, a behaviour not owned by the individual (Proposition 13)[xxviii] or when we experience something, which doesn't fit in with our picture of ourselves and cannot fit it anywhere into that picture we feel tense, anxious, frightened or confused (Proposition 14)[xxix]. Any experience which the individual cannot fit into the structure of 'self' is threatening and the more threatened we feel the more we hang onto the picture of our 'self' we had before (Proposition 16)[xxx]. This brings rigidity into our way of behaviour (including obsessions and rituals). If this state of feeling threatened is not changed the individual is far less likely to be able to be included in a school (or any type of group) situation.

Rogers suggests that under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences (Proposition 17)[xxxi].

An individual who finds that their experiences fit in with their view of themselves feels relaxed (Proposition 15)[xxxii]. This individual is more understanding of others and can function in group situations (Proposition 18)[xxxiii]. This certainty of who we are allows an individual to be more flexible in his or her approach to experiences and values being secure enough to explore the values taken on from others and rigid rules which we have lived by (Proposition 19)[xxxiv].

Chapter 3
INTRODUCTION TO THE CHILDREN

Introducing The Children

All the children taking part in this study were of primary school age and all but Carl attended one of 3 mainstream schools in the New Forest area at the beginning of this study. Carl attended a unit attached to one of these mainstream schools. Each had their own special need, which in some cases were officially recognised whilst others only had their need recognised by their parents. All the children were my swimming pupils.

Steve was 10 years old when my study began. He lived in the village where he attended the local primary school. He was the third child in the family, his sister attended secondary school and the middle child died as a baby (the brain from the baby having been used for research without the parent's knowledge or permission). At the start of this study Mum had just become aware of the misuse of the babies organs and brain. When Steve was conceived she was still mourning the loss of his brother, in depression because of what had happened. Steve was always crying and uncomfortable as he grew. This is recorded in his baby book and from his parent's memories. The problems with relationships became apparent from early on in school and the change of schools was frequent. At the start of this study Steve had been excluded from his present school a number of times. The school eventually decided to investigate his problems by sending him to the educational psychologist. At this point he was found to have ADHD[xxxv]. The school began to insist that he take Ritalin to aid his concentration in class. His parents did not feel that he should need this. The compromise was that Steve took Ritalin in school but at home in the evening and weekends he was free from his medication. My experience after school in swimming lessons was that with reminders he could concentrate long enough to complete his half hour lesson and improve his swimming technique.

Matt was 10 years old at the start of this study. He lived in the village where he attended the local primary school. At a young age his father had left home. This was a memory, which he had not yet decided to explore, and shrugged off feelings about this in public. He often chose to wander alone around the countryside. Matt had been excluded from school on a number of occasions when he had thrown 'wobblies'. The 'wobblies' often consisted of throwing chairs, overturning desks, sweeping objects off tables, and hitting other children. He also disappeared from the classroom. The school was afraid that he might hurt himself or the other children in his class. He hated school and appeared to be isolated in the class situation. His manner was often introverted as he moved around the class. He told me that the other children did not want him to spoil what they were doing. The school said that there was no extra funding to help Matt, as he had no 'label', a necessity if Matt was to be recognised as having special needs. No steps had been taken in following the identification of special needs by the school[xxxvi]. In the playground Matt was a different child showing off his prowess at football and always the leader of a team. He was confident and extrovert in this situation.

Ernest was seven at the start of the study. He lived in a seaside village and attended the local primary school. At birth Ernest was starved of oxygen but no symptoms of this were recognised by the doctors. As he grew he had breathing problems and often kept his mother awake. He has one younger brother. Near the beginning of my study his mother told me that he was attending a cranial osteopath who was helping with his problems. She had noticed his problem with motor skills and co-ordination, which I also experienced whilst teaching him swimming. He was timid in his exploration of his ability to achieve motor skills in his quest to swim. The school had not noticed anything about Ernest, which would suggest he had special needs, but mum had to engage a weekend tutor so that he could keep up with the other children in class. The school felt that mum was being over-protective due to the problems she had in Ernest's birth. She noted that a book on dyslexia could have been written about Ernest and decided to have her son's problems investigated further. This was the stage that his parents had reached at the beginning of my study.

Owen was 7 at the beginning of my study. He lived in a seaside village and attended the local primary school. He had an older brother and sister. Having Downs syndrome[xxxvii] Owen's mum had always had to fight for him to be included in a 'normal' world in which he would have to learn to live. This was her motivation as she battled to have Owen in mainstream school. He had been included in classes of younger children within the school, always having an LA alongside. As he grew older and incompatible children joined the class Owen was taught in the library by his LA with no input by other teachers. Mum was disgusted that her son had been excluded from an ordinary class to make way for other children. He was included for some lessons but teachers did not have the expertise to plan and organise the class to include him. At the beginning of the study Owen was working in the library whilst mum was busily trying to attend meetings to make the school include him more with other children. His LA felt that the school should be giving more input into Owen's lessons, as she had no training to teach.

Carl was 8 at the start of the study. He lived in the village where he attended a special unit in the local primary school. In past years he had been included in mainstream classes at other schools but had problems, ending up throwing things and physically harming himself. On being moved to the special unit he was taught to communicate in Makaton rather than being allowed to learn ordinary language skills. At this point mum intervened and the school began to allow him to bring home ordinary reading books and try to learn the alphabet. By the start of my study Carl could write his own name and read simple books. He often became frustrated that he couldn't communicate what he wanted and if this non-communication continued he would hit the person and himself. Carl related mostly to adults, only acknowledging his two younger brothers if they stopped him from doing something.

These then were the children who provided the data for my study.

Chapter 4

BACKGROUND TO THE STUDY:
Special Needs, The Schools And Inclusion Policy

Within this chapter I have outlined each of the special needs that my cases had, a background to the schools they attended and an overview of the inclusion policy in a wider context from county level through the Department For Education And Skills (DfES) and national level to international perspectives.

My five case studies for this research include a number of SEN:

- Attention Deficit Disorder (ADD)
- Attention Deficit and Hyperactivity Disorder (ADHD)
- Downs Syndrome
- Autism
- Non-labelled special needs under investigation whilst my study was in progress

ATTENTION DEFICIT (HYPERACTIVITY) DISORDER[xxxviii]

Children showing inattentiveness, impulsiveness and hyperactivity were first recognised by medical science in 1902 as having a special need. ADHD was called Minimal Brain Dysfunction, Hyperkinetic Reaction of Childhood, and Attention-Deficit Disorder With or Without Hyperactivity by medical science. ADD/ADHD affects 3 to 5 per cent of all children and is one of the most common mental disorders. It often continues into adolescence and can cause a lifetime of frustrated dreams and emotional pain.

The Symptoms of AD/HD

In most cases the symptoms arise in early childhood. These symptoms may persist into adulthood. Children with AD/HD often had a two to four year developmental delay that makes them seem less mature and responsible than others of their age. Other conditions such as depression, anxiety, or learning disabilities are common in addition to the developmental delay. Looking for certain characteristic behaviours that vary from person to person can only identify the condition. Scientists have not yet identified a single cause behind all the different patterns of behaviour. It is possible that they may never find just one, rather, someday scientists may find that ADHD is actually an umbrella term for several slightly different disorders.

There are three primary subtypes. The criteria may be summarized as follows:

AD/HD predominately inattentive type: (AD/HD-I)5

- Fails to give close attention to details or makes careless mistakes.
- Has difficulty sustaining attention.
- Does not appear to listen.
- Struggles to follow through on instructions.
- Has difficulty with organization
- Avoids or dislikes tasks requiring sustained mental effort.
- Loses things.
- Is easily distracted.
- Is forgetful in daily activities.

AD/HD predominately hyperactive-impulsive type: (AD/HD-HI)5

- Fidgets with hands or feet or squirms in chair.
- Has difficulty remaining seated.
- Runs about or climbs excessively.
- Difficulty engaging in activities quietly.
- Acts as if driven by a motor.
- Talks excessively.
- Blurts out answers before questions have been completed.
- Difficulty waiting or taking turns.
- Interrupts or intrudes upon others.

AD/HD combined type: (AD/HD-C)5

- Individual meets both sets of inattention and hyperactive/impulsive criteria.

ADHD is diagnosed when children and adults consistently display certain characteristic behaviours over a period of time. Behaviours, which are most common, fall into three categories: inattention, hyperactivity, and impulsivity.

Inattention. Inattentive means that the person has a hard time keeping their mind on any one thing and may get bored with a task after only a few minutes. On the other hand they may give effortless, automatic attention to activities and things they enjoy. Focusing deliberate, conscious attention to organizing and completing a task or learning something new is difficult for them. An example of this would be where a child may find it agonizing to do homework. Planning ahead by writing down the assignment or bringing home the right books is often neglected. Every few minutes, when trying to work, they find their mind drifting to something else. The result is that they rarely finish and their work and it is full of errors.

Hyperactivity. People who always seem to be moving are hyperactive. They fidget and don't seem to be able to sit still. These children may dash around or talk incessantly. To ask a hyperactive child to sit still through a lesson is an impossible task for them. Behaviours typical of hyperactive children are: squirming in their seat or roaming around the room, wiggling their feet, touching everything, or noisily tapping their pencil. Those in their teens and adults may feel intensely restless, be fidgety or, try to do several things at once, bouncing around from one activity to the next.

Impulsivity. Thinking before they act or seeming to act without thought are typical examples of this symptom. This means that they may blurt out inappropriate comments, run into the street without looking, find it hard to wait for things they want or to take their turn in games. Impulsive children may grab a toy from another child or hit when they're upset.

Medical science states that not everyone who is overly hyperactive, inattentive, or impulsive has an attention disorder. To blurt out things they didn't mean to say, bounce from one task to another, or become disorganized and forgetful, is a behaviour which most people show at some stage in life. So how can specialists tell if the problem is ADHD?

Several questions must be asked by specialists to discover whether a person has ADHD: Are these behaviours extreme, long-term, and seen in most areas of life? Can they be seen to happen more often than in other people of the same age? Are the symptoms continuous, rather than just a response to a temporary situation? Do the behaviours happen in many places or only in one specific setting like the playground or the office? The pattern of behaviour for each case is compared against a set of criteria and characteristics of the disorder. These criteria appear in a diagnostic reference book called the DSM (short for the *Diagnostic and Statistical Manual of Mental Disorders)*[xxxix].

The diagnostic manual states that there are three patterns of behaviour that indicate ADHD. People with ADHD may show a number of different signs of being consistently inattentive. Hyperactivity and impulsivity are usually seen to be a pattern of behaviour in the person's life. According to the DSM, signs of **inattention** include:

- becoming easily distracted by irrelevant sights and sounds
- failing to pay attention to details and making careless mistakes
- rarely following instructions carefully and completely
- losing or forgetting things like toys, or pencils, books, and tools needed for a task

Some signs of **hyperactivity** and **impulsivity** are:

- feeling restless, often fidgeting with hands or feet, or squirming
- running, climbing, or leaving a seat, in situations where sitting or quiet behaviour is expected
- blurting out answers before hearing the whole question
- having difficulty waiting in line or for a turn

Everyone follows some of these behaviours sometimes, so the DSM contains very specific guidelines for diagnosis of ADHD. It suggests that the behaviours must occur early in life, before age 7, and continue for at least 6 months. The behaviours in children must be more frequent or severe than in others the same age. They must create a real handicap in at least two areas of a person's life, such as school, home, work, or social settings. If someone's work or friendships were not impaired by these behaviours they would not be diagnosed with ADHD. Nor would a child who seems overly active at school but functions well elsewhere.

DOWN'S SYNDROME[xl]

A collection of signs or characteristics is the definition of the word 'syndrome'. The name Down comes from the doctor, John Langdon Down, who first described the condition in 1866. Because there are a number of different signs shown in this condition that are many more differences between people with Down's syndrome than there are similarities. Those with Down's Syndrome will have many of their families' distinctive characteristics and will therefore resemble their brothers and sisters. Along with these individual characteristics however, they will have physical features shared by others with Down's syndrome. Learning difficulties are also part of this condition meaning that they have greater difficulty learning than the majority of people the same age. For every 1,000 babies born one will have Down's syndrome.

About 600 babies are born with Down's syndrome each year. Families from all social, economic, cultural, religious and racial backgrounds are affected.

The number of people with Down's syndrome in the country, or in different regions, is not known as it is only in the last few years that the number of babies born with Down's syndrome has been accurately recorded.

Down first described the characteristic features of people with Down's syndrome in 1866. He did not, at this stage understand medically why these people had these characteristics. Down's Syndrome was found to be a genetic condition caused by the presence of an extra chromosome by Professor Lejeune in 1959. What does this mean? Millions of cells, which are too small to be seen with the naked eye, form our bodies. Chromosomes are contained in each cell. These are tiny particles, which hold instructions for all the characteristics that we inherit. In a normal person there are 46 chromosomes in every cell; half from our mother and half from our father. Down's syndrome suffers have an extra chromosome 21, making 47 in all. The result is that there is a disruption to the growth of the developing baby. Either the mother or the father may have provided the extra chromosome and it is present because of a genetic accident when the egg or the sperm is made or during the initial cell division following conception, (i.e. when the egg and sperm fuse).

Down's syndrome has 3 different types. Trisomy 21 is the standard type. 95% of people with Down's syndrome have this standard type. It is important for all those involved with people having Down's syndrome to know that it is always an accident of nature. It can happen to anyone and there is no known reason why it occurs. Another type of Down's Syndrome occurs in approximately 1 in 100 people. This type too is inherited from their mother or their father. This is because of a genetic anomaly called a translocation.

The third type of Down's syndrome, also rare, is known as Mosaic Down's syndrome.

The chance of any woman having a child with Down's syndrome increases with her age, particularly after 35 years. The age of the father appears to be less significant. The medical profession does not understand the reason for this significance.

Typical features, which Downs Syndrome People have, include:

- Eyes that slant upwards and outwards. They often have a fold of skin that runs vertically between the two lids at the inner corner of the eye (the epicanthic fold).
- A head that is rather flat at the back with a hairline that is low and ill defined at the nape of the neck, often with rather loose skin in this area.
- A face that appears somewhat flat with a flat nasal bridge.
- A mouth cavity that is slightly smaller than average, and a tongue that is slightly larger. Thus the child's tongue may protrude, a habit that can be stopped with teaching.
- Hands that are broad, with short fingers, and a little finger that curves inwards. The palm may have only one crease across it.
- A deep cleft between the first and second toe extending as a long crease on the side of the foot.
- Reduced muscle tone, which results in floppiness (hypotonia). This improves spontaneously as the child gets older.
- A below average weight and length at birth.

AUTISM[xli]

Autism is a lifelong condition affecting the way a person communicates and relates to other people. A group of associated, but distinct disorders, each having its own symptoms and behaviours forms the definition of this SEN. Some types of behaviour form the basis of all varieties of Autism. These are:

1. Difficulties with speech, language and more especially, communication.
2. Difficulties with social interaction.
3. Difficulties with imagination and interpreting the feelings of others.

4. In addition, a tendency to engage in obsessively repetitive behaviour or to become upset by the smallest change in routine, are often features of the condition.

Boys seem to be more affected by autism than girls in the ratio of 4:1. This imbalance applies to most other developmental disabilities as well.

About 10% may have an *'exceptional'* skill, often a spatial, musical or mathematical talent.

The causes of autism are not known. They may be genetic or the result of viral infection. Pollutants and toxins in the environment may also affect the development of autism. The brains of autistic individuals may appear abnormal in either their neural development or biochemical structure.

There are a number of varieties of the disability including: Asperger's Syndrome and Semantic Pragmatic Disorder. It is thought that there is an *'autistic continuum'* of developmental disorders, of which these are just two. Asperger's Syndrome is sometimes referred to as *'higher order (less severe) autism'.* Semantic Pragmatic Disorder is particularly concerned with delayed language development and comprehension difficulties.

Whether these and other similar disorders are essentially part of, or separate from autism, remains a matter of great debate.

NON-LABELLED SPECIAL NEEDS

These may be many and varied. However, in this section I will describe those special needs particularly associated with the child in my case study. At an early age the child had problems with breathing though his mouth, drooling and asthma, which were affecting his development. A speech therapist noted that generally his sound system was developing normally but his tongue was sometimes misplaced to produce some consonant cluster sounds. Parents noticed a number of things, which seemed 'unusual':

He did not like noise, suffered from travel sickness and suffered nausea when tired. In the area of motor skills he had a problem with catching or kicking a ball and lost the ability to ride bike if he did not use it regularly. Mentally his concentration was very minimal with anything he did, particularly if it was something difficult and had great difficulty with his memory in certain short-term situations. For example, when he was asked to do or bring something will go missing or return completely oblivious to the request, could not do more than one thing at a time, did not go into school alone and was also unable to co-ordinate coat, bag, loo and was easily distracted. In school he had problems with letter and number reversal and misses lines when reading. He had difficultly when things are printed in a certain way and does not see the word as it is: e.g. Marian - would be seen as – Rain and he would read number 12 as 21.

The Paediatrician noted that a stammer was apparent after he started school. During this time he was always on the move and took to scratching a lot. Further examination by the Educational Psychologist found that he had significant underlying weaknesses in perceptual organisation skills leading to problems in interpreting, organising and acting on visually perceived information. The result was that his work output was likely to be laboured and the processing of information was slower than normal.

The schools:

Whilst the need for confidentiality prevents me from naming the schools from which my children came an outline of their nature is included below.

School A is a village voluntary aided school in the Hampshire countryside. It serves a well-established community, with which it has very close links. The school is above average size for a primary school, with 311 pupils on roll, aged four to eleven. Overall, there is not a significant difference in the number of boys and girls but currently there is some gender imbalance in the Reception and Year 1 classes. All pupils are white. One pupil has English as an additional language but is not in an early stage of acquiring English. The number of pupils eligible for free school meals is below the national average. 47 pupils are on the special educational needs register and this is below the national average as a percentage of the school population. Four pupils have a statement of special educational need, which is about average for primary schools. Pupil's attainment on entry to the school has been above average overall for the last three years but in 2001 was average. The headteacher has been in post for one year and the deputy headteacher joined the school in January 2002.[xlii]

School B is situated in a village in the British countryside. There are 184 pupils on roll, who are drawn from the village and surrounding area. The school is now popular with parents, and is growing in size. Pupils come from a range of home backgrounds, mostly owner occupied, with a few families from local authority and housing association accommodation. Thirteen per cent of pupils are eligible for free school meals, which is broadly in line with the national average. Twenty five per cent of pupils are identified as having special educational needs, and this too is broadly typical in national terms. Three pupils have statements of special educational needs and almost all pupils are of white ethnicity. Children are admitted to the school at the beginning of the year in which they are five. Attainment on entry to the school varies widely from year to year, but it is above average overall. At the time of the inspection, five children were under the age of five, although at the beginning of term about a quarter of the class were of that age.[xliii]

School C is a below average sized primary school in a village of the same name in the British countryside. The school provides very good accommodation for four classes and a special unit for eight pupils with specific learning difficulties. All classes contain pupils from more than one age group. There are 119 children on the school roll aged four to eleven. There is an average of 28 pupils per class in the main school. Pupils are drawn from the local surrounding area from mostly private accommodation. All pupils attend some kind of pre-school group before starting Year R. Their attainment on entry to the school, aged four, varies, but overall is average for the county with strengths in language. The headteacher has been in post for almost three years. Four full time and three part time teachers support her, all of who were appointed in the last three years. The proportion of pupils on the special educational needs register in the main school is slightly above average. All eight pupils currently attending the Special Unit for children aged between seven and eleven have formal statements of need under the terms of the DfES Code Of Practice. Seven children are known to be eligible for free school meals, which is well below the national average. No pupils have English as an additional language and there are no children from ethnic minority families. The last full inspection in 1998 put the school into special measures. Following that report all of the teaching staff left and a substantial number of parents withdrew their children. The most notable result being that there are only eight pupils in the current Year 6. In 2000 a follow-up inspection found the school no longer required such measures. Since then the school's reputation has grown and it is now oversubscribed in the reception year.[xliv]

The Inclusion Policy In A Wider Context[xlv]

In the International Context over recent years there has been increasing movement towards inclusion. In 1994 the United Nations Educational, Scientific And Cultural Organization (UNESCO) issued the Salamanca Statement calling on governments to adopt the principle of inclusive education for all.

The Human Rights Act introduced in 1998 is likely to lead to a reduced emphasis on precedent in the future and an increased focus on "fairness" or "justice" in meeting children's needs.

Looking in the National Context in 1999 the Department for Education and Employment (DfEE) stated:

> *"We owe all children - whatever their particular needs and circumstances - the opportunity to develop their full potential, to contribute economically, and to play a full part as active citizens."*

As recently as December 1999, the DfEE has introduced a new statutory Inclusion Statement which sets out three key principles for inclusion, which schools should consider at all stages of planning:

- Setting suitable learning challenges

- Responding to pupils' diverse learning needs

· Overcoming potential barriers to learning and assessment for individuals and groups of pupils.

In addition, proposed legislation, the Special Educational Needs (SEN) and Disability Rights in Education Bill, sets out the duties of education providers:

· Not to discriminate against those who have any mental or physical impairment

· To plan in advance with the needs of disabled pupils in mind (building access and curriculum)

· To make reasonable adjustments (to policies, procedures or practice)

· To take reasonable steps to provide education by alternative methods

The County Education Department Strategy published in February 2000 emphasises the importance of the educational environment:

> *"We will all make sure that we help to create the conditions in which self managing schools can flourish and achieve the highest possible standards for all their pupils."*

The Local Education Authority and its schools aim to serve the whole community of children.

The aim of this policy is to set out the commitment of the Education Department to the principles of inclusive education and the responsibilities of the County Council in respect of implementing this commitment across all its relevant activities. It is an overarching document, which provides a framework for the related policies and plans for services within the Inclusion Branch of the Education Department. These include the Assessment and Intervention Service, Educational Psychology Service, Education Other Than At School Service, Education Welfare Service and Special Educational Needs Service.

In establishing an Inclusion Policy we must have regard to the United Nations Convention on the Rights of the Child, national legislation, and the County Council and Education Department policies.

In 1995 the County Council established a SEN Policy Statement, which was reviewed and reissued in November 2000.

The principles previously established continue to be relevant and form the basis for future development:

- all children are valued, regardless of their abilities and behaviours;
- all children are entitled to have access to a broad, balanced and relevant curriculum which is differentiated to meet individual needs;
- children receive an appropriate education where possible in mainstream schools;
- children should be educated in schools as close to home as possible;
- the variety of children's needs should be recognised and met through varied and flexible provision;

The SEN policy has five main aims:

- the quality of provision for pupils with special educational needs is maintained and improved, wherever it is delivered

to further develop and implement more effective means of inclusion

- effective assessment systems are operated as early as possible, in conjunction with other agencies
- resources are allocated and used efficiently, effectively and equitably
- partnerships with children, parents/carers and other stakeholders work effectively.

Since 1995 many resourced provisions have been developed within the county mainstream schools, for example for children with hearing impairment, visual impairment, physical disabilities and language difficulties. In total there are now over

520 resourced places in mainstream schools for pupils with defined special educational needs, with further developments planned for future years, for example for secondary aged pupils with social communication difficulties. This has allowed greater integration of pupils with significant difficulties in mainstream schools. There has been no corresponding significant decrease in special school places.

The role of special schools in the county is a continuing and secure one in which their expertise and experience is valued. Special school head teachers are committed to supporting inclusion in this county and wish to further develop their role as outreach providers to local mainstream schools. There are good examples of this in Hampshire with at least two of these outreach schools having attained national Beacon school status.

In 1999 the DfEE offered the following description of what is meant by "inclusion":

"Inclusion is a process, not a fixed state. The term can be used to mean many things including the placement of pupils with SEN in mainstream schools; the participation of all pupils in learning which leads to the highest possible levels of achievement; and the participation of young people in the full range of social experiences and opportunities once they have left school. Thus, for the great majority of children with SEN, there is never any need to consider provision outside the mainstream.

The education of children with special needs is a key challenge for the nation. It is vital to the creation of a fully inclusive society, a society in which all members see themselves as valued for the contribution they make. We owe all children -whatever their particular needs and circumstances - the opportunity to develop their full potential, to contribute economically, and to play a full part as active citizens".

DfEE Circular 11/99 Social Inclusion: Pupil Support page 3

In this county inclusion is:

- best seen as a journey and not a destination. In other words it is important that it is seen as more than setting targets for inclusion in mainstream schools. It is crucial those schools feel confident in meeting current needs and that they feel supported in taking forward inclusion. In any organisation change will often be incremental. The resources available as well as the skills and attitudes of all involved in the educational process will influence the pace of change. The

Education Department is determined to move in a clear direction towards greater inclusion while recognising that schools feel more concerned about including children and young people with emotional and behavioural difficulties owing to the greater impact that these can have upon other children in the classroom, their parents, and the stresses that this can place upon staff. We will work in partnership with schools and all others involved to identify possibilities and priorities

- about creating and maintaining inclusive cultures, producing inclusive policies and evolving inclusive practices, which lead to quality education for all children
- about developing a culture of acceptance in which all children can be valued equally, treated with respect and provided with equal opportunities within education. It is concerned with developing inclusive values, shared by all staff, pupils, governors and parents/carers that are conveyed to all new members of the school. These principles underpin the development of policies and practice through a continuous process of school improvement
- about participation in a learning community where all are welcome, their needs are met and personal strengths are recognised. Inclusive practices are those which effectively implement the inclusive culture and policies of the school, so that full participation is encouraged from all pupils in classroom and extra-curricular activities, drawing upon their knowledge and experience outside the school
- about developing an inclusive orientation where staff, governors, pupils and parents/carers, together with support services, work towards removing barriers which restrict full access to education for all pupils
- about developing an inclusive education system, as a necessary precursor to an inclusive society. It is recognised that for inclusion to take place successfully, attitudes must be positive and appropriate resources; training and support must be accessible. Staff, parents and children must feel confident that inclusion presents benefits for the child.

Good schools have high expectations for all children. They should be recognised for the standards they achieve for children with special educational needs as well as the academically able. This information must be taken into account when judging the quality of provision made by schools. There is some way to go in developing tools that effectively evaluate these factors in school development. Hampshire will continue to work with others in researching and developing these measures.

The County Council supports the key principles identified by the National Association for Special Educational Needs within their policy document on Inclusion (June 1999):

Valuing diversity: all children are educable and are the responsibility of the education service. They should be equally valued whether or not they have special educational needs. Children present a rich and diverse range of strengths and needs. Inclusion is most likely to be achieved when this diversity is recognised and regarded positively.

Entitlement: children are entitled to receive, with a suitable peer group, a broad, balanced and relevant curriculum. Wherever possible, this should be within a mainstream school, recognising that appropriate support, advice and resources may be necessary to achieve this. Parents and young people are entitled to express a preference for where that education should take place.

Dignity: all children and their parents are entitled to be treated with respect and to have their views taken into account. All arrangements should protect and enhance the dignity of those involved.

Individual needs: the development of inclusive practice should not create situations within which the individual needs of children are left unmet. A range of flexible responses should be available to meet such needs and to accommodate their diversity.

Planning: all educational and inter-agency planning should be based in inclusive principles. Inclusion requires ongoing strategic planning at both system and individual pupil level. Considerable effort is required to overcome the barriers to inclusion that exist.

Collective responsibility: the principle of inclusion extends into society as a whole. Within schools, Local Education Authorities (LEA's) and government departments, it should therefore be an issue for **all** staff rather than the exclusive responsibility of a particular group of individuals.

Professional development: inclusion requires both extension of the application of existing skills and the development of new ones. All staff will need to feel supported through this process and have access to a range of advice and resources.

Equal opportunities: there is a potential tension between an emphasis on those "standards" which lead to a placement in a hierarchy and the pursuit of inclusion. Whilst the two are not incompatible, it is essential that the tension is recognised and that account is taken of all pupils' needs in planning educational development.

These inclusive principles will inform the Education Department Development Plan and form the overarching policy framework of the Inclusion Branch. The LEA will work with schools, early years providers and other bodies to carry out these collective responsibilities.

The LEA will ensure that all policies and action planning addresses inclusive issues in a co-ordinated way. This will be particularly relevant to the Early Years Education and Child Care Development Plan, the Special Educational Needs Policy and Action Plan, the Education Development Plan and the Joint Children's Services Plan. The Behaviour Support Plan is an important document, which addresses in much more detail the strategies and approaches, which will address the issues, raised in managing children with difficult or challenging behaviours and those who are unable or unwilling to attend school.

The LEA will seek to ensure that developments in inclusive education do not detrimentally affect the learning entitlements of pupils with learning or behavioural needs, or other pupils with whom they are educated.

The county sees a number of implications for the work of the Education Service in promoting an inclusive system:

- identify and share successful inclusive practice in Hampshire schools and early years settings
- support the research, development and dissemination of effective teaching and support strategies that facilitate inclusion
- provide training, advice and support for Hampshire staff to promote understanding of the implications of managing diversity, ensuring that this is equally available and accessible across the county
- develop and maintain a strong package of training for mainstream and special school
- staff aimed to support and develop skills in working with pupils who present with behavioural and emotional difficulties in the classroom
- develop services in conjunction with other agencies and schools to support teachers and other staff working with pupils who exhibit challenging behaviours
- develop and support effective outreach and in reach practices with special schools so that experience and expertise can be shared with mainstream colleagues
- evaluate the county based inclusion strategies for effectiveness and outcomes and review national and international research evidence on inclusion
- research ways of developing more flexible use of specialist resources in order to promote and support effective inclusion
- work in close partnership with parents/carers to plan support arrangements which enable effective inclusion of their children
- provide schools, officers and elected members with information and evidence about levels of inclusion, and the successes and difficulties encountered.

The County Council's action plan for Inclusion has three fundamental aspects which are all necessary if successful inclusion is to be achieved: understanding, skills and resources. The County Council will support a range of activities to promote a wider understanding of inclusion, including issues of disability equality. It will try to ensure that language used in documents and discussions to describe young people with learning and behavioural difficulties provide positive models, which promote the valuing of all young people. The County Council will encourage and support every school to make appropriate provision for children with SEN within their area.[xlvi]

The County Council will provide ongoing support to schools and other educational establishments through its inspectors, educational psychologists, educational welfare officers, specialist teacher advisers and its education other than at school, portage, parent partnership, and special educational needs services in order to:

- raise awareness of all groups with regard to inclusion issues, including disability, disaffection, equality and access to the early years and school environments
- develop schools' curriculum policies, so that they address inclusion issues appropriately and take account of a wide range of learners' needs
- address schools' concerns with regard to specific types of special educational needs, for example those of children with challenging behaviours and ensure that staff feel appropriately supported and confident in teaching such pupils
- move towards a position where inclusive quality education is available to a wider group of children and young people.

Support services will be expected to consider the implications of inclusion principles within their development plans, together with any associated development for their staff. All support services will work with schools and parents/carers to support early identification of educational difficulties and try to ensure early and appropriate intervention at all ages. The Early Years SEN Strategic Plan addresses these issues for very young children. The County Council will rigorously review the use of support services to ensure effective and co-ordinated support for schools, children and parents/carers.

The County Council recognises that for many children with severe and complex difficulties there is a need for support from more than one agency for them and their families. The County Council is committed to improving joint agency planning and service delivery for all children who need it and will work closely at all levels with these agencies and the voluntary sector in order to ensure effective provision and smooth transition between phases of education and life. This means continuing to work at a county and local level to improve joint planning and service delivery and jointly working on agreed priorities. Some children cannot access the educational opportunities presented to them without effective support from Health and/or Social Services. The County Council has a firm commitment to working with other agencies to ensure that appropriate recognition is given to the educational needs of all children.

The County Council wishes to work towards inclusion in open and collaborative partnership with all schools, governors, agencies, voluntary bodies and parents/carers. The contribution of each sector is valued. It is recognised that such collaboration is often not easy to achieve and can be time consuming.

Specialists involved with the children included the educational psychologists, paediatricians, speech therapists and occupational therapists. One family used a tutor who was used to teaching special needs pupils.

The County Council recognises the expertise and experience available within special schools and supports their development as centres of excellence to support colleagues in mainstream schools. It is likely that some pupils will have such severe and complex special educational needs that they are likely to need the availability of specially resourced schools for some time to come. The County Council will work with special and mainstream school colleagues to develop flexible systems, which support inclusive education. This may involve, for example, outreach from, or in-reach to, special schools and part-time or short-term placements in appropriate situations.

Special schools have a leading role to play in developing partnerships with mainstream colleagues and in exploring collaborative ways forward with other schools and colleges.

A number of objectives and specific actions have been identified and are listed in the Inclusion Policy Action Plan. For each action, performance outcomes are included that will be used to monitor progress towards the objectives. Schools will be included as active partners in providing feedback in this respect.

The Inclusion Policy will be reviewed in 2003.

Chapter 5

METHODOLOGY

Methods Discussion

Purpose of the study

Looking through the literature many studies, which had been carried out, such as Sheldon (1972) and Jacklin (1998)[xlvii], were not purely biographical and contained only small parts where pupils had been consulted about inclusion issues. The studies from the literature sought to examine reasons for children who were unable to function in a school setting. These studies looked at external factors, which impacted the process of inclusion. The previous studies such as Wedge and Prosser (1973) and Rutter et al. (1979) show that for example home background, social class, economic status and school variables are factors in the child's inclusion at school. In this study I have sought to delve to a deeper level, a level underpinning the foundations of other studies. My study examines how the factors from other studies affect the identity of the child.

My original question, '*What are the experiences of primary aged special needs pupils when being included into mainstream schools in Hampshire?*' required a much deeper touch. It required an investigation into the child's world: what they thought, felt, experienced over a period of time. I felt that a more interpretive approach would be more appropriate in addressing research of this nature. The study is illuminative in that it essentially seeks to look at its subject in a greater depth; in it's exploration of inter-subjective meanings. I have examined the reasons from the child's viewpoint that inclusion either takes place or fails to take place. Norwich (1998:12) states that, in illuminative study:

> *The aim of seeking objectivity, causation, and generality are ... given up for the alternative aim of seeking understanding of the meaning of actions and describing the perspectives of those involved in these practices. What we have here is an alternative and rival model, and research methods, which focus on descriptions rather than causal explanations. The practical aim of such interpretive research is to illuminate or enlighten rather than to apply techniques to engineer change.*
>
> *Norwich (1998:12)*

Rather than applying techniques to engineer change in the possible inclusion of these children the study is designed to enable an exploration of the children's own situations and build their own identities.

Erben (1998)[xlviii1] suggests that in the discussion of the methodology used it is important to examine the purpose of the study. The general purpose of this study is to give more insight than that so far gained into the nature and meaning of the life of individuals. As my investigation progressed I noticed the importance of the child's identity in the process. The specific purpose of this study will be the analysis of the lives of 5 special needs children to see what experiences they have when included into mainstream schools, with a focus on the role identity plays in inclusion. In choosing an auto/biographical method I felt that I have both a general and specific purpose in choosing the method. The requirement of purpose is met. The title became, 'Issues Of Selfhood: Identity And Inclusion In Relation To Children With Special Educational Needs: An In-Depth Qualitative Study'.

Illuminative Evaluation

ILLUMINATIVE EVALUATION

> *The basic emphasis of this approach is on interpreting, in each study, a variety of educational practices, participants' experiences, institutional procedures, and management problems in ways that are recognisable and useful to those for whom the study is made. The illuminative evaluator contributes to decision-making by providing information, comment, and analysis designed to increase knowledge and understanding of the programme under review. Illuminative education is characterised by a flexible methodology that capitalises on available resources and opportunities, and draws upon different techniques to fit the total circumstances of each study.*
>
> ***Parlett and Dearden, 1977***[xlix]

Illuminative evaluation is particularly suited to intensive studies of small to intermediate size programs. The method has evolved over time as researchers such as Parlett 1975[l] reflected on their studies.

Research using this methodology experiences a natural resistance, as many issues are politically and individually sensitive. Hence, for example, the reluctance of two local education authorities deciding as gatekeepers, not to allow me to carry out my own study. The fact that the sample was taken from children and families who already knew me helped the usual suspicions, disputes about the different areas to be studied, challenges, complaints etc. encountered by this type of methodology to be significantly reduced. The fact that I also interacted with the families quite frequently and they knew that they could say what they thought without conflict allowed me to monitor any problems or feelings of those involved and adjust accordingly.

Links to the intensive familiarisation, which characterises illuminative evaluation, includes the frequency of contact with individuals within the study. Other factors such as my quest to fully comprehend the full organisational and political complexity of the situations are also part of this methodology. By appropriately assessing the situation my aim was to increase awareness of how the identity of the child played a large part in their inclusion into mainstream schools. This, in turn, was to create discussion and review of how these children were assessed in school.

In the Illuminative approach there are no fixed evaluation procedures. My study differed in that I had thought about how I may evaluate the material before the research commenced. The evaluation procedures evolved but remained consistent throughout in its use of Rogerian theory. The exact purposes of the study were unique to that setting in that it looked at schools in Hampshire. This, however, was seen with the possibility of universal usage throughout different organisations if patterns emerged in relation to individuals within different social settings.

My study concentrates on certain problems of the individuals concerned: that of ability to include into a mainstream school. It also examines certain phenomena such as procedures, which alienate those involved. These are descriptive of the methodology of illuminative evaluation. The techniques used were chosen to fit the data which emerged during the study in that some checks were carried out in swimming lessons to examine whether the subjects reacted in the same way to me behaving in a certain manner as had happened in previous observations with others in the school settings. These checks were additions to my original planned procedures. Themes emerged as the children's' experiences were shared and I grew to know them in a number of different settings. The themes are noted in chapters 6 and 7.

The underlying conceptual framework of my study also reflects aspects of illuminative evaluation. Hence teachers speaking about the wider context noted how the children were able to 'fit into' the SATs, curriculum levels etc. experienced by others of their ages. The biography both of pupils and institutions gave reality to the framework. Values and attitudes held by children, families, institutions/organisations and myself played a large part in the building of identity of the children in my study and my own interpretation of the experiences. This led to varying 'realities' experienced by those involved in the study and my own organisation of the data with the help of the children. These are all factors in illuminative research.

The Biographical Method

The *'Biographical method'* consists of making a record of lives[li]. It also encompasses the complexity of issues, traditions, concerns and problems associated with the method when biographers write lives. Denzin (1989:7)[lii] defines the 'biographical method' as:

> *... the studied use and collection of life documents, or documents of life ... which describe turning-point moments in individual's lives.*

This method is a way of observing and exploring the narrative features of human identity. Analysis following the method also provides a means to investigate the significance of values in relation to the *'self'*. As I started to collect and analyse data I began to realise that identity had a large part to play in whether the child was successfully included into the mainstream school. The biographical method, therefore, became an even more important necessity to my study. To back this emphasis the work of Rogers (1951)[liii] in his 19 propositions suggests that the picture a person has of their 'self' plays an important part in their psychological adjustment to any situation.[liv] My question then refined became: *What relationship does the primary special need child's* *personal identity have in their experience of inclusion into mainstream primary schools in Hampshire?*

In searching for ways to interpret my data I was looking for a simple way to examine the children's experience. It had to be one, which was intelligible to young minds and easy enough to discuss with SEN pupils. It also had to examine their experiences in dialogue, a search for meanings unimposed by myself. I was keen to understand how the child themselves understood and drew meaning from their own experience.

Because of the needs expressed other figures such a Freud with his sexual bias to explain most situations and human actions would have been totally inappropriate. Freudian psychology also imposes interpretation of events and experiences on the person under investigation. It leaves little room for development and growth.

Transactional analysis would have looked at the different aspect of the child in an experiential way but needed the concept of the child's 'adult' self, a part of self not necessarily present or recognisable by the child at this stage in their development. It also relies on preset traits to 'explain' the person's experiences.

Clarkson in her integrative work tries to encompass aspects of all forms of therapy and psychological understanding. The emphasis, however, is on the client – therapist relationship. Although relational ideas are present in this model they are inappropriate in that they are used merely in therapy itself and not beyond the therapy room.

Carl Rogers, however, provided for the mixture of needs in this study. His focus was directly on a person's own experience and the meanings they placed upon them. This model also looked at external experiences of others placed upon the person under study and their reactions to this. The two circles theory, although never put into diagrammatic form by Rogers provided a pictorial way to discuss experiences with the children. The use of two hoops, which could be physically moved, provided for some of the need for concrete thought in two of the children in particular. The theories of Rogers provided a more hermeneutical method of data interpretation, whilst allowing the development of themes and meanings from the children and not those imposed by myself. These then were the reasons for my choice of Carl Rogers's theoretical approach when carrying out my study.

Educational Biography

The Biographical method was to be used in a school setting. The term '*Educational Biography*', for the purpose of this study, means the research that examines the lives of those individuals who are involved in the field of education.

When examining specific categories of biographical research Oates,[lv] who suggests three approaches, gives a useful delineation: the scholarly chronicle, the critical study and the narrative biography. My study will seek to follow the narrative biographies of pupil's lives. I will include the scholarly aspects, which reflect the biographer's quest for objectivity, the critical study that produce the analytical aspects, whilst moulding them into a narrative form. Using this approach I hope to elicit 'from the coldness of paper, the warmth of a life being lived.'[lvi]

Autobiography

How does autobiography play a part in my methodology? While writing biography my own perceptions, understandings and interpretations play a large part in the structure of the material included in this study. One cannot fail to interpret the world according to one's own perceptions and experiences. This is true particularly when one attempts to capture the warmth of the human being along with their awareness and skills. To attain this position in research I undertook counselling courses to diploma level. This gave me more certainty of entering the pupil's world and understanding meanings associated with their lives.

Small Group Study

Why a small group study? As there is not much literature concerning pupil inclusion using auto/biographical methods the development of my methodology has been developing and growing throughout the study. I began by asking two education authorities for their co-operation in provision of pupils to include in my study. This would have given me a wide range of pupils to choose from. The sample could have covered a mixture of gender, age, type of school, social class, type of special educational need, reasons for inclusion etc. Due to circumstances beyond their control the original offers of help did not come to fruition. My '*gatekeepers*' were unable, in the final analysis, to provide what was needed in the access to the pupils and their experiences.

In choosing a sample to take part in my study I tried to attain a great variety in the type of SEN, male/female ratio, hobbies and pastimes, mainstream school in which they were to be included etc. My attempts to gain access to two different counties with access to a number of different schools were unsuccessful because of the reasons above. This prevented contrasts and comparisons between children in a wider setting as all the children in my sample attended only 3 mainstream schools in the same county. Contrasts and comparisons such as those between different counties especially the effects of their inclusion policies in schools, types of schools i.e. those with or without special units, mixes of children from different home backgrounds including social class and economic status, individual school settings, private or public sectors were not available to me but may have shown different outcomes to my study. It did, however, allow me to concentrate in more depth with the children available to me.

The restricted sample provided a group of children who were boys who all liked swimming and sport. Did this make any difference to the outcome of my study? Boys of primary age and particularly in the junior age range are exploring their bodies in a physical way. So do girls! This is evidenced from the number of mixed groups where I teach swimming at the recreation centre. From my work with SEN children I decided that although the sample were boys and may take their identities from more physical activities there were other activities undertaken by girls (including swimming), which produced the same focus for growth of selfhood. An example may be taken from my experience of one girl who I tutored who withdrew from a mainstream school setting because of her problems with identity. The problem was so chronic that she attempted suicide before I began tutoring her. I encouraged her to develop a sense of her own selfhood through books. She learnt to like a certain type of book, which she read avidly. She then told others that she enjoyed these particular books, undertook activities contained within them and adopted the same dress sense! She successfully included back into a mainstream setting.

The other restrictions in not being able to attain a wider grouping in my sample were that of the variety and severity of SEN in children attending mainstream schools. The mix of SEN attained in the study were examples of children I had previously taught and tried to help to include in mainstream schools in the past as outlined in Chapter 3.

The list of SEN was not complete but served to represent a variety of SEN needs in children trying to include into school. I was satisfied from previous experience as a Home Tutor that this sample would give a wide enough scope in representing SEN children to provide a valid study.

The education authorities had been unable to provide me with the access I had needed. Who then were other *'gatekeepers'*? I had been teaching a number of children at the swimming pool who had special needs and were attending mainstream schools. I knew the parents quite well already. These parents were willing and able to provide the access both to the pupils, their history and records, which I would need. The parents too provided the instruction to the schools where these pupils attended for the release of school records and my access for observations and discussions with members of staff who taught them. For one child I had additional access to reports from other professionals as the parents strove to attain a label for their child. This was an added bonus in my understanding of the child's development and interaction with his environment. As the numbers of children I taught at the pool were limited to five, so were those who were available to take part in the study. Nevertheless I knew that experiences of these children when compared could provide insight into some common features of inclusion into the mainstream schools. Erben (1998)[lvii] suggests that if the purpose is met the research may be small-scale or large-scale in nature. I felt, therefore, that a small-scale study was a viable alternative to my original methodology.

These children who I taught at the swimming pool had a range of special needs[lviii] as already outlined in chapter 3.

What To Include ...

What did I need to include in the study? Erben (1998)[lix] argues for the need for variety which biographical research provides. This will prevent the researcher from being too rigid in methodology. As a consequence the relationship between the method and the purpose of the investigation will remain in dialogue. The more varied the investigative approaches the better.[lx] Past research[lxi] has suggested a number of variables that affect the child in their schooling:

- Home background – social class and economic status (Wedge and Prosser, 1973)
- School variables (Rutter et al., 1979)
- Pupil's qualities (Smith and Tomlinson, 1989; Berger and Yule, 1985)

The relationship between these variables had to be kept in mind during my own study.

In a biographical methodology context documents are collected from a wide range of primary and secondary sources[lxii] and media including autobiographies, existing biographies, photographs, videos and films, oral histories, official records, letters, diaries, postcards, family trees and information from secondary sources. Contemporary biographical data can be obtained through interview and is especially useful to educational and social science researchers. Interviews then would be another necessary part of my methodology.

Ethical Issues

Within all research is the tension between researchers as professional scientists in pursuit of truth and the rights, values, needs and respect towards those who are being studied. Issues, which arose within my design, included:

- The personal nature of my research

- The context for the research in schools
- The procedures, particularly interviews which touched on some very emotional aspects of family lives
- Methods of collecting the data including field notes gained through interaction with the family sometimes at vulnerable times
- The fact that my responders were under age and had special needs
- The highly personal information of a sensitive kind
- What is to be done with the data – publishing
- The right to confidentiality for schools, family and children
- To reveal or not to reveal information given by others which affected the children I was studying

In order to balance the tensions I acknowledged the need for informed consent and co-operation of responders who are to assist in investigations and of significant others such as parents, school staff and authorities. The principle of informed consent comes from the responders right to freedom and self-determination. The responder has the right to refuse to take part, or to withdraw once the research has begun. Hence the right for the two local authorities to offer help which later was withdrawn; a number of families who felt that my study would *'rock the boat'* for their child at the present moment thus refusing to take part; the families who agreed to take part in my research, later withdrawing permission for their child's name to be used; the schools who have requested anonymity. I have endeavoured to respect the confidentiality of my responders who have requested anonymity and checked with them about inclusion of more personal details and stories within my final thesis.

Collecting The Data

How did I achieve the collection of data when taking into account the need for variety?

In brainstorming the areas I would need to investigate and to have an overall view of the nature of the child's experience I found a number of possibilities[lxiii]:

- The child – past, present and future
- DFEE policy
- Hampshire Education Authority SEN policy
- School policy
- Head Teacher/Special Educational Needs Co-ordinator (SENCO)
- Other children in and out of school
- Specialists
- Family – Genetic and social

The aspects concerning the families translated into a document sent to all parents[lxiv]. The main features are below:

- Diary written or recorded day to day happenings, thoughts and feelings from the life of the pupil;
- An A to Z written/recorded memory of important people, places and things in the pupil's life;
- A poem using the pupil's name. The child uses each letter of their name to say what they are like/who they are. Pictures can also be added.
- Documentation of memorable events – including birth certificate, educational records (statement, reports, letters to and from the education authority, social worker and psychologist's reports etc.), photographs, previous written records e.g. diary, pictures etc.
- Informal interview including pictures to clarify feelings;
- Interviews with significant others e.g. parents/guardians, tutors/teachers, educational psychologist, social workers, friends, grandparents etc. This could include attendance at '*Reviews*' where those experts involved in working out what was best for the child would all be gathered;
- Observation of children at home, in leisure activities and school.

The study was carried out over the summer term of 2002 a period of 4 months. During this time I frequently taught the children in the swimming pool and spoke to their parents about events in their lives. Because of the frequent contact I was able to test ideas and thoughts during the sessions with the children and ask parents about the different types of information which I needed.

Interpreting The Data

In order to interpret the data I used hermeneutical methods such as Bleicher (1980)[lxv] along with the psychological counselling theory of Carl Rogers. The data was collected mainly in face-to-face contact. Using my professional counselling skills I was able to undertake unstructured interviews where I could explore emerging themes with my subjects. I was careful not to initiate the themes raised (Rogers emphasises the need in counselling to follow the needs of the client and in hermeneutics the data is collected then explored for themes) but noted them as they arose, then explored them further with the subjects. I found it necessary to explore the meanings attached to what was being discussed at the time in order to discover how the perceptions of my subjects in terms of their ‘self’ was seen. I was interested to see that common themes were mentioned among all my subjects and common reasons of identity found for behaviour and emotions.

Rogers speaks about the individual perceptions of each person and their need to accept and symbolise their experiences in terms of ‘self’ (Proposition 11)[lxvi]. It was important to examine how the individual perceived themselves in terms of their SEN, whether this was recognised or not and as a consequence how the subject behaved.

Further information was gathered in order to triangulate my data, checking the themes and findings of the interviews and work I had done with the subjects. So, for example, I interviewed significant other people such as family, friends and teachers, collected the children’s own work and checked my findings and hunches during swimming lessons. The acrostic poems written by the children were carried out before the interviews to ascertain the perception of the child themselves before the study began. I have not included these in appendices as the poems used the children’s own names. Parents of all the children asked for confidentiality in this thesis.

A further question involved the influence of others on the child’s identity. To this end I collected data involving the behaviour of the child at school, the perceptions of others and the school (including peers), County and DfEE policies.

In order to discover whether the child had been able to engage in developing their identity in the past I explored the biographical data. This was important in interpreting whether the child, if not already at a stage to be included in mainstream school, would be able to develop a strong enough ‘self’ to ever be included in the mainstream setting.

The diaries kept by the children during this time showed how the child's perceptions of themselves and others changed or remained constant over the period of study.

Chapter 6
CASE STUDIES

Case Study For Steve

Background and observations

Steve was born into a family who had previously had a baby who was stillborn. The brain and heart of that baby had been used by the children's hospital for research without the consent of the parents. His mother was very upset about this when she found out shortly before my study began. With reference to this a paragraph in the letter of July 2001 from the Child and Adolescent Mental Health Services (C.A.M.H.S.) summarizes what his mum told me in my interview with her:

> *Steve was born following a Full Term pregnancy and delivery. However, Mrs ... said that she was stressed and worried during the pregnancy due to her having a stillbirth from a previous pregnancy just hours after the birth. Steve was born exactly one year to the day after this stillbirth. Mrs ... described her feelings after Steve's birth as being happy and relieved. This continued until Steve was approximately 6 months old when she became depressed. She had counselling without medication for her depression when Steve was 18 months old.*
>
> *Letter from the C.A.M.H.S., 25 July 2001*

Unlike some of the other children I studied, Steve's mum had kept a baby book to which I had access. He was born in June 1992 apparently a normal 8lb 10oz bouncing baby boy who had blue eyes and brown hair. He had an elder sister (3 years his senior) who welcomed him with other relatives. Steve's chosen names were family names of his great grandfather and father. The image of the family as a source of belongingness and protection for Steve has remained with him[lxvii].

After his birth the family moved house a number of times due to his Dad's work.

Steve's progress as recorded in his baby book, as a child appears to fall into the 'normal' category. So for example:

I first smiled at 4 weeks old
I was sleeping through the night by 1 month old
I discovered my hands at 1 day old (I liked to suck my thumb!)
I could hold a toy in my hand at 2.5 months
I first laughed on September 10th '92
I reached out and took a toy at 3 months old
I discovered my feet at 2 months old
I could roll over by 6 months old
I knew my name when I was 4 months old

My favourite toy was turtle drum (or paper, or hair)
My favourite game was being shouted out! *...*

The first words I understood were no (7 months)
My first words were da-da (6 months)
I could say these words when I was 6 months old
My own words for things were
Stu *for* Daddy
Nana *for* banana *...*

I started to go upstairs when I was 12 months old
I began to fetch things my family asked for by 16 months old
I had learned to run by 14 months old
I could kick a ball by 14 months old

Taken from Steve's Baby Book

The baby book had not been completed for Steve's third, fourth, fifth and sixth years. This may be due to Mum's depression. Steve's skill of kicking a ball flourished and became an important part of his life.[lxviii] As did other sports such as swimming and cricket[lxix].

When interviewing his Mum and reading the referrals report I gained a different impression. Steve appears to have a long history of emotional behavioural difficulties[lxx]. He seems at present to be a sad boy with a strong dislike of school[lxxi]. He is very active and easily distracted and can also be quite impulsive. Steve was considered to be difficult to parent[lxxii]; partly due to his own temperament and also his mother's depression and his father's absence due to work commitments during Steve's early development and the many house moves that followed.

Steve attended the local playgroup at two and a half years old. He was described as being disruptive and was often involved with fights with older children. He went to the local primary school, then attended two further different schools and moved to another school where I observed him for this study. In my interview with Mum she noted that even though the change of schools should have been 'a new start' news of Steve's reputation travelled from one to another.

Medically his mother said that Steve was a healthy child. He was admitted to hospital to have an adenoidectomy and insertion of grommets due to having glue ear. This has now been resolved and Steve's hearing, although still monitored at school is not a problem. He also has asthma occasionally, following a cold for which he has a ventolin inhaler. Steve has visited the Accident and Emergency Departments at various hospitals on many occasions. His mum says that he shows no fear of danger.

Steps were taken shortly before the beginning of my study (May 2001) by the C.A.M.H.S. to discover what lay at the base of the problems Steve was having in school. From the report of the Chartered Psychologist[lxxiii] one can see that he was attaining poor results for his reading, speaking and listening and inconsistent average levels of performance in other subjects[lxxiv]. The report also notes that:

> *In the Cognitive Assessment, Steve was observed to have some difficulty with verbal expression i.e. with syntax and with saying multisyllabic words, which is an indication of some mild sequencing difficulties. In addition, in some perceptual tasks, it was observed that he tended towards inflexible approaches.*
>
> *Chartered Psychologist's report for 6 July 2001 page 3*

He was on the Special Needs Register at School, had an Individual Education Plan[lxxv] and received some support from a Learning Support Assistant to keep him on task and prevent him being distracted[lxxvi]. The C.A.M.H.S. letter for 25 July 2001 states that:

> *... Steve's aggressive behaviour towards other children at school, which has resulted in Steve being excluded from school for a Fixed Term Exclusion*[lxxvii]*. Steve also has temper outbursts at home and exhibits some aggressive behaviour towards his sister. Steve thought that the main problem was that he was naughty at school.*
>
> *Letter from the C.A.M.H.S., 25 July 2001*

From my interview with his mother it was clear that she felt that following the exclusion the family was ostracised. Children in Steve's class were not allowed to play with him, school families were not very friendly and neighbours ignored the family[lxxviii].

In the Chartered Psychologist's report (page 3) and from my own interviews with staff, children and Steve I noted that the aggressive behaviour is often explained as a result of other children being 'horrid' to Steve by teasing him. This is the root of his fear of attending school[lxxix]. A contributory factor may also be that Steve's social reasoning ability is below that expected for a child of his age and would indicate some difficulties in social understanding[lxxx]. The report also examines Steve's self esteem:

> *Steve's responses indicate that he has a normal self esteem but that his locus of control tends towards external indicating that he lacks a sense of responsibility in being able to effect change and is more likely to attribute causality to factors which he considers are beyond his control. His responses to the self esteem items indicates that Steve believes that adults think he is badly behaved and that he is aware that other children do not like playing with him. In addition, he feels that his schoolwork is poor and that he is generally 'blamed' for things, which go wrong.*
>
> *Chartered Psychologist's Report 6 July 2001page 7*

The Child Behaviour Checklist results in the Psychologist's report also point to other issues of concern: social problems, thought problems, delinquent behaviour and aggressive behaviour[lxxxi]. It is interesting to note that although Steve says that he doesn't get on with other children he has certificates from team games such as cricket and football, which comment, on his abilities as a team member[lxxxii]. This tension is noted throughout his school reports.

The document issued to the parents explains why Steve was referred to C.A.M.H.S, what ADD/ADHD is and approaches to helping Steve through different situations. At the meeting the parents were asked to tick or cross a number of different criteria in order to assess whether Steve had a problem.[lxxxiii] The diagnosis was:

> *As part of the assessment I asked specific questions relating to Hyperactivity following the ICD 10 Classification for Hyperactivity/Attention Deficit Disorder. For inattention Steve scored 9/9, for Overactivity 5/5 and for impulsivity 4/5.*

> *This would suggest that Steve does have characteristic features of ADHD* (Attention Deficit Hyperactivity Disorder).
>
> *Letter from the C.A.M.H.S., 25 July 2001*

His parents were offered four sessions in order to discuss some positive parenting strategies for them to implement to help meet Steve's emotional needs and help with his behavioural difficulties.

During this time I began to teach Steve at the swimming pool. He tried hard to concentrate, listen and do what I said to him. He recognised when things were distracting him and was able to share this with me so that we could move to a different part of the pool or change the activity to aid concentration. This resulted in a great improvement in his swimming skills raising 4 levels in 18 months. I found him to be a polite boy who was trying hard to overcome his problems. The Chartered Psychologist in her report shared this impression[lxxxiv].

School found Steve to still need further aids to concentration and the Child and Adolescent Mental Health Services decided that he should have Ritalin when in school. A period of uncertainty followed when Steve's height, weight, blood pressure and pulse were monitored, as doses were adapted to his needs. Letters[lxxxv] record that Steve looked pale and was anxious during this adjustment. A booklet was given to his parents about Ritalin, why it was being used, a consent form and monitoring assessments for the changes of dose from both his parents and school but only to end page was filled in which was the monitoring of measures.

A letter for 26 February noted that Steve was feeling very nauseous with the normal preparation of Ritalin and school was reporting that the effects were not lasting him all day. He was then changed to Slow Release Methylphenidate 20 mgs once a day.

By the 11 June 2002 the C.A.M.H.S., was still monitoring Steve and discussing strategies for school:

> *We had a long discussion about his medication and what would be the best medication ... We discussed the kind of strategies that might help him in school and I said to the parents that you are very aware of what is necessary. It's obviously making sure that he's sitting in a place that he can make eye contact with the teacher, that he's prompted to stay on task, that he's prompted not to sit*

> *beside his mates so he doesn't talk all the time and helped to make sure that he understands the tasks and works with the issues ... He says himself, at times it is very hard to keep concentrating and therefore he needs positive re-enforcement ...*

Throughout this period when Steve was given doses of Ritalin at school his mother felt that he should not need medication when at home in the evening and a weekends. Hence when I taught Steve in the swimming pool in the evening he had not had any Ritalin to cover that period. For a short time Steve also attended the local swimming club and was taught with a small group of children. Here he did have the tendency to lose concentration particularly when becoming tired. In general, however, I felt that in this situation he was able to control his disability, with the aid of a sympathetic, trained teacher, without needing medication.

By the end of Steve's year 5 his general, personal and social development is recorded on his report (July 2002):

> Steve *has settled down in class this year and his behaviour has improved, though he still tends to be distracted and he needs some reminding about his behaviour.*
>
> *He socialises well with other children and he can become a valuable group member when he wants to.*
>
> *He has several areas of weakness in curriculum subjects and he needs to think of strategies to overcome these difficulties.*

Grades for other subjects range from C to B, average to above average attainment.

Analysis

How did Steve's identity affect his inclusion into this mainstream setting?

Again I will use the analysis of Carl Rogers to assess identity and inclusion. Steve can be seen to begin my study within stages 1 and 2 of Roger's developmental process[lxxxvi]:

Stage 1

1. *There is an unwillingness to communicate self. Communication is only about externals* – Steve is unwilling to share his experiences at school with his mother.

Stage 2

1. *Problems are perceived as external to self* i.e. "Other children teasing me make me aggressive." (Interview) "He is generally 'blamed' for things, which go wrong." (Chartered Psychologist's Report 6 July 2001page 7), *"Steve reports that he hears people telling him to be bad."* (Chartered Psychologist's Report 6 July 2001page 6)
2. *There is no sense of personal responsibility in problems* – Noted in the Psychologist's report for 6 July 2001 page 7
3. *Personal constructs are rigid, and unrecognised as being constructs, but are thought of as facts* – Steve *"likes routine and tends to interpret information in a precise manner e.g. if told to wait for one minute, he will set time to go off when one minute has passed."* (C.A.M.H.S. letter of 25 July 2001). This was confirmed by interview with his mother.

The lack of flexibility in a child can make the adult role more demanding, which can lead to frustration with it. Demandingness may be reflective of a need to be a model adult or a child who has failed to negotiate the developmental task of individualization[lxxxvii] (separation from parents).

During the psychological assessment Steve was asked to draw a picture of everyone in his family doing something. The picture depicted a family who are together as a unit with an appropriate sense of status within it. He had a close identification with his godfather who Steve holds in high esteem. In the opinion of the Chartered Psychologist[lxxxviii] there were themes of protection from external sources indicating that the family represented an important group for Steve, with this as his source of belongingness and protection.

Relevant propositions from Roger's include:

1. *Every individual exists in a continually changing world of experience of which he is the centre;*
3. *The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, 'reality';*
6. *Emotion accompanies and in general facilitates such goal-directed behaviour* (an attempt of the organism to satisfy its needs*), the kind of emotion being related to the seeking versus the consummatory aspects of the behaviour, and the intensity of the emotion being related to the perceived significance of the behaviour for the maintenance and enhancement of the organism;*
8. *A portion of the total perceptual field gradually becomes differentiated as the self.*
11. *As experiences occur in the life of the individual, they are either (a) symbolized, perceived, and organized into some relationship to the self, (b) ignored because there is no perceived relationship to the self-structure, (c) denied symbolization because the experience is inconsistent with the structure of self.*

As seen in Merry 2000:24 and 25

Steve's reality (proposition 3) was one of rigid constructs, which he needed to remain safe. If these constructs were broken he became threatened, as his reality no longer 'worked', his need for identification of his experience of himself, as a family member who was loved and protected was no longer true. The result (proposition 6) was fear and anger and resulted in aggression in order to try to protect himself. It also resulted in inability to settle, over eating, difficult behaviour, lack of concentration and nightmares as he tried to sort through his feelings. The statement in proposition 8 had not been completed for Steve – His perception of self was still linked into his experience within the family and other people's opinions. Steve's experiences outside the family of who he though he was or wanted to be did not match his reality: He told me about a time when he was friends with a boy who everyone else liked and who was popular because he was good at football and he was clever. Steve has tried to be good at football (a chosen pass-time during playtimes) and reacted negatively when I was teaching him swimming only if he thought that he would never be able do something and he thought that I thought he was 'rubbish' or because he was not clever enough to do something. I experienced an incident in his classroom when a child had 'provoked him' by calling him names. In my opinion his apparent 'over-reaction' was due to his need to find identity in how others saw him. Hence the statement in the Chartered Psychologist's report page 2:

> *It was stated that Steve is difficult to reason with and that he is sensitive towards discipline and criticism.*

It seems from Steve's history that he has often met with others being judgmental of the way in which he behaves. This has occurred from an early age in his experiences at nursery school. At first, with the expectations of those adults who disapproved of behaviour, Steve wove a straightjacket of conditions believing that if he kept these he would not risk rejection. Later, in order to stay safe (he expressed his fear of school), Steve behaved more defensively i.e. became aggressive, which kept other people away (hence his mother's experience of family ostracism and reported lack of ability to make friends with his peers) and his view that the other children didn't like him. According to proposition 11 Steve appears to have denied aspects of 'reality' outside his family as they did not match his perception of 'self' in his family setting. Rigidity in his way of life provided a way to keep his 'self' safe. This straightjacket was not always kept in place, however, as Steve could no longer play the contractual game of adult expectations. At each point where Steve dropped his guard his worst fears were recognised and he experienced the disapproval of his peers and teacher and their growing rejection of him. Here was a tension between the need to be aggressive to stay safe from those who 'teased' him whilst also needing to stay in his straightjacket of adult expectations, which disapproved of his aggression and anti-social behaviour. This produced more negative emotions.

During the period of the study Steve began to work through this dilemma by talking more openly about his problems and, according to proposition 11 this aided his symbolisation of reality. With adults who recognised he had a problem and wanted to help without condemning him, Steve also began to move towards building a picture of 'self' which was consistent outside of the family. He began to move towards stage 3 of Roger's process of becoming a person. Soon new aspects began to appear:

1. *There is a freer flow of expression about the self as an object* – "I am trying to do my work and not take any notice of the children who tease me."
2. *There is also expression about self-related experiences as objects* – "How much do you leave yourself open to other children teasing you without doing something about it?"
3. *There is very little acceptance of feelings. For the most part feelings are revealed as something shameful, bad, or abnormal, or unacceptable in other ways* – "I'm afraid ... I've got to hit them even if the teacher doesn't like it."

The movement towards becoming a person in his own right enabled him to attain both social and educational inclusion.

Case Study For Matt

Background and Observations

Matt was born in Southampton Hospital and spent his early years in a cottage next to the stables in the New Forest, owned by his parents and grandmother. It was a normal birth for a child who was, according to grandmother, *'something that had just happened'* and wasn't planned. Mum had no major comments to make about the birth and hadn't bothered to keep a baby book or other documents about her son[lxxxix].

As he grew he found it hard to make friends. He got on much better with adults who had time for him, namely his grandmother, when she was there, as his parents were too busy with their business to worry too much about him. Grandmother told me that *'As a boy Matt used to play in and around his country home, he was a solitary figure in the countryside, doing his own thing and not bothering much with other folks'*.[xc]

Aged 5 Matt lost his father through divorce[xci]. He remembers the day when dad *'just left home and I never saw him again'*. He wasn't quite sure of his feelings on that day and didn't want to discuss this in detail. Grandmother said that it was one of her daughter's traits to be inconsistent in her relationships with others. Nevertheless she did say that the father was never really a father to Matt and didn't seem concerned for his family. The way her daughter had become pregnant at an early age and had formed the relationship she now accepted as being, *'Just like her daughter'*. Grandmother now accepted that her daughter wouldn't change although from her tone of voice I felt that she would have liked her to. Mum said that she had moved on from the divorce although it had been stressful for her and Matt at the time. She was not aware that it might have been affecting Matt now.

At interview Mother was concerned that Matt had *'only the best'* and wanted Matt to do well at school, well at sports etc. Although now with his problems she had almost come to accept that he would never be an *'ideal'* child, found schoolwork hard and uninteresting but may be a brilliant footballer in the future. His many medals for this sport and the fact that he had obtained a scholarship aged 11 to the private secondary school boosted this view of her son[xcii]. In reality Matt told me that she was busy most of the time ... a fact I found out when trying to find a time to meet and talk ... often the meeting had been forgotten with profuse apologies later! Grandmother said that Mum had always been forgetful, pre-occupied and unable to concentrate on any one task to completion.

Matt was eventually diagnosed as having Attention Deficit Disorder when he was 8 years old. Documentation and psychologist's reports were shown to me to confirm this fact[xciii]. Nevertheless Matt was never given an educational statement[xciv]. Mum had never felt that this was important.

Swimming

My experience of Matt around the swimming pool was of a little boy who had no friends. When his mum was working at the pool Matt would often be seen outside on the field, looking through the glass, wondering when she would be finished. During swimming lessons he would be restless and active, finding difficulty in listening or making his limbs do something that had been verbally taught to him. When he was shown (visual stimulus) and his limbs moved (physical stimulus) in the correct movements he could eventually copy the pattern ... but that usually took much too much concentration and he would quickly resort to his old method of doing the swimming strokes. His competitive spirit came out in that he always wanted to beat the others rather than get the strokes right!

School

The school recognised that Matt was a problem and had special educational needs (SEN) but also noted that without a statement their hands were tied. The school did not carry out the action described in the SEN Code of Practice:

> ***School Action***
>
> *When a class teacher or the SENCO identifies a child with SEN the class teacher should provide interventions that are additional to or different from those provided as part of the school's usual differentiated curriculum offer and strategies.*
>
> *SEN Code Of Practice paragraph 5:43*

Without a statement there were no extra funds to give Matt special help[xcv]. According to the school this was county policy[xcvi]. His teacher said that Matt had no friends within the classroom setting. He had been excluded from school on a number of occasions due to his unacceptable behaviour[xcvii]. His teacher never knew when Matt was going to throw a '*wobbly*'. I observed Matt often alone, separated from the other children, when carrying out written tasks. The other children did not quite know how to include him and gave him a wide berth due to his quick changes of mood. Nevertheless he socialised with them when playing computer games and helping others with their computer work. Matt told me that he hated schoolwork (particularly maths) and much preferred the games time. The teacher had no written individual education plan for Matt and took each day as it came dependent on Matt's mood at the time[xcviii]. He was included in some small groups of children with special educational needs who had a general written plan of action. I found no specific documentation, which was written for Matt within the teacher's file. The triggers for intervention described by the SEN Code of Practice (Chapter 5: School Action) appear to have been uninstrumental in obtaining further action by the school:

> *The triggers for intervention through School Action could be the teachers' or others' concern, underpinned by evidence, about the child who despite receiving differentiated learning opportunities:*
>
> - *Makes little or no progress even when teaching approaches are targeted particularly in a child's identified area of weakness;*
> - *Shows signs of difficulty in developing literacy or mathematics skills which result in poor attainment in some curriculum areas;*
> - *Presents persistent emotional or behavioural difficulties which are not ameliorated by the behaviour management techniques usually employed in the school;*
> - *Has communication and/or interaction difficulties, and continues to make little or no progress despite the provision of a differentiated curriculum.*
>
> *SEN Code Of Practice 5:44*

My experience of the classroom in which Matt was included was one where the child could choose the activity on which they wanted to concentrate on, and then move on when they wanted to. I found Matt was constantly changing activity but seemed comfortable in being able to do this. However, he seemed to avoid other children. When I asked him about this he said that they did not want him to spoil things for them. He often got things wrong.

In the school playground Matt seemed almost like a transformed child. He organised a football tournament with two teams. Everyone wanted him on his or her side! He executed his skills and frequently won challenges, sinking the ball in the net. He knew that I was watching and revelled in his chance to '*show off*' his skills, often smiling at me when he had shown particular prowess.

In conclusion I felt that through the study Matt found great pleasure in having a person who wanted to take notice of him, give him personal time and accept him for who he was.

Analysis

How did M's identity affect his inclusion into this mainstream setting?

Through the theory of Carl Rogers I examined how Matt's self experience or self-awareness helps him to distinguish between experiences that he values positively or negatively. Rogers suggests[xcix] (proposition 9) that as the child grows and has more positive and negative experiences (especially in his interaction with the main carers) his self experience grows and develops into a concept of self – he is able to separate himself from these experiences – not be part of them. In Matt's case it appears that he is unable to separate himself from what is going on around him and the people he is with. He has an external locus of evaluation[c]. The situation is important for him and he sees himself in relation to what is occurring around him. From my observations I noted the transformation, which occurred between being in the classroom and moving to the playground. The difference in the other children in both situations caused a change in Matt's behaviour: in the classroom they thought that he had no knowledge to help them, even fearing his input would hinder their own work, but in the playground this changed as Matt had the skill to win the game.

The difference in the way Matt had been experiencing a different interaction over the years has led to his self-concept and the way in which he behaves in different situations. In order to fulfil his needs (following the idea of Roger's actualising tendency[ci]) Matt has resorted to all sorts of strategies in order to gain approval so that he can see himself in a positive manner (proposition 5)[cii]. Proposition 9[ciii] states that as a result of interaction with the environment and particularly as a result of evaluational interaction with others, the structure of self is formed. Matt's experiences have reinforced a cycle of events: I behave defensively – that keeps other people away – nobody cares for me – I behave more defensively – that keeps other people away – nobody cares for me … etc. Conditions of worth accumulated over the years include:

- I am not a good son if I cannot succeed in school
- I am not a good son if I bother my mum

- I must be able to do something really well to gain support and approval ... etc.

Some of the above values Matt has attached to his experiences and the values, which are a part of the self-structure, are values experienced directly by Matt. In some instances some values (or ways of seeing himself) are introjected or taken over from others, but perceived in distorted fashion, as if they had been experienced directly (proposition 10)[civ]. Where what he sees as being himself contradicts the messages received from others this too causes confusion, as he is unable to distinguish between the two (Proposition 14)[cv].

When the strategies he has tried to gain approval from others (his need to see himself in a positive light) do not work he has been so frustrated that in anger he has lashed out, disrupting lessons and preventing learning (Proposition 6)[cvi]. This has led to a number of exclusions to allow the dust to settle.

Instead of symbolizing or find meaning in his experience Matt has distorted or denied the experience (Proposition 11)[cvii]. These experiences have been so many that Matt now feels that being within the classroom setting is a threat (Proposition 16)[cviii]. The more threatening the experiences the more rigid in behaviour the person has in order to protect their identity (their 'self'). Matt has adopted to withdraw or explode to protect his 'self'.

In the classroom and in life in general he has withdrawn from others who are critical of their interactions with him. So his perception of others in the classroom was that they thought that he would spoil things if he interacted with them. His grandmother said that he was a '*solitary figure ... doing his own thing*' and my experience at the swimming pool is of a boy who was constantly on the outside looking in.

Mearns and Thorne[cix] (1999:67-68) suggest that a person who lacks this self-acceptance

> *... behaves in a way, which reflects that attitude: he does not expect people to value him, so in relation to others he is self-protective or defensive. He may appear weak,*

> *inappropriately aggressive, unemotional, or perhaps he tends to withdraw from intense social contact.*
>
> *Mearns and Thorne (1999:67-68)*

The above description fitted Matt in my experience, observation, interviews and field notes gained from talking to those around him.

My different behaviour to Matt during the study and the changed behaviour by the children in the playground began to break through the cycle in which Matt found himself. Proposition 17 states that under certain conditions, involving complete absence of any threat to the self-structure, experiences that are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences[cx]. The children still feared that he was going to change moods in the playground but in finding it did not happen as frequently were quite happy to take the chance if they were to win the game! In offering Matt acceptance and my empathy during my study, just taking him as he was with no expectations, broke down the need for Matt to defend how he saw himself. His identity in this relationship did not need any defence as it did in the classroom or at home. His mother applied for a sports scholarship to a local private school and he was *'over the moon'* when he was offered a place for the next year.

Reports from mum and Matt since this time have confirmed an acceptable inclusion into his new school with the new self image of *'I'm good at sport'*, *'I'm valuable as a person'* which has broken the cycle of low self-worth and formed a new and growing identity.

Case Study For Ernest

Background and Observations

Ernest's mum had had a previous child before him who had died at 12 weeks old. During this episode the parents were left in a big room for a long period before they were told about the death.

Ernest was born in December 1994, two weeks late[cxi]. Dad reported that the hospital provided no welcome and from the time his wife was dilating to 3 cm the doctors left her four days giving birth with only a breathing apparatus to relieve the pain. The parents were left for long periods by themselves having to monitor the foetal heartbeat with no professionals present. The doctors decided to induce and took steps to anaesthetise Mum's spine. Dad related the next part of the birth in detail getting very upset. He described an anaesthetist, who was training (Mr Cool), hitting a blood vessel with, "*blood spurting all over the place*", and a cut in the babies' head where oxygen was given which eventually took a long time to heal. Eventually the baby arrived by caesarean section weighing 7lb. Ernest had lack of oxygen to the brain during the period of the birth. The parents saw the consequences of this. Dad felt angry about what the baby had done to his wife. He tried not to let it make a difference but realised that sometimes he treated Ernest impatiently.

Ernest never slept. Mum sometimes stroked his head but Dad felt impatient and frustrated. Dad reported that it was a very difficult 3 years but Ernest was a lovely boy. Ernest suffered some breathing and feeding problems initially and was very unsettled for the first 10 months, not sleeping through the night until 12 months old. He first became asthmatic at 2 years following a cold/cough, which never cleared. He has always suffered breathing problems, has constantly enlarged adenoids, breathes through his mouth mostly particularly at night (snoring). His parents never recorded his first steps, laughs etc. Mum remembered that he was late walking. Until this time he used to crawl backwards into a corner, cry and get very frustrated. He went to nursery school aged two and really enjoyed it. Ernest went to pre-school for the last term before entering the reception class at his local primary school. At 4 years of age Ernest had twitching of the eyes. Dad was fearful that Ernest had inherited his grandmother's temporal lobe epilepsy. She was also a depressive and had schizophrenia. They were told that his twitching eyes were due to hay fever. Ernest was unhappy and unsettled when he started the primary school. He had never been clingy and cuddly and resisted cuddles until he became more comfortable in his new situation.

I first knew Ernest when he was 4 years old before he learnt to swim. He was a little boy, afraid of the water, whose father could not swim. His mother used to bring him for individual swimming lessons at the Recreation Centre. I experienced him as a lively 4 year-old who found it hard to listen and control his motor movements, but who really wanted to learn to swim (as long as I didn't let go!). He was very timid in the water. Eventually he got braver and braver, then, after many trials and tribulations, swam first in the small pool, then in the larger one near to the side.

Ernest's parents say that he has been given all possible material things, which he needs. His mum has ensured that he had the best medical care possible but he has experienced asthma and breathing complications since birth. Ernest has been seeing a cranial osteopath for approx. 2 years (at the time my study took place), which the parents firmly believed has helped him as this winter he has had very little time off school and only treatment for one chest infection. This is something of a miracle for Ernest. Dad has resented the way that the child made his wife tired and took much of her time. He realised early on that this was happening and tried to compensate in his relationship to his son.

A school report for July 2000 notes the need for a helper to support Ernest's concentration and explanation of the jobs in order that he understood the jobs he had to do. He was able to build a reading vocabulary and form letters in order to tell stories. No problems in maths are recorded at this stage. The school report for May 2001 notes his starting to approach tasks that he finds difficult more enthusiastically. The report gives the impression that Ernest is developing 'normally' socially and in all subject areas.

When Ernest's mum and dad realised that the breathing, drooling and asthma were becoming a problem for his development they took Ernest to see a speech therapist. The report[cxii] notes that his play and attention, understanding of language and use of language and content were developing normally. Generally his sound system was developing well but his tongue was sometimes misplaced to produce some consonant cluster sounds. It was noted that Ernest tended to breathe through his mouth most of the time and sometimes seemed to drool. His dad thought that his drooling was improving and he was beginning to breathe more frequently through his nose. This change was thought to help encourage more frequent lip closure and a better tongue position. No treatment was seen to be necessary at this time.

His mother recognised a number of problems, likes and dislikes, which Ernest was experiencing:

- *Does not like noise*
- *Suffers from travel sickness*
- *Also suffers nausea when tired*
- *Has problem with catching or kicking a ball*
- *Loses ability to ride bike if not used regularly*
- *Concentration is very minimal with anything he does, particularly if it is something difficult*
- *Memory - has great difficulty with certain short term situations e.g. when asked to do or bring something will go missing or return completely oblivious to the request*
- *Cannot do more than one thing at a time*
- *Does not go into school alone also unable to co-ordinate coat, bag, loo, easily distracted*
- *Problems with letter and number reversal and misses lines when reading. Has difficultly when things are printed in a certain way and does not see the word as it is:*

  E.g. Marian *- would be seen as -* Rain
  Reads number 12 *as* 21

Mum's memories on manuscript

Mum had found a book, which she felt, had been written about her son called Dyslexia: A Parents' Survival Guide[cxiii]. She underlined many features which were those Ernest displayed at home. Both parents were frustrated that no one else seemed to see that their son had a need and were apparently putting their efforts down as 'over protective parenting'.

In order to get their son's problems investigated further Ernest's mother took him to the doctor. The letter of referral to the Paediatrician states that:

> Ernest's *parents are concerned with his cough and congestion, his constant dribbling and his stammer.* Ernest*'s dribbling appears to have improved in recent months and I understand he is under your care for his cough and upper-airway congestion. His stammer has developed recently since he started school, but it occurs most of the time and is worrying his parents. Other than these problems, he is generally well and on no medication. His development milestones have all been within normal limits and there is nothing of significance in the family history.*
>
> *I suspect* Ernest*'s stammer will improve once he settles into school, but I have referred him to the Speech and Language Therapist for her opinion.*
>
> *Referral letter from the doctor 16 December 1999*

As school seemed not to be taking any notice of problems, which Ernest was having in his schoolwork, his parents took on a special teacher to coach him at weekends. By the beginning of my study the parents were becoming frustrated in their quest to get the school to recognise their son's needs. They provided a report from his weekend teacher for the school[cxiv]. This outlined results from a number of tests: a number of these areas tested proved 'normal'. These included:

- Vocabulary
- Goodenough test to indicate mental age
- Schonell graded spelling test
- Visual Discrimination
- Motor control tests
- Laterality
- Grapheme/Phoneme correspondence

Others proved more challenging:

- Visual sequential memory (Pictorial)
- Auditory sequential memory
- Sound Blending
- Visual sequential memory (symbolic)
- Sound discrimination

The SENCO at school then carried out further tests[cxv] including: Vernon spelling, International Reading Association (IRA) and British Picture Vocabulary Scale (BPVS). Whilst the Vernon spelling test and BPVS proved 'normal' the IRA test showed a reading age of 9 years and 6 months, a difference of 2 years and 4 months above his chronological age.

Ernest is always on the move and finds it difficult to sustain attention. His mother noted the time when she didn't think that he was asleep because he was always moving. He also used to scratch a lot and had to wear mittens.

When teaching Ernest in the swimming pool I noticed many of the features that his parents saw in him. Field notes included the following:

- Constant re-enforcement of the movement required by limbs and body in order to carry out swimming strokes;
- Only able to swim for a short distance with sustained concentration to get the stroke right – Ernest said that he had forgotten what he had to do half way across the pool;
- Need to physically move his limbs for him to be able to imitate the correct movements – visually showing or verbally telling him was not enough;
- To get his attention he needed to be instructed on pool-side or held so that he was close and facing me;
- Co-ordination of more than one part of his body at a time takes tremendous concentration and if he does not achieve this fairly quickly he gives up and says that he has not heard another instruction to try the same thing again in a different way or he doesn't understand what I told him;
- His love of the 'now' still overcomes thoughts of the future e.g. a swimming badge if he concentrates

By April 2002 the school class teacher met with the Educational Psychologist and discussed the tests done with Ernest. In the letter to Ernest's parents of 29 April 2002 it states that despite some needs exposed by the tests Ernest *"... doesn't any longer meet* *the criteria set down in our special needs audit."* Therefore a full assessment would not be justified. The dyspraxia was seen as a possibility but would be the General Practitioner's (G.P.'s) responsibility as this was a medical need rather than an educational one. The letter contains an assurance that, *"we will continue working with ... to meet his needs as we are currently doing and to look for further ways to support his learning within the classroom where appropriate."*

By July 2002 Ernest's parents had decided to obtain a report from an independent professional educational psychologist[cxvi]. The report found that

> Ernest *has potential ability within the range expected for children of his age and as indicated by his verbal IQ. However, he has significant underlying weaknesses in perceptual organisation skills and these appear to be underpinning his presenting learning difficulties. This will mean that he has considerable difficulty interpreting, organising and acting on visually perceived information. As such, ... will naturally find it more difficult to make sense of visually perceived stimuli and his work output is likely to be laboured as a direct result of this and his generally slow rate of processing information.*
>
> *From the report of the independent education Psychologist, July 2002*

The report went on the recommend that:

> *In order to meet ... needs as identified in this assessment, he requires* ***educational provision*** *that is within a mainstream school environment, which is sympathetic to the needs of children with specific learning difficulties ... Given the specific nature of ... difficulties, his needs should be monitored with regard to the Code of Practice for Special Educational Needs*[cxvii] *at Schools' Action Stage, and an Individual Education Plan should therefore be in place to target specific areas of development as outlined in this assessment ...*
>
> *From the report of the independent education Psychologist, July 2002*

At the end of this term I spoke to the class teacher and observed in Ernest's classroom. The teacher, SENCO and headteacher did not think that there was anything wrong with Ernest but was willing to discuss his case with me.

Mum reported that since September when the school had had chance to read the independent educational psychologist's report they have tried to implement some of the findings and suggestions. Ernest has also started to take Ritalin[cxviii], which has helped his concentration.

Analysis

How did Ernest's identity affect his inclusion into this mainstream setting?

Again I will use the analysis of Carl Rogers to assess identity and inclusion. Ernest can be seen to be in stage 1 of the process in his early years:

1. *Close and communicative relationships are construed, as dangerous/there is much blockage of internal communication* – seen when Ernest is about to enter Primary school in particular

Ernest can be seen to have begun my study within stage 2 of Roger's developmental process[cxix]:

1. *Expression begins to flow in regard to non-self topics* –My mum is upset because the car broke down on the motorway.
2. *Problems are perceived as external to self/there is no sense of personal responsibility in problems* - … swam into me, … swam under where I was jumping …
3. *Feelings may be exhibited, but are not recognized as such or owned* – temper tantrums following frustration. Refusal to repeat exercises or skills found difficult because angry with self.
4. *Personal constructs are rigid, and unrecognised as being constructs, but are though of as facts* – I can't do my legs and arms at the same time, I can't breathe sideways.
5. *Differentiation of personal meanings and feelings is very limited and global* – "I can't ever do anything right – can't ever finish it – won't ever pass any badges."
6. *Contradictions may be expressed, but with little recognition of them as contradictions* – I want to be able to swim well but I don't want to practice this again.

Ernest was experiencing his world with a weakness in his perceptual organisation skills, the result of delay in the functioning of the right hemisphere in his brain[cxx]. Hence some of Ernest's 'reality' (proposition 2[cxxi]) did not match the reality that others saw. At first school expected Ernest to be able to carry out tasks like the other children. When he became unsettled and unhappy in the reception class he was given help from an assistant to aid his concentration and help him to understand instructions. The assistant was later not available for him because he was beginning to tackle tasks he found difficult by himself[cxxii]. The school's expectations placed introjected values (values not consciously belonging to Ernest's view of his 'self') on Ernest (proposition 10[cxxiii]) and these became conditions of worth i.e. 'I ought to be able to do my schoolwork as well as the other children', 'I should finish my work at the same speed as the other children' or 'I should understand what the teacher is saying to me.' These values did not match what he was experiencing – his parents noticed the incompatibility. They tried to help him by appointing a private teacher to help him to keep up with the other children. Nevertheless school was becoming more of an ordeal for him as his forgetfulness about arriving in the classroom increased and tasks he was supposed to carry out got abandoned half way through (proposition 16[cxxiv]). It appears that to some extent Ernest was not symbolising his experiences (not finding meaning in his experiences but distorting or denying them) but using the conditions of worth (values which others at school were placing on him) to cover up and distort his reality (proposition 11[cxxv]). The other reason this symbolisation was not occurring was because of his physical disability. Sometimes it was difficult to distinguish how much of his behaviour was due to a physical/medical problem and how much was to do with the distortion of reality:

> *Ernest came into the water this week with little intention of doing any work, or that is how it appeared! He did nothing he was told, deliberately! (I checked this out with him). When I reminded him we were partway through award 6 he settled to trying to do the rest of the award. How much of his not doing things is motivation and how much is dyslexia? Is he just 'covering-up' for when he can't do it? This may be an interesting development of a safety barrier.*
>
> *Field notes for 27 June 2002*

By this time, however, he knew me well enough to be able to share more of his experience (proposition 17[cxxvi]).

Throughout the study I experienced in Ernest increasing anxiety and frustration when he thought that he could not do something (proposition 6[cxxvii]). I wondered how much of this was the frustration of his parents who continually wished that they could find out what was wrong so that they could do something about it was becoming Ernest's own anxiety too. I also experienced increasing rigidity in what he would and wouldn't even try to do in the water. This psychological maladjustment was apparent throughout the period of school's expectations of Ernest being incompatible with his own needs (Proposition 14[cxxviii]).

Following the sharing of the independent psychological report with school, the change of attitudes of those in the school, the adjustment to meet more of Ernest's needs in the classroom and the provision of Ritalin for Ernest I have found his behaviour to lessen in rigidity. He now tries more things for a longer time and has improved concentration levels. The tension between expectation and needs has lessened and conditions of worth imposed on him changed. His mum reports that he is progressing at school and he is much happier.

In the swimming pool I still notice a 'slipping back' into old habits when he has not had his Ritalin, as concentration is impaired. He is, however, much more open to admitting that he did actually understand and remember what I said, he is just afraid that he won't be able to do it. This movement towards taking responsibility and symbolizing his need has provided opportunities to move forward in his own growth.

Case Study For Carl

Early History

Carl was born on the 5th of March 1994 after what appeared to be a normal pregnancy[cxxix] weighing 7lb 14oz. He was the first child in the family. This meant that the parents had no comparisons to make with other children. At 6 months old he was not sitting up, but alert and interested. He passed the babies check-up at the doctor's at 8 months. He made very slow progress over his early years. By 14 July 1995 he sat, crawled, pulled to stand and moved around the furniture[cxxx]. The Paediatrician's letter of 6 December 1995 notes that he has taken 4 steps and is climbing on and off the bed. Confirmation of his delayed motor skills can be found in the Paediatrician's letter to one of her colleagues dated 11 January 2002.

At 11 months the doctor referred him because of his developmental delay. A brain scan and genetic tests[cxxxi] were carried out and he was also tested for epilepsy. Everything was ruled out: the brain scan showed damage but not enough to cause problems. The doctors said that it was a brain development problem in the womb. By January 2002 the paediatrician commented on his growth[cxxxii]:

> *He is a boy who is growing well and his height is 110.7 cm which is just under the 25th centile and weight 19 kg on the 25th centile.*
>
> *Paediatrician's letter dated 11 January 2002*[cxxxiii]

Carl sat up at 13 to 14 months, and walked age two. Both parents wondered whether Carl was autistic but the doctor did not agree until he was three years old. A week after his needs were identified Carl started 'Opportunity Group'[cxxxiv]. At two years old he began signing (Makaton). By two and a half years he had learnt more signs. His mum remembers a holiday in France where Carl was sitting in his pushchair and signing for biscuits!

In a letter dated 12 December 1997 from the Children's Centre Carl was given a referral to the Autism Assessment Clinic for an assessment.

Interaction With Siblings

The second child of the family, Neil, was a baby during this period (born July 1995). Carl paid little attention to his baby brother at this stage[cxxxv]. His only interaction with his brother was one day in the sand pit when Carl put sand into Neil's eyes.

1997 a second brother, Ben was born. Carl again had no time for this second brother.

In the last six months there has been more interaction between the boys[cxxxvi]. Carl, age 8, Neil, age 7, Ben, age 5, are playing together. When Carl gets excited he hits

Neil[cxxxvii]. Neil and Ben are good friends. The Paediatrician notes that Carl does not interact very much with children and, watching him play with his brothers, it tends to be very much 'alongside' and not 'with'.

Schooling

Carl began his schooling in a village school where he was living at that time. His parents wanted him to experience one or two years in mainstream. The school couldn't handle this. Mum believes that it was a question of politics, the view of the local authority that inclusion at this stage was not desirable.

Carl's annual review[cxxxviii] reports that when he started at the special unit at his present local village school, in September 2001, he settled quickly and was excited and happy with all the changes that he was experiencing. The report notes his interaction skills were apparent from the beginning although his preference was to stay with the adult on duty during playtimes. This is also his preference at home[cxxxix].

He prefers to do work activities rather that the Treatment And Education Of Autistic And Related Communication Handicapped Children (TEACCH) type activities he was offered at first. He can work within a small group but his concentration varies from day to day. He shows a willingness to learn and enjoys finding out for himself.

Since his attending the special unit at his local village school he has returned to his previous school for a visit. His Learning Support Assistant (LSA) reports that the staff there could not believe the improvements – he sat and ate lunch socially, talking to other children and staff. When Carl first went into the unit his LSA reported that he would 'just scribble a picture'. Now he is writing his name, and in coloured drawings faces are pink, trees have brown trunks etc.

Reading

Carl had special reading tuition at home because he was not moving on in class[cxl]. When he moved to the village school he returned to using symbols instead of using normal language. His parents objected and so the school then reverted to letters again. One book lasts Carl about two weeks. He becomes bored and so trying to motivate him is a problem. The report for his annual review[cxli] notes his enjoyment of books, his ability to retell some of the story and co-operation with other members of the class in asking them questions too[cxlii]. He builds words with adult help, is being encouraged to make a word bank and is reading without Makaton support[cxliii].

Language

At 16 months Carl's symbolic play was only just developing. He had not yet understood the concept of cause and effect and his overall development skills were around the 10-month level[cxliv]. The Paediatrician's letter of 6 December 1995 records Carl's 'trying very hard' to communicate. At the age of 20 months his expressive language was delayed to the 8-month level. His attempts to communicate more are noted aged 2 years and 3 months[cxlv]. Carl's early language developed through use of Makaton[cxlvi]. His mother feels that he may not have developed verbal language as quickly as he may have done if he had not known how to sign words[cxlvii]. However, his improvement in becoming more interactive and having referential eye gaze are included in his speech and language therapy assessment of 24/10/95, recognition of his own name and familiar names in writing and writing his own name in the Paediatrician's report of 6 January 1999 and understanding spoken language and use of grammatical structures is noted in his speech and language therapy assessment of 22/01/02[cxlviii]. By 1995 he was beginning to anticipate actions in familiar rhymes and either stayed completely quiet or babbled[cxlix]. Carl is now beginning to use more verbal language[cl]. He sometimes speaks obsessively about 'the Dartford Crossing on the M25, petrol stations, etc[cli]. His use of Makaton is likely to continue to aid his spoken language[clii]. When I taught him swimming in January 2002 he would use the main words to express what he wanted to happen e.g. he liked us to sing "There were 10 in the bed and the little one said, 'Roll Over'." He would physically push me to sit down saying the word, 'Knee' and when he sat on my knee say, "Roll over". In school signing is used for more complicated words like 'sentence'. Carl can still be very difficult to understand by those who don't know him[cliii].

Motor Skills

At the age of 16 months his gross and fine motor skills were developing well, just within normal limits for his age[cliv]. By the age of 20 months Carl's fine and gross motor skills were at the 16 to 18 month level. His overall development skills were consolidated at the 12 to 13 month level at this time[clv]. The Paediatrician's letter of 12 June 1996 reports that by the age of 2 years and 3 months Carl's functional skills were quite good. His developmental skills consolidating at the 16-month level along with his gross and fine motor skills. By 6 January 1999 Carl was getting his parents up at night to help him go to the toilet, still needed dressing and needing occupational therapy at school because of his 'clumsiness' and speech therapy[clvi].

Carl is at present working through a structured pencil control programme and as a result can now draw recognisable pictures and write his name[clvii]. He enjoys writing and asks to get his writing book out[clviii]. In his Occupational Therapy Report for his annual review[clix] it records his participation for Gross and Fine motor skills[clx]. Gross motor skills show improvements for balance and confidence of large apparatus but appeared unconfident when using some of the climbing/balancing equipment in the playground. His fine motor skills have improved including use of a pencil, scissors, and constructional activities but concentration is poor when he finds an activity difficult[clxi].

Numeracy

Carl enjoys the practical aspects of maths and participates in group sessions[clxii]. He can count up to ten and find objects up to ten. He has sound knowledge of colours, basic shapes, and some idea of size and measurement. He recognises some coins and certain aspects of time, but this is normally associated with events at certain times of the day, such as lunch or playtime.

Personal And Social Education (PSE)

In the letter of 6 January 1999 Carl is reported to have obsessions and rituals and pulls his hair out when upset. His parents have needed respite care due to his demanding nature. The report goes on to say that:

> *Carl is clearly hard work. Lots of skills and his functional understanding have developed. He is communicating better spontaneously showing more eye contact and more understanding of language. His obsessions however, are a major problem and becoming more so. These do include the order in which he gets up, the place in which he dresses, the mat for his cereal bowl and the cup and utensils that he uses. He has to hoover after every meal. He is obsessed with daddy's car and routes, taps and water can all be problems. If things are not to his satisfaction he shrieks and screams and can be very tiring.*
>
> *Paediatrician's letter of 6 January 1999*

In contrast to the above the annual review for 2002 notes that Carl is making significant progress in his interaction with others, especially his participation in class and need for less rigidity in routines[clxiii]. He does, however benefit from a structured and routine setting during the school day. At home he still likes structure and routine, getting anxious when things don't work out. At this point he hits himself unless someone can explain to him what is happening[clxiv].

Analysis

How did Carl's identity affect his inclusion into this mainstream setting?

When Carl was faced with a mainstream setting in a local village school he was unable to be included. There were many developmental and communication problems at this time as noted by the paediatrician. Carl's mother felt that it was a 'political' decision not to continue to let Carl remain in mainstream school. All children are different and have different needs so why couldn't Carl remain?

Clues come from the reaction of the teachers at his old school when he visited after being in the special unit for a while. He had learnt to communicate and his behaviour had improved. Rogers' suggests that we can do a number of things with our experience, some of which we symbolize. This part of our experience becomes part of our 'selves' (Proposition 8)[clxv]. Other areas of experience we ignore, distort or deny, as it doesn't fit with our self-image (Proposition 11 and 14)[clxvi]. This symbolisation, distortion and denial produce emotions (Proposition 6)[clxvii]. To show his frustration and anger at himself in his attempts to communicate with others and his inability to symbolize his experience Carl pulled at his hair and produced other bizarre behaviour (Proposition 5)[clxviii]. Some of his attempts to symbolize his experience and hold on to it as part of his 'self' can be seen in his obsessive and ritualistic behaviour. It was though he was saying that this was the only way he had found to symbolize his experience (Proposition 9)[clxix]. When others tried to change these values (ways of behaving and understanding his experience) it was a threat to the 'self' structure, which he had developed. The more Carl felt threatened by experiences, which were inconsistent with his 'self' the more he rigidly held to rituals and obsessive behaviour to maintain his 'self' (Proposition 16)[clxx]. It now appears that in the unit Carl has taken on some of these 'values' from others. For example, the security and routine of everyday life has been taken on and understood, having been agreed by all those attending and running the unit. Hence there is no threat to the self-structure (Proposition 9)[clxxi]. Roger's suggests that under these conditions experiences, which are inconsistent with the self-structure, may be perceived, and examined and the structure of self revised to assimilate and include such experiences (Proposition 17)[clxxii]. In this environment Carl has learnt to write his name, know that trunks of trees are brown etc.

When moving out of the unit, however, Carl cannot symbolise (give meaning to) some new experiences. So, for example, he freely approaches strangers and starts to chat to them. The conversation soon turns to the obsessive topics like 'the petrol station' and 'the M25' (the new values of a stranger threaten his 'self'). He desires to explore new experiences but then seems not to be able to symbolize them and reaches for the safety of his practiced and symbolised areas of experience.

In the swimming pool Carl enjoyed the routine of the lesson. Until this routine was established he would 'wander off' and have to be 'retrieved' by an adult who was with him. If I strayed from the routine during any one lesson he would physically grab my hand or push me to sit down in order to communicate his wishes rather than speaking more than one or two words. I now recognise that I was indeed threatening his 'self', which had been growing within the safety of routine. The times, which I did not follow his wishes he would begin to pull his hair, hit the adult who was helping him or get out of the water quickly and leave the class. Other times I encouraged him to use verbal language offering words to help him to tell me what he wanted ... depending on whether it was a 'good' day or a 'bad' day (his 'self' felt safe or he had already felt threatened) he either spoke one or two words or pulled away to hit himself, his helper or leave the lesson.

Our ability to symbolize our experience in relation to self varies from day to day, month to month and year to year depending on organic as well as experiential phenomena. Our resulting behaviour is always a striving to maintain and grow our 'self' to our greatest potential (Proposition 4)[clxxiii]. Sometimes Carl was able to symbolise his experience. At other times the experience threatened his sense of 'self'. The movement to the unit attached to the local school appears to have given Carl the security and routine he needed to feel safe enough to synthesise further experience including the development of his educational needs.

Case Study For Owen

Background and Observations

Owen was born in December 1992 with Downs's syndrome. His mother was devastated in having a child with such prominent problems. In addition to the Downs syndrome Owen has had medical problems and has been in and out of hospital since birth. As a newborn baby he had a complicated operation for duodenal atresia and was diagnosed with a hole in the heart, which closed spontaneously. Later at 3 years and 6 months of age he was diagnosed with leukaemia. The cancer put a lot of strain on Owen's development. A poem included in Appendix O shows how others, both family, friends and others who had special needs children tried to comfort her. Recorded details about his early years appear in an unpublished study by A. Witherby, An Investigation

Into The Language Acquisition Of Children With Down's syndrome[clxxiv]. She records that at the time that other children usually begin to speak simple sentences and hold basic two-way conversations, Owen still needed support in sitting up. Owen only achieved this at 22 months, taking his first unbalanced steps at 39 months, due to weakness in his legs from the leukaemia. He attended an Opportunity Group with other young disabled children and, as Downs are good mimics, he quickly learnt various activities.

Living in the hotel owned by his parents Owen was constantly moving from room to room as he grew up because often there were different rooms required for guests. He had no room of his own during this period.

As Owen grew up the family moved from home to home giving Owen and his elder brother and sister no firm roots.

School

Owen has attended his local village playgroup since he was 2 years and 6 months old and then moved to the reception class at the village primary school with children one year younger and a one-to-one helper. It was advised by the educational psychologist[clxxv] that Owen should repeat his reception year at school so he remained in that class with children two years younger. He then moved to year two with this class. Owen acquired much of his language from his two older siblings. Witherby[clxxvi] noted that at this time he was still far behind his friends, especially in motor skills and speech.

During the first part of my study Owen attended the local school with other children of his own age. At this time a LSA taught Owen mainly in the library area of the school. The curriculum he followed was prepared and executed by the LSA. She had had no formal training either in teaching or in preparation of work for a SEN pupil. There was no teacher involvement in his education in these activities. The school was not prepared to provide teacher support or allow her to attend any training days to help her to teach Owen. The LSA confirmed this information in my interview with her. These facts upset his mother who had found out this information from another source. She reported that:

His LSA is supplying all the schoolwork for Owen. She said that when the LSA asks for help she is told to "*Get on with her job which she wanted*". She is having no help in providing work with aims and objectives at the appropriate level and interest for Owen – The key stage 2 national curriculum entitlements are not being met. The LSA was trained as a hairdresser and has taken the preliminary LSA certificate. Owen's mum was upset because the LSA was not qualified to plan Owen's work without support and help from a teacher. She felt protective of the LSA, as she had tried to get help to provide what Owen was entitled to and needed. His mother was angry with the school for not providing this support. The personal computer Owen had been given had been based in the library. Owen's mum was also upset because the computer was supposed to make it possible for Owen to remain in a class situation and work with others around him. Now he was isolated in the library all day. Sometimes, during games or other less academic activities Owen was included in the normal class. In exploring this with his teacher I discovered that the teacher had not had any formal instruction on the inclusion of SEN children in the classroom and found the inclusion of a Downs Syndrome child very challenging. He commented,

> *"I know that Owen is entitled by the national curriculum to follow the syllabus for his age group. There is no way that Owen is capable of understanding the work at the same level as his peers. How can he be taught according to his entitlement unless he has special attention? ... then the other children are missing out."*[clxxvii]

Discussing Owen with the head teacher he said that he found Owen's mother mumbled and did not communicate very well. On talking to Owen's mum she noted that the head teacher and others at the school gave her the impression that they thought that she was '*numb*' and '*didn't know anything*'. It seems that the school was not using the mother's knowledge of her child to help in how they included or treated him.

On observing Owen in the classroom the children treated Owen like a younger child. The teacher made one child, or a small group of children, responsible for Owen and instructed them to watch out that Owen did or did not do certain things. Owen was comfortable in this role of a young child who was told what to do and did not have to think for himself. He offered very little verbal communication with other members of his class. His speech development will be discussed in more detail later. He also delighted in being naughty on occasion just to show that he could think for himself really! The children in his class said that they had not been told when Owen was coming and the teacher confirmed that there was no formal policy in the inclusion of SEN children in telling others in the class what to expect or how to include a child like Owen socially in the class. He had not been informed as to how to include a child like Owen, what to expect or had any help whatsoever.

Owen's mother's view of inclusion into a normal school was that if Owen was to learn to be included into 'normal' society his training should start here. The social development of her child was more important that any academic training.

Owen's LSA reported that when Owen began to attend this school he would not let her out of his sight. He was very uncomfortable with anyone '*new*' or any '*new*' place or any '*new*' thing. In some ways it was better for Owen to have a place like the library where there were fewer '*new*' things to encounter at a slower rate than in the classroom. Gradually Owen became used to a routine of school. The routine was safety for him. When the routine was changed he became very clingy and uncertain again. Gradually, over a time, Owen began to let his LSA out of his sight for longer and longer periods during the school day. I observed Owen in the classroom without his LSA interacting with the teacher and others in his class. Also in the hall with the rest of the school contentedly watching a children's film on video.

My field notes suggested why Owen had been unable to follow what had been happening in class over this period. His mum reported that in a school review meeting Owen had been doing work for KS1, and then he was moved quickly to year 4 KS2. This was because he did not get on well with another SEN pupil who was in the lower class. Owen's mum commented that it wasn't any wonder why he didn't understand what has been going on. This would have been a great leap for a 'normal' pupil let alone Owen.

The suggestion that Owen was '*disruptive*' in class was brought up at the review meeting. Field notes from March indicated that Owen had been taken out of class due to his inability to behave properly in the classroom. He had recently been moved from an infant class where he had many friends, to a junior class. Here he had no one he knew. According to the school, the reason he was unable to be in the main classroom was because he was expected to sit on the carpet with the other children and be quiet during register time. He had no helpers/support during this time and knew neither teacher nor children. He was noisy when the register was taken. This annoyed his mum intensely and she was really upset. An educational psychologist went to Owen's home and watched him occupy himself for 2 hours without anyone else around.

Other topics discussed at this meeting included:

- After an independent assessment by a speech therapist the school bought suggested equipment for Owen.

- Owen is now to be included for science in his normal class.

It has been decided to move Owen to a special unit at another primary school. On his assessment the teacher in the special unit said that she has a number of children who are less able, but more academically advanced than Owen because they have had the appropriate teaching.

Speech and language

A review for Owen in December 2000 in summary stated:

> *"We have been working on the understanding of two and then three key words in a sentence. Owen is following two but finds three more difficult. In these forms Owen's expressive language is mostly at the two-word level e.g. "Shreddies bowl" "Big bowl" etc." Recommendations included: We have also worked on 'Sp' words:*
> *(1) Continue to practice 'Sp' words – spider, spot etc. etc.*

> (2) *Continue to aim for the understanding of three key words including easily prepositions in/am/under. Encourage expression or use of macaton sign for these."*

A review for Owen in June 2001 in summary stated:

> *"Owen has been receiving speech and language therapy at the school. We have been working on the understanding of four key words in a sentence, including propositions e.g. on/in/under. Owen has been encouraged to use 3-4 words himself e.g. "girl under chair" "boy on big slide". Recommendations included: Owen needs help to follow different sentences containing four key words and help with negatives not/isn't. Owen's language and sound system continue to develop appropriately, albeit at a much slower rate than normal. It is anticipated that he can be discharged in the next academic year."*

Owen's mother thought that these reports were inaccurate because Owen did not know the people involved and he was shy. Therefore, they did not see the full extent of his capabilities. His sister too felt that tests did not reveal the full extent of Owen's communication skills.

In the study carried out by Witherby[clxxviii] Owen's language development is charted according to the theories of Skinner, Chomsky, Piaget and Bruner[clxxix]. Owen knew Witherby very well and so responses recorded in this study are more likely to be much more accurate than those in the reports done by those he did not know or want to respond to. Tests were carried out using the cognitive/interactionalist theory using the mean length of utterance, counting the morphemes. Owen at 7 years and 11 months was compared to other children between the ages of 2 to 11 years. According to this test Owen's language capabilities were less than that of a child aged 2 years and 7 months. Having been with Owen on a day-to-day basis Witherby noted that while he used fewer words to an utterance, his vocabulary, comprehension and the utterances that he does use appeared to be of an equal or greater standard or other children of his age in the study. However his grammar did not match up to the standards seen in the transcripts of those children of 4 and 5 years. In consonant cluster tests Owen scored the same as a child of 21 months. A month later this had vastly improved to the same as a child of 5 or 6 years. It appears that Owen's language acquisition happens in sudden spurts and has been his method throughout his learning.

Owen's body is below the size, weight and general strength of a normal child of his age. Conclusions from a tape made by Witherby and discussed in her study[clxxx] suggest that his language acquisition has been held back by a slow development of voice organs and hindered by lack of comprehension.

Swimming

My experience of Owen in the swimming pool mirrors that of his adaptation to his school life. At first he was very clingy and reluctant to try anything new. For example he did not want to move from the small pool where he had been playing with his elder brother to the big pool, even when his elder brother came too. He followed other children when, for example, he did not like to float on his back, get his face wet or get into a pool that was deeper than where he could stand. The best way in which learning occurred was through play, mimic and song. He responded well to group learning where he had a one-to-one helper as he mimicked the other children. When he had one-to-one tuition he would make scared noises or say "No" to activities in which he would partake of in the group. Again the routine of the lesson was important for his safety.

I experienced his mum as very vocal about her ideas, open to the fact that Owen had problems and would progress slowly (although she was never sure about what was happening and needed constant reassurance) and constantly verbalising her frustration that significant others in the educational world did not understand her son's needs.

Analysis

How did Owen's identity affect his inclusion into this mainstream setting?

Again I will use the analysis of Carl Rogers to assess identity and inclusion. Owen was at a very early stage in the development of 'self'. Relevant propositions from Roger's include:

> 2. *Every individual exists in a continually changing world of experience of which he is the centre;*
> 3. *The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, 'reality';*
> 7. *Emotion accompanies and in general facilitates such goal-directed behaviour* (an attempt of the organism to satisfy its needs), *the kind of emotion being related to the seeking versus the consummatory aspects of the behaviour, and the intensity of the emotion being related to the perceived significance of the behaviour for the maintenance and enhancement of the organism;*
> 9. *A portion of the total perceptual field gradually becomes differentiated as the self.*
> 11. *As experiences occur in the life of the individual, they are either (a) symbolized, perceived, and organized into some relationship to the self, (b) ignored because there is no perceived relationship to the self-structure, (c) denied symbolization because the experience is inconsistent with the structure of self.*
>
> *As seen in Merry 2000:24 and 25*

From observation one can see that Owen has inconsistencies developed in the portion of the total perceptual field he recognises as 'self' and which is transferable to a number of different situations. His family, LSA, and friends noted in all 'new' places, with 'new' people or with 'new' things Owen has a distinct problem with safety and appears to experience insecurity (proposition 6). This would suggest from Roger's propositions that somewhere Owen is not symbolizing, perceiving, and organizing his experiences in new situations into some relationship to the self. In examining this further I recognised that Owen felt safe with those he knew. I felt that it was important to take into account the study by Witherby[clxxxi], especially her surprise that in the MLU tests and other tests his language capabilities came out so low and her comments:

> *... but from the vantage point of seeing Owen everyday I can say that while he uses fewer words to an utterance, his vocabulary, comprehension and the utterances that he does use are of an equal or greater standard ... I do find this hard to believe and it makes me doubt the accuracy of the first test ...*
>
> *Witherby*

I feel that they key here is the portion of Owen's experience he had begun to distinguish as self. This portion seems to be his experience within his family setting and their use of language within that setting. Wittgenstein[clxxxii] suggests that:

> *For a large class of cases – though not for all – in which we employ the word 'meaning' it can be defined thus: the meaning of a word is its use in the language.*
>
> *Wittgenstein 1968:43*

In order to address the countless multiplicity of uses, their un-fixedness, and their being "part of an activity" Wittgenstein introduces the key concept of 'language game'. In the builders language game (Wittgenstein 1968:2) in which the builder and his assistant use exactly four terms (block, pillar, slab, beam) is utilized to illustrate that part of the picture of language which might be correct but which is, nevertheless, strictly limited. On observing the family with Owen these language games appear to occur being imbued with family meanings. Hence Witherby's surprise at Owen's apparent lack of language capability when she had partaken of these family games and understood deeper meanings in a limited vocabulary. The key is that Witherby saw Owen everyday and therefore became familiar with the family language game. Within the family setting Owen was able to symbolize, perceive, and organize his experiences into some relationship to the self, as meanings were familiar to him.

Outside of the family setting, in new situations, Owen did not have a large enough linguistic/symbolic/meaning vocabulary to understand experiences. He was, therefore, at a loss when encountering life outside the meanings he understood. The evidence of this inability to adapt is his emotion, which accompanied these encounters (proposition 6). Additional evidence includes:

- The '*disruption*' of the new class and teacher when he had no support;
- His ability to play at home for 2 hours with no intervention and an educational psychologist watching;
- My ability to adapt to Owen's vocabulary and body language in the swimming pool. As I became more empathic[clxxxiii] to Owen's meanings the more relaxed he became and the more he enjoyed the experience of the water;
- The need for routine, which gave a structure of understanding and meaning to experience.

During the time of my study with Owen he appeared to hold a number of different conditions of worth[clxxxiv] such as:

- The other children won't like me if I am not the younger child;
- The teacher won't like me if I am noisy in class;
- The teacher/LSA/other children won't like me if I don't do my work.

Sometimes, in times of uncertainty, this straightjacket of conditions imposed on Owen by those at school was breached i.e. the 'disruption' in class. In such a situation where Owen could no longer play this contractual game his (and his mother's) worst fears were realised in his isolation to the library.

It was apparent during my observation at the school that the inclusion of Owen in the school was becoming less and less possible. Although Owen was playing the contractual game with those in the school he sometimes was not able to hold to these expectations. It seemed as though this affected the self-image of the staff who were responsible for him in that their own conditions in their relationships with him were becoming more rigid. According to Roger's process of the development of fully functioning people[clxxxv] this would be an indicator that Owen was a threat to their own self-images.

Shortly before my study was complete Owen began to integrate into another school by attending the Special Needs Unit in that school. He became tired, lethargic and inward looking. Because of the interruption of his routines and secure world he began to show many insecurities in the swimming pool, which I had felt that he had left behind a long time ago. This was symptomatic of his change in circumstances into a world, which could not be symbolized and produced strong emotions of fear.

As a footnote to this part of my study Owen has now integrated successfully into the unit through his links with his LSA who provided security and enabled symbolization to occur in his new environment.

Chapter 7

PRESENTATION OF FINDINGS

Throughout this study I have endeavoured to examine how the identity of the child has impacted upon their inclusion in school. A number of themes can be seen which, in this section, I will outline and draw conclusions about.

Individual reality:

Perception:

Every individual exists in a continually changing world of experience of which (s)he is the centre. Just as a smaller person cannot see over a 6-foot fence but a large man can do so the perception of children differs from that of an adult. The children in this study spoke about or reacted to changes going on around them, perceived in many ways differently than family, relations or others at school. The children reacted to the different situations as they experienced and perceived them. These perceptions were, for the individual 'reality'. They reacted as an organized whole to these situations.

Thus Ernest, Steve and Matt found difficulty in focusing on any particular task for any length of time (a product of ADD or ADHD) and I found they would make comments totally unrelated to where they were or what they were supposed to be doing. The '*link*' was usually something I had said or they had seen others doing in the swimming pool. Part of the perception of those with attention deficit disorders is the bright, colourful, fast-moving world in which they exist. A world, which is so fluid, moving quickly that it is difficult for them to focus on anything for more than a fraction of a minute. All three of these children found difficulty in concentrating on tasks in school for the period of time expected of them. The teachers found themselves constantly redirecting the children to the task that the other in the class were undertaking. This left less teacher-time for all the others in the class.

Carl and Owen often tried to shut out the perceptions of the world around them, which they had not previously experienced. Thus Carl would bring any conversation around to cars and garages, investigating through this media and ignoring other aspects of his world. Both needed rituals, which held and reinforced their experience of the situation they found themselves in. Consistency provided a safe world of experience for them.

For successful inclusion these children need to be able to explore the environment in their own way being allowed to keep safe within boundaries whilst others understand and allow for their needs.

Behaviour

All children have one basic tendency and striving – to actualise[clxxxvi], maintain, and enhance their experience. Behaviour is basically the goal-directed attempt of the child to satisfy its needs as experienced, in the situation as perceived. In the fast-moving world of the ADD or ADHD sufferer reacting to anything is difficult as with so much going on it is difficult to choose how to behave in the first place. I found with all the children that they had consistently tried to react to their environment but found that the results left much to be desired.

Thus Steve, with the encouragement of his parents, had tried to enhance his experience in relationships with other children but had found that they did not perceive the world as he did. This led to teasing and lack of friends because of his violent responses. His need to be liked by others was not fulfilled and his response was frustration. Even the school had excluded him in an attempt to protect the other children. Steve's parents too felt 'excluded' by other parents because of their son.

This too happened to Matt when his perceptions did not match those around him and needs were not being met. Hence, for example, he preferred to wander alone around his home in the forest and during school time in his lessons Matt would get up and wander around the classroom oblivious of the need to complete his work. He said that he had been distracted by other things going on around him and needed to investigate them. When challenged by the teacher for disturbing other children he would become violent. His need to explore and interact with others was not provided for by the situation he was in.

Ernest found that his perception of his needs were not being met in school as teachers expected more of him in the area of motor skills and visual discernment than he was capable of. This led to him 'wandering around outside of school[clxxxvii]' instead of entering the classroom into a world where his needs were not being met. Without the intervention of his parents in their provision of a tutor outside of school it is doubtful that Ernest would have been able to integrate into school as successfully as he did.

Owen was shy of the water and had to be coaxed into the shallow pool surrounded by others that he knew. His need was for closeness to a familiar face and consistent experiences in familiar situations. Anything outside of this promoted clinging and noises indicating he felt 'unsafe'. This behaviour also occurred at school where he *'clung'* to his LSA in every situation for safety. He was more comfortable in the library away from the other children at first but with the consistency of his LSA alongside he ventured into the classroom where the children included him. They treated him like a younger brother or sister and told him what to do! Towards the end of my study the Learning Assistant could leave him in the hall with the rest of the children watching a video for a short time.

Carl, on the other hand, would go up to anyone and talk about cars and garages. The subject provided the consistency he perceived as his need. This subject was not always available in the school situation. Carl did not seem to think about what he should do in any situation he just reacted to it, hurting himself when he perceived that his needs were not being met. He did not have the capacity to think about others needs, thus he threw sand into his brothers eyes because he wanted the whole pit for himself. This was one of the few acknowledgements of other children as his main focus was what adults could do for him.

In every case when the child was finding it difficult to remain included in the school or any other situation their perception was that their needs were not being met.

Behaviour

Emotion

Emotion accompanies and in general facilitates such goal-directed behaviour, the kind of emotion being related to the seeking versus the consummatory aspects of the behaviour, and the intensity of the emotion being related to the perceived significance of the behaviour for the maintenance an enhancement of the child.

As I watched Matt play football in the playground I saw him looking towards me to see my reaction to a skilful move, well executed to score a goal. The pleasure in my attention and his achievement was expressed in a big smile. In the classroom, however, Matt did not look in my direction as he avoided consistent interaction with the other children. When I asked him about this he said that they thought that he would mess things up for them. The teacher confirmed this view relating incidents where Matt had hit out at the other children or destroyed equipment when he had been unable to interact with others successfully or carry out the task the other children were undertaking. Matt told me that he was frustrated and angry that he was not accepted by the other children and could not do what they were doing. When he could move around the classroom to different tasks this frustration did not happen.

Steve entered his swimming lessons with a knowledge that he must concentrate in order to achieve success. As he attained swimming certificates he enjoyed his swimming more and more. He had no need of drugs to aid concentration or dampen emotions. At school his teacher insisted in certain behaviour from Steve. He was not allowed to react to those who called him names or said anything about his parents. The tension between the expectations of his teacher and what he felt that he needed to do i.e. stop the children from saying and doing things that were unhelpful proved to promote anger which grew and grew, then being expressed in violence towards the offending children. He also felt that he was not being treated fairly as the teacher did nothing to prevent the other children from taunting and teasing him. When his parents tried to intervene the teacher said that she had spoken to the other children but laid the responsibility for Steve's actions with him. In the end the school would not allow Steve into the class without him taking Ritalin to dampen down his emotions and aid his concentration. The emotions were a sign of Steve's struggle with the tension he felt between what the teacher should do and what was happening, of the way others treated him and how they should treat him.

Ernest's response to the situations in which he found himself was to give the impression that he had not heard or understood what was required of him or had forgotten what had been said. Given any uncertainty he was confused as to why he was not like other children and was not getting his needs met. I found that he expected others to know what his needs were without understanding them himself and asking or communicating them to others. When he felt that he couldn't do something and feared the response of the adult, then the cycle of blocks to communication would occur. In the classroom the teacher did not acknowledge the Ernest had any learning problems and that he should behave like the other children. Hence when he didn't he would be told off. His needs were not being recognised either by the teacher nor understood by Ernest himself. Ernest's frustration and confusion led him to try to hide or move away from his inclusion with others.

Owen found verbal communication difficult and therefore could not express his needs as he perceived them in more that one or two words at a time. Instead he made good use of sounds and body language to try to convey his needs to those who understood his communications. In a 'new' situation with strangers he found that he could not communicate his needs or wants, as they did not understand his vocabulary. In such a situation he made anxious noises, trying to run (or struggle in the water to the side of the pool) back to his family or someone who understood him. Owen could not communicate his feelings verbally but as I taught him I came to understand his own vocabulary sensing that in new situations or experiences he was anxious and would do almost anything to 'escape' the feelings these aroused. Other aspects include the use of ritualistic behaviour to bring safety where he would do things in order or twirl the strings on his toy mice, which provided familiar touch sensations and ease the tension he felt. In school the desire to run away from feelings and situations where he felt anxious led to him leaving school on a number of occasions. The school was not providing a consistent environment from which he could explore in safety when this occurred.

Carl's world revolved around him. When he felt that this was not happening he either resorted to showing anger because he did not get his own way or moving off to try to find another place where he was the centre of attention. Again, like Owen, Carl could not express feelings in words and needed to bodily react to situations. When feeling anxious he made sure that the family knew that certain things were done in certain ways, at certain times! Rituals had evolved and if broken were violently protested against. If this failed then he would resort to physically punishing himself. In school, because he is mainly in a special unit, his need for consistency in usual situations and people is catered for. The children in the school are used to the special needs pupils in the unit and have learnt how to value and treat them as individuals being aware of their needs and not being alarmed by 'tantrums'. Thus the special needs pupils are included in mainstream for some of their lessons whilst carrying out other subjects in their own space.

Successful inclusion entails the child's experience being mostly positive so that acceptable feelings are experienced. This means that negative feelings such as frustration, confusion, anxiety etc. either with the task or others around them do not occur or build into unacceptable proportions when they remain unexpressed.

The story from their own viewpoint

The best vantage point for understanding behaviour is from how the child sees the world himself. It was interesting to see how the children wrote their acrostic poem using their own names to say something about who they were. As they asked for anonymity I cannot reproduce the poems as the first letter of each line spells out their names. I can, however, examine the poems in the light of the evidence gathered. A portion of the total experience of the child gradually becomes differentiated as self. The experience described in the poems shows this transition of the awareness of how each child sees themselves. All the poems reflect the positive side of the children not mentioning any of the problems they all had as they tried to remain in mainstream schools. Steve's poem reflected his family and hobbies mentioning his enjoyment of swimming and football and love of his parents. It was interesting that there was no mention of his sister!

Matt's poem included his enjoyment of football that I found to be almost an obsession with him. This was one area of his life in which he had high achievement and one of the few situations where his experience was positive and encouraging. Other sports also dominated the poem, a view of 'I'm a great sports person'. He was thrilled to show me his cups and medals for the football team and cricket. There was mention of his grandmother in the poem but of neither parent. His love of nature also showed in his wandering through the forest.

Ernest's poem included enjoyment in his family, family outings, swimming, exploring at the seaside and enjoyment of his toys, books and TV programs. Again, as with Steve and Matt, no mention was made of school life or friends. The reflection of his difficulty in writing showed in his poem as he used some reversed letters and had problems with grammatical construction.

As Owen could not write his own poem he had help from the rest of the family (mainly mum). The family suggested some things that they could include and Owen agreed or disagreed with the choices she made. They were written down for him, and then he signed the poem at the end. This time as well as including things, which he enjoyed doing the poem spoke about people with whom Owen had contact throughout the week including his LA from school. So swimming, opportunity group, trips out were included but also his family and his love for his mum and dad.

His mum wrote Carl's poem for him but with his suggestions. It included cars, garages the motorway, swimming and toys he enjoyed playing with. He had refused to include his brothers but the poem spoke about his mum.

In each of the poems the children spoke about themselves in terms of what they were good at and what they liked to do. There was rare mention of feelings or relationships, or anything to do with school where they were experiencing problems.

Interaction with others

Evaluating the world

As a result of interaction with the environment, and particularly as a result of evaluational interaction with others, the structure of self is formed – an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the 'I' or 'me', together with values attached to these concepts.

From my time with the children I found that in each case there were days, particularly in association with what had happened at school, when each had an overwhelming sense of failure, negativity, anxiety and low self-esteem. This often reflected in our lesson at the pool where the child would say, "I can't do that" when they had achieved the skill in question before or this was the next step to the previous level of skill. Examples are included below.

Steve came to the pool desperate to achieve. He swam a warm-up but looked heavy and clumsy in the water towards his normal swimming stroke style. His mum was unaware of the events at school that day … he had been teased in the playground and hit out at the offending child causing a nosebleed. A letter was on its way home from the school expressing the possible need to exclude him for a time. Steve told me this after refusing to try his front crawl breathing and throwing the float in anger saying that he couldn't do what I had asked him. We returned to practise skills he had mastered and was confident in and he left the pool in a more positive mood because I was the only one who had taken notice of what he was trying to say to others all day.

Matt withdrew from social relationships when things did not go well. An example is when he was working in class with a small group of boys to produce a model. I could see that as he made suggestions, which were not taken up by the other boys, he was becoming more and more frustrated. He thought that he knew how to construct the model and wanted them to take notice of him. As he grabbed for a part to put on the model he knocked it and parts fell off. His anger exploded and he shouted, throwing the part at the model. He left the classroom. Following this episode he returned to the classroom but stayed apart from the other children. He said that he was no good at science and hated schoolwork. Another example shows his evaluation of positive values when all the children in the school wanted him on their football team because he was a great footballer.

Ernest liked to talk a lot to maintain contact with others and attain their approval of him. When in a small group in the classroom he was encouraged to answer questions and tell the rest of the class about his experience he was quick to share this with me and his parents. On other occasions where he was told to 'Be Quiet' his attention quickly strayed to other things. Days when he said to me that he couldn't do something were times when he had not achieved at school what he thought that he should be able to because all the other children could do it. He was afraid that I would not give him the attention he craved if he did something and was not able to achieve it first time.

Both Carl and Owen took the sense of self from the people and world around them. Both were obsessed with ritualistic behaviour, resorted to when things did not occur that normally did. So, for example, when they were in a class together in the swimming pool and my lesson started with a new activity they both reverted to previous activities learnt at the beginning of other lessons. It was important for them to stick to a routine because outside of this they were anxious, Owen running to his sister and making anxious noises and Carl hitting the nearest person (including himself).

For each of the children others and the firmness of the boundaries largely influenced their sense of self, a sense of self that was in the process of forming. The sense of self as a separate entity was not yet consciously complete. In the cases of Steve, Matt and Ernest they understood themselves in a negative way as they felt that others thought that they were 'no good' and had no value or anything to contribute to the life of their friends or others in the school. Successful inclusion in these terms would mean carefully differentiated work schemes where these children could achieve and contribute in relation to others in their group. It would also mean recognition of this achievement by significant others (adults/teachers) and celebration of this. This would enable the child to develop a more positive sense of self.

For Owen and Carl their sense of self had not developed from their experiences but was bound up in the routines they undertook, the places they were in, or the people they were with. This would suggest that for successful inclusion a child must either be 'safe' within a routine or have a constant companion with whom they could identify in a place they recognised and felt safe in. Both boys appear not to be developing a sense of 'I' or 'Me' from their experiences and this limits their abilities to interact with others, hindering inclusion into many different social situations.

Values

The values attached to experiences, and the values, which are a part of the self-structure, in some instances, are values experienced directly by the child, and in some instances are values introjected or taken over from others, but perceived in distorted fashion, as if they had been experienced directly.

Developing self-worth of our own which is consciously formed takes a while. Each of the children in my study mainly took their own value or worth from others. Ideas form which state that 'I will only be liked by the teacher if ... I am a good pupil ... I can achieve what they want me to do ... I can beat the others in my class ... I can read ... etc.' 'My mother will like me if ... I eat all my greens ... I don't sniff ... I succeed at school etc.' and 'My father will like me if ... I get on the football team ... can beat the other boys in a scrap ... I succeed at school ... etc.' These are often unconscious signals which significant others such as parents and teachers pass on to us through expectations sometimes voiced, sometimes more subtly intimated through grading or the way someone acts towards us.

The biographical element to my study aided this aspect of my investigation. There were close links in the way in which the children had behaved and felt in previous situations during their life, which were occurring whist in the school situation. The diagram below was useful in discovering how these experiences were recurring again and again in the child's life.

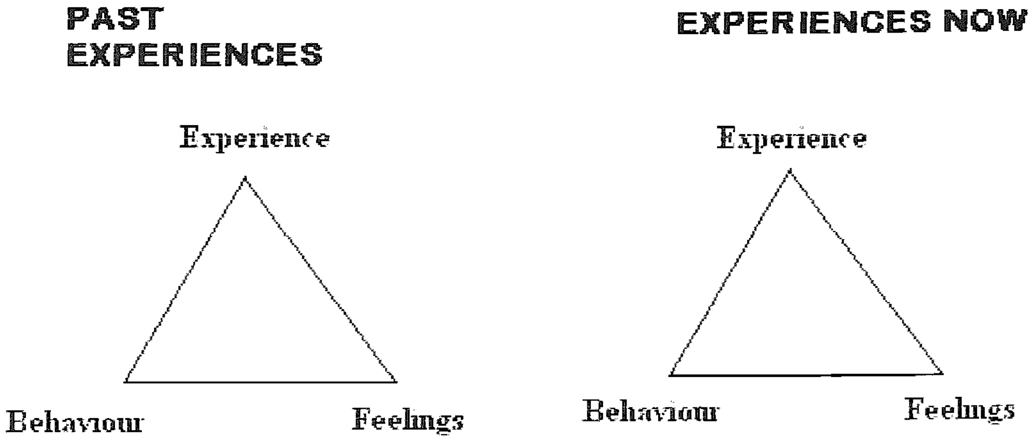


Diagram 1

In each case the triangle showing the child's present experience, behaviour and feelings could be superimposed over that of the experiences, behaviour and feelings of the past and correlation between the two could be clearly seen.

Steve's values had been formed through a number of different school experiences. At each school he had experienced emotional, behavioural problems and was violent with some child who attended that school. The whole experience at each school had ended in having to leave. The violence was one of the recognised symptoms of ADHD, a special need to be recognised by the school. This need was not recognised even when diagnosed by the Educational Psychologist. The value expressed by the significant others at the schools were that they would only like Steve if he could act like a 'normal' child with no or little allowance for his special need. The value portrayed to Steve was that he had no value because he did not behave or think like other children, he was just a nuisance, he had to learn to adjust, integrate with the others. He became more and more frustrated with himself as he attempted to be the boy who others said he ought to be but could not attain this goal. The held back frustration continued to mount until it built like a pressure cooker and exploded in violence towards other children. The school's way of coping with Steve's need was to shift the responsibility of his behaviour onto Steve, a child, and insist on him taking Ritalin to make him more that the other children. Neither he nor his parents were given support in this process. The two triangles would correlate to the diagram below:

Correlated Two School Triangles

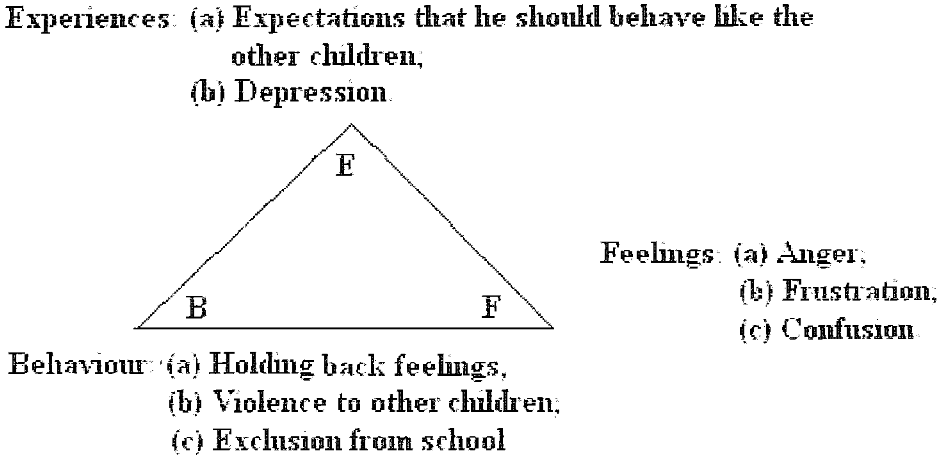


Diagram 2

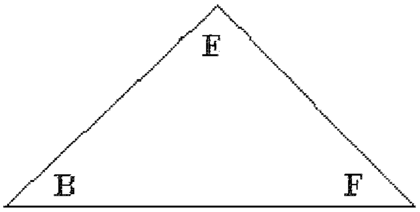
Steve was confused about who he was. There was a tension between the person on the sporting field who succeeded and was good at sport, wanted on the team by others (a team player) and included for his skills and the boy who, according to the teachers, ought to focus more, behave like other children learn to integrate with others. The triangle of experience, behaviour and feelings for his sport were totally incompatible with those of school:

The mixed messages between each experience were confusing and incompatible to accept into his single identity.

During the time of the study there was a shift in the nature of the 'present' triangle in school. The triangle shows that his experiences, behaviour and feelings had begun to change enabling Steve to cope with school life. What was different? Steve began to realise what was happening which linked to the emotions he was feeling. He decided to change some of his behaviour towards others in response to their taunting, as he did not like how he felt or the consequences of his behaviour leading to exclusion from school. When he saw the pattern in his behaviour and was encouraged by others to try to change his response, his feelings and experiences changed too. In order to change Steve needed the support of his parents (significant others) approving of his search for who he really was. His identity in the sporting field and in the classroom came closer together enabling a matching of these two areas of experience.

THE PRESENT TRIANGLE FOLLOWING MY STUDY

Experiences: (a) Realisation and acceptance that he is not like other children



Feelings: (a) Achievement,
(b) Less frustration,
(c) Less confusion.

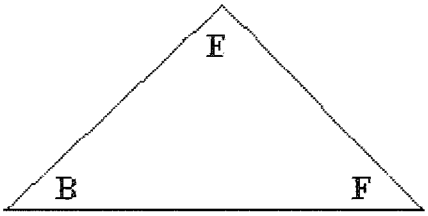
Behaviour: (a) Sharing feelings and confusion with me and his parents;
(b) Less need to show violence to other children,
(c) Ability to work within a school classroom.

Diagram 3

Matt had always been a loner who preferred his own company, wandering around the countryside. His mum recognised that he had problems in school situations but that was just his way. In the classroom he was not allowed to be like this, as he had to integrate with others. The value message from the teachers at the school were that they would like him if he joined in with the rest of the class, learnt to be one of the group, did not explode in the middle of a lesson. They recognised but made no allowance for any special need, as he had never been diagnosed so there was no extra funding available for him. It wasn't even necessary for him to be given and Individual Education Plan. Hence the official school view was that the child ought to be able to control his behaviour, as there was nothing 'wrong' with him, he was naughty. The value expressed by the school was that Matt ought to behave like the other children. This expectation was an unachievable goal for Matt without the extra support and attention that he wanted to fulfil his need to be like the others whilst in class. When his attempts to be like other children failed he 'threw a wobbly' this was either when the teacher told him off or the other children did not include him. At his point his peers also expressed the view that he was not any good at what they were doing as a group. His frustration in trying to be like others wanted him to be and the negative outcomes produced the experience of being worthless, devoid of value in the classroom situation.

Correlated Two School Triangles

Experiences: (a) Expectations that he should behave like the other children;
(b) Depression.



Feelings: (a) Anger;
(b) Frustration;
(c) Confusion.
(d) Devoid of value/ worthless.

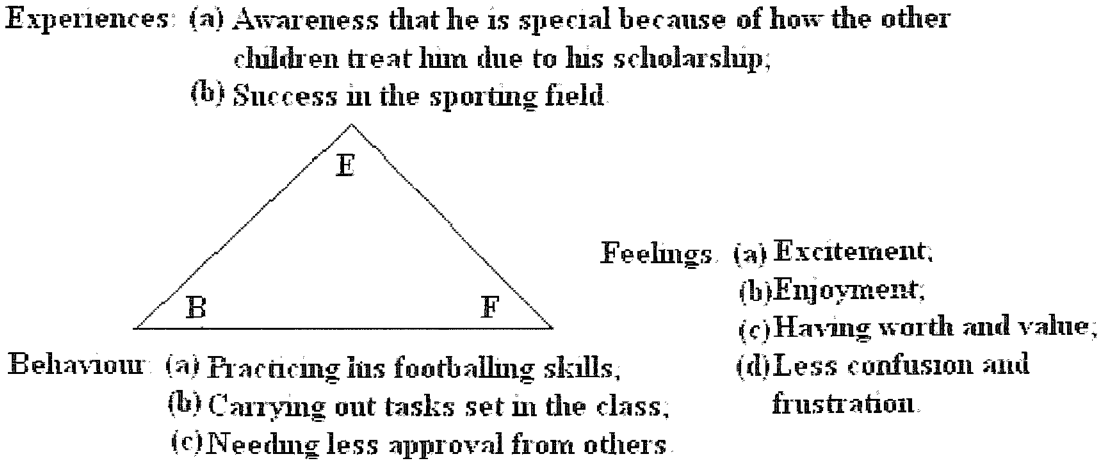
Behaviour: (a) Holding back feelings;
(b) Violence to other children;
(c) Exclusion from school.

Diagram 4

The marked contrast in the playground when playing football formed a tension of identity. Everyone wanted Matt in his or her team because he was so skilful, a high achiever. The mixed messages were confusing to Matt who was unsure of who he really was.

During the period of my study Matt had applied for a scholarship to a private school for his footballing skills. When he knew that he was going to be able to go to the new school where his identity would be formed around his positive abilities he became less angry and confused. His anxieties changed to excitement. Other new adults had recognised his skills and other children at the new school would recognise him as having a scholarship. He had identified his worth in a positive light. This along with the completion of Scholastic Aptitude Tests (SATs) exams, an easing of expectations by the school and the lessening of importance of what the other children at his present school thought about him enabled Matt to see himself in a more positive light. Although still being a solitary figure in the classroom he sensed his new role and value, enjoying it particularly at playtime when he was admired for his footballing skills. Following my study he successfully became included and happy in his new school.

THE PRESENT TRIANGLE FOLLOWING MY STUDY



Experiences: (a) Awareness that he is special because of how the other children treat him due to his scholarship;
(b) Success in the sporting field.

Feelings: (a) Excitement;
(b)Enjoyment;
(c)Having worth and value;
(d)Less confusion and frustration.

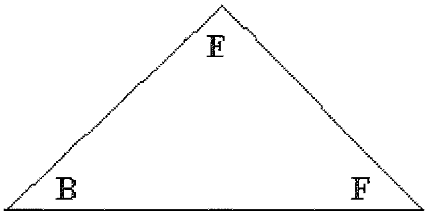
Behaviour: (a) Practicing his footballing skills;
(b) Carrying out tasks set in the class;
(c)Needing less approval from others.

Diagram 5

Ernest again found values placed upon him in the classroom, which did not recognise his special needs. The teacher did not acknowledge that Ernest had any special needs at all. These values were in direct contrast to the special needs recognised by his parents who tried to compensate by employing a tutor at weekends so their son would be able to succeed in class. In the classroom he was expected to behave like other children, concentrate on the task in hand, learn what was taught and be able to acquire the skills he needed to progress with little or no extra input from another adult. The problems in the functioning of the right hemisphere of his brain did not allow Ernest to be able to organise what he was supposed to be doing, understand instructions or necessarily have the motor control to succeed in his task. The contrast in what Ernest knew he was capable of and what others at school expected of him produced frustration and confusion. He expressed his vulnerability, however, at home in action i.e. he always wanted the support available never letting the door be shut between his parents and himself. Further support and recognition of his problems was again given in the form of the tutor. The excess of the vulnerability began to be expressed by his wandering around the school grounds and not entering the classroom but his mother noticed this and plans put in place to ensure he arrived inside when he should. The recognition of his problems through the determination of his parents prevented him from expressing his needs in withdrawing further from school life.

Correlated Two School Triangles

Experiences: (a) Expectations that he should behave like the other children,
(b) Depression.



Feelings: (a) Anger
(b) Frustration
(c) Confusion
(d) Vulnerability

Behaviour: (a) Holding back feelings;
(b) Ensuring parents are always around;
(c) Withdrawal;
(d) Reluctance to try new things.

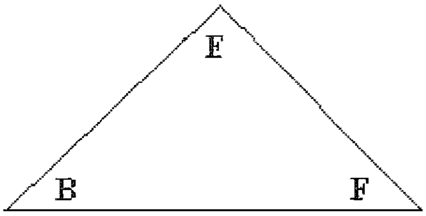
Diagram 6

It appeared to me that some of the frustration Ernest experienced he was unable to verbalise. This came across in the swimming pool when he tried to co-ordinate his arm and leg movements with breathing. Because this was not immediately achievable he often pretended that he had not heard what I told him to do or just repeatedly hit the water being unable to tell me what was wrong. When I checked with his parents this was more often his behaviour when he had not achieved something at school or something had happened which he was not able to understand or fit into how he saw himself.

After the meeting with specialists and the educational psychologist's report had been given to the school Ernest's view of himself began to change. The school now had to make 'allowances' for his special needs including ensuring he was brought into the class in the morning by friends and how he was given instructions to carry out tasks. The acknowledgement by the school that Ernest had special needs (as his parents had already noted and were acting upon) helped Ernest to make more sense of who he was. Many contradictions, which had been present in how he felt and was treated at school, disappeared. Thus the 'Present' triangle changed:

THE PRESENT TRIANGLE FOLLOWING MY STUDY

Experiences: (a) Realisation and acceptance that he is not like other children



Feelings: (a) Achievement;
(b) Less frustration;
(c) Less confusion.

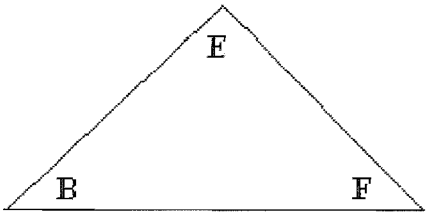
Behaviour: (a) More able to understand and act upon instructions
(b) Greater levels of concentration in different tasks
(c) Ability to work within a school classroom.

Diagram 7

Carl had a number of things imposed on his learning such as the supposition that he needed to learn Makaton to communicate, the school refusing to teach him the ordinary alphabet on paper or the opportunity to read ordinary books and the suggestion that he would never be able to be included in mainstream school because of his behaviour. The options of sign language or verbal language have now been linked so that Carl does have the choice of how to communicate his needs. Previously to this his mum realised that Carl was becoming frustrated when he could not tell her what he wanted or needed. One happy memory is when Carl learnt to do signing and asked for biscuits on holiday. When he moved to the unit in the present school Carl was taught to sign in preference to verbal or written communications. His mother was upset that he no longer practised 'normal' language because this enabled him to communicate much better with the outside world (people who couldn't sign). He became lazy at home and went through a phase of not speaking. As the school reintroduced verbal and written language, working laboriously with Carl he began to communicate more freely both at home and with people outside. Carl's introjected value from school was that they would only like him if he communicated in sign language. It also appears that the opposite value that his family would only like him if he communicated like the other children was creating tension. The signing and value tension left him unable to communicate all his needs and he became unhelpful, his behaviour disintegrated into tantrums, rigid rituals for everything developed and self-harm blossomed. As ordinary language was re-developed so that he could communicate more freely Carl's poor behaviour improved, rituals continued but in a less rigid way and he harmed himself less. As Carl's identity is based mainly on others and on the situation he is in. It is, therefore, imperative that values expected of him are consistent between home and school, developed to fulfil his needs and help him to express these. It is more possible for this to happen in a unit than in a mainstream setting although Carl does attend some lessons with children on his age in mainstream classes where his needs can be met to a greater extent.

Correlated Two School Triangles

Experiences: (a) Expectations that he should follow what the school thought best for him and what his parents thought best for him.



Feelings: (a) Anger,
(b) Frustration,
(c) Confusion.

Behaviour: (a) Inability to express feelings
(b) Violence towards other people and himself
(c) Ritualistic behaviour with everyday occurrences

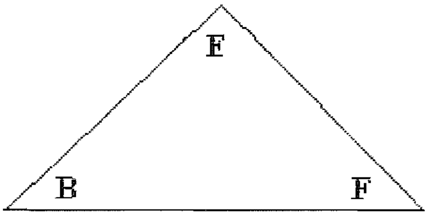
Diagram 8

For Carl the correlated triangles did not change throughout or following the study.

At the beginning of my study Owen attended a mainstream school. There was much debate between his parents and the school as to whether this was the right place for him to be. His mum favoured mainstream school because he would have to learn social skills with 'normal' children and this was a good place to do it even if academically he was not attaining as high a standard as he may in a special school. The school was feeling the pressure in not having the expertise to cope with Owen in the ordinary classroom despite him having an LSA present. Owen based his sense of self on the significant people in his life (his family) and had begun to gain a sense of self in the school situation through his relationship to his LSA and the routine they had built together. His LSA with little or no input from a teacher was teaching him alone, in the library. This produced frustration in his mum who believed he should be allowed to integrate into a class. The school decided to try this and without consulting his LSA put him into a classroom without her. The school decided that he ought to be able to integrate into the class without his LSA or he should not be included in mainstream school in the first place. Owen's sense of self was disoriented; he felt alone and vulnerable, didn't know what was expected of him and consequently threw pens all over the classroom after refusing to sit on the carpet like the other children. He knew that he had unmet needs but could not understand what they were. On returning to the library and his LSA he settled back into a 'normal' day.

Correlated Two School Triangles

Experiences: (a) Expectations that he should follow what the school thought best for him and what his parents thought best for him.



Feelings: (a) Anger;
(b) Frustration;
(c) Confusion.

Behaviour: (a) Inability to express feelings
(b) Withdrawal
(c) Ritualistic behaviour with everyday occurrences.

Diagram 9

What do I do with these experiences?

As experiences occur in the life of the individual child, they are either (a) symbolized, perceived, and organized into some relationship to the self, (b) ignored because there is no perceived relationship to the self-structure, (c) denied symbolization or given a distorted symbolization because the experience is inconsistent with the structure of the self. This idea can be shown more clearly in a diagram containing 2 overlapping circles. The two circles move further together or apart according to the experiences the individual is trying to understand. The two circles model is a dynamic representation of what is experienced by the child in any situation. To reiterate from above, the centre, overlapping portion are the symbolised experiences. The other part of one circle is distorted experiences, the experiences that do not fit with their experience of who the child is. The other part of the other circle are denied experiences, again experiences which do not fit with the child's selfhood. In any given situation these circles will draw apart or close together depending on the perceived threat to the self. So, for example, when a child who is finding it difficult to include in a school situation is at school the circles will only overlap a small amount. Their experiences will not be symbolized rather distorted or denied. However, when the same child is in a safe place, perhaps at home reading a book, the circles will have a much larger overlap as the child feels safe and is able to symbolize their experiences more fully. The circles can be seen to change by drawing apart or overlapping within the same child's experience depending on the threat to their self.

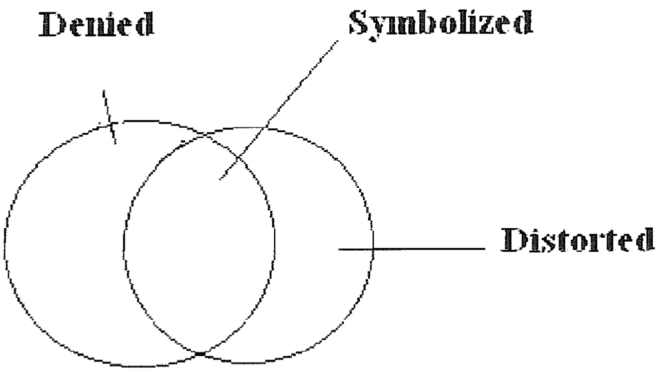


Diagram 10

In those circumstances where children cannot be included in a school situation the circles barely overlap for much of the time, their symbolization of experience forming 'self' rarely, if ever, occurs. This causes them to be thrown if a routine or ritual is not followed or certain people are not present. Rigidity in behaviour is needed for them to maintain a sense of self. If this is challenged or they feel vulnerable they produce coping strategies, usually behaviour which does not fit in the normal mainstream school situation. The ability of the child to adapt from this behaviour is dependent on them understanding or symbolizing their experience, then being able to make choices in so far as what they want to do about it. This passes the control back to them forming a new sense of self. ***It is important that they are offered support in this process.***

Steve's experiences in school caused much distortion and denial in his interpretation of events. For example his attempts to behave like a 'normal' child because both his parents and the teachers thought that was how he should behave. Until recently he had remained undiagnosed as having ADHD and felt that he ought to be how others saw him, taking on introjected values. Within these values was the denial that anything was wrong. The consequent events, which led to violent outcomes and the labelling of 'naughty, violent child', were a distortion of Steve's true experience of the world. His experience was of a fast moving world full of colour where his attention had to move quickly in order to keep up. The violence associated with ADHD being the inability of others to appreciate the world in this way. The two circles may look something like this for Steve in the school situation:

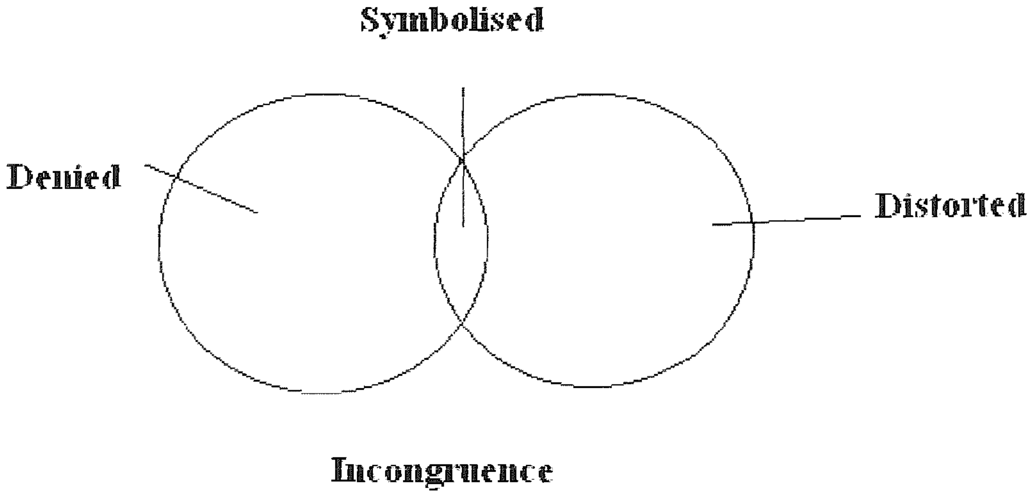


Diagram 11

He had not yet come to terms with trusting his own experience, being able to be aware of and express his needs, knowing what to ignore because this was not part of his identity and what to notice and symbolise as part of himself. He would often deny the part of himself that needed to explore so many quickly changing experiences because others did not like that part of him. He also denied that part of himself which became frustrated that others did not understand him nor take notice of his needs, causing him to express this in violence. The violence being a coping strategy, which kept the view, of whom he wanted to be (a 'normal' child) safe.

On the sporting field this view of self changed. As others accepted him, enjoying with him his skill and encouraging his development in this area, rewarding him with inclusion in teams, medals and certificates there was no need to try to hide any part of how he saw himself and experienced the world. He was able to symbolise his experience without feeling vulnerable because there were few contradictory messages from others. This state of congruence gave Steve a 'good' feeling and one, which he sought at every opportunity. Thinking again of the diagram means that the circles overlapped more fully providing the emotional steadiness and lack of behaviour used to protect his self from harm:

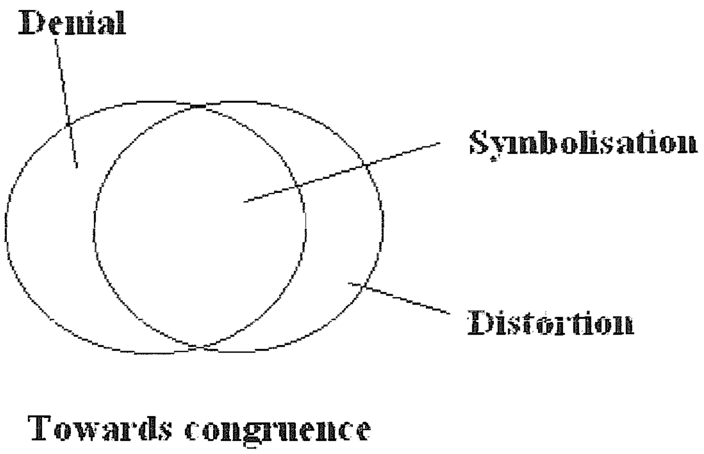


Diagram 12

Matt's view of himself in school also needed protecting. As he had no 'label' the teachers thought that he ought to be a normal child, able to cope with the ordinary day to day challenges in relationships at school. Matt's experience was different to this but remained unsymbolised as others were interjecting values which told him that he should be 'normal', concentrate on his schoolwork and interact with the others in the class. This coupled with his contradictory experiences in the playground when other children wanted him in their football team and his excellent repertoire of skills, which others admired, confused him more. The interjected values from school and other pupils denied his real needs and distorted his and the teachers' expectations. He was living in a world of contradictions a place where he felt vulnerable and needed to defend himself, a place where he needed to throw 'wobblies' to survive. The 'wobblies' were his defence mechanism so that others could not enter any further into his world making him distort or deny his experiences further:

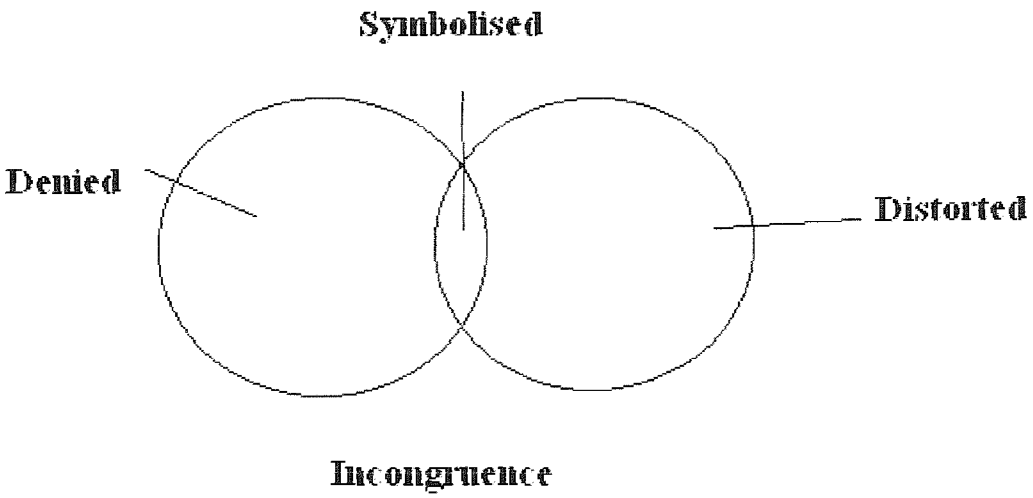


Diagram 13

When he moved into the playground and began to play football his world changed. All his experiences told him that he was good at this sport, people recognised and praised his skills, wanted to include him in their games, accept him as he saw himself. He no longer felt vulnerable, as there were no contradictory messages to the way he saw himself. The circles overlapped and he was able to symbolise his experience, which reinforced the self.

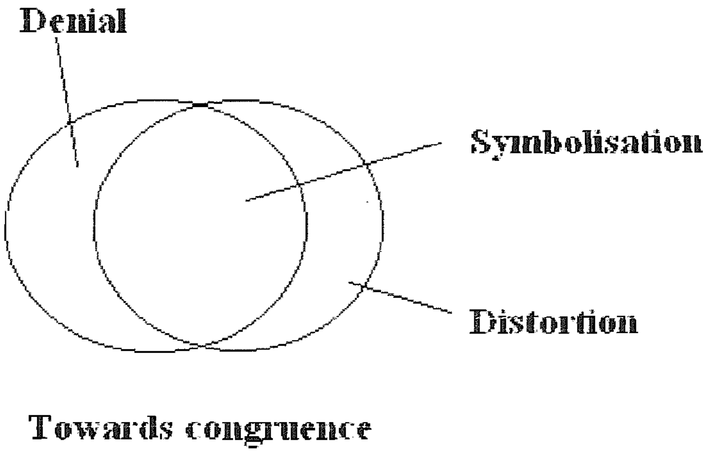


Diagram 14

Ernest's experience of school was, again, a place where others saw him in a different way to which he experienced himself. These interjected values contradicted his own experience causing confusion in his view of self, denial that he had special needs and distortion in who he wanted to be in a school situation. Hence he frequently tried to get the teacher's attention in class through talking when the children were with the teacher on the mat discussing an issue. He was desperate to gain some stability of identity through his relationship to her. He wanted to succeed, do well and became frustrated when he could not organise himself or what he was doing, or have the motor skills to attain what he thought he should do to fulfil the expectations of others. On many days his feelings were negative about himself on leaving school. The challenge to see himself according to his own experience left him feeling vulnerable so he did not symbolize his experiences. The circles were apart:

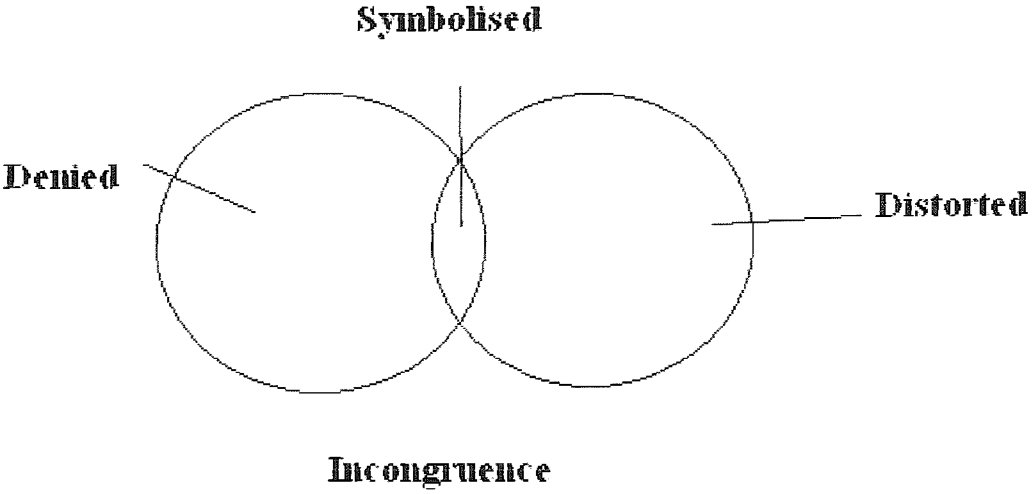
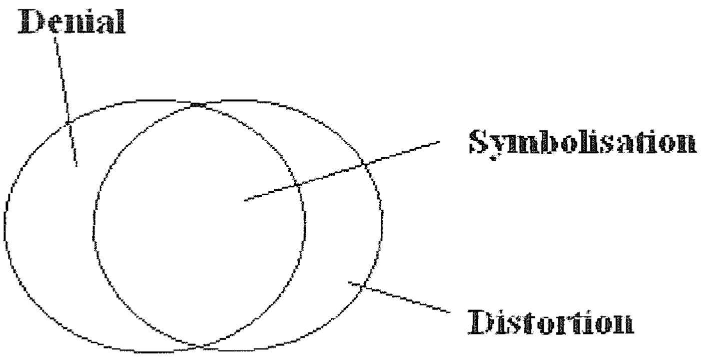


Diagram 15

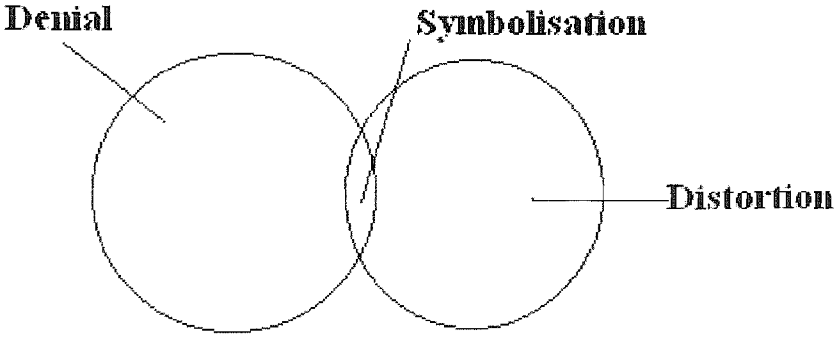
Ernest struggled with accepting his special need but was supported by his parents who knew that something was wrong. He endured the tests and began to gradually ask for explanations to be repeated if he had not understood them in the first place. I found that by asking him to repeat what I had instructed him to do he would try more fully to complete the task or feel that he could say, "I can't do that". He then trusted me to try to break down the skill further and/ or reassure and affirm him. He became more realistic of what he could and couldn't do. Symbolization began to occur as it became safe to acknowledge his physical disability because others at home and school did so too. As he and others accepted that he did have a special need he began to become more confident inside and outside of school.



Towards congruence

Diagram 16

At first Owen found the new classroom a place of mystery and fear. He moved from an environment of routine with the same person to a classroom with unknown events, experiences and people. Everything that Owen recognised as 'self' disappeared leaving him vulnerable. He had never distinguished a 'self' that was separate from his experience of routines and certain people. This non-symbolisation of events may be due to his language problems retarding development in this area. When the self he recognised disappeared he reacted.



Incongruence

Diagram 17

The nearest Owen came to symbolizing his experience was in a routine with someone he knew well. This was in my lessons with Owen usually related to a song or musical activity. For example if I bounced him up and down on a waddle and sang "Horsy, Horsy Don't You Stop" getting him to kick his legs in the water he was comfortable and enjoyed himself. Diagrammatically the circles would still not cross over a lot, as any waver from this would prompt his uncertain, afraid noises again. Owen's congruence seemed to go no further than the diagram below, his sense of self built from his experience so far not yet developed:

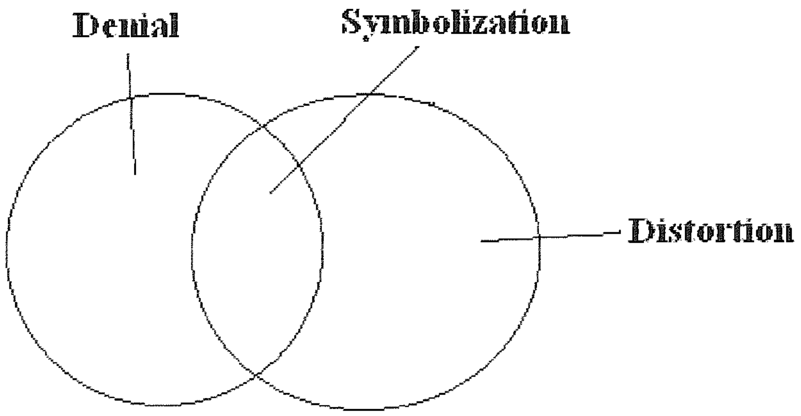


Diagram 18

Carl too found mainstream school difficult to cope with. He consistently disrupted the whole class leading to the school refusing to allow him to stay. If strict routines and the way he felt that people should act towards him (as was his constant experience) was not adhered to his 'self' was threatened and tantrums occurred. In threatening situations the diagram for Carl would look like this:

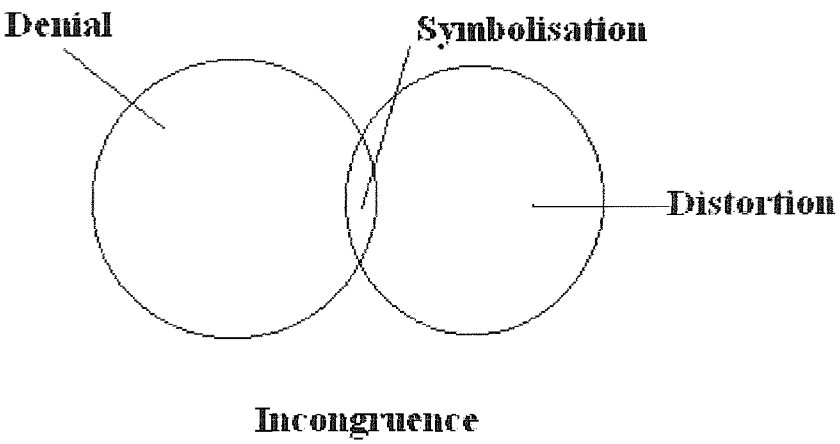


Diagram 19

In the smaller unit, however, where consistent routines were followed and there were no strangers who would act in different ways Carl on most days enjoyed his work. His experiences of 'self 'were not internalised, however, and any disruption in the 'norm' caused panic. The nearest crossing of the two circles for Carl would look like this:

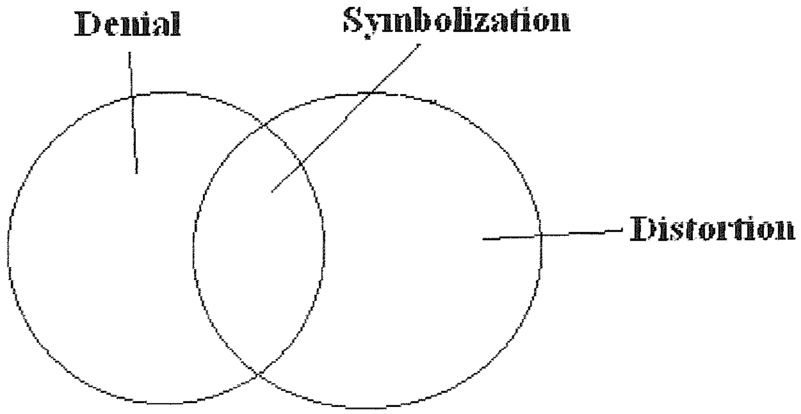


Diagram 20

Neither Carl nor Owen were able to remain included in mainstream schools although on their good days they could move from the unit to a mainstream class for one or two lessons, taking with them an LSA. The importance of being able to symbolize their experience can be seen: those children who had consistently been unable to symbolize their experience but learnt how to remain in a mainstream situation. Those who did not were moved to a smaller unit. This also shows that there must be an ability to flow in a process of change if a child is to be included in a mainstream school.

To own or not own behaviour

Most of the ways of behaving, which are adopted by the child, are those, which are consistent with the concept of self. Behaviour may, in some instances, be brought about by organic experiences and needs (brought about by special needs which have not yet been recognised) and have not been symbolized. Such behaviour may be inconsistent with the structure of the self, but in such instances the behaviour is not 'owned' by the individual.

In each of the children's lives there was some aspect of behaviour, which remained consistent with how they saw themselves. Steve and Matt saw themselves as good at sport and consistently played and carried out sports with skill. Ernest enjoyed swimming, books and toys. Carl knew that adults rather than children could fulfil his needs, enjoying their company and trips out, particularly to places involving cars! Owen enjoyed swimming, loved his family and particular toys. Each of these experiences was faithfully mentioned in the acrostic poems written by the children.

There have been a number of instances where Steve, Matt and Ernest have told me about the time when the teacher told them off for something (s)he said that they had said or done that was 'unfair' and they felt that the teacher had been picking on them. From the teacher's view of the same incident the child had said or done something, which was unacceptable in the classroom. Some of the other children in the class verified this too. All the children in this study showed anger that, in their view, someone should tell them off for something they never did.

In the initial part of my study violence towards other children was not 'owned' either by Steve or Matt. It was always the other child's fault that they had to lash out or get in the way. Others had provoked them and they merely were reacting to the provocation.

Behaviour by Carl and Owen followed this idea too. So, for example, when others did not fulfil their unexpressed needs both hit the offending person. It is interesting to note that at times Carl self-harmed as though he was blaming himself for being unable to fulfil his needs.

Initially in each case the child was unable to remain included in school due to unexpressed needs, which had not yet been symbolised. So, for example Steve and Matt did not recognise what the other children were saying that upset them, nor the link between the behaviour of others, their response and their feelings. Ernest and Owen chose to withdraw when how they coped with the world did not protect them or enabled their needs to be fulfilled. Neither Carl nor Owen had sufficient command of either Makaton or spoken communications to be able to express their needs to others.

Maladjustment

Psychological maladjustment exists when the child denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organised into the awareness of the self-structure. When this situation exists, there is a basic or potential psychological tension.

Steve knew that he had problems at school but not in the sporting field. He could not understand why he attained so highly in sports but seemed to fail in the classroom. He also could not understand why children always wanted him in the football and cricket team but treated him like a leper in the classroom and would not play with him at home. Tensions such as these built within the classroom situation because he preferred to see himself as able to achieve and be liked by others and grew violent in rejecting his experiences of teasing in school. Interjected values of his parents also told him that others saw him as 'no good' and would not socialise with any other the family because of his past 'failure'.

Matt also knew that he had problems at school but not in the sporting field. He wanted to be the centre of attention because of his skill in the playground in the football team, as he was when gaining the scholarship in football. When other children in the classroom told him to go away because he would spoil what they were doing he became frustrated and angry. When he could not achieve in school subjects he rejected them saying that he 'hated school'. The tension in what he wanted to be in all situations and what actually was the case caused violent behaviour towards others.

Ernest knew that he did not always understand what was said to him, nor that he could always manage to co-ordinate motor skills. The interjected values of school told him that he was a bad child who ought to be able to do what the other children could do. The above things were never symbolised until my study. He expressed his vulnerability in trying to not have to do things he knew that were incompatible with the interjected values and the reality that he could not do the skill or complete the task. He also withdrew into his own world to protect his experiences, which were rejected, by school.

Carl had many things which were never symbolised: partly through his lack of language skills and partly because his world was only safe if it was rigid and ritualistic. Anything outside of the 'normal' was denied and distorted leading to frustration and violence either to himself or others. When others did not understand his needs and he did not know what he needed (but was aware something was needed) the tension was so great that he had to physically express his frustration with the tension either with noise or violence.

Owen's tensions came when he did not understand what others expected of him and found himself facing consequences, which were unpleasant. He did not understand what he had done. He struggled to keep the world around himself consistent so that experiences he denied and distorted because he could not or would not symbolise them would not occur. If he symbolised his experience this would change his identity too often due to his reliance on the interjected values of others.

There was a psychological tension for all the children between what the interjected values (what others expected) that they should be like other children, and their own experiences, which had not been symbolized and incorporated into their sense of self. This caused the emotions, which prompted behavioural problems in school.

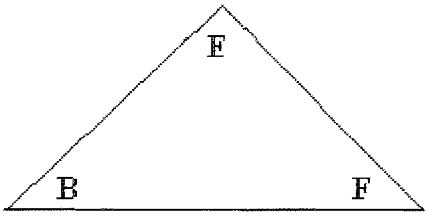
Adjustment

Psychological adjustment exists when the concept of the self is such that all the sensory and visceral experiences of the child are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of self. Steve, Matt and Ernest began to move towards adjustment during the period of this study enabling them to remain in a mainstream setting. This can be seen in the contrast between the triangles shown in section on values and discussed below.

Matt began the study with frustrations and violence. In the past triangle he reacted without understanding what he was doing, why he was doing it or what the consequences would be. He could not understand why people were consistently 'against' him making life in school so unpleasant. Events and experiences seemed to repeat themselves and he could not see any way out.

Triangle Of The Past For Matt

Experiences: (a) Expectations that he should behave like the other children;
(b) Depression.



Feelings: (a) Anger;
(b) Frustration;
(c) Confusion.
(d) Devoid of value/ worthless.

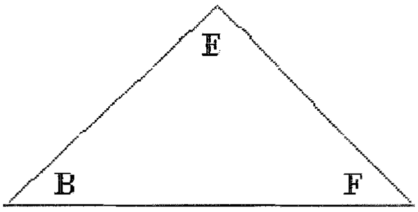
Behaviour: (a) Holding back feelings;
(b) Violence to other children;
(c) Exclusion from school.

Diagram 21

By the end of the study symbolisation had occurred along with understanding allowing Matt to choose whether to remain in the unpleasant circle of his experiences or break free and try other ways of behaving. Thus the triangle changed:

THE PRESENT TRIANGLE FOLLOWING MY STUDY

Experiences: (a) Awareness that he is special because of how the other children treat him due to his scholarship;
(b) Success in the sporting field.



Feelings: (a) Excitement;
(b)Enjoyment;
(c)Having worth and value;
(d)Less confusion and frustration.

Behaviour: (a) Practicing his footballing skills;
(b) Carrying out tasks set in the class;
(c)Needing less approval from others.

Diagram 22

Steve's experiences when the study began were recurring in each school that he attended. Children teased him and eventually he reacted to them, hitting out and drawing criticism from teachers, peers and other parents.

Triangle of The Past For Steve

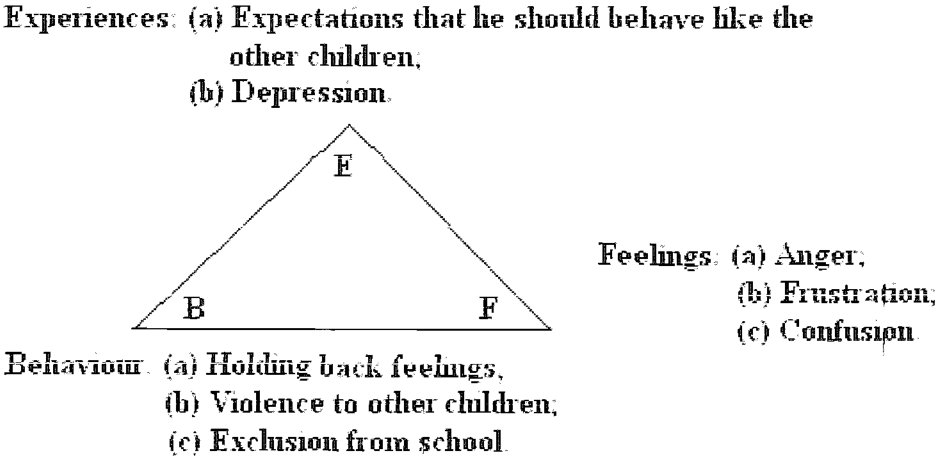
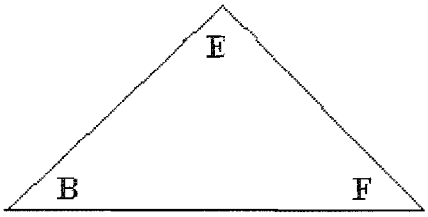


Diagram 23

Toward the end of my study Steve had symbolised his experiences more fully, engaging in the process of change, which would enable him to remain included in the mainstream setting:

THE PRESENT TRIANGLE FOLLOWING MY STUDY

Experiences: (a) Realisation and acceptance that he is not like other children



Feelings: (a) Achievement;
(b) Less frustration;
(c) Less confusion.

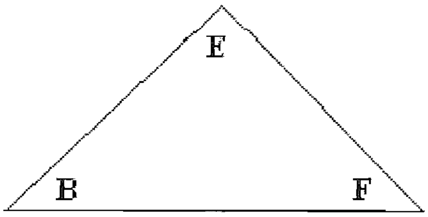
Behaviour: (a) Sharing feelings and confusion with me and his parents;
(b) Less need to show violence to other children;
(c) Ability to work within a school classroom.

Diagram 24

At the beginning of my study Ernest often withdrew from his experiences either by denying them, pretending he did not hear or understand what had been asked of him or starting to absent himself from school, not going into the classroom when dropped off at school by his mother.

Triangle Of The Past For Ernest

Experiences: (a) Expectations that he should behave like the other children;
(b) Depression.



Feelings: (a) Anger
(b) Frustration
(c) Confusion
(d) Vulnerability

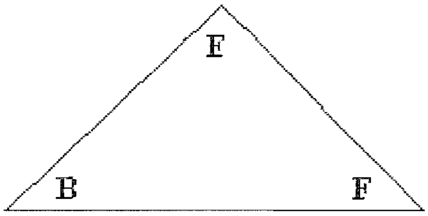
Behaviour: (a) Holding back feelings;
(b) Ensuring parents are always around;
(c) Withdrawal;
(d) Reluctance to try new things.

Diagram 25

By the end of my study Ernest had begun to symbolise his experiences, acknowledging what others asked, being able to express his fears and try more new things. Thus he was more able to understand and act upon instructions, had greater levels of concentration in completing tasks and practicing skills. He was happier in the classroom and seemed to integrate more with other children. The fact that the school now took into account that Ernest had special needs was helpful in that the interjected values into his life became less contradictory so that his identity was not threatened. He accepted that he was not like other children and had needs, which had not previously been met. Ernest was more able to express his needs and obtain the attention of adults in the school to fulfil these needs. He level of attainment increased, there was less frustration and confusion as he understood how to communicate and was for a change being listened too.

THE PRESENT TRIANGLE FOLLOWING MY STUDY

Experiences: (a) Realisation and acceptance that he is not like other children



Feelings: (a) Achievement,
(b) Less frustration,
(c) Less confusion.

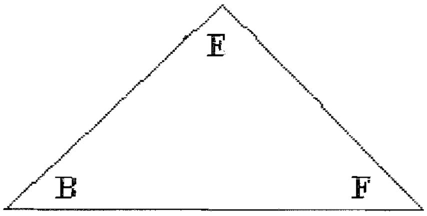
Behaviour: (a) More able to understand and act upon instructions
(b) Greater levels of concentration in different tasks
(c) Ability to work within a school classroom.

Diagram 26

Carl throughout the study was largely unable to symbolise his experiences or adjust to different situations. This continually led to ritualistic behaviour in order to maintain his identity.

Past And Present Triangles For Carl

Experiences: (a) Expectations that he should follow what the school thought best for him and what his parents thought best for him.



Feelings: (a) Anger;
(b) Frustration;
(c) Confusion.

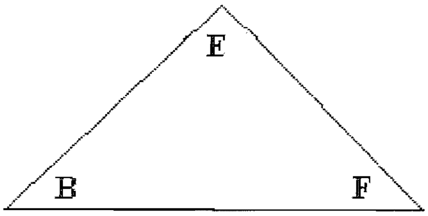
Behaviour: (a) Inability to express feelings
(b) Violence towards other people and himself
(c) Ritualistic behaviour with everyday occurrences.

Diagram 27

Throughout the study Owen was unable to symbolise experiences, which lay outside of the 'normal', particularly if there were too many at once. He based 'self' on people and situations that were familiar so that anything or anyone outside of this familiarity were a threat to self.

Past And Present Triangles For Owen

Experiences: (a) Expectations that he should follow what the school thought best for him and what his parents thought best for him.



Feelings: (a) Anger;
(b) Frustration;
(c) Confusion.

Behaviour: (a) Inability to express feelings
(b) Withdrawal
(c) Ritualistic behaviour with everyday occurrences.

Diagram 28

Threat

Any experience, which is inconsistent with the organisation or structure of self, may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organized to maintain self.

Owen and Carl felt that in many ways they were threatened because their sense of self relied on a significant person or routine. The more threatened they felt the more rigidly they built rituals within the home and school. When this too failed Carl self harmed, Owen made scared noises and ran towards the nearest person with whom he felt safe. If there was no other way both boys expressed their fear, anxiety, frustration and anger at not being able to get what they needed in violence.

Steve felt threatened when placed in a situation that held tension and in which he distorted or denied symbolization of his experience. So, for example, when the children teased him and he knew that others expected him to ignore them (and his interjected values of self expected him to ignore them) but he felt angry, frustrated and upset and reacted to them caused a threat to how he wanted to see himself. He had developed a way to cope with the situation, which he used time and again even though it did not seem to provide a satisfactory outcome, but protected his 'self' structure and he wanted to experience it. As he became more aware of how he reacted, realised there were other options and tried other ways of behaving his 'self' structure was more fluid enabling change. The change allowed him to continue in mainstream school instead of being excluded.

Matt experienced threat to the way he wanted to see himself when other children in the classroom said that he would just mess things up and wouldn't allow him to join in with them. He wanted to be the team leader, wanted in the team for his skill and admired for his prowess. This tension produced negative emotions and in his behaviour he tried to show them that he was tougher and better than them whilst working out his frustration. Matt remained in a mainstream school as he got a football scholarship. He started his new school knowing that his image would be in place because of the scholarship. The tension had been removed; he had a new start and a chance to portray the self he wanted to keep.

Ernest threat to the self arose because of the tension of accepting his experience in terms of his problems associated with the right side of his brain, whilst others continually denied this fact interjecting this value. As others accepted his physical problems Ernest began to admit to times when he couldn't carry out a skill or knowing what to do. The threat had lessened as the tension ceased. He remained in mainstream schooling.

Steve, Matt and Ernest came to accept that part of themselves which had been causing threat to their self-structure.

Acceptance

Under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences, which are inconsistent with it, may be perceived, and examined, and the structure of self revised to assimilate and include such experiences. When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals. As the individual perceives and accepts into his self-structure more of his own experiences, he finds that he is replacing his present value system – based so largely upon introjections which *have been* distortedly symbolized – with a continuing acceptance of their own experience to carry out their own valuing process.

During the study the events and people surrounding Steve, Matt and Ernest provided enough safety for them to begin to symbolise and work through their experiences enabling them to move towards inclusion in the school situation.

If a child is able to work towards accepting his own experience, building the self he was made to be, without producing unhelpful behaviour that is protective of what they feel the self should be they are able to be included in a mainstream school. Unfortunately Owen and Carl could not carry out this process, the threat was too great and they found themselves in a safer environment of a small unit where in the fullness of time they may be able to develop some of the way along the process of becoming aware of their self as individuals.

Chapter 8

CONCLUSION

Throughout this study I have examined the effects of identity on the inclusion of children with special educational needs. The question '*Does the identity or selfhood of a SEN child make any difference to their successful inclusion in a mainstream school?*' The factor of identity or selfhood has been shown by my study to make a great difference to a child's inclusion in the mainstream school. The inclusion of children with SEN depends on a number of factors:

1. **The extent to which the child has developed a sense of 'self' through their experiences which is sustainable in many different situations and with various people;**

   In early experiences the child only recognises something happening to them over which they have no control. Others always 'do' things to them. At the start of the study for all the children involved it was other children or adults who made them react violently to themselves or others or withdraw from certain situations. For Matt, Steve and Ernest their sense of being able to act in a different way to change how they felt in different situations developed this sense of 'self' sufficiently to enable their continued inclusion in the school situation.

2. **The extent to which the child relies on the interjected values of others in the maintenance of 'self';**

   Tension could be seen for each child in the study in this area. Steve took on values from the school that he was 'no good', could not socialise with other children, ought to be like others and fit in etc. His parents felt that the school and other parents, because of their son's behaviour, were rejecting them. Steve took this as 'fact'. What a contrast and tension for Steve when he succeeded at football and cricket! This was a challenge to his 'self', of who he was in different situations. He chose to see himself as popular in sport situations and therefore hated school for challenging this view of who he really wanted to be. When he began to realise that he had control of how he wanted to relate to others, enabling him to maintain a sense of self his inclusion became easier for him. This was also aided by a change of teacher who was more sympathetic and understanding of his needs.

Matt's grandmother tried to provide support for her grandson, giving him value. He felt his worth in success in football where everyone wanted him in the team and praised his skill. The tension between this very positive view of 'self' and the failure with relationships and scholarship at school led Matt to want to distort and deny his experiences at school, withdrawing from any situation which may threaten his 'self' structure. When it became possible for his success in football to be known through his scholarship and this influenced the way others saw and treated him he was able to include in the classroom much more easily.

Ernest's family recognised that he had problems and encouraged him to keep up with the other children at school by engaging a tutor. In the home situation his needs were met. The extent to which the interjected values of his parents were needed to maintain self were obvious by his behaviour i.e. the need for the door between the house and garden to be left open so that he was not separated from them. His experience told him that he had needs, which his parents recognised. At school he was expected to be like other children, be able to carry out instructions and tasks for which his motor skills had not always developed. When he could not do this he was labelled as lazy or told off, but mainly he managed to keep up through his extra tuition. The tension between school and parental interjected values showed when Ernest tried to withdraw by not entering school in the morning without being taken in. As soon as the school acknowledged his needs Ernest began to be able to symbolise his experiences again and move forward in his inclusion.

When contrasting the experience of Matt, Steve and Ernest with Owen and Carl one can see that Owen and Carl relied heavily upon the values of others. If these challenged any part of their known experience they immediately tried to block this out by violence to themselves or others or withdrawing from the situation.

3. The extent to which interjected values are positive or negative in the school and home situation for that child;

Steve focused on a different set of values of worth in the sporting situation to that of home and school. There were many 'shoulds' at school such as 'should have the ability to socialise without violence', 'should be able to concentrate for longer without disturbing the other children', 'should do better at his academic work' etc. Many of these 'shoulds' attacked the positive sense of 'self' created in football and cricket. At first these interjected values were distorted by both Steve and his parents, then taken on board into the sense of himself as a boy who was violent and couldn't be trusted by others. This sense of self was confirmed again and again by his parents who told me that other people shunned them and passed on Steve's past between schools. When Steve became aware that there were alternatives to this 'self', which others had created, he was not threatened so much by the experiences, did not need to distort or deny them and found a new relationship between his 'self' and experiences by changing his behaviour.

In contrast Carl relied heavily on interjected values for his sense of 'self'. As these changed constantly from success in the unit at school to frustration in not being able to communicate and not being accepted by others because of his behaviour in different situations his sense of 'self' could not keep up with the many, racing changes. He expressed his confusion in violence to himself and others or just taking himself out of the situation to another part of the room or school. As people provided their likes and dislikes his moods changed. He became a different person to try to compensate for others interjected values. The only consistency was for him to be able to hold on to ritualistic behaviours, allowing the sense of 'self' to remain more certain. When these rituals were taken away from him too he lost who he was.

4. **The compatibility of interjected values between school, home and the child's experience;**

Ernest experienced contrasts and tensions between the interjected values of home and school. From early in his life both parents knew that he had problems firstly physical and then academic when he started school. They were patient with him and tried to bring in experts such as a weekend tutor to help him to succeed in areas he was finding difficulty in. The school, however, expected Ernest to function as a 'normal' child: to be able to develop motor skills quite quickly and carry out instructions given in the classroom. The school saw the 'fussing' of the parents as mother's reaction to a difficult birth. They did not even begin to set in motion a program to discover if Ernest did actually have any special educational needs. During the period when Ernest was having tests from the paediatric and educational psychologist the tensions grew between home and school interjected values and he began to try to withdraw from school life. When the school recognised the results of the specialists and acted upon them the tension of interjected values from home and school grew less and Ernest was able to begin to process his experiences again.

Owen too experienced tensions between home and school. His mother wanted him to remain in mainstream school for him to learn to function in a 'normal' social world. This she saw as more important that academic learning. The school saw Owen as a drain on their resources. He highlighted the need for teacher training, as they did not know how to include him into the classroom. He was no-where near the same academic standard of others of his own age. Within this tension Owen showed extreme anxiety. His work in the library with a specific LA aided his building of a more stable sense of 'self' – experiences came more slowly and gently, at a rate with which he could symbolise them. A meeting with the parents who wanted their child taught by a teacher and socialised into a mainstream class changed the situation. With no warning or preparation Owen was moved from the library into a classroom. The sudden change for Owen into a large class of children with no adults he recognised and a situation he had not experienced before threw too much new experience leaving a fearful boy who distorted and denied his situation reacting by throwing objects across the classroom. The school sent him to a special unit at another school.

5. The extent to which the child relies on experiences remaining within those already symbolised and understood to maintain a sense of 'self';

The two children in my study who had language problems found the rate of change in experiences related to their coping with the people and situations they encountered. From the above example with Owen it can be seen that the slower rate of change as he was included in mainstream school was helping him to develop a stable sense of 'self' in the school situation. During my observation in school he had reached the stage of being able to sit in the hall with the other children watching a film without his LSA being present for half an hour. I also observed him playing with other children in the classroom. As long as routines were developed and different people introduced slowly to his world Owen was coping in the school. By this time, however, the school had decided that in Owen's best interest, in academic terms, he would be better in a special unit at another school.

Carl found the necessity of routine to maintain his sense of 'self'. He became very worried when this routine was broken. I found, however, in the swimming pool that I could change the order of what we did slightly each session whilst maintaining the content of what went on. These slight changes were acceptable to Carl and thus his swimming 'vocabulary' evolved slowly over a number of sessions. Any big changes were met with his disappearing to another part of the swimming pool, hitting the adult with him or pulling his own hair or scratching himself.

6. **The ability of the child to symbolise experiences whether because of limited language or the fear of exploring something, which is not yet understood, or incompatible with the 'self' they have already formed;**

Owen and Carl both had limited language capabilities that called for a slow 'dribble' of experiences, which were out of the normal, rather than a torrent if they were going to be able to process and symbolise them. The slow introduction of new people, places and other experiences enabled them to develop their sense of 'self' gently without too much threat to how they saw themselves.

Steve, Matt and Ernest were coping with the fear of exploring the interjected values others were placing on them and experiences that they did not understand (such as their special need unrecognised by others around them) and which were incompatible with the view of their 'self' that they had already formed. Matt faced the tension of incompatible interjected values from his success in football and his failure (as he saw it) academically in school and with his friendships with other children. His tension with other children and adults was about the group of people with whom he socialised quite happily in the playground but who rejected him and told him that he was no good in the classroom. The children did not want Matt to suddenly have a 'wobbly' and spoil their work. They noticed that he did not do this in the playground and felt safe with him there. He did not realise that it was his behaviour, which was isolating him from the others. Matt did not understand why he couldn't succeed in academic ways whilst he was so good in his sporting skills. He coped in the classroom by withdrawing from others and the experiences and relationships, which were incompatible with his positive experience of 'self' playing football. He rejected the academic part of himself saying he hated all school subjects. The new school, in his eyes, provided a new start for other children to see him in a positive way, in the way he saw himself. This was as a skilful football player who could transfer these skills to the classroom and be liked for who he saw himself.

7. **The fluidity of the child's processing of experience to symbolise it in relation to self:**

Owen and Carl relied on rigid rituals to maintain their regular experiences and prevent having to deal with new, threatening experiences which challenged their sense of 'self'. This rigidity led to a situation where they were unable to process their experience quickly enough to cope with a mainstream school situation.

Steve, Matt and Ernest were helped in their recognition of their special needs by others: in Steve's case the educational psychologist, in Matt's case my study and the chance to go to a new school on a scholarship, and in Ernest's case the paediatric doctor and the educational psychologist. In each case it was the parents not the school who initiated the help that the boys needed (Despite the phrase in the Special Educational Needs Code Of Practice (2001:46):

> *The importance of early identification, assessment and provision for any child who may have special educational needs cannot be over-emphasised).*[clxxxviii]
> *The Special Educational Needs Code Of Practice (2001:46)*

In each case previous to my study the boys were stuck in their processes and beginning to form rigid behaviours to experiences which were leading to exclusion from school. The encouragement and support enabled them to look again at what was happening and symbolise it. They were then able to change their behaviour and adapt accepting that that part of self which had been interjected by others was not really part of 'self'. A new part of 'self' could then be formed. This ability to change helped them to remain included in mainstream school.

8. **The extent and rate at which the child can adapt to the mainstream situation taking into account all the above factors.**

Owen and Carl were unable to adapt and respond quickly enough to the experiences, which threatened their 'self' in the mainstream school situation. Their rigidity to maintain 'self' disabled them, leading to their need to be placed in a special unit where they could change more slowly at a controlled rate.

Steve, Matt and Ernest were able with support to symbolise new experiences or look at old experiences in a new way. The ability to symbolise and synthesise the experiences they had in a mainstream setting allowed their inclusion.

In summary the two circles diagrams show most plainly children who may or may not succeed in inclusion in mainstream: The child who is fearful of the people and environment at school because of experiences which they cannot symbolise (through physical or experiential reasons) distort and deny their experiences in order to protect their sense of 'self'. The larger the areas of denial and distortion the less likely the child is to remain included in a mainstream school.

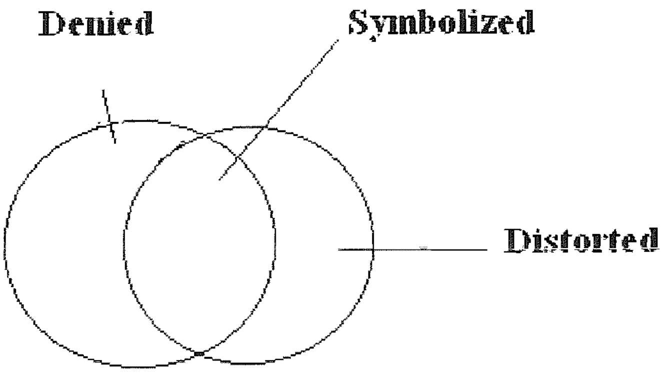


Diagram 29

Any child who shows such distortion and denial would not be able to stay in a mainstream school, as their identity would be under great threat. This was true for both Carl and Owen.

The children who feel safe enough to begin to process experiences and symbolise them, finding a relationship to their sense of 'self', in most situations, find themselves able to be included into mainstream schools. These are the children who move from the above diagram to the diagram below in their new environment. During my study this was true for Steve, Matt and Ernest.

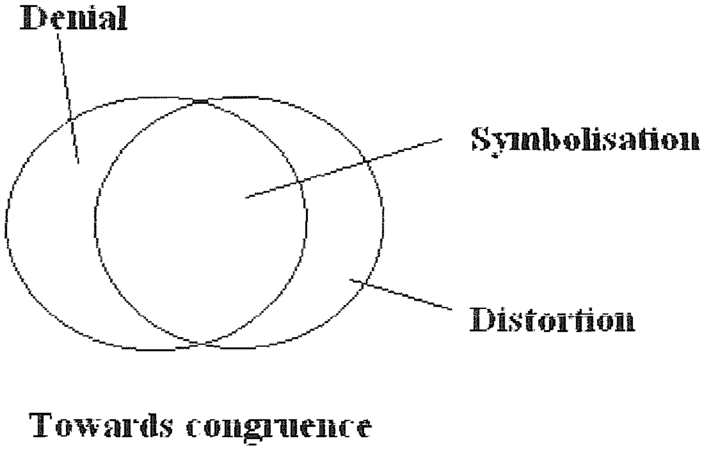


Diagram 30

This suggests fluidity in the way in which these children are able to experience the world and relate their experiences to a changing sense of self. The more fluid the way in which experiences are handled the easier the child will include into the mainstream setting.

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[i] This study does not pretend to discuss the issues of inclusion or exclusion. If the reader is interested in these discussions they may begin with literature such as Bayliss, P. (26/06/2001) *"Segregation, Integration, Exclusion, Inclusion: Frameworks and Rationales"* on The European Electronic Journal: Inclusive Education In Europe http://www.uva.es/inclusion/texts/baylis01.htm and literature provided through the Center for Studies on Inclusive Education e.g. The Inclusion Charter (26/06/2001) http://inclusion.uwe.ac.uk/csie/charter.htm., Berger, M. and Yule, W. (1985) IQ Tests And Assessment in Sheldon, D. (1991) How Was It For You? Parents' and Teachers' Perspectives On Integration from the British Journal Of Special Education, Vol. 18, No. 3, Research Supplement, pp 107-110

[ii] For a world-wide view of the results of inclusion see Daniels, H. and Garner, P. (2000) Inclusive Education Kogan Page

[iii] Sheldon, D. (1989) *'How Was It For You? Pupil's, Parents' And Teachers' Perspectives on Integration'* in British Journal Of Special Education, Vol. 18, No. 3 Research Supplement p 107

[iv] Gillborn, D. and Kirton, A. (1999) *'WHITE HEAT: Racism, Under-Achievement And White Working-Class Boys'* from the International Journal of Inclusive Education (2000) Vol. 4, No. 4 pp 271-288

[v] Rutter, M., Maugham, B., Mortimore, P. and Ouston, J. (1979) *Fifteen Thousand Hours: Secondary Schools And Their Effects On Children* London: Open Books

[vi] Smith, D.J. and Tomlinson, S. (1989) The School Effect: A Study Of Multi-Racial Comprehensives London: Policy Studies Institute Wedge, P. and Prosser, H. (1973) Born To Fail London: Arrow Books

[vii] Lynas, W. (1986) *'Pupils' Attitudes To Integration'* in the British Journal Of Special Education, Vol. 13, No.1 pp 31-33

[viii] Hastings, P. and Graham, S. *"Adolescents' Perceptions Of Young People With Severe Learning Difficulties: The Effects Of Integration Schemes And Frequency Of Contact"* from Educational Psychology, Vol.15, No.2, 1995

[ix] All DfEE publications available from the DfEE Publications Centre 0845 6022260. See also the DfEE Green Paper Excellence For All Children: Meeting Special Educational Needs October 1997. For further discussion of the historical, legal and practical issues see Davies, J. (1997) An Investigation into the problems and difficulties teachers have in interpreting National Curriculum requirements, in relation to Special Needs Pupils, in one Secondary, Comprehensive, Grant Maintained School in Hampshire unpublished M.A.(Ed.) Thesis

[x] Jacklin, A. *'The Transfer Process Between Special And Mainstream Schools: The Pupil's Experience"* from European Journal Of Special Needs Education Vol. 13, No. 2 (1998) pp 155-169 Routledge

[xi] Sheldon, D. (1989) *'How Was It For You? Pupil's, Parents' And Teachers' Perspectives on Integration'* in British Journal Of Special Education, Vol. 18, No. 3 Research Supplement pp 107-110

[xii] Lynas, W. (1986) *'Pupil's Attitudes To Integration'* in the British Journal Of Special Education, Vol. 13, No. 1

[xiii] A survey carried out by Andrews, K. *'Study Support In Special Schools: Good Practice In Special Circumstances'* London: Education Extra the foundation for after school activities concludes that out-of-school-hours teaching can provide extra help for SEN pupils without them seeming stupid or focused on by teachers.

[xiv] Mukherjee, S., Lightfoot, J. and Sloper, P. (2000) The Inclusion Of Pupils With A Chronic Health Condition In Mainstream School: What Does It Mean For Teachers? In Educational Research Vol. 42, No. 1 pp 59-72

[xv] Diener, E. and Crandall, R., (1978) Ethics In Social And Behavioural Research Chicago: University of Chicago Press in Cohen, L. and Manion, L. (1996) Research Methods In Education (Fourth Ed.) London: Routledge page 350

[xvi] The name of the school has been changed for confidentiality reasons

[xvii] The name of the school has been changed for confidentiality reasons

[xviii] Carl Rogers wrote extensively about this topic and produced much research, which is commonly known as the Person-Centred Approach to counselling.

[xix] Rogers, C. R. (1951) Client-Centred Therapy: Its Current Practice, Implications and Theory Boston: Houghton Mifflin pages 483 – 522. For an outline of these propositions please see Appendix G.

[xx] For an outline of these propositions please see Appendix G.

[xxi] For an outline of these propositions please see Appendix G.

[xxii] Summary of the philosophy taken from Merry, T. (1999 page 24) Learning And Being In Person-Centred Counselling Ross-On-Wye: PCCS Books

[xxiii] For an outline of these propositions please see Appendix G.

[xxiv] For an outline of these propositions please see Appendix G.

[xxv] For an outline of these propositions please see Appendix G.

[xxvi] For an outline of these propositions please see Appendix G.

[xxvii] Symbolizing in this context means that sometimes we ignore certain experiences because they do not fit in with our own self-image. We do not give meaning to them either denying them or distorting them because they are a threat to who we are.

[xxviii] For an outline of these propositions please see Appendix G.

[xxix] For an outline of these propositions please see Appendix G.

[xxx] For an outline of these propositions please see Appendix G.

[xxxi] For an outline of these propositions please see Appendix G.

[xxxii] For an outline of these propositions please see Appendix G.

[xxxiii] For an outline of these propositions please see Appendix G.

[xxxiv] For an outline of these propositions please see Appendix G.

[xxxv] Please see Chapter 2 and Appendix A for more detail about ADHD

[xxxvi] Special Educational Needs Code Of Practice chapter 5

[xxxvii] Please see Chapter 2 and Appendix B for more detail about Down's Syndrome

[xxxviii] The reader may also like to examine the following books web pages about ADD and ADHD:

- Selikowitz, M. (2004) ADHD: The Facts Oxford: Oxford University Press
- Munden, A. (1999) The ADHD Handbook: A Handbook For Parents On Attention Deficit Hyperactivity Disorder London: Jessica Kingsley
- Kewley, G.D. (1999) ADHD: Recognition, Reality And Resolution Horsham: LAC

- Delfos, M.F. (2004) Children, Behavioural Problems: Anxiety, Aggression, Depression and ADHD: A Biopsychological Model With Guidelines For Diagnosis And Treatment London: Jessica Kingsley
- Research studies at http://www.chadd.org/research.cfm?.cat_id=11 (2005) and http://www.mentalhealth.org.uk/page.cfm?pagecode=PBBFAD (2005)

[xxxix] For an example of questions asked please see Appendix C

[xl] The reader may also like to examine the following books and web pages for Downs Syndrome:

- Newton, R. (1992) Downs Syndrome London: Optima
- Cunningham, C. (1988) Downs Syndrome: An Introduction For Parents London: Souvenir Press
- Rendal, J.A. (Ed) (1996) Downs Syndrome: Psychological, Psychobiological And Socio-Educational Perspectives London: Whurr
- Carr, J. (1995) Downs Syndrome: Children Growing Up Cambridge: Cambridge University Press
- All aspects of Downs Syndrome are discussed in downloadable leaflets from the Downs Syndrome Trust http://www.downs-syndrome.org.uk (2005)

[xli] Readers may also like to examine the following books and web site:

- Rutter, M. (1978) Autism: A Reappraisal Of Concepts And Treatment New York: Penum
- Williams, D. (1996) Autism: An Inside-Out Approach: An Innovative Look At The Mechanics of "autism" And Its Developmental "cousins" London: Jessica Kingsley
- Happe, F. (1994) Autism: An Introduction To Psychological Theory London: UCL Press
- Ritvo, E.R. (Ed) (1976) Autism: Diagnosis, Current Research And Management London: Wiley
- http://www.questia.com (2005)

[xlii] Taken from the Inspection Report March 2002

[xliii] Taken from the Inspection Report June 2000

[xliv] Taken from the Inspection Report October 2002

[xlv] Taken from the County policy document January 2001

[xlvi] For a further outline of the role of the central support services, developing skills and knowledge, resources, monitoring and review arrangements and related county documents please see Appendix D

[xlvii] Sheldon, D. (1989) How Was It For You? Pupils', Parents' And Teachers' Perspectives On Integration as seen in the Research Supplement of the British Journal Of Special Education, vol. 18, No. 3 pp. 107-110. Jacklin, A. (1998) The Transfer Process Between Special And Mainstream Schools: The Pupils' Experience as seen in European Journal Of Special Needs Education, vol. 13 No. 2 pp 155-169

[xlviii] Erben, M. (1998) Biography And Education: A Reader London: Falmer Press page 4

[xlix] Parlett, M.R. and Dearden, G.J. (1977) Evaluation As Illuminative Evaluation: Studies In Higher Education Cardiff:Pacific Soundings Press

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[l] Parlett, M.R. (1975) A Descriptive Analysis Of A Liberal Arts College: Methods And Interpretation In A Commissioned Case Study as seen in Parlett, M.R. and Dearden, G.J. (1977) Evaluation As Illuminative Evaluation: Studies In Higher Education Cardiff: Pacific Soundings Press

[li] Kridel, C. (Ed) (1998) *'Writing Educational Biography: explorations in qualitative research'* London: Garland Publishing Inc. page 8 from Garraty, J. (1957) The Nature Of Biography New York: Knopf, page 3

[lii] Denzin, N. (1989) Interpretive Biography London: Sage. For more definitions following this line see e.g. Plummer, K. (1983) Documents Of Life London: Allen and Unwin page 13 and Dilthey, W. (1910/1963) *'Autobiography And History'* pages 85-93 in Dilthey, W. (1962) Pattern And Meaning In History: Thoughts On History And Sociology edited by Rickman, H.P. New York: Harper and Row

[liii] Rogers, C. (1951) Client-Centered Therapy: It's current practice, Implications And Theory Boston: Houghton Mifflin pages 483-522

[liv] Discussed further in my examination of the literature

[lv] Oates, S. (1986) Biography As High Adventure Amjerst: University of Massachusetts Press and Oats, S. (1991) Biography As History Waco, Texas: Mankham Press Fund

[lvi] As seen in Kridel, C. (Ed) (1998) Writing Educational Biography: explorations in qualitative research London: Garland Publishing Inc. page 10

[lvii] Erben, M. (1998) Biography And Education: A Reader London: Falmer Press page 4

[lviii] See chapter 2 for an outline of these special needs

[lix] Erben, M. (1998) Biography And Education: A Reader London: Falmer Press page 5

[lx] For further discussion see my literature section

[lxi] Home background – Wedge, P. and Prosser, H. (1973) Born To Fail London: Arrow Books. School variables – Rutter, M., Maugham, B., Mortimore, P. and Ouston, J. (1979) Fifteen Thousand Hours: Secondary Schools And Their Effects On Children London: Open Books. Pupil's qualities -

[lxii] Primary source – items, documents and oral accounts that belong to the time, place and culture of the subject being studied. Secondary source – items, documents and oral accounts that belong to a later time, produced by people who did not belong to that age.

[lxiii] See diagram 1 in Appendix E

[lxiv] See Appendix F

[lxv] Bleicher, J. (1980) Contemporary Hermeneutics: Hermeneutics As Method, Philosophy And Critique

London: Routledge And Kegan Paul

[lxvi] Please see Appendix G for an outline of Rogers' 19 Propositions

[lxvii] Chartered Psychologist's report page 4

[lxviii] From my own interview, observation of his activities in the playground, 'Man of the Match' certificate and the Chartered Psychologist's report 6 July 2001.

[lxix] Evidenced by many swimming certificates from schools and recreation centres and 'Cricket challenge' report.

[lxx] For further details please see the Chartered Psychologist's report dated 6 July 2001 page 3

[lxxi] The Chartered Psychologist's report 6 July 2001 page 3 states that: *"He associated sadness with going to be (because he does not like going to sleep) and being 'bored' (when his parents are busy). He associated anger with being hurt or when he is hit by someone at school and associated fear with going to school (because he knows he is going to be teased). He added that he feels safe only at weekends because he is near his parents."*

[lxxii] The Chartered Psychologist's report 6 July 2001 page 7 reports an above normal total stress level for his parents relating to concerns about Steve

[lxxiii] This was an independent Chartered Psychologist who provided an independent, confidential educational and child psychology service. Sources for her information included: consultation with Mr and Mrs ... (Mum and Dad), School contributions, Clinical intervention and observations including emotional analysis, psychological assessment (cognitive ability and current educational attainments, social reasoning ability, child behaviour checklist (Achenbach 1991), self esteem/locus of control, parent stress index and life in school checklist). For a more detailed outline of these results from the Wechsler Intelligence Scales for Children please see Appendix H.

[lxxiv] Independent Psychological Report pages 2 and 3. Obtained from Steve's school contributions. In the C.A.M.H.S. letter dated 25 July 2001 this became: Steve, *"appears to be of overall low to below average intellectual ability."* His school report for July 2001 gives grades ranging from D to B+. General, Personal and Social Development note that Steve is capable of achieving more but his poor attitude and poor behaviour prevent this. This comment is reflected in prior reports from his previous schools.

[lxxv] I was not able to view Steve's Individual Learning Plan as the teacher said that it was 'confidential' even though his parents had given permission for me to view all his documents.

[lxxvi] This follows recommendations give in the Chartered Psychologist's report for 6 July 2001. However other recommendations appear to have been shelved: focus on social skills training, empathy with Steve's perceptions of his experiences and strategies found to be effective with children with attention needs and impulsive styles.

[lxxvii] See also the letter from the School to Steve's parents dated 6 June 2001

[lxxviii] The Chartered Psychologist (page 10 of the report of 6 July 2001) recommended that the family would benefit from family work focused on relieving parental guilt and increasing local social support.

[lxxix] Steve's response to the Life in School checklist reported in the Chartered Psychologist's assessment for 6 July 2001 indicate that overall school is a very unhappy place for him, with 66% of his responses suggesting that he has poor social experiences which occur frequently.

[lxxx] Chartered Psychologist's report 6 July 2001 page 6. For a more detailed outline see Appendix H.

[lxxxi] For a more detailed outline please see Appendix H.

[lxxxii] From the Cricket challenge – Steve is a real character and as joint team captain led his team very well. From his football club a 'Man of the Match' award for his performance and team contribution.

[lxxxiii] The ticked symptoms can be found in Appendix I.

[lxxxiv] Chartered Psychologist's report for 6 July 2001 page 3

[lxxxv] For example the Letter from Child and Adolescent Mental Health Service dated 14 May 2002 *Thank you very much for seeing Steve with his mother recently when she was concerned about how pale and anxious Steve seemed to be on his Ritalin ...*

[lxxxvi] Rogers, C. (1972) On Becoming A Person: A Therapist's View Of Psychotherapy London: Constable pages 132 to 155

[lxxxvii] See also the Chartered Psychologist's report dated 6 July 2001 page 7.

[lxxxviii] See the Chartered Psychologist's report dated 6 July 2001 page 4.

[lxxxix] Memories from my field notes

[xc] From my interview with Gran

[xci] Recorded on the divorce papers shown to me by Mum

[xcii] Mum proudly showed me the medals and cups won by her son

[xciii] Psychologist's report of 12 February 2000

[xciv] The school SENCO confirmed the fact that Matt has no educational statement.

[xcv] The school SENCO provided this information

[xcvi] I recorded this in my field notes during a discussion with the school SENCO. On examining documents like the Hampshire Code of Practice (an outline is provided in Appendix J) I can find no precedent for this claim.

[xcvii] Letters from the school shown to me by his mother and field notes from speaking with the teachers.

[xcviii] Please see Appendix J for the description of the Individual Education Plan which should have been produced by the teacher according to the SEN Code of Practice Ref DfES 581/2001

[xcix] Rogers, C. (1951 p.484) Client-Centred Therapy: Its Current Practice, Implications and Theory Boston: Houghton Mifflin. Please see Appendix G for an outline of the 19 propositions.

[c] Studies such as Raskin, N. J. (1949) An Objective Study Of The Locus-Of- Evaluation Factor In Psychotherapy and Thetford, W. N. (1949) An Objective Measurement Of Frustration Tolerance In Evaluating Psychotherapy both seen in Rogers, C. (1951 p.p. 248 to 253) Client-Centred Therapy: Its Current Practice, Implications and Theory Boston: Houghton Mifflin show that as a client goes through the therapeutic process they move from an external locus of evaluation where the self is purely formed by how other people see them to an internal locus of evaluation where the self is developed enough to synthesise experience according to the values of the person themselves.

[ci] Rogers, C. (1972 p.351) On Becoming A Person: A Therapist's View Of Psychotherapy London: Constable *Man's tendency to actualise himself, to become his potentialities. By this I mean the directional trend, which is evident in all organic and human life – the urge to expand, extend, develop, mature – the tendency to express and activate all the capacities of the organism, or the self.*

[cii] Please see Appendix G for an outline of Rogers' 19 Propositions

[ciii] Please see Appendix G for an outline of Rogers' 19 Propositions

[civ] Please see Appendix G for an outline of Rogers' 19 Propositions

[cv] Please see Appendix G for an outline of Rogers' 19 Propositions

[cvi] Please see Appendix G for an outline of Rogers' 19 Propositions

[cvii] Please see Appendix G for an outline of Rogers' 19 Propositions

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[cviii] Please see Appendix G for an outline of Rogers' 19 Propositions

[cix] Mearns, D. and Thorne, B. (1999) Person-Centred Counselling In Action Second Ed. London: Sage Publications

[cx] Please see Appendix G for an outline of Rogers' 19 Propositions

[cxi] From 'Mum's Memories' which she scripted for me

[cxii] Central Health Clinic Speech and Language Therapy Assessment dated 12 January 1999

[cxiii] Ostler, C. (1999) Dyslexia: A Parents' Survival Guide Godalming: Ammonite Books

[cxiv] Results of Aston Index Tests for Ernest dated 11 February 2002 Appendix K

[cxv] For the tests and recommendations in more detail please see Appendix L

[cxvi] Please see Appendix M for a fuller version of this report

[cxvii] Special Educational Needs Code Of Practice (2001) DfES 581/2001

[cxviii] For further information and stories about children whose lives have been changed by taking Ritalin see e.g. Brennan, C. (2003) Is This Drug Safe For Our Kids pages 88 to 93 in Walker, K. et. al. (December 2003) Reader's Digest London: The Reader's Digest Assoc. Ltd.

[cxix] Rogers, C. (1972) On Becoming A Person: A Therapist's View Of Psychotherapy London: Constable pages 132 to 155

[cxx] From the report of the independent education Psychologist, July 2002 page 8

[cxxi] Please see Appendix G for outline of Rogers's propositions.

[cxxii] School report for May 2001

[cxxiii] Please see Appendix G for outline of Rogers's propositions.

[cxxiv] Please see Appendix G for outline of Rogers's propositions.

[cxxv] Please see Appendix G for outline of Rogers's propositions.

[cxxvi] Please see Appendix G for outline of Rogers's propositions.

[cxxvii] Please see Appendix G for outline of Rogers's propositions.

[cxxviii] Please see Appendix G for outline of Rogers's propositions.

[cxxix] Paediatrician's letter of 14 July 1995 and letter from the Consultant in clinical genetics dated 23 August 1995

[cxxx] Paediatrician's letter of 14 July 1995

[cxxxi] For further details please see the Consultant in Clinical Genetics letter of 23 August 1995

[cxxxii] See Paediatrician's letter of 11 January 2002 for a more detailed analysis

[cxxxiii] Continued growth confirmed by a letter from the paediatrician dated 2 October 2000

[cxxxiv] Interview with Mum and the Paediatrician's letters of 14/07/95, 6/12/95 and 24/10/95

[cxxxv] For delayed involvement of others in his play see the Paediatrician's letter of 14 July 1995

[cxxxvi] Interview with Mum and Annual Review January 2002 Parents Report.

[cxxxvii] Annual Review January 2002 Parents Report.

[cxxxviii] Report for Annual Review 30/1/02 class teacher

[cxxxix] Annual Review January 2002 Parents Report.

[cxl] Mum told me this at interview and again comments about this in the Annual Review January 2002 Parents Report.

[cxli] Report for Annual Review 30/1/02 class teacher

[cxlii] Occupational Therapy Report for the purpose of Annual Review 14/01/02 'Cognitive Skills' note his good memory for things, which interest him.

[cxliii] See also the letter to the Paediatrician 11 January 2002

[cxliv] Paediatrician's letter of 14 July 1995

[cxlv] Paediatrician's letter of 12 June 1996

[cxlvi] Paediatrician's letter of 12 June 1996 and 6 January 1999

[cxlvii] Interview with Mum and Annual Review January 2002 Parents Report.

[cxlviii] Speech and Language Therapy Assessment, Annual Review Of Statement Of Special Educational Needs 22/01/02

[cxlix] See Paediatrician's letter of 11 January 2002

[cl] Report for Annual Review 30/1/02 class teacher

[cli] Annual Review January 2002 Parents Report.

[clii] Speech and Language Therapy Assessment, Annual Review Of Statement Of Special Educational Needs 22/01/02

[cliii] See Annual Reports by parents, class teacher and paediatrician's letter January 2002

[cliv] Paediatrician's letter of 14 July 1995

[clv] Paediatrician's letter of 6 December 1995

[clvi] Paediatrician's letter of 6 January 1999. The letter from the Paediatrician goes on to say the due to the policy of a school visit once a term it is unlikely that he will be able to get any more help from the NHS.

[clvii] Report for Annual Review 30/1/02 class teacher

[clviii] Report for Annual Review 30/1/02 class teacher

[clix] Occupational Therapy Report for the purpose of Annual Review 14/01/02

[clx] Mum also notes his inclusion in the Annual Review January 2002 Parents Report.

[clxi] Occupational Therapy Report for the purpose of Annual Review 14/01/02 'Cognitive Skills'

[clxii] Report for Annual Review 30/1/02 class teacher

[clxiii] Report for Annual Review 30/1/02 class teacher. For a more detailed account please see Appendix N

[clxiv] Annual Review January 2002 Parents Report.

[clxv] Please see Appendix G for an outline of this proposition.

[clxvi] Please see Appendix G for an outline of this proposition.

[clxvii] Please see Appendix G for an outline of this proposition.

[clxviii] Please see Appendix G for an outline of this proposition.

[clxix] Please see Appendix G for an outline of this proposition.

[clxx] Please see Appendix G for an outline of this proposition.

[clxxi] Please see Appendix G for an outline of this proposition.

[clxxii] Please see Appendix G for an outline of this proposition.

[clxxiii] Please see Appendix G for an outline of this proposition.

[clxxiv] For an outline of this study and results please see Appendix P.

[clxxv] Educational Psychology Service, Educational Psychologist's Report for 18 November 1999

[clxxvi] A. Witherby, An Investigation Into The Language Acquisition Of Children With Down's syndrome

[clxxvii] For further discussion on how teachers perceive the national curriculum in terms of special educational needs pupils please read my own unpublished M.A. (Ed.) study Davies, J.A. (1997) An Investigation into the problems and difficulties teachers have in interpreting National Curriculum requirements, in relation to Special Needs Pupils, in one Secondary, Comprehensive, Grant Maintained School in Hampshire

[clxxviii] A. Witherby, An Investigation Into The Language Acquisition Of Children With Down's syndrome. Relevant parts of this study can be found in Appendix P

[clxxix] For a more complete version please see Appendix P

[clxxx] A. Witherby, An Investigation Into The Language Acquisition Of Children With Down's syndrome

[clxxxi] A. Witherby, An Investigation Into The Language Acquisition Of Children With Down's syndrome

[clxxxii] Wittgenstein, L. (1968) Philosophical Investigations/ Ludwig Wittgenstein/ translated by G.E.M. Anscombe 3rd Ed. Oxford: Basil Blackwell

[clxxxiii] Rogers, C. (1980) A Way Of Being Boston: Houghton Mifflin page 142
Empathy: *It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever that he or she is experiencing. It means temporarily living in the other's life, moving about in it delicately without making judgements.*

[clxxxiv] Mearns, D. and Thorne, B. (1999) Person-Centred Counselling In Action London: Sage page 8. A Person's sense of worth, both in their own eyes and in those of others who have been important to them, is conditional upon winning approval and avoiding disapproval, and this means that their range of behaviour is severely restricted for they can only behave in ways which are sure to be acceptable to others. They are victims of the 'conditions of worth', which others have imposed upon them, but so great is their need for positive approval that they accept this straitjacket rather than risk rejection by trespassing against the conditions set for their acceptability.

[clxxxv] Rogers, C. (1972) On Becoming A Person: A Therapist's View of Psychotherapy London: Constable pages 132 to 155 Towards the beginning of the process the person is very rigid in their constructs. At the end of the process the person is more psychologically free: *He is more able to live fully in and with each and all of his feelings and reactions. He makes increasing use of all his organic equipment to sense, as accurately as possible, the existential situation within and without. He makes use of all of the information his nervous system can thus supply, using it in awareness, but recognizing that his total organism may be, and often is, wiser than his awareness. He is more able to permit his total organism to function freely in all its complexity in selecting, from the multitude of possibilities, that behaviour which in this moment of time will be most generally and genuinely satisfying. He is able to put more trust in his organism in this functioning, not because it is infallible, but because he can be fully open to the consequences of each of his actions and correct them if they prove to be less than satisfying.*

He is more able to experience all of his feelings, and is less afraid of any of his feelings; he is his own sifter of evidence, and is more open to evidence from all sources; he is completely engaged in the process of being and becoming himself, and thus discovers that he is soundly and realistically social; he lives more completely in this moment, but learns that this is the soundest living for all time. He is becoming a more fully functioning organism, and because of the awareness of himself, which flows freely in and through his experience, he is becoming a more fully functioning person. (Pages 191-192)

[clxxxvi] In person-centred theory the *actualising tendency* refers to the tendency in all forms of organic life towards more complex organisation, the fulfilment of potential, and, in human beings, the actualisation of the 'self'.

[clxxxvii] According to his Mother

[clxxxviii] DfES 581/2001 Special Educational Needs Code Of Practice page 46

Table of Abbreviations

Initials	Meaning
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
BVPS	British Picture Vocabulary Scale
CAMHS	Child And Adolescent Mental Health Services
CBCL	Child Behaviour Check List
CDC	Child Development Centre
CISE	Centre for Studies On Inclusive Education
DfEE	Department For Education And Employment
DfES	Department For Education And Skills
DSA	Down's Syndrome Association
DSM	Diagnostic And Statistical Manual Of Mental Disorders
DSS	Department Of Social Security
FDI	Freedom From Distractibility Index
GP	General Practitioner
IEP	Individual Education Plan
IQ	Intelligence Quotient
IRA	International Reading Association
LEA	Local Education Authority
MLU	Mean Length Of Utterance
POI	Perceptual Organisation Index
PSE	Personal And Social Education
PSI	Processing Speed Index
SATs	Scholastic Aptitude Tests
SEN	Special Educational Needs
SENCO	Special Educational Needs Co-ordinator
TRF	Teacher Report Form
UNESCO	United Nations Educational, Scientific And Cultural Organisation
VCI	Verbal Comprehension Index
WISC	Wechsler Intelligence Scales For Children

APPENDIX A

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

ADHD was once called hyperkinesias or minimal brain dysfunction. It is one of the most common mental disorders among children affecting 3 to 5 per cent of all children. ADHD often continues into adolescence and can cause a lifetime of frustrated dreams and emotional pain.

the symptoms of adhd

ADHD is not like a broken arm, or soar throat. Unlike these two disorders, ADHD does not have clear physical signs that can be seen in an x-ray or a lab test. ADHD can only be identified by looking for certain characteristic behaviours. These behaviours vary from person to person. Scientists have not yet identified a single cause behind all the different patterns of behaviour - and they may never find just one. Rather, someday scientists may find that ADHD is actually an umbrella term for several slightly different disorders.

At present, ADHD is a diagnosis applied to children and adults who consistently display certain characteristic behaviours over a period of time. The most common behaviours fall into three categories: inattention, hyperactivity, and impulsivity.

Inattention. People who are inattentive have a hard time keeping their mind on any one thing and may get bored with a task after only a few minutes. They may give effortless, automatic attention to activities and things they enjoy. But focusing deliberate, conscious attention to organizing and completing a task or learning something new is difficult.

For example, a child may find it agonizing to do homework. Often, they forget to plan ahead by writing down the assignment or bringing home the right books. And when trying to work, every few minutes they find their mind drifting to something else. As a result, they rarely finish and their work is full of errors.

Hyperactivity. People who are hyperactive always seem to be in motion. They can't sit still. They may dash around or talk incessantly. Sitting still through a lesson can be an impossible task. Hyperactive children squirm in their seat or roam around the room. Or they might wiggle their feet, touch everything, or noisily tap their pencil. Hyperactive teens and adults may feel intensely restless. They may be fidgety or, they may try to do several things at once, bouncing around from one activity to the next.

Impulsivity. People who are overly impulsive seem unable to curb their immediate reactions or think before they act. As a result, they may blurt out inappropriate comments. Or they may run into the street without looking. Their impulsivity may make it hard for them to wait for things they want or to take their turn in games. They may grab a toy from another child or hit when they're upset.

Not everyone who is overly hyperactive, inattentive, or impulsive has an attention disorder. Since most people sometimes blurt out things they didn't mean to say, bounce from one task to another, or become disorganized and forgetful, how can specialists tell if the problem is ADHD?

To assess whether a person has ADHD, specialists consider several critical questions: Are these behaviours excessive, long-term, and pervasive? That is, do they occur more often than in other people the same age? Are they a continuous problem, not just a response to a temporary situation? Do the behaviours occur in several settings or only in one specific place like the playground or the office? The person's pattern of behaviour is compared against a set of criteria and characteristics of the disorder. These criteria appear in a diagnostic reference book called the Diagnostic and Statistical Manual of Mental Disorders (DSM).

According to the diagnostic manual, there are three patterns of behaviour that indicate ADHD. People with ADHD may show several signs of being consistently inattentive. They may have a pattern of being hyperactive and impulsive. Or they may show all three types of behaviour.

According to the DSM, signs of **inattention** include:

- becoming easily distracted by irrelevant sights and sounds
- failing to pay attention to details and making careless mistakes
- rarely following instructions carefully and completely
- losing or forgetting things like toys, or pencils, books, and tools needed for a task

Some signs of **hyperactivity** and **impulsivity** are:

- feeling restless, often fidgeting with hands or feet, or squirming
- running, climbing, or leaving a seat, in situations where sitting or quiet behavior is expected
- blurting out answers before hearing the whole question
- having difficulty waiting in line or for a turn

Because everyone shows some of these behaviours at times, the DSM contains very specific guidelines for determining when they indicate ADHD. The behaviours must appear early in life, before age 7, and continue for at least 6 months. In children, they must be more frequent or severe than in others the same age. Above all, the behaviours must create a real handicap in at least two areas of a person's life, such as school, home, work, or social settings. So someone whose work or friendships are not impaired by these behaviours would not be diagnosed with ADHD. Nor would a child who seems overly active at school but functions well elsewhere.

Appendix B

Outline from The Down's Syndrome Association booklet:

DOWN'S SYNDROME
Your Questions Answered

What is Down's syndrome?

The word syndrome means a collection of signs or characteristics. The name Down comes from the doctor, John Langdon Down, who first described the condition in 1866.

There are more differences between people with Down's syndrome than there are similarities. They will have many of their families' distinctive characteristics and will therefore resemble their brothers and sisters. As well as these individual characteristics however, they will have physical features shared by others with Down's syndrome.

They will also have learning difficulties. This means they have greater difficulty learning than the majority of people the same age.

Attitudes in Society

People with Down's syndrome look a little different and are in general relatively less able than the population as a whole. It is important, however that the lives of all people have the same value and that they enjoy the same rights.

People react in different ways to those who have a learning difficulty. Some avoid contact because of embarrassment. Others are over-protective, insisting on helping with things people can do themselves.

Stereotyping and generalisations such as, "people with Down's syndrome have lovely temperaments" are not uncommon, but mean that those people are not being treated as individuals.

Encouraging people with Down's syndrome to behave in ways not permissible in other people of the same age, such as being very friendly with strangers, does not help people with Down's syndrome to become accepted.

Things People Say

Many people will talk about a "Down's syndrome" person. It is more appropriate to talk about a person with Down's syndrome. They are people first and foremost. The fact that they have Down's syndrome is of secondary importance.

Down's syndrome is not a disease, so it is inaccurate to say people suffer from it or that it can be treated.

People with Down's syndrome used to be described as mentally handicapped. Saying a person has a learning difficulty or learning disability is now considered to be more acceptable. Mental handicap is associated with demeaning terms such as "mental", "backward", "subnormal" and suggest an old fashioned image of being incapable and dependent. It can lead to confusion with mental illness. The terms integration and segregation are often used. In the context of people with learning disabilities, segregation means to set apart, to isolate. Integration means sharing places and activities alongside others. Many organisations connected with disability now prefer to use the term 'inclusion' rather than 'integration'.

How Common is Down's syndrome?

- For every 1,000 babies born one will have Down's syndrome.
- About 600 babies are born with Down's syndrome each year.
- It occurs in families from all social, economic, cultural, religious and racial backgrounds.

Accurate figures for the number of people with Down's syndrome in the country, or in different regions, are not available. It is only in the last few years that the number of babies born with Down's syndrome has been accurately recorded.

How Does Down's syndrome Occur?

The characteristic features of people with Down's syndrome were first described in 1866 by John Langdon Down. In 1959 Professor Lejeune proved that Down's syndrome is a genetic condition caused by the presence of an extra chromosome.

The body consists of millions of cells, which are too small to be seen with the naked eye. Every cell contains a number of chromosomes.

Chromosomes are tiny particles, which carry the blueprint for all the characteristics that we inherit.

Normally there are 46 chromosomes in every cell; half of these come from our mother, half from our father. The person with Down's syndrome has an extra chromosome 21, making 47 in all. This results in a disruption to the growth of the developing baby.

This extra chromosome can come from either the mother or the father, and is present because of a genetic accident when the egg or the sperm is made (see diagram below) or during the initial cell division following conception, (i.e. when the egg and sperm fuse).

There are 3 different types of Down's syndrome. 95% of people with Down's syndrome have the type known as standard trisomy 21. This type of Down's syndrome is always an accident of nature. It can happen to anyone and there is no known reason why it occurs.

Faulty distribution of chromosome 21 in the egg leading to standard trisomy 21

Approximately 1 in 100 people with Down's syndrome have inherited the condition from their mother or their father because of a genetic anomaly called a translocation.

The third type of Down's syndrome, also rare, is known as mosaic Down's syndrome.

Again, for reasons not understood, the chance of any woman having a child with Down's syndrome increases with her age, particularly after 35 years. The age of the father appears to be less significant.

Risk and maternal age - the chance of having a baby with Down's syndrome.

25	years	old	1	in..1,400
30	years	old	1	in....800
35	years	old	1	in....380
38	years	old	1	in....190
40	years	old	1	in....110
45	years	old	1	in.....30

The majority of babies with Down's syndrome are still born to younger women, since the overall birth rate is higher in younger women.

The chance of parents of one child with Down's syndrome having a second child with the condition can be greater than that of the general population. Genetic counselling is therefore very important.

Characteristics

Down's syndrome is normally suspected soon after the birth, because a doctor, nurse, or sometimes a parent recognises the characteristic features. Chromosome tests are then carried out to confirm the diagnosis.

The features which people look for include:

- Eyes that slant upwards and outwards. They often have a fold of skin that runs vertically between the two lids at the inner corner of the eye (the epicanthic fold).
- A head which is rather flat at the back with a hairline that is low and ill defined at the nape of the neck, often with rather loose skin in this area.
- A face that appears somewhat flat with a flat nasal bridge.
- A mouth cavity that is slightly smaller than average, and a tongue that is slightly larger. Thus the child's tongue may protrude, a habit that can be stopped with teaching.
- Hands that are broad, with short fingers, and a little finger that curves inwards. The palm may have only one crease across it.
- A deep cleft between the first and second toe extending as a long crease on the side of the foot.
- Reduced muscle tone, which results in floppiness (hypotonia). This improves spontaneously as the child gets older.

- A below average weight and length at birth.

It is important to point out that any of these features can occur in people who do not have Down's syndrome. For example, 4 - 5% of children who do not have Down's syndrome have a single crease across their palm; 6 - 8% of children without Down's syndrome display epicanthic folds. 25 -50% of persons who do not have Down's syndrome have slanted eyes, flat back of the head, small ears, flat nasal bridge.

Health

Many people with Down's syndrome enjoy a healthy life, and a lifespan of 40-60 years is not unusual.

Certain medical conditions are more common in people with Down's syndrome. For example:

- 40% have heart problems at birth, half of which are serious and require surgery.
- More than half of children with Down's syndrome have significant hearing problems and problems with vision are even more common.
- It is likely that up to 30% of people with Down's syndrome may develop thyroid disease.
- There is now increasing evidence of a greater risk of developing Alzheimer's disease (senile dementia) and sometimes at as young an age as 30 years.
- More minor complaints such as dry skin and coughs and colds, are also more common.

It is not inevitable that people with Down's syndrome are unwell, they can be very well, and the right to be should not be influenced by the fact that they have Down's syndrome.

Growth and Development

The average height of a child or adult with Down's syndrome is less than that of the rest of the population. They can also gain weight with ease, though a controlled diet and regular exercise will prevent this. Because of this altered growth pattern, special charts are now available in order to allow accurate monitoring of the child's growth.

Their bodies mature in the same way, however, and they too will reach puberty in their early teens.

People with Down's syndrome can gain physical and mental skills throughout their lives. The ability level of children and adults with Down's syndrome varies considerably, but the average rate of progress is slower than in ordinary people. It is more likely therefore that they will:

* Sit alone at 6-30 months rather than 5-9 months like their ordinary peers.
* Walk at 1-4 years rather that 9-18 months.
* Say their first word at 1-3 years rather than 10-23 months.
* Be toilet trained by 2-7 years rather than 1-3 years.

Programmes of education or therapy designed to accelerate the development of children with disabilities in the pre-school years are now widespread. They are known as early intervention programmes.

They can include:

- Specific treatment programmes such as physiotherapy, occupational therapy and speech therapy.
- General education programmes where a trained home teacher works with the child and the family in their own home environment, such as Portage.

The aim for all children should be to enable them to reach their maximum potential without being pushed beyond their capacity.

Most teenagers with Down's syndrome will achieve a degree of independence. They will be able to dress themselves and speak so that their family can understand them. They will desire close friendships and have ordinary teenage interests.

From an early age many people with Down's syndrome will be aware that they are different in some ways from other children, and the encouragement of confidence and independence rather than separation and reliance on others is important.

Support

Most of those involved in providing a service to people with Down's syndrome and their families are employed by Health Authorities, Education Authorities or Social Services.

The independent sector, including many voluntary agencies, is growing in significance, however.

The professionals available, and the titles they are given, vary from area to area, but in general they include those mentioned below.

Support Available in the Very Early Days

The paediatrician (i.e. a doctor who specialises in the care of children) is responsible for informing the parents that their child has Down's syndrome. Many parents are very shocked and distressed. Much has been written on how to break the news and authors suggest that if this is done well these painful feelings can be reduced. For example, they advise that information is given without undue delay and is realistic and yet positive.

Hospital midwives and specialist health visitors can be very important, too, in providing information and support. Written information produced by the Down's Syndrome Association (DSA) to help new parents, can be offered to the family.

If the baby is unwell s/he may go the special care baby unit where a range of professionals including nurses and physiotherapists will be involved.

Some parents, who feel they cannot cope with the fact that their baby has Down's syndrome, want to talk through the possibilities of fostering or adoption with a hospital social worker. It is unusual that parents proceed with adoption once they have got to know their baby. However, approximately 10-15% of couples do place their child for adoption or foster care.

The community midwife and health visitor will be the first professionals to visit the family at home. They can offer: emotional support; advice on practical ways of coping with difficulties such as feeding problems; information on Department of Social Security (DSS) benefits and on local services.

These early days can be very stressful, but after the initial shock there is often a period of positive adjustment and optimism. Parents can be reassured that research shows that stress is not a necessary consequence of parenting a child with Down's syndrome. It is true, however that family life, when there is a child with Down's syndrome, may be more stressful if the child has extra difficulties such as medical problems, or where there are pressures such as a shortage of money, or support. There is no evidence that brothers and sisters develop more behavioural problems than in other families, or that there is more rivalry or jealousy.

The parents may be anxious to know what their chances are of having another child with Down's syndrome. For this information they can be referred to a genetic counsellor at the hospital.

The staff at the national office of the DSA always welcomes parents to visit, to talk, and look at the literature available.

Support Available, as the Child is Growing Up

The health visitor will continue to visit. She will work closely with the general practitioner who will look after the general health of the whole family and make any necessary referrals.

Regular appointments will probably be made, with the paediatrician at the local child development centre (CDC). Medical specialists may be involved if specific medical problems exist. A speech therapist, physiotherapist and occupational therapist may well have a role in the CDC, the family's home and later in the child's school.

A social worker may not automatically call, but a visit can be requested. S/he can offer help, which includes: information on holidays and respite care (an arrangement where the child goes to stay with another family or in a hostel to allow all concerned to have a break), plus advice on claiming and managing money. The DSS benefits that the family may be awarded include Disability Living Allowance and Invalid Care Allowance.

A Portage, or educationally based pre-school teaching service, may be available for assisting with education, and later, of course, the school teacher.

An educational psychologist can advise about learning and behaviour, and will be a key person in the assessment of the child's special educational needs.

Some areas will have a community team for people with learning difficulties (or community mental handicap teams as they were originally and still often are known). This can include social workers, mental handicap nurses, psychologists and others, all with experience in working with people with learning disabilities.

Other professionals who may be involved include: the school nurse and school medical officer; the child psychologist; welfare rights advisors; nursery nurses and play workers.

The parents may wish to meet other families who have a child with Down's syndrome. They can do this through their local branch of the Down's Syndrome Association.

Education up to 16

People with Down's syndrome can learn effectively. However, they will nearly always require a statement of special educational needs.

The Education Act 1993 imposes on local education authorities (LEA's) a duty to identify, assess, make and maintain a statement for children over 2 for whom it is necessary for the LEA to determine the special educational provision. A formal assessment has to be carried out. This involves seeking educational, medical and psychological opinions on the child's ability, as well as taking into account the parents' views. The whole process should usually take no longer than six months. Parents have an opportunity to respond to the proposed statement and if they still disagree with the final statement they can appeal to an independent tribunal. Statements must be reviewed at least every 12 months.

The kind of provision available for the pre-school child includes; playgroups and opportunity groups, toy libraries, mother and toddler groups and nurseries.

Since the 1981 Education Act the trend has been towards the integration of children with Down's syndrome into ordinary schools rather than the segregation in special schools.

Successful integration requires support, planning and extra staffing. At primary and secondary school level a teaching assistant is generally required to support the child with Down's syndrome for at least part of the week.

Education up to and after 16

Most parents favour integration. They fear that in a special school, which may be some distance from home, their child will become socially isolated, travelling long distances on a special bus and having no local friends to play with in the holidays. They also feel that it is important for their children to have the role models of children without special needs, and for other children to mix with children with a learning disability.

For some parents a special school is their first choice. They are concerned that their child should be taught in a more protected, specialised environment. Integration is sometimes considered to require more resources than the LEA is able to make available and a place in a special school is offered in spite of the parents' wishes. Alternatively the parents may feel that the resources allocated are insufficient to make the integration successful, and so they opt for a special school.

Prenatal Testing for Down's syndrome

It is possible to find out if a pregnant woman is carrying a child with Down's syndrome. The tests used to do this are known as diagnostic tests. The most commonly used diagnostic test is called amniocentesis. This is usually carried out in the fourth month of pregnancy and involves taking a sample of the fluid surrounding the baby in the womb. It is almost 100% accurate in detecting Down's syndrome, but carries a risk of miscarriage of around 1 in 100.

Screening tests are also available. These do not state categorically whether or not the unborn child has Down's syndrome, instead they give an estimated chance of the baby having the condition. One such test is the Triple test. This involves a blood sample being taken from the mother in the fourth month of pregnancy.

It is vital that counselling is given in conjunction with all prenatal testing.

The DSA and the parents it represents do not believe that having a baby with the condition is a reason to terminate a pregnancy. However, we realise that this is a decision for individuals to make.

APPENDIX C

ASSESSMENT OF ADD/ADHD

Inattention

(At least six of the following have persisted for at least six months, to a degree that is maladaptive and inconsistent with the developmental level of the child)

1. Often fails to vie close attention to details, or makes careless errors in schoolwork, work or other activities (slapdash, sloppy)
2. Often fails to sustain attention in tasks or play activities
3. Often appears not to listen to what is being said to him/her
4. Often fails to follow through on instructions or to finish schoolwork, chores, or duties in the workplace (not because of oppositional behaviour or failure to understand instructions).
5. Is often impaired in organising tasks and activities
6. Often avoids or strongly dislikes, such as homework that require, sustained mental effort
7. Often loses things necessary for certain tasks or activities, such as school assignments, pencils, books, toys or tools
8. Is often easily distracted by external stimuli
9. Is often forgetful in the course of daily activities (but memory okay on testing)

Overactivity

(At least three of the following symptoms have persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child)

1. Often fidgets with hands or feet or squirms on seat (adolescents – often over talkative)
2. Leaves seat in classroom or in other situations in which remaining seated is expected
3. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, only feelings of restlessness may be present)
4. Is often unduly noisy in playing or has difficulty in engaging quietly in leisure activities
5. Exhibits a persistent pattern of excessive motor activity that is not substantially modified by social context or demands

Impulsivity

(At least one of the following symptoms of impulsivity has persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child)

1. Often blurts out answers before questions have been completed
2. Often fails to wait in lines or await turns in games or group situations
3. Often interrupts or intrudes on others (e.g. butts into others' conversations or games)
4. Often talks excessively without appropriate response to social constraints

Pervasiveness

The criteria should be met for more than a single situation e.g. the combination of inattention and hyperactivity should be present both at home and at school, or at both school and another setting where Onset of the disorder is no later than the age of 7 years.

Children are observed, such as a clinic. (Evidence for cross situationally will ordinarily require information from more than one source; parental reports about classroom behaviour, for instance, are unlikely to be sufficient).

The symptoms above cause clinically significant distress or impairment in social, academic, or occupational functioning.

There may be symptoms of other problems (co-morbidity) so important to ask about these in more detail if appropriate e.g.

Conduct/oppositional – defiant disorder. If both hyperactivity and conduct disorder are present then hyperactivity has usually preceded conduct disorder (ICD-10).

Conduct/oppositional – defiant disorder

To be classified as having either conduct disorder or oppositional disorder there has to be present a repetitive and persistent pattern of behaviour, in which either the basic rights of others or major age-appropriate societal norms or rules are violated, lasting at least 6 months, during which some of the following symptoms are present:

1. Has unusually frequent or severe temper tantrums for his or her developmental level;
2. Often argues with adults;
3. Often actively refuses adults' requests or defies rules;
4. Often, apparently deliberately, does things that annoy other people;
5. Often blames others for his or her own mistakes or misbehaviour;
6. Is often "touchy" or easily annoyed by others;
7. Is often angry or resentful;
8. Is often spiteful or resentful;
9. Often lies or breaks promises to obtain goods or favours or to avoid obligations;
10. Frequently initiates physical fights (this does not include fights with siblings);
11. Has used a weapon that can cause serious physical harm to others (e.g. bat, brick, broken bottle, knife, gun);
12. Often stays out after dark despite parental prohibition (beginning before 13 years of age);
13. Exhibits physical cruelty to other people (e.g. ties up, cuts, or burns a victim);
14. Exhibits physical cruelty to animals;
15. Deliberately destroys the property of others (other than by firesetting);
16. Deliberately sets fires with a risk or intention of causing serious damage;
17. Steals objects of non-trivial value without confronting the victim, either within the home or outside (e.g. shoplifting, burglary, forgery);
18. Is frequently truant from school, beginning before 13 years of age;
19. Has run away from parental or parental surrogate home at least twice or has run away once for more than a single night (this does not include leaving to avoid physical or sexual abuse);
20. Commits a crime involving confrontation with the victim (including purse-snatching, extortion, mugging);
21. Forces another person into sexual activity;
22. Frequently bullies others (e.g. deliberate infliction of pain or hurt, including persistent intimidation, tormenting, or molestation);
23. Breaks into someone else's house, building or car.

In addition to these categorizations, it is recommended that cases be described in terms of their scores on three dimensions of disturbance:

1. Hyperactivity (inattentive, restless behaviour);
2. Emotional disturbance (anxiety, depression, obsessionality, hypochondriasis) and
3. Severity of conduct disorder:
    a. Mild: few if any conduct problems are in excess of those required to make the diagnosis, *and* conduct problems cause only minor harm to others;
    b. Moderate: the number of conduct problems and the effects on others are intermediate between "mild" and "severe";

c. Severe: there are many conduct problems in excess of those required to make the diagnosis, *or* the conduct problems cause considerable harm to others, e.g. severe physical injury, vandalism, or theft.

Conduct disorder confined to the family context

Unsocialised conduct disorder

Socialized conduct disorder

1. The general criteria for conduct disorder must be met.
2. Three or more of the symptoms listed for conduct disorder must be present, with at least three from items (9)-(23).
3. At least one of the symptoms from items (9)-(23) must have been present for at least 6 months,
4. Conduct disturbance must include settings outside the home or family context.
5. Peer relationships are within normal limits.

OTHER CONDITIONS

Global learning disability (average IQ is slightly < Mean

Specific scholastic skills disorder e.g. specific reading disability

Specific language impairment

Dyspraxia

Gilles de la Tourettes Syndrome or serious tics

Obsessions

APPENDIX D

The role of the central support services

Support services will be expected to consider the implications of inclusion principles within their development plans, together with any associated development for their staff. All support services will work with schools and parents/carers to support early identification of educational difficulties and try to ensure early and appropriate intervention at all ages. The Early Years SEN Strategic Plan addresses these issues for very young children. The County Council will rigorously review the use of support services to ensure effective and co-ordinated support for schools, children and parents/carers.

Interagency working

The County Council recognises that for many children with severe and complex difficulties there is a need for support from more than one agency for them and their families. The County Council is committed to improving joint agency planning and service delivery for all children who need it and will work closely at all levels with these agencies and the voluntary sector in order to ensure effective provision and smooth transition between phases of education and life. This means continuing to work at a county and local level to improve joint planning and service delivery and jointly working on agreed priorities. Some children cannot access the educational opportunities presented to them without effective support from Health and/or Social Services. The County Council has a firm commitment to working with other agencies to ensure that appropriate recognition is given to the educational needs of all children.

Partnership

The County Council wishes to work towards inclusion in open and collaborative partnership with all schools, governors, agencies, voluntary bodies and parents/carers. The contribution of each sector is valued. It is recognised that such collaboration is often not easy to achieve and can be time consuming.

Developing skills and knowledge

Training

The County Council will work with schools and others to ensure that those working with children with learning or behavioural needs have access to effective programmes of supportive and relevant training. Governor training programmes will reflect these same issues. Training providers are expected to routinely evaluate the effectiveness of training. Every effort will be made to ensure that such training is available and accessible across the county. Particular emphasis will be placed on developing and supporting programmes of training to develop staff skills in working with children with challenging behaviours and other agreed priority areas. It is accepted that such training should be accessible to all staff who have identified needs.

It has to be recognised that the majority of the budget for training now lies with schools, but the County Council will work with schools to ensure that agreed priority areas are given due emphasis within the training programmes developed and maintained and that these programmes of training are accessible to all.

Where pilot programmes are introduced every effort will be made to evaluate these and to share good practice emerging from this research with other schools. Training can often be effective in untraditional forms, such as exchange of staff or working alongside colleagues in a school where good practice has been identified.

Role of special schools

The County Council recognises the expertise and experience available within special schools and supports their development as centres of excellence to support colleagues in mainstream schools. It is likely that some pupils will have such severe and complex special educational needs that they are likely to need the availability of specially resourced schools for some time to come. The County Council will work with special and mainstream school colleagues to develop flexible systems, which support inclusive education. This may involve, for example, outreach from, or in-reach to, special schools and part-time or short-term placements in appropriate situations.

Special schools have a leading role to play in developing partnerships with mainstream colleagues and in exploring collaborative ways forward with other schools and colleges.

Disseminating good practice

The County Council will ensure that ways of identifying good inclusive practice are developed and that good practice is identified, acknowledged, valued and shared at regular intervals with educational establishments, support services, and other interested parties. Care will need to be taken to ensure that due weight is given to establishing the impact of such practice upon time and workloads.

Further, that ways of sharing that good practice will need to be developed with schools and maintained. This will involve close working between Standards and Improvement and Inclusion Branches with schools. Information on progress will be shared with that same group of people.

Resources

Access

The County Council will plan corporately to ensure that all new building projects address full accessibility for disabled and sensory impaired people. In addition, the County Council will work towards the position where all buildings, events and activities are fully accessible to disabled children and adults. It is acknowledged that this will take some time to achieve but future progress will be maximised within funding frameworks set down by national government.

Funding

Where appropriate, the County Council will direct resources to meet the needs of children in educational settings, in order to support inclusion. Resourcing mechanisms, which support schools in providing effective education for a wider group of children without having to go through the process of individual statutory assessment, will be supported. Delegated funding mechanisms will continue to play a major role in this and the County Council will work with schools to continue to improve effective targeting of such funds based on proven research findings. The current level of funding provided to Hampshire mainstream schools via the Special Educational Needs Audit is in excess of £15 million and this is supplemented by a further £2.3 million distributed for low incidence statements.

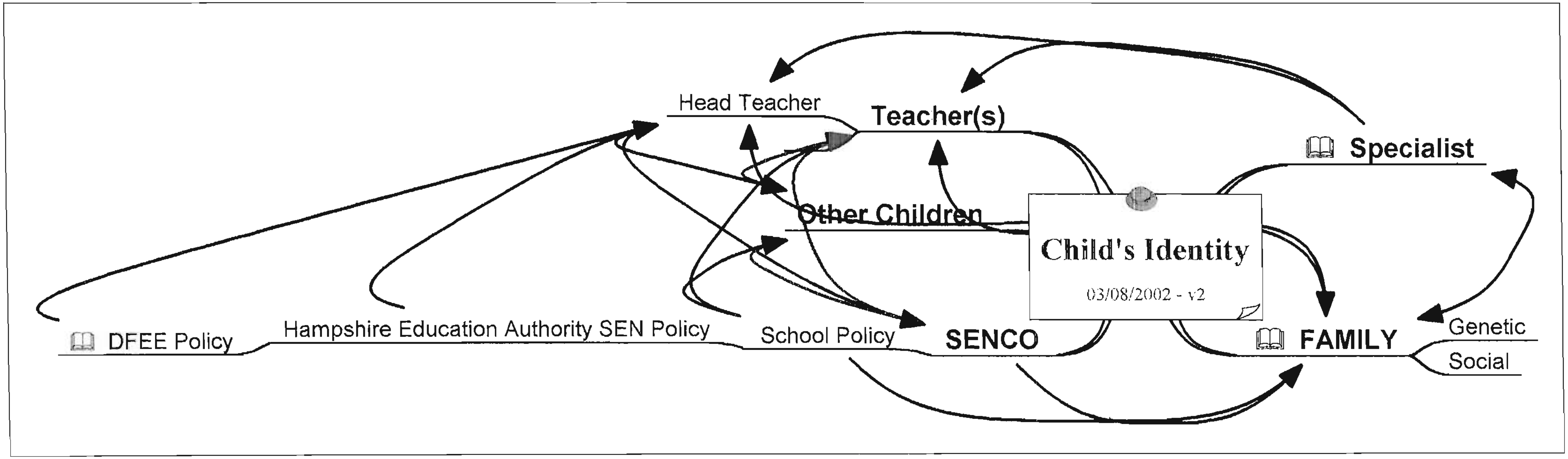
The County Council will continue to work with schools to explore and develop ways of resourcing schools for working with included children with special educational needs. Two current issues being explored are how to better support children with significant SEN being included in mainstream schools by expressed parental preference, and how to ensure that schools receive appropriate support for children being reintegrated from special schools, especially during the transitional period. Many schools have expressed concern that funding to support their work with pupils with behavioural difficulties should be made more flexible and accessible. This needs to be jointly explored and addressed.

Monitoring and review arrangements

A number of objectives and specific actions have been identified and are listed in the Inclusion Policy Action Plan. For each action, performance outcomes are included that will be used to monitor progress towards the objectives. Schools will be included as active partners in providing feedback in this respect.

The Inclusion Policy will be reviewed in 2003.

APPENDIX E



MindManager1.mmp - 03/08/2002 - v2

APPENDIX F

LETTER TO PARENTS

Dear Parent

Re: Doctorate thesis that I hope to research in Hampshire Schools

I am an Ed.D. student at Southampton University and a supply teacher for Hampshire. For my doctorate thesis I hope to study the inclusion of special needs pupils into mainstream classes using life story (auto/biographical) methods.

My initial question with which I would begin my investigation is:

> ***What is the SEN students' experience of inclusion into mainstream classes in Hampshire Schools?***

I will be developing and refining this question throughout the study.

I would require life story information from your son/daughter, to include diary records during the time when they are being included into mainstream classes (written and/or aural), opportunities for lesson observation and interviewing procedures (pupil, family and teachers), life documents including records of progress from schools i.e. achievements, other documentation which would enlighten my understanding about the life of the pupils etc. I am requesting informed consent from you for me to place these experiences into the public arena (the thesis will be on the shelves in the library of Southampton University and I may publish some of this work through magazines) although confidentiality will be observed by name changes etc. if you require this. Please note that you may drop out of this study at any time although to enable inclusion to be more successful, enabling your child to get the best from their education, studies like this are valuable.

A form that will enable me to contact you to discuss the possibility of including your child in this study is enclosed. I look forward to your reply in which I hope that you will allow access and agree for this study to take place.

Yours Sincerely

NOTES ABOUT DIARY RECORDS FOR PARENTS

Diaries can offer a fascinating and detailed picture of day-to-day life. They do not just recount events and places, but also thoughts, feelings, attitudes, revealing something of the identity of the person who is writing or narrating the accounts (Denzin, 1989).

Starting from the 1 April 2002 please help your child to keep a daily diary noting the days events, their thoughts about what has happened to them, their feelings when it happened, later on that day, a few days later etc. (Do they change over time? How?). If your child changed or didn't change how they coped with what happened please note this too. Did they see the event as good or bad? Did what happened change their relationship with other pupils/teaches/family members etc? Did what has happened to the child in the past affect the way in which they dealt with the present situation? If so how? Any other interesting comments which you wish to add.

I know that the pupils who are providing these diary accounts can often be easily distracted and, therefore, I have tried to simplify the task by offering a table:

EVENT/ WHAT HAPPENED	**THOUGHTS**	**FEELINGS**	**WHAT I DECIDED TO DO**	**OTHER COMMENTS**

You have the option of using the table idea or writing/narrating freely.

A - Z MEMORY RECORD FOR PARENTS

I first came across this method of writing life-stories in a local primary school. It was being carried out in the literacy hour with year 6 pupils. They were studying biographies. It was an opportunity to remember their lives so far and record significant people, places and things, which had happened. The pupils all had exercise books with each page marked with a different letter of the alphabet. This gave a structure to an otherwise daunting task (How do I write down 10/11 years of life from scratch?). Each day every pupil wrote two or three entries, having opportunities to go home and discuss any events with family and friends. This was a method the children enjoyed which was evident from them asking to have time to do this task every day. Each child was then able to read and discuss each aspect of their past lives in a lively and informed way. The writing of these records was a good platform from which to move on into secondary school.

Please establish a record of past places, people, events, important things etc. which form a number of aspects of the child's lives. Where possible I would appreciate documents e.g. pictures, letters, child's schoolwork etc. to show what has happened and give further information about these aspects of the child's life.

Examples

Page 1

A a

Anna is my mother. She is tall and slim and has brown hair and eyes. I like her to cuddle me. She reads a story and kisses me before I go to bed. When I was 2 years old she bought me a teddy bear called Rupert. I didn't want to leave her on my first day at school. Now she is always at school to meet me at the end of the day.

(You may go on to tell other stories about Anna and her relationship to her son/daughter, then stick a picture on this page)

Page 2

B b

Big Macs are my favourite food. Dad says that I will turn into one if I eat any more! Mum is trying to get me to eat other food. I hate vegetables like leeks and cauliflower.

(Add other food likes and dislikes on this page)
NOTE: Please complete this record either on separate sheets or in a book.

ACROSTIC POEM INFORMATION FOR PARENTS

This is one method I have used with pupils in the past to help them to become more aware of who they were and build self-confidence. Some excellent results have occurred, finding their way onto the classroom walls. The poems themselves have been a start to conversations between the children and myself and also discussions by different class members. An example of one of these poems may be:

T raining for football is my sport
Opening computer game web sites my delight
My companion is Bob the dog

Swimming I love on the beach
My best friend is John
I like to go on holiday in Spain
Tell me a good joke and I'll laugh
Helping Mum and Dad at weekend I like

Feel free to add pictures to decorate this sheet to say more about your son/daughter. This would identify who the child felt they were at any one time in the research. Please work on one of these poems over the period of the study.

Non-Directive Interview with pupil

I decided to use this form of interview principally because I wanted to explore the experience of the pupils. By interviewing the child I want to discover their feelings about their life journey and how they have changed in order to accomplish this complex task. During the interview I want to be able to check the knowledge, understanding and meaning behind diary entries and other written work, for different events. This is only possible with a non-directive interview method.

It would be helpful if the child could have photos, articles e.g. a teddy, videos, the acrostic poem, their ABC record and diary during these interviews to aid their memories.

Informal Interview With Significant Others

If one is to understand the life story of the child, one must take account other people who interact with them. Hence the informal interviews with significant others who influence the child.

Please bring anything of significance, which will help you to provide helpful input about your child.

Please arrange with a two convenient times, one near the beginning of April, the second around the end of June for possibilities for me to interview yourself, (possibly also close relatives and friends) and especially the child.

I will also be interviewing staff at the school your child attends.

APPENDIX G

The Nineteen Propositions

Taken from Rogers, C. (1951) Client-Centred Therapy: It's Current Practice, Implications and Theory Boston: Houghton Mifflin

Pages 483-522

1. Every individual exists in a continually changing world of experience of which he is the centre.
2. The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual 'reality'.
3. The organism reacts as an organized whole to this phenomenal field.
4. The organism has one basic tendency and striving – to actualise, maintain, and enhance the experiencing organism.
5. Behaviour is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived.
6. Emotion accompanies and in general facilitates such goal-directed behaviour, the kind of emotion being related to the seeking versus the consummatory aspects of the behaviour, and the intensity of the emotion being related to the perceived significance of the behaviour for the maintenance an enhancement of the organism.
7. The best vantage point for understanding behaviour is from the internal frame of reference of the individual himself.
8. A portion of the total perceptual field gradually becomes differentiated as self.
9. As a result of interaction with the environment, and particularly as a result of evaluational interaction with others, the structure of self is formed – an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the 'I' or 'me', together with values attached to these concepts.
10. The values attached to experiences, and the values, which are a part of the self-structure, in some instances, are values experienced directly by the organism, and in some instances are values introjected or taken over from others, but perceived in distorted fashion, as if they had been experienced directly.

11. As experiences occur in the life of the individual, they are either (a) symbolized, perceived, and organized into some relationship to the self, (b) ignored because there is no perceived relationship to the self-structure, (c) denied symbolization or given a distorted symbolization because the experience is inconsistent with the structure of the self.
12. Most of the ways of behaving, which are adopted by the organism, are those, which are consistent with the concept of self.
13. Behaviour may, in some instances, be brought about by organic experiences and needs which have not been symbolized. Such behaviour may be inconsistent with the structure of the self, but in such instances the behaviour is not 'owned' by the individual.
14. Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organised into the gestalt of the self-structure. When this situation exists, there is a basic or potential psychological tension.
15. Psychological adjustment exists when the concept of the self is such that all the sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of self.
16. Any experience, which is inconsistent with the organisation or structure of self, may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organized to maintain self.
17. Under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences, which are inconsistent with it, may be perceived, and examined, and the structure of self revised to assimilate and include such experiences.
18. When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals.
19. As the individual perceives and accepts into his self-structure more of his organic experiences, he finds that he is replacing his present value system – based so largely upon introjections which have been distortedly symbolized – with a continuing organismic valuing process.

NOTE: If you find these ideas difficult to understand the book by Merry, T. (2000) Learning And Being In Person-Centred Counselling Ross-On-Wye: PCCS Books Ltd. pages 24-27 may help. Rogers, on the other hand, would recommend you go away and experience these things for yourself!

APPENDIX H

Psychological Assessment For Steve

(Taken from the Chartered Psychologist's report for Steve 6 June 2001)

Cognitive Ability

Steve's cognitive ability was assessed using the Wechsler Intelligence Scales for Children (Wisc-III UK). The WISC III-UK is made up of a range of subtests that measure a variety of cognitive functions. Scores are represented as percentiles with a score at the 50th percentile being exactly average. Scores between the 25th and 75th percentiles are within the average range but at extremes of that range. The following is a guide for interpretation of scores.

IQ Scores (with a mean of 100 and an Standard Deviation of 15)		percentiles
Very high	130 and above	98-99
High	120-129	91-97
Above Average	110-119	75-90
Average	90-109	25-74
Below average	80-89	9-24
Low	70-79	3-8
Very low	69 and below	1-2

Steve's results are presented in the table below:

	IQ Score	IQ Range	Percentile
Full Scale IQ	88	83-94	21st
Verbal IQ	90	84-97	25th
Performance IQ	88	81-97	21st

The full scale IQ is a measure of general intelligence, scholastic aptitude and readiness to master a school curriculum. Steve's overall cognitive ability is better than 20 in every one hundred children of a similar age. This is a below average range.

The verbal scales are a measure of verbal comprehension. This includes the application of verbal skills and information to the solution of problems, which draws on the ability to process verbal information and to think in words. The verbal scales provide information about the child's ability to process language, reason verbally, learn with a verbal style and draw on associated attention and memory skills. Steve's verbal skills are better than 24 in every one hundred children of a similar age. This is in the low average range.

The performance scales are a measure of perceptual organisation. This includes the ability to think in visual images and manipulate these images with fluency and relative speed, to apply non-verbal reasoning and to interpret visual material quickly. The performance scale draws on skills in visual processing, planning and organisational ability, non-verbal learning and associated attention and memory. Steve's perceptual skills are better than 20 in every one hundred children of a similar age. This is below average range.

The results of each of the subtests are presented in the table below:

Subtest	Scaled score (Average range 8-12)	Subtest	Scaled score (Average range 8-12)
Information	9	Picture Completion	7
Similarities	9	Coding	9
Arithmetic	9	Picture Arrangement	8
Vocabulary	8	Block Design	9
Comprehension	7	Object Assembly	9
Digit Span	7	Symbol Search	12

The scores obtained are within a consistent range and most falls within the lower average range. The below average scores are not sufficiently discrepant to be of concern. As such, the cognitive profile does not suggest underlying specific strengths and weaknesses or cognitive factors that may be contributing to Steve's difficulties.

Literary assessment (WORD)

The Wechsler Objective Reading Dimensions (WORD) were administered to assess Steve's current attainments and the following results were obtained:

	Percentile	Age equivalent	Significant discrepancy
Word Reading	37th	8:09	No
Spelling	27th	8:03	No

Reading requires the child to recognise, decode and track letters and words. Performance on Word Reading is influenced by ability to recognise printed words, efficiency of auditory working memory, skill in word analysis without contextual clues and knowledge of vocabulary. Steve's word reading skills are within the expected range for a child of his age and ability. He demonstrated a good awareness of decoding skills.

Spelling requires the ability to form an internal visual representation of a word, remember this and associate this with an auditory presentation of the word. Performance on Spelling is influenced by visual memory for the correct spelling of whole words, knowledge of phoneme-to-grapheme mappings and knowledge of spelling rules. Steve's spelling skills are also within the range expected for his age and ability.

His writing was observed to be neat, legible and with well formed letters in a cursive style.

Social Reasoning Ability

Steve's social reasoning ability was assessed using the British Ability Scales Social Reasoning Test. In this test children are presented with stories, which indicate moral dilemmas and are asked to give their opinion on these. Their responses are measured against normative data to give an indication of social reasoning ability and developmental stage. Steve's responses indicate that he is at a stage of reasoning where he is able to consider the immediate consequence of an event only. This level of reasoning suggests that Steve is able to make a relevant response to a situation but only in terms on considering the immediate consequence, whether this is reward, punishment or the feeling evoked. This is consistent with 14% children of the same age suggest this is below that expected for a child of his age. This would indicate some difficulties in social understanding.

Child Behaviour Checklist (Achenbach, 1991)

The Child Behaviour Checklist (CBCL) and Teacher Report Form (TRF) were used to elicit views from parents and teachers and assess these for cross informant reliability. This is a useful behavioural rating scale, which identifies eight areas of emotional and behavioural difficulties. The scales were completed by Steve's tutor and by his parents. Responses to the items in the checklist are measured against normative data and compared to 'cut-offs' for clinical concern. The results were as follows:

Scale	CBCL	Clinical Concern	TRF	Clinical Concern
Withdrawn	1	No	1	No
Somatic Complaints	2	No	0	No
Anxious/Depressed	10	No	3	No
Social Problems	20	Yes	6	No
Thought Problems	8	Yes	3	Yes
Attention Problems	15	No	20	No
Delinquent Behaviour	9	Yes	7	Yes
Aggressive Behaviour	34	Yes	28	Yes

Overall, the results would suggest that Steve's difficulties are externalising in category. Cross informant reliability is suggested in three main areas: Thought Problems, Delinquent Behaviour and Aggressive Behaviour. Specific parental comments indicate that Steve has a tendency to become somewhat obsessional about ideas and that he reports he hears people telling him to be bad. His thinking style is described as rigid and literal as is his general behaviour. Further comments indicate that he picks at himself and is wakeful in his sleep. Teacher comments indicate that Steve does not appear to have knowledge about conventional standards of behaviour, that he picks himself and that he does not like it when things do not go his way i.e. if others do not choose him. Specific items relating to thought problems indicate that these may be summarized as rigidity, self-harming and obsessional thinking. Specific items relating to delinquent behaviour indicate these relate to a lack of guilt, being easily influenced and telling lies.

APPENDIX I

ASSESSMENT OF ADD/ADHD FOR STEVE

Inattention

(At least six of the following have persisted for at least six months, to a degree that is maladaptive and inconsistent with the developmental level of the child)

10. Often fails to vie close attention to details, or makes careless errors in schoolwork, work or other activities (slapdash, sloppy)
11. Often fails to sustain attention in tasks or play activities
12. Often appears not to listen to what is being said to him/her
13. Is often impaired in organising tasks and activities
14. Often avoids or strongly dislikes, such as homework that require, sustained mental effort
15. Often loses things necessary for certain tasks or activities, such as school assignments, pencils, books, toys or tools
16. Is often easily distracted by external stimuli

Overactivity

(At least three of the following symptoms have persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child)

6. Often fidgets with hands or feet or squirms on seat (adolescents – often over talkative)
7. Leaves seat in classroom or in other situations in which remaining seated is expected
8. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, only feelings of restlessness may be present)
9. Is often unduly noisy in playing or has difficulty in engaging quietly in leisure activities
10. Exhibits a persistent pattern of excessive motor activity that is not substantially modified by social context or demands

Impulsivity

(At least one of the following symptoms of impulsivity has persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child)

5. Often blurts out answers before questions have been completed
6. Often fails to wait in lines or await turns in games or group situations
7. Often interrupts or intrudes on others (e.g. butts into others' conversations or games)
8. Often talks excessively without appropriate response to social constraints

Pervasiveness

Nothing ticked

Conduct/oppositional – defiant disorder

To be classified as having either conduct disorder or oppositional disorder there has to be present a repetitive and persistent pattern of behaviour, in which either the basic rights of others or major age-appropriate societal norms or rules are violated, lasting at least 6 months, during which some of the following symptoms are present:

24. Often argues with adults
25. Often, apparently deliberately, does things that annoy other people
26. Often blames others for his or her own mistakes or misbehaviour
27. Is often "touchy" or easily annoyed by others
28. Is often angry or resentful
29. Often lies or breaks promises to obtain goods or favours or to avoid obligations

From the above information Steve can be seen to have hyperactivity (inattentive, restless behaviour) and mild conduct disorder (few if any conduct problems are in excess of those required to make the diagnosis, and conduct problems cause only minor harm to others)

APENDIX J

Special Educational Needs Code Of Practice

Individual Education Plans

5:50 Strategies employed to enable the child to progress should be recorded within an Individual Education Plan (IEP). Further information on managing IEP's and Group Education Plans can be found in the SEN Toolkit. The IEP should include information about:

- The short-term targets set for or by the child;
- The teaching strategies to be used;
- The provision to be put in place;
- When the plan is to be reviewed;
- Success and/or exit criteria;
- Outcomes (to be recorded when IEP is reviewed).

5:51 The IEP should only record that which is additional to or different from the differentiated curriculum plan, which is in place as part of provision for all children. The IEP should be crisply written and focus on three or four individual targets, chosen from those relating to the key areas of communication, literacy, mathematics, and behaviour and social skills that match the child's needs. The IEP should be discussed with the child and the parents.

5:52 Where a child with identified SEN is at serious risk of disaffection or exclusion the IEP should reflect appropriate strategies to meet their needs[1] A Pastoral Support Programme should not be used to replace the graduated response to special educational needs.

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[1] [1] Guidance is set out in DfEE Circular 10/99 'Social Inclusion: Pupil Support'.

Reviewing IEP's

5:53 IEP's should be reviewed at least twice a year. Ideally they should be reviewed termly, or possibly more frequently for some children. At least one review in the year could coincide with routine Parent's Evening, although schools should recognise that some parents will prefer a private meeting. Reviews need not be unduly formal, but parents' views on the child's progress should be sought and they should be consulted as part of the review process. Wherever possible, the child should also take part in the review process and be involved in setting the targets. If the child is not involved in the review, their ascertainable views should be considered in any discussion.

APPENDIX K

The Results Of The Aston Index Tests For Ernest

The scores on the vocabulary and Goodenough tests are in line with Ernest's chronological age and indicate that any difficulties he may have are not the result of slow learning potential.

There appear to be no problems with motor control in general although Ernest's handwriting formation lacks correct orientation and direction, and tends to be random in size and place on the paper unless closely supervised. Reversals persist although he shows awareness of this.

His reading has developed significantly over the year that I have known him. It is now much less reliant on picture clues. He is comfortable with 1,2,3 and Away (Collins) Yellow Books.

Spelling scored in line with chronological age although in my view there may be underlying difficulties. Elliot has had committed input from his parents and weekly extra support from myself. From the start he used letter names when learning spelling and although he now knows all his sounds (matching correctly to names), he still prefers to spell by naming letters as he goes. He has mastered a considerable bank of Key Stage 1 words with recall over several months. However, he cannot reliably relate one letter string to another when shown visually e.g. ball, hall, call etc.

Although Ernest had lost concentration (and was anxious to be finished!) in the visual sequential tests and auditory discrimination, the poor performance indicates that this is where his problem lies so far as literacy is concerned.

Ernest is a bright and friendly boy. He is observant in general and communicates with a lively imagination. He continues to need a structured phonic programme and help with visual and auditory memory. Over all a multisensory method of teaching will assist his development. His concentration span is short and he is easily distracted.

Note: I will re-test the visual sequential and sound discrimination tests when I next see Ernest.

Assessment based on Aston Index, which is a general guide to a child's performance in language development.

1. VOCABULARY TEST

Description of Test	Chronological Age	Vocabulary Age
Ernest was asked to define or indicate an understanding of a series of graded words.	7:2	9

2. GOODENOUGH TEST TO INDICATE MENTAL AGE

Description of Test	Chronological Age	Vocabulary Age
Ernest was asked to draw a man. The mental age is obtained from the result	7:2	7

3. SCHONELL GRADED READING TEST

Description of Test	Chronological Age	Vocabulary Age
Ernest was asked to read a number of words	7:2	7:10

4. SCHONELL GRADED SPELLING TEST

Description of Test	Chronological Age	Vocabulary Age
Ernest was asked to		

spell a number of words	7:2	7:5

5. VISUAL DISCRIMINATION

Elliot was asked to match together Pairs of letters and words. — Scored 9 out of 10

6. MOTOR CONTROL TESTS

Scored 8 out of 8

7. LATERALITY

Right hand/Right foot dominance
Ernest used right eye in telescope/binocular hole, but had fun "trying" left eye.
Ear test not done.

8. VISUAL SEQUENCIAL MEMORY (PICTORIAL)

A series of pictures arranged by tester, child's array to match order and left/right orientation from memory. — Scored 2 out of 10

9. AUDITORY SEQUENTIAL MEMORY

Ernest was asked to repeat a series of digits from memory. — Scored 4 out of 10

10. SOUND BLENDING

Sets of sounds given, to be blended orally. — Scored 6 and a half out of 8

11. VISUAL SEQUENTIAL MEMORY (SYMBOLIC)

As above test, but with symbols replacing pictures. — No score

12. SOUND DISCRIMINATION

Ernest was required to repeat and distinguish between similar sounds — No score

13. GRAPHEME/PHONEME CORRESPONDENCE

Names, sounds of alphabet, both upper and lower case, presented in random order	Scored full marks

Note: Ernest lost concentration during Tests 11 and 12. It would be advisable to repeat these tests.

APPENDIX L

assessment for ernest by senco on 28 february 2002

Ernest's Chronological Age was 7 years and 2 months on the day of assessment.

Vernon Spelling

Spelling age 7 years 1 month – 50th percentile – this is the middle point on the scale for children the same age as Ernest.

Ernest's handwriting had many reversals and is still very large for his age. However it is very clear and legible and has improved. He also wrote his numbers in the wrong order but ended up with the correct number nonetheless – he wrote 4 first then added the 1 in front of the 4 so making the correct notation for 14.

Suggestions:

- Target the letter 'b' in handwriting using lots of colours, felt tips, pencils and making large letters at random over the page gradually reducing to normal size. Encourage Ernest to say, "the bat hits the ball" out loud as each letter is written. When confident with letter 'b' chose another letter which is incorrectly formed e.g. S which Ernest starts at the bottom and not the top.
- When learning spelling words call out the letters as he writes them

IRA – Individual reading analysis

Reading accuracy 9 years 6 months – Comprehension 7 years and 9 months.

Ernest read very well and was using picture clues and word building to help him understand words he was unsure of. He did not rely too much on the pictures but used them appropriately. He found comprehension difficult when he had to make an answer up using his imagination if the text did not give the exact answer. He is Level 5 of Oxford Reading Tree and this is an average level for Year 2 children. He is reading Sunshine Books at present for variety.

Suggestions:

- Encourage word building for new words
- Discuss story and add own ideas or change the ending to encourage Ernest to use his imagination
- Ask open questions about the story to encourage independent thinking
- Continue to read to Ernest to encourage reading for pleasure

BPVS:

Age equivalent score of 7 years and 9 months, 63rd percentile. This is a good score, which is just above average for his age. Ernest has a good vocabulary and understanding of spoken words.

General:

Ernest is working hard in school and Mrs ... is pleased with his progress. I see a big difference in his attitude to the tasks I set and Ernest applied himself well. He has made progress and will be able to build on this. He does have a difficulty in writing, sequencing and organization and added to the information you have given me I think he probably has an element of Specific Learning Difficulty or Dyslexia. At the present time this is mild and through using all his senses in learning tasks he will be able to make progress. In school we will continue to monitor Ernest's progress.

APPENDIX M

Psychological Assessment

(Taken from the Chartered Psychologist's report for Ernest 18 July 2002)

Cognitive Ability

Ernest's cognitive ability was assessed using the Wechsler Intelligence Scales for Children (Wisc-III UK). The WISC III-UK is made up of a range of subtests that measure a variety of cognitive functions. Scores are represented as percentiles with a score at the 50th percentile being exactly average. Scores between the 25th and 75th percentiles are within the average range but at extremes of that range. The following is a guide for interpretation of scores.

Intelligence Quotient (IQ) Scores (with a mean of 100 and an Standard Deviation of 15) percentiles

Very high	130 and above	98-99
High	120-129	91-97
Above Average	110-119	75-90
Average	90-109	25-74
Below average	80-89	9-24
Low	70-79	3-8
Very low	69 and below	1-2

Ernest's results are presented in the table below:

	IQ Score	IQ Range	Percentile
Full Scale IQ	N/A	N/A	N/A
Verbal IQ	98	92-104	45th
Performance IQ	71	66-82	3rd

The full scale IQ is a measure of general intelligence, scholastic aptitude and readiness to master a school curriculum. Because there is a significant discrepancy between Ernest's verbal and performance IQ, the full scale IQ would yield misleading information about his overall ability.

The verbal scales are a measure of verbal comprehension. This includes the application of verbal skills and information to the solution of problems, which draws on the ability to process verbal information and to think in words. The verbal scales provide information about the child's ability to process language, reason verbally, learn with a verbal style and draw on associated attention and memory skills. Ernest's verbal skills are better than forty-four in every one hundred children of a similar age to him and this is within the average range.

The performance scales are a measure of perceptual organisation. This includes the ability to think in visual images and manipulate these images with fluency and relative speed, to apply non-verbal reasoning and to interpret visual material quickly. The performance scale draws on skills in visual processing, planning and organisational ability, non-verbal learning and associated attention and memory. Ernest's perceptual skills are better than two in every one hundred children of a similar age to him and this is considerably lower than expected for a child of his age.

The results of each of the subtests are presented in the table below. A description of what each of the subtests measure can be found at the end of this report. The Digit Span and Symbol Search subtests are used for diagnostic purposes only and not used in the calculation of IQ scores:

Verbal Scales **Performance Scales**

Subtest	Scaled score (Average range 8-12)	Subtest	Scaled score (Average range 8-12)
Information	12	Picture Completion	6
Similarities	8	Coding	3
Arithmetic	8	Picture Arrangement	2
Vocabulary	11	Block Design	10
Comprehension	9	Object Assembly	8
Digit Span	6	Symbol Search	7

Within the verbal scales, the scores obtained are within a consistent range, with the exception of that obtained in the Digit Span subtest. Within the performance scales, the scores obtained are more scattered and mostly within the below average range, with the exception of those scores obtained in the Block design and Object Assembly tasks, which are in line with Ernest's other cognitive skills.

The subtests can be arranged into four areas of cognitive function as indicated in the table below:

	Score	Range	Percentile	Interpretation
Verbal Comprehension Index (VCI)	98	91-105	45th	Average
Perceptual Organisation Index (POI)	77	71-88	6th	Below average
Freedom from Distractibility (FDI)	83	76-94	13th	Below average
Processing Speed Index (PSI)	73	68-87	4th	Below average

The VCI is a purer measure of verbal comprehension; the POI is a purer measure of perceptual organisation; the PSI is a measure of the speed at which one is able to process information and work and the FDI is a measure of working memory with associated concentration and attention. Working memory is the ability to hold information in mind for later use whilst performing another task or operation. These results provide evidence that Ernest's verbal skills are developed to age-appropriate levels. Given that the verbal ability is often taken as a measure of potential intellectual outcome, it can be suggested that Ernest has potential which lies within the range expected for children of his age. However, the above results indicate that this is hampered by specific underlying weaknesses in his perceptual organisation and in his processing speed. This means that Ernest will have significant difficulties in interpreting visually perceived information, processing it and producing related work, particularly within expected timescales.

Ernest has a pattern of results which suggests that he is functioning at expected levels for a child of his age in the following skills:

- Long-term memory
- Factual knowledge
- Verbal reasoning
- Mental arithmetic
- Vocabulary knowledge
- Social judgement and common sense
- Spatial problem solving
- Making puzzles

He is functioning at below expected levels in the following skills and these represent areas for development:

- Short-term auditory memory
- Short-term visual memory
- Auditory working memory
- Ability to learn codes
- Visual sequencing
- Visual discrimination
- Attention and concentration
- Perceptual organisation
- Processing speed

Ernest clearly has underlying perceptual, processing and memory weaknesses in his cognitive profile, which are likely to be underpinning his presenting learning difficulties.

Literary assessment (WORD)

The Wechsler Objective Reading Dimensions (WORD) were administered to assess Ernest's current attainments and the following results were obtained:

	Percentile	Age equivalent	Significant discrepancy
Word Reading	77th	8:06	No
Spelling	39th	7:00	No
Reading Comprehension	30th	6:09	No

Ernest's reading skills are within the range expected for children of his age and in the higher part of that range. They are also as predicted, given his verbal ability. Reading requires the child to recognise, decode and track letters and words. Performance on Word Reading is influenced by ability to recognise printed words, efficiency of auditory working memory, skill in word analysis without contextual clues and knowledge of vocabulary. Observation of Ernest's reading approaches indicates that he makes reasonable attempts at decoding unfamiliar words and he showed good ability to decode when encouraged to do so. There was a noted tendency for him to say, "Don't know", when faced with a word which challenged him but, certainly, he demonstrated he could read relatively fluently when prompted. Given his underlying cognitive weakness, it is promising that Ernest demonstrates good reading skills as this means that he will be able to access the curriculum.

Ernest's spelling skills are also within the range expected for children of his age and as predicted, given his verbal ability. Spelling requires the ability to form an internal visual representation of a word, remember this and associate this with an auditory presentation of the word. Performance on Spelling is influenced by visual memory for the correct spelling of whole words, knowledge of phoneme-to-grapheme mappings and knowledge of spelling rules. Analysis of Ernest's spelling errors provides further evidence of perceptual difficulties and this relates to discrimination of similar-looking letters, such as b, d, p and q. In addition, letter reversal was noted. Ernest sounds out words he is unfamiliar with and is using phonetic strategies.

Ernest's reading comprehension skills are also within the range expected for children of his age and as predicted, given his verbal ability. In the Reading Comprehension test, children are asked to read aloud passages and then answer a question on what they have read. This assesses the ability to use contextual information to gain meaning from text and to make inferences about it. Analysis of Ernest's approaches suggests that his reading aloud is somewhat hesitant and lacking in fluency. There is evidence that he misses words and skips lines, which resulted in him having to read the text over again. His responses to some items indicated that he 'invented' a response and was not using the context to help extract the relevant information. Ernest had difficulty sustaining his interest in this task and showed some difficulty with making inference. As such, it is likely that his score may in fact be an under-estimate of his reading comprehension skills.

Further diagnostic analysis of Ernest's reading skill was assessed using the **Sound Linkage: Test of Phonological Awareness (Hatcher).** This assessment is designed to gauge the extent to which children at an early stage of their reading development are able to manipulate sounds within words. It is a measure of phonological processing skills and covers areas such as syllable blending, phoneme blending, rhyme, phoneme segmentation, phoneme deletion, phoneme transposition and spoonerisms. All of these skills have been found to underpin successful literacy acquisition. Ernest achieved a standard score of 110 in this assessment, indicating that his phonological awareness skills are well developed for a child of his age.

Handwriting skills

Ernest's handwriting was assessed informally throughout the assessment. He writes with his right hand in a mostly printed script. It was evident that he finds it difficult to control the pencil and applies light pressure when writing. Clearly, this impacts on his ability to write fluently and effectively. Ernest showed some uncertainty about how to form letters correctly and his writing was observed to be slow and laborious, requiring considerable effort.

Drawing skills

Ernest was asked to draw a picture of a person and this was measured against normative data to provide a further indicator of developmental stage. Ernest's drawing is consistent with that of a child of five years. This would seem to be consistent with his weaker perceptual and fine motor skills, as evidenced in the cognitive profile.

Formulation and summary

The current assessment indicates that Ernest has potential ability within the range expected for children of his age and as indicated by his verbal IQ. However, he has significant underlying weaknesses in perceptual organisation skills and these appear to be underpinning his present learning difficulties. This will mean that he has considerable difficulty interpreting, organising and acting on visually perceived information. As such, Ernest will naturally find it more difficult to make sense of visually perceived stimuli and his work output is likely to be laboured as a direct result of this and his generally slow rate of processing information.

With regard to his attainments in basic curricular tasks, Ernest is achieving as expected in literacy and numeracy skills, given his age and verbal ability. As such, he is able to access the curriculum at an appropriate level for a child of his age and Key Stage, with sustained effort. However, his writing skills are poor and the mismatch between his apparent ability and his written work will naturally be of some concern in the learning environment.

Overall, it is my opinion that the cognitive profile would suggest that there may be a specific difficulty/delay relating to Ernest's right hemisphere functioning. The brain is essentially divided into the right and left hemispheres, and it is thought that the former predominantly interprets visual and spatial information, whereas the latter interprets information more systematically and is often associated with more verbal tasks. This would suggest that Ernest is more likely to learn by following rules, logic and order and that he will have natural difficulty interpreting information holistically, especially when this requires the use of visuospatial skills. Certainly, it is apparent that there is inefficient interaction between both hemispheres, efficient interaction being necessary for a total and effective learning and as such Ernest appears to be experiencing specific learning difficulties relating to perceptual and processing skills. In addition, observation and history would indicate some difficulties in executing and planning motor based activities. The current profile would not support a diagnosis of dyslexia but is more consistent with perceptual, motor and attention difficulties.

Recommendations

In order to meet Ernest's needs as identified in this assessment; he requires educational provision that is within a mainstream school environment, which is sympathetic to the needs of children with specific learning difficulties. He requires access to a curriculum, which is broad, balanced and differentiated according to his specific needs, particularly relating to his perceptual, motor and attention difficulties. He is likely to benefit from individual support in tasks requiring him to use such skills and certainly in more practical aspects of the curriculum. In addition, he may benefit from some specialist intervention to develop specifically his perceptual and motor skills. Ernest would certainly benefit from a range of teaching experiences, which should include whole class, small group and individual sessions to assist in the development and fluency of his skills. Given the specific nature of Ernest's difficulties, his needs should be monitored with regard to the Code Of Practice for Special Educational Needs[2] at School's Action Stage, and an Individual Education Plan should therefore be in place to target specific areas of development as outlined in this assessment. It is further recommended that there is regular liaison with parents so that collaborative working and negotiation of targets are possible.

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[2] Special Educational Needs Code Of Practice (2001) DfES 581/2001

APPENDIX N

REPORT FOR CARL'S ANNUAL REVIEW ON 30/1/02
CLASS TEACHER

PHSE

Socially C ... has made significant progress in recent months, and this has been most noticeable with his increasing use of language, willingness to communicate with others, and ask pertinent questions. He participates fully with all aspects of the school day, and can join with his class for performing within the hall during special assemblies. His ability to join in with class activities has shown a noticeable improvement; he is becoming less rigid about routines, and less obsessional with certain things such as the colour green and the number eight.

Visual clues such as signs and symbols remain important for Christopher in explaining more complex areas of his curriculum (such as topic work) but his overall need for Makaton is becoming less. C ... is beginning to show greater interest in playing with other children at play times, and it is hoped that this will develop further as he matures. C ... has good self-help skills and conducts himself around the school with total independence, he shows great common sense and will quickly ask for help if he perceives that it is needed.

Overall C ... has made pleasing progress, particularly within the area of social communication, and his ability to stay on task. He is highly motivated towards learning and achieving success. He clearly benefits from a structured and routine setting during the school day, and is beginning to cope well with the normal day-to-day interruptions such as visitors, or other children coming into the classroom. He is showing himself to be more confident in a variety of situations, and appears to benefit from the wider environment of the main school. C ... would seem to have settled very well into school; making a smooth transition from his previous placement, and has made some very positive steps towards his future leaning.

Class teacher
January 2002

APPENDIX O

WELCOME TO HOLLAND

I am often asked to describe the experience of raising a child with a disability to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this ...

When you're going to have a baby, it's like planning a fabulous vacation trip to Italy. You buy a bunch of guidebooks an make your wonderful plans: The Coliseum, The Michelangelo David, and The Gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome to Holland."

"Holland!?!" you say. "What do you mean Holland? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guide books. And you must learn a whole new language. And you will meet a whole new group of people you would never have met.

It's just a *different* place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around ... and you begin to notice that Holland has windmills ... and Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy … and they all bragging about what a wonderful time they had there. And for the rest of your life you will say "Yes, that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever, ever, ever go away … because the loss of that dream is a very, very significant loss.

But … if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things … about Holland.

1987 by Emily Kingsley

CREED OF BABIES WITH DOWNS SYNDROME

My face may be different
But my feeling's the same
I laugh and I cry
And take pride in my gains.

I was sent here among you
To teach you to love
As God in the heavens
Looks down from above.

To Him, I'm no different
His love knows no bounds;
It's those here among you
In cities and in towns

That judges me by standards
That man has imparted.
But this family I've chosen

Will help me get started.

For I'm one of the children
So special and few
That came here to learn
The same lessons as you.

That love is acceptance,
It must come from the heart;
We all have the same purpose,
Though not the same start.

The Lord gave me a life
To live and embrace,
And I'll do it as you do
But at my own pace.

Author unknown

(From "Write From The Heart", newsletter of the Downs Syndrome Parents Support Group of Genesee County, Inc. USA. June 1995) POE

APPENDIX P

An Investigation Into The Language Acquisition Of Children With Down's Syndrome

by

Alannah Witherby

(Edited highlights relevant to Owen in the study by Jennifer A Davies, Identity and Inclusion: A Biographical Study)

NOTE: *words in italics are my own*

In this investigation, I will compare the rate of language acquisition of a child with Down's Syndrome to that of a child without disability. My main subject is a seven year old with Down's, *Owen (name changed for confidentiality),* attending a mainstream school in a class with peers two years younger than him. He receives a limited amount of professional speech therapy.

... My research comes in the form of written transcripts, recorded cassettes and a questionnaire on consonant clusters. At the end of the investigation I hope to discover whether *Owen* and other children with Down's Syndrome appear to acquire the language in a different way, or just at a slower rate ...

... I will outline *Owen*'s background as I think that various issues can be raised that have had a great affect on his rate of acquisition. *Owen* was born in December 1992. At the time that other children usually begin to speak simple sentences and hold basic two-way conversations, *Owen* still needed support in sitting up, only achieving this at 22 months, taking his first unbalanced steps at 39 months, due to weakness. As a newborn baby he had a complicated operation for duodenal atresia and was diagnosed with a hole in the heart, which closed spontaneously. He attended an Opportunity Group with other young disabled children and, as Down's are great mimics, he quickly learnt various activities. Later, at 3 years and 6 months he was diagnosed with leukaemia. This explained why *Owen* took so long to be able to walk as the disease was affecting the strength of his legs. The cancer put a lot of strain on his development, with months of very little education and I am of the opinion that without the leukaemia he would now be at a much more advanced stage. This meant that he was kept back two years at school. He started at the village playgroup aged 2;6 and moved to the Reception class at ... school with children one year younger and a one-to-one helper. After this first year, he remained in that class with children two years younger. This has greatly benefited him as he has now moved into Year 2 with them. *Owen* has subsequently acquired much language from his peers and from his two older siblings, however he is still far behind his friends, especially in motor skills and speech. This is where I begin this investigation, comparing *Owen*'s rate of acquisition with that of his peers and of standard.

... I already know that *Owen* does not acquire language at the same rate as other children, but I would like to know if he acquires it in the same sequence ...

Chomsky does not take into account the way that social interaction and physical development influence the acquisition of language, which I believe has had some influence on *Owen*'s acquisition ...

After looking at the ideas of all these theorists (*Skinner, Chomsky, Piaget and Bruner*), I think that the Cognitive/Integrationists theory has the most supportive evidence ... Rather than a stage in which children begin to say three word utterances, they go straight from the two-word stage into grouping 4 or 5 words together to make sentences or phrases. As this does not often begin at a particular age, the MLU (Mean length of utterances) is used, counting morphemes ... I am going to use this concept as a starting point to see where *Owen*'s level of development is, by comparing his MLU with some of the other children ... *Owen*'s language capabilities are less than two thirds of that of a child aged 2;7, but from the vantage point of seeing *Owen* everyday I can say that while he uses fewer words to an utterance, his vocabulary, comprehension and the utterances that he does use are of equal or greater standard. Having said this, his grammar does not match up to the standards seen in the transcripts of those children of 4 and 5. Having seen that the MLU is unsatisfactory in making any conclusions, I carried out tests to examine consonant cluster used by children of various ages, and also a 'parrot' style test to look at comprehension linking to speech.

The consonant cluster tests came out pretty much as I expected ... According to this test, *Owen* at 7;11 was getting the same scores as a child of 21 months and yet at 8 years achieving the same as a 5 or 6 year old. I do find this fairly hard to believe and it makes me doubt the accuracy of the first test, or maybe of the tests of the children at 21 and 41 months. However I have seen that his general speech did improve remarkably in that one month – he seemed to be going through a sudden 'language acquisition growth spurt', so it is possible that all tests were in fact accurate. In these tests the children were not always absolutely accurate with the clusters ... *Owen*, especially, has some problems with words in which an 's' is followed by another consonant, for example the nouns 'screw', 'sweet', and the verbs 'splash' and 'spring'. Similarly to the child of 41 months, he was prone to saying either 'p.laf', 's.p.laf' or 'e.p.af'. This is understandable as these words are fairly complicated – the cluster 'spl' starts with tongue in the roof of the mouth, moves to the bottom for 'p' and then quickly to the top again for 'l'. It involves three different places of articulation and so can not be pronounced properly until all the mouth has developed enough to produce them – the voiceless alveolar (s), followed by a completely different voiceless bilabial (p) and a voiced alveolar (l).

So, is *Owen*'s language delay due partly to less developed speech organs? Pointing out that his body is below the size, weight and strength in general would back this up. Could it be that more and more speech will be acquired (or intelligible) as he develops physically? This bears a relationship to Piaget's Cognitive theory. To look further at this I did tests that I hoped would show whether some words and sounds were not articulated properly due to a lack of comprehension or due mostly to physical development. To do this I asked general questions to compare the levels of lexis, grammar in answers to various questions that became increasingly demanding of more complex answers, plus the "Sentences to imitate" sheets ... There were some instances where rephrasing the question slightly meant that Owen understood and was able to answer, for example, "Who is your teacher?" instead of "What is our teacher's name?" So by making a question shorter and less complicated, he could answer more fully. This backs up the claim that it is a lack of comprehension that hinders his speech;

however there are also instances, which discredit this: *Owen* probably wouldn't say the noun phrase "The boy is jumping around the garden", but he would definitely understand it. So although I feel that comprehension does play a large part in his acquisition, it is certainly not the only factor ...When comparing *Owen*'s answers in particular against those of the children without Down's, his answers are equivalent only to the child with language difficulties. Even the three year old understands each question so it is difficult to use this test as a way of measuring *Owen*'s language ability, it only proves to give an idea that comprehension does have a bearing on language use.

I decided that another way to examine my comprehension leading to acquisition theory would be to get the children to imitate sentences. If they were able to understand what was said to them, they should be able to repeat it ... It is interesting to see that *Owen*'s results are almost exactly the same as the child of 1;9 years, as the same occurred with the consonant clusters when *Owen* was 7;11 – as an average the two children achieved roughly the same. But one month later the result was very different. This led me to test *Owen* again with the sentences, aged 8;0.20. However, unlike the consonant test, one month on his results were fairly the same ...

The final method that I used to examine *Owen*'s language was to transcribe a cassette of his speech. The recording took place while Owen and I were playing a favourite word game of his 'First Boggle'. This involved him placing letter blocks in the correct places to spell a variety of concrete nouns ... It gives an idea of the way that *Owen* articulates words and is evidence that shows that many words are simply not said due to slow development of the voice organs ...

After looking at all of the evidence collected, I have come to two main conclusions. Firstly, *Owen*'s language acquisition has been held back by a slow development of voice organs; secondly that he has been hindered by a lack of comprehension ... *Owen* does not acquire language at the standard rate, although he does follow the same sequence ...

Appendix Q
Policy Statement
Hampshire County Council Special Educational Needs

A policy statement was agreed by Education Committee in 1995 to guide the development of policies relating to children with special educational needs, and to help the Committee track progress being made.

Basic principles

The principles previously established continue to be relevant and form the basis for these subsequent developments. They are that:

- all children are valued equally, regardless of their abilities and behaviours;

- all children are entitled to have access to a broad, balanced and relevant curriculum which is differentiated to meet individual needs;

- children should receive an appropriate education where possible in mainstream schools;

- children should be educated in schools as close to home as possible;

- the variety of children's needs should be recognised and met through flexible and varied provision.

This policy has now been further developed to place greater emphasis on five over-arching aims, which reflect the government's Programme of Action:

- the quality of provision for pupils with special educational needs is maintained and improved, wherever it is delivered

- to further develop and implement more effective means of inclusion

- effective assessment systems are operated as early as possible, in conjunction with other agencies

- resources are allocated and used efficiently, effectively and equitably

- partnerships with children, parents/carers and other stakeholders work effectively.

Each of these five over-arching aims has a number of associated objectives and specific actions identified in a - z below. The SEN Action Plan identifies specific activities related to these objectives and is available on request.

The quality of provision for pupils with special educational needs is maintained and improved wherever it is delivered, by:

(a) the education department monitoring the quality of all special educational needs provision;

(b) schools being supported in setting targets across the curriculum to support the progress of and ensure the full entitlement of all children with special educational needs;

(c) staff assessing and supporting children with special educational needs and being able to access the necessary training and share good inclusive practice;

(d) elected members being closely involved in the development and review of provision for children with special educational needs;

(e) governors developing increased understanding of their responsibilities in meeting the needs of children with special educational needs, and their role in implementing and reviewing inclusive special educational needs policies.

To further develop and implement more effective means of inclusion through:

(f) more children with special educational needs being educated and supported in local maintained mainstream schools;

(g) the education department working with head teachers, governors, education staff, colleges and voluntary and statutory agencies to promote inclusion;

(h) strategic planning to ensure that maintained schools across the county are able to provide for a wider and greater complexity of special educational needs;

(i) examining the situation where it is currently not possible to provide for a child's special educational needs in a mainstream school, to determine whether in future, similar needs could be met in a mainstream setting;

(j) matching levels of support as closely and effectively as possible to the identified needs of children and the development of inclusive provision for them;

(k) special schools and resourced provision in mainstream schools continuing to develop quality education for children with more complex needs and a more flexible role in providing support services to children and staff in other settings;

(l) taking opportunities to provide, improve, extend or rationalise provision for children with special educational needs, wherever a school reorganisation or new school is envisaged or planned;

Effective assessment systems are operated as early as possible, in conjunction with other agencies, to:

(m)provide early identification, assessment and intervention for pre school children with special educational needs, where possible within inclusive settings, and in liaison with other agencies;

(n) ensure that the education department in liaison with other agencies, meets statutory obligations' to children with special educational needs and their families within the prescribed timescales;

(o) ensure that decisions regarding the assessment and placement of pupils and the allocation of resources, adhere to published, clear and consistent guidelines and information.

Resources are allocated and used efficiently, effectively and equitably through:

(p) the monitoring, development and systematic review of existing maintained provision to achieve the best possible match between needs and resources;

(q) the maintenance and development of systems so that school and LEA levels of funding are matched to children's needs and understood by parents, schools, governors and other agencies;

(r) the overall level of resourcing for special educational needs being controlled, maintained or improved where necessary and when possible;

(s) ensuring that consideration is given to children with special educational needs in the development of Information Communication Technology (ICT).

Partnerships with children, parents/carers and other stakeholders work effectively, by:

(t) parents/carers, children, voluntary and statutory agencies being consulted and involved, as appropriate, in planning, policy development and service delivery for inclusion within Hampshire special educational needs provision. Particular emphasis will be placed on children with the greatest needs;

(u) parents/carers being informed about the progress of their children, Inclusion Branch policy, educational provision, the implementation of the Code of Practice for special educational needs and statutory assessment processes;

(v) parental satisfaction being maintained and improved, as indicated by fewer appeals to the Special Educational Needs Tribunal, and monitored by complaints procedures and consumer surveys;

(w) arrangements being made to ensure smooth transition when children begin schooling or transfer between schools;

(x) the education department working closely with families, colleges and other agencies including the Connexions/careers service, to plan transition arrangements towards further education and/or employment;

(y) the education department working closely with colleges to plan future provision for students in order to maximise continuity of local education;

(z) the special educational needs policy action plan being made available to anyone on request and being monitored on a termly basis.

Related Hampshire County Council Policies and Plans

In reading the SEN Policy and Action Plan, it is important that cross reference is made to the following related Hampshire County Council documentation:

· Corporate Aims and Objectives

· Education Development Plan

· Inclusion Policy and associated plans

- Behaviour Support Plan
- SEN Early Years Strategy
- Quality Protects Management Action Plan
- Joint Children's Services Plan

Paper copies of the SEN Policy Statement are available on request from the SEN Service. November 2000.

This SEN Policy Statement replaces the statement issued in April 1995.

Liz Foot, SEN, created this page on 18 December 2000

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