

# Enabling Education

experiences in special  
and ordinary schools

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## *Chapter 1*

### SETTING THE SCENE

#### **Special education: a matter for experts or citizens?**

Special education is often thought of as an expert matter, dealt with by special staff, and ‘really’ done in special schools (Hill, 1995). It is still mainly written about and discussed by special educationalists, the expert ‘insiders’. Few studies describe daily life in special schools, or report the views of the students and their parents as this book does, or take the position of questioning ‘outsiders’ which, as social researchers, we have taken. Our aim is to encourage public debate by setting out the key issues plainly, for the general reader. About eighteen percent of all pupils have identified special needs, about three per cent have individual statements of special educational need, and about two per cent attend special schools, as they did fifteen years ago. One seventh of the education budget, £2.5 billion, is spent on special education (DfEE, 1997a). We are writing for ordinary citizens who are affected by special education, whether as tax payers, or students, former students or parents at special or ordinary schools. We are writing for school governors, councillors and politicians, for mainstream as well as special school staff, and for people like journalists who run news stories about impaired children, or members of voluntary organisations who raise funds for them.

#### **The research on which this book is based**

We hope to dispel some of the mystique about special education. To do so, we report the views of young people we interviewed and observed at home and school. Their experiences challenge experts’ bland reports about ‘consistent quality’, ‘significant improvements’ and ‘successful strategies’. The 1970s–1980s produced vivid studies of individual students and classes, (for example, Madge and Fassam, 1982; Booth *et al.* 1987). Such studies are now less common, with important exceptions (Wade and Moore, 1992; Cooper, 1993; Lewis 1995; Armstrong, 1995). We also set the students’ experiences in their social and political context. During 1994–1996, we researched two LEAs which we call East City and West County. The comparisons cover several layers, as shown in table 1. Most of the special school literature is about layers 5, 7 and 8, the views of the experts; it seldom considers the other layers, or links between the layers, or general comparisons between special and ordinary schools, or between segregating and more inclusive LEAs.

Table 1. Layers of experience and influence which affect education

1. Children's and teenagers' views: what do they enjoy, worry about, and hope for from their schools?
2. Parents' experiences, hopes and fears.
3. The home, neighbourhood, local friends, transport.
4. Daily life at school, class and break times. Types of ordinary and special schools.
5. Views of teachers and other staff and governors. Staff training and support.
6. The social and political setting of the school and governors. Staff training and support.
7. Views of LEA staff and members, LEA policies and budgets.
8. National education policy.
9. International policy like the United Nations Convention on the Rights of the Child 1989, and UNESCO, *The Salamanca Statement*, 1984.

We investigated the views and experiences of pupils with physical, sensory, emotional or learning difficulties, and of adults responsible for them. We observed daily activities in schools and interviewed young people, their parents and sometimes other family members, school staff and governors, and LEA members and staff (see appendix 1). When the differing views are seen together, a clearer understanding of the complex relations between them can emerge.

The two LEAs are at extreme opposite ends of the special education spectrum. In East City, most disabled children attend mainstream, mixed ability, coeducational, multi-ethnic schools. The LEA regards segregation as discriminatory and has a policy to close the special schools; only one is now still open. Unlike most 'inner city' areas, East City entirely lacks middle class housing pockets, and there is no clear consensus that some schools are better than others. West County is also exceptional, but in the amount of selective places. There are seven special schools and fifteen special units, some quite newly opened, with plans to open more, besides further special schools run by voluntary organisations. The mainstream secondary schools are grammar or high (secondary modern), almost entirely white, single sex schools, and there are twenty three private schools in the area. In West County, some primary

and most secondary school uniforms signify the pupils' officially assessed ability or their parents' income.

Our report about inclusion and integration aims to respect the personal integrity of each student and the practical means of helping them to realise their potential as integrated members of their community (Booth, 1996). 'Integration' usually refers to the process of forming disparate parts (such as children) into an integral whole (such as a school), and outsiders into the mainstream. We also consider the integrity of each part, as well as the whole, in that each person feels, to some degree, accepted for himself or herself. We examine how schools attempt to balance the sometimes opposing ideals of promoting excellence yet tolerance, self-development yet altruism, and necessary special treatment yet inclusion.

## **Background of special education**

Charitable schools for deaf and blind children opened in the eighteenth and nineteenth centuries, when large asylums or long-stay hospitals were built for mentally ill and 'subnormal' people. Like museums, the hospitals furthered the Victorian enthusiasm for classifying types, and the psychological study of mental states and abilities developed. Conditions like Down's syndrome came to be treated as illnesses requiring life-long hospital care. The building of separate schools during the 1920s for feeble-minded young people was part of wide-ranging local government programmes to improve the stock of the nation and prevent inter-breeding between different ability groups (Pailthorpe, 1932; Musgrove, 1984; Quick *et al.*, 1990).

By the 1970s, attitudes were changing, and the asylums were criticised for oppressively excluding people from ordinary life, and for misclassifying many inmates as 'abnormal' (Dobash and Dobash, 1986). Impaired children's needs for ordinary family and school life were stressed (DHSS, 1979). Long-stay hospitals were reduced in size or closed during the 1980s for financial and social reasons. Many parents, health and education professionals, and voluntary organisations like Mencap opposed hospital closures. They said closures were an excuse to cut public funding, and that expert institutional care was better than life outside in a rejecting society. The debate is repeated today over special schools.

Compulsory schooling began in 1870 although it was years until almost all children attended school. Disturbed or 'maladjusted' children and those with learning difficulties were always found by teachers to be a problem (Hurt, 1979; Cooter, 1992; Hendrick, 1997), and psychologists developed methods of testing and classifying them (Burt, 1925, 1937). Schools were largely funded through local authorities. This partly explains the lack of national standards

and the great differences between LEAs in their policies, for example, about special schools. Some blind and deaf and 'delicate' pupils attended voluntary schools.

Only as recently as 1970, did an Education Act state that no child is 'ineducable' and that every child, however impaired, should attend school. Education authorities became responsible for every child, though the health services still share some duties. For example, some special schools are sited in hospitals, and statements of special educational need include medical reports. The steep rise in numbers of pupils with statements from 62,000 in January 1991 to 134,000 in January 1997 (DfEE, 1997a) partly reflects the parents' and teachers' anxieties about scarce resources, and the belief that extra help cannot be obtained without a statement.

By 1971, there were 1,019 special schools in England and Wales (Jowett, Hegarty, Moses, 1988) and 482 new ones opened during 1971–72 (DES, 1975). There are about the same number of special school places today (Norwich, 1994), about 98,000 places (DfEE, 1997a). Yet the 1981 Education Act gave LEAs the duty 'to secure that [a child with a statement of special education need] is educated in an ordinary school'. Today, pupils with physical, sensory and some learning difficulties are increasingly integrated into ordinary schools, and the literature about teaching them there is burgeoning (Lewis, 1991; Gross, 1993; Goddard and Tester, 1996; Cornwall, 1997). So why are almost two per cent of all pupils still taught in special schools and units? The question is considered through this book.

## **Topics and methods of the research**

We asked for pupils' views and experiences about 'what kind of school is best for me?' How does a segregated or integrated placement affect my view of the world and of other people, and of who I am and want to be? Through observing and talking with them, we saw how young people's and adults' detailed experiences and reasoning, values and feelings influence their views about integration. Our study of special education is unusual in these respects:

- in aiming to work from the perspectives of pupils and parents, at home and at school;

- in considering their aspirations, as well as their current views and their memories, in order to see how pupils consider that schools further their present and future interests;

- in combining interviews with observations to increase communication with young people with speech, learning and other difficulties who are rarely involved in research;

## *Setting the scene*

in relating the families and schools to their strongly contrasting LEAs' policies;

in describing inclusive and excluding policies, good and poor practices;

in analysing underlying reasons to show how and why good practice can be achieved.

We gave out printed and Braille copies of a short leaflet '*What kind of school is best for me?*' written for readers aged from about eight years or for parents to read to their children. It explained about the researchers, the research aims and questions, and the rights of people we hoped to interview. We also explained our work during our visits to schools and home interviews. Here is part of the leaflet:

More disabled young people go to mainstream schools now, than they did a few years ago. Researchers have asked teachers, and other people working in education, about their views of these changes.

But what do young people at school, and their parents, think about the changes? What impact have the changes made on their lives, and on their hopes for the future?

Integrated education involves bringing disabled young people into mainstream schools. It can also mean everyone in the school getting on well together, and feeling an important member of their school. What kinds of schools, and teaching, can help young people to feel this way?

Many disabled adults want the right to play a full part in society. What kinds of skills and rights do young people think that they need? How can schools best help them to gain these?

During semi-structured interviews we asked about daily life at school—lessons and other activities, friends, teachers, transport, discipline, assessments and statements of special educational need, help with any extra problems, moving between schools, why these moves were made and who decided about them—and about young people's views on their present and future interests. Everyone who was asked agreed to be tape-recorded and the recordings were transcribed. A few interviews lasted ten to fifteen minutes, many lasted over an hour or two. Most students were interviewed twice, one year apart, and the



second interview followed up any changes during the year including changes of school.

We assured interviewees that ‘there are no right or wrong answers, it is your views that matter’. We respected their views on the choice of topics and pace of the interview. Sometimes people seemed to us to ramble, but on rereading the scripts we saw useful new insights in these sections. When observing in classrooms, we acted as informal helpers if asked to do so. We sat at their tables with the students and aimed to set up informal friendly relations with them. Combining observations, and sometimes play sessions, with interviews and informal conversations helped us to communicate expressively with pupils who had little or no speech. We used the interpretive approaches other researchers have used (Oswin, 1971). We were welcomed by most students, including those labelled as having autism and severe communication disorders. School staff were also very helpful, though a few were unwilling to talk. After each school visit, we made detailed records, to use with the interview transcripts when writing reports. (For further discussion about methods, access and ethics in this study see Alderson and Goodey, 1996, and in special education generally see Clough and Barton, 1995.)

## **How general are our findings?**

We are concerned to show the very wide range and variety of experiences, the importance of understanding people’s views in the light of their own experiences and social context, their explanations and circumstances. We did not attempt to obtain a typical or representative sample, and are cautious about generalising from these examples. However, we involved young people with a wide range of difficulties and backgrounds. The two LEAs represent such opposite extremes along the spectrum from inclusive to segregated schooling that all other LEAs are likely to be similar or to fall between these extremes. The special EBD, MLD and SLD schools we visited are similar in some respects and are probably typical rather than exceptional. The teachers meet on courses and have often worked in several special schools, suggesting some homogeneity between schools. Where it is reasonable to generalise from our examples, we do so in these ways:

- by relating our examples to the current context of English education, and to other research and reviews;

- by showing how individual examples are influenced by general policies and practices, and general structures in schools;

- by testing general assumptions, finding exceptions to them, and showing with our examples how some influential beliefs are misleading or unhelpful.

Despite the variety of individuals, difficulties and schools, strong themes repeatedly appeared. To avoid repetition in every chapter, and to assist readers in tracing the repeated themes, we consider the main ones here.

## **Effectiveness, good and poor practice**

We will refer through the book to effective, good or poor practice. Despite the important and extensive literature on school effectiveness (Cooper 1993; Sammons *et al.*, 1995; Stoll and Fink, 1996) we found it hard to define detailed effectiveness. Deciding whether a school is effective involves deciding what schools are for and priorities differ. Schools are for: academic learning, to gain knowledge, critical understanding and qualifications; for vocational learning to qualify for future employment or further training; social learning, to live well with other people in small and large groups, to relate with care and respect, to have the confidence to tackle problems in positive ways, to become more aware of one's self and others, of moral and political values, and responsible citizenship and parenthood; cultural and creative learning, to transfer knowledge and attitudes to new generations, to help them to develop their skills and express themselves creatively; child care, in modern societies which assume that adults should guard children from dangers, idleness and vice (Qvortrup *et al.*, 1994) and that children with physical or behavioural difficulties need extra care or control; some special schools are mainly concerned with bodily and sensory care of impaired pupils, or managing the behaviour of disturbed ones.

The difficulty of assessing effectiveness in schools where learning is not the main concern is shown by OFSTED reports on special schools. These typically begin:

The characteristics of the pupils for whom the school caters make it inappropriate to judge their attainment against age-related national expectations or averages. The report does give examples of what pupils know, understand and can do. Judgements about progress take account of information contained in pupils' Statements of Special Educational Need and annual reviews.

Yet statements and reviews are not simply factual, but are highly subjective and complicated (Galloway *et al.*, 1994). They may exaggerate difficulty in order to gain resources. West County SEN audit forms ask for a single tick on global complex topics like a pupil's 'confidence in executing task' or 'outwardness and sociability'. OFSTED uses such loose measures to support general unexplained conclusions: an EBD boarding school where places cost £35,000 each per year is described as having low standards but 'reasonable

costs'. Nearby mainstream primary places cost about £1,400 per year, and secondary places cost about £2,500; West County special school day places usually cost from £7,000–£14,000 each.

We interpreted effectiveness in several ways. How did schools help students to learn in academic, social and cultural ways? Were they, for example, taught things they already knew, or possibly being misinformed? From many observed examples: an EBD school lesson on the difference between boats and ships, which claimed that ships, unlike boats, have bedrooms and transport food, did not count as effective teaching. At the end of the lesson, four girls sang to the class. Three giggled their way through nursery rhythms, but when the fourth dreamily sang 'Bright eyes', everyone listened intently then clapped enthusiastically, so that the moments seemed 'effective' for social and cultural learning. The OFSTED report of this school commended a lesson about cells in the human body, during which students drew a body shape on graph paper and coloured in the squares to help them to understand cells. To imply that cells are like a patchwork costume we count as misleading rather than informative teaching. At the visual impairment school, students were helped to produce and debate reasons for and against new towns in ways that seemed 'effectively' to expand their knowledge, critical understanding, and confidence in arguing their case.

We also considered how much time was spent on learning and interactions, or on passive waiting. How positive did the interactions and teachers' comments about pupils seem? When there were problems, were pupils treated as the problem or involved as part of the solution? How fair did the rewards and punishments seem to be? We report our observations, and the teachers' and students' comments. Effectiveness can be examined through these processes, and also through outcomes, which include external test and examination results, though special schools which opt out of these lack clear outcome measures.

## **Defining and assessing difficulties**

Some experts assume that defining and assessing impairments and disturbance is clear-cut (Hoghughi *et al.*, 1992), others disagree (Gould, 1984; Briggs and Statham, 1985). In practice, definitions can be complicated and elusive.

### ***Learning difficulties***

Children with severe learning difficulties may be quick-witted and humorous, the most profoundly affected children can have intense feelings and awareness about relationships (Oswin, 1971). Everyone has learning difficulties, from young children learning to read to academics poring over learned texts, and teachers generally are mainly concerned with helping their students to overcome

such difficulties. This raises questions about whether moderate or severe learning difficulties are qualitatively different, and actually need different teaching techniques, from ordinary learning difficulties. Learning difficulties are affected by their context, such as the type of teaching, so that assessments need to take account of this, as well as of how the assessors' own methods, values and relationship with the student might affect the assessment. The weakness in the Warnock Report is often pointed out, in that it treats a mutable and even arbitrarily evolved context and provision almost as if it is static and absolute, when saying that:

there should be a system of recording as in need of special educational provision those children who, on the basis of a detailed profile of their needs prepared by a multi-disciplinary team, are judged by their local education authority to require special provision not generally available in ordinary schools (DES, 1987:3.31).

Students may have learning difficulties with one teacher, method or assessor, but not with others. Perceptions of severe learning difficulties differ. Tracey (in chapter 4) is seen as different at her comprehensive school although not by her parents and neighbours. George (in chapter 4), who spoke eloquently for two hours covering a wide range of personal and political topics, attends an SLD school. Standardised assessments take little account of context so, for example, George's parents' knowledge of his abilities contradict the psychologist's brief assessment, leaving the 'real' level of his difficulty uncertain.

### *Emotional and behavioural difficulties*

Criteria for defining and assessing EBD are still more uncertain. EBD is often implicitly discussed as if it is an illness, a fact like cancer, which needs expert treatment, but it can be vague and variable. A single response might be condemned by one person, excused by another, or seen as reasonable, or prevented by other observers. EBD is constructed in how observers variously perceive it, and also in how it is prompted or shaped by circumstances. Katie (in chapter 2) shows how girls at her EBD school are stuck into negative reactions. Philip's father attributes Philip's disturbance partly to angry teachers; 'healing' comes when Philip and the teachers learn to behave differently. When EBD is seen as attention deficit hyperactivity disorder, the medical model becomes so dominant that Ritalin is increasingly prescribed (Levy, 1997; Maras *et al.*, 1997; Wright, 1997). Yet the ensuing problems of the medical approach include: risks of exaggerating the disturbance; diagnoses that may become self-fulfilling prophecies; assumptions that disturbance is only in the child

and not also in the context, and that expert adults are required to cure the problem; and incentives for adults to exaggerate and perpetuate problems, to gain higher attendance benefits for the family or allowances for the school.

Uncertainty on the individual level is repeated at the general level. Have students become much more badly behaved in recent years, as many teachers claim? An apparently great increase in disturbance is indicated by rates of permanent exclusions, from about 3,000 in 1990 to over 11,000 in 1993/4 and 1994/5, and 13,500 in 1995/6 with many thousands more informal exclusions (Schools Minister's report to the National Children's Bureau conference, reported in *The Guardian*, 10.7.96, p 10; it is hard to obtain formal figures). This increase has coincided with great increases in poverty and deprivation for children in the UK (Lansdown and Newell, 1994; Wilkinson, 1994). One in three children now grows up in poverty and many others live on the edges of poverty. There is increasing physical restriction of children and adult control over their time and space (Qvortrup *et al.*, 1994). Playgrounds, parks and fields where they once played energetically are now largely deserted for fear of strangers and dangers. The Education Reform Act (DES, 1988) introduced the national curriculum with added administrative duties for teachers, and greater pressures on staff and students to work academically and competitively; these can add to the difficulties for non-academic pupils. Competition between schools, the league tables, the need to attract parents to enrol their children and thus to assure the school income, growing cost consciousness at every level of management, and less funding for competing 'extras', such as special needs resources, have led to growing regimentation in schools; as factories abandon impersonal conveyor belt methods, schools increasingly enforce them (Jeffs, 1995). Teachers' fears about their school gaining a poor reputation and 'being named and shamed' further discourage them from being flexible and giving their scarce time to disturbed students.

### *Autistic spectrum disorder (ASD)*

Autism is generally assumed to be an extreme form of emotional disturbance (Wing, 1981; Frith, 1989), a physiological and perhaps genetic disorder. Diagnosis of ASD brings several benefits. Parents and teachers can feel relieved that they are not to blame for a condition which is medical. They can feel that the more severe the child's condition, the more compassionate, rather than futile or even harmful, their efforts have been. They need not feel 'bad' if they cannot affect a seemingly intractable problem. Children benefit when they are no longer regarded as naughty or lazy or wilfully refusing to improve, and they can be understood with greater sympathy and tolerance. They are more likely to gain access to extra and special resources.

However, there are disadvantages in diagnosing ASD. Attributing cause to a fault of whatever kind in the child links blame to the child in many complex ways. Adults may examine their own responses less critically, and dismiss the child's rational protests, distress or anger simply as evidence of ASD. All difficulty may be assumed to rest in the child and all the goodness in the adults. There is a danger of seeing the child as irrational and listening less carefully, which is likely to increase the child's frustration and misbehaviour. Assuming a medical cause does not necessarily make irritating symptoms any less irritating, or invest adults with more patience; they may have less hope and faith in their work, and reinterpret ordinary behaviour in pathological terms. The problem of distinguishing between deliberate or involuntary misbehaviour remains, with dilemmas about using positive or negative discipline. Adults' expectations may be so low that the child's abilities pass unrecognised, valuable opportunities are lost, and low expectations become self-fulfilling. As with all other difficulties, adults may feel they need to exaggerate severity to gain more resources or support. Deterioration may be accepted not as evidence of teachers' failure, but as their success or heroism, in 'proving' that they contend with such serious problems.

However, as illustrated in chapter 3, ASD combines many characteristics, and none are necessary or sufficient for a diagnosis of such a vague collection of disorders. All but two of the eighteen children in the autistic unit we observed clearly showed 'normal', non-autistic competencies, so the point to their being there was unclear.

### *Physical and sensory impairments*

Impairments of the body would seem to be far easier to define and assess precisely than problems of the mind. Inability to see or walk is a medical-scientific fact requiring special teaching aids, even if emotional or learning difficulties are not. Yet the degree of impairment does not necessarily relate to how disabled these pupils are by circumstances. Having to rely on a wheelchair is not a problem in accessible schools and buses (Oliver, 1996), and a blind man can be Secretary of State for Education and Employment. Chapter 5 shows how schools for physical and sensory impairments do not simply accept the most severely disabled students.

### **Selecting students**

Some schools are defined as special because they admit a specially selected group of students with particular special needs. But when the original difficulty or impairment is hard to assess precisely, then it is uncertain whom the schools should admit, and why. Further complications arise when many special school

staff feel that they now have less control over the selection of their pupils and that their schools are being filled by LEAs with more disturbed and excluded pupils. The head of a small unit originally for convalescent teenagers said that it was being changed by the LEA into a pupil referral unit for excluded teenagers and also for young people having psychiatric treatment. 'We've been sent five young people who attempted suicide last term, but we have no psychological support at all.'

Can EBD schools be defined by their students, in that they are all obviously more disturbed than students in mainstream schools? Our study confirms other research findings on the difficulties of selecting the most disturbed students (Potts and Statham, 1985; Briggs, 1985). Research which compared records of boys admitted to a secure unit with those of boys who were refused admission found no obvious differences between the two sets (Kelly, 1992). After minor offences, some boys were admitted without any of the formal admission procedures which had excluded boys with much more serious records. Education and social service referral records of disturbed behaviour are arbitrary in several ways, influenced as we have mentioned by the attitudes of the record keepers, and their relationship with the student being assessed. Boys, those with moderate learning difficulties, and especially African Caribbean boys are greatly over-represented in special schools (Lansdown and Newell, 1994), and in being treated as SEN in mainstream schools (Daniels *et al.*, 1997). We met boys and girls managing well in mainstream school, who had far more serious communication difficulties than many pupils in EBD or SLD schools. In East City's mainstream classes it was self-evident why pupils were there; either it was their local school or, in a few cases such as the deaf students or those with profound and multiple learning difficulties, the school had been resourced with British sign language signers or other extra support. Yet many pupils in the EBD schools we observed behaved politely and responsibly. Did this mean they were disturbed all the time, or that they had occasional outbursts? If so, how frequent or severe must the outbursts be before someone qualifies as EBD? The staff sometimes mentioned adverse home circumstances as grounds for referral for some pupils, rather than educational need, as if the parents were EBD rather than the child.

## **Remit, aims and methods**

Apart from the complications in assessment and selection, there is still the question: if pupils have difficulties with feeling, talking, behaving or relating, why put them into a school or class where all the members have similar or more severe difficulties? If 'milder' cases adopt the more unusual sounds and gestures made by other pupils, how much of this is due to imitation, or to

resorting to behaviours which are clearly rewarded with the teachers' attention (as in the special schools we observed)? At the SLD school, unusual noises and table manners were very obvious at lunch time. In contrast, at the crowded dining halls at East City schools, pupils with severe learning and behaviour difficulties mixed unobtrusively with their peers who gave ample examples of ordinary, polite behaviour.

It is also hard to see precisely how pupils' education in, say, reading, maths, history or art is different because they cannot walk or speak and have a physical or psychological problem. What special or unique expertise do EBD teachers have? What are their appropriate teaching methods that differ from competent mainstream teachers' approaches to learning and behavioural difficulties? (McNamara and Moreton, 1993, 1995, 1997; Rudduck, 1996). The special schools we observed did not, on the whole, offer a superior academic or social education. Yet paradoxically, the more vague a professional skill is, the more mystified, impressed and inadequate 'lay' people can feel, including parents and mainstream teachers (Tomlinson, 1982; Galloway, 1994).

The most purposeful special school we saw was Louis Braille. Even here, when blind students have the necessary extra equipment, expert teaching largely involves methods and relationships which would benefit any group of students, such as empathising with the student and helping with any difficulties. Key differences with visual impairment include teaching Braille and mobility skills to those who need them, relying much more on touch and sound, and devising tactile aids and ways of explaining mainly visual concepts. Yet boarding students at Louis Braille who go daily into ordinary schools and colleges show that these supports can be used in a range of settings. Parents are the main teachers during the first three most crucial learning years and skilled preventative help when at home could perhaps help to reduce the need for special centres later. Uncertainty about a school's remit and methods leads on to more general problems. When special schools are uncertain, it is not clear how they are better for any students than an effective mainstream school would be. Vague aims are associated with a vague curriculum and uncertain, circular daily activities, with loss of a sense of purpose for the staff. It is then harder for the students to know how to co-operate with them. Instead of being remedial and reintegration centres, special EBD and MLD schools' role is mainly non-educational, to contain, and if they make little difference to students' problems the reasons for referral are unclear. Special schooling isolates pupils as different and inferior with lasting personal and social consequences which may be blamed on the original difficulty. Emotional and learning difficulties are linked through cause and effect, like frustration and boredom, failure and anger. Undue emphasis on medical or psychological causes can stop teachers from thinking



creatively about educational issues. Narrow repetitiveness when assumed to be a symptom of autism can be used to excuse lack of well-prepared and varied teaching.

As we have shown, West County is a highly segregated area with many specialist schools selecting for ability, income and social background, religion, sex and behaviour. This would seem to be a logically planned system to ensure that a suitable school is provided for each individual. Yet it creates a paradox. The more highly specialised and selective each school is, the more intolerant and excluding it can also become. Instead of schools being designed to fit pupils, pupils are expected to fit the school. The narrower the remit of the school, the harder it can be for the students to fit the required type, and the wider the gaps between schools through which students can fall into exclusion.

When in the education 'market' pupils become the commodities, and also the 'window dressing' to attract new customers, disturbed young people are not wanted. Teachers feel under greater pressure to insist on compliance; it is harder for them to tolerate and take time to address problems of behaviour and learning. Large scale intolerance of difficulties leading to thousands of exclusions penetrates to the smallest daily details of teachers' decisions, whether to exclude or accommodate, to punish or work on promoting positive behaviour. These decisions are influenced by the time, resources and support which teachers have to help them to attend to behaviour problems. The limitations in official advice on EBD to teachers, such as in DES (1989) which emphasises superficial and punitive control rather than help with resolving causes of poor behaviour, have been publicised (Cooper and Upton, 1990). Competitive systems which allow less or even 'zero' tolerance are liable to increase disturbed pupils' anxiety, loneliness and sense of rejection and exacerbate their antisocial behaviour. Complaints from other students and their parents increase pressure on teachers to try to enforce control through punishment or exclusion which is increasingly accepted as an inevitable and appropriate measure. The effect in West County is rising exclusion rates and students who spend many months at home waiting to be accepted by another school.

In contrast, exclusion numbers have fallen in East City over the past three years, though the borough has no EBD schools and the national trend is rising. The head of behaviour support services in East City sees efforts to integrate statemented students and to reduce exclusion rates as connected, each is useless without the other. 'A policy of inclusion for statemented pupils can't work where there is a culture of exclusion,' and efforts to avoid exclusion work as 'background radiation' for successfully including statemented pupils. About 80 per cent of statemented EBD pupils remain for five years at their mainstream

secondary school in East City. More are expected to do so as schools build on 'the present foundations of the wider culture of inclusion'.

### **Auditing schools**

West County has an elaborate schools funding system based, not on social measures like the number of pupils having free school meals, but on reported need. Teachers score students on a scale from 1–6 and submit reports and examples of pupil's work. Teacher moderators only check sample schools, and it is hard to see how, for instance, emotional difficulties can be assessed without seeing the student or the school. Although the manual states that the context should be taken into account, the recording methods largely prevent this. The schema also individualises problems back into each pupil, shifting attention away from socio-economic or whole school factors, although the funds are explicitly granted to the whole school and not individual pupils.

Conflict between financial and educational values was shown when a teacher spoke of having a 'bad year' when the special school budget fell because the students' difficulties were assessed as less severe: educational gain but financial loss. There are strong, hidden disincentives for special school staff. If they help students to improve and return to mainstream, the special school income and rolls will fall, staff have to leave, other teachers are absent while they support reintegration, the remaining staff have more work, and the school may become unviable.

In mainstream schools, the greater the students' reported failures and difficulties, the more the calibre of the staff is questioned. Yet in special schools, the greater the reported difficulties, the more competent and even heroic the staff can appear to be, in dealing with such serious, intractable cases. If many special school ex-students end up in a mental hospital, prison or other institution (and far too little is known about the longer-term outcomes of special schools) this too can be taken as evidence to show the immense difficulties the school staff contend with, rather than to question their competence. Similarly, on an individual level, special school students' protests, boredom and unhappiness tend to be interpreted as evidence of their own difficulty and disturbance and not as serious commentaries on their teaching. Severe unhappiness and disturbance in day special schools are even taken to indicate the need for a boarding place.

An indication that these are national problems, and are not confined to the schools we observed, is the extremely low return rate of students from special schools back into mainstream ones (Audit Commission, 1992). This suggests that some schools may simply be 'dumping grounds' (Norwich, 1996:36) for pupils no one knows what to do with. As we discuss later, most special

educational ‘treatments’ are either controversial (Christensen and Fazal, 1996; Hornby *et al.*, 1997) or consist of good recommended teaching methods that mainly apply to all pupils, leaving the extra help which special schools can offer unclear.

EBD schools face dilemmas shared by prisons. Should they emphasise reform, punishment, or retribution on wrong-doers? As prisons change their emphases, punitive or reformatory, over the decades, it is likely that EBD schools reflect them and changing public opinion. Policies are influenced by historical and religious beliefs about ‘can or will’, about whether disturbed young people cannot help behaving badly (they are sick or mad and to be pitied) or could will themselves to behave better (they are bad and must be corrected or punished). Staff in EBD schools we observed tend to veer between being pitying and punitive, sympathetic and seeming to provoke students as if to test whether they are improving or to create opportunities to teach self-control.

As in adult society, some students are at times too ill or too dangerous to be able to attend school. Some have severe mental illness and need psychiatric treatment. But the great majority in special schools are not ill, and if they are, special schools cannot provide appropriate medical help.

## **Parents’ choice**

To provide a range of special schools is supposed to offer parents ‘a continuum of choice’, as if choice has to mean sites and not services. Yet special schools can limit choice. Pupils’ personalities and needs cannot be confined to the narrow label EBD or SLD. The schools in West County show how a fixed range of special schools leads to supply-led services and not choice-led service. LEAs need to keep certain expensive special school places filled. Pupils with multiple difficulties may not fit anywhere. Stacey was thought to be too bright for her SLD school and too impaired for the school for physically impaired students. Nicholas was excluded from his EBD school for being disruptive. Hundreds of West County children also go to ‘out-of-borough’ special schools, often boarding ones. By law, their parents can be refused a mainstream place (*Spendiff v North Tyneside Council*, 1997; *Crane v Lancashire County Council*, 1997) though this is a right of all parents of ‘normal’ children. The choice tends to be for the schools to select and reject students and thus limit families’ choices.

One choice for parents is between small special schools or units on the same site as mainstream schools. These are often referred to as ‘integrated’, and sessions with other schools may be listed in notices. We found that very little if any integration occurs between the same-site schools observed; they

may be as remote from one another as if they were miles apart, and parents may be unaware of the isolation.

The opposite approach in East City is to have wide-remit inclusive schools which adapt to the students. Philip and Ben show (in chapters 2 and 4) how this accepting cooperation can reduce and prevent difficulties, and enable students to become better at adapting to the school. A much richer and more flexible range of choices, of staff, services, other students and resources, can be offered in larger ordinary schools than in the relatively small special schools. Real choices are informed ones, and one purpose of this book is to inform the wider general public about special and ordinary school options to help them to make informed choices.

### **Links with home**

Special schools are recommended as able to give more personal care in closer contact with parents (for example, DES, 1989). Yet it is often much harder for parents to keep in contact with a distant unit. One head teacher said, 'We say a one hour journey is the limit, but when several children are picked up in the rush hour it can be more than that'. There is little of the informal daily contact parents have with local primary school. When children have communication difficulties, it is harder for parents to discover what they did during the day, and more so when they have less contact with other children and parents at the school. Parents mentioned feeling daunted by the staff, and ignorant about their children's needs for expertise; some added that they felt the staff treated them as stupid or abnormal. When we approached parents through informal networks or through the schools for visual and physical impairments we had high response rates. When we sent letters through the SLD, MLD, EBD and autism schools none replied. Staff in these schools told us of parents' apparent unwillingness to contact the school, and added other possible reasons: it is harder to arrange child care for these pupils, so parents are less able to attend evening meetings; they may have less time and energy, for example, to serve as governors; in a small school it is harder to find candidates. 'It is always the same few who offer to help and we have far fewer of them.' Parents reported that some schools did not have regular home-school contact books, 'they were knocked on the head years ago', and homework was not regularly set by the special schools observed apart from Louise Braille school except, it appears, when an OFSTED inspection is due.

### **Small classes, one-to-one teaching**

EBD students are assumed to need 'one-to-one' teaching, extra and individual attention and high staff-pupil ratios implying many extra hours of personal

tuition, but these are not necessarily a bonus. They often involve either tuition for one child while the rest wait or 'play', or else one single task for the whole class, regardless of their varying abilities, with the teacher seeming unable or unwilling to offer more than one activity at once. Each child may do a task in turn with interruptions while the bored ones are disciplined, and the assistants chat, make tea, or simply watch.

Small classes can be as noisy and disruptive as large ones, as if some pupils fill whatever space and time is available; a few pupils can take up almost all the teachers' attention, whilst others endure, tolerate or condone the disruption. Small classes of pupils, all selected because of their 'special' difficulties and very diverse needs, can be harder to organise than large classes with a core of 'ordinary' and committed pupils. Teams of staff share groups of pupils when small classes are highly staffed, and when classes are combined to give staff non-contact time. 'Special' attention, in the sense of special continuing knowledge of a pupil or special rapport, is then less likely to be achieved. Yet continuity is thought to be vital for students with learning difficulties when subtle changes in numerous terms, such as saying 'times' or 'multiply', or even in the way a letter or number is written, can make all the difference between clarity and confusion (Lewis, 1995).

One-to-one methods are very useful in teaching but, when they are used almost exclusively, pupils can feel distant from one another. This is in contrast to the more warmly supportive classroom dynamics of schools which encourage positive peer involvement described at the end of chapter 2. Isolated pupils are more likely to feel suspicious and hostile and to feel mistrusted and disliked by others (Mosley, 1993; McNamara and Moreton, 1995). Over-use of one-to-one methods can implicitly denigrate pupils, by exaggerating their dependence on adults and implying that they have nothing positive to offer one another. They can get trapped into negative regress, and learned helplessness (Coopersmith, 1967; Seligman, 1975) reinforced by taught helplessness. They are prevented from sharing activities, experiences and mutual rewarding support and trust with friends at school, and often attendance at special school means they have no friends at home.

Some staff in EBD and MLD schools actively keep pupils apart, telling them not to help or to trust one another, not 'to interfere and make trouble between yourselves', to refer all questions or problems to the staff, and to report other pupils' misbehaviour. This can undermine the encouragement of self-confidence and responsibility for oneself and for others; these qualities are shown by students in schools that encourage positive peer interactions. If high staffing ratios discourage independence and interdependence, they reinforce assumptions that students are solely a cost and a liability, and are not

themselves resources and contributors, who can assist the staff and one another. As the end of chapter 2 shows, seeing students as positive contributors opens the way to resolving EBD problems.

## **The order of the book**

We begin with emotional and behavioural difficulty (EBD) because this is the most common reason for referral to special school, alone or combined with other difficulties. Chapter 2 compares the range of special schools in West County, with ordinary comprehensive schools in East City. How are the schools suited to the students, or the students expected to adapt to the schools? Which system is more flexible, efficient and humane? How are EBD students identified, and what is appropriate discipline for them? The chapter considers expectations and ‘games’ played in EBD schools, and the schools’ remit and aims. The special teaching skills of EBD school staff are reviewed, and chapter 2 ends with examples of ordinary, or inclusive, schools which promote positive behaviour, and a summary of why their structures allow more innovative approaches than special schools are liable to risk taking.

Chapter 3 examines what is assumed to be the medical extreme of disturbance, autistic spectrum disorders. It examines meanings of autism and of the spectrum and compares experiences in an autistic unit in West County with two ordinary schools in East City. Chapter 4 on learning difficulties looks at the context, and compares students in West County SLD and MLD schools with those in East City comprehensive schools; Vishal has Down’s syndrome, Tracey illustrates views on ‘backwardness’, and Ben has moderate learning difficulties. Chapter 5 describes special and inclusive schools in West County, and reports the views and experiences of physically and visually impaired students. The experiences of students with physical and hearing impairments in ordinary schools in East City are then reviewed.

Chapter 6 takes the framework of the Convention on the Rights of the Child (UN, 1989), which considers all children’s interests under the headings of provision, protection and participation. It discusses what is special about special schools in terms of extra provision, resources, services and expertise, extra protections from stress, and the risk of failure and bullying, and how special and ordinary schools support young people’s participation. How do they equip students socially and academically to enable them to participate in ‘the real world’ at home, school, their community and later at work and as adult citizens? Finally, we consider changes at every level to make inclusive education work (see table 1 above).