



INCLUSION IN EARLY YEARS

DISABILITY EQUALITY IN

EDUCATION COURSE BOOK



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DISABILITY EQUALITY IN EDUCATION

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1. DEE EARLY YEARS COURSE: THE AIM & OBJECTIVES

Aim: the overall goal of the session is to help early-years practitioners to understand basic equality issues, inclusion, and the implications of the new Special Educational Needs and Disability Discrimination Legislation. To help them differentiate between medical model and social model thinking in practice. This should ultimately provide clearer thinking about provision, participation, and play for younger children.

Objectives:

- Provide and demonstrate an understanding of medical & social model thinking relating to Early Years provision and analyse barriers and identify solutions.
- Explore the difference between impairment and disability.
- Provide an understanding of the difference between segregation, integration and inclusion.
- Explore ideas for participation and choice in games and activities
- Provide a brief cultural context for present day imagery in 'fairy-tales' and other Early Years material
- Examine examples of good practice
- Gain an understanding of Special Educational Needs and Disability Discrimination Legislation 2001 and its implications for early years settings.

N.B. At all times the participants will be encouraged to ask questions, and explore the issues they feel they need help with.

2. DEVELOPING INCLUSION, EDUCATION & HUMAN RIGHTS

Increasingly, Inclusion and Inclusive Education are becoming buzzwords to which everyone subscribes. However, behind the language lies a struggle for human rights, which is by no means won nor complete.

Powerful policy statements have been adopted by the international community following pressure from human rights activists and the Disabled People's Movement.

The Salamanca Statement from UNESCO adopted in July 1994 declared

- Every child has a fundamental right to education and must be given the opportunity to achieve and maintain acceptable levels of learning.
- Every child has unique characteristics, interests, abilities and learning needs.
- Education systems should be designed and educational programmes implemented to take into account the wide diversity of these characteristics and needs.
- Those with special educational needs must have access to mainstream schools, which should accommodate them with a child-centred pedagogy capable of meeting those needs.
- Mainstream schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all. Moreover, they provide an effective education for the majority of children (without special needs) and improving the efficiency and ultimately the cost effectiveness of the entire education system.

The UN Convention on the Rights of the Child (1989) and the UN Standard Rules on Equalisation (1993) both unequivocally support the right to equal treatment for all and view this as a right to mainstream education.

In the UK, the Labour Government has adopted the Salamanca Statement and in Excellence for All and the Programme of Action have supported the development of inclusion, though confusion remain about what it means.

“Promoting inclusion within mainstream schools, where parents want it and appropriate support can be provided will remain the cornerstone of our strategy. There are strong educational as well as social and moral grounds for educating children with SEN, or with disabilities, with their peers. This is an important part of building an inclusive society.” – Ch 3.1 AP

In 2001 the Government brought forward the Special Educational Needs and Disability Bill, which extends the Disability Discrimination Act to education. In addition, Clause 316 of 1996 Act has been amended, so the expectation is that

disabled children will be educated in mainstream schools if parents want it and it does not interfere with the efficient education of other children.

From September 2002 all schools and early years settings :-

- must not treat disabled children less favourably than non-disabled children in admissions, education and related services and exclusions.
- have to make reasonable adjustments so disabled children are not at a substantial disadvantage in policies, practices and procedures. This last duty is anticipatory.
- This means you need to make adjustments before a disabled child is actually attending your setting or school.

What Is Inclusion?

“All children / students are educated in an age-appropriate mainstream classroom in neighbourhood schools and the supports provided, so that children / students, teachers and classrooms can be successful.” – *New Hampshire Institute of Disability*

Inclusion is a process.

Integration is a matter of location.

Integration is not inclusion.

“The participation of all pupils in the curriculum and the social life of the school.” – *Action Programme*

“The intentional building of relationships where difference is welcomed and all benefit”.

Research on human development on twins has established that after genetic potential, peer relationships are the most important force in shaping who we are. This is far more important than parental influence. But what happens when parents internalise oppressive attitudes from professionals to their child?

We have to work with the parents of disabled children so they become allies in their disabled children's struggle for human rights and inclusion.

Where Do Oppressive Attitudes Come From

- Different cultures have responded in various ways to disabled people. There are many strange beliefs about difference. Impairment has often been seen as a punishment from God. In the west, our ideas are dominated by Greek and Roman ideas of the body beautiful and physical perfection.
- Judaic / Christian ideas of charity have also shaped our treatment to giving asylum and alms, but at times of social change, disabled people have been made scapegoats as in the Great Witch Hunts or during plagues. Mostly in feudal and early modern Europe, disabled people would have been

accepted as part of the family or work group. The 19th century saw greater segregation of disabled people.

- The workforce had to be more physically uniform to perform routine factory operations. Disabled people were rejected. Disabled people were viewed as worthy poor as opposed to 'work shy' unworthy poor and given Poor Law Relief. Disabled people became dependent more and more on the medical profession for cures, treatments and benefits. Eugenists believed disabled people would weaken the gene pool of the nation and weaken competitiveness.
- Increasingly, disabled people were shut away in single sex institutions for life or sterilised. Separate special schools and later nurseries were set up that denied non-disabled people the day-to-day experience of living and growing up with disabled people and vice-versa.

The last 25 years have seen the growth of the Disability Movement arguing for an end to segregation and a strong push for human rights from parents.

Disabled people make a distinction between **impairment** and **disablement**.

"Impairment is the loss or limitation of physical, mental or sensory function on a long-term and permanent basis.

"Disablement is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers." – *Disabled People's International, 1981*

The dominant view is the **Medical Model**. Here disabled people are seen as a problem to be cured or 'fixed' by therapy, medicine, surgery and special treatments. It becomes a personal tragedy when this can't happen. Powerful and pervasive views are reinforced in the media, books, films, art and language. Institutions are organised to segregate and exclude. The environment, in general, presents many barriers, as we are not expected to be anywhere but in specialist environments.

The **Social Model** of disablement focuses on the barriers in the environment. People are disabled by their environment – the attitudes of others and the policies, practices and procedures of organisations. Not much can be done to change impairments. A great deal can be done to get rid of barriers and create a more equal society in all aspects of life. This is the struggle for disabled people's rights.

For early years care settings to be registered as education providers inspectors base their judgements on among other things Standard 10:-

#all children are included and their differences acknowledged and valued;

#your equal opportunities policy is understood and implemented by staff and shared with parents;

#all children have access to appropriate toys, learning resources and equipment;

resources are used which reflect positive images of culture, ethnicity gender and disability;

#the needs of all children are met.

This course will help you develop these standards and develop inclusion.

To develop inclusion and disability equality across the education system

Staff and parents can support inclusion by being allies to disabled children by:-

- Empowering disabled children to have a strong self-esteem and sense of self as disabled people.
- Building strong peer relationships with disabled children and non-disabled peers.
- Getting rid of barriers to inclusion in the environment. Do an access audit.
- Challenging negative attitudes and low expectations.
- Challenging stereotypes and developing positive images of young disabled people.
- Develop play, teaching and learning strategies where all pupils maximise their potential.
- Developing professional practice that develops the above.
- Joining the struggle to stop segregative practice
- Struggling in your locality to get a choice of inclusive provision.
- Build parent support groups at your setting to empower parents to become allies in their children's struggles for human rights.
- Link with the disabled people's movement in your area and use their knowledge and expertise to develop inclusion.
- Have training for Inclusion delivered by DEE trainers to school staff, governors, LEA staff and parents.

3.FACTORS EFFECTING THE DEVELOPMENT OF AN EARLY YEARS INCLUSION POLICY

Global	National	Local Council/ Area	School
Human Rights UNESCO Salamanca UN Children's Rights UN Standard Rules European Directives Experience in other countries Tools for inclusion- MAPS, PATH, Circle of Friends Disabled Peoples' International Eugenics Special Education thinking Research findings Links via internet, letter, twinning etc.	Human Rights Act Disability Discrimination Act-extended to education under Part IV of DDA Part III of DDA covers education in non-school settings Disability Rights Task Force, D R C DfEE-Policy, Action Programme, Revised SEN Code of Practice OFSTED guidance Full Day Care National Standards. OFSTED-Inspection framework, guidance Foundation Curriculum Stepping Stones Race Relations Amendment Act Sure Start Quality Protects, Inclusion Movement Social/Medical Model Training DEE NGO's-CDC, SEC, NASEN Opinion Formers/Media Teacher Trade Unions Good Practice exemplified Information exchange-inclusion web site/ SENCO network Ngfl	Inclusion Policy Early Years D.C. Partnerships Education Development Plan & Targets Sure Start Projects Quality Protects Behaviour Policy Social Inclusion Policy SEN Policy EMTAG Policy Links with Health Links with Social Services Funding Formula- additional resourcing Access Strategy Transition Parent Partnership Strength of local inclusion movement Attitude of Councillors / Officers Local parents/ voluntary organisations for 'Special Educational Needs' Best Value	Ethos of the setting Headteacher's or proprietor's view Full Staff involvement Access Plan Governors'/ Management Committee support Deployment of staff & setting resources Setting SENCO Play, Teaching & Learning Policies and Practices- collaboration, mentoring, differentiation Diversification of learning Emotional intelligence- multiple intelligences Deployment of support Pupil and parent involvement Catchment of setting. Whole setting Policies -Admissions, Behaviour, Trips, Assessment, Equal Opportunities, Child Protection, Health & Safety, Recruitment Setting Self Review- Index for Inclusion or Birmingham Standards

4.SEN & INCLUSION AND EARLY YEARS

The Foundation Curriculum is built around the principles of inclusion. This is part of a wider trend towards inclusion reflected in the Green Paper Excellence for All (1997) and the Special Educational Needs (SEN) and Disability Act (2001) and the Special Educational Needs Code of Practice (2001) that now covers Early Years providers who apply for or are in receipt of nursery education grant.

SEN requirements for the early years settings providing education now include:

- to have regard to the SEN Code of Practice;
- to inform parents when special educational provision is made for their child;
- to agree to work towards the early learning goals for all;
- to have an SEN policy in whose development all practitioners are involved.
- to have a SENCO or if a network of providers a group SENCO.
- The SENCO is responsible for co-ordinating provision for children with SEN particularly those on Early Years Action or Early Years Action Plus.

The Special Educational Needs Code of Practice

The SEN Code of Practice (DfES/581/2001) came into force on 1st January 2002. The new Code of Practice is weaker than it should be in making links with the new duties under DDA. However, it has new chapters on Parental and Pupil involvement that extend their role and requires that pupils are consulted at all stages about their wishes. The new Code of Practice introduces a more flexible School and School Plus and Early Years and Early Years Plus stages to meet SEN before issuing a statement. At the School Plus/ Early Years Plus stage pupils can get support and services from beyond the school without having a statement. This should be used to prevent children being pushed to be statemented to access resources. The Code is a long 210 page document, but it is available from DFES 0845 60 222 60 or can be got through DFES web site.

The detailed guidance in the Code of Practice is informed by these fundamental principles.

- A child with SEN should have their needs met;
- The SEN of children will normally be met in mainstream early years setting or school;
- 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 SEN should be offered full access to a broad, balanced and relevant education, including an appropriate curriculum for the foundation stage and National Curriculum.

The Foundation Curriculum is an Inclusive document calling on all practitioners to ensure **all** children feel included, secure and valued.

5. PRINCIPLES OF EARLY YEARS EDUCATION

The Early Years Foundation Curriculum is based on inclusive principles.

- Practitioners should ensure that all children feel included, secure and valued.
- Early years experience should build on what children already know and can do.
- No child should be excluded or disadvantaged because of ethnicity, culture, or religion, home language, family background, special educational needs, disability, gender or ability.
- Parents and practitioners should work together.
- To be effective, an early years curriculum should be carefully structured.
- There should be opportunities for children to engage in activities planned by adults and those initiated by themselves.
- Practitioners must be able to observe and respond appropriately to children.
- Well-planned, purposeful activity and appropriate intervention by practitioners will engage children in the learning process.
- For children to have a rich and stimulating experiences the learning environment should be well planned and organised
- Effective learning and development for young children requires high quality care and education by practitioners.

(From Curriculum Guidance for the Foundation Stage p. 17-18 QCA/00/587 May 2000.)

6. MEETING DIVERSE NEEDS

- Plan opportunities that build on and extend children's knowledge, experiences, interests and skills and develop their self-esteem and confidence in their ability to learn.
- Use a wide range of teaching strategies, based on children's learning needs.

- Provide a wide range of opportunities to motivate, support and develop children and help them be involved, concentrate and learn effectively.
- Provide a safe and supportive learning environment, free from harassment, in which the contribution of all children is valued and where racial, religious, disability and gender stereotypes are challenged.
- Use materials that positively reflect diversity and are free from discrimination and stereotyping.
- Plan opportunities for children whose ability and understanding are in advance of their language and communication skills.
- Monitor children's progress, identifying any areas of concern and taking action to provide support, for example by using different approaches, additional adult help or other agencies.

7. AIMS FOR THE FOUNDATION STAGE

All settings and schools that receive grant-funding for the education of children aged three to five are required to plan activities and experiences which help children make progress in their development and learning. Young children will have had a wide range of different experiences and will have a wide range of competencies and interests when they join a setting or school at the age of three, four or five. They need well-trained and qualified practitioners, and a well resourced and planned curriculum to take their learning forward and to provide opportunities for all children to succeed in an atmosphere of care and of feeling valued.

Monitoring of individual children's progress throughout the foundation stage is essential to ensure that all are making progress and that particular difficulties in any of the areas of learning, whatever the cause, are identified and addressed. Prompt and appropriate action at this stage could help to prevent children from developing learning difficulties later in their school career. There will be a small number of children in the foundation stage who have special educational needs or disabilities which will require specific provision such as specialist teaching, adapted equipment or support from an adult, for particular activities. It is essential that these children are identified as soon as possible and appropriate support provided.

The curriculum for the foundation stage should underpin all future learning by supporting, fostering, promoting and developing children's:

- **Personal, social and emotional well-being:** in particular by supporting the transition to and between settings, promoting an inclusive ethos and providing opportunities for each child to become a valued member of that group and community so that a strong self-image and self-esteem are promoted;

- **Positive attitudes and dispositions towards their learning:** in particular an enthusiasm for knowledge and learning, and a confidence in their ability to be successful learners;
- **Social skills:** in particular by providing opportunities that enable them to learn how to cooperate and work harmoniously alongside, and with, each other and to listen to each other;
- **Attention skills and persistence:** in particular the capacity to concentrate on their own lay or on group tasks;
- **Language and communication:** with opportunities for all children to talk and communicate in a widening range of situations, to respond to adults and to each other, to practise and extend the range of vocabulary and communication skills they use, and to listen carefully;
- **Reading and writing:** with opportunities for all children to explore, enjoy learn about, and use words and text in a broad range of contexts and to experience a rich variety of books;
- **Mathematics:** with opportunities for all children to develop their understanding of number, measurement, pattern, shape and space by providing a broad range of contexts in which they can explore, enjoy, learn, practise, and talk about them;
- **Knowledge and understanding of the world:** with opportunities for all children to solve problems, make decisions, experiment, predict, plan and question in a varied range of contexts; and to explore and find out about their environment, and people and places that have significance in their lives;
- **Physical development:** with opportunities for all children to develop and practise their fine and gross motor skills, increase their understanding of how their bodies work and what they need to be healthy and safe;
- **Creative development:** with opportunities for all children to explore and share their thoughts, ideas and feelings through a variety of art, design and technology, music, movement, dance and imaginative and role-play activities.

QCA/DfEE Curriculum Guidance for the Foundation Stage 2000

8. SPECIAL EDUCATIONAL NEEDS AND DISABILITY ACT 2001

The SEN and Disability Act 2001 makes significant changes to the educational opportunities available to disabled children and students and those with special educational needs. The Act affects LEAs, early years provision, nursery schools, including independent and non-maintained special schools, FE colleges, HE and youth services. This summary indicates the main changes that affect the School and Post School stages of education.

Part I: Special Educational Needs

Part I of the Act amends Part IV of the Education Act 1996 in the light of the consultation on the Government's Green Paper and Programme of Action. The proposals for legislation were further consulted on in March 2000. This part of the Act comes into force in September 2001. The Act:

- changes the conditions in the 1996 Act that currently limit the LEA's duty to provide a mainstream early years place for a child with SEN, removing 2 caveats;
- requires early years settings and schools to inform parents when they make special educational provision because they have identified their child as having SEN;
- permits early years settings and schools to request a statutory assessment in the same way that parents can;
- makes changes in the arrangements for amendments to statements;
- requires LEAs to provide and advertise parent partnership services;
- requires LEAs to make arrangements for resolving disagreements between parents and early years settings and between parents and the LEA;
- tightens up arrangements for appeals to the Tribunal, including setting time limits for the implementation of the decisions of the Tribunal.

Part II: Disability Discrimination in Education Schools

Currently the Disability Discrimination Act 1995 covers a range of services but does not include education. In November 1999, the Disability Rights Task Force advised the Government on how they might extend the DDA to include education. The Government consulted on proposals for legislation. The legislation is designed to ensure that disabled children are not discriminated against in any aspect of nursery schools settings and school life. This part of the Act amends the 1995 DDA and comes into force in September 2002 and is anticipatory in duty. The Act:

- makes it unlawful to discriminate against disabled children and prospective pupils in admissions, in education and associated services and in exclusions;
- sets out a duty on early years schools not to treat disabled pupils less favourably for a reason related to their impairment;
- sets out a duty on early years schools to make reasonable adjustments to ensure that they don't put disabled children at a substantial disadvantage;
- provides for remedy through the renamed SEN and Disability Tribunal, which will have an extended remit to hear disability discrimination cases seek apologies and make orders to change practice;
- sets out a duty on LEAs to have a strategy, and schools to plan to increase environmental access, curriculum access and access to printed information for disabled pupils in schools. This must be in place by April 2003 This to be monitored by OFSTED;

For a responsible body which can be a proprietor of a private nursery school or school, Governors of a school, College or University, or the LEA for a Nursery School:-

There is a duty not to treat less favourably a disabled student or pupil in admissions, education and associated services and exclusions. The only justification is permitted selection criteria or a substantial reason.

Early Years Non- Schools and the DDA

There are many private, voluntary and statutory providers of early years services that are not constituted as schools. The social care of young children in these settings has been covered by part III of the DDA since 1996. Section 38(5) of the SEN and Disability Act 2001 amended Part III of the DDA so that education that is offered in these settings is also covered by these duties from Sept. 2002.

This requires (non-school) education providers from September 2002 to:

- not to treat disabled children 'less favourably' for a reason related to their disability;
- to make reasonable adjustments to policies, practices and procedures that make it impossible or unreasonably difficult to use the service;
- reasonable adjustments may include:
 - auxiliary aids and services;
 - making physical changes (from 2004)
- Provides a remedy, including compensation, through County Court.

This means early years settings other than schools will need to plan to remove physical barriers from 2004 or sooner.

They will also need to make arrangements, probably through the EYDC, with LEA to provide services and auxiliary aids. Equipment could best be provided by a 'bank' or 'pooling' arrangement.

Early Years Education Providers: Disability Legislation (England and Wales)

Part 3 of the DDA	Schools' duties in Part 4 of the DDA	LEA residual duty in Part 4 of the DDA
Local authority day nurseries, family centres etc.	LEA maintained schools	Home teaching services for young children, such as Portage
Private and voluntary playgroups and pre-schools and Nurseries which are not schools.	LEA maintained Nursery schools	
Accredited childminders	Independent schools	
	Non-maintained special schools	

The responsible body has a duty to make reasonable adjustments. In determining a reasonable adjustments the following factors can be taken into account.

- The need to maintain academic, musical, sporting or academic standards.
- The financial resources available to the responsible body.
- The cost of taking the particular step.
- The extent to which it is practical to take the particular step.
- The extent to which aids and services will be provided to disabled pupils at the school under Part IV of the Education Act 1996 or Section 60-65G of the Education (Scotland) Act 1980.

Examples of Reasonable adjustments

The reasonable steps to ensure that the inclusion of a child with learning difficulties is not incompatible with the efficient education over other children may include:

- Praising the pupils' strengths and areas of success so that self-esteem is maintained and enhanced;

- Using a flexible grouping arrangements including ones where the pupil can work with more able peers;
- Providing for all pupils experiences which will be of benefit to most pupils but particularly to the pupil with learning difficulties;
- Considering carefully the use of language in the classroom and strategies to promote the learning of need vocabulary;
- Setting appropriate targets so that personal progress can be tracked as well as progress towards externally determined goals;
- Considering carefully the pupil's learning styles and ensuring that this is reflected in this styles of teaching.

The Act removed efficient education and an education appropriate to meet the needs of the child from Section 316 of the 1996 Education Act. These get out clauses had been used to exclude disabled children from mainstream schools and send them to special schools against they or their parents wishes. The Department for Education and Skills have issued statutory guidance on interpreting the remaining caveat that prevents disabled children being educated in a mainstream school if that is what their parents want.

'Inclusive Schooling: Children with Special Educational Needs'

November 2001 DFES /0774/2001 gives guidance on how to interpret this remaining caveat. This came into force on 1st January 2001. The guidance limits the scope for using incompatible with the efficient education of other children. It provides examples of the reasonable steps schools might take to include children with various impairments so their inclusion would not be incompatible with the efficient education of other children.

www.dfes.gov.uk/sen

The Disability Rights Commission (08457 622633 e-mail enquiry@drc-gb.org)

New powers for the DRC to issue Codes of Practice, to carry out investigations into complaints of disability discrimination in all education settings and to provide a conciliation service. There will be i)a School Code of Practice, ii)a Post –16 Code of Practice. Drafts have been consulted on and final versions will be issued in May 2002. They come into force Sept. 2002.

ACCESS PLANS and STRATEGIES

Section 28D+E of the Act require LEAs to strategically plan to increase environmental access, access to the curriculum and to provide written materials in alternative format Braille, BSL, audio tape etc. This applies to schools and maintained nursery schools.

All Schools have a duty to plan improvements in access to their individual school. This includes Independent schools as recognised by the DfES as providers of education who have early years education. LEA nurseries do not have to have an access plan. All non-school early years settings are exempt

as they have the duty under Part III of the DDA to make physical changes by October 2004.

9. DEFINITIONS OF DISABILITY UNDER THE DDA

“A person has a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.” - Part 1, para. 1.1.

In the Act “disabled person” means a person with a disability - Part 1, para. 1.2.

To fall within the Act, a person must be substantially affected by their impairment in one of the following ways:

- ❑ Mobility
- ❑ Physical co-ordination
- ❑ Manual dexterity
- ❑ Continence
- ❑ Ability to lift, carry or otherwise move everyday objects
- ❑ Speech, hearing, eyesight
- ❑ Memory or ability to learn, concentrate or understand
- ❑ Perception of risk or physical danger.

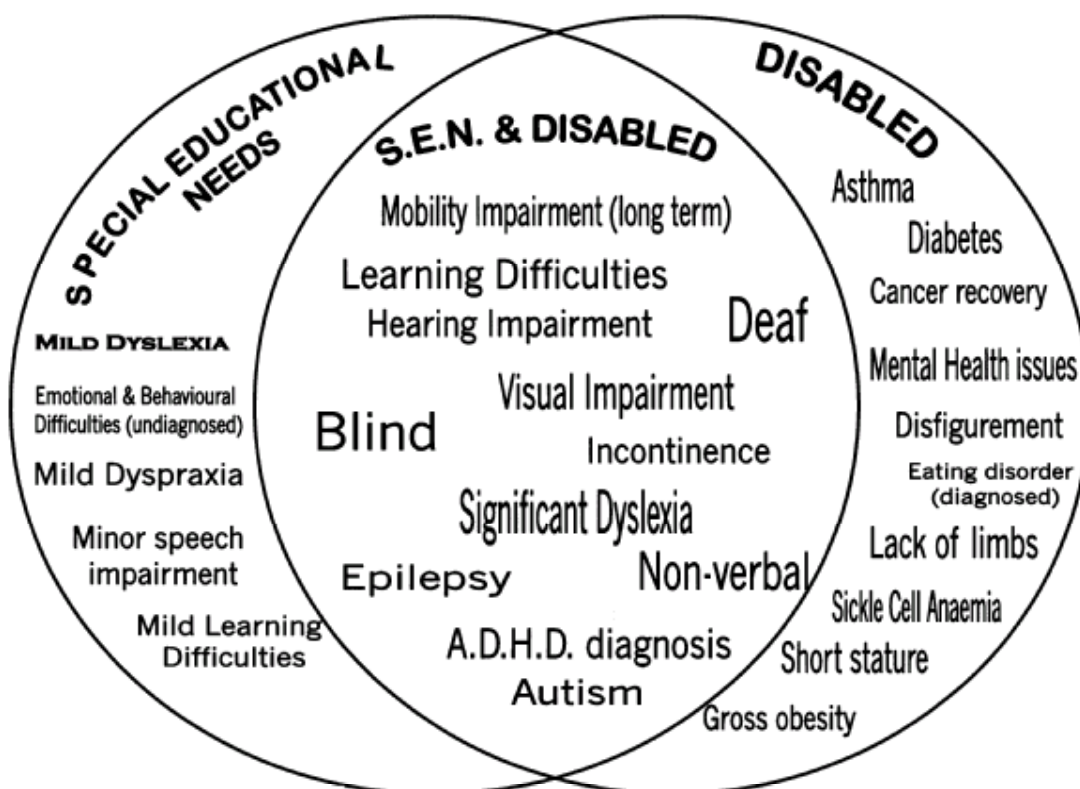
For the purposes of definition, ignore the effects of medical or other treatments or aids and appliances. The definition ignores a social model definition of disablement that would recognise that disability is a process by which people with physical, mental or sensory impairments are excluded from ordinary activities by physical, organisational or attitudinal barriers.

Substantial means ‘not trivial.’

Some people who do not come within the definition will nevertheless be considered disabled. Those with disfigurement or cancer survivors or others who have had a disability in the past or those people with a progressive condition once the symptoms appear. Those with challenging behaviour due to a clinically diagnosed condition are covered while those who may display similar behaviour but do not have a clinical diagnosis are not covered. Those with SEN are not the same population as those defined above. There is a big overlap.

We recommend that all pupils with SEN be treated as disabled for the purposes of the Act and for equality in addition to all pupils with impairments being treated as disabled under the Act.

Possible overlap of SEN and DDA disability definition for children and young people.



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10. RECENT STATISTICS

While the current assessment of students and pupils is far from inclusive and certainly needs replacing with a system that acknowledges achievement and individuals own progress. The exam system is still something that all pupils and students should have access to as long as it exists.

The DFES have shown that only 29 % of all Year 11 pupils in special schools got 1 or more GCSE grades A*-G. 6% got 5 or more A*-G. This compares to Year 11 pupils in mainstream schools 88.9% of pupils got 5A*-G and 94.5% got at least one GCSE A*- G. This group includes at least 15,000 disabled pupils with statements of special educational need.

Some may still be sceptical and say we are not comparing like with like therefore some statistics from Newham for disabled pupils who had gone through the mainstream are very interesting.

Outcome of GCSE's 15-year-olds in Newham 2000

	Number	GCSE 1A*- G %	5 GCSE A*- G	5 GCSE A*- C
Newham Av England Av Newham Mainstream Statemented	101 (94)	99% (94.4%) 83 or 88.3%	93.2% (88.9%) 57 or 60.6%	36.3% (49.2%) 4 or 4.25

Source DFEE Statistics Secondary performance Tables and What Next: post 16 Opportunities for young disabled people living in Newham.
Newham Council Nov.2001

The number of pupils still receiving their education in separate settings is still 122,850 in the United Kingdom in 2000.

Where children with Statements /Record of Need are educated: 2000

Country	Total Pupils	Special School or Statemented Sent to Independent Sch or PRU	Percentage Segregated	Mainstream with Statement or Record of Need in Scotland
Wales	511826	3774	0.74	16,880
Scotland	781413	9397	1.20	6,674
England	8,345,815	104,991	1.26	147,866
N. Ireland	339,000	4888	1.38	Not known
Total	9,978,054	122,850	1.23	171,420

Source DFEE SEN Statistical Bulletin Table I Nov 2000; Dept of Education Northern Ireland compendium of statistics, Scottish Executive Education Statistics 2000, Welsh Assembly.

The UK Government's Labour Force Survey in Spring 2001 identifies 6.8 million adults of working age who are disabled. Only 46.9% are working compared to 80.9% of the non-disabled working population. A further 15.4% (1.05 million) of disabled adults of working age would like to work compared

with 3.5% of the non-disabled population. At any one time around 5% or 425,000 pupils have significant impairments. Therefore at least 2 million of these disabled people would have had their impairment during their school days; the rest will have acquired their impairments. Adults with learning difficulties the Government White Paper - Valuing People reported in March 2001 only 13% are working.

The interests of other pupils or students and persons who may be admitted to the institution as pupils or students. Clearly these have the potential to negative the impact of the Act and only the Courts and Tribunals will determine what is reasonable. However two things are clear. The Primary Legislation was made to advance things from the current discriminatory status quo. Secondly Schools, LEA's and Colleges should operate from a good practice model as institutions committed to equal opportunities. This means reviewing all existing practices for possible disability discrimination and this process should start now.

<p>11. OUTCOME OF GCSE'S 15-YEAR-OLDS IN NEWHAM, 2000</p>
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	Number	GCSE 1A*-G %	5 GCSE A*-G	5 GCSE A*-C
Newham Av		99%	93.2%	36.3%
England Av		(94.4%)	(88.9%)	(49.2%)
Newham Mainstream with Statements#	101(94)	83 or 88.3%	57 or 60.6%	4 or 4.25%
Year 11 Project@	22	0%	0%	0%
JFK& Becton Special Schools*	8	0%	0%	0%
Total	131			

#This group of young people with statements were the first cohort to go right through the mainstream school system in Newham under their inclusion policy.

@The Year 11 project was for pupils with challenging behaviour and was run at Newham Further Education College.

***This is the last remaining Special School in Newham and many of the pupils work on outreach at the Royal Docks School, which is a purpose-built inclusive secondary school, and other secondary schools.**

For more information on Newham, see Section 33.

Source: DfEE Statistics Secondary performance Tables and What Next: Post 16 Opportunities for young disabled people living in Newham, Newham Council Nov. 2001.

12. HISTORY OF DISABLED PEOPLE IN WEST

Different cultures have responded in various ways to disabled people. There are many strange beliefs about difference.

Impairment has often been seen as a punishment from God. In the west our ideas are dominated by the Greek and Roman ideas of the body beautiful and physical perfection.

Judaic/Christian ideas of charity have also shaped our treatment giving asylum and alms, but at times of social change disabled people have been scapgoated as in Great Witch-Hunts or during Plagues. Mostly in feudal and early modern Europe disabled people would have been accepted as part of their family or work group.

The 19th Century saw greater segregation of disabled people. The workforce had to be more physically uniform to perform factory operations. Disabled people were rejected.

Disabled people were viewed as worthy poor as opposed to the 'work shy' unworthy poor and given Poor Law Relief.

Disabled people became dependent more and more on the medical profession for cures, treatment and benefits.

Eugenicists believed disabled people would weaken the gene pool of the nation and weaken competitiveness. Increasingly shut away in single sex institutions for life or sterilised.

Separate special schools were set up that denied non-disabled people day to day experience of living and growing up with disabled people.

The last 25 years has seen the growth of Disability Movement fighting for a basic human rights for disabled people.

The Americans with Disabilities Act, Independent Living and Disability Discrimination Act are responses to this Movement.

13. A BRIEF HISTORY OF ATTITUDES TO DISABLED PEOPLE

A UK Government Survey (Winter, 1995) showed that only 40% of disabled adults of working age (16-65 years old) were working or unemployed. The rest - 60% - or 2.2 million disabled people were on benefit and not looking for work. It also showed that of the 3.7 million disabled adults of working age 41% had no educational qualifications. This compared to the whole working population very poorly where only 18% had no educational qualifications. This situation reflects generations of prejudice, fear and discrimination towards disabled people in education and work. The main reasons are negative attitudes and stereotypes, which are based on untrue ideas that have been around for thousands of years.

We can all, at any time, become disabled, develop a physical or mental impairment. Perhaps the need to distance ourselves from reality makes it convenient to rely on negative attitudes and stereotypes of disability. They are less troubling than accepting the individuality, the joy, the pain, the appearance and behaviour and the rights of disabled people.

As disabled people, we often feel that the culture we are in characterises us in a number of false ways that makes us seem different to everyone else. These are what we call stereotypes, which are bunches of attitudes that structure the way that people think about us. You've got the 'super-crip' or 'triumph over tragedy'. Have you ever noticed how often perfectly ordinary things that disabled people do become newsworthy? The blind mountain climber, the boy with cerebral palsy who walked one mile, or the deaf man who was a chess champion. These things are only seen as newsworthy because journalists have a view that disabled people usually can't or shouldn't be doing ordinary things. The 1996 London Marathon was advertised by NIKE showing us a guy with no legs or arms saying, "Peter is not like ordinary people, he's done the Marathon." This plays on two ideas.

Firstly that we are not able to do things; and secondly, on people's curiosity of us as 'freaks' to grab their attention. We are often seen as 'cripples'. A term which comes from an old German word 'Kripple', meaning to be without power. By the way we don't like being called this.

With the development of the printing press in 1480, at a time when most people could not read in Europe, cartoons became a popular way of making political and moral comments to the mass audience over the next 500 years. The old ideas of the Greeks became recycled. Man was created by gods who were perfect in their own image, and so the less physically perfect one was the less good. Evil, moral weakness and powerlessness were shown as

caricatured disabled people. When the Tudors wanted to discredit Richard III having usurped the throne from him and fearing a popular uprising to restore his heirs, Tudor historians created elaborate propaganda of Richard as disabled and a vengeful mass murderer. Even his portrait, which hangs in the National Portrait gallery, has been X-rayed and Richard's hump was found to have been added 60 years after his death. Modern filmmakers often make their villains disabled. Not much changes.

President F D Roosevelt, the only man to be four-times elected President of the USA was previously disabled, having had polio in both legs and was unable to walk unaided. Yet he perfected ways of disguising it, never being photographed in his wheelchair, as he believed (and maybe he was right): "The American public would never vote for a president who was a cripple."

In the last part of 19th century a growing number of scientists, writers and politicians began to wrongly interpret Darwin's theories of evolution and natural selection into seeing people with impairments, particularly those born with one – congenital – as a threat. It was no accident that these theories became important as industrialised countries like Germany, France, Britain and USA were competing with each other to make the rest of the world their empires. They had to have a view of themselves as superior to other races and having 'inferior' disabled people around was a threat. They were locked away in single sex institutions for life or sterilised. This led to segregation and special schools for disabled people. In 37 states in the USA, born-deaf women and anyone with an IQ (Intelligence Quotient measured on a biases test) under 70 were sterilised in the 1920s and 1930s. Sign Language was banned as it was thought deaf people would overpower hearing people.

We are often a burden and, at times of economic stress, that becomes more so. In Germany in the Third Reich there were whole films made by propagandists there to show how we were a burden on the state, the 'useless eaters', and we should be got rid of. In the end we were. 140,000 physically and mentally disabled people were murdered in 1939/40 at the hands of the Doctors of the Third Reich in six so-called clinics which were staffed by people who went on to run the concentration camps in Poland where six million Jews were exterminated. That argument is coming forward again in this country at the moment with cut-backs in the welfare state. There was a poll on television the other morning about how many people thought the doctor was right to kill off two disabled kids. 85% of people in Britain thought it was fine. Well, that is part of the history, part of the conditioning that we are up against.

Now let's go right back to the beginning of 'western civilisation'. The Greek and Roman attitude was the body beautiful, which is personified by the sculptures of the time like the discus-thrower. The cult of the body beautiful was put into practice, particularly amongst the patrician classes, the ruling

classes in Greek and Rome. Aristotle wrote 'that you should take your child off if they are imperfect and get rid of them'. And you didn't become a child until 7 days after you were born, so this allowed time for this to happen. It didn't always happen as parents do love their children and so quite a few disabled people got through, but in the representations on vases and tablets, sculptures and so on, you will find very, very few disabled people. In Rome, the games at the Coliseum put on to entertain and pacify the 'mob' included disabled children being thrown under horses' hooves, blind gladiators fighting each other and 'dwarves' fighting women.

The next period, which sees the body beautiful as very important, is the Renaissance. Take the Duke of Urbino, there are several well-known paintings of him. He is always shown in profile. Why? Because he had a facial disfigurement on the other side and so you will never see him full frontal, he's always on the side. Renaissance painters idealised the human form even though it was a time when many people had impairments and most would have been scarred by small pox.

There are many negative Biblical references to disabled people. The Book of Leviticus says that if you are a disabled person you can't be a priest. But charity was also seen as important particularly from the Judaic tradition – it was seen as a mean of achieving God's grace to help those less fortunate than oneself, and this idea was spread by Christianity. There are many pictures and stories from medieval times of penitent sinners. Groups of penitent 'cripples' are depicted trying to get alms and, if they wandered around long enough, feeling humble enough, then maybe they will make it in the next life. So it's a very strong message that is coming across. Disabled people were often scape-goated for the ills of society as in Breugel's painting "the cripples" where the fox tales denote wrongdoing. If you look at any medieval church, on the outside are the deformed ones, the gargoyles, and on the inside are the perfectly formed pictures around the crypt.

Plague - there were thousands and thousands of people wandering around Europe beating themselves, the flagellants, to try and make themselves more holy so they didn't get the Plague. That was the thinking that people had, so if you were different you were somehow marked. This comes right through to the present day. Many charity adverts are designed to create fear such as the - 'the shadow of diabetes'. The girl living under the shadow of diabetes probably didn't even know she was in a shadow until she found herself up on the billboards of England for three years. She probably thought she was just injecting with insulin everyday and that was all right, but now she is suddenly living in this shadow. Most charity advertisements still use either fear, or make us look pitiful in black and white imagery.

Witchcraft got linked in with disabled people in 'The Great Witch Hunts' of 1480 to 1680. The 'Malleus Malleficarum', 'the Hammer of Witches' - was a

best-seller in Europe from 1480 to 1680 and went to 70 editions in 14 languages and has whole sections in it on how you can identify a witch by their impairments or by them creating impairments in others or giving birth to a disabled child. Between 8 and 20 million people, mainly women, were put to death across Europe and a good proportion were disabled. Take the three witches hung after an Oxford trial in 1513; one of them was put on trial because she was a disabled person using crutches. This comes through in the folklore of Britain and Europe. The Brothers Grimm collected the oral stories of northern Europe and made them into their Fairy Tales. The witch in Hansel and Gretel is deformed, blind, ugly and disabled with a stick. If you go into any newsagent you will probably find this book for children, aged two or three.

Or, how about the stories of evil imps changing healthy babies for disabled ones? Luther, the founder of German Protestantism, said, take the changeling child to the river and drown them.

And what about pirates? From Lego to Stevenson's Long John Silver or Blind Pew, or Barrie's Captain Hook in Peter Pan, they nearly all have eye-patches, hooks and wooden legs. All these disabled pirates that we have don't really fit with history because pirates had a system of simple social security long before anyone else. They had common shares in the common purse so, if you got injured during the course of your endeavours, you would retire to a tropical island with as much money, drink and, presumably women, as you wanted and you were unlikely to go on trying it as an impaired pirate. Yet what we find is that in the 19th century, a number of writers became obsessed with pirates being disabled and evil. In previous centuries, pirates had been socially acceptable as they plundered and built up empire. For example, Daniel Defoe wrote a best-seller on a certain Captain Singleton, pirate, and on his return thrice Lord Mayor of London who was a popular hero. But pirates outlived their usefulness and so were shown as evil and, you guessed it, disabled.

We have also been figures of fun. Henry the VIII had his jester, William Somner, a disabled person or, as they were called then, a hunchback, of course a figure of fun. There are many other examples, and don't forget the obligatory dwarves in the court pictures – all to make people laugh. Today we are still doing it, people are laughing at 'Mr Magoo' cartoons. Or did you see the film 'See No Evil, Hear No Evil' which makes fun of a blind and a deaf man? Think of the circus and the freak show where people paid money to laugh at people who were different to them. The last freak show in the USA only closed in 1995! How many other films can you think of where disabled people are shown as funny, evil or pathetic?

What doesn't come across is the fact that over the years, disabled people have been struggling their whole lives for our rights, for human dignity and to

be just included. In the 1920s, when unions of disabled veterans were formed all over this country, they held sit-ins, occupations, in order to get the legislation that the Government took away in December 1996, the so-called 3% quota system and the registration of disabled employees. In the 1920s and 30s there were literally hundreds of thousands of First World War veterans with no rights at all in this country. So the first disability movement in this country was there and we owe them a great debt. Disabled people are still struggling for the right to use public transport, get into buildings, and go to school or college with their friends or to get a job.

14. EUGENICIST THINKING

Mary Dendy, an active eugenicist campaigner in the 1890's, in 'Feeble Mindedness of Children of School Age', asserted that children classified as mentally handicapped should be "detained for the whole of their lives" as the only way to "stem the great evil of feeble-mindedness in our country."

"Feeble minded women are almost invariably immoral, and if at large usually become carriers of venereal disease or give birth to children twice as defective as themselves. A feeble-minded woman who marries is twice as prolific as a normal woman... Every feeble-minded person, especially the high-grade imbecile, is a potential criminal needing only the proper environment and opportunity for the development and expression of his criminal tendencies. The unrecognised imbecile is the most dangerous element in society." (Fenald, 1912)

"There was much debate about the loss of liberty for those with mental handicap in Parliament during the passage of the 1913 Mental Deficiency Act, but the liberty from which they required most protection was, in the view of society, the liberty to 'repeat their type' and thus increase the numbers of the degenerate and wasteful classes, with disastrous consequences for the entire community." (Wormald & Wormald, 1914, 'A Guide to the Mental Deficiency Act 1913')

"The unnatural and increasingly rapid growth of the feeble minded classes, coupled with a steady restriction among all the thrifty, energetic and superior stocks constitutes a race danger. I feel that the source from which the stream of madness is fed should be cut off and sealed up before another year has passed." - Winston Churchill MP, Home Secretary at the time the Mental Deficiency Act of 1913 became law.

No of Children in Special Schools in England & Wales: 1897-2000

Year	No of Children	Year	No of Children
1897	4,739	1955	51,558*
1909	17,600	1965	70,334*
1914	28,511	1967	78,256*
1919	34,478	1977	135,261*+
1929	49,487	1987	107,126*+
1939	59,768	1999	106,000*+@
1947	40,252 *	2000	104,991*+@

* Hospital schools not included + Includes Severe Learning Difficulty

Source Cole 1989 based on Chief Medical Officer, Ministry of Education, Dept. of Education and Science Annual Reports and @ DfEE 13/99 15/2001, SEN Statistics includes independent schools and PRUs.

15. THE MENTAL DEFICIENCY ACT 1913

Definitions

IDIOTS – persons in whose case there exists mental defectiveness of such a degree that they are unable to guard themselves against common physical dangers.

IMBECILES – persons in whose case there exists mental defectiveness which, though not amounting to **IDIOTCY**, is yet so pronounced that they are incapable of managing themselves and their affairs. Or, in the case of children, of being taught to do so.

FEEBLE-MINDED – persons in whose case there exists mental defectiveness which, though not amounting to **IMBECILITY**, is yet so pronounced that they require care, supervision and control for their own protection or for the protection of others. Or in the case of children, that they appear to be permanently incapable by reason of such defectiveness of receiving proper benefit from the instruction in ordinary school.

MORAL DEFECTIVENESS – persons in whose case there exists mental defectiveness coupled with strong vicious or criminal propensities and who require care, supervision and control for the protection of others.

Those locked away included 50,000 children with communication and physical impairments in the first half of 20th century.

16. STATUTORY CATEGORIES OF IMPAIRMENT LABELS OF 'SPECIAL EDUCATIONAL NEEDS': 1886 – 1998

1886	1899	1913	1945	1970	Post 1981
Idiot	Idiot	Idiot	Severely Subnormal (SSN)	Severe Learning Difficulty (SLD)	SLD / PMLD – Profound & Multiple LD
Imbecile	Imbecile	Imbecile Moral imbecile			
	Blind	Blind	Blind	Blind	Sensory impairment
	Deaf	Deaf	Deaf – Partially deaf	Deaf – Partially deaf	Sensory impairment
	Epileptic	Epileptic	Epileptic	Epileptic	MLD
	Defective	Mental Defective (feeble-minded)	Educationally Sub-Normal (ESN)	ESN	MLD – Moderate Learning Difficulty
			Maladjusted	Maladjusted	EBD – Autistic
		Physical defective	Physically handicapped	Physically handicapped	Physically disabled
			Speech defect	Speech defect	Speech difficulty
			Delicate	Delicate	
			Diabetic	Diabetic	

17. TERMINOLOGY

Disability is described as “The loss or limitation of the ability to take part in the normal life of the Community on an equal level with others, due to physical and social barriers.” Adopted by Disabled peoples International 1981.

Impairment, disabled people use this term to talk about their medical condition or diagnosis or description of their functioning—if there is nothing more formal. It has deliberately been chosen by disabled people to give us all a language to talk separately and clearly about:

- The person—their ***name***.
- Any lack of functioning—their ***impairment***
- The barriers in society—their ***disability***

E.g. Fred Brown is a man with cerebral palsy. When the barriers and discrimination against Fred have been removed from society Fred will no longer be disabled, but will still have cerebral palsy and be called Fred.

Curriculum

"The term *curriculum* is used to describe everything children do, see, hear or feel in their setting, both planned and unplanned. "

Practitioner

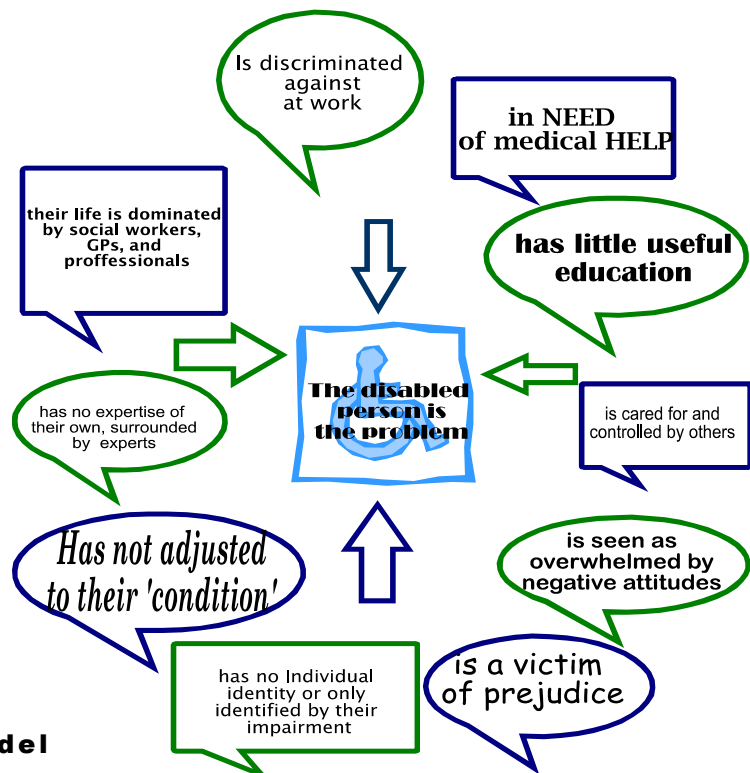
"The role of the *practitioner* includes establishing relationships with children and their parents, planning the learning environment and curriculum, supporting and extending children's play, learning and development and assessing children's achievements and planning their next steps."

18. THE MEDICAL AND SOCIAL DISABILITY MODELS

The Medical and Social Disability models

The models help us understand the changes in the way of thinking about disability. Firstly, the medical model describes our thinking in historical terms: a medical approach to the problem. In the past non-disabled professionals, for example doctors, who had authority and control over disabled people's lives, predominantly defined disability theory. Disability was always equated to illness in terms of research and findings. Care and benefits were awarded as a legitimate portion of the pie produced by society as a whole,

The Medical Model



The Social Model

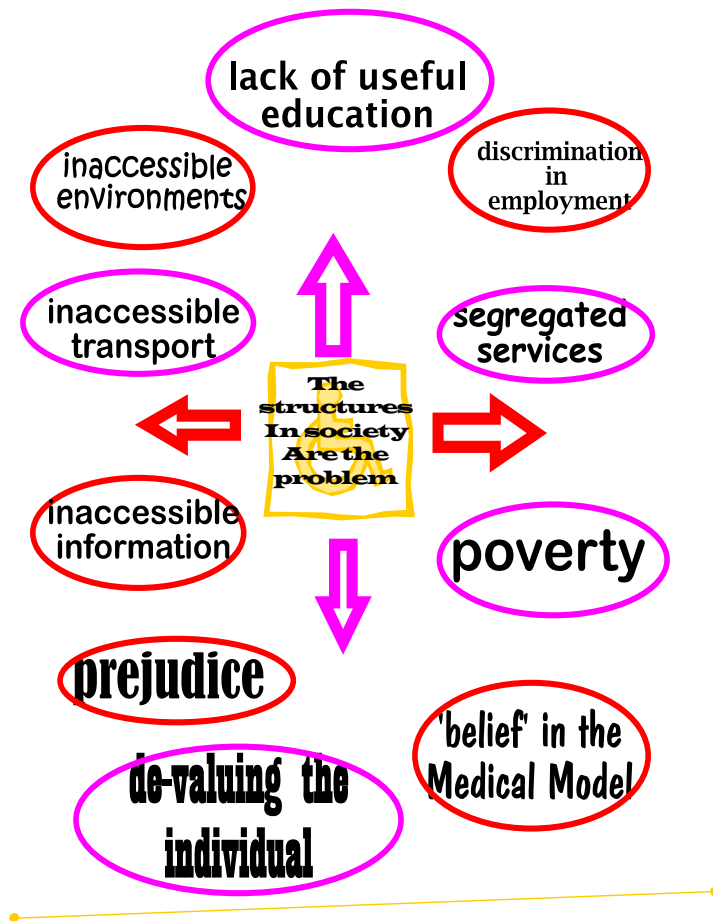


in an effort to compensate for personal tragedy. The Social Model of disability is a more recent approach to disability thinking (1970's Union of Physically impaired against segregation) and views the problem as a socio-political one, it has been developed by disabled people themselves, and it is more accurate regarding reality of disability, which is defined in terms of lack of access, both as social and structural barriers. It is really important to acknowledge the fact that it is the first time disabled people's thinking that been part of this change of perspective.

19. MEDICAL AND SOCIAL MODEL THINKING

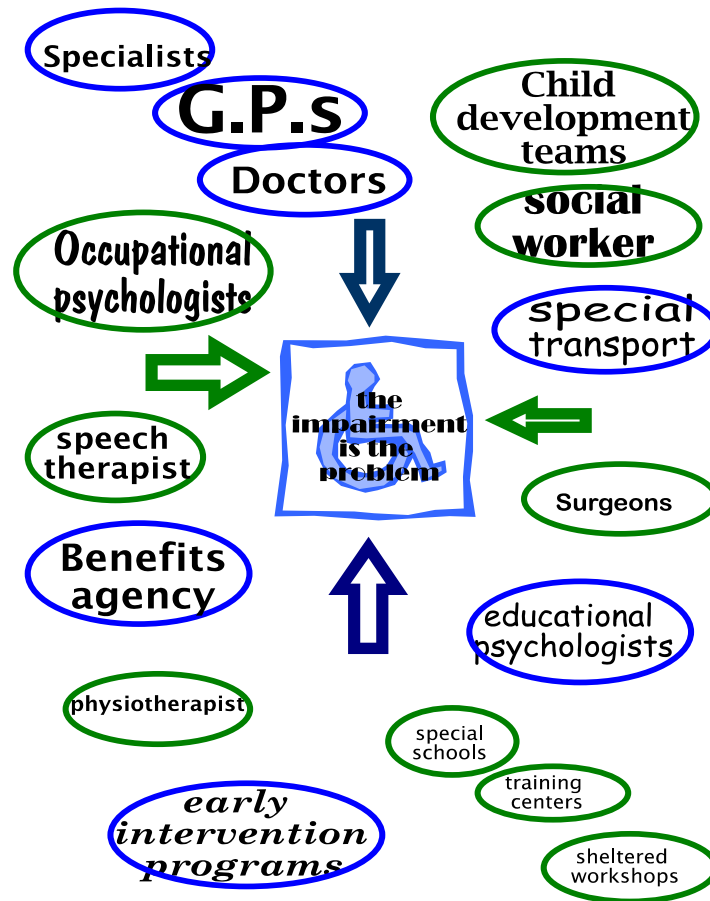
The Social Model

Disabled people as active fighters for equality working in partnership with allies.



The Medical Model

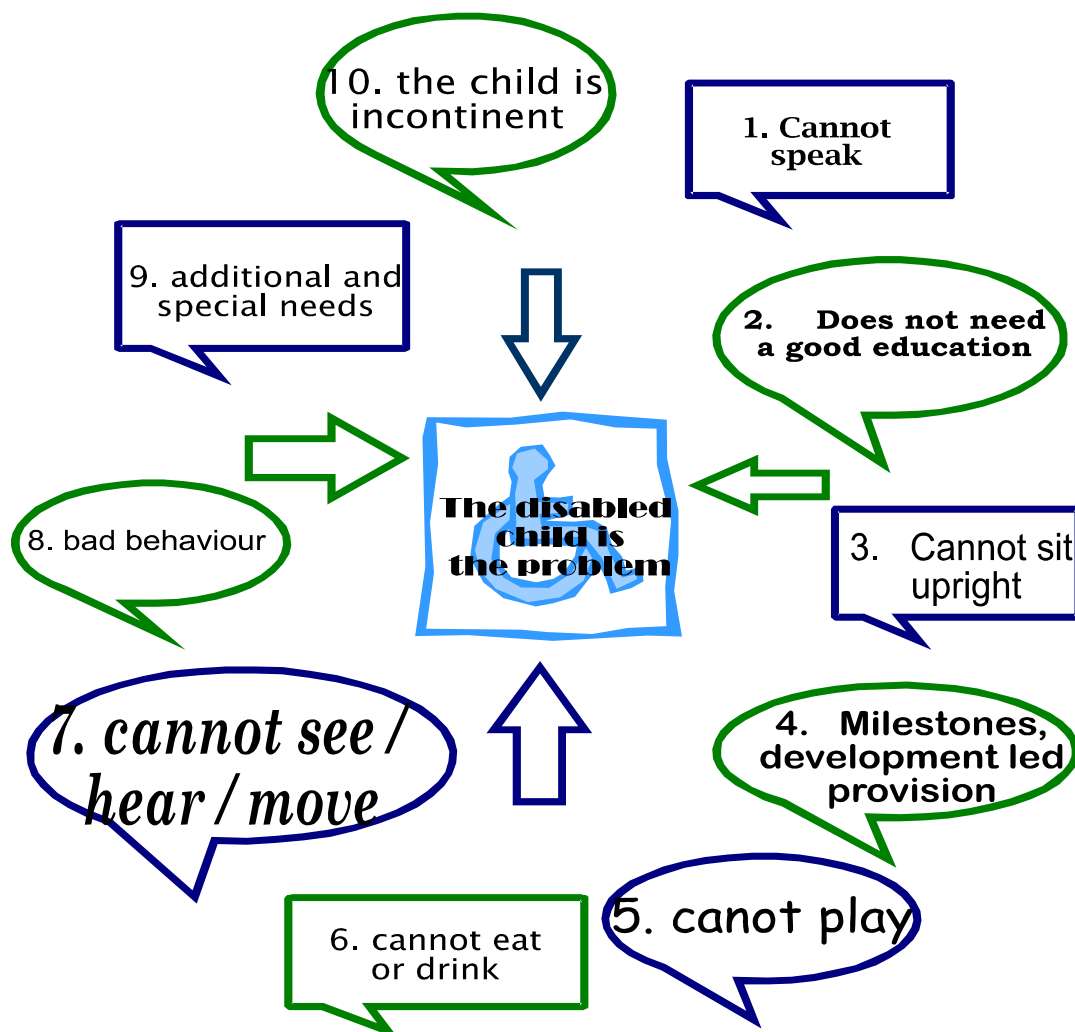
Disabled people as passive receivers of services aimed at cure or management



20. THE MEDICAL MODEL AND SOCIAL MODEL APPLIED TO EARLY YEARS PROVISION

The Medical Model describes the way we have been used to dealing with disability as a medical issue. If we apply this kind of thinking to early-years provision, it creates a situation where the problem is seen as impairment led, with the expertise on how it should be dealt with coming from others, usually medical professionals. Research into the problem has defined two solutions: care and cure. It is as a result of this thinking that the disabled person loses their equal status in society, and becomes a passive recipient of other peoples' thoughts and charity.

The Medical Model



Following medical model thinking applied to childcare provision for early-years, it seems that the need of the child to conform to the system, is more important than the system providing for the needs of the child.

In contrast, Social Model thinking leads the way we can move forward if we stop thinking of disability in terms of illness/cure, we are then free to think about the problem in terms of attitudes and structures in society: the barriers. If we look at disability in terms of being a socio-political issue, and accept that disabled people have a part to play in the decisions in their lives, whether individually or by adopting Movement thinking when addressing the barriers they face, we will be treating all members of our society equally.

The Social Model



21. MEDICAL AND SOCIAL MODEL THINKING SCENARIOS:

Medical Model thinking applied: Fig1.

1. If a child cannot communicate verbally, it is seen as a failure on the part of the child. The child is faulty. Communication itself is a given – we all communicate - it is just how?
2. Disabled children are faced with a lack of expectation on the part of others. It is believed that they do not need good education, because later in their lives they are perceived to achieve less than their peers.
3. A child who cannot sit upright may be excluded from certain activities and games.
4. Milestone/achievement targets drive the early-year system, if a child does not achieve a certain task by a certain age; they are then held back from doing the other things that they are able to achieve. This lack of flexibility prevents children's differences from being valued and respected, and the full possibility in children's learning potential is denied, as they do not reach targets defined by other children's achievements.

Social Model thinking applied:

Fig 2.

1. Failure on the part of the adult to respond to non-verbal communication. By taking time to: Observe – helps us recognise our child's feelings and needs. Wait-gives our child a chance to express herself in her own way. Listen- encourages our child to express herself. This technique recognises the existence of non-verbal communication*. (Hanson approach)
2. All children have a right to good education and care in order to achieve their full potential in terms of hopes, dreams and aspirations. It is our responsibility, as a society, to ensure that it is provided.
3. Where a child was not able to sit up, the focus should be on how he or she can be included in the activity, by using mats, floor cushions or lying on the floor or whatever is necessary.
4. Turning to developmental milestones, it is essential that children are not measured against each other, but their individual needs are assessed. And they are celebrated for their own achievements.

<p>5. Understanding the importance of play is vital; play is not a path to learning, but should be intrinsically of value, and should be important in its own right. Making a learning task 'fun' is not child initiated play. For example, if a child who is said not to enjoy play, and does not join in, it suggests that he or she has not been given a game that is accessible, so play is no longer pleasurable.</p> <p>6. Many children are also at risk of exclusion from nursery provision because they cannot drink or feed, without sufficient thought to how of this could be challenged and the barriers overcome.</p> <p>7. If a child cannot see, hear or move, many group activities are not accessible, or developed to suit a number of differing strengths and abilities.</p> <p>8. If a child's behaviour is viewed as stopping them from joining certain situations, there is a risk of seeing the child as bad, not the behaviour that needs addressing.</p>	<p>5. As adults we must remember, that play is important in its own right, and that it is not a vehicle for therapy or learning.</p> <p>6. If a child is not able to drink or feed, we must find a way of enabling them to do it, such as a gastrostomy tube or drinking straws. There are ways of stimulating interest, by more unconventional and inventive ways. These techniques, involve getting to know the child, being aware of their likes and dislikes, and being close to them physically as well as mentally. This can be at a long and messy business, but is invaluable in providing opportunities to develop relationships.</p> <p>7. Many children's senses react better to sensory stimulation, stimuli do not have to be specially designed, complicated or expensive toys such as glitter balls, glow bubbles, tocki tubes, clackers hands etc, do the job extremely well.</p> <p>8. For children with behavioural difficulties, a lot can be achieved by educators understanding simple approaches such as ABC**, or having chill-out zones where children can wind down. We must remember that, what we as adults may label as bad behaviour, does not mean that the child is bad, in fact their behaviour in their eyes is being rewarded by attention, therefore it achieves getting their needs met. We must</p>
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<p>9. The view is that a child that has an additional and special-needs requires more in terms of time, attention, and finance. A healthier view would be to accept that every child has needs of one kind or another.</p>	<p>concentrate on rewarding the good behaviour, and remember at all times that the child is not bad, and that our responsibility is to meet their needs.</p> <p>9. The difference according to social model thinking is that every child has needs, and that the needs of a disabled child are no more extraordinary than any other. The important outcome should be that every child's needs are met within the system. Not providing for all children's needs when it comes to education, is not upholding their basic right to good education.</p>
<p>10. One of the biggest problems seems to be that a child that is incontinent cannot attend day-care, this is surprising as most children are subject to the odd accident, had therefore some way of dealing with this should be in place.</p>	<p>10. If a child cannot go to the toilet on his or her own, provision must be made to implement good practice when it comes to changing a child. A consistent method of approach is vital in order to assure that that child is not be hurt or abused. After all if any child has an accident, there is usually a change of clothes, so why can't this attitude be transferred to disabled children with this problem.</p>

- * Somerset total communication system, is a total communication system that enables children and young people with little or no speech to communicate by using a wide range of tools including signs, symbols and speech to convey their message also a way of communicating with children who do not have speech.
- **A B C refers to antecedents, behaviour and consequences behaviour management chart, which allows parents and teachers to chart behaviour patterns in children in order to establish what provokes/triggers/aggravates bad behaviour. Antecedents are: where it happened? What happened just before? Behaviour: what did do? What was it their behaviour? Consequences: what was at the results? What happened? What did I do? How did..... react? After the observations of these facts bad behaviour can be curbed quite easily by a system of reward for good and positive behaviour, rather than bribery!

21. MEDICAL AND SOCIAL MODEL THINKING IN SCHOOLS

MEDICAL MODEL THINKING	SOCIAL MODEL THINKING
Child is faulty	Child is Valued
Diagnosis	Strengths & Needs defined by self & others
Labelling	Identify Barriers and develop solutions
Impairment becomes Focus of attention	Outcome based programme designed
Assessment, monitoring, programmes of therapy imposed	Resources are made available to ordinary services
Segregation and alternative services	Training for Parents & Professionals
Ordinary needs put on hold	Relationships nurtured
Re-entry if normal enough OR Permanent Exclusion	Diversity welcomed. Child is Included
Society remains unchanged	Society Evolves

(Adapted from Micheline Mason 1994, Richard Rieser 2000)

22. SEGREGATION, INTEGRATION AND INCLUSION IN EARLY YEARS

Medical Model thinking applied to Early-Years provision gives us a segregated service.	Medical Model thinking applied to Early-Years provision gives us a Integrated service.	Social Model thinking applied to Early-Years provision gives us a Inclusive service
See fig 3	See fig 4	See fig 5
By focussing on the child's impairment, the solution is seen as removing and caring for the child, while the impairment is 'dealt' with, in a separate and specialised setting. After this has happened usual teaching can then be delivered. The child is sent to a separate setting where their impairment is dealt with first, and their development, if any, comes second. At best, with child is allowed back into a mainstream school, if they have achieved a degree of normality that medical professionals are happy with. Normal education is put on a hold until the impairment can be dealt with. The focus is on life skills, whatever they may be, not on actually getting on with the job of living!	In contrast to segregation, children are dealt with within a mainstream setting but are treated separately and differently to their peers. The focus is on child to change, but until that happens disabled children are identified as different. This process of adapting to fit in is often misinterpreted as a good thing, as working towards a 'cure'. Unfortunately the child loses self-esteem and self-worth, as the difference is never valued and accepted. Most alarmingly, because cures are not always possible, children then hide things they are embarrassed about, in order to fit-in at huge cost to themselves. Integration has very much at its core the understanding that different	Being included means that children are not only physically there, but they are accepted as part of the community. The crucial difference, between inclusion and <i>integration</i> , is that the child is not expected to change. The starting point is that the child is valued. In contrast with integration, there is no difference between the children in the setting; each one is central to the decisions made for their individual learning and development. Social model thinking should guarantee that every child in the setting feels they are included. It is only by making sure that every child, and their parents/carers, are participating fully in their learning, that we can then ensure that they will participate fully as adults, because

	groups are identified; you cannot be integrated unless you have been identified as different.	they have the self-esteem and self-worth to make their own decisions, within the community they live in.
1.Refusing to accept disabled children as equals in their community, and as whole children, makes them invisible in the eyes of their peers, and isolated socially. Growing up under these circumstances denies children the right to understand what it is like to be with others, and its two-way process. Disabled children grow up not having had the chance to develop essential social skills, self-esteem and an acceptance of their place with in society.	1.Integration marginalizes the disabled child, and he or she is identified as different within the peer group. In fact, integration cannot happen without identifying disabled children as different, as they are brought into mainstream as outsiders. The 'them and us' attitude will carry on existing when they grow up, and the idea that they are growing up together is false. In fact, children will grow up having been shown that the disabled children around them are different.	1.Being included, is being valued for what you are. Being part of an inclusive playgroup will highly increase the opportunity for friendships. Unlike most adults, children have an ease of acceptance when it comes to impairment and other people's differences. It is this capacity we have to build on, if children learn to accept their differences at an early age, these differences will no longer matter when they grow up.
2.Opportunity groups and separate services only compound disabled children's feelings of isolation and difference. Children attending segregated settings are given a different set of expectations governing their achievement and behaviour. If they attend several settings, this will	2.The expectation from the child is compared to other children's behaviour and achievements, and they have to perform harder to achieve the same levels, and in order to fit in. There is an assumed way of doing things, and participating in any activity means doing things like other	2.If included, there is no expectation that disabled child should have to be quieter, more compliant, cleaner, less exuberant, than the others. It is about being valued the way you are, and accepted without need for change. Being gifted, and not gift-wrapped. So that there is no expectation of

increase the problem, as each setting will have different expectations.	children. Like is not compared with like. Trying to compare child with child is doomed to failure, as self-esteem is eroded, and some children might give up trying altogether.	disabled children to perform in a way that would not be expected of children as a whole.
3.if a child is perceived as impaired, the risk is that their rights will be overlooked. This is because the impairment is focused on, and the child is not seen as a whole, therefore their needs as children are put on hold while the medical issue of the impairment is to dealt with. A disabled child has all the rights and needs of a non-disabled child, to neglect his needs is to abuse to that child.	3.Children who are integrated have to be endlessly grateful for their acceptance, and having their needs met. Poor and substandard provision is deemed fortunate, not a right for which we have a responsibility. It is implicitly accepted that the best will never be achieved for a disabled child in any case, so anything is better than nothing at all.	3. All children needs are met, as the approach to children's needs is child centred, taking each child as an individual. Disabled children needs are no longer special, they are just different to others, their needs are no bigger or worse. It means they can be dealt with in mainstream settings without special resources, because the resources are there and can be accessed for any child with any need. The result is a responsible community that enables a level the playing field, where each child is appreciated and has equal value. Here the child will learn value and respect its community, so will want to take their own responsibility for it later in life.
4. Because their environment is limited by the interaction with medical / specialised adults, a segregated child has no peer concept or	4. Techniques and interventions provided for the improvement of specific impairments are not made available in isolation to the rest of the	4. All children have something to share, and disabled children give just as much back to their peers as it they take from them. We should be

understanding, as this can only take place if we are in this same place together to begin with. It is often said that disabled children can only relate to adults, and find it hard to make friends in later life, this is because they have never had the opportunity to mix with other children, so do not understand how friendships develop.	children in the setting. For example, the child is taken out of class for an individual physiotherapy session, instead of the class being given a musical & exercise hour, during which all would gain from movement and musical appreciation, which would also include relationship building opportunities.	celebrating each child's differences, and not expecting them to live up to each other's yardsticks. Inclusion means giving disabled children stimuli, so that they can make informed decisions about what they want and need, having experienced a wide variety of options.
5.A child that is labelled from an early age loses their identity, and lowers the expectation from them. To be heard of, and referred to, by his or her impairment has a significant implication later on in life. In terms of self-image and self-esteem, the disabled adult will always have problems in believing in their own achievement, as in past the low expectations in them erodes their self confidence, and instils a low achiever self image.	5. There is a belief that fighting harder to achieve equal targets as the other children is character building, and in the long run good for the disabled child. However, it is unfair to expect a disabled child to fight harder for less. And have then needs neglected at the same time.	5. Rights are a two way process, that applies to all and children, this means they have to uphold their side of the bargain by having responsibilities of their own. Children have to right to be taken seriously, and everyone has the responsibility to listen to others. The fact that disabled children get short-changed, stems from the fact that we assume that they will achieve less in the first place, and our expectations of /and for them, than for other children.
6. Therapy cannot replace play; exercises are not 'FUN'. In a situation where there is no play just therapy, the child becomes sad and withdrawn, and they become resentful	6. Standing on the sideline, watching a game is not the same as joining in. In terms of the research made into emotional intelligence, findings suggest that children who have learnt	6. Playing it is a healthy part of a human that behaviour that that should not be denied to any child. It is an intrinsically worthwhile activity; it should not be confused or equated

of the process. We need to play with others at any age, to release our mind and soul, and in order to cement the relationships, to gain our self-esteem, and feel equal and proud of others and ourselves.	to join in games and activities at an early age become better team players during their adulthood. Also children learning how to approach and join a game in progress lays down important lesson for school and adulthood. Being denied this normal interaction, robs young children of social awareness and political awareness in years to come.	with a means to an end, such as therapy or learning. Play should provide release, enjoyment, happiness, and anything else is added is more than a bonus. Children should be encouraged to play by making games/activities accessible to all. There is little excuse to exclude any children from any game, if left to their own devices most children will find a way to include their peers.
7.Unfortunately, in segregated provision the impairment is the focus, and service delivery becomes an issue of care, rather than providing for the development of the child. The belief that he or she will go on to have a fulfilled and rewarding life is ignored. By concentrating on a programme for the child which is milestone led, their individual needs are overlooked, and their achievement are never celebrated.	7.The expectation that a disabled child will lower targets, or hinder other children's learning is unfair; this in-built lack of expectation will carry on as low self-esteem in later life. The self-image of being damaging to other people's advance will have grave consequences when it comes to fitting in to society.	7.It is vital for any child to have dreams and aspirations that are far and beyond any realities of what is possible at a very young age. This should be equally true for a disabled child. Unfortunately, disabled children usually get reminded of what they will never being able to do, rather than being encouraged in their aspirations. Being included is not a financial issue, it can be incredibly cheap, the issue is one of attitude not finance.
8.In a segregated setting a child with behavioural problems will be unable to learn by example. It is a fact that if children are isolated with others that have the same difficulty or impairment	8.Children with behavioural difficulties, which are seen to be result of their impairment, are treated differently to their peers in mainstream settings. This creates	8.Young children with behavioural problems are more likely to learn more acceptable behaviour from their peers. The same rules of conduct should apply to all children. Being

they are not able to help each other. Therefore rather than learning by watching others, the behaviour get progressively worse, as the frustration builds, and the need for attention exacerbates the behaviour that was seen as negative in the first place.	confusion for them, as they do not understand why their behaviour is dealt with differently. By treating these children differently we are setting them up to fail. Although there are able to learn behavioural patterns from their peers, they are not rewarded in the same way.	with other children of the same age is how all children learn how to behave in an appropriate and acceptable way. All children need to be given the responsibility to decide whether or not to behave well, and to accept that certain behaviour will be punished just like anybody else, so that they can make the choice.
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Segregation means...

removing and caring for the child

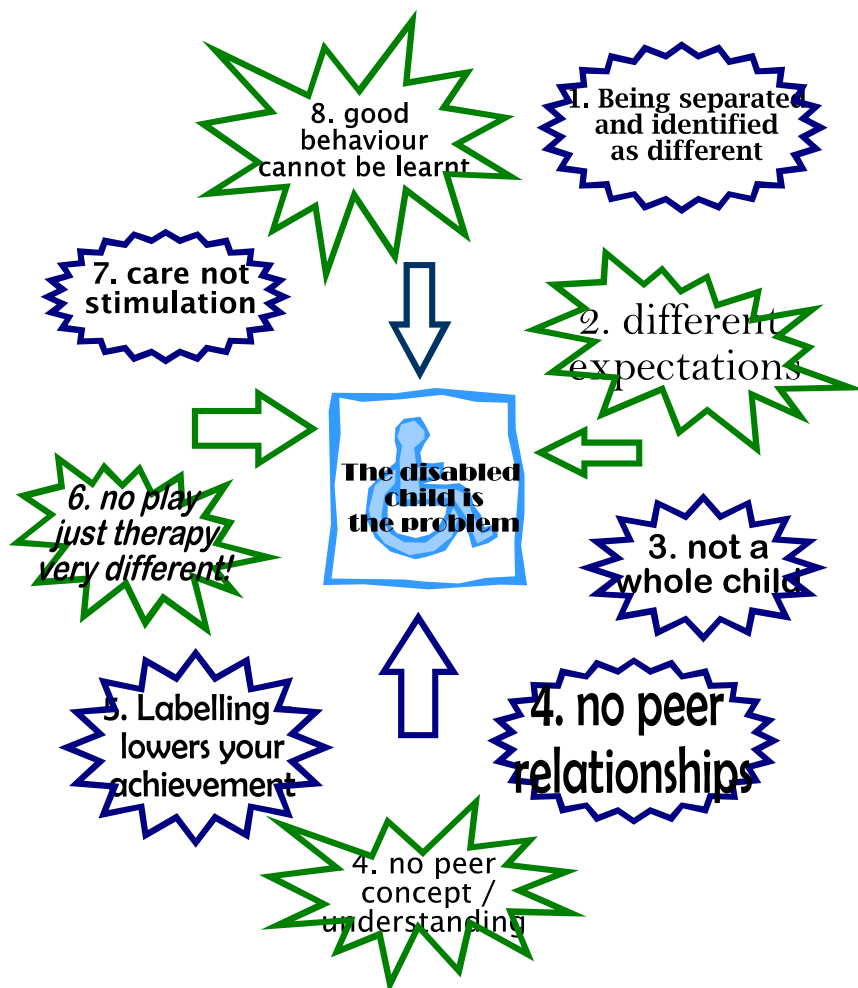


Figure 3

Integration means...

are treated differently to their peers

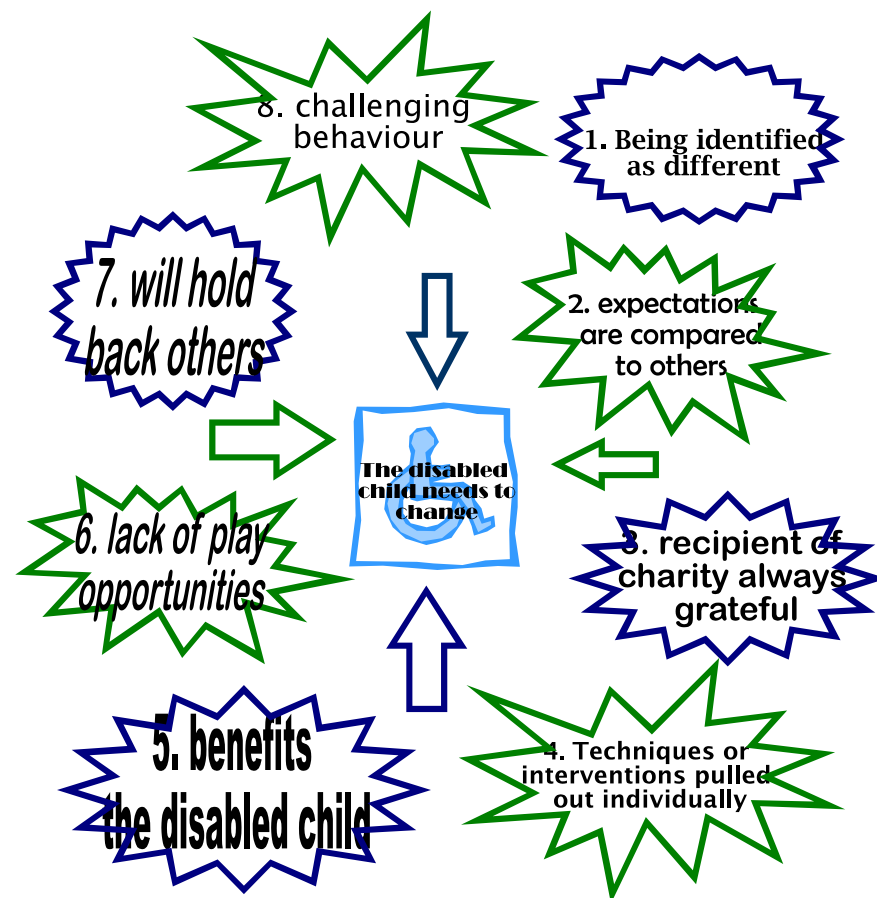


Figure 4

Inclusion means ...

Being there, and feeling part of the whole



23. THE PARENTS' PERSPECTIVE

Facing the Oppression

"Most parents get on the steepest 'learning curve' of their lives when they have a child with a significant impairment. The close relationship with a real disabled person, their own child, may well challenge everything those parents thought they knew or understood about the world, their friends, themselves. For most, it is a lonely and painful journey because they are discovering a **vicious oppression** from which they now cannot hide or avoid.



The current world-view of disabled children, particularly those who have very significant impairments, is so negative that the birth of such a child is usually thought of as a tragedy to be avoided at almost any cost. If such a child does survive then parents are subjected to an onslaught of professional interventions, which in the past, aimed at separation and isolation of the child in institutions, and now more commonly try to turn the parents into teacher/therapists at home.

Their children are declared defective, and from this position society struggles to see their life as anything else, but sad and hopeless, unless medicine finds a cure.

Under the influence of this world-view many parents have given away their children to residential hospitals or 'schools', or thrown themselves into organising therapies, fund-raising for medical research, campaigning for specialist and separate provision, and setting up impairment-specific charities and support groups."

(Incurably Human by Micheline Mason, Director, Alliance for Inclusive Education.)

Oppression at work

Few parents realise that they have become implicated in the oppression of disabled people or even less that they as parents face an oppression.

Parent's Oppression

What are the demands that society makes on parents?

- To be perfect, rather than the best they can be.
- To be criticised, rather than understood, helped and supported.
- To be solely responsible for the young person their baby becomes.
- To be made guilty for every shortcoming of that young person.
- To produce a PERFECT young person in every way!!
- In short to produce the impossible – rather than the achievable.
- Parents of disabled children spend their life justifying what they/their offspring can and can't do and why? Society always has a better idea and is always ready to impose a valued judgement.

Experiencing the Medical Model of Disability at work through the mouths of Doctors, Health Visitors, Occupational Therapists, Physios, Teachers, LEA officers and others may have a devastating effect on the relationship between parent and child.

Love becomes conditional – segregation acceptance

Learning to challenge the hurtful myths

Many parents of disabled children have become **revolutionaries** by the simple act of refusing to stop valuing their children.



"The main difference between parents and professionals is one of power. Professionals act within a system, backed up by laws, regulations, colleagues, resources, training, status, clerical support, large offices, long words and emotional distance. Parents only have their love for their child, and their desire that that child

should be given the best possible chance to have a good life. How is partnership possible in such an unequal state of affairs? It is only possible if everyone involved is willing to examine the values and beliefs which lie behind all our actions". *Micheline Mason, Parents and Partnership, 1996*

Parent - What should this mean?

- A parent can be described as a person that cares for and protects you. A person that gives you the tools to enable you to lead the most fulfilling life possible. Someone that teaches you to love to learn, and love to give/take and co-live with others.
- A person who loves you unconditionally, and backs you no matter what, because they trust you completely.
- A person who teaches you right from wrong, but respects your judgement when it is given.
- A person that accepts you for what you grow into, and believes (ALWAYS) that you are doing the best you possibly can.
- (Someone that does not impose their views as final, and nag you to become what they want, rather than what you are.)
- A person who in turn receives honour, trust and love without question and in complete trust.

“.... The ... issue for parents of children who have “special” (meaning unmet) needs within the education system is that other people who do not love your child, who do not share your value system, could have a greater influence over your child’s life than you do yourself”. *Micheline Mason, Parents and Partnership, 1996*

any parents see how the oppression is hurting their innocent child, whom they have come to love. But feeling isolated and alone they often feel they are unable to defend them against the forces in society. If they find the courage to challenge the system, they are often labelled as ‘difficult’. This can make them seem too ready for a fight and the professionals they encounter can become defensive and unsupportive. Understanding that these parents are challenging a vicious oppression and looking for allies in this huge task could make a huge difference to a child’s life.

Segregation is the problem not the solution

Some perspectives that must be heard by the policy makers and practitioners:

“A separate existence in any sense different or apart from our family is not something any of us would automatically choose. *That choice was made for us.* We agreed to a separate school from her siblings, and away from home, as it was cruel to keep her at home all day, every day and no provision was made for her in our area. The consequences however have been devastating for our family. It has been impossible to have joint family activities without elaborate and extensive preparations, which may even then clash with her school arrangements. We rarely get to meet her friends or their families, therefore home visits and overnight stays are out of the question. Her siblings are not conversant with her communication, social and access needs and either leave her out of their activities or politely attempt to include her *as one might a stranger.*” - Member of the Lambeth Black and minority ethnic parents group. Dreaming the Dream, report published by Parents for Inclusion 2001.

When I first had Kim he was my son.

A year later he was epileptic and developmentally delayed. At 18 months he had special needs and he was a special child. He had a mild to moderate learning difficulty. He was mentally handicapped. I was told not to think about his future.

I struggled with all this.

By the time he was four he had special educational needs. He was a statemented child. He was dyspraxic, epileptic, developmentally delayed and he had complex communication problems.

Two years later, aged six, he was severely epileptic (EP), cerebral palsied (CP) and had complex learning difficulties.

At eight he had severe intractable epilepsy with associated communication problems. He was showing a marked developmental regression. He had severe learning difficulties.

At nine he came out of segregated schooling and he slowly became my son again. Never again will he be anything else but Kim – a son, a brother, a friend, a pupil, a teacher, a person. [Pippa Murray, ‘Let Our Children Be,’ published by Parents with Attitude]

“Truth is often the hardest fact of life to face and to come to terms with, our children live the reality of this world ‘imposed upon them’, they lose their innocence quicker than most, because they have to struggle and battle with it as individuals every day of their lives, ‘out there’, because as parents we have no rights, we have no authority or control. Decisions are taken out of our hands and ‘they’ wreak havoc with the lives of our children. I feel as powerless as a child because whatever I say is ignored, professionals refuse to accept what I say as valid or important, then I am forced to witness their crimes against my child and suffer it as a parent without power, without control and without a say.”

[Anna Jeronymedes, parent, Parents for Inclusion.]

The way forward - Support for Parents

Statutory frameworks

1
2

At last the new SEN and Disability Act 2001 with the explanatory Code of Practice expresses the key role of working with parents and working with young people to ensure that their needs are being met.

Quote from new Code of Practice 2.1 – 2.3

Working in Partnership with Parents

2.1 Partnership with Parents plays a key role in promoting a culture of co-operation between parents, schools, LEAs and others. This is important in enabling children and young people to achieve their potential.

2.2 Parents hold key information and have a critical role to play in their children’s education. They have unique strengths, knowledge and experience to contribute to the shared view of a child’s needs and the best ways of supporting them. It is essential that all professionals (schools, LEAs and other agencies) actively seek to work with parents and value the contribution they make. The work of professionals can be more effective when parents are involved and account is taken of their wishes, feelings and perspectives on their children’s development. This is particularly so when a child has special educational needs. All parents of children with special educational needs should be treated as partners. They should be supported so as to be able and empowered to:

- recognise and fulfil their responsibilities as parents and play an active and valued role in their children’s education;
- have knowledge of their child’s entitlement within the SEN framework
- make their views known about how their child is educated
- have access to information, advice and support during assessment and any related decision making processes about special educational provision.

2.3 These partnerships can be challenging, requiring positive attitudes by all, and in some circumstances additional support and encouragement for parents.

Good practice

Schools can develop good communication with parents at many levels.

- Accessible information and invitations to parents' evenings, reviews and other school activities.
- Active home school partnership, which respects cultural and economic diversity.
- Imaginative approaches to collaborative problem-solving and commitment to a non-confrontational ethos.
- Having a willingness to work along side parents' organisations in the voluntary sector – especially those wanting to empower parents to be good allies to their young disabled person.
- Remembering the child is central to all activities in a school and must be respected for who they are and the gifts they bring.
- The relationship between parent and child must not be threatened.

**An in-school model developed by Parents for Inclusion, Unit 2, 70 South Lambeth Road, London SW8 1RL. Tel: 020 7735 7735.
www.parentsforinclusion.org**

24. DISABILITY IN THE MEDIA

"DISABLED PEOPLE SHOULD BE SHOWN AS AN ORDINARY PART OF LIFE IN ALL FORMS OF REPRESENTATION, NOT AS STEREOTYPES OR INVISIBLE". This was the verdict of 150 key image-makers at the 'invisible children' conference.

There are 10 main stereotypes of disabled people

The disabled person as:

- PITIABLE AND PATHETIC - Charity adverts, Telethon, Children in Need, Tiny Tim in a 'Christmas Carol' or Porgy in Gershwin's 'Porgy and Bess'.

- AN OBJECT OF VIOLENCE - 'Whatever Happened to Baby Jane?' or 'Wait until Dark' set the style for countless TV films.
- SINISTER OR EVIL - Shakespeare's 'Richard III', Stevenson's 'Treasure Island', 'Dr. Strangelove', 'Dr. No', Spielberg's 'Hook' or Freddy on 'Elm Street'.
- ATMOSPHERE - Shown as curios or exotica 'freak shows', & in comics, horror movies and science fiction e.g. 'Hunchback of Notre Dame' or 'X-Men'.
- 'SUPER CRIP' OR 'TRIUMPH OVER TRAGEDY' - 'Reach for the Sky', the last item on the news, e.g., climbing a mountain.
- LAUGHABLE 'Mr. Magoo', being the butt of jokes or films like 'Hear No Evil, See No Evil' and 'Time Bandits'.
- HAVING A CHIP ON THEIR SHOULDER - Laura in the 'Glass Menagerie', often linked to a miracle cure as in 'Heidi' and the 'Secret Garden'.
- A BURDEN/OUTCAST- as in 'Beauty & the Beast' set in subterranean New York, the Morlocks in the 'X-Men' or in 'The Mask'.
- NON-SEXUAL OR INCAPABLE OF HAVING A WORTHWHILE RELATIONSHIP - Clifford Chatterley in 'Lady Chatterley's Lover', 'Born on the Fourth of July' or O'Casey's 'Silver Tassie' - to name but a few.
- INCAPABLE OF FULLY PARTICIPATING IN EVERYDAY LIFE - our absence from everyday situations, not being shown as integral and productive members of society. When we are shown the focus is on our impairments.

(Based on Biklen and Bogdana 1977. Amended by R.Rieser & M.Mason 'Disability Equality in Classroom', 1992)

The Invisible Children Conference was an exciting and thought-provoking day held in London on 1st March and attended by more than 150 key image makers. The representation of disabled people is not a minority issue. There are 6.5 million disabled adults in the UK and 840 million people world-wide. Two thirds of working age are unemployed.

TV and film directors, producers, scriptwriters, editors, actors, authors and illustrators came together with a number of leading members of the Disabled People's Movement, who argued for a change in the way disabled people are portrayed.

There was general agreement that to continue to portray disabled people as invisible or one-dimensional reinforces the discrimination and isolation disabled people experience in all aspects of life. This can include becoming targets for bullying and physical attack. It was felt that children are particularly affected by the images to which they have access. Unfortunately most children and young people rarely meet disabled children in their schools and form their views of them mainly through the media. The inclusion of disabled people in producing and creating images and portrayal of disabled people as "real people" is crucial. It was felt now is the time to achieve this.

We can all, at any time, become disabled, develop a physical or mental impairment. Perhaps the need to distance ourselves from reality makes it convenient to rely on stereotypes of disability. They are less troubling than accepting the individuality, the joy, the pain, the appearance and behaviour and the rights of disabled people.

With a very few welcome exceptions like Grange Hill and Skallagrigg, disabled characters and images are largely absent, or when they do appear they are presented in a negative and stereotyped way.

Change can occur. Twenty years ago Black people were in a similar position. Now the necessity for their inclusion is taken for granted.

Lack of portrayal of disability in our society is not accidental. Western culture from Greek and Roman times, reinforced in Renaissance Europe, has seen the "body beautiful" as an ideal and those with physical or mental imperfections as being in receipt of divine retribution. The Bible accepts this but also offers us pity towards disabled people as sinners. Popular culture up until very recently has seen disabled people as objects of fear or fun. Such ideas are deeply embedded in myth, legend and classical literature. Today's celluloid entertainment culture reinforces the tendency to judge people by their appearance.

The myths about disabled people may come from the past, but they show remarkable present persistence and are deeply rooted in the fears we all have about disability.

IMAGES: The Way Forward from Disabled People

- Shun one-dimensional characterisations and portray disabled people as having complex personalities capable of a full range of emotions.

- Avoid depicting us as always receiving; show us as equals giving as well as receiving.
- Avoid presenting physical and mental characteristics as determining personality.
- Refrain from depicting us as objects of curiosity. Make us ordinary.
- Our impairments should not be ridiculed or made the butt of jokes.
- Avoid sensationalising us especially as victims or perpetrators of violence.
- Refrain from endowing us with superhuman attributes.
- Avoid Pollyana-ish plots that make our attitude the problem. Show the societal barriers we face that keep us from living full lives.
- Avoid showing disabled people as non-sexual. Show us in loving relationships and expressing the same range of sexual needs and desires as non-disabled people.
- Show us as an ordinary part of life in all forms of representation.
- Most importantly cast us, train us and write us into your scripts, programmes and publications.

(This leaflet was produced by the 1 in 8 Group, formed after the Invisible Children Conference. We are a number of individuals working in the media committed to challenging the portrayal and employment of Disabled People.)

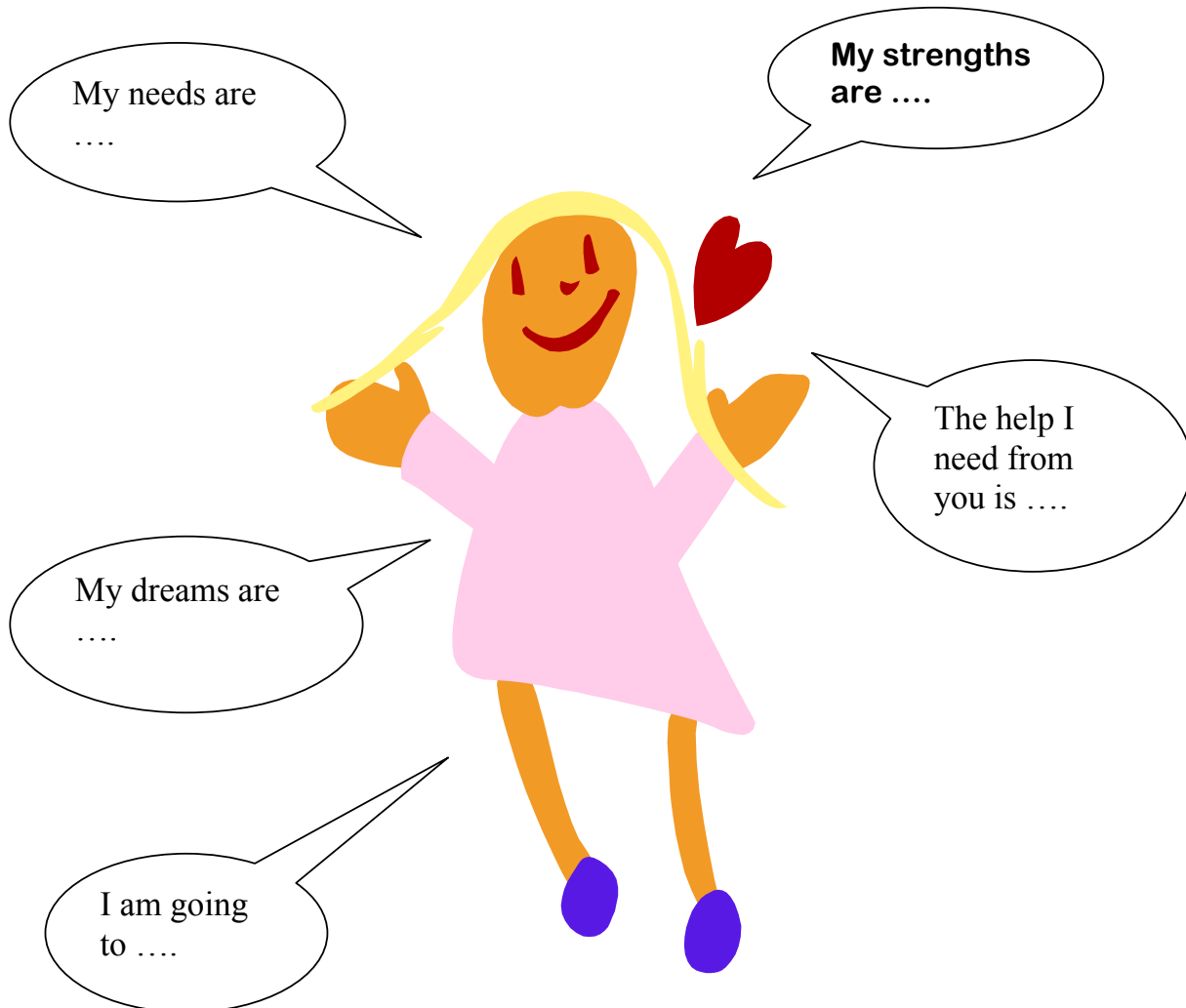
© RICHARD RIESER

25. THE LANGUAGE WE USE

AVOID / OFFENSIVE	USE / PREFERRED
Victim of	Person who has /Person with /Person who experienced
Crippled by	Disabled person / Person who has / Person with
Sufferer Suffering from	Person who has Person with
Afflicted Afflicted by	Person who has Person with
Wheelchair bound	Wheelchair user
Invalid	Disabled person
Handicap	Disability / impairment
Handicapped person	Disabled person
Disability	Condition / impairment
Spastic	Someone with cerebral palsy
The disabled	Disabled people
The blind	Blind person / Visually Impaired
The deaf	Deaf people
Deaf and dumb Deaf mute	Deaf or deafened Hearing Impaired
Mongol	Someone with Downs Syndrome or Learning Difficulty
Mental handicap	Learning Difficulty
Retard / idiot / imbecile / feeble-minded	Learning disabled
Mute / dumb / dummy	Speech difficulty
Mad / crazy / insane	Mentally health system user Mental health survivor
Mentally ill	(Has) Mental health issues
Mental	Disabled person
Stupid	Foolish / thoughtless
Dwarf Midget	Short person Short stature
Deformed	Disfigured
Congenital	Genetically impaired
Disabled toilet	Accessible toilet

26. EMPOWERING THE PERSON

EMPOWERING THE PERSON



PERSON-CENTRED

© DISABILITY EQUALITY IN EDUCATION

27. PRINCIPLES OF INCLUSIVE EDUCATION

Inclusive education enables all students to fully participate in any mainstream early years provision, school, college or university. Inclusive education provision has training and resources aimed at fostering every student's equality and participation in all aspects of the life of the learning community.

Inclusive education aims to equip all people with the skills needed to build inclusive communities.

Inclusive education is based on eight principles:

- A person's worth is independent of their abilities or achievements.
- Every human being is able to feel and think.
- Every human being has a right to communicate and be heard.
- All human beings need each other.
- Real education can only happen in the context of real relationships.
- All people need support and friendship from people their own age.
- Progress for all learners is achieved by building on things people can do rather than what they can't.
- Diversity brings strength to all living systems.
- Collaboration rather than competition

Adopted by the Alliance for Inclusive Education March 2002

28. CHECKLIST & NOTES ON WHAT A WHOLE SCHOOL OR EARLY YEARS SETTING POLICY ON DISABILITY EQUALITY & INCLUSION SHOULD COVER

Access Audit of the Built Environment. Carry out a full access audit of your building and grounds. Involve children where possible. Cost and set targets of major and minor works to be included in the Setting Development Plan.

Audit Access to the Learning Environment. Audit software and hardware suitable for supporting learning difficulty; maintain up-to-date information on adaptations e.g. Braille, communication aids, touch screen, laptops, switching.

Ensure Disability Issues are in the Curriculum. When planning curriculum topics think of including a disability dimension. Build up resources and books that are non-discriminatory. Promote the 'social model'. E.g. All children doing their name in Braille using half dozen egg boxes. Have story books which include disabled children. (See Booklist)

Disabled people are positively portrayed- images. Ensure all children have access to positive images of disabled adults and children. If you can't get them make them. Invite disabled people into the setting to talk about their lives.

Diversify the curriculum – use a variety of approaches. Use a wide variety of approaches when planning the curriculum to draw on different strengths and aptitudes of the pupils. Build up a resource bank of ideas allowing time for joint planning and review.

Develop collaborative learning and peer tutoring. The biggest learning resource in any setting are the children. Involve them in pairing with children of different abilities and groups. All benefit.

Effective team approach for learning support and curriculum planning. Ensure that learning support is effectively co-ordinated throughout the setting by allowing time for joint planning when the children have gone involving teams of teachers & nursery nurses and nursery assistants or learning support assistants.

British Sign Language taught and used. When a setting includes deaf children, make use of British Sign Language translators and teachers. Offer deaf children the chance to work with native signers. Offer hearing children the chance to study sign language as part of the curriculum.

Accessible communication in setting/to parents. Recognise that not everyone communicates by written or spoken English. Audit the communication needs within the school and of parents and provide notices, reports, information & directions in the relevant format, e.g. large print, Braille, tape, videos in BSL, computer disk & pictograms. Remember your setting provides a service to parents and carers as well as children, under Part III of the DDA.

Be critical of disablist language used. Examine language used to describe children, in teaching and by pupils. Much of it is disablist and impairment

derived. Develop a critical reappraisal through Disability Equality Training, assemblies and in class . Is it fair to use this word?

Challenge impairment derived abuse, name calling and bullying as part of school behaviour policy. Introduce effective policy to prevent abuse, name-calling and bullying because of physical, mental or sensory differences e.g. challenge and explain the use of words like 'dumb' or 'spazzie'. Involve all children in developing behaviour codes or rules..

Intentionally build relationships. Policies devised by child involvement & based on principles of self-regulation & mutual respect are the most effective. Sometimes it is necessary for adults to take a lead in setting up circles of friends & buddy systems. All children should remain on roll even if for some time they are out of class. Devise systems where distressed children can take 'time-out'.

Develop a whole-setting ethos on accepting difference.

Develop empowerment and self-representation of disabled children. Set up structures through which disabled children/those with SEN can express their views, develop self-esteem, & have some influence on how the setting runs. Involve disabled adults in coming into the setting.

Physical Education. Ensure play and sporting activities involve all pupils, develop collaboration & encourage all pupils to improve their personal performance. Use adaptation and creative imagination to succeed in this.

Transport and having a setting trips policy that includes all. Ensure transport to and from the school for disabled pupils fit in with the school day and allow for attendance at after school activities. Allow friends and siblings to use to break down isolation. Ensure no pupil is excluded from a trip or visit because their access or other needs are not met. This means careful advanced planning and pre-visits.

Have an increasing inclusion ethos in setting development plan. The setting should examine every aspect of its activity for barriers to inclusion and then set a series of targets for their eradication describing how this is to be achieved.

Include Outside Specialist Support. Plan the work of speech, physiotherapy and occupational therapists in a co-ordinated way which best supports children's curriculum, play and learning needs and reduces disruption to their learning and social needs.

Have policy on Administering Medication and Personal Assistance. Devise a policy on administering routine medication which is easy for staff to use and develop systems that maintains children's dignity on personal hygiene issues. Have a system for handling medical emergencies, which is easy for everyone to use. All staff should receive training on medical procedures from a registered medical practitioner e.g. tube feeding or catheter use.

Maintain Equipment. Ensure that specialist equipment is properly maintained, stored and replaced when necessary; mobility aids, e.g. wheelchairs and walking frames, are regularly checked; and that staff are trained in their proper use.

Increase the employment of disabled staff. The Disability Discrimination Act Part II applies to employment in most schools and larger nurseries. From 2003 the small employers exemption goes and it will apply to employment in all settings. Revise your equal opportunity employment policy to increase the employment of disabled staff. There is Access to Work money available to support their needs. All children need disabled adult role models.

Disability Equality Training and ongoing INSET for Staff & Governors. Organise a programme of in-service training for teachers, nursery nurses, support staff and governors to help them move towards inclusion and disability equality. Ensure all staff are involved in and understand the process of inclusion.

Governing Body or Management Committee representation. Appoint a governor to have a brief inclusion, with the whole governing body involved in developing inclusion policy. Try to get disabled governors.

Consultation with and involvement of parents. Ensure there are effective arrangements for involving parents in all parts of their child's setting life & decisions that have to be made. These arrangements should involve counselling & support in helping a child towards independence. With their permission, maintain information about parents who are themselves disabled so their access & their needs can be met.

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<p>29. BIRMINGHAM EYDCP SUCCESS FOR EVERYONE UNDER FIVE (SFEU5) : STANDARDS FOR INCLUSIVE PRACTICE IN EARLY YEARS SETTINGS</p>
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This is a response to Birmingham's Guarantee for Inclusion which states "Birmingham City Council values the contribution that every child and young person makes to our city and welcomes diversity of culture, religion and ability. We believe that every child and young person should have equal opportunities and right to:

- Attend a local early years setting or school with appropriate resources and support networks, if this is the attend a parents' or carers' preference
- Attend a local mainstream school along with all other children from the local community in line with requirements of the Education Act 1996, if that is the parents' or carers' preference
- Have access to a broad and balanced curriculum which enables children and young people to be included in a life-long learning process
- Be included as a valued, respected and equal member of the learning community like all other children and young people of the same age- this means they will have access to a common range of experiences"

SEFU5 provides a set of 30 standards which early years settings can evaluate themselves against and identify if they are Emergent(beginning the journey), Established (Well on the way)or Advanced (We're doing really well , Where next..?)on each indicator. The indicators are divided into six areas Leadership, Management and Organisation, Teaching and Learning, Environment, Parental and Community Involvement, Staff Development. Going through the indicators can frame the inclusion development plan for the setting. The document comes with forms to monitor and evaluate progress and is a brilliant self development tool for early years settings.

The new edition (2002) has been revised to take account of new duties under the DDA

Standards for Inclusion in Schools available £25 +p&p from June 2002.

Available from Joan Jones 0121303 2619 joan_jones@birmingham.gov.uk

Success For Everyone Under 5 cost

Available from

30.PLANNING PROGRESS AN EARLY YEARS CURRICULUM FRAMEWORK & PLANNING FOR INCLUSION IN THE FOUNDATION STAGE-TOWER HAMLETS AND NEWHAM EARLY YEARS 2002

PLANNING FOR PROGRESS 2

This is a tool to support the planning process in early years going beyond the statutory Curriculum Guidance for the Foundation Stage. In a ring binder it is divided into 6 main sections- the 6 areas of learning. Each section covers:-

- Why this area of learning is important,
- What is understood by the area of learning and what it involves,

- A detailed overview of the knowledge, skills and attitudes to learning children need to develop,
- The stepping stones and early learning goals have been integrated into this overview.
- Prompt sheets include-learning intentions;
 #Ideas for supporting these intentions through well planned pupil initiated activities in and out of doors;
 #Ideas for supporting these intentions through well planned adult led activities and experiences in and out of doors;
 #The adult specific language input;
 #Key questions for assessment in the area;
 #Implications for resourcing the area of learning.

This is a clearly laid out, excellent document, to aid including all children in early years settings. Linked to Planning For Inclusion In the Foundation Stage insert these are excellent documents to plan for a fully inclusive curriculum.

PLANNING FOR INCLUSION IN THE FOUNDATION STAGE

This is an extremely useful guide that

- takes the six areas of learning in the Foundation Curriculum
- takes the first Stepping Stones in each strand of each area of learning and to identify skills, knowledge, understanding and attitudes that might precede it- to develop guidance to include all children in the Foundation Stage.
- To develop ideas for supporting these learning intentions and the adult input and language required
- To identify activities and resources that would appeal to and include all children
- To suggest how existing resources (equipment and materials) can be accessed by all
- To share knowledge and expertise in order to enhance provision, in line with good early years practice for all children
- To acknowledge that the process of planning to include all children with SEN enriches and enhances the provision for all children and professional development of all staff involved.

This document addresses the needs of all children in the Foundation Stage, whatever their needs or stage of development. It provides support for staff in planning and delivering the curriculum for all children in an inclusive manner, using activities that disabled children and those with SEN could access with their peers and in most cases using 'non-specialised' resources, that would already be in a setting, easily made or purchased from the local one pound store.

It is loose wrapped so it can be divided up and added to the front of Planning for Progress . Each area works to the first stepping stones of the QCA document. It

is referenced to the QCA p-scales , but separate from these as they were developed for children with learning difficulty in KS 1,2 &3.

The Planning guidance for a each learning intention in the six areas is listed against 'well planned provision in and out of doors for child initiated learning', 'planned adult led activities' and 'adult input and specific language input'.

For example in Mathematical Development

To develop Object Permanence- a sense of own response to different properties, is set against Hide and seek, objects placed all around child on the floor; Adult led- Finding situations that are motivating to the child or Objects start off half hidden in sand or water or in other objects. Adults model language and provide suitable equipment so that all children can have the opportunities to participate in activities.

Combined available from September 2002 LBTH Learning Design, The PDC, English Street, London E3 4TA Tel 020 8983 1944 Fax 020 8983 1932 £20+£5 p&p

31. GOOD PRACTICE –ROWLAND HILL CENTRE FOR CHILDHOOD- LONDON BOROUGH OF HARINGEY.

In 1997 the Council decided to move St. Ann's Special Needs Day Nursery from its hospital base to a new building on the site of Rowland Hill. After great discussion , staff decided that all of the children would be together all of the time. The new centre would include children with 'profound and multiple' impairments, children with severe emotional and behavioural difficulties and children with speech and language and communication impairments. In the run up to the merger, adults struggled with the concept of including all children. The children did not. They made new friends, learned new ways of communicating, accepted each other for what they are-different. And celebrated it.

At Rowland Hill Centre, staff believe that they must adapt their ways of working to meet the children's needs, rather than find ways to help children 'fit in'. A key part of this approach is their 'child-initiated resource-based programme'- the nursery is resourced and planned so that all children can be involved in play activities, which they have chosen. Children decide how to create and complete tasks, and adults become involved in children's play to support and extend it. The role of the nursery adults is crucial they not only provide the resources, but engage with the children in order for the child to reach her full potential. Good curriculum planning has been crucial to the success at Rowland Hill. Plans are designed to meet the needs of all children. Many different ways of communicating are used, including Makaton sign language, photographs,

electronic aids and objects of reference (for example children can point to a wooden block to mean 'I want to play in the construction area' .)

Julie Vaggers, deputy head says "We have a play based, differentiated curriculum. Our planning is in line with the early learning goals but we do not work to topics or activities, since these can force a child to conform and imitate learning rather than initiate it.'

Rowland Hill is part of Haringey's Early Excellence Network. This comprises three centres which support each other and share and exchange examples of good practice with local providers.

"The providers locally do want these children," says Julie " What we are doing now is creating new realities, new possibilities and a new society where all children can attend their local nursery, because their local nursery expects them to be there."

Based on an article Nursery World , 18th November, 1999 by Julian Grenier.

There are currently 58 Early Excellence Centres across England and the government has a target of 100 by 2004.

32. INCLUSIVE PLAYCARE MODEL IN BOLTON

Bolton Play and Children's Service in partnership with Bolton EYDCP have developed a model for Inclusive Playcare which has led to life changing opportunities for children with complex needs.

It aims to redress the imbalance which currently exists in the representation of disabled children and those with complex special needs within out of school childcare/play sector. It was a response to the duties of the DDA (Part III) and the Government White Paper Valuing Diversity.

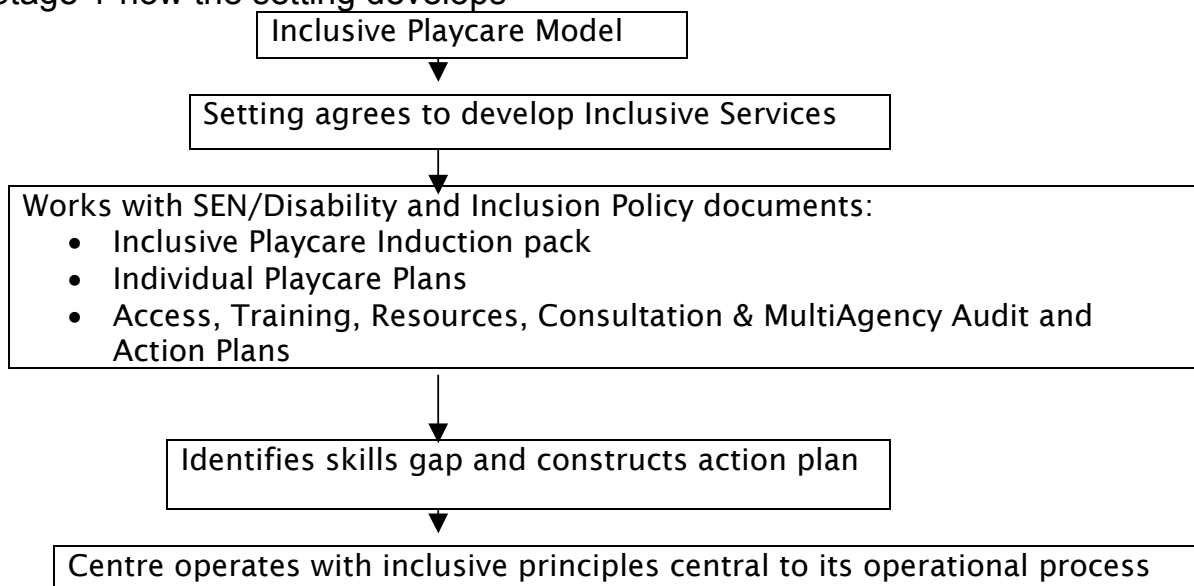
Central to the model is the development of inclusive provision rather than the creation of token places. It encompasses the 'children first' approach brings together parents/ carers, out of school childcare providers and other statutory and voluntary agencies with the aim of supporting disabled children to participate as fully as possible alongside their peers in the local community.

The inclusive play care model has resulted in a complete turnaround in attitude and equity of access within the five settings that took part in the pilot project. The pilot was a resounding success in all but one case, and enabled 32 children who would not have previously been able to access out of school childcare. "The fears and preconceptions were gradually set aside . The end result was that a child with very complex impairments was enabled to attend the out of

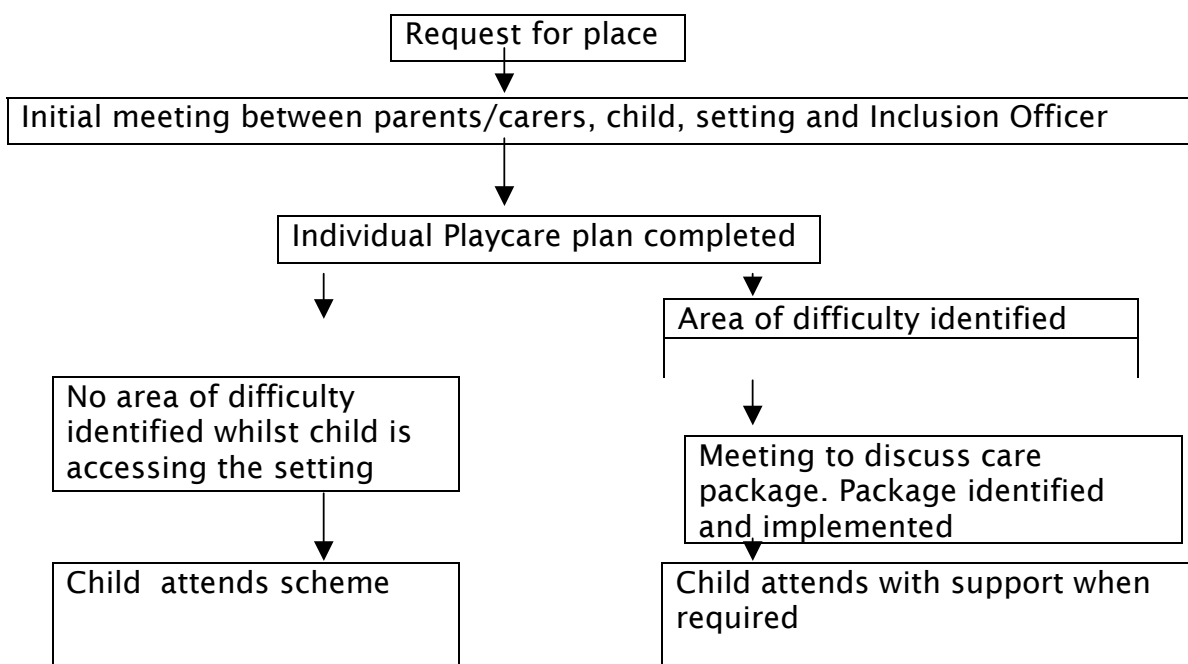
school childcare scheme for four weeks in the Summer holidays. Whilst he attended the scheme his individual needs were catered for and an experienced one-to-one worker was engaged to work alongside club staff to offer guidance and practical support, particularly with communication. The Occupational Therapy Loan Scheme funded custom made portable ramps and an intimate care package providing dignity for the child. Most important of all was the pleasure he obviously gained from being part of the scheme,” says Jaqueline Winstanley, SEN/Disability and Inclusion Officer for Play and Children’s Services, Bolton.

More Info 01204 334119. from Issue 12, Spring 2002 Childcare and Early Years magazine.

Stage 1-how the setting develops



Stage 2 When a child wants access the setting



33. RUFFORD NURSERY & INFANTS SCHOOL , NOTTINGHAM CITY: VERTICAL GROUPING AIDS INCLUSION.

The school is in a deprived part of Nottingham, Bulwell with 49% of pupils on free school meals and 73 pupils out of 165 have special needs and 30% unexpected admissions. There is 30 place nursery which is oversubscribed and the infants consists of 5 vertically grouped classes of 5, 6 and 7 year olds. The structure allows children to move up from the nursery in the week of their 5th birthday. The children then stay in their vertically grouped class until they leave the infants. This prevents the inequalities which occur when children transfer to a reception class in the year or term or half year of their fifth birthday. The 5 receiving classes are stable with the older children providing peer support for the younger ones.

The school aims among others :-

- To provide a positive learning environment in which all children can feel happy, secure and successful and where health and safety is paramount at all times;
- To maintain a calm and caring environment underpinned by a firm, fair and consistent discipline developed through positive behaviour management policy which promotes independence, self-discipline and encourages children to feel good about personal achievements;
- To provide an environment where children can develop positive friendships and support and be supported by their peers;
- To enable each child to develop to his or her full potential including those with special educational needs;
- To ensure all children have equality of access and opportunity.

On DEE's visit we found a happy school with good inclusive practice. In one class a non-verbal, child with visual impairment, who was non-ambulant, was being well included by peers and staff. The teachers said they had chosen the vertical grouping to stabilise groupings and it was a very effective way to organise for inclusion and help minimise challenging behaviour. The nursery teacher thought it was very good for the children to go up when they reached 5, that way they got the full benefit of the nursery education on offer.

The teachers in the infant classes each plan and prepare a part of the curriculum which they share with their colleagues. They decided on vertical grouping as it was easier to meet diverse needs with children working at their own level. It did not lead to extra work and was of great benefit to all the children.

OFSTED when they inspected the school in May 2000 found it to be a good school with standards improving which takes very good account of individual pupil needs. The headteacher, Jenny Berry, has been most effective in establishing a strong team that works well together.

“Each class contains five, six and seven- year –olds and importance is rightly attached to providing equal access to all aspects of work. Provision for ensuring equality of opportunity is excellent....The provision for pupils with SEN is very good. There are carefully considered arrangements for meeting pupil SEN so that pupils feel fully included in the life of the school.”



Isiah and class mates Rufford Infants

34. 'PASSPORTS' :FRAMEWORKS FOR SHARING INFORMATION ABOUT A CHILD WITH OTHERS.

NOTTINGHAMSHIRE LEA SEN INCLUSION TEAM

A passport can help a disabled child or young person who has high level needs let others know about her or his needs, interests, understandings, strengths, communication skills and behaviour. A type of passport has been used for a number of years in early years settings these were sometimes known as an 'All about Me' book.

A passport is written in the first person. The pupil needs to be involved as much as possible as it is being compiled. It is important that the child has ownership

of the passport and agrees the information it contains. The child keeps the passport and decides whom to show it to.

Why use a Passport?

- It celebrates a child's strengths and successes so helping improve self-esteem.
- It provides a brief sketch of the pupil giving important information to adults who have contact with the child. This is particularly useful when the child changes settings from early years to primary, or primary to secondary school.
- It helps provide a consistent approach for the pupil in all settings.
- It provides information in an attractive way for the child, peers and adults.
- It gives a positive image about the pupil.
- It provides information for parents.

The pack gives details about formats, content ideas and provides pro-forma's for passports for children in Early Years, Primary and Secondary.

The pack also gives ideas about information cards which the child can show adults when they are 'loosing it', or about to have a fit or need to take some 'time out'. These draw on information in the passport but the child is able to use them to quickly communicate.

The pack then has some examples of passports and information cards.

Hello my name is Lynne

- I am allergic to milk and eggs
- Please say my name first when you a speak, then I know you are talking to me.
- I communicate using simple words and Makaton signs and symbols.
- If I am upset or anxious I find it hard to use my words.

Nottingham Inclusion Team have now produced a book with pro-formas on a computer disc to facilitate this process. Copies available Val Parsons 01623 433 433 North Base, Meadow House, Littleworth, Mansfield, Nottinghamshire NG18 2TA

34. RECOMMENDED READING

Resource List for Inclusion

[All prices are exclusive of post & package]

Disabled People in Britain and Discrimination by Colin Barnes (1991), Hurst, London. General position disabled people. Chapters on education and history very relevant.

All My Life's a Circle - Using the Tools: Circles, Maps & Path – by Mary A. Falvey, Marsha Forest, Jack Pearpoint & Richard L Rosenberg. Published by Inclusion Press 1993. Order from Inclusion Distribution, 29 Heron Drive, Stockport. SK12 1QR.

Disability Equality In the Classroom - A Human Rights Issue by Richard Rieser & Micheline Mason . A handbook for teachers which compiles some of the best thinking of disabled people about our history, our current issues, language, images, and culture. Many ideas, as to how to bring disability into the classroom as an issue of equality. (Available at DEE)

Developing An Inclusive Education Policy For Your School Published by CSIE. Order from CSIE, Tel: 0117 344 4007.

The Making of The Inclusive School by Gary Thomas, David Walker and Julie Webb (1998), Routledge. ISBN 415-15560-6. Excellent summary of research in Part 1 followed by an evaluation of the Somerset Inclusion Project in Part 2.

Human Rights and School Change - The Newham Story by Linda Jordan and Chris Goodey. This new CSIE publication provides a detailed account with pictures, diagrams and charts of the de-segregation of the education service in the London Borough of Newham. Written by two of the leading figures in the process, it shows how the authority moved towards closure of most of its separate special schools and units over a 12 year period, 1984-96, while at the same time improving mainstream provision for all pupils. (Available at DEE)

Let Our Children Be - A Collection of Stories compiled by Pippa Murray & Jill Penman. Our disabled children are often not accepted as the individuals they are. They are often denied human rights. We want all our children to belong in their local communities and to have ordinary lives. Our disabled children are teaching us how to be their allies. This book is a collection of stories about our lives. (Available at DEE)

Altogether Better by M Mason & R Rieser. This is a pack containing a booklet and video which explains clearly why it is important to educate disabled children in mainstream schools. The statutory regulations in the 1993 Education Act require that every school in the UK have a Special Needs policy to deal with the special educational needs of statemented and non-statemented pupils. 'Altogether Better' is perfectly timed to help schools understand the issues and

face the challenge of implementing the Code of Practice for Special Needs. Produced by Charity Projects. (Available at DEE.)

Inset Training - Schools, Colleges, Local Authorities by DEE Trainers. Available at DEE.

Changing Our School: Promoting Positive Behaviour by Highfields Junior School. Plymouth, Devon. Excellent. Available through DEE.

Learning and Inclusion: The Cleves School Experience by Priscilla Anderson. Written by staff and pupils of the school in Newham, London. An excellent account of school change of teaching and learning for inclusion. Available through DEE.

Circles of Friends by Colin Newton and Derek Wilson (1999). The book describes a simple but powerful technique for reintegrating children with behavioural problems into the life of their school and class. Available through DEE.

All together: How to create inclusive services for disabled children and their families : a practical handbook for early years curriculum. The early years network Mary Dickins and Judy Denziloe. £10, 1988 . Currently being revised. Check National Early Years Network.

Anti-Bias Curriculum : Tools for Empowering Young Children Louise Denman-Sparks National Association for Education of Young Children, Washington, 1989.

You Can't Say You Can't Play. Vivian Paley, Harvard Univ. Press. Challenging the often heard 'You can't play with me'. The author introduces a rule as per the title. The struggles that ensue make interesting reading £9 from DEE

Unlearning Discrimination in Early Years by Babette Brown, Trentham Books £11.95 Relevant theory and research challenges some preconceptions about early childhood development. Examples of good practice show how young children understand issues to do with racism, sexism, disability and homophobia when encouraged to do so but they readily absorb prevailing stereotypical notions when they are not. £11.95 from EYTARN see below.

Posters

Planet – 01926650165- 7 posters in colour of disabled adults in positive roles. £9 a set.

Jigsaw – Positive Image Posters. Trinity Centre, Wesleyan Row, Clitheroe, BB7 2JY. Tel: 01200 444345. Designed by and featuring Young Disabled People.

Video

Heart of Learning, Baker Jerrard Productions. A 66 minute video shot in Brent Early Years settings. It comes with a booklet which poses a number of questions about developing an inclusive setting. The video looks at the Foundation Stage by exploring the six areas of learning in an inclusive way. The video demonstrates inclusion in practice by showing how children of different genders, ethnicity and impairments can be fully included.

Available for £20 from EYTRAN, PO Box 28, Wallasey CH45 9NP Tel/Fax 0151 639 1778 Email eytarn@lineone.net

Inclusive Children's Books

Race You Franny by Emily Hearn, Women's Press of Canada.

Good Morning Franny by Emily Hearn, Women's Press of Canada

Franny and the Music Girl by Emily Hearn, Women's Press of Canada

Adventures of a Wheelchair-using Girl. Ages 3-8.

Come Sit By Me by Margaret Merrifield, Women's Press of Canada. HIV/AIDS. Ages 4-8. (Letterbox Library, Tel: 020 7241 6063).

Letang's New Friend; Trouble for Letang and Julie; Letang and Julie Save the Day - all by Beverley Naidoo (set of three books). Letang's just arrived from Botswana befriends wheelchair using Julie. 3-8years. Available at DEE. £15 for set of three books.

Boots for a Bridesmaid by Verna Wilkins, Tamarind. DEE £5

Are We There Yet? by Verna Wilkins. Story of Nicky and her wheelchair- using mum. Ages 4-8. DEE £5

Friends at School by Rochelle Bunnett. From this book you can experience inclusion from a child's perspective. Beautiful Photos Available from DEE £9

Seal Surfer by Michael Foreman. As the seasons change we follow a special relationship between a disabled boy his grandfather and a seal. Available from DEE. £5.

Friends at School by Rochelle Bunnett. Beautifully photographed images capture warmth of an inclusive classroom as children play together. From this book adults can experience inclusion from a child's perspective. Available from DEE. £8.

Sachiko Means Happiness by Kimiko Sakai. Sachiko's acceptance of her grandmother's Alzheimers with warm and gentle illustrations. Ages 3-7. Letterbox Library.

Dad and Me in the Morning by Patricia Larkin, Albert Whitman, Illinois. Lovely book of deaf boy and his dad. Signing, lip-reading and squeezing hands as they share a dawn walk. Ages 4-10. Letterbox Library.

Learning Together ABC: A Finger-spelling Alphabet with Signs for Deaf and Hearing Children by Dorothy and Jack Dowling. 18, Blackstock Drive, Sheffield S14 1AG. Tel: 0114 264 2914.

Me and My Electric Edited by Elizabeth Laird, 1998. Eight disabled children work with 8 authors to tell semi-autobiographical short stories. (Available at DEE)

Websites

- Disability Equality in Education – www.diseed.org.uk
- CSIE – <http://inclusion.uwe.ac.uk>
- Alliance for Inclusive Education – ALLFIE@btinternet.com
- ENABLE – Network, 40 poor world countries for inclusion – www.eenet.org.uk
- DfEE Inclusion Website – <http://inclusion.ngfl.gov.uk>
- Parents for Inclusion – www.parentsforinclusion.org
- Network 81 – Network81@tesco.net
- The National Early Years Network info@neyn.org.uk

35. THE CHILDREN'S MANIFESTO

(As published in the Guardian newspaper, Tuesday June 5th, 2001)

We the children of Britain, have been give a voice. This is what we say:

The school we'd like is:

- **A BEAUTIFUL SCHOOL** with glass dome roofs to let in the light, uncluttered classrooms and brightly coloured walls.
- **A COMFORTABLE SCHOOL** with sofas and beanbags, cushions on the floors, tables that don't scrape our knees, blinds that keep out the sun and quiet rooms where we can chill out.
- **A SAFE SCHOOL** with swipe-cards for the school gate, anti-bully alarms, first aid classes, and someone to talk to about our problems.
- **A LISTENING SCHOOL** with children on the governing body, class representatives and the chance to vote for the teachers.
- **A FLEXIBLE SCHOOL** without rigid timetables or exams, without compulsory homework, without a one-size-fits-all curriculum, so we can follow our own interests and spend more time on what we enjoy.
- **A RELEVANT SCHOOL** where we learn through experience, experiments and teachers who have practical experience of what they teach.
- **A RESPECTFUL SCHOOL** where we are not treated as empty vessels to be filled with information, where teachers treat us as individuals, where children and adults can talk freely to each other, and our opinion matters.

- **A SCHOOL WITHOUT WALLS** so we can go outside to learn, with animals to look after and wild gardens to explore.
- **A SCHOOL FOR EVERYBODY** with boys and girls from all backgrounds and abilities, with no grading, so we don't compete against each other, but just do our best.

At the school we'd like, we'd have:

- **Enough pencils & books for each child.**

- **Laptops so we could continue our work outside and at home.**

- **Drinking water in every classroom, and fountains of soft drinks in the playgrounds.**

- School uniforms of trainers, baseball caps and fleece tracksuits for boys and girls.

- Clean toilets that lock, with paper and soap, and flushes not chains.

- Fast-food school dinners and no dinner ladies.

- Large lockers to store our things.

- A swimming pool.

- This is what we'd like. It is not an impossible dream.

© The Guardian

36. FAIRY-TALE - ACTIVITY

Divide group up into four, each group will be allocated a fairy tale to look at:
 Group 1. Hansel and Gretel, Group 2. Snow White And the seven dwarfs,
 Group 3. Beauty and the Beast, Group 4. Rapunzel.

In it your groups please identify:



- The main characters in the story,
- Their place in society
- Where they live
- Their personality (good / bad),
- Their physical appearance
- Negative messages in the nursery



What changes you would make in order to remove the negative imagery in these tales.



- How would you change the main character's physical appearance?
- How would you then describe their personality?
- Where would they now live?
- How could you make this into an activity for the whole class?

37. IMAGES OF DISABLED PEOPLE - ACTIVITY

List below examples of negative and positive images of disabled people in the following categories:

CATEGORY	DEFINITELY POSITIVE	NOT SURE	DEFINITELY NEGATIVE
1. Literature you read as a child			
2. Fiction you have read as an adult			
3. On the cinema screen			
4. On your TV screen			
5. In advertising			

38. REPRESENTATION OF DISABLED PEOPLE

Children's Stories

Hansel and Gretel
Snow White and the Seven Dwarfs
Rumpelstiltskin
Heidi
Secret Garden

Peter Pan
Treasure Island
Rapunzel
Letang & Julie
Seal Surfer

Adult Literature

Moby Dick
Gridlock
Skallagrigg
Lady Chatterley's Lover
A Christmas Carol

The Old Curiosity Shop
The Bible
"Dr. No" James Bond
Born on Fourth July
Jane Eyre

Television

Coronation Street
Ironside
Crossroads
Eastenders
Grange Hill

The Unknown Soldier
See Hear
From the Edge
Emmerdale Farm
Byker Grove

Films

Hunchback of Notre Dame
Coming Home
Four Weddings and a Funeral
Hear No Evil, See No Evil
Goldeneye
Beautiful Mind

Children of a Lesser God
Phantom of the Opera
Batman
Dick Tracey
Wait Until Dark
Unbreakable

Adverts

Drink and Drive Campaign 1996/7
Coca Cola Eat Football, Sleep Football
Beneton
Nike
Virgin Mobile(on bus)

MS Campaign
Scope
Co-op Bank
(See the Person Not the Disability)
One-2-One (library)

39. IDENTIFY THE BARRIERS IN YOUR NURSERY OR EARLY YEARS EDUCATION SETTING

What barriers does your nursery pose for children who are:- 1. Blind or visually impaired 2. Deaf or hearing impaired 3. Physically impaired 4. Have a significant learning difficulty or ,5.Present challenging behaviour?
Identify one or two barriers for each sub heading below.

1. Barriers of Access

- a) in the built environment;
- b) in communication;
- c) in play and equipment.

2. Barriers in Attitude

- a) Staff;
- b) Children;
- c) Parents;
- d) Other professionals;
- e) Management Committee or Governors.

3. Barriers in organisation

- a) Foundation & Early Learning Goals Content;
- b) Foundation & Early Learning Goals Delivery;
- c) Play and social interaction.
- d) employment
- e) Policies such as admissions and fee paying
- f) Baseline Testing
- g)Self esteem of the target child

40. DEVELOPING AN INCLUSIVE CLASSROOM

Thought storm what are the barriers that prevent us meeting the needs of all pupils in our settings?

1

What are the solutions that allow us to meet the needs of all children in our setting?

41. EXERCISE TO EXPLORE PARENTS' OPPRESSION - TARGET GROUP PROFESSIONALS AND OTHER ALLIES

Ask those who are parents or in parenting role to identify themselves.

Remind everyone that we are all ex-children, even if we are not currently parents. Set up the group to have an opportunity to explore the effects of parent oppression on themselves. In pairs or small groups for 10 minutes.

Questions

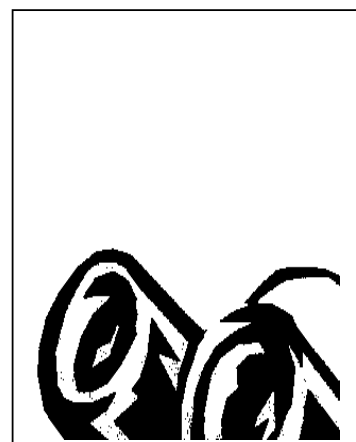
- Were your parents on your side when you were a child?
- What did they do? Why?
- What would you have liked them to have done? What stopped them?

Feedback

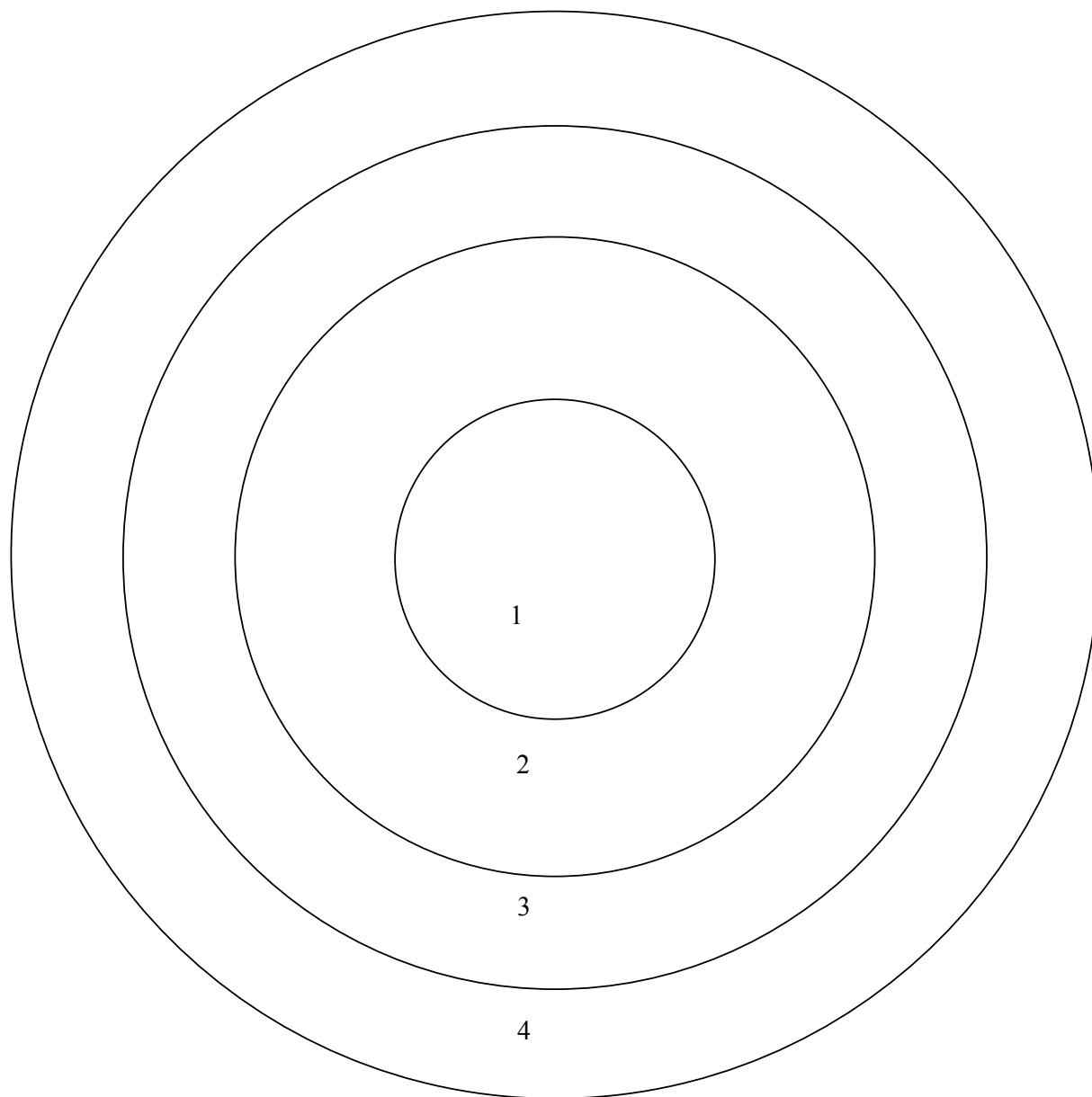
- Summarise each point. E.g. "My parents had no backing or support", "They always asked me first", "They were afraid to make waves"
- Bring together the issues in the overheads 'Parents Oppression' and 'What parent **should** mean'.

Learning objectives

1. Remembering one's own perspective as a child reminds how vital it is to understand that perspective.
2. Parents' intentions are constrained by the sense of powerlessness that the oppression feeds.
3. A disabled child has exactly the same need for a parent to be on their side as any other. An Ally.
4. To be an ally to a disabled child parents need the support and information of disabled adults to break out of the oppression that threatens their relationship with their child.
5. A professional can be an ally by bringing in DET – the voice of the disabled child – into his or her own planning.
6. A professional can understand why some parents find it impossible to believe that practice and attitudes in mainstream will change to allow inclusive practice.



42. CIRCLES OF FRIENDS



- 1 Circle of Anchors or Intimacy
- 2 Circle of Friends
- 3 Circle of Participation or Associates
- 4 Circle of Exchange

43. WORD POWER

The issue of language, disablement and disabled people is important. Much of the language we use is crystallised in past ideas and attitude towards disabled people.

Look at the following word and phrases and indicate whether they imply a positive, negative or neutral image.

Wheelchair-bound	positive / neutral / negative
The disabled.....	positive / neutral / negative
People with disabilities.....	positive / neutral / negative
Disabled person.....	positive / neutral / negative
Deaf People.....	positive / neutral / negative
Crippled.....	positive / neutral / negative
Invalid.....	positive / neutral / negative
Person with cerebral palsy.....	positive / neutral / negative
Spastic.....	positive / neutral / negative
People with learning difficulties.....	positive / neutral / negative
Mentally handicapped.....	positive / neutral / negative
Handicapped.....	positive / neutral / negative
The blind.....	positive / neutral / negative
Blind people.....	positive / neutral / negative
Mongoloid.....	positive / neutral / negative
Person with Downs Syndrome.....	positive / neutral / negative
Mental.....	positive / neutral / negative
Person with Mental Health Issues...	positive / neutral / negative

44. WORKING WITH CHILDREN WHO HAVE EMOTIONAL & BEHAVIOURAL DIFFICULTIES

Discuss the following with your partner. Take turns to listen to each other carefully. Do not interrupt each other or offer each other advice. This task is designed to help you think about your reactions to individual children with Emotional & Behavioural Difficulties, and to help you develop your own strategies for dealing with particular individuals and particular situations. (work in pairs)

1. When you were a child what did you learn about bad behaviour?
2. What happened to children who behaved badly?

3. How did you feel when you saw other children behaving badly?
4. How did you feel when you saw other children being punished or humiliated by adults?
5. How did you feel when you saw other children being treated unfairly?
6. How did you feel when you saw other children being sad?
7. Did you ever behave badly yourself?
8. How did you feel about the way you were treated when/if you behaved badly?

<i>Now think about your present situation with regard to children with EBD.</i>

1. What children do you know that behave in a way that annoys/distresses you at the moment?
2. Describe one child that annoys you – include all your negative feelings about the child's behaviour – what particularly drives you mad, frustrates you, makes you want to punch his/her lights out?
3. Tell your partner who that child reminds you of (sister, brother, other child you have met, etc.) and remember how that person made you feel at the time.
4. Try to list the differences between that old situation and the present one, include differences between the person you are reminded of and the child you deal with on an everyday basis.
5. Talk about anything you like about the child. Remember there is always something likeable about every child. Say what you know about the child as a person (not his/her behaviour, rather what kind of person she is, what she/he likes, what makes him/her tick).
6. Now think about the strategies you use to control the child's behaviour at the moment. What are they? Do they work? If so,

is this for the long term or short term? What works best long term?

7. What could be different about the way you currently interact with the child that would bring about a more positive outcome?
8. Say one thing that you are going to do to improve your personal relationship with the child within the next week.

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45. DISABILITY DISCRIMINATION IN AN EARLY YEARS SETTING (ACTIVITY)

1. The parents of a young boy who uses a major buggy were told that he could not go on the nursery trip. Although it was part of the curriculum to attend with his classmates, the teacher in charge decided that this year's visit would be to a theatre that was not accessible because it was upstairs.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

2. A nursery has a policy of not taking children until they are toilet trained. The parents of a child, who is incontinent because of an impairing condition, seek admission but are turned away.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

3. A young girl's parents are told that she cannot go on an outing to the zoo with her class, unless she goes with her mum. This is because there are too few staff available to go that afternoon, due to staff shortages.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

4. A boy it is regularly left on a chair, to watch a game, during which the children have to run about, this is because he has difficulty with movement and cannot stand for any length of time.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would a reasonable adjustment be?

C) What would be good practice?

5. At break times biscuits are handed out to all the children in a playgroup, most children that are given two, but a little boy who has difficulty eating, is only given one, because it takes him too long to eat two.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would a reasonable adjustments be?

C) What would be good practice?

6. Every day a child is allowed into the choosing area, in order to pick activity to do next. There is a young girl with Down's syndrome in the group, but she is never allowed to choose, in case she picks the play dough, which she tends to eat.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

7. A young girl who uses a wheelchair, is not able to join any playgroup or play scheme in her area, this is because admission is

ring-fenced and is dependent on if they live in a certain catchment area. The two groups within her area are not accessible to wheelchair users, so she stays at home.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

8. A young girl who has developmental delay, is refused entry into her local reception class, because she is unable to get dressed and do up her laces. Her parents are told by the school to take her elsewhere, because they only accept children whose development stage means they are able to perform certain tasks.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

9. At the nursery transitional stage, a young boy with significant learning difficulties is told that he will not be able to move up to the reception class, because he is unable to make a mark with a pencil. As a result he is excluded from his peer group as they all move up as they have learnt how to write.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

10. At the end of every session there is Circle Time, where the Nursery Nurse asks what has been good during the day, there then follows a chat where children are encouraged to contribute what they liked. A young boy who is non-verbal, is given no opportunity to express what he likes, and it is never asked to contribute.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

11. A girl is diagnosed as having ADHD, and is then given Ritalin. Subsequently, her carers are then told that she can no longer attend her local playgroup, because it is felt that her behaviour, running about and flapping arms, will frighten the other children and has drawn complaints from other parents.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

12. A girl with Down Syndrome finds it difficult to settle with a large group activities for example registration, circle time or story time. Such activities take place at the beginning and end of each session. Her mum is asked to bring her in thirty minutes later than the other children and pick her up thirty minutes earlier as she is disrupting the other members of the nursery.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

13. The parents of a child with HIV, are told that he cannot join his local playgroup, because the risk to the other children. Instead, his parents are encouraged to keep him at home, and not mix with other children.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

13. A girl who uses crutches, is told to come in later than the others when the other children are settled, so as not to cause added disruption to the class. She misses out on a number of activities.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

14. A boy who has complex physical needs, who has had a successful time in an inclusive nursery is then refused entry to his parents choice of a reception class in his local primary school. His parents are then told that he has to go to a special school from now on.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be?

C) What would be good practice?

15. A boy with difficult and aggressive behaviour has shown great improvement in his behaviour in a mainstream nursery. Until other children's parents heard of his behaviour and asked the nursery to exclude him. He now stays at home, and his behaviour is getting worse.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be.

C) What would be good practice?

16. A boy who uses signs to communicate is not settling well at a playgroup. His workers say they have not had the training to sign and find it difficult to understand the things he wants.

A) Do you consider this Disability Discrimination? Yes / no / not sure

B) What would reasonable adjustments be.

C) What would be good practice?

46. DISCRIMINATION UNDER DDA. POSSIBLE RESPONSES

These will depend on SENDIST decisions in reality. However, early years settings should strive to go beyond the legal position and develop good practice based on equal opportunities.

1. Yes	5.No	9. Yes	13. Yes
2. Yes	6. Yes	10. Yes	14. Yes
3.No	7. Yes	11. Yes	15. Possibly
4.Yes	8.Yes	12. Possibly	16.Possibly

1. A Yes. it is less favourable treatment compared to children who don't have the disability.
 B) Depending on how long the child had been attending the setting the teacher i/c should have found out what other shows were available in accessible venues. Made temporary adjustments such as borrowing a stair climbing wheelchair.
 C) To have a trips policy not to visit anywhere that all the children can't access. To check while planning a trip that the venue meets all access requirements or make reasonable adjustments.

2.A) Yes. This is less favourable treatment and is a blanket policy.

B) All early years settings have to have arrangements for 'accidents' amongst all children. If the child is incontinent because of their impairing condition then a reasonable adjustment would be to make arrangements to change the child and safely dispose of soiled material.

C) To change the admissions criteria to make clear that all children are welcomed and that the setting has the procedures and practices and the staff have the training to deal with these eventualities.

3.A) No. This could not be planned for and although it is discriminatory it is likely to be judged reasonable. It may well not be considered substantial as it is a one off trip.

B) The reasonable adjustment might be to ask the Mum to accompany them. However if the girls Mum could not accompany

them asking another adult to come would be reasonable. It would probably not be reasonable to leave the girl behind.

C) To plan the staffing for trips to allow for absences or make up numbers with sufficient volunteers. To cancel or postpone the trip if all children cannot go.

4. A) Yes. Because it is occurring regularly it is less favourable treatment and will effect his self-esteem.

B) To vary the games that are played to include games that the boy is able to join in with such as floor games or sitting down games. Where movement is needed the boy should be provided with a rollator(auxiliary aid) to help support him while he moves about.

C) Planning the Foundation curriculum to be inclusive. Have a range of alternative games. Making sure needs are met early.

5. A) No. This is not fair but unlikely to be discrimination under Part iii of the DDA as it does not make it 'impossible or unreasonably difficult to use the service.

B) It depends on the nature of the child's impairment. To have a longer time to eat biscuits on the mat, maybe by telling a story to enable the child to also have 2 biscuits. They may only be able to cope with one biscuit. So introducing a child choice for all for the second biscuit.

C) To plan all activities in a flexible way to allow all children to do things at a pace with which they feel comfortable. To create a sense of valuing difference in the group so children respect they way each other are.

6. A) Yes. It is less favourable treatment.

B) To set up a reward scheme for the girl not eating the play dough. Set up a peer group to support her. A range of strategies would need to be tried before banning her from a particular activity. However, the girl's safety would also need to be considered.

C) To have an individual education plan that has certain activities to be undertaken with adult support.

7. A) Yes

B) Under Part III of the DDA the two playgroups should be making some reasonable temporary adjustments such as a wooden ramp. If this still proves impossible the body EYDC or LEA who designed the admissions policy will need to alter it so the girl can access an accessible playgroup outside the catchment.

C) To have an admissions policy which is welcoming to those with mobility impairments and flexible enough to admit them. A EYDC strategy to remove barriers or relocate playgroups to accessible venues.

8. A) Yes. This is less favourable treatment and a blanket ban which is likely to be illegal.

B) The school needs to revise its admission policy as an anticipator duty to get rid of any such discriminatory statement. The girl needs admitting to the reception class and to be given the support she needs under the School or School Plus stages of the SEN Code if she does not have a statement of SEN.

C) The LEA needs to ensure all primary admission policies do not contain discriminatory clauses. The LEA and EYDC might hold training on Inclusion and Disability Equality so all schools begin to review and amend their policies on admissions.

9. A) Yes. This is less favourable treatment because of his impairing condition. It is not specific to the particular boy.

B) The boy should have moved up with his peers and been supported in the class with an Individual Education Plan. If he needs extra support this should be provided under the SEN Code of Practice. The Reception teacher will need to organise teaching and learning so the boy can fully participate.

C) Under early identification procedures the nursery teacher and the SENCO should have arranged for the boys needs to be met under the SEN Code of Practice. The school policy on admissions needs to be developed to become inclusive. The school needs training to change its ethos.

10. A) Yes. Less favourable treatment

B) The boy needs to be given time to contribute and ways need to be found for him to communicate with the circle which are accepted by the other children.

C) All staff need to self-audit their practice and peer review each other to ensure they are not inadvertently creating barriers. The

staff need to collectively come up with different ways of flexibly including all children.

11.A) Yes. The child is disabled and under Part III it is being made impossible for him to use the service. The nursery could argue that the child is preventing other children from benefiting from the play group. However this is untenable defence as they have not sought to manage the situation.

B) The playgroup needs to explain to their children and their parents/carers that the boy is disabled and that there is nothing to fear.

C) The playgroup develops an ethos of welcoming difference. The games and activities are organised so children can share and get to know each other on a random basis (letters or animals paired up). The adult workers are made aware of different children's needs and manage the interactions so they are safe.

12.A) Possibly. This may be reasonable depending on whether other strategies have been tried and failed, though it is less favourable treatment.

B) Develop other activities for the girl to do while all the rest are on the carpet. Be more flexible in approach to accommodate difference. Do work with the children and parents so they accept this.

C) Reorganise the session so there is less time on the carpet and more time in groups doing activities.

13.A) Yes. This is discrimination. He is being denied access to the service because of his impairment.

B) Educate the workers and parents that HIV is not passed on by contact, but exchange of bodily fluids. Staff have training on procedures to be adopted if he cuts himself.

C) Parents of the HIV boy have a right to have confidentiality respected and may want this. Staff are given training on a need to know basis. Training is provided for all involved in playgroup on inclusion and more specifically on HIV. Work needed with boy with HIV to build up self-esteem. Work to parents and peers accepting him.

14.A) Yes. This is less favourable treatment by the school. The LEA has to respect the parents wishes and place the boy in a mainstream school unless he will disrupt the education of other children. There is no evidence from the nursery to support this.

B) The boy needs to be admitted to a primary school though not necessarily his parents choice if another one is judged better able to meet his needs. Prior to his admission a joint meeting of parents and staff from the nursery and primary school and Educational Psychologist are held. If he has a statement this is amended to meet his needs and an action plan is drawn up to include him.

C) The boy is accepted, by his parents chosen school. He has priority on admissions as he has SEN. A transition programme is worked out and he visits the new school several times with other members of his nursery who are also going there.

15.A) Possibly. It depends if his challenging is caused by an underlying physical or mental impairment. If it is then his treatment is discriminatory as he is being denied access to a service under part III of the DDA and there is evidence that he is a diminishing disruption to other.

B) The nursery calls a meeting with parents when complaints have been lodged about the boy's behaviour and explain what they are doing to support him and how he has improved. The nursery say they will not exclude him as this would be likely to be illegal.

C) The nursery does a lot to involve parents from all backgrounds and to get them to share the inclusive ethos of the nursery. The inclusion policies are discussed with parents and the techniques used for reducing challenging behaviour are shared.

16.A) Possibly. It could be argued under Part III of the DDA that the staff's attitude is making it unreasonably difficult for the boy to benefit from the playgroup.

B) The staff decide to learn some basic signs and teach the other children in the playgroup so they can all communicate better.

C) The boy has been assessed under the SEN policy of the playgroup and been given extra support so the staff do not feel pressured. When the setting found out the boy was coming they scheduled some sign training or had already done some basic training as an anticipatory duty.

47. INCLUSIVE SOLUTIONS – ACTION PLANNING

In groups, discuss the barriers and identify the things that should change to make inclusion happen.

A. In the short term (over the next term).

B. In the medium term (over the next 6 to 18 months)

C. In the long term (over the next 3 – 5 years)

(Prioritise two in each section and hand in one copy per group.)

48. DEE TRAINING FOR INCLUSION: EVALUATION

Name of Organisation/Setting: _____

Date of Training: _____

Did the course live up to your expectations? If so, how? If not, why?

What was the most useful part of the course?

What changes or improvements would you have liked in the course?

What would you like included in a future course?

How would you rate this Training overall?

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Satisfactory	<input type="checkbox"/>
Poor	<input type="checkbox"/>

**PLEASE COMPLETE THIS FORM AND RETURN IT TO DEE TRAINER. OR
SEND IT TO DEE AT UNIT GL LEROY HOUSE, 436 ESSEX RD, LONDON
N1 3QP. Tel: 020 7359 2855 Fax: 020 7354 3372.**

