

Garry Hornby

Inclusive Special Education

Evidence-Based Practices for Children with
Special Needs and Disabilities

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*For Richard and Adam, who I am confident
will do their best to (in Michael Jackson's
words)
“make the world a better place”*

Foreword

In this important book, Garry Hornby invites you, the reader, to consider and engage with a new theory of inclusive special education. This is a theory that espouses a way of teaching children with special educational needs and disabilities that encompasses the best teaching strategies that can be used with students in mainstream schools, as well as evidence-based practices that have been undertaken in those special schools that have become centers of excellence.

New theory needs to be welcomed, considered, and reflected upon as it proposes a fresh way forward. The author has highlighted concerns and issues with the philosophy of inclusive education. He has noted that a number of practitioners in mainstream and special schools have achieved a highly scientific approach to teaching children while others have not. Thus, not all children with special educational needs and disabilities are receiving an education appropriate to their needs.

Central to this new theory is the adoption of evidence-based methods for teaching children with special needs. When proven strategies are used and a positive relationship exists between pupil and teacher, then the effectiveness of the education program offered will be enhanced. To support teachers, a comprehensive consideration of evidence-based strategies is presented and discussed. The rigor of the approach being promoted is balanced with encouragement for teachers and others working with children to be warm, effective people with well-developed interpersonal communication skills.

The author's passion for parent involvement in the education of their child is long standing and well known. In this book as well as in proposing a model for involving parents in their children's educational program, he also addresses parent education and parent support. When parents feel well supported and understood, then their relationship with their child is better and the child does better at school.

The author stresses the importance of well-developed government policies to ensure effective provision and delivery of an appropriate education for children with special needs or disabilities. Similarly, he advocates that schools also have clear, well-developed policies to guide teachers in their approach to teaching and in their relationships with parents.

The proposed theory is visionary. If those involved in education either as policy makers, parents, or practitioners stand back from existing strongly held views about inclusion and special education and engage with the material in this book and are open to dialogue, debate, and discussion, then an effective education for all children with special educational needs and disabilities is more likely to be achieved.

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Preface

My first job after graduating with a degree in physics from Leeds University in 1970 was at a residential school for children with social and emotional difficulties and other disabilities in Rhode Island in the USA. The school was in the countryside in a lovely forest setting surrounding a large pond where the children occasionally swam and fished. My job was to look after the young people when they were not attending the on-campus school. This involved getting them up, showered, dressed, and breakfasted in the morning and off to school and then entertaining them after school, getting them ready for bed, reading stories to them, and, when necessary, getting up to comfort them when they had nightmares. The residents were mainly elementary school-age children diagnosed with emotional disturbance, but there were also a few adolescents with diagnoses of autism, childhood schizophrenia, and mental retardation. I only worked there for 4 months, but it was such a formative experience that it determined the focus of my entire career in education.

For the following 44 years, I have worked with children with special educational needs and disabilities (SEND), plus their parents and teachers, in mainstream schools and special education settings as a teacher, educational psychologist, researcher, and university professor.

During this time, there have been major changes in important aspects of educational provision for children with SEND. These include the trend toward inclusive education, with consequent reduction in special classes and schools, as well as the drive toward increasing the use of evidence-based practices, that is, closing the gap between interventions with proven effectiveness and much current practice in schools.

This book is an attempt to address both these issues by proposing a new theory of *inclusive special education* that has as key principles the synthesis of inclusive education and special education and the implementation of evidence-based practice. What has been included in the book is based on the many lessons I have learned from the children with SEND and their parents that I have worked with over the past 44 years. However, my very first lesson about the education of children with SEND came from my own experience as a child.

Around the age of 7, I had developed a stammer that got progressively worse with time. My parents had consulted the family doctor who made a referral to a speech therapist. I went to speech therapy for six sessions, but it didn't help. By the time I was 10 years of age and in my final year at elementary school, my parents were very concerned about the problem but were at a loss about what else to try. Then, at a parents evening, my teacher suggested that elocution lessons would help and gave us the name of someone she recommended. I started attending the 1 hour sessions once a week with two other boys who were there to learn to speak nicely! Our tutor was an elderly lady who swept into the room in a long old-fashioned dress, took us through a series of drills and exercises, and then swept out. She never once mentioned my stammer or suggested how to deal with it, but instead focused on how to use my voice and say words clearly by using various speech exercises that were to be practiced at home. Almost immediately the fluency of my speech improved. After a year, my stammer was hardly noticeable and, in fact, I passed the grade one elocution examination with distinction!

So the two important lessons I learned from this experience were the value of teachers providing guidance to parents of children with special needs and the importance of focusing on children's strengths rather than their weaknesses.

Another important lesson was the one I learned from a 16-year-old, who I will call Mikey, at the residential school in the USA. Mikey had Down syndrome and cerebral palsy. He wore very thick glasses, walked unsteadily, could not speak any words, and was doubly incontinent. The first morning, I got him out of bed and got off his large plastic diaper with most of what was in it going in the toilet, and then got him in the shower. I washed him off, but then he sat down and I couldn't get him up again despite using all my strength to pull him up. Exasperated, I walked away to regain my breath. When I came back he had gotten up by himself! He clearly trusted himself more than he trusted me when it came to getting up safely. This incident left me wondering how on earth I would learn to cope with this young man.

As the weeks passed, I learned that there was more to Mikey than was at first obvious. For example, while he spent most of his days flicking a small object such as a spoon in front of his eyes, he also seemed to enjoy sitting down flicking through mail order catalogues. Funnily enough, he would usually end up on the ladies lingerie section, but with the pages upside down! One day I had his group in the yard outside while I went inside to sweep the floor. Mikey followed me in and tugged at my arm. I thought I knew what he wanted, so I said to him very slowly while showing him what to do, that he could have the catalogues when he had put all the chairs on the tables so I could sweep the floor. I did not know whether he would understand and was not sure he could even manage this if he did, but he began to struggle to get the chairs on the tables while I pretended to be sweeping. When he had all the chairs on the tables, he came and tugged at my arm and I gave him the catalogues.

The lessons I learned from this were not to underestimate what children with SEND can do by themselves and that giving young people responsibilities and challenging them to do things that they find hard can be very useful.

I learned another important lesson when I was teaching adolescents with moderate learning difficulties in a high school special class in New Zealand a few years later. One of the students, who I will call Grant, was 15 years old but had a reading age around 6 years and couldn't tell the time or handle money at all. On the first class outing into Auckland city, for which the pupils caught buses from their homes into the center of the city, Grant didn't turn up. When I visited him at home that evening, his parents told me that he wasn't allowed to catch a bus by himself as they didn't think he could ever manage it. I spent considerable time convincing Grant's parents that he needed to learn how to catch buses by himself and that he could learn to do so. After much discussion about Grant's difficulties and his future, they agreed to let him catch the bus, under my supervision, the next time we had a class trip into Auckland.

After several rehearsals in class of what he needed to do, on the day of the next class trip, Grant set out from home to catch the bus, with me in my car watching him every step of the way. I watched him leave his house and walk to the bus stop, wait for the correct bus to come, and then get on it and give the driver his fare. I then drove into the city center to await the bus's arrival. When the bus pulled in and Grant climbed off, the look of accomplishment on his face suggested he'd done much more than simply catch his first bus. He beamed as if he'd just gone round the world by himself!

This was a big step for Grant but an even bigger one for his parents because it made them realize that he was ready to tackle quite grown-up things by himself. From then on, I was able to continue to provide guidance to his parents in order to help Grant become as independent as possible. In fact, when he left school, it was to start a job over the other side of the city to his home, which, in order to get to, he had to change buses in the center of Auckland. But this was by then well within Grant's capacity.

The main lesson I learned from this was the need to teach skills to facilitate young people's independence in order to bring about their inclusion in society as an adult. Grant was taught these skills because he attended a special class that had a curriculum focused on teaching life skills and vocational skills. It is unlikely he would have been taught these skills had he been in a mainstream school for the last few years of his schooling. So this taught me about the importance of young people being educated in the setting most likely to help them become as independent as possible and, thereby, as included in society as possible as adults.

I learned another important lesson when, as a trainee educational psychologist, I was asked to deal with a 12-year-old girl who I will call Karen, who was on the point of being excluded from school. Karen was disruptive in class, argued openly with teachers, and used offensive language as well as frequently having disputes with other pupils in the classroom and in the playground. The most obvious intervention was a behavior modification program, designed in collaboration with her teachers, which would be instituted throughout the school day. However, Karen's teachers said that they had tried behavior modification programs to no

avail and were not willing to consider rewards or incentives for Karen over and above those available to other pupils in the school.

A solution to this problem was found by using a home-school behavior program, which at that time had some research evidence for its effectiveness and now has sufficient research support to be considered an evidence-based practice. This intervention is based on the idea that collaboration between teachers and parents is the most effective way to manage children's behavior at school. It requires teachers to specify the changes in behavior that are needed and then to monitor the student's behavior on a specially designed report form. The parents' role is to provide rewards for the child when the preset target on the report form is achieved.

Karen's teachers were interviewed in order to determine which of her behaviors were most disruptive and needed to be changed. A list of appropriate alternative behaviors was then placed on a specially designed report form. Finishing the academic tasks she had been set was one of the criteria listed on Karen's incentive program, but the major focus was on her behavior. Karen's teachers simply recorded the appropriateness of her behavior on the report form at the end of each lesson. When she took the report form home at the end of the week, Karen's parents provided certain incentives, which had been agreed with Karen beforehand, depending on the details of the teachers' report on her behavior over the week. The incentives included staying up half an hour later at night, visiting her grandmother, and going swimming.

From the day this program started, Karen's behavior improved dramatically and she presented no further problems of any significance for the remainder of the school year. The key to this positive outcome was involving Karen's parents in a positive way. In the past, contacts between home and school had consisted mainly of teachers informing the parents about her misdemeanors. Once the program started, teachers were reporting mostly appropriate behavior, so Karen's parents were put in the position of rewarding her for good behavior rather than being expected to punish her for the misdemeanors she had committed. Hence, this intervention consisted mainly of a structure that enabled Karen's parents to provide support to her teachers in ensuring that she behaved appropriately at school. By using a simple intervention based on sound theory and research evidence, a potentially disastrous situation was easily averted.

The lessons I learned from this case were about the importance of using interventions that are evidence-based practices and the value of facilitating positive working relationships between parents and teachers.

I have learned many useful lessons working as a university professor but none more startling and memorable than the following. Several years ago, I led a 5-day workshop with parents of schizophrenic young people in Lisbon, Portugal. On the first day, I arranged the parents in a circle and asked them to share their personal stories with each other, myself, and my co-leader, who also acted as translator. The second parent to speak was a mother who quickly became tearful and said that her situation was so hopeless that the only way out she could see was to kill her son and then kill herself! The group listened to her story for around 30 min, after which a father volunteered that he had had similar thoughts years ago but had somehow

managed to carry on. He didn't offer any advice but did give her something to think about, which was translated to me as, "It is raining today. Tomorrow the sun may shine."

I wasn't too sure that there would be such a change in the weather for this mother who appeared to be in deep despair for the remainder of the first day. I wondered whether she would turn up for the second day. To my relief, she did turn up and, in fact, started the second day by announcing that she felt a whole lot better. She had worked out a plan of action for dealing with the problems that her son presented and came across as a much happier and more confident person. When I asked what had brought about this change, she said that it was hearing all the other parents' stories and being able to express her most frightening feelings and being listened to, which had helped her to see things more positively. This story reinforces the importance of expressing feelings and of being listened to as well as the value of sharing experiences with other people in a similar situation to oneself.

The lessons I learned here were about the immense value of getting parents and other family members of young people with SEND together in order to share experiences, feelings, and ideas and the importance of listening to parents. On many other occasions, I have found out just how helpful it is to have someone listen and understand when the other person has a concern they need to talk over. This reinforced for me the need for professionals working with children with SEND and their parents and families to develop basic listening and counseling skills.

Also, as a university professor, being involved in providing postgraduate courses for teachers and conducting research on key issues such as ability grouping, parent involvement, and inclusive education, I have learned just how difficult it is to get teachers and schools to change, even when existing practices do not seem to be working. For example, getting schools to abandon between-class ability grouping and getting teachers to let go of traditional practices and implement evidence-based practices such as cooperative learning are very difficult. Even more frustrating are academic colleagues who are so enthralled with the philosophy of full inclusion that they seem uninterested in ensuring that young people with SEND develop the skills necessary for them to have independent and happy lives after leaving school. Another frustration has been when university administrators or government officials have attempted to prevent me speaking out against policies regarding young people with SEND which seem to be driven by financial concerns or by naïvely following bandwagons, such as the closure of special schools, rather than focusing on bringing about positive changes by supporting the increased use of evidence-based practices.

So the lesson I have learned as a university professor is the need to be resilient in conducting research into issues that are important for the education of children with SEND and disseminating the findings through lectures, conferences, and publications in the media, as well as writing books and articles about these topics, despite criticism from some colleagues and threats from officials and administrators.

These and many other lessons I have learned over the last 44 years have inspired me to write this book.

The first chapter of the book defines special education and inclusive education and briefly outlines the development of both approaches. An example of the consequences of the current confusion in this field is presented by providing a critique of policies and practices regarding special education and inclusive education in New Zealand, where I have lived and worked for 27 years. Then, a new theory is outlined in which both approaches are combined to form *inclusive special education*, the goal of which is to ensure that all children with SEND are effectively educated in either special or mainstream facilities from early childhood through high school education.

The second chapter reviews the debate about inclusive education and identifies several confusions that have emerged from this debate. Confusions about inclusive education are explained in light of the realities of school practice for children with SEND. Addressing each of these confusions enables clarification of the key principles of *inclusive special education*.

The third chapter provides information for identifying 15 different types of SEND and some basic practical guidelines for teaching them. In the fourth chapter, the importance of teachers selecting evidence-based strategies for working with children with SEND is discussed, and the challenges involved in implementing evidence-based practices and bringing about change in schools are explained.

Chapter 5 focuses on the effective organization of schools implementing *inclusive special education*, with emphasis on policies regarding effective practices for children with SEND, key issues in school organization, and school-wide evidence-based strategies.

Chapter 6 presents a model for guiding the practice of parent involvement and discusses a wide range of strategies for communicating with parents including informal contacts, parent-teacher meetings, written communication, telephone contacts, new technological options, and home visits.

Chapter 7 discusses the skills required by teachers for implementing a wide range of strategies for parental involvement including listening, assertion, and counseling skills. The knowledge and skills required for implementing a three-phase problem-solving model of counseling and for working with groups of parents are also outlined.

Chapter 8 discusses the importance of professionals in the field of *inclusive special education* being empowering and facilitating individuals who support the development of children with SEND and their parents rather than simply helping them to overcome their difficulties. This includes discussion of the stress management skills that professionals need in order to work in this field and which they can also teach to children with SEND, parents, and colleagues.

Chapter 9 presents a summary of the key components of *inclusive special education* that have been presented throughout the book.

Acknowledgments

I wish to thank all the children and young people with special educational needs and disabilities, their parents and other family members, as well as my fellow teachers, psychologists, and academics with whom I have worked, who have all contributed so much to my knowledge and understanding of the fields of inclusive and special education.

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About the Author

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Garry was born in England and completed a degree in physics at the University of Leeds. His first job was as a counselor in a residential school for emotionally disturbed and intellectually disabled children in the USA. He then worked as a secondary school teacher of mathematics and science in England and New Zealand. From there, he went on to teach a special class for children with moderate learning difficulties in Auckland and subsequently trained as an educational psychologist at Auckland University. He worked as an educational psychologist and then a teacher educator at the Auckland College of Education, before returning to England. He then worked as a lecturer and researcher at the Universities of Manchester and Hull, where he obtained his PhD. He also worked as a consultant on special needs education for the Ministry of Education and lectured for 2 years at Erdiston College and the University of the West Indies in Barbados. In 2002, he moved to Christchurch, New Zealand, where he has been a professor of education at the University of Canterbury for 12 years. He is married to a Barbadian and has two sons, who are currently at university in the USA on tennis scholarships.

Garry's teaching and research is in the areas of educational psychology, special education, counseling and guidance, teacher education, and parental involvement in education. His previous publications include *Counselling in Child Disability* (Chapman and Hall, 1994), *Improving Parental Involvement* (Cassell, 2000), *Meeting Special Needs in Mainstream Schools* (second edition) (David Fulton, 2000), *Mental Health Handbook for Schools* (Routledge, 2002), *Counselling Pupils in Schools: Skills and Strategies for Teachers* (Routledge, 2003), and *Parental Involvement in Childhood Education: Building Effective School-Family Partnerships* (Springer, 2011).

Chapter 1

Inclusive Special Education: The Need for a New Theory

Introduction

The most controversial issue currently regarding the education of children with special educational needs and disabilities (SEND) is widely acknowledged to be that of inclusion or inclusive education (Kauffman and Hallahan 2005; Slee 2011). Exactly what is meant by inclusion and inclusive education has important implications for education policies and practices for children with SEND internationally. This book will consider the issue of inclusive education for children with SEND. The main focus is on developed countries, such as the USA, England, Finland, and New Zealand, but what is presented is also relevant to other countries throughout the world, including developing countries that are beginning to implement inclusive and special education policies (see Artiles et al. 2011).

Inclusive education is a multidimensional concept that includes the celebration and valuing of difference and diversity and consideration of human rights, social justice and equity issues, as well as the social model of disability and a sociopolitical model of education. It also encompasses the process of school transformation and a focus on children's entitlement and access to education (Kozleski et al. 2011; Loreman et al. 2011; Mitchell 2005; Topping 2012; Slee 2011; Smith 2010). The overall goal of inclusive education has been stated as to "... conceptualize inclusive education as a means to provide students with educational access and opportunities to participate in society" (Kozleski et al. 2011, p. 9).

Salend (2011) distills from the literature on inclusive education four key principles through which the philosophy of inclusion is put into practice. These are, firstly, providing all learners with challenging, engaging, and flexible general education curricula; secondly, embracing diversity and responsiveness to individual strengths and challenges; thirdly, using reflective practices and differentiated instruction; and fourthly, establishing a community based on collaboration among students, teachers, families, other professionals, and community agencies.

So it is clear from the above that inclusive education aims to provide a very constructive focus for improving the education of children with SEND. However, in stark contrast to the above views, some writers have argued that inclusive education results in the sacrifice of children for the sake of misplaced ideology (Kauffman and Hallahan 2005) and others that “Ironically, the promotion of the delusion that being present in a school equates with being socially and educationally included, is one of the most dishonest and insidious forms of exclusion” (Cooper and Jacobs 2011a, p. 6). Others have suggested that inclusion has become a fashionable term (Armstrong et al. 2010) and that like high fashion, the genuine article is often considered impractical and unaffordable for most people in the world.

Despite these negative suggestions, the vision of inclusion still exerts a major influence on the education culture of many countries. Recently, Norwich (2013, p. 1) has stated that “Inclusion as a concept and value is now recognized as complex with multiple meanings.” Armstrong et al. (2010) are in agreement and point out that the term inclusion is used in so many different ways that it can mean different things to different people, or all things to all people, so unless it is clearly defined becomes meaningless. Therefore, it is important to clarify the meaning and implications of inclusion for the education of children with SEND.

It is now widely recognized that the policy of “full inclusion,” with its vision of all children being educated in mainstream classrooms for all of their time at school, is theoretically unsound and practically impossible to achieve. This is because it is considered likely that there will always be some children with SEND who cannot be successfully included in mainstream classrooms, which means that there is a limit to the proportion of children who can be effectively educated in mainstream schools (Evans and Lunt 2002; Hansen 2012; Thomas and Loxley 2007).

If this is indeed the case, then what is now needed is a new more realistic vision for the education of children with SEND to replace both inclusive education and special education. It is proposed that this will best be achieved by developing a theory of *inclusive special education* which synthesizes philosophies, policies, and practices from both special education and inclusive education in order to present a clear vision of effective education for all children with SEND. This is the focus of the book.

The term *inclusive special education* has been previously used to describe the special education system in Finland in which around 22 % of children receive part-time special education and 8 % are in full-time special classes (Takala et al. 2009). This special education system has been considered to be one of the possible reasons for the high overall levels of academic achievement gained by children in Finland in international surveys. For example, Finland was ranked first in science and second in reading and math of all the countries involved in the Programme for International Student Assessment (PISA) survey published in 2006 (Kivirauma and Ruoho 2007; PISA 2006). The theory of *inclusive special education* proposed in this book includes some elements of the special education system in Finland but is more comprehensive in addressing the education of all children with SEND in both mainstream and special schools and classes.

In this first chapter, the need for developing the theory of *inclusive special education*, comprising a synthesis of special education and inclusive education, is explained. Currently these two fields provide contrasting views about ways of meeting the needs of children with SEND. This book presents a model for integrating the two approaches and elaborates on strategies for providing effective education for all children with SEND wherever they are educated.

This first chapter sets the scene by defining special education and inclusive education and briefly outlining the history of the development of both approaches. It then presents an example of the consequences of the current confusion in this field by providing a critique of policies and practices regarding special education and inclusive education in New Zealand. Following this, a model is outlined in which both approaches are combined to form *inclusive special education*, the goal of which is to ensure that all children with SEND are effectively educated in special or mainstream facilities from early childhood through high school education.

Definition of Special Education

A comprehensive definition of special education is provided by Salend (2011, p. 7) as follows:

Special education involves delivering and monitoring a specially designed and coordinated set of comprehensive, research-based instructional and assessment practices and related services to students with learning, behavioral, emotional, physical, health or sensory disabilities. These instructional practices and services are tailored to identify and address the individual strengths and challenges of students; to enhance their educational, social, behavioral and physical development; and to foster equity and access to all aspects of schooling, the community and society.

This indicates that special education is characterized by:

- Individual assessment and planning
- Specialized instruction
- Intensive instruction
- Goal-directed instruction
- Research-based instructional practices
- Collaborative partnerships
- Student performance evaluation

The field of special education has evolved over the past 250 years (Lloyd et al. 1991). The first to emerge were schools for the deaf in the 1760s and for the blind in the 1780s. These were followed by schools for children with intellectual disabilities in the 1830s and schools for children with physical disabilities in the 1860s.

Around 1900, many countries around the world began to require that all children attend school, which brought children with learning difficulties to the attention of teachers. This led to Binet being asked to create a test to identify such children,

which later became the first intelligence test. In the early part of the twentieth century, these tests were used to select children with moderate levels of learning difficulties to be educated in special classes within mainstream schools. The numbers of these special classes grew in many countries, including the USA and New Zealand, until the 1980s when the numbers of these special classes began to decline.

For the past 30 or so years, the policies and practices of special education in general, and special classes in mainstream schools in particular, have been challenged by an alternative approach that has come to be called “inclusive education.”

Definition of Inclusive Education

Salend (2011, p. 39) provides a useful definition of inclusive education, as follows:

Inclusion is a philosophy that brings students, families, educators and community members together to create schools based on acceptance, belonging and community. Inclusionary schools welcome, acknowledge, affirm and celebrate the value of all learners by educating them together in high-quality, age-appropriate general education classrooms in their neighborhood schools.

This indicates that inclusive education is characterized by:

- A philosophy of acceptance and belonging within a community
- A philosophy of student, family, educator, and community collaboration
- Celebrating the diversity and value of all learners
- Valuing educating learners in high-quality schools
- Valuing educating learners alongside their age peers
- Valuing educating learners in mainstream classrooms
- Valuing educating learners in schools in their local community

Inclusive education is a relatively recent development. Its seeds were sown in the 1960s when the effectiveness of special classes in mainstream schools for children with moderate levels of learning difficulties was questioned by Dunn (1968). This brought about a call for “mainstreaming” these children, that is, placing them in mainstream classrooms rather than special classes, which eventually led to a call for educating children with SEND in mainstream schools that was referred to as “integration” and was at the core of what was termed the “regular education initiative” (Lloyd et al. 1991).

The foundations of the inclusive education movement were laid by celebration of the United Nations International Year of Disabled Persons in 1981, which focused on bringing about full participation in society of all people with disabilities. A major milestone in the development of inclusive education was the Salamanca statement on special needs education (UNESCO 1994) which recommended that the majority of children with disabilities should be educated in mainstream schools. Over the past 20 years, movement toward the “inclusion” of children with SEND in

mainstream schools and classrooms has gained momentum, and the term “inclusive education” is now typically used to refer to this.

So it is clear that inclusive education and special education are based on different philosophies, have been developed for different reasons, and provide alternative approaches to the education of children with SEND. In fact, they are now increasingly regarded as diametrically opposed in their approaches to providing education for children with SEND. This is a confusing situation for professionals in the field of education as well as for parents of children with SEND. Therefore, what is needed is a new theory that integrates theory, research, and practice guidelines from both approaches in order to provide effective education for all children with SEND. This book proposes to do this by developing a theory of *inclusive special education* that will comprise a synthesis of the philosophy and values of inclusive education with the practices and procedures of special education. In this way, *inclusive special education* will provide the philosophy and guidelines for policies, procedures, and teaching strategies that will facilitate the provision of effective education for all children with SEND.

The necessity for developing this new approach of *inclusive special education* is demonstrated by reference to a case study of the situation regarding provision for children with SEND in New Zealand that is outlined below. New Zealand is chosen because, like Finland, since the start of the PISA surveys, it has ranked among the top countries for performance in reading, math, and science (PISA 2006). However, unlike Finland, in each of the PISA surveys, New Zealand has been found to have one of the biggest gaps of all the countries involved between the highest achieving and lowest achieving students. Since Finland’s high ranking and comparatively uniform student performance has been considered to be at least partly due to its special education system, it is interesting to consider the possibility that the achievement gap in New Zealand is due to deficiencies in school provision for children with SEND (Hornby 2014).

Inclusive Education in New Zealand

New Zealand has one of the most inclusive education systems in the world with less than 1 % of children educated in residential schools, special schools, or special classes in mainstream schools. The 1989 Education Act established a legal right for all children to attend their local mainstream school from age 5 to 19 years. In 1996 the Ministry of Education (MoE) introduced a policy called “Special Education 2000” which was intended to bring about “mainstreaming” for all children, that is, the inclusion of all children with SEND in mainstream schools.

The 1989 Education Act also set up self-managing schools, so that New Zealand now has one of the most devolved education systems in the world, with individual schools governed by Boards of Trustees made up mainly of parents. The MoE provides policy guidelines, but in most cases these are not mandatory, so schools develop their own policies and practices, including those for children with SEND.

The major requirement on schools from the MoE regarding children with SEND is a very general one, that schools identify students with special educational needs and develop and implement teaching and learning strategies to address these needs (MoE 2009).

When policy and practice regarding inclusive education for children with SEND in New Zealand is compared with that from other countries, such as the USA, Finland, and England, two differences are clear. First, New Zealand policy for inclusive education has been more radical than that in most countries, with an espoused goal of educating *all* children with SEND in mainstream schools. The impact of this policy is evidenced by the smaller percentage of children with SEND in special schools and special classes than is the case in other countries. For example, New Zealand's proportion of just less than 1 % compares with that of Finland of around 8 % (Takala et al. 2009) and that of the USA of up to 13 % (Smith 2010). The second difference is that when the actual practice of providing for children with SEND in mainstream schools is compared with that in England and the USA, deficiencies in the New Zealand system become apparent. These are discussed below in order to highlight the disparity between the rhetoric and reality of inclusive education in New Zealand.

No Specific Education Legislation for Children with SEND

There is no specific education legislation in New Zealand regarding children with SEND. The 1989 Education Act which established self-managing schools, as well as the legal right for all children to attend their local mainstream schools from age 5 to 19 years, does provide that a child whose special needs cannot be met in a mainstream school can, with agreement of the parents, be enrolled in a special school, class, or clinic. But this is as far as it goes (Varnham 2002).

This is in stark contrast with the 1996 Education Act in England and the Individuals with Disabilities Education Improvement Act (IDEA 2004) in the USA. These are both examples of specific legislation on children with SEND that set out statutory responsibilities for schools regarding provision for children with SEND. For example, the IDEA specifies six principles for the education of children with special needs (Salend 2011). First, *zero reject*, which requires that the education system cannot exclude students with special needs or disabilities and must provide special education services when needed. Second, *non-discriminatory evaluation*, which requires that children are evaluated fairly and that parents receive guidelines about special education and related services available. Third, *free and appropriate education*, which requires schools to put in place Individualized Education Programs (IEPs) for all children identified as having special educational needs. Fourth, *least restrictive environment*, which requires schools to educate children with peers of the same age to the maximum extent appropriate. Fifth, *procedural due process*, which includes safeguards for children and their parents including the right to sue if the other principles are not carried out. Sixth, *family*

and student participation, which requires that parents and students are fully involved in designing and delivering programs.

These six principles underpinning the IDEA provide children with SEND and their families in the USA with an assurance of an appropriate education. Since specific legislation for children with SEND, with related statutory responsibilities, is lacking in New Zealand and schools are self-governing, what is provided for children with SEND varies widely between schools and ranges from the excellent to the inadequate (Coleman 2011; ERO 2010, 2013; Wylie 2000).

No Statutory Guidelines for Schools Regarding SEND

In New Zealand there is a lack of statutory guidelines for schools regarding children with SEND that schools must follow. Guidelines for many SEND issues are provided by the MoE, but schools can choose the extent to which they take heed of these. This is in stark contrast with the requirements specified in the IDEA in the USA, outlined above, and the detailed statutory guidance for schools provided within the Code of Practice for SEN (DfES 2001) in England. This Code of Practice sets out detailed guidelines for the procedures that must be followed and the resources that must be provided for children with SEND and their families. These include a three-stage process for assessing and planning interventions for addressing SEN. The third stage of this process requires that a “statement” of SEN be produced that specifies the programs and resources that are mandated to be provided for the child. Also mandated is the need to take into account children’s views and those of the parents throughout the three-stage process. In contrast, since statutory guidelines are absent in New Zealand, provision for children with SEND varies widely. In some cases, it is excellent, but in many cases, it is inadequate (Coleman 2011; ERO 2010, 2013; Wylie 2000).

No Requirement to Have SENCOs

Establishment of Special Educational Needs Coordinators (SENCOs) in all New Zealand Schools, with a time allocation of least 0.2 of full-time in primary schools and 0.4 of full-time in high schools, was recommended in the Wylie Report (Wylie 2000) on special education, but was never implemented by the MoE. As a result, schools may have staff assigned to this role, but limited time allocation is generally made for them to do this job. Typically, the SENCO role is added to the responsibilities of school principals, deputy principals, or other senior staff, with either limited or no time allocation to carry out the necessary tasks. Furthermore, most of these named SENCOs do not have any training in the SEND field.

No Requirement for SENCO Training

For New Zealand schools that do have SENCOs identified, there is no requirement for them to have qualifications in SEND or to undergo training once they are assigned this role. This is in contrast to England where training is compulsory for SENCOs. Relevant training on SEND is available at most New Zealand universities, but this needs to be undertaken at the teachers' own expense and in their own time, so currently, few of them take up these opportunities. Therefore, many of the staff named as SENCOs in schools do not have the training or experience with SEND to effectively carry out the SENCO role.

No Requirement for Individual Education Plans

While comprehensive guidance on Individual Education Plans (IEPs) is provided to schools (MoE 2011), individual schools decide which children need to have IEPs, the format and content of IEPs, and the extent to which parents are involved. Therefore, whether students with SEND have IEPs or not varies widely between schools, and IEP procedures are often inadequate, particularly with regard to the effective involvement of parents (Hornby and Witte 2010a, b).

No Statutory Training for Mainstream Teachers on SEND

Until 2011 there was no requirement on institutions offering teacher education to include specific training on teaching students with SEND. Recently the Tertiary Education Commission (TEC 2011) has specified the SEN content of teacher education by providing an appendix to the graduating teacher standards that sets out the knowledge and skills on SEND that teachers are to become competent in. This is a major step forward, but will take several years to implement. A small-scale survey of New Zealand school principals has found that they are keen to see the new SEND content included in teacher education programs, but philosophical and implementation issues raised by the academics who are supposed to deliver this content suggest that it will not be a straightforward task (Hornby and Sutherland 2014). Meanwhile the vast majority of practicing mainstream school teachers have had minimal or no training on teaching students with SEND. Also, there is no requirement for New Zealand teachers, once qualified, to undertake continuing professional development, like there is in other countries such as England and Australia, so it is only a minority of teachers who take up opportunities for professional development regarding SEND that are available.

No Full-Time Training for Specialist Teachers

In 2010 the MoE contracted Massey and Canterbury Universities to set up a national training program for teachers of children with various types of SEND, including teachers of children with autism, vision and hearing difficulties, mild to moderate learning and behavioral difficulties, complex needs, and early intervention teachers. This training is innovative in that it is mainly delivered through online learning with only 2 weeks per year of face-to-face classes and therefore is available to teachers from all over New Zealand whether they live in the cities or in rural areas. It has been well received by the teachers who have undertaken training so far (Pilgrim et al. 2013). However, there are weaknesses in that the training is undertaken part-time with teachers working in full-time positions with limited study leave from their current posts to complete the program. Also, the limited face-to-face contact makes it difficult to provide training in some essential aspects of the specialist teacher role, such as developing the interpersonal skills needed for working effectively with parents and other professionals.

No Statutory School/Educational Psychologist Involvement

In New Zealand, educational psychologists are based in Ministry of Education Special Education Services, with other staff such as speech/language therapists, and typically operate on a case allocation model. That is, they work in mainly a reactive rather than a proactive model of service provision (Hornby 2010). This means that rather than helping schools develop effective practices for all children, including those with SEND, they are constrained to work with the 2 % of children with the most severe learning and behavioral difficulties. They may be involved in IEPs if invited by schools or parents but have no mandated involvement. In contrast, in England and the USA, psychologist input is mandated in assessment and program planning for children identified as having high levels of SEND.

No School Counselors or Social Workers in Elementary and Middle Schools

New Zealand schools do not have counselors in primary or middle schools, as in the USA, but there are guidance counselors in high schools. Social workers are not based in schools, but schools do have access to social workers who typically serve several schools. Thus, although the majority of SEN and mental health issues emerge during the primary and middle school years (Atkinson and Hornby 2002), children in New Zealand have limited access to professionals who can provide specialist help with these until they reach high schools, by which time problems

have become entrenched. This is particularly important for children with SEND as they tend to have a higher rate of mental health issues than other children.

No Parent Partnership Services

There are no services in New Zealand equivalent to the parent partnership services that play a key role in providing support and guidance to parents of children with SEND in England. Parent partnership services offer information, advice, and support to parents and carers who have a child or young person with SEND. They offer confidential and impartial help with such things as communicating with the child's school or preschool setting, providing information about what schools can do to support children with SEND, preparing parents for meetings with school staff, providing mediation to help ensure children with SEND get the education they need, providing guidance on choosing a school for a child with SEND, providing details of local and national voluntary organizations that offer support to parents, supporting parents during school-based and other assessment processes, helping parents learn about the SEND services and support that they and their children are entitled to, and helping parents to meet other parents who are in a similar situation.

In England each local education authority has a parent partnership service, and there is a National Parent Partnership Network that supports and promotes the work of parent partnership services across the country. Similar services are available in the USA with school districts employing staff typically called "parent involvement coordinators" who fulfill a similar role to that of the parent partnership services in England. Since services such as these are not available in New Zealand, parents of children with SEND typically find it difficult to obtain the guidance and support they need to ensure an appropriate education for their children.

No Coherent Policy About Inclusive Education

Although 99 % of children are educated in mainstream schools, New Zealand still has six residential special schools and 28 day special schools. Many of the special schools have satellite classes in mainstream schools and some have these classes in several mainstream schools. A few mainstream schools still have special classes, including around six special classes in Auckland and three in Christchurch. However, most of the special classes for children with moderate learning difficulties that existed in the past have been shut down in the last 20 years, and special schools have also been under threat due to MoE policy on inclusive education.

In 1996 the New Zealand MoE introduced a new policy referred to as Special Education 2000, the aim of which was stated to be bringing about a more inclusive education system. However, this policy was concerned with the funding for children with SEND rather than providing guidelines for professional practice, and it

did not provide a coherent policy for the education of children with SEND (Coleman 2011).

The recent national review of special education (MoE 2010a) included a consultation around four options for the future of special schools, one of which was closure of all special schools. Only 1 % of submissions agreed with closing special schools and 99 % were in favor of keeping special schools. However, this has not stopped a vocal minority calling for their closure. For example, a group calling themselves the “Inclusive Education Action Group” has been lobbying the government to close special schools. Nor has it stopped the MoE from closing one residential special school in 2012 and threatening the closure of others.

Recent government policy in New Zealand has focused on ensuring that all schools are “fully inclusive” (MoE 2010b), although it is not clear exactly what that actually means. It is suggested that special schools will continue to exist, but there is as yet little clarification of what their role will be. The MoE therefore appears to be supporting a continuum of provision for SEND, but exactly what this involves is not made clear. However, another consequence of the lack of specific legislation on the education of children with SEND is that there is no protection for the special education facilities that currently exist. So when new Ministers of Education are looking for areas in which to make cuts in their budgets, such facilities are particularly vulnerable. One area that has come under the spotlight in recent times in New Zealand is provision for children with severe social, emotional, and behavioral difficulties (SEBD). This is a very challenging area of special education that has been the subject of several research studies conducted in New Zealand over the past few years (Hornby and Witte 2008a, b; Hornby and Evans 2014; Townsend and Wilton 2006). It has recently become very topical with the closure of one of only four residential schools for children with SEBD and the threatened closure of another.

In England the government appears to be backing off from the goal of full inclusion; as in the recent green paper on SEN (DfE 2011, p. 51), it sets out a change of policy, “removing any bias towards inclusion that obstructs parent choice and preventing the unnecessary closure of special schools...” But the New Zealand government has made no such statement and MoE policy is currently one of “...ensuring all schools become inclusive...” (MoE 2010a, b).

Because New Zealand has no specific legislation on provision for children with SEND and therefore no statutory guidance for schools, the lack of a coherent policy on inclusive education for children with SEND leaves schools to develop practices based on their interpretation of the non-statutory guidance provided by the MoE. Thus, wide variation in the type and quality of the procedures and practices employed by schools to provide for students with SEND is likely to be the case for some time to come.

Implications of the Above Example

Analysis of the situation in New Zealand has highlighted the contrast between rhetoric and reality regarding the practice of inclusive education in schools. Despite the lack of clarity about precisely what is meant by the term “inclusive education,” there has been an espoused policy of inclusive education in New Zealand for many years. However, given the issues outlined above, it is not surprising that the actual practice of education for children with SEND in mainstream schools varies widely between schools, and in many schools, it is doubtful that the special educational needs of all students are met. This suggests that rather than inclusive education or mainstreaming, the current situation for many children with SEND in New Zealand is more akin to what has been referred to in the international literature as “maindumping.” That is, placing children with SEND in mainstream schools without ensuring that there is adequate SEN provision to educate them effectively.

What is also clear from the above is that there is wide variation between policy and practice with regard to children with SEND in New Zealand and that in other Western countries such as the USA, Finland, and England. This is also the case for other developed countries, such as those in Europe, which all have widely differing policies and practices of inclusive and special education. So there are many differing models of inclusive education in various countries and possible disparities between the rhetoric of education policy and the reality of provisions for children with SEND that are actually provided by schools in these countries.

It was noted in the above discussion that some countries that were following a path toward full inclusion, such as England, currently appear to be backing off from this goal and working toward a more balanced model for the education of children with SEND (DfE 2011). The implication for other countries that are developing their education policies regarding children with SEND is to be aware of the need to develop a realistic vision for inclusive education. This is likely to be a more moderate one, rather than the goal of full inclusion. It is considered that the most appropriate vision for meeting the needs of all children with SEND in schools is one of *inclusive special education*.

Inclusive Special Education

It is proposed that what is needed in all countries throughout the world, both developed and developing, is a policy of *inclusive special education* which combines the philosophy and values of inclusive education with strategies and programs from special education in order to facilitate the inclusion of young people with SEND in their communities to the maximum extent possible after they leave school. *Inclusive special education* involves the recognition that all children with SEND will be provided for appropriately within each country’s education system, with the majority of them in mainstream schools. Mainstream schools will be organized to

provide effectively for a wide range of children with SEND by using programs and strategies that are evidence based and have been found to be the best practices for supporting the implementation of inclusive education. Most children will be educated in mainstream classrooms, but a small number will be taught in resource rooms or special classes within mainstream schools or educated at special schools nearby. Mainstream schools will work closely with special schools that will also provide for children with the most severe levels of SEND. Wherever possible, special schools will be on the same campus as mainstream schools. Thus, *inclusive special education* requires a commitment to providing the best possible education for all children with SEND, in the most appropriate setting, throughout all stages of a child's education. Its focus is on effectively including as many children as possible in mainstream schools, along with the availability of a continuum of placement options from mainstream classes to special schools and involving close collaboration between mainstream and special schools and classes. These components of *inclusive special education* are summarized in Fig. 1.1 and outlined in more detail below. They are then elaborated on in subsequent chapters of the book.

Implementing Best Practices from Inclusive Education

Inclusive special education involves implementing practices that have established solid research evidence bases for supporting effective inclusive education. A list of such practices has been identified by Salend and Whittaker (2012):

- Fostering acceptance of difference and diversity
- Adopting a strengths-based approach focusing on developing competencies
- Using IEPs to focus on students' strengths and challenges
- Using Response to Intervention systems to organize interventions
- Using Universal Design for Learning to differentiate instruction
- Using Positive Behavior Interventions and Supports to manage behavior
- Using a range of assessment strategies to monitor progress and inform teaching
- Using a range of assistive and instructional technologies to facilitate learning
- Using peer-mediated learning such as peer tutoring and cooperative learning
- Teaching students to use effective learning approaches such as metacognitive strategies
- Ensuring interventions and processes are culturally relevant and responsive
- Collaborating closely with parents of children with SEND and professionals

These practices are elaborated on in Chaps. 3, 4, 5, 6, 7, and 8 of this book in order to provide teachers with a solid research evidence base for working with children with SEND.



Fig. 1.1 Components of inclusive special education

Continuum of Placement Options from Mainstream Classes to Special Schools

Inclusive special education is aimed at providing the best possible education for all children with SEND, as noted above. It recognizes that, although the majority of children with SEND can be effectively educated in mainstream classes, there are a minority of children with higher levels of SEND who benefit more from being educated in resource rooms, special classes, or special schools (NCSE 2010). Therefore, it is necessary for a continuum of placement options, from mainstream classes through special schools, to be available. Such continua, often referred to as cascades of services (Deno 1970), have been the reality of special education provision in most countries for many years. A typical continuum will include the options below:

- Mainstream class with differentiation of work by the class teacher
- Mainstream class with guidance for the teacher provided by a specialist teacher
- Mainstream class with support for the pupil from a teacher aide
- Mainstream class with some time spent in a resource room
- Special class within a mainstream school
- Special class that is part of a special school but is attached to a mainstream school
- Special school which is on same campus as a mainstream school
- Special school on a separate campus
- Residential special school on its own campus

Focus on Effectively Including As Many Children As Possible in Mainstream Schools

In *inclusive special education*, there is a major focus on effectively including as many children with SEND as possible in mainstream schools. In order to achieve this, it is essential for mainstream school teachers to have a sound knowledge of the different types of SEND and the practical teaching strategies needed to teach students with SEND effectively in mainstream classrooms. That is, “For teachers to work effectively in inclusive settings, they need to have the appropriate values and attitudes, skills and competencies, knowledge and understanding” (EADSNE 2009, p. 17). Information on these is presented in Chaps. 3 and 4.

Education systems and schools need to have in place policies and practices to address the aspects noted above as weaknesses in the New Zealand education system. These are discussed in Chap. 5. Mainstream school teachers also need to have the skills necessary to work effectively with parents or caregivers of children with SEND and with other professionals such as specialist teachers, SENCOs, and educational psychologists. This is discussed in Chap. 6. Also important are the skills for professional practice in *inclusive special education* that are discussed in Chaps. 7 and 8, which are relevant to all teachers but essential for specialist teachers working with children with SEND.

Close Collaboration Between Mainstream and Special Schools and Classes

In *inclusive special education*, there are two major aspects to the role of special schools. First, they provide special education for children who have the most severe levels of SEND whose needs cannot be effectively met in mainstream schools. Second, they provide guidance and support to assist mainstream schools to effectively educate children with more moderate levels of SEND, as suggested by Ekins (2012, p. 98).

Special schools do not therefore just have to be thought about in terms of taking pupils who cannot access mainstream education. Rather, they can have an innovative and supportive role to play in supporting the development of inclusive practices that utilize the expertise and resources of special schools to effectively meet the needs of pupils with a range of needs within mainstream school settings.

Special schools are well placed to fulfill this second aspect of their role because they have specialist staff who have expertise in dealing with high levels of SEND that mainstream schools typically do not have. This then makes the collaboration between special and mainstream schools a key factor in ensuring the effectiveness of education for children with SEND in mainstream schools, as also noted by Ekins (2012, p. 98).

... we therefore need to move towards an approach where meeting the needs of all pupils is a collective responsibility, thereby supporting special schools and mainstream schools to collectively and collaboratively support the needs of pupils. . .

This collaboration is an important element of the philosophy and practice of *inclusive special education*.

Education in the Most Appropriate Setting, Through All Stages of a Child's Education

An important consequence of having a continuum of placement options from mainstream classes to special schools is that there can be movement between the various options in order to ensure that an education in the most appropriate setting can be provided throughout all stages of a child's education. For many children with high levels of SEND, their needs can be met in mainstream schools for the first few years in elementary schools. However, when they get to middle or high schools, where they have more than one teacher and the gap between the demands of the curriculum and their ability to effectively learn from this widens, then a time may come when the mainstream school setting is no longer the best environment to meet their needs. This is when it is important that other options on the continuum of settings are available.

Children must be able to move between placement options when this is needed in order to make sure that they have appropriate programs throughout their time in school. For example, it is possible that a child may begin his or her education in an early intervention program alongside other children with high levels of SEND and when school age is reached transfer to a mainstream elementary school class, perhaps with support from a specialist support teacher or teacher aide. Later the child may transfer to a resource room or special class within a middle school and later still transfer to a special school in order to complete his or her education. Alternatively, a child may spend time attending a special school and later be transferred to a resource room or special class within a mainstream school or to a mainstream classroom with specialist support.

The most important issue is to have the flexibility to transfer within a school system that has a continuum of options available, in order to ensure that children are at all times being educated in the setting which best facilitates their learning.

Organization for Providing Optimal Education for All Children with SEND

In order to provide the best possible education for all children with SEND, it is necessary to have education policies and procedures in place in all aspects of the education system (EADSNE 2009). An overview of five key aspects of this is presented below.

National/Regional/School Policies on the Education of Children with SEND

There needs to be national legislation that clearly specifies the rights of children with SEND and their families as well as statutory guidelines provided by the national ministry of education, or equivalent, in each country. There also needs to be a mechanism to ensure that these are implemented at the regional and school levels. This is discussed further in Chap. 5.

School Policies for SEND

Schools need to have policies and practices in place to ensure that the requirements of national legislation and statutory guidelines are implemented. They must have procedures in place for identifying and assessing children with SEND and for providing appropriate interventions, for example, by means of IEPs. This is discussed further in Chap. 5.

School Organization for SEND

Schools also need to have effective organizational procedures for meeting children's SEND. This is likely to be coordinated by staff who are trained in inclusive or special education, such as specialist teachers and SENCOs. This is discussed further in Chap. 5.

Whole-of-School Strategies for SEND

Schools must ensure that school-wide practices are based on research evidence of effectiveness in facilitating the academic and social development of all children, including those with SEND. For example, they must have in place effective procedures for optimizing parental involvement in their children's education (Hornby 2011). This is discussed in Chap. 6. Schools must at the same time ensure that strategies found to be ineffective, such as between class ability grouping (Hornby and Witte 2014), are avoided. This is discussed further in Chap. 5.

Teaching Strategies for SEND

All teachers must be able to identify children with SEND and ensure that the teaching strategies and techniques that they use are based on evidence-based practices, for example, cooperative learning and peer tutoring. This is discussed further in Chaps. 3 and 4.

Summary and Conclusion

This chapter has defined special education and inclusive education and briefly outlined the development of both approaches. An example of the consequences of the current confusion in this field was presented by providing a critique of policies and practices regarding special education and inclusive education in New Zealand. Then, a model was outlined in which both approaches are combined to form *inclusive special education*, the goal of which is to ensure that all children with SEND are effectively educated in either special or mainstream facilities from early childhood through high school education.

The following chapter reviews the debate about inclusive education and identifies several confusions that have emerged from this debate. Confusions about inclusive education are explained in light of the realities of school practice for children with SEND. Addressing each of these confusions enables the clarification of the key principles of *inclusive special education*.

Chapter 2

From Inclusion *and* Special Education to Inclusive Special Education

Introduction

This chapter reviews the debate about inclusion and special education and identifies several confusions about inclusion and inclusive education that have emerged from this debate. Confusions about inclusive education will be explained, and the realities of school practice for children with special educational needs and disabilities (SEND) will be considered. The findings of research studies with young people with learning and behavioral difficulties will be highlighted to illustrate the importance of ensuring the provision of appropriate educational settings and curricula at different stages in the development of children with SEND. The need for a new approach, *inclusive special education*, based on moderate and responsible inclusive education, which addresses the main confusions about inclusion, is proposed.

Debate About Inclusive Education

The debate about inclusive education was reignited when Warnock (2005) published a pamphlet entitled, “Special Educational Needs: A New Look.” In it Warnock, whose earlier report was the first to encourage the development of inclusive education in the UK (DES 1978), discusses the history of the development of provision for children with SEND and critically evaluates the issue of inclusion. She concludes that inclusive education should be rethought and redefined in order to allow children with SEND to be included in the “. . .common educational enterprise of learning, wherever they can learn best” (Warnock 2005, p. 13). Warnock goes on to address the continued need for special schools for some children with SEND and states, “. . .the dogmatic special school closure lobby must recognize that for some children special schools are the best or indeed the only option” (quoted in Terzi 2010, p. 129).

Warnock's comments are important because there are currently a plethora of books promoting the inclusion of children with SEND in mainstream schools, but a much smaller number that attempt to evaluate the theory and practice of inclusive education. The need for such evaluation was highlighted by Warnock's (2005) pamphlet, which presented a critical review of the effects of inclusion on children with SEND. In it she referred to inclusion as "possibly the most disastrous legacy (p. 30)" of the Warnock Report (DES 1978), since "There is increasing evidence that the ideal of inclusion, if this means that all but those with the most severe disabilities will be in mainstream schools, is not working (Warnock 2005, p. 32)." This comment is particularly important since it was the Warnock Report (DES 1978) that led to the accelerated implementation of inclusive education in England and many other parts of the world.

However, Warnock's (2005) pamphlet is not the first publication to question the appropriateness of the move toward inclusive education for children with SEND. The first major publication on this topic was the book edited by leading scholars in the field of special education in the USA, Kauffman and Hallahan (1995). This work was highly critical of the theory of full inclusion, through which it was proposed that all children be educated in mainstream classrooms without the need for special classes, resource rooms, or special schools of any kind. The book clearly communicated the view that pursuing full inclusion would be damaging, not only to the education of children with SEND but also to the entire special education community.

Two years later, Jenkinson (1997) provided a critique of the education of children with SEND in both mainstream and special school settings that drew on research and practice in the field of special education in Australia, Canada, and England. Jenkinson reported that, during the 1990s in some parts of Australia, plans to phase out special schools had been abandoned, and there was a swing back to retaining a range of options for meeting the needs of children with SEND.

A few years later, a group of academics in the field of special education in England, concerned that there appeared to be an increasing trend toward inclusive education for children with SEND, despite minimal debate about its merits from experts in the field of special education, decided to produce an edited book with the aim of stimulating such a debate (O'Brien 2001). The first chapter (Hornby 2001) identified several confusions about inclusion and proposed the adoption of "responsible inclusion," following the work of Vaughn and Schumm (1995) in the USA, which describes a more measured approach to inclusion for children with SEND.

A later book on this topic is that edited by Cigman (2007), which was produced in response to Warnock's (2005) negative comments about inclusion. The book comprised chapters by many senior academics in the field of special education in England, including proponents of full inclusion, so provides a range of views. Cigman, who like Warnock, is a philosopher rather than a special educator, highlights some of the confusions about inclusion that were identified previously (Hornby 2001). She concludes that supporters of full inclusion have distorted the arguments for inclusive education found in influential documents such as the Salamanca Statement on Special Needs Education (UNESCO 1994). This talks of

a *majority* of children with SEND being educated in mainstream schools, whereas full inclusionists refer to it as supporting the idea that this applies to *all* children with SEND. Cigman favors what she calls “moderate inclusion” which encompasses the concept of a continuum of placement options being available, from special schools, through classes for children with SEND in mainstream schools, to placement in mainstream classrooms, which is currently the reality of education provision in most countries around the world.

The next addition to this literature was a book edited by Terzi (2010) with the same title as Warnock’s (2005) pamphlet. In this new edition, Terzi provides an introductory chapter in which she highlights the issues. In the second chapter, Norwich presents a detailed analysis of inclusive education and appears to favor a continuum of provision for children with SEN but with special schools being based on the same site as mainstream schools. In the third chapter, Warnock responds to Norwich, clarifying and presenting her previously stated views, but even more forcefully. For example, on the continued need for special schools for some children with SEN, she states “. . .the dogmatic special school closure lobby must recognize that for some children special schools are the best or indeed the only option” (quoted in Terzi 2010, p. 129).

In the same year, Farrell (2010) published a book focused on evaluating criticisms of special education as well as considering the rationale for inclusive education. The criticisms of special education that he addressed include limitations of the special education knowledge base, the unhelpfulness of classifications such as autism, problematic use of types of assessment such as intelligence testing, negative effects of labeling on children with SEND, and a lack of distinctive pedagogy and curriculum in special education. He marshals considerable evidence to conclude that these criticisms are based on misunderstandings or a lack of knowledge of current theory, evidence, and practice in the field of special education. Issues regarding the rationale for inclusive education that are addressed include the social construction of SEND, rights-based justification for inclusion, and reliance on postmodern perspectives of education. He concludes that the rationale for inclusive education is seriously flawed and that there is a lack of empirical evidence to support its effectiveness.

In a recent major text on special education Kauffman et al. (2011) discuss inclusion in a chapter on contemporary issues. They point out that the underpinning philosophy of inclusion is based on civil rights arguments and that the most avid supporters of inclusion tend to be those who subscribe to postmodern ideologies. They suggest that this is why inclusion has gained momentum despite a lack of research evidence that a particular type of placement leads to superior academic and social benefits for children with SEND. They suggest that there should be more concern for what students learn rather than where they learn it and conclude about inclusion that:

To us, it seems to be a well-intentioned idea rooted primarily in a misinterpretation of civil rights laws . . . and magical thinking about disability and effective instruction. We agree with Warnock that, “Inclusion should mean being involved in a common enterprise of learning, rather than being necessarily under the same roof.” (p. 36)

Confusions About Inclusive Education

The literature referred to above has highlighted the fact that there are several important confusions about inclusion and inclusive education. Therefore, the major confusions about inclusive education are presented in Fig. 2.1 and discussed below. These are about definitions, rights, labeling/identification, peers, etiology, intervention models, goals, curricula, reality, finance, means and ends, and research evidence.

Definitions

First and foremost, there is confusion about what is meant by inclusion, as noted by Norwich when he states “. . .its definition and use are seriously problematic” (quoted in Terzi 2010, p. 100). The term is used in various ways, for example, to

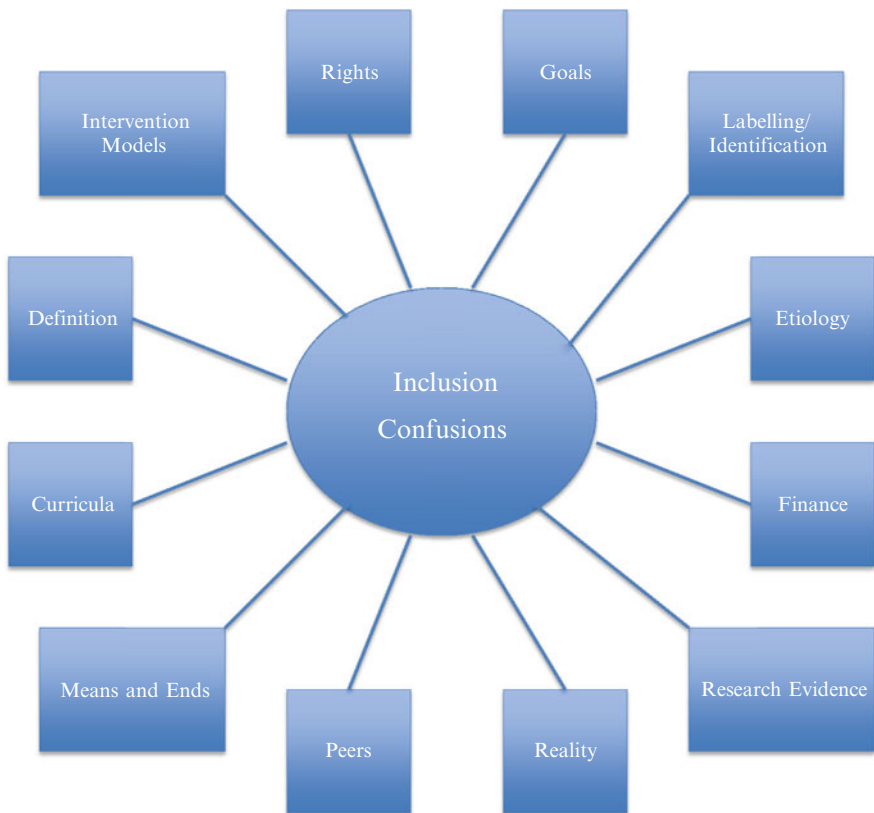


Fig. 2.1 Inclusion confusions

refer to inclusive schools or an inclusive society. Many sources (e.g., DfEE 1997) refer to advancing “inclusive education” as meaning increasing the proportion of children with SEND in mainstream schools while maintaining special schools for those who need them. In contrast, other sources (e.g., C.S.I.E. 1989) use the term inclusion to describe a state of affairs in which all children are educated in mainstream classes within mainstream schools with only temporary withdrawal from this situation for purposes such as individual therapy.

Perhaps the most serious confusion is that caused by the confusion of social inclusion with inclusive education for children with SEND. The term social inclusion is typically used to refer to the goal of bringing about an inclusive society, one in which all individuals are valued and have important roles to play. Social inclusion in education refers to the inclusion in mainstream schools of children with a wide diversity of differences, difficulties, and needs. This has a much broader focus than inclusive education for children with SEND, but is often used by proponents of full inclusion as if it meant the same. In addition, many inclusionists speak of inclusion as a process which involves whole-school reorganization in order to develop inclusive schools. Implicit in this process, however, is the eventual goal of full inclusion.

Therefore, since the word inclusion is used in so many different ways, it is important, in order to avoid confusion, to be clear about what is meant by each specific use of the term. For example, while the majority of professionals involved in education are in favor of inclusive schools which include most children with SEND, many have reservations about full inclusion which envisages all children with SEND being educated in mainstream classes. In this book, the term “inclusive education” is used in preference to “inclusion” in order to make it clear that the inclusion of children with SEND in mainstream schools is the focus.

Rights

A critical confusion concerns the rights of children with SEND. A typical argument put forward in favor of full inclusion is that it is a basic human right of all children to be educated alongside their mainstream peers. To segregate children for any reason is considered by many inclusionists to be a denial of their human rights. However, there are two main confusions here. First of all there is confusion between human rights and moral rights. Just because someone has a human right to a certain option doesn't mean that it's an obligation or that it's morally the right thing for them to do (Thomson 1990). Thus, although their human rights allow children with SEND to be educated alongside their mainstream peers, for some of them this may not, morally, be the right or best option. As Warnock puts it, “What is a manifest good in society, and what it is my right to have. . . may not be what is best for me as a school child” (quoted in Terzi 2010, p. 36).

A second aspect of the rights confusion concerns priorities. As well as their right to be included, children also have a right to an appropriate education suited to their

needs: “It is their right to *learn* that we must defend, not their right to learn in the same environment as everyone else” (Warnock, quoted in Terzi 2010, p. 36). That is, the right to an appropriate education which meets children’s specific needs is more important than the right to be educated alongside their mainstream peers. Therefore, it cannot be morally right to include all children in mainstream schools if this means that some of them will not be able to receive the education most appropriate for their needs.

Labeling/Identification

Inclusive education is regarded, by its proponents, as preferable to special education, because it enables avoidance of some practices that are central to special education, such as the identification of SEND and the setting up of Individual Education Plans. According to inclusionists, this is because such practices can result in labeling children with SEND, thereby stigmatizing them and therefore should be avoided. There is then a dilemma, since if children *are* identified as having SEND, there is a risk of negative labeling and stigma, while if they are *not* identified, there is a risk that they will not get the teaching they require and their special needs will not be met. This confusion is referred to as the “dilemma of difference” by Norwich (2013). However, this concern is the product of confused thinking as it is clear that children with SEND attract labels from other children and teachers even when they are not formally identified as having SEND. So being stigmatized is not necessarily a result of the identification but related to the fact that their SEND mark them out as different from other children in some way. Therefore, avoiding identifying SEND will not prevent children with SEND from being stigmatized. But it may prevent them from getting the education that they need.

Peers

Another confusion is related to the use of the term “peers.” One of the proposed hallmarks of inclusive education is that children with SEND are educated alongside their peers in mainstream classrooms. However, as Warnock points out, “Inclusion is not a matter of where you are geographically, but where you feel you belong” (quoted in Terzi 2010, p. 34). Children in general are more comfortable with peers who have similar interests to themselves, so for many children with SEND, it may be more important to be with peers with shared interests and similar abilities or disabilities to themselves than peers of the same chronological age. So for these children, being educated “alongside their peers” means being with other children who have similar SEND. Therefore, for many children with SEND, a sense of belonging and being included in a learning community is more likely to result from

placement in a resource room, special class, or special school than a mainstream classroom.

Etiology

An important confusion related to inclusive education concerns theories about the etiology of special educational needs and disabilities. Until around four decades ago, it was assumed that SEND resulted entirely from physiological or psychological difficulties inherent in children themselves. Since this time awareness has grown concerning just how much social and environmental factors can influence children's development and functioning. However, some inclusionists have taken this social perspective to its extreme and suggest that SEND are entirely socially constructed. Both Warnock and Norwich (cited in Terzi 2010) consider that it's going too far to deny the impact that impairments can have on children's learning. They consider it important to acknowledge the role of physiological and psychological factors as well as social factors in the etiology of SEND.

Intervention Models

Inclusive education is also regarded, by its proponents, as being preferable to special education because it is suggested that the latter is based on a medical or deficit model of intervention, as opposed to focusing on students' needs and strengths. This is a confused and inaccurate view, for several reasons. Special education interventions have been influenced by medical, psychological, and several other treatment models, as clarified by Farrell (2010), who concludes, "The knowledge base of special education includes a wide range of disciplines and contributions supplemented by related research and methods informing evidence-based practice" (p. 50).

This focus on evidence-based practice is an important aspect of special education because of the persistence of a plethora of controversial interventions despite the lack of research evidence supporting them. Well-known examples of these include Facilitated Communication, Irlen Lenses, and the Doman-Delacato program which are not only ineffective but are also potentially harmful to children with SEND and their families (see Chap. 4). These three examples of ineffective interventions highlight another reason why the movement toward full inclusion needs to be carefully evaluated before it is universally adopted. Full inclusion is similar to these three interventions in that its proponents have not yet established a sound theoretical base nor do they encourage research to be conducted to evaluate its effectiveness.

Goals

An important confusion that impacts on the issue of inclusive education concerns the goals of education, as noted by Terzi (2010). This confusion applies to all children but is particularly important for children with SEND. In recent years, there has been increasing emphasis on academic achievement as the most important goal of education. Governments in many countries have focused their attention on the improvement of academic standards, especially in literacy and numeracy, by various means including the establishment of national curricula and national assessment regimes. This has deflected attention away from the broader goals of education, such as those concerned with the development of life skills, social skills, communication skills, and independent living skills.

Including children with SEND in mainstream schools that are driven by the need to achieve high academic standards results in the goals of education for many of these children being inappropriate. The major goal of education for children with SEND must be to facilitate independence, well-being, and inclusion in the communities in which they live. As stated in the Salamanca Statement on Special Needs Education (UNESCO 1994, p. 10), “Schools should assist them to become economically active and provide them with the skills needed in everyday life, offering training in skills which respond to the social and communication demands and expectations of adult life.”

Curricula

Another issue has been the confusion surrounding entitlement and the appropriateness of curricula for children with SEND. From when a national curriculum was first implemented in England, influential people and organizations in the SEND field supported the government’s intention to include children with SEND in this curriculum to the greatest extent possible. That all children with SEND should be entitled to have access to the same curriculum as other children was seen as being a step forward. This is in fact the case for many children with SEND, for example, those with severe visual impairment who, in the past, may have been denied opportunities such as studying science subjects. However, for the majority of children with SEND, who have learning or behavioral difficulties, it has been a backward step (Terzi 2010).

National curricula, with their associated national assessments and their consequences, such as league tables of schools, have emphasized academic achievement much more than other aspects of the curriculum such as personal, social, and vocational education. Having a national curriculum as the whole curriculum throughout all of their schooling is not appropriate for children with moderate to severe learning difficulties as it denies them the opportunity to focus on curricula

that better suit their needs and leads to many of them struggling to keep up, and as a result becoming disaffected with school.

Therefore, inclusion in an unsuitable curriculum for many children directly contributes to the development of emotional or behavioral difficulties, or exacerbates existing problems, which leads them to be disruptive and eventually results in the exclusion of some of them from schools. As argued by Farrell (2010), the priority for children with SEND must be that they have access to curricula which are appropriate for them, not that they are fitted into a national curriculum which was designed for the mainstream population.

Reality

A common confusion occurs among educators influenced by the rhetoric of full inclusion, despite its contrast with the reality of the situation in schools. The rhetoric of full inclusion suggests that it is possible to effectively educate all children with SEND in mainstream classrooms. However, the reality of the situation in mainstream schools is that many teachers do not feel able or willing to implement this scenario.

The reality is that, in many countries, there is insufficient input on teaching children with SEND in initial teacher education courses and limited in-service training on SEND that is available to teachers. This means that many teachers do not have the relevant attitudes, knowledge, and skills necessary for including children with a wide range of SEND in their classes and are also concerned that there will be insufficient material and financial resources, and in particular support staff, to effectively implement a policy of full inclusion (Avramidis et al. 2000; Emam and Farrell 2009).

Finance

A key confusion concerns the funding of children with SEND in general and those who are included in mainstream schools in particular. A variety of solutions to the issue of funding have been proposed, but there is still no agreement on what is the most satisfactory funding model (Terzi 2010). There is also confusion about the relative cost of provision for SEND in mainstream or special facilities. At first sight, special schools, special classes, and resource rooms appear more expensive, so inclusive education seems to be the cheaper option. But if the cost of providing support services such as physical therapy and speech/language therapy to children with SEND in several mainstream schools rather than one special school location is factored, then there may be little difference. Also, even if mainstream provision seems less expensive in the short term, it may not be in the longer term. That is, if the education system does not provide young people with SEND with the

knowledge, skills, and attitudes they need to achieve independence and success after they leave school, the cost to society will be far greater in the long term in terms of unemployment benefits, welfare payments, and the costs of the criminal justice system. Thus, special provision for a small number of children with SEND may be more costly in the short term, but it is likely to be much less so than the later consequences of not making suitable provision.

Means and Ends

An important confusion with inclusive education is whether inclusion is a means to an end or an end in itself. Proponents of full inclusion argue that segregated SEND placement is wrong because a key goal of education should be to fully include children in the community in which they live. Therefore, they ought to be included in their local mainstream schools. However, as suggested by Warnock (cited in Terzi 2010), inclusion in the community after leaving school is actually the most important end that educators should be seeking. Inclusion in mainstream schools may be a means to that end but should not be an end in itself. For some children with SEND, segregated SEND placement may be the best means to the end of eventual inclusion in the community when they leave school. In contrast, inclusion in mainstream schools which does not fully meet children's special needs may be counterproductive in that it is likely to reduce their potential for full inclusion in the community as adults.

Research Evidence

There is confusion about the research base for inclusive education, with many inclusionists appearing to believe that an adequate research base for inclusion is unnecessary or that it already exists. However, Lindsay's (2007) review concluded that reviews of the research evidence in support of inclusion to date have been inconclusive, suggesting that an adequate research base for inclusion has not been established. This finding is supported by more recent reviews such as that by Kauffman et al. (2011). In addition, Farrell (2010) cites a raft of relevant studies, many of which report negative findings regarding the impact of inclusive education, and Norwich concludes that there needs to be more intensive research to provide evidence regarding the policy and practice of inclusive education (cited in Terzi 2010). Such research needs to take a long-term view of outcomes for children with SEND who experience either inclusive or segregated schooling.

Long-Term Follow-Up Studies of Children with SEND

The findings of two long-term follow-up studies of children with SEND, who were “included” in mainstream schools following periods of time attending special schools, suggest that children with SEND who experience inclusive education can often be disadvantaged in the long term. These studies were conducted in order to evaluate the effects of inclusive education in practice. They focus on ex-students of special schools, one for children with moderate learning disabilities (Hornby and Kidd 2001; Kidd and Hornby 1993) and the other for children with emotional and behavioral difficulties (Hornby and Witte 2008a, b). In both of the research projects, the young people involved spent some of their school careers in special schools but were reintegrated into mainstream schools for the last few years of their school lives. In both cases, follow-up surveys were conducted several years after the young people completed their school careers in order to determine the quality of their lives and gain their retrospective views of their time in special and mainstream schools.

Study One

The aim of the first study was to investigate the outcomes of an inclusive education project that took place in England around 25 years ago. The first follow-up involved 29 pupils with moderate learning difficulties, with typical IQs from 50 to 75. These 29 pupils were transferred from a special school for students with moderate learning difficulties to mainstream schools for the last few years of their school lives. They were surveyed after just over 1 year in their new mainstream schools, and the views of pupils and their parents about their inclusive placements, which were reported in Kidd and Hornby (1993), are summarized below.

At the time of this first follow-up study, it was found that 19 out of the 29 parents (65 %) were happy with the transfer from special school to mainstream schools, six were neutral about it, and four regretted it. Similarly, 22 out of the 29 children (76 %) were happy with the transfer, three were neutral about it, and four regretted it. It was also found that there were generally greater levels of satisfaction, of both parents and children, for those children who were transferred to a school that used a special class model of inclusive education rather than those who were included in mainstream classes.

A second follow-up survey was conducted 10 years later with these same 29 young people who were by then from 3 to 9 years out of the school system (Hornby and Kidd 2001). Interviews were carried out in order to investigate the quality of life enjoyed by the young people in terms of their employment status, post-school education, independence, and social life. Twenty-four of the 29 who were involved in the previous study (Kidd and Hornby 1993) were able to be contacted and all agreed to be interviewed, providing a response rate of 83 %.

The participants had spent an average of 7 years in special schools (range 2–12 years). Following the transfer, they completed their education in mainstream schools, spending an average of 3 years there (range 1–6 years). They were aged between 18 and 25 years (mean 22 years) at the time of the second survey.

The results of the second survey were alarming, both in terms of the low number of study participants in employment and with regard to the poor quality of life being experienced by most of these young people. That only three subjects were found to be working full time and one part time out of a total of 24 is a concern when much higher rates of employment were the case in the past in the England for young people with similar levels of learning disabilities who were educated in special schools or special classes (May and Hughes 1988).

Only 4 out of 24 could be said to be living independently of their parents. Also, 11 subjects reported having no friends and six having only one friend. In addition, the most frequently reported leisure activities were watching TV and listening to music, which are essentially solitary activities. These findings suggest that many young people in the sample had achieved limited independence and were experiencing a poor quality of social life. Another concern is that none of the subjects were married and only one was living with her partner and their children. So it appears that the majority of subjects had made little progress in finding partners and establishing families, which are key developmental tasks for this age group.

Of grave concern was that 16 young people, two-thirds of the sample, were receiving severe disability allowance. This must to some extent act as a disincentive to finding jobs for the young people themselves and the various employment agencies that could help them to do so. In the authors' opinions, the majority, if not all, of these 16 would have been capable of working in either open employment or some kind of supported work setting. Also, of grave concern is that parents of four study participants reported being told by professionals that their children were "unemployable." In all four cases, the young people concerned were in good health and functioning well within the moderate learning difficulties range of abilities, which suggests that this gloomy assessment of their employment prospects was unwarranted.

It was notable that nearly all the young people who had participated in work experience at either school or further education college had managed to find jobs, whereas the majority of those who had not had work experience were unable to find jobs. This finding is in line with that from a major review of studies of transition from school to work for students with disabilities (Phelps and Hanley-Maxwell 1997). The review found that the two factors most closely correlated with the likelihood of finding employment were having participated in work experience and having followed a vocationally orientated curriculum in the last few years of secondary school. Concerning the benefit of having a vocationally oriented curriculum, the vast majority of the curricula which the ex-students followed when reintegrated into mainstream schools were academic rather than vocationally oriented and because of this did not adequately prepare them for the world of work.

A most important finding of the study was the differences among subject's views on their transfer to these mainstream schools 10 years earlier. The previous survey (Kidd and Hornby 1993) had found that more of the students who were transferred into a special class within a mainstream school were satisfied than those moved into mainstream classes. The current survey found that this preference was maintained and was even stronger than before. Nearly all the subjects who spent their final years of secondary schooling in special classes within mainstream schools considered that this experience had been helpful, whereas the majority of subjects who were in mainstream classes had found it unhelpful.

Study Two

A follow-up study was conducted with ex-students of a residential special school for children with emotional and behavioral difficulties in New Zealand (Hornby and Witte 2008a, b). Twenty-nine ex-students and/or their parents or caregivers were located and interviewed 10–14 years after they had left the residential school, a response rate of 59 % of students who were enrolled at the school between the years 1989 and 1992. Of the 29 ex-students, 22 were male and 7 female. Their ages when they began attending the school ranged from 8.0 to 12.9 years with a mean of 10.6 years. The length of time they stayed at the school ranged from 10 to 30 months with a mean of 18 months. At the time of the follow-up study, the ex-students' ages ranged from 21 to 27 years with a mean of 24 years.

The interviews focused on quality-of-life indicators including educational achievement, employment record, community adjustment, plus ex-students' views of their education. A summary of the findings is presented below.

Education

Twenty-seven out of 29 participants (93 %) had left school with no qualifications whatsoever. Over half of the sample (17/29) left school before reaching the school leaving age of 16 years, and a further ten did not complete high school. Since one of the admission criteria for the residential school was that students be of average or above-average intellectual ability, this finding is suggestive of the unfulfilled academic potential of this cohort of young people.

Only eight out of the 29 ex-students reported that they had had some work experience while at their mainstream schools. Previous studies of young people with special needs have found that the provision of work experience at school is related to greater success in gaining employment post-school (Phelps and Hanley-Maxwell 1997). So the low level of work experience undertaken while at school may have disadvantaged these young people when it came to gaining employment.

Employment

At the time of the survey, 9 out of 29 (31 %) of the ex-students were working full time and 6 (21 %) were working part time. Four ex-students were in prison and the remaining ten were on either unemployment, sickness, disability, or domestic purpose benefits. Since leaving school, only three of the ex-students had never had a full-time job. Ten of them had had one or two jobs and another ten had four to six jobs. Six ex-students had had between 9 and 20 jobs. The types of jobs that ex-students had held were ones that required minimal training or qualifications, were low paid, and had minimal job security.

Community Adjustment

At the time of the survey, when they were aged between 21 and 27 years, none of the 29 ex-students were married. However, 11 were in de facto marital relationships, 2 were engaged to be married, and another 2 had been married but were by then divorced. Fourteen of them were still single. Also, almost half (14/29) of them had already produced children.

At the time of the survey, only five of the ex-students were living with their parents and four were in prison. The majority of the participants (20 out of 29) were either renting, boarding, or living in their own home. Twenty of the ex-students had some form of car license and ten owned cars, so many of them were working toward becoming independently mobile. Twenty of the ex-students reported that they had friends they spent time with. Nine said they had no friends. Nineteen of the ex-students (66 %) reported that they had a criminal record.

Views of Education

Nearly all of the ex-students (18 out of 21) had positive things to say about their time at the residential special school. Many ex-students commented on how time at the special school had helped them address their learning difficulties and achieve more academically, as well as helping them to gain better control over their behavior. Other positive aspects of the special school commented on in the current study included smaller class sizes; more one-to-one attention; a clear disciplinary structure; a safe school environment; the high quality of relationships between students, teachers, and other staff; and the wide range of activities available to participate in.

In contrast, all of the ex-students had negative things to say about the mainstream schools they attended. Examples of this were the bullying by other children and the stereotyping they had experienced from mainstream teachers. These findings supported those from previous studies in which ex-students of special schools

tended to make negative comparisons with their experiences in mainstream schools (Cooper 1993; Jahnukainen 2001; Polat and Farrell 2002; Smith et al. 2004).

Conclusion

Overall findings from both studies indicated that many of these young people with either learning or behavioral difficulties exhibited limited inclusion in their communities in terms of low levels of employment, education, and community adjustment. Inclusion in mainstream schools for the last few years of their school lives had apparently not facilitated their inclusion into their communities as adults. Also evident is that participants in both studies had mainly positive experiences to report regarding their time in special schools, or special classes, but had mainly negative comments about their experiences in mainstream classrooms and schools.

These findings are perhaps not surprising given the discussion earlier in this chapter about the various confusions that exist concerning the theory and practice of inclusive education. In fact, findings from the two studies have provided illustrations of these confusions, as presented below.

Definitions

In study one, the young people who had been included in special classes in mainstream schools were more positive about their experiences than those who had been included in mainstream classrooms. So it is clear that it is important to be specific about the definition of inclusive education being used because some types of educational inclusion appear to be more effective than others. This suggests that, whereas full inclusion may be detrimental to the education of some children with SEND, a more moderate form of inclusion involving a range of placement options, including special classes, may provide appropriate education for these children.

Rights

The findings of both studies supported the contention that exercising the human rights of pupils with SEND to be educated in mainstream classrooms may not be, morally, the right option for some of them. The educational needs of many of the participants in these two studies in the last few years of their school lives may well have been better met in special classes or special schools rather than the mainstream classrooms to which they were transferred.

Labeling/Identification

The findings from study two indicated that the stereotyping and labeling which participants complained about occurred when they were in mainstream schools where they were not identified as having SEND, whereas, none of the ex-students mentioned feeling stigmatized by attending a special school for children with EBD.

Peers

The finding of both studies suggested that, when at school, many of the participants were more comfortable with peers who had similar difficulties and interests to themselves. An indicator of this was the finding that they experienced more bullying in mainstream schools than in the special schools they attended. So for these children, a sense of belonging resulted more from placement in a special class or special school than in a mainstream classroom.

Etiology

The experiences of the ex-students in both studies appear to be better explained by the psychosocial model of SEND rather than the social constructivist model. If their SEND had been purely socially constructed, then it may be expected that they would do better in mainstream schools where their SEND were not highlighted as much as in their special schools. However, it appears that the opposite was the case.

Intervention Models

Study findings reinforce the validity of the scientist practitioner intervention model that is used in special education. This identifies children's SEND and, through procedures like IEPs, provides interventions focused on meeting children's needs and building on their strengths. This is in contrast to a full inclusion approach, which does not allow identification of children's SEN for fear of stigmatizing them and therefore deprives them of the interventions they need to develop optimally.

Goals

Given the low levels of inclusion in their communities for both sets of ex-students, it appears that the goals of their education for these last few years of schooling in mainstream schools were inappropriately focused on academic attainments. Vocational, social, and life skills would have likely proved more useful in assisting these young people to make successful transitions to adult life.

Curricula

Both sets of ex-students experienced mainstream school curricula for the last few years of their school careers. They did not have the opportunity to benefit from a more vocationally orientated curriculum, including supervised work experience, which they would have received had they stayed at special schools. This was probably a major factor in many of them having difficulty finding and keeping jobs.

Reality

Many of the participants in the studies had left their high schools early, possibly because the mainstream teachers did not have the understanding or the training needed to deal with their learning difficulties or emotional and behavioral problems. This is not surprising given the lack of training on SEND for mainstream teachers in England and New Zealand. Thus, despite the rhetoric about inclusive education in both countries, the reality is that mainstream schools were not able to effectively provide for the needs of these young people with SEND.

Finance

Education authorities in both countries would have considered that they saved money by placing these young people in mainstream schools rather than special schools for the last few years of their school lives. This is because places in special schools cost a lot more than those in mainstream schools. However, it is clear from the findings of both studies that there were long-term financial implications that far outweighed these short-term gains. The low levels of employment, high levels of involvement with the criminal justice system, and large numbers of ex-students on welfare benefits of various kinds mean that the financial costs of supporting these young people for many years into the future will be several times greater than the savings made by placing them in mainstream schools for the last few years of their schooling.

Means and Ends

As stated earlier, being included in mainstream schools should not be seen as an end in itself but as a means to the end of being included in the community as adults. Inclusion in mainstream schools was not a means to this end for most of the ex-students in these two studies. It is possible that, for many of these young people, being educated in less inclusive settings, such as special schools or special classes, may well have resulted in higher levels of inclusion in their communities as adults.

In this situation, the end must surely justify the means, which it did not do for most of the young people in these studies.

Research Evidence

It is clear that the findings of these two studies raise serious doubts about the appropriateness of moving further toward a situation where all children with SEN are included in mainstream classrooms. These findings support the view that in some cases special schools and special classes may be more effective in educating children with SEND so that they can be included in the community as adults who have a good quality of life and are productive citizens. The findings of the studies support the views of Warnock (quoted in Terzi 2010, p. 139) that “What we really need is evidence of where different children with different disabilities thrive best, and how the pitiful casualties of some inclusive comprehensive (mainstream) schools can be best avoided.”

Addressing Confusions: A Guide to the Practice of Inclusive Special Education

By considering each of the confusions about inclusive education discussed above, it is possible to clarify the key values and components of *inclusive special education*.

Definitions

Inclusive special education requires a commitment to provide the best possible education for all children with SEND, in the most appropriate setting, throughout all stages of a child’s education, with a focus on effectively including as many children as possible in mainstream schools, along with the availability of a continuum of placement options from mainstream classes to special schools, implementing best practices from inclusive education, and involving close collaboration between mainstream and special schools and classes. These elements of inclusive special education were outlined in more detail in Chap. 1 and are discussed more fully in subsequent chapters of the book.

Therefore, *inclusive special education* comprises a synthesis of the definitions of both special education and inclusive education that were presented in Chap. 1. It involves educating children with SEND in the most inclusive setting in which their special needs can be effectively met, with the overarching goal of facilitating the highest level of inclusion in society after school for all children with SEND. *Inclusive special education* also encompasses a process of ongoing whole-school

reorganization and development in order to assist mainstream schools to effectively include as many children with SEND as possible. This includes ensuring that special school, resource room, and special class teachers can assist mainstream schools in implementing effective education for children with SEND while at the same time effectively providing for those children with higher levels of SEND who benefit from being educated in special education settings.

Rights

In *inclusive special education*, it is accepted that it is a basic human right of all children to be educated alongside their mainstream peers. However, it is clear that although their human rights allow children with SEND to be educated alongside their mainstream peers, for some of them this may not, morally, be the best option for them. *Inclusive special education* considers the priority to be the right to an appropriate education that meets children's specific needs. This is considered more important than the right to be educated alongside their mainstream peers, which must be taken into account, but in the final analysis must defer to the right to receive an appropriate education. Also considered important are parents' and children's rights to choose whether they should be educated in mainstream, resource room, special class, or special school settings.

Labeling/Identification

Inclusive special education regards the identification of SEN and the setting up of Individual Education Plans as essential components of providing effective education for children with SEND. Therefore, these are prominent features of *inclusive special education*.

Peers

Inclusive special education takes into account the fact that many children with SEND are more comfortable with peers who have similar difficulties, abilities, disabilities, and interests to themselves. So for some children, a sense of belonging, and therefore being included in a learning community, is more likely to result from placement in a special class, resource room, or special school than a mainstream classroom. This must be taken into account when considering educational placements for children with SEND.

Etiology

In *inclusive special education*, it is important to acknowledge the role of physiological and psychological factors as well as social factors in the etiology of SEND. A psychosocial model involving an ecological view of the etiology of SEND and of the interventions to address these, based on Bronfenbrenner's (1979) model, is an essential component of *inclusive special education*.

Intervention Models

Inclusive special education promotes the use of special education interventions that have been influenced by medical, psychological, and several other treatment models. A focus on evidence-based practice is an important aspect of *inclusive special education*. This involves the selection and use of interventions whose effectiveness is supported by strong research evidence bases and is discussed further in Chap. 4.

Goals

Clarity about the goals of education is a key part of *inclusive special education*. Briefly, the focus is on the broader goals of education, such as those concerned with the development of life skills, vocational skills, and social skills, in addition to academic skills. This is discussed further in Chap. 5. The major goal of education for children with SEND is to facilitate independent and confident citizens, who are as economically active as possible and have the skills needed to meet the social and communication demands and expectations of adult life.

Curricula

Inclusive special education considers that the priority for children with SEND must be that they have access to curricula which are appropriate for them, not that they are fitted into an academic curriculum which was designed for the mainstream population. The most important issue is the balance between a developmental curriculum, which is focused on the needs of the majority of children, and a functional one, which addresses the specific needs of children with SEND. This is discussed in Chap. 5.

Reality

Inclusive special education acknowledges the current reality of the situation in mainstream schools, that many teachers do not feel able to implement inclusive education because of insufficient input on teaching children with SEND in initial teacher education courses and limited in-service training on SEND available to mainstream school teachers. This means that many teachers do not have the knowledge and skills necessary for including children with a wide range of SEND in their classes and are also concerned that there will be insufficient material and financial resources, and in particular support staff, to effectively implement a policy of inclusive education. Therefore, an important component of *inclusive special education* is the provision of effective training and support for mainstream class teachers.

Finance

The focus of *inclusive special education* is to provide young people who have SEND with the knowledge, skills, and attitudes they need to achieve independence and success after they leave school. It is accepted that special provision for a small number of children with SEND is costly, but it is likely to be much less so than the later consequences of not making suitable provision. Therefore, the focus is on providing funding to ensure that all children with SEND, whatever the type or severity, have educational provision that is funded sufficiently to ensure their optimal development.

Means and Ends

Inclusive special education recognizes that inclusion in the community after leaving school is the end that educators should be seeking. Therefore, whereas inclusion in mainstream schools will lead to this end for the majority of children with SEND, for a minority, segregated placement may be the best means to the end of eventual inclusion in the community when they leave school.

Research Evidence

Inclusive special education supports the need for intensive research to provide evidence regarding the policy and practice of *inclusive special education*, including evaluating the effectiveness of interventions, programs, and educational

placements. Research also needs to be conducted to provide post-school and long-term follow-ups of outcomes for children with SEND who experience either mainstream or special schooling, or some combination of both, in their time at school.

Summary and Conclusion

The debate about inclusion and special education has been outlined and confusions about inclusive education explained in relation to the realities of mainstream school practices. The findings of two research studies of young people with learning and behavioral difficulties were used to clarify the issues raised. The chapter has highlighted the features of a new approach, *inclusive special education*, which includes a model that addresses provision for children with SEND in special schools and classes as well as those in mainstream schools. *Inclusive special education* emphasizes the need to focus on identifying children with SEND and using effective teaching strategies in appropriate settings. The next chapter focuses on identification of the wide range of SEND to be found in schools and provides practical guidelines for teachers on effective practices.

Chapter 3

Teaching Children with a Wide Range of Special Needs and Disabilities

Introduction

In order to implement effective *inclusive special education*, all teachers need to know about the different types of special educational needs and disabilities (SEND) that are found in schools. They need to know how to identify children with SEND and also learn about practical guidelines for teaching them, whether the children are in mainstream school, special class, resource room, or special schools settings. Therefore, in this chapter, the wide range of different types of SEND will be explained and details provided for recognizing them. Information for identifying children's SEND and practical guidelines for teaching them, which have been drawn from the literature on SEND, will be presented in separate sections for each SEND so that readers who are interested in a particular SEND can go straight to the relevant section. At the end of the chapter, a summary is provided of the key teaching guidelines that have emerged from considering each of the SEND. More details on these key teaching guidelines are then provided in later chapters of the book.

Range of SEND

In England 11 types of SEND are recognized (DfE 2011, p. 19). These are:

- Specific learning difficulty
- Moderate learning difficulty
- Severe learning difficulty
- Profound and multiple learning difficulties
- Social, emotional, and behavioral difficulties
- Speech, language, and communication needs
- Hearing impairment

- Visual impairment
- Multisensory impairment
- Physical disability
- Autistic spectrum disorder

In the USA, the IDEA (2004) states, “Child with a disability means a child evaluated in accordance with Sec. Sec. 300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.”

The types of SEND identified in the USA therefore include all those above from England, albeit with slightly different terminology, but also add two further types, “traumatic brain injury” and “health impairment,” if, by reason thereof, children require special education and related services.

There are also three further types of SEND that are considered to potentially benefit from special education services. These are children with mild learning difficulties (Farrell 2012), those with dyspraxia (Sugden and Chambers 2005), and those of high ability, who are considered gifted and who may be underachieving (Winebrenner and Brulles 2012). So these three SEND are also addressed in this book.

The full list of 15 categories is therefore:

- Mild learning difficulty
- Moderate learning difficulty/mental retardation
- Severe learning difficulty/mental retardation
- Profound and multiple learning difficulties/mental retardation/multiple disabilities
- Autistic spectrum disorder/autism/Asperger’s syndrome
- Specific learning difficulty/dyslexia/specific learning disability
- Dyspraxia/developmental coordination disorder
- Speech/language/communication needs/speech or language impairment
- Hearing impairment/deafness
- Visual impairment/blindness
- Multisensory impairment/deaf-blindness
- Physical disability/orthopedic impairment
- Traumatic brain injury
- Health impairment
- Social, emotional, and behavioral difficulties/serious emotional disturbance
- High ability/gifted underachievers

Learning Difficulties

There are several ways of categorizing the different levels of children's general learning difficulties. In this book, a distinction is made between mild, moderate, severe, profound, and multiple learning difficulties.

Children with learning difficulties make up the largest group of children with SEND. Learning difficulties range from mild, through moderate and severe, to profound and multiple learning difficulties. Children with severe, profound, and multiple learning difficulties are small in number compared with those who have mild or moderate learning difficulties who make up the majority of this group. Children identified as having mild learning difficulties experience problems in acquiring basic literacy and numeracy skills. Children with moderate learning difficulties are, in addition, likely to have delayed speech and language development, poor social skills, and also may exhibit emotional or behavioral difficulties. Children with severe learning difficulties are likely to have substantial problems in all these areas as well as possible problems in learning basic self-help skills such as dressing and toileting. Children with profound or multiple learning difficulties will encounter major challenges in acquiring all of the above skills.

This section focuses on those children whose cognitive or intellectual abilities differ from the norm in some way or other. Cognitive ability is one of the most important variables determining children's ability to learn and achieve well academically. Measures of cognitive ability are therefore considered to be useful predictors of children's learning potential (Salvia et al. 2013; Sattler 2008). The best-known measures of cognitive ability are tests of intellectual ability, commonly known as IQ tests. It is now realized that because cultural, environmental, and developmental factors affect scores on IQ tests, these cannot be regarded as fixed. However, they do provide a useful prediction of learning potential, especially where IQ scores vary markedly from the norm. Therefore, the next paragraph will explain the concept of IQ scores in order to illustrate how children's abilities differ within a typical school population.

If all schoolchildren in the country at a particular age were given an IQ test and their scores plotted on a graph, the graph obtained would be the shape of a bell-shaped curve, which is often referred to as a normal distribution. Since IQ tests are usually constructed so that they have an average score of 100 and a standard deviation of 15 points, the statistical properties of the normal distribution can be used to work out the proportion of children whose IQ scores fall either within the average range or outside it. The different levels of learning difficulty are illustrated in Fig. 3.1, which presents the relationship of level of learning difficulty to measures of IQ and thereby illustrates what is meant by the terms mild, moderate, severe, and profound learning difficulties that are discussed below.

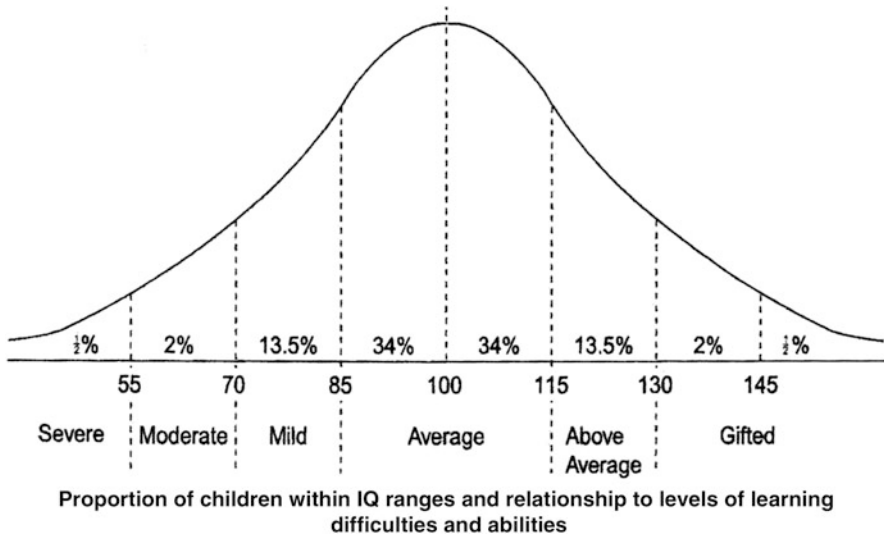


Fig. 3.1 Levels of learning difficulty and ability

Mild and Moderate Learning Difficulty

Children with *mild* learning difficulties have below-average intellectual ability with IQ scores of around 70–85 points. They are the largest group of children with SEND but because of the mild nature of their SEN are typically not identified until during their elementary schooling (Westwood 2008). The vast majority of these children are educated in mainstream schools, but these children are more vulnerable to developing social, emotional, and behavioral difficulties (SEBD), so some of them will be found in special classes, resource rooms, or special schools for children with SEBD.

Children with *moderate* learning difficulties have below-average intellectual ability with IQ scores of around 55–70 points. They are typically not identified until the early years of elementary schooling (Polloway et al. 2011). The trend is toward educating more and more of these children in mainstream schools, but in some countries, many of them are in special schools, resource rooms, or special classes within mainstream schools (Farrell 2012).

Identification

Children with mild or moderate learning difficulties *typically have*:

- A short attention span
- Difficulty understanding instructions
- Difficulty learning reading, writing, and number skills

- Delayed speech and language skills
- Difficulties with fine and gross coordination skills
- Behavior that is immature

Teaching Guidelines

- Start from what the child knows and go at the pace of the child.
- Focus on the child's strengths as well as addressing key weaknesses.
- Break tasks down into small steps, teaching one step at a time.
- Ensure tasks are within the child's capacity in order to ensure success.
- Use semantic or concept mapping to build on child's existing knowledge.
- Include lots of repetition and reinforcement to facilitate learning.
- Focus on oral language skills and social skills, such as following directions.
- Use practical activities: games, simulations, role-plays, and field trips.
- Use concrete materials and hands-on experiences, such as counting using money.
- Provide a range of resource materials: visual aids, such as charts/artifacts.
- Provide access to computers for drill, skill building, and word processing.
- Decide on priorities: what the child must learn, should learn, or could learn.
- Set achievable targets and review progress toward these regularly.

Severe Learning Difficulty

Children with severe learning difficulties have well below-average intellectual ability with IQ scores of below 50 points. They have difficulties in coping with most aspects of schooling and many other aspects of independent living. They are typically identified during their preschool years (Farrell 2012; Snell and Brown 2010). Most of these children are educated in special schools or special classes in mainstream schools, but an increasing number of them are now attending mainstream schools, particularly in the early years of elementary schooling.

Identification

Children with severe learning difficulties typically:

- Are slow to begin to walk *and* talk
- Have speech that is not clear and their vocabulary is limited
- Have poor fine and gross coordination skills
- Have great difficulties learning reading, writing, and number skills

- Exhibit behavior that is immature
- Prefer to spend time with adults or with children younger than themselves

Teaching Guidelines

- Focus on the child's strengths as well as addressing key weaknesses.
- Start from what the child knows and go at the learning pace they can successfully manage.
- Set achievable targets and review progress toward these regularly.
- Break tasks down into small steps, teaching one step at a time.
- Focus on developing communication skills and daily living skills.
- Work on social skills such as making friends or asking for help.
- Ensure tasks are within child's capacity in order to ensure success.
- Use practical/concrete/hands-on activities.
- Include lots of repetition, praise, and encouragement.
- Work closely with parents, other teachers, and specialists.
- Participate in Individualized Educational Planning meetings at school.
- Decide on priorities: what the child must learn, should learn, and could learn.
- Focus on child's happiness, confidence, and self-esteem.

Profound and Multiple Learning Difficulties

Children with profound and multiple learning difficulties typically have well below-average intellectual ability with IQ scores of below 30 points. They also usually have additional sensory, health, or physical difficulties. They have problems coping with all aspects of life and are unlikely to be able to become fully independent as adults (Bruce 2011; Snell and Brown 2010). They are typically identified during their first 2 years of life. Most of these children are educated in special schools or special classes within mainstream schools.

Identification

Children with profound and multiple learning difficulties typically:

- Have great difficulty with self-help skills such as eating and dressing
- Have speech and language that is extremely limited
- Have poorly developed fine and gross coordination skills
- Have great difficulties learning academic skills, such as reading and writing
- Exhibit behavior that is immature and unpredictable
- Have great difficulty relating to both children and adults

Teaching Guidelines

- Teach functional skills, in natural environment, using practical activities.
- Focus on daily living skills in order to promote independence.
- Focus on communication, using verbalizations, gestures, and pictures.
- Start from what the child knows and go at child's pace.
- Break tasks down into small steps, teaching one step at a time.
- Ensure tasks are within the child's capacity in order to ensure success.
- Work on social skills such as playing with others, asking for help.
- Use physical, oral, gestural, pictorial prompts as necessary.
- Use practical/concrete/hands-on activities wherever possible.
- Include lots of repetition, praise, and encouragement.
- Work closely with parents/family, other teachers, and specialists.
- Participate in Individualized Educational Planning meetings at school.
- Decide on priorities: what the child must, should, and could learn.
- Focus on child's strengths as well as weaknesses.
- Encourage child to make choices, develop self-determination.

Autistic Spectrum Disorder

There is a very wide spectrum of abilities among autistic children. Those children at the mild end of the autistic spectrum function at average or above-average levels intellectually and are also referred to as having Asperger's syndrome (Attwood 2007). Children at the severe end of the autistic spectrum, who function at well below-average intellectual levels, tend to have difficulties with most aspects of life but also have certain features which distinguish them from children with other types of learning difficulties (Jones 2002; Hull Learning Services 2013). Most severely autistic children are educated in special schools or classes, whereas those with Asperger's syndrome attend mainstream schools (Conroy et al. 2011).

Identification

Children on the autistic spectrum typically:

- Have delayed speech and language development, or disordered language, for example, they may echo words or phrases that they have heard
- Show a lack of interest in relating to others, including their parents

- Exhibit repetitive or stereotyped behavior such as rocking or head banging, or spin small objects or themselves
- Are insistent about routines and have angry outbursts when these are disrupted
- Have obsessive interest in certain objects, such as cars or vacuum cleaners
- Have either no response or an oversensitivity to sound

Teaching Guidelines

- Start from what the child knows and go at the pace of the child.
- Break tasks down into small steps, teaching one step at a time.
- Focus on communication skills and daily living skills.
- Work on social skills such as eye contact and asking for something.
- Include lots of repetition, praise, and encouragement.
- Reward desirable behavior; withdraw privileges for misbehavior.
- Ignore annoying behavior; use “time-out” for disruptive behavior.
- Work closely with parents, other teachers, and specialists.
- Participate in Individualized Educational Planning meetings at school.
- Decide priorities for what the child needs to learn.
- Focus on the child’s happiness, confidence, and self-esteem.

Specific Learning Difficulty/Learning Disability (Dyslexia)

Children with specific learning difficulties, or learning disabilities, also referred to as dyslexia, can have IQ scores in the average, below-average, or above-average ranges. The distinguishing feature of these children is that there is a significant discrepancy between their level of intellectual ability and their level of academic performance (Pullen et al. 2011). Children with dyslexia have specific learning difficulties in one or more of spelling, writing, reading, and/or mathematics but can function well in other aspects of the curriculum (Kelly and Phillips 2011; Reid 2009). The vast majority of children with specific learning difficulties are educated in mainstream classrooms.

Identification

Children with specific learning difficulty/learning disability can have:

- A discrepancy between their oral language skills and written work
- Difficulties with auditory or visual processing skills
- Short-term memory or sequencing problems

- Problems with concentration, organization, or left-right orientation
- Difficulties with phonological processing

Teaching Guidelines

- Sit the child toward the front row of the class and minimize copying from the board
- Emphasize oral/practical approaches, e.g., semantic mapping.
- Select material to match the child’s reading level and interests.
- Break tasks into small steps and allow adequate time for completion.
- Select and highlight most important spelling errors, not all of them.
- Get the child to use “look, say, cover, write, and check” to learn spellings.
- Use audiovisual aids such as iPad, video/audio recorder.
- Get the child to use a word processor with spell checker as much as possible.
- Teach study skills, e.g., survey, question, read, recite, and review.
- Facilitate phonological awareness, e.g., through rhymes and listening exercises.
- Focus on the child’s strengths as well as weaknesses.
- Focus on the child’s happiness, confidence, and self-esteem.

Dyspraxia

The essential features of dyspraxia include a significant impairment in the development of coordination that significantly interferes with academic performance and activities of daily living. Children with dyspraxia can also have problems with the development of language, thinking, and organization. Dyspraxia is an increasingly common type of SEND and has been estimated to affect between 3 and 6 % of the school population. It is also known as “developmental coordination disorder” and used to be called “clumsy child syndrome” and “minimal brain dysfunction” (Everatt and McNeill 2013; Sugden and Chambers 2005).

Identification

Children with dyspraxia typically have:

- Difficulties with fine motor skills, such as handwriting, tying shoelaces
- Difficulties with gross motor skills such as locomotion, agility, and manual dexterity
- Difficulties with recreational skills such as riding a bicycle and playing ball games

- Difficulties with self-care activities such as eating and dressing
- Disordered receptive or expressive language, or speaking skills
- Difficulties with academic skills, such as reading, writing, and spelling
- Problems with concentration or organization

Teaching Guidelines

- Sit the child toward the front row of the class and minimize copying from the board.
- Emphasize visual/oral approaches to academic tasks, e.g., concept mapping.
- Break tasks into small steps and allow adequate time for completion.
- Target specific difficulties that child has, e.g., handwriting skills.
- Use audiovisual aids such as iPad and video/audio recorder.
- Teach study skills, e.g., survey, question, read, recite, and review.
- Teach social skills and encourage socialization with other children.
- Use practical activities to develop fine and gross coordination skills.
- Assist children in developing daily living skills, such as dressing and grooming.
- Focus on child's strengths as well as addressing key weaknesses.

Communication Difficulties

Communication difficulties often coexist with other disabilities, especially hearing impairment, cerebral palsy, and moderate to profound levels of learning difficulties (Kuder 2012; Loncke 2011). Thus, the majority of children with more severe degrees of speech and language difficulties are taught in special schools or special classes in mainstream schools. However, mild to moderate levels of such difficulties are common in mainstream classes.

Identification

Children with communication difficulties can have:

- Articulation problems (e.g., substituting r for w in speech)
- Fluency problems (e.g., stammer or stutter)
- Voice disorders (e.g., hoarseness or high-pitched voice)
- Delayed speech or language (e.g., in children with severe learning difficulties)
- Disordered receptive or expressive language (e.g., in dyspraxic and autistic children)

Teaching Guidelines

- Listen to children carefully to determine speech/language difficulties.
- Be a good model of appropriate speech and language.
- Sit child with others who are good speech models.
- Use rhymes and exercises to encourage clear articulation.
- Use role-playing, debates, puppets, etc., to develop oral language skills.
- Use audiovisual aids such as video/audio recorder or language master.
- Use language children can understand; simplify complex statements.
- Use nonverbal clues, e.g., gestures, body language, and visual aids.
- Define, highlight, and reinforce new vocabulary used.
- Be patient with stutterers, give them time to express themselves.
- Accept the verbal contributions of all students.
- Refer on those with complex problems to speech-language therapist.

Hearing Impairment

There are two types of hearing impairment: conductive and sensorineural. Children with sensorineural deafness tend to have severe or profound losses and typically attend special schools for deaf children, as do children with hearing impairment who have additional disabilities (Andrews et al. 2011; Marschark 2007; Marschark and Hauser 2011). The vast majority of hearing impaired children have conductive losses, are mildly or moderately deaf, and are educated in mainstream schools.

Identification

Children with hearing impairment:

- Find listening difficult, have trouble following directions and paying attention in class
- Are slow in learning to talk, have unclear speech, limited vocabulary
- May respond inappropriately to verbal statements or instructions
- Feel insecure or confused in class and appear withdrawn
- Do not hear clearly in a noisy classroom, may turn head to one side when listening
- May wait for cues from other children and then copy them
- May complain of earaches or headaches
- May talk in very loud voice and turn volume up high on TVs or computers

Teaching Guidelines

- Use visual clues to reinforce what is being said.
- Emphasize important instructions or key words.
- Prepare children for the introduction of a new topic.
- Write new vocabulary on the blackboard.
- Give homework instructions when the class is quiet.
- Allow a friend to check that the instructions and information are understood.
- Rephrase as well as repeat phrases and words not understood.
- In oral lessons make sure the pace of the discussion is not too fast.
- When other children answer questions, repeat their answers.
- Make sure children can see the teacher's face when they need to listen.
- Don't walk about the room when giving instructions.
- Keep classroom noise as low as possible.
- Avoid giving notes to the class orally.
- Ensure children use hearing devices properly and that these are well maintained.
- Adapt outdoor activities to ensure full participation and safety.

Visual Impairment

The vast majority of children with visual impairment have what is termed low vision and most are educated in mainstream classes or resource rooms within mainstream schools. There is a wide range of levels of visual difficulty and also several differing forms of visual impairment, each with different implications for the child's education (Best 1992; Davis 2003; Zimmerman and Zebehy 2011). A small proportion of this group is totally blind, and they are mostly educated in special schools, special classes, or resource rooms within ordinary schools, although some blind children are educated in mainstream classrooms, with support.

Identification

Children with visual impairment:

- Can be clumsy, trip or bump into objects, have difficulty with steps
- Have poor hand-eye coordination, poorly formed handwriting
- May hold head in unusual ways or hold books very close to eyes
- May frown, make faces, close one eye or squint, or have unusual eye movements
- Often complain of headaches or dizziness
- May rub eyes and have red eyelids or watery eyes
- May have difficulty in seeing the blackboard
- May become tired more quickly than other children

Teaching Guidelines

- Encourage the child to use visual aids prescribed, e.g., glasses and magnifiers.
- Sit the child appropriately in classroom, e.g., in the middle or toward the front.
- Make sure classroom lighting is suitable.
- Eliminate glare from the child's desk and the blackboard.
- Ensure classroom environment is well organized and consistent.
- Use worksheets with correct print size, enlarged if necessary.
- Ensure good contrast on any visual materials used: black and white is best.
- Supplement visual information with verbal explanation.
- Use concrete materials and hands-on experiences wherever possible.
- Allow more time to complete tasks and breaks in order to combat fatigue.

Multisensory Impairment

The smallest group of children with SEND are those who have both visual and hearing impairment. They are often referred to as deaf-blind, and the most famous of them is Helen Keller, whose case illustrates the huge challenges presented by this disability but also the tremendous benefits of providing an effective education.

Children with multisensory impairment have varying degrees of vision or hearing loss with the type and severity of impairment differing widely from child to child. The majority of these children have additional disabilities or health issues. Children with multisensory impairment require intensive intervention from an early age and throughout their years at school. For children with the most severe levels of deaf-blindness, education is provided in special schools but around 15 % of children with multisensory impairment are educated in mainstream schools (Aitken et al. 2000).

Identification

Children with multisensory impairment typically:

- Have great difficulty learning communication skills
- Have difficulty learning self-help skills such as eating and dressing
- Have great difficulties learning academic skills
- Have difficulty linking concepts or activities
- Have difficulty establishing relationships

Teaching Guidelines

- Ensure classroom environment has optimal lighting and seating for the child.
- Ensure child uses the prescribed adaptive/assistive devices in the classroom.
- Make sure the child feels safe in and can navigate around the classroom.
- Use a communication system the child is familiar with, e.g., fingerspelling and tactile signing.
- Use practical experiences to teach new concepts, so child learns by doing.
- Use hand-over-hand assistance and visual, oral, or tactile prompts as appropriate.
- Use appropriate interpreters when necessary.
- Allow more time to complete tasks.
- Use task analysis and forward and backward chaining to teach new skills.
- Use a consistent routine when introducing new concepts or activities.
- Frequently check that the child is understanding what is being taught.

Physical Disability

Many children with physical disabilities have coexisting disabilities and health impairments (Bruce 2011). When these multiple disabilities include an intellectual disability, then children tend to be educated in special schools. Whereas when the physical disability is the major impairment, children tend to be educated in mainstream schools. Types of physical disabilities found in mainstream schools include cerebral palsy, spina bifida, polio, and limb deformities (Best et al. 2009).

Identification

Children with physical disabilities have:

- An unusual gait or difficulty with hopping, skipping, running, or jumping
- A poor sitting or standing posture/poor eye-hand, or foot, coordination
- Clumsiness/jerky movements/tremors/seizures/black-outs
- Bone or joint deformities; painful, stiff, or swollen joints
- Difficulty breathing or can tire easily

Teaching Guidelines

- Have contingency plans in place for emergencies.
- Ensure the child has all the physical aids he/she needs.

- Ensure physical access, e.g., ramps into buildings/handles in toilets.
- Make sure the child is able to sit comfortably, in a good position to see.
- Provide opportunities for changes of position when necessary.
- Adapt activities so the child can participate in physical education.
- Provide maximum access to information and communication technology.
- Allow more time to complete tasks and rest periods to prevent fatigue.
- Be understanding about time off needed for therapy or hospitalization.
- Send home class work when children are off school.

Traumatic Brain Injury

Children with traumatic brain injury (TBI) have had injuries to their brains caused by physical impact that have resulted in a disability which affects their educational functioning. They have a wide range of medical, physical, and learning needs, depending on the severity of the injury. Their academic functioning and behavior tends to be more variable than those of children with learning or behavioral difficulties. They tend to tire more easily, have more frequent headaches, get frustrated, and feel overwhelmed more often than other children with SEND (Lajiness-O'Neill and Erdodi 2011; Salend 2011; Turnbull et al. 2011).

Identification

Children with traumatic brain injuries can have problems with:

- Memory, such as following simple instructions, recalling new information, learning new concepts, remembering information from day to day, and maintaining attention and concentration
- Organization, such as uncertainty about how to start assignments, confusion when changing activities, giving up when tasks become challenging, organizing personal workspace, and time management
- Social awareness, such as denying any problems resulting from the injury, incorrectly interpreting social cues, uncertainty about how to get help, having changeable moods, verbal or aggressive outbursts

Teaching Guidelines

- Teach study skills such as self-talk, verbal rehearsal, self questioning, and reflection.
- Teach memory aids such as paraphrasing, rehearsal, visualization, and mnemonics.

- Break tasks down into small steps and proceed at the pace of the child.
- Use variety of cues and prompts to aid recall.
- Use preview and survey techniques to aid reading comprehension.
- Teach specific spelling, writing, and note-taking guidelines.
- Focus on the child's strengths and weaknesses in social skills.
- Use modeling and role-playing to teach social skills individually, or in small groups.
- Use a consistent routine, with gradual changes.
- Focus on organizational skills to aid planning and completion of tasks.
- Collaborate closely with parents and other professionals to provide consistency.

Health Impairment

Types of health impairments found in schools include arthritis, epilepsy, heart defects, asthma, allergies, diabetes, cancer, cystic fibrosis, and muscular dystrophy. Some of these conditions are stable, others are progressive or terminal, but all are likely to adversely affect children's educational functioning (Salend 2011).

Identification

Children with health impairments are likely to:

- Be frequently absent from school due to illness or medical appointments
- Have medicines that they must take during the school day
- Have equipment they must have with them at school, such as inhalers for asthma or adrenaline pens for nut allergies
- Get tired quickly

Teaching Guidelines

- Have contingency plans in place for medical emergencies.
- Ensure the child has all the physical/technological aids needed and that these are well maintained with backup as necessary.
- Ensure ease of physical access, e.g., ramps into buildings/handles in toilets.
- Make sure the child is able to sit comfortably, in a good position to see and work.
- Adapt activities so the child can participate in physical education.
- Organize classroom procedures in order to minimize children's stress levels.
- Provide maximum access to information and communication technology, to facilitate catching up on schoolwork missed due to absences.

- Allow more time to complete tasks and rest periods to prevent fatigue.
- Be understanding about time off needed for therapy or hospitalization.
- Provide opportunities for children to socialize with classmates.
- Collaborate closely with parents/family in order to ensure that child's medical and educational needs are met.

Social, Emotional, and Behavioral Difficulty

Types of social, emotional, and behavioral difficulties (SEBD) found in schools include emotional disturbance, conduct disorders, attention-deficit hyperactivity disorder, oppositional defiant disorder, obsessive-compulsive disorder, anxiety disorder, depression, and bipolar disorder (Landrum 2011). Many children are diagnosed with more than one of these conditions, such as attention-deficit hyperactivity disorder and conduct disorder (Rooney 2011). They can all have adverse effects on their learning, and many children with SEBD also have learning difficulties or learning disabilities to some extent (Atkinson and Hornby 2002; Cooper and Jacobs 2011b; Ayers and Prytys 2002).

Identification

Children with SEBD are likely to:

- Distract other children in their classes
- Have problems relating to other children and adults
- Have problems with attention span and concentration on academic work
- Be disobedient or disruptive

Teaching Guidelines

- Devise an individual behavior management plan/program
- Reward appropriate behavior consistently using praise, stars points, etc.
- Implement effective punishments, e.g., time-out or the withdrawal of privileges.
- Provide a structured approach to classroom management.
- Ensure all children have work at levels at which they can gain success.
- Display rules for class behavior generated by discussions with the pupils.
- Foster a supportive classroom environment in which all children are valued.
- Avoid dealing with children in a confrontational manner.
- See children after class to express dissatisfaction with their behavior.
- Take time to listen to pupils who may have problems at school or at home.
- Help pupils to set targets to improve their behavior.

- Liaise with parents to promote consistent management, e.g., home school contracts.
- Work with colleagues to implement a whole-school behavior policy.

High Ability/Gifted Underachievers

Gifted students are those with well above-average intellectual ability. They are not typically considered to have SEND but may have special needs related to underachievement. For example, some of them may be performing at average levels in school subjects despite having learning potential that is well above the average. Others may develop behavioral difficulties because they are bored at school or find it difficult to relate to other children of their age (Callahan 2011; Winebrenner and Brulles 2012).

Identification

Children who are intellectually gifted typically:

- Find schoolwork easy and finish it quickly and can be easily bored
- Can be observant, curious, adaptable, and adventurous
- Can be self-disciplined and independent
- Demonstrate surprising knowledge or insight
- Can think abstractly at an early age
- Show high levels of argument and problem-solving skills
- Tend to prefer the company of adults or children older than themselves

Teaching Guidelines

- Ensure pace of work required is suitable: not too slow, not too fast.
- Seek to extend the child's knowledge rather than rush through syllabus.
- Use questioning to probe for deeper understanding.
- Use concept mapping to develop conceptual understanding.
- Set tasks which have different levels/progression of difficulty.
- Increase challenge level of some tasks set, e.g., some homework tasks.
- Select high achieving groups to work on extension activities.
- Use cooperative learning/peer tutoring to develop helping/social skills.
- Encourage development of study skills and self-directed learning.
- Organize enrichment activities such as field trips/competitions.
- Organize senior students or staff to act as mentors.
- Promote class and school ethos in which high ability is valued.

- Encourage involvement in extra-curricular activities and clubs.
- Encourage all-round development/focus on strengths and weaknesses.
- Work closely with parents to ensure a consistent approach.

Summary of Teaching Guidelines Applicable to All Children with SEND

It is clear from the above that there are several key teaching strategies that apply across all types of SEND. These are listed below with reference to the chapters of the book where they are addressed.

Assess where the child is and go at the pace of the child – This is discussed in Chap. 4 in the sections on formative assessment, direct instruction, and functional behavior analysis.

Use teaching strategies with proven effectiveness – The importance of using evidence-based practices, such as cooperative learning, peer tutoring, and metacognitive strategies is explained in Chap. 4, along with discussion of the challenges involved in implementing strategies with proven effectiveness.

Focus on children's strengths and building self-efficacy – This is explained in the section on school ethos in Chap. 5.

Focus on individual needs using IEPs and transition plans – The important role of IEPs and transition plans is discussed in sections of Chap. 5.

Emphasize the skills needed to facilitate independence – This is addressed in the section on curriculum in Chap. 5.

Work closely with parents and families – A rationale and model for working in partnership with parents of children with SEND is provided in Chap. 6, and the skills required by teachers and other professionals to develop effective working relationships with parents are explained in Chap. 7.

Liaise with other professionals and community agencies – The advanced skills and approaches needed to work effectively with parents, other professionals, and community agencies are discussed in Chaps. 7 and 8.

Summary and Conclusion

In this chapter, information was provided for identifying 15 different types of SEND, and some basic practical guidelines for teaching them were presented. In the following chapter, the importance of teachers selecting evidence-based strategies for working with children with SEND will be discussed, and the challenges involved in implementing evidence-based practices will be explained.

Chapter 4

Effective Teaching Strategies for Inclusive Special Education

Introduction

A key component of *inclusive special education* is the use of teaching strategies or interventions that have strong evidence of effectiveness and the avoidance of interventions that lack evidence of effectiveness. Teachers need to be able to identify the children with special educational needs and disabilities (SEND) in their classes and follow the practical guidelines for teaching them that are presented in the previous chapter. However, they need to go beyond this. They need to make sure that they use instructional strategies and interventions that have proven effectiveness for addressing the learning difficulties and managing the behavioral challenges which children with SEND present. This includes using interventions for facilitating the learning of academic skills such as reading, writing, and arithmetic, as well as the broader communication, social, and vocational skills necessary for independent living. It also includes using interventions for managing behavioral difficulties at individual, small-group, and class-wide levels. Therefore, teachers need to be able to evaluate interventions, strategies, and programs in terms of the adequacy of their research evidence bases so that they can select those that are evidence-based practices and avoid those that are not. They also need to know how to overcome various barriers to the implementation of evidence-based practices in schools, as well as the key issues to be addressed in bringing about change in order to embed evidence-based practices in the culture of schools. These issues are addressed in this chapter.

Importance and Challenges of Implementing Evidence-Based Teaching Strategies

In the past three decades, there has been an exponential increase in research evidence collected on the effectiveness of interventions and programs used in the field of education generally and in special and inclusive education in particular. What many experts in the field bemoan is that this has largely *not* been translated into the day-to-day practice of schools (Hornby et al. 2013). That is, despite having clear evidence for the effectiveness of some interventions but not others, this has not resulted in widespread changes to the educational practice of teachers (Burns and Ysseldyke 2009).

The field of special and inclusive education has seen a progression over time in its demands for more rigorous research evidence, which has been reflected by changes in the terminology used. Fifteen years ago, terms such as “best,” “promising,” and “controversial” were used to describe practices that either had or did not have some research evidence supporting them (Hilton and Ringlaben 1998; Hornby et al. 1997). Then the term “research based” emerged to denote practices supported by the balance of research evidence, that is, practices that had substantial research evidence for their effectiveness, which are sometimes referred to as “empirically supported” or “empirically validated” (Cook and Cook 2011). Recently, the term “evidence-based practice” has emerged in order to signify “practices and programs shown by high quality research to have meaningful effects on student outcomes” (Cook and Odom 2013, p. 136). This is a much more stringent benchmark than an intervention termed “best practice” or “research based” in that it requires the evidence to be based on rigorous research having been conducted and also requires that the impact of the intervention on outcomes is substantial.

Teachers must be aware of the research evidence for the instructional strategies that they use or recommend to others. Whenever they are available, teachers need to use interventions for which solid research evidence of effectiveness has been established. That is, they need to use mainly evidence-based practices. Of course, this is not always possible. So when considering using instructional strategies, teachers need to be aware that some of them will have well-established evidence bases and be considered evidence-based practices. Other practices will have some evidence for their effectiveness and could be considered research based. There are still others that are promising interventions that have not yet established an evidence base. Teachers will also come across interventions that have extremely limited evidence of effectiveness. At worst they will encounter interventions for which there is convincing evidence that they are not effective, or even harmful, but which still continue to be used (see Hornby et al. 1997). Being able to determine which category each strategy being considered falls into is an essential first step in planning interventions to be used in teaching children with SEND.

Of course, having a strong base in research evidence is not the only consideration when selecting instructional strategies. Educational interventions also need to be able to be implemented within the current context and practical realities of

schools and are highly dependent on professional wisdom built on extensive experience of teaching (Cook and Cook 2011). Educational interventions also need to be culturally appropriate and to fit with parents' and teachers' values, knowledge, skills, and experience, as well as those of families and communities (Bishop 2010; Habib et al. 2013). As clarified by Schlosser and Sigafoos (2008, p. 61), "Evidence-based practice is commonly understood to be the integration of the best and most current research evidence with clinical expertise and relevant stakeholder perspectives."

In addition, being focused on the use of strategies and interventions with the most rigorous research evidence does not deny the importance of the relationships between teachers and children with SEND. In fact, as noted below, the quality of relationships between teachers and students has been shown to have a greater impact on student outcomes than the majority of educational interventions (Hattie 2009). Therefore, in order for evidence-based practices to be optimally effective, they need to be delivered within the context of positive and empowering teacher-student relationships. The skills necessary for teachers to develop facilitative relationships with students, parents, and other professionals are discussed in Chaps. 7 and 8.

Evaluating Interventions

The first factor to consider when evaluating an intervention is the extent of the evidence base from research studies on the effectiveness of that intervention. This is typically reported in terms of *effect size*, which is a measure of the difference in the size of change on some variable between an experimental group and the control group following an intervention, that is, a measure of the size of the impact of the intervention on outcomes. According to Cohen (1988), effect sizes of around 0.2 are small, 0.5 moderate, and 0.8 large. Hattie (2009), based on a synthesis of over 800 meta-analyses relating to achievement in the field of education, found 0.4 to be the average effect size for educational interventions. This suggests that an effect size larger than 0.4 is above average and therefore worth noting when evaluating interventions.

Hattie rank ordered the effect sizes of interventions included in his synthesis, so it is easy to see which have been found to have above-average impact and which have below-average impact. For example, a selection of effect sizes, reported by Hattie (2009), is as follows: formative evaluation, 0.90; student-teacher relationships, 0.72; cooperative (versus individual) learning, 0.59; homework, 0.29; ability grouping, 0.12; and retention in grade, -0.16. These findings indicate that the use of formative evaluation, enhancing student-teacher relationships, and cooperative learning are all interventions that are effective and therefore should be widely used in schools. It also suggests that homework and the use of between-class ability grouping are much less effective and therefore not recommended and that retaining

children in grade may have a negative impact on educational achievement and therefore should be avoided.

Sources of Evidence-Based Practice

Research evidence for the effectiveness of interventions can now be found in a wide range of other sources including reports of individual studies, as well as reviews, meta-analyses, and syntheses of research literature. However, two of the most useful sources of information on the evidence bases supporting educational interventions are the Best Evidence Encyclopedia and the What Works Clearinghouse. Both of these sources provide information on the effectiveness of a wide range of interventions in the field of *inclusive special education*, so are particularly useful to teachers.

The Best Evidence Encyclopedia (<http://www.bestevidence.org/>) is a website that includes research syntheses on a number of topics. It was founded by Professor Bob Slavin of Johns Hopkins University with funding from the US Department of Education. It aims to provide educators and researchers with information about the strength of evidence supporting a variety of educational interventions. The Best Evidence Encyclopedia provides summaries of scientific reviews produced by many authors and organizations, as well as links to the full texts of each review. The reviews selected for inclusion in the Best Evidence Encyclopedia are meta-analyses or syntheses that apply rigorous scientific standards to bodies of evidence that meet high standards of methodological quality of programs currently available to educators. Educational interventions are rated as having either strong, moderate, limited, or no evidence of effectiveness, as determined by average effect sizes found in the studies included in syntheses. In contrast to Hattie's average of 0.4, because the Best Evidence Encyclopedia focuses on research with the most rigorous methodology, effect sizes over 0.25 are considered to be educationally meaningful (Slavin 1995), so interventions with reported effect sizes on the Best Evidence Encyclopedia of over 0.25 can be considered evidence-based practices.

The What Works Clearinghouse (<http://ies.ed.gov/ncee/wwc/>) is a branch of the US Department of Education Institute of Education Sciences. The What Works Clearinghouse compiles reviews of research articles that have examined the efficacy of instructional or intervention approaches, conducts rigorous reviews of each article following a detailed evaluation methodology, and then summarizes the strength of the scientific support for the approach. The What Works Clearinghouse has very rigorous inclusion criteria and only includes educational interventions with the most rigorous research evidence supporting their effectiveness.

Example of Evidence from These Sources on a Well-Known Intervention

Reading Recovery was developed during the 1970s by one of New Zealand's greatest educators, Professor Dame Marie Clay, and has been researched and implemented in many countries around the world, including New Zealand, England, and the USA, where it has been in operation for over 30 years (Holliman and Hurry 2013; Pinnell 1989; Watson and Askew 2009). It is a short-term intervention that provides tutoring to the lowest achieving children who are struggling with reading and writing after their first year at school. Teaching is delivered one to one by trained Reading Recovery teachers in daily 30 min pullout sessions over the course of 12–20 weeks. The program is supplementary to mainstream classroom literacy instruction and aims to foster the development of reading and writing strategies by tailoring individualized lessons to each student's needs.

In order to decide whether Reading Recovery is an evidence-based practice, three sources can be consulted, Hatties (2009) book, the Best Evidence Encyclopedia, and the What Works Clearinghouse. Hattie, in his synthesis of research on interventions in education, found Reading Recovery to have an above-average impact on children's achievement levels, with an effect size of 0.5. The Best Evidence Encyclopedia includes Reading Recovery in the list of "top-rated" reading programs with "strong evidence of effectiveness." The What Works Clearinghouse reports that Reading Recovery has the highest overall effectiveness rating for general reading achievement of all the 26 beginning reading programs reviewed. It is therefore clear that Reading Recovery is an intervention with a very strong base in research evidence and is therefore considered to be an evidence-based practice. That is, assuming that, in the education system in which it is used, it is compatible with the practical reality of schools, available professional expertise, and relevant stakeholder perspectives.

Key Evidence-Based Practices for *Inclusive Special Education*

David Mitchell, Adjunct Professor at the University of Canterbury in New Zealand, has identified over 20 approaches and strategies in inclusive and special education that he considers have a solid base of research evidence supporting their effectiveness (Mitchell 2014). Some of these are focused on education system and school-wide change and are considered in Chap. 5 of this book. Others are focused on working with parents, which is discussed in Chap. 6, and collaboration with other professionals that is discussed in Chap. 7. A selection of the classroom teaching strategies identified by Mitchell that are considered essential for *inclusive special education* is outlined below.

The six key evidence-based strategies that are included here are ones that Hattie (2009) found to have above-average overall effect sizes in his synthesis of interventions in the field of education. They are as follows: *cooperative learning, peer tutoring, formative assessment, evaluation and feedback, direct instruction, metacognitive strategies, and functional behavioral analysis*. These strategies can all be used with small groups of children or whole classes in mainstream schools that include children with SEND, as well as in special classes or special schools, with children from preschool through to high school ages. These are key strategies that all teachers working in the field of *inclusive special education* should learn how to use effectively.

Cooperative Learning

Cooperative learning has been found by Hattie (2009) to be one of the most effective class-wide interventions in the field of education with an effect size of 0.59 when compared with individual learning. Cooperative learning is typically defined as the instructional use of small groups in which students work together to maximize their own and each other's learning (Johnson and Johnson 1992).

Three of the major developers of cooperative learning, Johnson and Johnson (1992), Kagan (1994), and Slavin (1995), all define cooperative learning in terms which exclude simply working in small groups in order to make it clear that not all group work constitutes cooperative learning. What makes cooperative learning different from other types of group work largely lies in its two fundamental elements: positive interdependence and individual accountability. The authors above insist that the term cooperative learning can only be applied to activities where there is individual accountability and positive interdependence linked to group rewards or goals.

Individual accountability is present when the performance of each individual student is assessed and the results given back to the group and the individual (Johnson and Johnson 1992). In addition, individual accountability requires that every member of the team is accountable for completing tasks so that no one can "hitchhike" on the work of others (Ning and Hornby 2010). When students are clear about their individual accountability and specific roles in group work, they are more likely to engage in active participation and feel motivated to learn. Therefore, students in cooperative learning groups are likely to engage in more effort and take greater responsibility for their learning outcomes, since they are clear that their contribution to teamwork can be individually identified and assessed (Hornby 2009).

Positive interdependence is present when students perceive that they can reach their learning goals if and only if the other students in their group also reach their goals. It involves linking students together so one cannot succeed unless all group members succeed (Johnson et al. 1998). Incorporation of positive interdependence into group work enables students to feel motivated and obliged to facilitate each

other's learning, thereby creating caring social relations in a supportive learning environment. Integration of positive interdependence into group work is likely to result in mutual support and good cooperation among team members (Brown and Thomson 2000). Positive interdependence also generates peer norms favoring achievement, increases the quantity and quality of peer interaction, and thus creates a supportive and nonstressful learning environment.

An examination of numerous research studies has suggested that cooperative learning strategies lead to higher academic achievement than individual or competitive approaches (Johnson et al. 1998). This has been found to be the case for both high-ability and low-ability children, for students of all ages, and across a wide range of subjects in the curriculum. In addition, it has been found that cooperative learning has positive social and motivational effects (Sharan 1994).

The term cooperative learning has been used to describe a wide range of different strategies including "Jigsaw" (Aronson and Patnoe 1997), Think-Pair-Share (Johnson and Johnson 1992), "Student Teams Achievement Divisions" (Slavin 1995), "Numbered Heads Together" (Kagan 1994), and "Group Investigation" (Sharan 1994). All of these strategies have extensive research evidence supporting their effectiveness and have been used in a wide range of classrooms with a wide range of age groups throughout the world. So cooperative learning provides a treasure trove of effective strategies that are ideal for use in *inclusive special education*.

An important feature of cooperative learning is that it encourages the use of small groups that have a wide range of ability within them, rather than grouping students with similar abilities together. This makes it an ideal approach to use in classrooms that include children with SEND and is therefore highly compatible with the aims of *inclusive special education*. Therefore, as Putnam (2009, p. 93) states, "Cooperative learning, when properly implemented, is an essential approach for the inclusive classroom."

Peer Tutoring

An intervention that is often used within cooperative learning approaches but is also an important strategy in its own right is peer tutoring. Hattie (2009) reports an effect size of 0.55 for peer tutoring, so it is clearly an intervention that has strong evidence supporting its effectiveness. Peer tutoring, also referred to as "peer-assisted learning" or "peer-mediated instruction," is a technique that can be used with individual students, small groups of students, or as a class-wide strategy. It involves children acting as tutors to other children (tutees) on a one-to-one basis under the supervision of a teacher.

The format of peer tutoring varies from highly structured, with training for tutors and a prescribed procedure, through semi-structured tutoring where tutors are provided with guidance but can adapt procedures as they go, to unstructured peer tutoring in which the procedures followed by tutors are not set by teachers. There

are also many types of peer tutors including same age tutor and tutee, older tutor to younger child, more able tutor to less able child of the same age or younger, less able child as tutor to younger child, and behaviorally challenged student as tutor to younger less able child.

Peer tutoring has been used to support learning across a wide range of academic curriculum areas and has been found to facilitate both cognitive and social gains, including improvements in academic achievement for a diversity of learners, in a wide range of subjects including literacy, numeracy, language arts, science, social studies, and physical and health education (Goodlad and Hirst 1989; Topping 2001).

The effectiveness of peer tutoring has been demonstrated in many studies (Topping 2005). It can be used in mainstream school classrooms as well as in special classes and special schools. It enables children with SEND to receive individual attention on a level beyond what class teachers can typically provide, through a relationship in which children feel unthreatened. Through peer tutoring, children receive frequent and immediate feedback on their progress as well as positive reinforcement for their efforts from role models with whom they feel comfortable.

In addition to these benefits for tutees, peer tutoring also has advantages for tutors and teachers (Hornby et al. 1997). Tutors typically gain academically from taking on the role of teaching others, and the responsibility often brings about more positive attitudes and behavior. It can help them develop empathy with others and alter tutors' perception of themselves, bringing about changes in their behavior in addition to the learning of those they tutor. Tutoring younger children can bring a sense of self-worth and success to children with SEND who can benefit as tutors while accruing gains for their tutees. Therefore, peer tutoring not only brings about academic gains but also improvements in social behavior and attitudes of the children involved, thereby improving the social climate of the classroom, which is a major advantage for teachers.

Formative Assessment, Evaluation, and Feedback

Hattie (2009) considers that providing formative assessment and feedback is one of the most effective strategies for increasing children's achievement. He reported an average effect size of 0.73 for providing feedback and an average effect size of 0.90 for providing formative evaluation. These are some of the largest effect sizes he found for all the interventions he studied.

Formative assessment, evaluation, and feedback are interventions in which information is collected on students' learning in order to provide frequent feedback to students and to adjust teaching strategies, as necessary, to optimize learning (Mitchell 2014).

The main purpose of providing feedback is to motivate learners by informing them how well they have done and by showing them how they can improve.

To achieve these goals, feedback should be timely, explicit, focused on strategy use rather than on the learner's ability, adjusted to the complexity of the task, provided in manageable units, and able to be used by learners (Mitchell 2014).

According to Hattie and Timperly (2007), the main purpose of feedback is to reduce discrepancies between current understandings and a specific goal. Strategies students and teachers typically use to reduce this discrepancy may be more or less effective in enhancing learning, so it is important to understand the circumstances that result in differential outcomes. Effective feedback must answer three major questions asked by a teacher and/or by a student: "Where am I going?" (What are the goals?), "How am I going?" (What progress is being made toward the goal?), and "Where to next?" (What activities need to be undertaken to make better progress?). How effectively answers to these questions serve to reduce the gap is partly dependent on the level at which the feedback operates. This includes the level of task performance, the process of understanding how to do a task, the regulatory or metacognitive process level, and the personal level unrelated to the specifics of the task. Feedback has differing effects across these levels.

Formative assessment, evaluation, and feedback provide the direction for teachers in their work with individuals and small groups of children. By assessing where students are at initially, and examining the gaps in students' knowledge, the teacher can plan the most appropriate activities to facilitate learning. Extensive information is available to guide selection of appropriate assessment instruments for use in *inclusive special education* (McLoughlin and Lewis 2005; Salvia et al. 2013; Taylor 2000). Assessing how students are progressing after teaching interventions will direct the next learning steps and continued feedback and evaluation will indicate progress and provide information about subsequent teaching (Clark 2012).

Direct Instruction

The term "direct instruction" is used in various ways in the education literature and is sometimes confused with the use of didactic means of instruction such as the teacher-dominated "chalk-and-talk" approach (Rosenshine 2008).

The most common use of the term direct instruction has evolved from two main sources. It first emerged from the widespread use of highly prescriptive teaching programs such as "DISTAR," developed in the 1960s, and "Success for All," developed in the 1980s. The second source for direct instruction was the major studies of effective teaching and teacher effectiveness that have been conducted in the past 30 years. Findings of this research have helped to clarify the approach to teaching that is now termed direct instruction (Adams and Engelmann 1996).

Direct instruction is more a teaching model than an elaborated program for teaching, say, reading or mathematics. The teaching practices it involves are teacher directed. It emphasizes the use of individual or small-group, face-to-face instruction by teachers using carefully designed lessons in which skills to be taught

are broken down into small steps, sequenced deliberately, and taught explicitly (Carnine 2006).

In his synthesis of research evidence, Hattie (2009) found direct instruction to have an overall mean effect size of 0.59 indicating that it has well above-average effectiveness in improving academic achievement. Hattie outlines the seven steps involved in implementing direct instruction as below.

First, teachers should clarify their learning intentions. That is, consider the specific knowledge, understanding, or skills that students will learn. Second, teachers establish clear criteria for evaluating whether learning has been successful. Third, teachers build engagement and commitment of students to focus attention on the learning task. Fourth, teachers provide input, such as information needed, model the task through use of examples, and check for understanding by making sure that students can do it correctly. Fifth, teachers provide individual feedback and remediation as necessary. Sixth, teachers review and clarify key points. Seventh, teachers ensure students practice the new learning in different situations in order to facilitate generalization to different contexts.

Metacognitive Strategies

Metacognitive strategies are techniques used to help students understand the way they learn, in other words, to “think” about their “thinking.” Many people are familiar with metacognitive strategies through the work of Edward De Bono and his “Six Thinking Hats” (2004). The importance of this area has now been recognized through the inclusion of thinking skills as one of the five key competencies students need to develop in the New Zealand National Curriculum (MoE 2007). Metacognitive strategy training consists of explicit teaching and coaching of students in thinking skills that will allow them to improve their own learning. Teachers who teach using metacognitive strategies can positively impact students with SEND by helping them to acquire new information and skills more efficiently (McLeskey et al. 2013). Hattie (2009) reports the overall average effect size for metacognitive strategies to be 0.69, so they are among some of the most effective interventions that teachers can use. Three of the most extensively researched metacognitive strategies that can be implemented in the classrooms with children with SEND are outlined below.

Study Skills

Hattie (2009) found the average effect size for study skills to be 0.59. This is an above-average effect size for education interventions so clearly demonstrates its potential for improving levels of academic achievement. The teaching of study skills typically focuses on the learning of skills to do with planning, monitoring, and evaluating progress. This includes skills such as note-taking, summarizing,

organization, using checklists, as well as learning various strategies for improving memory such as rehearsal and mnemonics (Mitchell 2014).

Concept Mapping

Concept mapping is a strategy that can be used in all curriculum areas to demonstrate the relationships between ideas. Other terms for concept mapping are semantic mapping and graphic organizers (McLeskey et al. 2013; Salend 2011). As these strategies build on prior knowledge, and are active forms of learning, they can be very effective teaching tools. The use of these interventions has been found by Hattie (2009) to have an overall effect size of 0.57 showing that they are highly effective in improving academic achievement. Concept mapping is particularly useful for children with learning or literacy difficulties. It can be used at the start of a lesson to set out the concepts and vocabulary involved in the subject to be taught.

Reciprocal Teaching

Reciprocal teaching has been found by Hattie (2009) to be one of the most effective interventions in the field of education with an effect size of 0.74. Reciprocal teaching uses the skills of summarizing text, generating questions, clarifying, and predicting (Gilroy and Moore 2010; Kelly et al. 1994). Each of these strategies is used as a means of aiding students to construct meaning from text as well as a means of monitoring their reading, for example, to ensure they understand what they are reading. It is also a way of ensuring students who do not normally lead in a small-group situation take a turn to do so, as leadership is shared in the group, with students taking turns to lead.

Reciprocal teaching was developed by Palincsar and Brown (1984) who also conducted trials to determine its effectiveness. They found that 70 % of students improved their comprehension of what they were reading over the course of five different passages, after reciprocal teaching. This contrasted with the control group who did not improve their performance over the five passages. The experimental group functioned more independently and improved the quality of their summaries over time. This procedure was repeated with a larger group and 71 % improved in their comprehension of text as opposed to 19 % of the control group. Teachers also reported behavioral gains with less time spent on behavior management in groups when using reciprocal teaching.

Functional Behavioral Analysis

Classroom behavioral interventions were found by Hattie (2009) to have an overall average effect size of 0.8 emphasizing their importance in facilitating learning. The best known of these interventions is functional behavioral analysis, which is an approach to behavior management that can be used with individual children, small groups, and whole classes.

A functional analysis of problem behavior typically includes an observable and measurable description of the problem behavior, identification of background variables, antecedents or trigger situations that predict when behaviors will occur, identification of possible consequences to maintain or reduce the rate of problem behaviors, the development of hypotheses that explain the causes of behaviors, and the collection of observational data in order to test the hypotheses (Scott et al. 2004).

Scott et al. (2004) promote the use of functional behavioral assessment in order to effectively and efficiently change problem behavior in mainstream classrooms. However, the approach has also been shown to be applicable to children in special classes or special schools (see Ogier and Hornby 1996). Functional behavioral analysis provides a means to examine behavioral interactions and plan interventions. It involves conducting observations and collecting data on behaviors; using that data to plan interventions for difficult behavior; choosing interventions appropriate for the student, teacher, and context; as well as ensuring the maintenance and generalization of positive behavior changes.

Interventions That Are Not Evidence-Based Practices

In addition to identifying and implementing evidence-based practices, teachers working in *inclusive special education* need to be able to recognize and avoid interventions that are not evidence based. Three examples of interventions that are not evidence-based practices, and have been in operation in the field of special education for many years, are highlighted below. Further information on these is available in Hornby et al. (1997).

Doman-Delacato Program

This program was originated by Glen Doman and Carl Delacato who established the Institute for the Achievement of Human Potential in Philadelphia in the 1960s. The program is claimed to be effective for children with a wide range of disabilities resulting from neurological impairment (or brain damage). Clients include children with cerebral palsy and those with intellectual disability of unknown or known

causation, such as children with Down syndrome. The Institute and its offshoots in various parts of the world continue to enroll children in the program to this day despite controversy about its use (Hornby et al. 1997).

A key component of the program is “patterning” which involves passive manipulation of the child’s body in order to stimulate normal motor functioning. The rationale for this is that it will imprint a typical pattern of movements into a different part of the child’s brain to that which has been damaged and thereby bring about normal motor functioning. Patterning requires the child to lie on a table while a team of adults manipulate the legs, arms, and head to simulate normal patterns of movement. The program requires patterning to be carried out several times a day, each day of the week, for a period of several months or years. It therefore requires intensive involvement of the child’s parents and organization of a team of volunteers who will help the family on a regular basis over a long period of time.

Another component is “masking” in which the child breathes into a plastic bag until he or she is gasping for breath. This is done in the belief that it will ensure maximum use of the lungs and thereby maximum circulation of oxygen to the brain. It is often, understandably, distressing for the child. The program also involves the teaching of reading through the use of a series of flashcards. These are used regardless of the developmental age of the child.

Doman and his colleagues published data in the 1960s that appeared to demonstrate the effectiveness of their program with brain-injured children. However, the most comprehensive analysis of the rationale and effectiveness of the Doman-Delacato program to date is the work by Cummins (1987, 1988, 1992). Cummins draws on data from neuroanatomy and neurophysiology to demonstrate that there is no sound scientific basis for the techniques, such as patterning, used in the program. He concludes that any improvements observed in children on the program can be attributed to the increased activity level and attention paid to them. He notes that many professional bodies have denounced the approach as overly expensive, ineffective, raising false hopes, and destructive to family life. An example of this is a statement from the American Academy of Pediatrics which cites a lack of research support for the program and concludes that its demands may overburden families without achieving progress beyond that which could be accounted for by expected growth and development.

Cummins has concluded that the only results supporting the effectiveness of the program come from a handful of early, poorly controlled studies. Therefore, it is clear that this program is not only ineffective with brain-injured children but also potentially damaging to the functioning of their families. Yet, as noted earlier, it continues to be available in various parts of the world.

Irlen Lenses

It has been suggested by Helen Irlen that the use of colored filters and lenses makes reading easier for some children by counteracting the perceptual dysfunction referred to as scotopic sensitivity syndrome. The Irlen Institute in the USA and centers in England, New Zealand, and Australia assess and treat children with reading difficulties, especially dyslexics. Irlen has claimed that 50 % of dyslexics have visual perceptual difficulties that affect their ability to read and write. These include visual resolution, photophobia, eyestrain, as well as span, depth, and sustainability of focus. Irlen's contention is that these perceptual dysfunctions are components of scotopic sensitivity syndrome. This adversely affects children's ability to read as a result of sensitivity to certain light sources, luminance, intensity, wavelengths, and color contrasts. The Irlen Institute treats such conditions by prescribing spectacles with colored overlays and lenses. Irlen considers overlays as an intermediate step toward alleviating symptoms, whereas tinted lenses are seen as potentially more effective (Hornby et al. 1997).

Although some individuals claim to be more comfortable when using the prescribed lenses, research has not demonstrated significant gains in reading. A recent extensive review of studies concluded that "... the research conducted on tinted lenses has failed to demonstrate the efficacy of the practice" (Hyatt et al. 2009, p. 329). Some researchers believe that positive findings in studies of tinted lens treatments are due to a placebo effect. Also, much of the research conducted to date on this topic suffers from lack of controls, self-selection of subjects, lack of proper screening for vision defects, confused terminology, and a marked lack of reliable data. Therefore, research into the effectiveness of tinted lenses has produced findings that are unconvincing (Mallins 2009). Although tinted lenses may seem to be a harmless treatment, they do require a substantial financial outlay by parents, and since this expense and the child's emotional and physical energy will be wasted on an ineffective treatment, this is clearly harmful.

Facilitated Communication

Facilitated Communication is a method of assisting nonverbal children and adults to communicate through typing using a typewriter, computer, or other keyboard or by pointing to letters on an alphabet board. Manual guidance of the arm, hand, or index finger is provided to enable clients to strike keys or point to letters. Facilitated Communication has been used with children and adults with physical disabilities as well as those with autism and intellectual disabilities.

Biklen, a sociologist and professor of special education at Syracuse University, promoted the use of Facilitated Communication in the 1990s. He reported on the outcome of one study of Facilitated Communication involving 43 autistic clients aged from 3 to 26 years who had been using Facilitated Communication for

between 7 and 16 months. With the use of Facilitated Communication, 31 of the clients were reported to be able to complete academic work at their grade level. Even more startling than this was the finding that most of the clients did not need to be taught how to read or spell (Hornby et al. 1997).

In subsequent years, there have been several extensive reviews of the research literature on Facilitated Communication that have consistently concluded that there is no reliable support for its validity (e.g., Jacobson et al. 2005; Mostert 2001). These reviews also report that the evidence indicates that the source of communications produced in Facilitated Communication is facilitators themselves rather than the children or adults receiving the intervention. In addition, several authorities have warned that Facilitated Communication is not just a waste of time but has potentially seriously harmful effects on clients and their families (e.g., American Psychological Association 2003). These conclusions have recently been reinforced by a moving article written by a former facilitator who now warns others of the dangers of becoming involved with Facilitated Communication (Boynton 2012).

It is clear that the balance of current evidence strongly suggests that the use of Facilitated Communication with children or adults with developmental disabilities cannot be justified. Therefore, parents of children with disabilities who wish them to receive Facilitated Communication should be warned of its lack of validity and its potentially damaging effects.

An important concern raised by an analysis of this topic is how Facilitated Communication got to be taken so seriously given its flimsy rationale, extravagant claims, and lack of convincing supportive evidence. It raises an important question about the capability of the public, and professionals in the field of special education, of discriminating between interventions that are effective and those that are not. The issue of Facilitated Communication has therefore brought to the fore the need to educate professionals working in the field of *inclusive special education* so that they can critically evaluate potential treatments in order to select the most effective ones and advise parents, administrators, and policy makers about the ineffectiveness of various fad treatments, such as Facilitated Communication.

Implementation of Evidence-Based Practice

It is clear that there is extensive information available related to interventions in the field of *inclusive special education*, including instructional strategies, behavior management, and curriculum practices for children who are at risk of behavior or learning problems. However, much of this information is not easily accessible to classroom teachers or school administrators. Also, a lot of the information on educational interventions available in schools is anecdotal and doesn't help school-based practitioners to differentiate between what really works and that which is just well packaged.

Teachers need something that provides them with specific guidelines on how to implement interventions that have sound bases in research evidence. However,

there are several barriers to implementing evidence-based practices in education as well as some key facilitating factors.

Barriers to Implementing Evidence-Based Practice

A major barrier to widespread implementation of evidence-based practices is the mistrust that many teachers have of educational research, which is actually a major source of evidence-based practices (Cook and Cook 2011). There has been a longstanding view of teachers, particularly evident in England, that educational research has little to tell them about how to teach effectively (Oancea 2005). Traditionally, teachers have looked to experienced practitioners and existing practice in schools as their major sources of information about effective teaching strategies. Therefore, to get teachers to abandon their traditional means of determining which instructional strategies to use, they first need to be convinced about the value of evidence-based practices in improving student outcomes and thereby begin to view them as reliable indicators of what works best with students.

Another major barrier to the implementation of evidence-based practice is confusion over the meaning of terms such as “best practice,” “best evidence,” and “research based,” which are often used synonymously with evidence-based practice, although they refer to quite different things, as noted above. For example, many teachers may transfer the cynicism they have toward the term “best practice,” which has in the past been used to recommend strategies that have not necessarily had strong evidence bases, to strategies now shown to be evidence-based practices (Cook and Cook 2011). Therefore, teachers having a clear understanding of precisely what evidence-based practice actually means is necessary before they can be expected to commit to using them in their classrooms.

Yet another major barrier is that the professional development provided for teachers on evidence-based practice is often considered to be ineffective (Houchins et al. 2012; Odom 2009). The most widely used model, the “one-off workshop” in which information about evidence-based practices is presented, is generally regarded to have little impact on the instructional strategies that teachers subsequently use, especially if there is no ongoing support for the use of evidence-based practices. With a few exceptions (e.g., George and Childs 2012), professional development initiatives do not collect data on the implementation of evidence-based practices or on the impact of these on student outcomes. Without this information, it is impossible to evaluate teacher professional development in order to make it more effective.

A further barrier is the traditional culture of teaching in many schools, where existing practices that have been used for years are the norm. This is particularly the case in many developing countries and makes the implementation of strategies based on research evidence regarding effective practices very difficult.

There is also a lack of information in schools related to specific types of problems that students might have and of culturally specific knowledge and

understanding. For example, reviews of the research literature might not address the kinds of problems that may occur in certain populations or cultural settings and therefore not identify specific evidence-based practices that might be appropriate.

Another critical issue is the manner in which services are delivered. As discussed in Chap. 1, there are a range of opinions about inclusive schools and more restrictive settings such as special schools. This is an international issue that transcends special education and involves all children who experience learning and behavior problems. So the widely different ways in which schools are organized, some with virtually full inclusion, others with a cascade of services, along with such important features as ability grouping, presents a very complicated setting for the consistent implementation of evidence-based practices.

Clearly, many practitioners will need help with the implementation of evidence-based practices and some of the educational research literature can offer suggestions but with the understanding that these answers will always be influenced by cultural appropriateness and the availability of professional wisdom. With this in mind, some important facilitators for the implementation of evidence-based practices are suggested below.

Facilitators for Implementing Evidence-Based Practice

Identifying evidence-based practices must be viewed as just the start of the process of effective implementation in order to improve student outcomes. The use of professional wisdom, acquired through relevant experience, is required for specialist teachers to be able to adapt evidence-based practices for specific students and school environments, while maintaining the fidelity of the interventions (Cook and Cook 2011). Several steps are necessary for effective implementation, firstly, identifying and obtaining information about suitable evidence-based practices. Next is selecting appropriate evidence-based interventions for students' learning needs, teachers' strengths, and experiences that match the educational environment and adapting them as necessary. It is also important to ensure that effective teaching practices are in place within which to introduce evidence-based practices. Finally, it is important to regularly monitor student progress and adapt the evidence-based practices, or select new ones, as necessary (Cook et al. 2008).

Literature reviews on evidence-based practices provide some information, but this may not be enough to ensure that most educational practitioners are able to use these interventions in applied settings. Therefore, practitioners also need guidance about how to use the international literature to enhance their practices and make their work with children with SEND more effective. They need practical guidelines on how to implement evidence-based interventions and programs. To this end, Torres et al. (2012) have recently outlined a ten-step process for implementing evidence-based practices.

Step 1 involves determining student, teacher, and environmental characteristics and needs. Step 2 is to search the various sources of evidence-based practice, such

as the Best Evidence Encyclopedia and What Works Clearinghouse described above, for interventions to address these needs. Step 3 is to select the most appropriate and feasible interventions. Step 4 is to identify the key aspects of these interventions in order to ensure they can be implemented with fidelity. Step 5 is to ensure that the setting into which the evidence-based practice is to be introduced already embodies the basics of effective teaching, so that its impact is not undermined. Step 6 is to implement the intervention with fidelity in order to ensure that the procedures used include the key components of the intervention. A fidelity checklist, observations, or collection of data on the implementation should be built into the process. Step 7 is to monitor progress through collection and analysis of student outcome data. Step 8 is to adapt the evidence-based practice to optimize its fit with their teaching, while being careful to continue to include the key components of the intervention. Step 9 is to make instructional decisions based on data collected on student progress. Step 10 is for teachers to become an advocate for the evidence-based practice with their colleagues by collecting “practice-based evidence” to support its use.

An important facilitator for the implementation of evidence-based practices is having effective professional development for teachers. Odom (2009) has proposed that “enlightened” professional development includes several key aspects. First, team building and collaboration need to be built into the process. Second, consultants or coaches should provide demonstrations of the evidence-based practices in classroom settings and follow-up with feedback to teachers on their use of the interventions. Third, teachers should form communities of practice in order to share information and reflections on the introduction of evidence-based practices into their classrooms. Fourth, online resources, such as video clips of evidence-based practices being used in classroom settings, can be accessed to provide useful information and guidelines on their use. Fifth, web-based video and interactive systems, such as wikis and video feedback, can be used to assist the implementation of evidence-based practices.

Besides the need for effective professional development and step-by-step processes for implementing evidence-based practices, it is also important for the successful use and maintenance of these interventions that teachers have support in using them (Torres et al. 2012). This needs to come from school principals and teachers’ colleagues, that is, both mainstream classroom teachers and specialists in *inclusive special education*. Ideally, a community of practice should be established so teachers can support one another in the use of evidence-based practices. They can then share their experiences and produce “practice-based evidence” to monitor and evaluate the effectiveness of the interventions in their particular settings.

Bringing About Change

Knowledge of barriers and facilitators to using evidence-based practices are very useful in developing plans to implement evidence-based interventions more widely within schools. Such plans should be based on recognized models for bringing about change such as the eight-stage process developed by Kotter (2012) and its adaptation by Thorsborne and Blood (2013). The eight stages are outlined below with a focus on what schools need to address at each stage.

Stage 1: Making a case for change and creating urgency

In order to effectively bring about significant changes in schools, it is usually necessary for the vast majority of staff to be supportive of the need for change. In order to make a case for the change and develop a sense of urgency around the need for change, it is useful to identify potential threats and opportunities and develop scenarios of future possibilities, identify key people to lead the change, and start discussions with key staff and other stakeholders.

Step 2: Forming an implementation team

To lead change, it is necessary to bring together a team of people with the necessary skills and influence within the school. This may include teachers and members of the school's management team as well as members of the parent association, school board, and student council. The team will need to meet regularly in order to plan for implementing the change and build relationships with one another.

Step 3: Creating a vision for the change

A clear vision statement can help everyone understand what is intended to be achieved. The vision needs to be underpinned by the values that the school espouses to teach students and should also be imaginable, desirable, feasible, focused, flexible, and communicable (Kotter 2012). The implementation team needs to develop strategies for communicating the vision to all stakeholders in a clear and compelling way.

Step 4: Communicating the vision

The vision needs to be repeated frequently and powerfully, talked about at every opportunity, and embedded in as much school practice and professional development as possible. Channels of communication include staff meetings, school assemblies, parent evenings, school newsletters, and the school website. Schools need to embody the change and provide support for teachers and opportunities for any concerns to be raised and discussed.

Step 5: Removing obstacles and empowering action

Removing obstacles empowers teachers to execute the vision and helps implementation of the change. So after the structure for change has been put in place, ongoing checks must be made to identify potential barriers, such as whether anyone is resisting the change or whether there are school processes or structures that are getting in its way. It may be necessary to make changes to school procedures or provide professional learning experiences to facilitate the development of necessary skills. It is always important to acknowledge the

efforts of the implementation team and of staff who are implementing the change.

Step 6: Creating short-term wins

Create short-term targets on the way to the long-term goal. Look for easily achievable steps that can be implemented without help from any strong critics of the change. Then, provide opportunities for sharing the success of these initiatives and reward the staff that have helped in meeting the targets.

Step 7: Building on the change

Kotter (2012) argues that many change projects fail because victory is declared too soon. Early successes are only the beginning of what needs to be done to achieve long-term change and embed this in the culture of the school. Each success provides an opportunity to build on changes and identify what can be improved. After every advance, it is important to analyze what went right and set goals to continue building on the momentum achieved. Otherwise, schools may slip back into their traditional ways of operating.

Step 8: Maintaining and embedding change

In order to achieve lasting change, it must become embedded in the culture of the school. Continuous efforts must be made to ensure that changes are evident in every aspect of school organization. It is important that school leaders continue to support the changes and that new staff and students are inducted into the school culture that embodies these changes. There must be ongoing dissemination of success stories about the change process and recognition of staff involved in making the changes.

Eight Guiding Principles of Facilitating Change for School Leaders

Paradoxically, Fullan (1991) has suggested that, although change must be developed at the systems level, it can only be achieved through the performance of individuals. In fact, Fullan et al. (2005) have stated that “We need to develop better individuals while we simultaneously develop better organizations and systems (p. 58).” So in order to consider how to best facilitate change in schools, such as implementing more evidence-based practices, it is necessary to focus on school systems and school leaders as well as classroom teachers. As Fullan (2002, p. 17) has stated, “. . . we need leaders who can create a fundamental transformation in the learning cultures of schools and the teaching profession itself.”

The following eight guiding principles for facilitating change in schools are suggested for school leaders by Fullan et al. (2005).

1. *Engaging people’s moral purposes* – The first principle is knowledge about the why of change, that is, its moral purpose, such as committing to close the gap in achievement between students at the bottom and those at the top. This moral

purpose requires engaging teachers, school leaders, the community, and wider society in the change.

2. *Building capacity* – Building capacity involves developing new knowledge, skills, competencies, resources, and a shared identity and motivation to work together to bring about change. Capacity is often the missing component, even when people agree on the need for change.
3. *Understanding the change process* – It is important to understand that the change process is about establishing the conditions for ongoing improvement in order to overcome barriers to change.
4. *Developing cultures for learning* – Developing a culture for learning involves a set of strategies designed for people to learn from each other and become collectively committed to improvement. Schools must establish professional learning communities and develop new cultures of learning in order to bring about substantial improvements.
5. *Developing cultures of evaluation* – A developing culture of learning must include evaluation processes and procedures. When schools increase their capacity to engage in ongoing assessment for learning, they can bring about major changes.
6. *Focusing on leadership for change* – Effective leadership is essential for sustainable change to take place. Leadership is about fostering success in others. Therefore, bringing about lasting change involves seeking leaders who develop leadership capacity in others.
7. *Fostering coherence making* – Creating coherence involves being clear about the big picture and how all the components fit together, in order to enable people to focus more on the connections between new strategies and procedures.
8. *Cultivating trilevel development* – Trilevel development involves focusing on all three levels of the schooling system, that is, on changing individuals, but also on changing systems at the school, community, district, state, or national levels.

Guidelines for Teachers on Bringing About Change

As stated above, teachers have an important role to play in bringing about change; therefore, ten guidelines for teachers on how to bring about change that were proposed by Hargreaves and Fullan (2012) are outlined below:

1. *Teach like a professional* – Access the latest research evidence and search out new ideas from colleagues.
2. *Start with yourself* – Evaluate your own experience and teaching and consider your needs for professional development.
3. *Be a mindful teacher* – Check that your teaching is aligned with your beliefs and values and invest in developing your expertise.
4. *Build your human capital through social capital* – Take an inventory of your strengths and weaknesses and participate in peer observations and coaching.

5. *Push and pull your peers* – Draw colleagues in with your enthusiasm and encourage them in trying new approaches with your commitment to improving student outcomes.
6. *Invest in and accumulate your decisional capital* – Extend your sphere of influence by using data to improve your teaching and getting feedback from your peers.
7. *Manage up: Help your leaders be the best they can be* – Canvas support for new approaches from school leaders and share your findings with them.
8. *Take the first step* – Take the lead in trying out new approaches and ask for help from colleagues.
9. *Surprise yourself* – Work with a colleague you do not know well or network with teachers in other schools.
10. *Connect everything back to your students* – Maintain a focus on approaches and strategies that will benefit your students.

Summary and Conclusion

It is clear from the discussion above that there is now an extensive and rapidly growing international literature on evidence-based practice in education. However, there is also frustration with the speed of progress toward establishing these as the practices of choice in schools. Therefore, the next frontier in improving educational outcomes for all students, including those with SEND, is considered to be overcoming barriers to the optimum use of interventions that are evidence-based and facilitating the widespread implementation of evidence-based programs and practices in schools. The next chapter focuses on effective organization of schools implementing *inclusive special education*, with emphasis on the essential elements of effective practice for children with SEND, key issues in school organization, and school-wide evidence-based strategies.

Chapter 5

Organization of Schools for Inclusive Special Education

Introduction

Whereas the previous chapter focused on effective teaching practices, this one focuses on the organization of schools that is necessary for providing effective education for children with SEND. First, key policy issues that are necessary to ensure the best possible education for all children with SEND are highlighted. These include national, regional, and school policies on SEND; specific legislation on SEND; statutory guidelines on SEND; IEP and transition planning; trained SENCOs and SEN staff; training for mainstream teachers; training for specialist teachers; psychologist and counselor involvement; and parent partnership services. Second, a discussion of key aspects of school organization that impact the education of children with SEND is presented, including issues of school ethos, identification and assessment, ability grouping, individual educational plans, transition planning, appropriate curricula, and parental involvement. Third, key school-wide strategies for teaching children with SEND are outlined comprising Universal Design for Learning, Response to Intervention, Positive Behavior Interventions and Supports, and promotion of social and emotional aspects of development, including Circle Time and Incredible Years programs. All three aspects of school organization are important in facilitating effective *inclusive special education*. This is illustrated in Fig. 5.1.

Providing the Best Possible Education for All Children with SEND

In order to provide the best possible education for all children with SEND, it is necessary to have policies and procedures in place in all relevant aspects of the education system. First and foremost, as suggested in Chap. 2, it is essential to have



Fig. 5.1 School-wide organization for addressing SEND

clear and specific national, regional, and local policies on the education of children with SEND. Therefore, there needs to be national legislation that clearly specifies the rights of children with SEND and their families, as well as statutory guidelines for schools provided by the national ministry of education, or equivalent, in each country. There also needs to be a mechanism to ensure that these are supplemented by policies at the regional and local levels. This has been discussed in Chap. 2. The main target of the legislation, guidelines, and policies is what happens in schools.

In order to clarify the components necessary to facilitate the best possible education for all children with SEND, analysis of the weaknesses in school organization for meeting special educational needs in New Zealand, which were outlined in Chap. 1, can be used as a guide. From this analysis, it is considered that in order to implement effective *inclusive special education*, each of the following components needs to be in place.

Coherent Policy About Inclusive Education

Each country needs to have its own coherent policy on *inclusive special education*. Policies need to reflect national priorities and key features of national education systems. For example, in Finland, education authorities have focused on teacher preparation for SEND, collaboration between mainstream and specialist teachers, early intervention for children with learning difficulties, special classes in mainstream schools, and broad curricula for children with SEND (Mitchell 2014). In addition to national policies on *inclusive special education*, there need to be regional policies that are adapted to suit different communities or school districts. Schools also need to have their own policies on *inclusive special education* that reflect national and regional policies and include specifics such as needs assessment, IEP processes, SEN provision in the school, support staff, parent involvement, links with agencies and services, and the ongoing monitoring and review of provision for children with SEND (NCSE 2010).

Specific Education Legislation for Children with SEND

There needs to be specific education legislation regarding children with SEND whether they attend mainstream schools, special schools, or special classes. This may be similar to the Individuals with Disabilities Education Act (IDEA) in the USA. As noted in Chap. 1, implementation of the six principles underpinning the IDEA provides children with SEND and their families in the USA with the best possible assurance of an appropriate education.

Requirement to Have SENCOs or SEN Committees

Establishment of Special Educational Needs Coordinators (SENCOs) or SEN committees in mainstream education facilities from early childhood through high school, with a time allocation sufficient for the SENCO or key SEN committee members to carry out this role effectively, is essential for successful *inclusive special education*.

Requirement for SENCO Training

Specific training for teaching children with SEND needs to be mandated for SENCOs or key members of the SEN committee. There should be training both

before they take up the role and as part of continuing professional development for these key SEN staff working in schools.

Requirements for Individual Education Planning

Schools should be mandated to implement a system for organizing IEPs, or individual student-learning plans, and reviews of progress for all children with significant SENDs. Comprehensive guidance on implementing the plans needs to be provided to schools, and specific guidelines for effectively involving parents should be detailed.

Statutory Training for Mainstream Teachers on SEND

Institutions providing teacher education must be mandated to include specific training on the knowledge, attitudes, and skills for effectively teaching students with SEND in all programs from early childhood through to high school teachers. This should be taught by teacher educators with experience in the SEND field who are also tasked with supporting their colleagues to ensure that strategies for teaching children with SEND are included in all of the courses that trainee teachers take.

Training for Specialist Teachers

Each country needs to ensure that comprehensive training programs are available for teachers of children with various types of SEND, including children with mild to moderate learning and behavioral difficulties, vision and hearing difficulties, autism, and severe and multiple learning difficulties.

Psychologist/Specialist Involvement

Psychologist and other specialist input, such as from physical or occupational therapists, should be mandated in assessment and program planning, including IEP meetings, for children identified as having SEND. Schools require the expertise of specialists such as educational psychologists and speech/language therapists to ensure that children with SEND have their needs comprehensively assessed and that appropriate programs are developed to meet these needs.

School Counselors or Social Workers Available to All Schools

Schools need to have counselors or social workers that are either based in schools or easily accessible through serving several schools, to deal with mental health or child care issues. Mental health issues typically emerge during early childhood, or during the elementary and middle school years, and if not addressed then can become much more serious and difficult to manage at high school level (Atkinson and Hornby 2002). Therefore, access to counselors and social workers is necessary at all levels of schooling from early childhood through high schools.

Parent Partnership Services

School systems need parent partnership services or parent involvement coordinators to provide information, advice, and support to parents and carers who have a child or young person with a SEND.

Statutory Guidelines for Schools on SEND

There needs to be statutory guidelines for schools regarding children with SEND that schools must follow, similar to the detailed statutory guidance for schools provided within the Code of Practice for SEN (DfES 2001) in England. This sets out detailed guidelines for the procedures that must be followed and the resources that must be provided for children with SEND and their families, as detailed in Chap. 1.

Key Issues in School Organization for SEND

Schools need to have policies and practices in place to ensure that the requirements of national legislation and statutory guidelines are implemented. Policies and procedures need to be in place across the entire education system from early childhood centers through high school, in rural and urban areas, in all schools involved in providing *inclusive special education*. Critical among these policies and practices are school ethos, identification and assessment, ability grouping, individualized educational plans, transition planning, appropriate curricula, and parental involvement.

School Ethos

First and foremost, schools must have a positive ethos with regard to children with SEND. They must see such children as not only their responsibility to provide effectively for but also consider that these children are assets to the school. For example, the high school that my sons attended in New Zealand was very proud of having two special classes for children with intellectual disabilities as part of the school. Visitors and parents of new mainstream students were taken to see the special classes. Students from the classes were included in school activities wherever possible and mainstream students gained credit for helping in the classes. The achievements of these special class students were celebrated along with those of mainstream students in school assemblies and newsletters to parents. In these ways, a positive approach to educating and caring for all students, including those with SEND, was an important part of the overall school ethos. This is an example of how a positive school ethos celebrates diversity and affirms the values of *inclusive special education* by ensuring that students with SEND are valued and are given a sense of belonging within the school while having their needs met through the special education programs that they follow in the special classes.

In contrast, schools who see children with SEND as undesirable because they bring overall academic achievement down, or see them as a nuisance or a behavior problem to be removed from the school, have a very different school ethos. This is an ethos that encourages intolerance of diversity in the student population. It is not consistent with the values of *inclusive special education*.

Mitchell (2014) includes in his list of evidence-based strategies for special and inclusive education the development of a positive school culture and the creation of a positive classroom climate. He asserts that the key elements of a positive school culture include a vision and school policy for including a diverse range of learners that is widely disseminated through school publications and meetings with parents and the wider community. It also includes a culture of encouragement and recognition of achievements and instructional leadership that creates a school climate with high expectations for teachers and students. Other essential elements are a willingness to adapt school procedures to meet students' special needs and adequate human and practical resources for doing this, as well as procedures for monitoring the impact of improvements on students' achievements and behavior.

Within this positive school culture, Mitchell (2014) identifies the elements essential for creating safe, positive, and motivating classroom environments. Key to these he considers to be relationships between teachers and students characterized by warmth, respect, genuineness, empathy, and affirmation, as well classroom environments characterized by security, stability, and a sense of belonging to a community. Teachers need to help students set a range of short-term and long-term goals and provide regular specific feedback on these. They need to involve their students in establishing clear and specific classroom rules and boundaries and be authoritative in teaching students about acceptable and unacceptable behavior.

They need to have high but realistic expectations of students and help them to identify their strengths.

A critical component of a positive school ethos and classroom climate is the implementation of a strengths-based approach to facilitating children's development (Fox 2008; Jones-Smith 2011). As illustrated by the example in the preface of this book, it is useful for educators to realize just how powerful it can be to focus on children's strengths, as well as, or instead of, their weaknesses. The strengths-based perspective assumes that every individual has resources that can be mobilized toward achieving success in life. From this perspective, it is considered that success is more likely to be ongoing and sustainable if education is focused on children's strengths rather than on their weaknesses or deficits. Deficits in learning or behavior are not ignored but are regarded as areas to be developed, either alongside or subsequent to the development of strengths. Weaknesses are considered to be those areas that are most challenging to develop, whereas strengths are likely to respond more quickly to intervention.

Strengths-based practice has emerged from the recent development of positive psychology that has changed the focus from identifying psychological deficits to one of investigating factors that promote success (Mather and Hulme 2013; O'Grady 2013). The aim of strengths-based approaches is the identification and development of strengths in order to facilitate overall achievement. In strengths-based approaches, instead of identifying deficits, the focus is on finding strengths and resources within children with the intention that working on these strengths will help overcome their weaknesses and challenges (Jones-Smith 2011). Strengths-based approaches have been found to improve student well-being and engagement as well as teacher-student relationships (Hay and Campbell 2012).

Jones-Smith (2011) identifies several types of children's strengths, including wisdom, emotional, character, survival, and physical strengths. Fox (2008) focuses on learning strengths, relationship strengths, and activity strengths. So a very broad view is taken of children's potential strengths. The key is to identify each child's specific strengths, whatever they may be, and strike the right balance between focusing on their strengths, as well as their weaknesses, in order to build children's self-efficacy, thereby facilitating their optimum development.

Identification and Assessment

Schools must have procedures in place for identifying and assessing children with SEND and for providing appropriate interventions. These procedures must be implemented by staff that have had training in teaching children with SEND, such as SENCOs or key staff on SEN committees. School procedures should follow guidelines such as those provided by the Response to Intervention approach, discussed later in this chapter, in implementing a phased or tiered approach to identification and assessment.

Once children are identified with SEND, then the data collected from assessments should be used to track and evaluate their progress and determine whether changes to their programs need to be made. Schools therefore need to have policies and systems in place in order to collect data on students' progress across the curriculum and analyze it so that they can determine which students are underachieving in which subject areas (NCSE 2010). The data collected can also be used to evaluate the effectiveness of interventions used, for example, by comparing the progress of students who received a particular intervention with those who did not.

Ability Grouping

A major issue for schools is the ability grouping of students. This particularly affects children with SEND because they tend to be placed in low ability classes or schools. Many countries around the world continue to use different forms of ability grouping, within education systems, within schools, and within classes. This continues despite extensive research evidence which shows that such ability grouping is at best ineffective and at worst harmful to children (Slavin 1987, 1990, 1996).

The worst form of ability grouping is when education systems use between-school grouping, with an examination to assess their "ability" around 11 years of age determining what level or type of school children will attend from then on. This between-school grouping is still used in many developing countries around the world and produces a high level of academic achievement for a minority of students at the expense of underachievement for the majority of children.

Many developed countries use between-class ability grouping from around 11 years of age, with children assigned to classes designated as high, middle, and low ability. This practice is widespread in New Zealand despite schools acknowledging that there appears to be little benefit for most students and negative consequences, including low self-esteem and behavioral difficulties, for many children (Hornby and Witte 2014; Hornby et al. 2011).

An extensive review of the research literature on ability grouping concluded that no form of grouping benefits all students, but that students placed in lower ability groups, which include most children with SEND who are in mainstream schools, are likely to make less progress, become de-motivated, and develop anti-school attitudes (Kutnick et al. 2005). These students are likely to experience poorer quality of teaching and a limited range of curricular opportunities, which may have an impact on their later life chances. The reviewers concluded that within-class grouping is the most effective form of ability grouping.

In summarizing the findings of research that has examined the impact of between-class ability grouping and mixed-ability grouping on student learning at the elementary and high school levels, Slavin (1996) has provided the following recommendations: use mixed-ability groups for most subject areas, encourage students' identification with mixed-ability groups in order to promote acceptance

of diversity, and use ability grouping only when it will increase the efficacy of instruction or provide more time for instruction on specific skills (such as in learning to read or spell).

Education systems and the schools within them that are implementing *inclusive special education* must use grouping strategies in line with the above suggestions and at the same time ensure that strategies found to be ineffective, such as between-school and between-class ability grouping, are avoided.

Individual Educational Plans

Individual Educational Plans (IEPs) were first introduced by the Education of All Handicapped Children Act (1975) in the USA. IEPs provide a means of ensuring that programs are appropriate and regularly evaluated to meet the needs of students with SEND (Bateman 2011). The involvement of parents in the planning process was made mandatory in order to increase parental input on decisions about their child's education. This is because of extensive evidence for the effectiveness of active parent involvement in improving children's academic and social outcomes (Strickland and Turnbull 1993).

The implementation and review of IEPs facilitate child-centered planning and provide opportunities to bring together those working with children with SEND in order to share information, identify priorities, plan actions, and make decisions about placement, curriculum, and resources. The core IEP team typically includes the classroom teacher, specialist teachers, other specialists such as psychologists and therapists, teacher aides, parents or caregivers, and, where appropriate, the student with SEND. Teachers and parents are the most knowledgeable resources in programming for the needs of students. Therefore, the quality of relationships between teachers, parents, and other professionals involved plays an important part in the overall outcomes for students (Mitchell et al. 2010).

Ideally, all students with SEND need IEPs, although the special educational needs of many students can be met by teachers using the practical guidelines and individual and school-wide strategies discussed earlier in this book, without necessarily having an IEP in place. However, IEPs are absolutely necessary when the use of these strategies is not sufficient to meet the needs of children, typically those with moderate and severe levels of SEND.

As part of the IEP process, the team needs to:

- Consider a summary of assessment data, student progress, and relevant contextual issues in the student's home, school, and community environment
- Identify the student's current strengths and aspects needing development across the whole curriculum
- Identify and prioritize learning outcomes expected by the end of the IEP period

- Identify specific, achievable, and measurable goals that build on current strengths and reflect the next learning steps to address areas needing development
- Identify specific success criteria for each goal
- Initiate ongoing planning to support the achievement of goals, for example, adaptations of the classroom environment, teaching and learning materials, and teaching strategies and differentiations of content of learning materials and responses expected from students
- Clarify roles and responsibilities to ensure full implementation of IEPs
- Identify strategies to overcome any barriers to achieving goals
- Consider the long-term aims of education for the student in question
- Evaluate the effectiveness of IEPs and review progress before the next IEP

The IEP process involves collaborative working relationships by means of which IEPs are developed, implemented, and reviewed (MoE 2011).

Successful collaboration depends on:

- Defining respective roles but accepting joint responsibility for decisions and their outcomes
- Taking a problem-solving approach and developing procedures for resolving conflicts
- Establishing mutual trust and respect for one another's ideas and expertise
- Being willing to learn from others
- Aiming for consensus decision making

Mitchell et al. (2010) provide guidelines for facilitating collaboration in developing useful IEPs, including those below:

- Get to know the student's background and maintain effective relationships with family members, for example, through home visits.
- Regularly liaise with parents and professionals involved with the child.
- Before IEP meetings, provide participants with relevant, helpful information.
- Help with child care and transport if necessary to facilitate parental participation.
- Provide necessary information and training to team members on the IEP process.
- Use jargon-free communication and the student's home language as much as possible, involving interpreters when necessary.

Effective implementation of IEP processes is an essential aspect of *inclusive special education* as it emphasizes the need to individualize and personalize the education of each child with SEND.

Transition Planning

It is now recognized that Individual Transition Plans preparing young people with SEND for post-school life should be included as part of students' IEPs as they reach

adolescence (Dee 2006). The need for such transition planning emerged in the 1930s, and by the end of the century, models for transition-focused education consistently highlighted five essential components: student-focused planning, student development, family involvement, interagency collaboration, and program structure (Blackorby and Wagner 1996; Karan et al. 2010; Mazzotti et al. 2013).

The most important considerations regarding program structure and student development include the curriculum that students should follow, the goals to be emphasized within the IEP, and the staff who will work with students in order to support them to achieve these goals. It is widely recognized that young people as well as their parents and families have a central role in this process so that the principles of self-determination and person-centered planning play an important role in the transition (Benz and Lindstrom 1997; Woods et al. 2010).

When any young person is with a SEND undergoing the transition from high school, there are many things that need to be considered, including educational and vocational opportunities, financial planning, living arrangements, social and recreational opportunities, and overall quality of life (Halpern 1993). Planning should take into account students' strengths, interests, supports, and preferences and specific issues including their mobility, social relationships, community participation, and leisure activities (Hendricks and Wehman 2009; Wehman 1996).

A particular concern regarding this transition is the low level of employment of young people with SEND which has been found in numerous studies focusing on post-school outcomes for young people with SEND (Simonsen and Neubert 2013). An example of this is provided by a follow-up study, reported in Chap. 2, which was conducted in England with 24 young people with moderate learning difficulties 3–9 years after they left school (Hornby and Kidd 2001). Only 3 of the 24 ex-students were found to be working full time and 1 part time. A further five had worked in at least one job since leaving school but were unemployed at the time of the study. It was notable that nearly all those who had participated in work experience at either school or college had managed to find jobs, whereas the majority of those who had not had work experience were unable to find jobs.

This study concluded that the main educational components of effective transitions were functional curricula which teach necessary vocational skills; comprehensive, well-supervised work experience programs; involving parents and young people in transition planning; and having support networks of community agencies to provide guidance to parents and the young people themselves before and after they leave school (Hornby and Kidd 2001).

In a major review of the literature on transition to post-school life for young people with disabilities, Mazzotti et al. (2013) have identified 16 predictors of post-school success that can be considered evidence-based practices. These predictors include all of the key factors noted above and add a few others. The full list is career awareness, community experiences, high school diploma status, inclusion in general education, interagency collaboration, occupational courses, paid employment/work experience, parental involvement, program of study, self-advocacy/self-determination, self-care/independent living, social skills, student support, transition program, vocational education, and work study.

Bambara et al. (2007) provide a useful summary of the six key practices in the transition process. These are:

- Creating student-centered transition plans
- Aligning the school curriculum with visions of post-school life
- Cultivating student involvement and self-determination
- Establishing interagency collaboration
- Facilitating work-based learning experiences
- Promoting family involvement and partnerships

It is clear that an essential component of providing effective *inclusive special education* is therefore ensuring that schools implement the evidence-based transition practices highlighted above.

Appropriate Curricula

The confusion about what constitutes an appropriate curriculum for children with SEND in *inclusive special education* was highlighted in Chap. 2. Basically, supporters of inclusive education consider that children with SEND should follow the same academically focused national curricula as all other children, but adapted to suit their needs. As explained in Chap. 2, this is not always in the best interest of children with SEND, although such curricula may be appropriate during some of their years at school.

Deciding what constitutes appropriate curricula for children with different types and severity of SEN at different ages and stages of development is not a simple issue. It is best determined by means of comprehensive assessments of children's functioning and discussion with the key people in children's lives, including teachers, specialists, and parents or caregivers. This can be conducted as part of the review of IEPs.

The main issue is getting the right balance between an academic and a functional curriculum for children with SEND at various stages of development. This involves deciding the relative importance and emphasis to be placed on academic skills versus life skills. This becomes an important issue when children with SEND get older and the curriculum they follow needs to become less focused on developing academic skills such as literacy and numeracy and more focused on functional skills such as communication and social and vocational skills in preparation for post-school life.

Parental Involvement

It is very important that schools have in place effective procedures for optimizing parental involvement in their children's education. Although this is widely

recognized in theory, in practice there is typically a gap between the rhetoric and reality of parental involvement in mainstream schools (Hornby and Lafaele 2011; Hornby and Witte 2010a, b, c, d). Schools involving parents is particularly important when children have SEND (Hornby 1995), so it is essential that schools have policies and practices in place for ensuring effective involvement of parents of children with SEND. Policies and practices for parental involvement are discussed in Chap. 6, and the skills for implementing them are outlined in Chaps. 7 and 8, with further information available from Hornby (1994, 2000, 2011).

School-Wide Strategies for Teaching Children with SEND

It is very important that schools implementing *inclusive special education* ensure that school-wide practices are based on research evidence of effectiveness in facilitating the academic and social development of children with SEND. Key school-wide strategies that have strong bases of research evidence for their effectiveness are outlined below. As noted in Chap. 4, when discussing effective strategies for teachers, as well as having a strong base of research evidence, school-wide intervention strategies also need to be able to be implemented within the cultural context and practical realities of schools. Interventions need to be culturally appropriate and fit within teachers' knowledge, skills, and experience, as well as the values of parents, families, and communities (Cook and Cook 2011; Habib et al. 2013). The following four school-wide strategies have each been successfully implemented in several different cultural and educational settings so are considered to be able to meet these criteria.

Universal Design for Learning

Universal Design for Learning is a framework that can be applied at all levels of schooling to ensure that learning opportunities, access to the curriculum, and instructional practices are accessible to all students (King-Sears 2009). The principle behind Universal Design for Learning is that it guides the development of approaches and strategies that can benefit all children, including those with SEND, across the curriculum. The premise of Universal Design for Learning is that one approach cannot fit all. This approach to learning acknowledges the diverse ways in which children and young people learn and accommodates this diversity by presenting the curriculum in a way that makes it accessible for all, while also supporting, challenging, and engaging students.

There are seven fundamental tenets of Universal Design for Learning (Gargiulo and Metcalf 2008; Mitchell 2014):

- Equitable use – that is, able to be used by students with diverse SEND.
- Simplicity of use – that is, easy to use, regardless of knowledge or skill levels.
- Flexibility of use – that is, can be used by children with various levels of SEND.
- Sufficient size and space – that is, its use does not depend on size or mobility.
- Tolerance for error – that is, feedback is provided so errors can be corrected.
- Minimal physical effort – that is, can be used comfortably with minimal fatigue.
- Clear communication – that is, key information is accessible for diverse SEND.

The three main principles of Universal Design for Learning practice focus on representation, action/expression, and engagement (Mitchell 2014). This involves:

- *Providing multiple means of representation* – that is, providing learner’s with multiple ways in which to acquire knowledge and learn new information
- *Providing for multiple types of action and expression* – that is, providing individuals with many ways to demonstrate their skills, knowledge, and understanding
- *Providing for multiple levels of engagement* – that is, providing students with the appropriate level of challenge and work in ways that increase students’ motivation to learn

Universal Design for Learning can be implemented in classrooms and applied to assessment, curriculum development, and teaching strategies, using the following guidelines (Burgstahler 2012):

Class Climate – should reflect the values of diversity and inclusion within the classroom.

Interaction – provide for effective interaction between students and with the teacher.

Physical Environments – all students can access facilities, resources, and equipment.

Delivery Methods – instructional procedures are able to be accessed by all students.

Information Technology – course materials and other information resources are engaging, flexible, and accessible for all students.

Feedback – specific and constructive feedback is provided to all students.

Assessment – multiple methods are used to frequently assess student’s progress and information gained is used in order to guide instructional strategies.

Accommodation – instruction is designed to meet the needs of diverse SEND.

Universal Design for Learning is therefore a key strategy for implementing effective *inclusive special education*.

Response to Intervention

Response to Intervention is a whole-of-school approach to meeting children’s SEND. It was developed in the USA in the 1980s and 1990s and is now widely used in most States. Response to Intervention involves a phased or tiered approach

to instruction, with around 80 % of students considered to be at tier one, 15 % at tier two, and 5 % at tier three (Burns and Gibbons 2008; Glover and Vaughn 2010).

At tier one, classroom teachers are responsible for monitoring progress and adapting instruction for all students, including those with SEND. Students considered not to be making satisfactory progress at tier one are put into tier two. At tier two, classroom teachers remain responsible for monitoring progress and adapting instruction for students with SEND, but they involve other staff such as SENCOs in assessing and planning programs for tier two students. Students considered not to be making satisfactory progress at tier two are moved into tier three. At tier three, students receive more intensive assistance in small groups or individually. They are provided with explicit and intensive instruction designed to meet their individual needs. Ideally, this is provided by specialist trained staff.

Response to Intervention is similar to the staged intervention process adopted in the UK as part of the procedures of the Code of Practice for SEN (DfES 2001). This has three stages of intervention: school action, school action plus, and a formal assessment and statementing process. These stages are very similar to the three tiers in Response to Intervention.

A recent survey of the implementation of Response to Intervention in the USA found that while the majority of schools (94 %) are in some stage of implementation of this approach, only 24 % have reached full implementation (GlobalScholar 2011). Of those schools planning or implementing Response to Intervention, elementary schools lead the way, with 80 % of respondents reporting they have fully implemented it in one or more domain areas (reading, writing, math, behavior, or science). In general, implementation of Response to Intervention for academic issues is ahead of implementation for behavioral difficulties, particularly in the areas of screening assessments, research-based interventions, and data-driven decision making. Reading is the predominant domain area for which Response to Intervention has been implemented, followed by math and then behavior. Research evidence for its effectiveness is accumulating, for example, Burns and Gibbons (2008) reporting well above-average effect sizes for all the research studies of Response to Intervention included in a meta-analysis. So it is clearly an important approach for schools to use when implementing *inclusive special education*.

Positive Behavior Interventions and Supports

Positive Behavior Interventions and Supports is a framework which enables schools to design and implement a whole-of-school approach that focuses on communicating clear behavioral expectations, teaching appropriate behavior and thereby optimizing academic achievement. It emphasizes the adoption of effective systemic and individualized behavioral interventions for achieving important social and learning outcomes, while preventing problem behaviors (Sugai and Horner 2002). It is an approach that uses systems change to minimize students' problem behaviors and increases their quality of life and likelihood of success socially and academically

(Coffey and Horner 2012). Schools implementing this approach focus on building students' academic skills along with their social competencies.

A technology of tiered behavior supports at the whole-school, small-group, and individual levels is implemented using applied behavior analysis. Tier one interventions are designed for all students in the school and include the teaching of behavioral expectations, the reinforcement of those expectations, and continuous collection and use of data for decision making. Tier two interventions involve approximately 15 % of the students. The focus is on small-group interventions such as social skills training and careful progress monitoring. Tier three interventions involve approximately 5 % of the school roll, and students have individualized behavior interventions based on functional behavioral assessment. Through this behaviorally based systems approach, the capacity of schools to use evidence-based behavioral and instructional practices is enhanced (Sugai and Horner 2002).

Students at schools where Positive Behavior Interventions and Supports has been implemented learn which behaviors are appropriate and also what to expect when they act inappropriately. Teachers monitor all students who exhibit problem behaviors through the use of disciplinary referrals and school-wide communication systems. The school is unified in its approach to supporting students both academically and behaviorally with additional support provided along a continuum from school-wide procedures through to individual functional behavioral assessment. These programs have been found to bring about positive changes in behavior throughout the three tiers of intervention, including significant decreases in overall levels of problem behaviors, in numerous controlled studies, so that Positive Behavior Interventions and Supports is considered to be a well-established evidence-based practice (Coffey and Horner 2012; Gresham 2004; OSEP Center on PBIS (2009).

In order to implement Positive Behavior Interventions and Supports, schools must focus on desired outcomes, data-based decision making, evidence-based practices, and school-wide behavioral systems. According to Sugai and Horner (2002), five basic steps characterize the implementation of a school-wide approach:

Step 1. Establish Leadership Team

School-wide leadership teams are created to guide the implementation of school-wide Positive Behavior Interventions and Supports. Teams should be composed of teachers who are respected by their colleagues and should also include principals and parents. Teams review school needs and establish improvement action plans, including staff development activities.

Step 2. Secure School-Wide Agreements and Supports

Leadership teams must secure staff agreements regarding the nature and priority of staff development needs, long-term commitment and investment in Positive Behavior Interventions and Supports, and the importance of taking a preventive approach to behavior management and school-wide discipline. It is recommended that action plans not be implemented until more than 80 % of school staff support these agreements.

Step 3. Develop Data-Based Action Plan

Data are collected and reviewed to determine which school practices need to be adopted, maintained, improved, or eliminated within each of four settings: school-wide, non-classroom, classroom, and individual students. Inventories, surveys, or checklists can be used to collect this data. Positive Behavior Interventions and Supports action plans include measurable outcomes; a 1–3 year timeline of events; specific additional activities; staff development plans; resource and support needs; and the identification, implementation, and sustained use of evidence-based practices.

Step 4. Arrange for High Fidelity of Implementation

Before any action plan is implemented, schools need to ensure that a strong leadership team is in place, there are agreements from at least 80 % of the staff to implement the plan, adequate professional development has been provided, teachers are highly competent in the necessary skills, adequate resources and support are in place, and high levels of positive reinforcement for staff implementation efforts are assured.

Step 5. Conduct Formative Data-Based Monitoring

A variety of data types should be used including attendance data; discipline referrals; detention, suspension, and expulsion rates; and behavioral incident data. Using data to monitor school-wide systems, schools must ensure that reliable and valid data are collected and recorded; efficient mechanisms are used for storing, analyzing, and summarizing data; and structures and processes are in place to facilitate data-based decision making.

Positive Behavior Interventions and Supports has been implemented in some New Zealand schools for around 10 years now. An evaluation of it at two of the schools using interviews and document analysis identified five factors that were key to successful implementation. These were readiness to implement the program by staff at the schools, student empowerment and constructive involvement, community input to ensure culturally appropriate interventions, ongoing professional development, and having effective mechanisms for evidence-based decision making (Savage et al. 2011).

Promotion of Social and Emotional Aspects of Development

All schools, from early childhood education centers through high schools, have an important role to play in facilitating their students' social and emotional well-being and fostering positive mental health. They can do this through prevention and early intervention for mental health issues as well as implementing strategies for promoting positive mental health (Lendrum et al. 2013). This is particularly relevant for children with SEND because they have a higher rate of mental health problems than the general population (Atkinson and Hornby 2002).

A meta-analysis of 213 school-based social and emotional learning programs found that participating students demonstrated significantly improved social and

emotional skills and attitudes and academic achievement, as well as significantly reduced conduct and internalizing problems (Durlak et al. 2011). It also found that classroom teachers could effectively deliver these programs and that they were successful at all education levels from elementary through high schools, as well as in urban, suburban, and rural settings.

Weare and Nind (2011) analyzed 52 systematic reviews and meta-analyses of interventions promoting positive mental health in schools. The interventions identified by the reviews had a wide range of beneficial effects on children, families, and communities and on a range of mental health, social, emotional, and educational outcomes. The characteristics of more effective interventions included teaching specific skills and competencies, focusing on positive mental health, balancing school-wide and targeted approaches, and providing early and ongoing intervention. A key finding was the importance of embedding interventions within a whole-of-school approach which included such features as changes to the curriculum, developing teachers' skills, linking with academic learning, improving school ethos, and working with parents and outside agencies. Interventions were only effective if they were fully and accurately implemented, that is, with clarity, intensity, and fidelity.

Therefore, it is important that schools implementing *inclusive special education* should include programs for the promotion of social and emotional aspects of development. These programs need to be well established, able to be used in a wide range of settings, and have solid research evidence of their effectiveness. The two approaches below meet these criteria and are compatible and so can be implemented together within a whole-of-school approach to promoting social and emotional development.

Circle Time

Circle Time is a technique developed and popularized by Jenny Mosely in England in the 1980s (Mosely 1996). Since this time, it has been adapted and widely used in schools in many countries, including New Zealand. Circle Time is generally used as a class-wide procedure, with everyone sitting in a circle, hence the name. Circle Time has been used with children from preschool to secondary school ages and with children with various SEND. It is an easy approach for teachers to learn, particularly if specialist staff such as psychologists or SENCOs can help set it up and model a session or two for them (Kelly 1999).

The Circle Time model is an approach to establishing and maintaining a positive behavior management system to:

- Promote positive relationships
- Create a caring and respectful ethos
- Help children develop their self-esteem and self-confidence
- Provide efficient and effective systems and support

- Facilitate happy lunchtimes and playtimes
- Nurture the creativity in all children
- Promote social and emotional development of all children

Research on Circle Time is increasing and has reached a point where there are now studies that have used randomized control trials and produced findings demonstrating its effectiveness (Canney and Byrne 2006; Miller and Moran 2007). Therefore, Circle Time can now be considered an evidence-based practice.

Incredible Years Programs

The Incredible Years Program Series includes training programs for use by teachers, psychologists, and therapists to promote children's social competence, emotional regulation, and problem-solving skills and reduce their behavior problems (Webster-Stratton and Reid 2010). The objectives of Incredible Years Program Interventions are to help parents and teachers provide young children of up to 12 years of age with a strong emotional, social, and academic foundation. The longer-term goal is to enhance children's ability to become socially and emotionally competent individuals who succeed in school, thereby reducing the incidence of social and emotional problems such as depression, school dropout, violence, drug abuse, and delinquency in later years.

Incredible Years Programs have been developed and evaluated by Carolyn Webster-Stratton, during the past 30 years and are now used in over 20 countries around the world. Numerous randomized control group studies have been conducted to evaluate the effectiveness of Incredible Years Teacher, Parent, and Child Treatment Programs for promoting social and emotional competence and have consistently reported positive findings, so that these programs are considered to be evidence-based practices (Drugli et al. 2010; Fergusson et al. 2013; Herman et al. 2011; Webster-Stratton and Reid 2010).

The Incredible Years Program Series is a set of linked comprehensive and developmentally based programs targeting parents, teachers, and children. The programs are designed to work jointly to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children.

The Incredible Years Program for teachers is focused on helping them strengthen classroom management strategies, promote children's pro-social behavior, and reduce classroom disruption and aggression. The program is useful for teachers, teacher aides, psychologists, school counselors, and any school personnel working with young children.

The Incredible Years Program for parents focuses on helping them meet the social and emotional needs of young children. The program aims to strengthen parenting skills and foster involvement in children's lives to promote children's academic, social, and emotional competencies and reduce behavior problems.

The Incredible Years Program for children focuses on strengthening children's social, emotional, and academic competencies including understanding and communicating feelings, using effective problem-solving strategies, managing anger, and learning conversational skills as well as appropriate classroom behaviors. The Incredible Years Program for children training course can be used by psychologists, counselors, or therapists to treat troubled or troublesome children in small groups or can be used by teachers as a prevention program with whole classes of students.

Summary and Conclusion

This chapter has discussed the organizational aspects of schools that are important in ensuring effective *inclusive special education*. The focus has been on practical components of school organization, issues of school policy, and school-wide evidence-based strategies that are all necessary in ensuring the best possible education for all children with SEND. The next chapter focuses on strategies for working effectively with parents of children with SEND.

Chapter 6

Working with Parents of Children in Inclusive Special Education

Introduction

The chapter begins with a rationale for the importance of parental involvement in terms of benefits to children with SEND, their families, and the schools that they attend. A model for effective parental involvement in mainstream and special schools is then presented which focuses on meeting parents' needs for support and utilizing their potential contributions. Emerging from the model is a list of key questions that schools can use to audit their provision for working with parents and families. Findings from a survey of schools in New Zealand using the key questions are presented to highlight critical areas of parental involvement needing development in schools implementing *inclusive special education*. Finally, an overview of strategies for working effectively with parents of children with SEND is presented.

An important challenge for teachers in mainstream or special schools is collaborating effectively with parents of children with SEND. The necessity of involving parents in order to improve educational outcomes for all children has been recognized by governments in many countries around the world. Parental involvement is typically defined as "...parental participation in the educational processes and experiences of their children" (Jeynes 2007, p. 83). There is now considerable support for the importance of parental involvement in the education of their children across all age groups, abilities and disabilities, as well as the various cultures and communities in which children grow up. The effectiveness of parental involvement in facilitating children's academic achievement has been reported by many reviews and meta-analyses of the now extensive international literature on this topic (Cox 2005; Desforges and Abouchaar 2003; Fan and Chen 2001; Henderson and Mapp 2002; Jeynes 2007; Pomerantz et al. 2007).

There are also other benefits of parental involvement that emerge from these reviews that focus on teachers, children, and parents. For teachers, effective parental involvement is reported to improve parent-teacher relationships, teacher morale, and school climate. For children, involvement of their parents is reported to

lead to improvements in attitudes, behavior, and attendance at school, as well as in their mental health. For parents, involvement in their children's education has been linked to increased parental confidence, satisfaction in parenting, and interest in their own education.

However, in some traditional societies, such as in India, China, and the West Indies, there is limited history or societal expectation on schools for involving parents in their children's education. Schools are seen as places where children are sent to be educated. Parents are not expected to be involved in schools or even in educating their children at home. Educating children is seen as the job of teachers and this is meant to occur in schools. While these views are gradually changing, they remain much more ingrained in traditional societies than in western countries, where there is an increasing commitment to parental involvement both at school and at home (Hornby and Lafaele 2011).

The importance of addressing this challenge is reinforced by a classic study conducted 30 years ago. Clark (1983) carried out research on high achieving students in an urban high school serving a poor black community where most of the students were failing. He found that what distinguished the parents of these high achieving students from others at the school was that they believed that they should be involved in their children's education, by both supporting their learning at home and interacting constructively with schools. So these parents did such things as establishing routines for homework and bedtime, supervising their children's TV viewing, encouraging children's reading, talking with their children, and visiting schools in order to advocate for their children. Clark concluded that these simple activities were what made the difference between students at the high school succeeding or failing. This finding reinforces the need for all teachers to view their role as including a responsibility for working effectively with parents, as well as for educating parents about the importance of their involvement in their children's education outside school. This is particularly important for parents of children with SEND.

Model for Parent Involvement

In order to ensure optimal involvement of parents in the education of their children with SEND, it is helpful for schools to have a model for parental involvement and guidelines for its implementation, which is the major focus of this chapter. The theoretical model for parental involvement that is illustrated in Fig. 6.1 and is described below was adapted from Hornby (2011). The model consists of two components, one focusing on parents' need for support, the other focusing on their potential contributions. Each of the components of the model will now be outlined and the knowledge and skills needed by teachers for facilitating effective involvement of parents within *inclusive special education* will be identified.

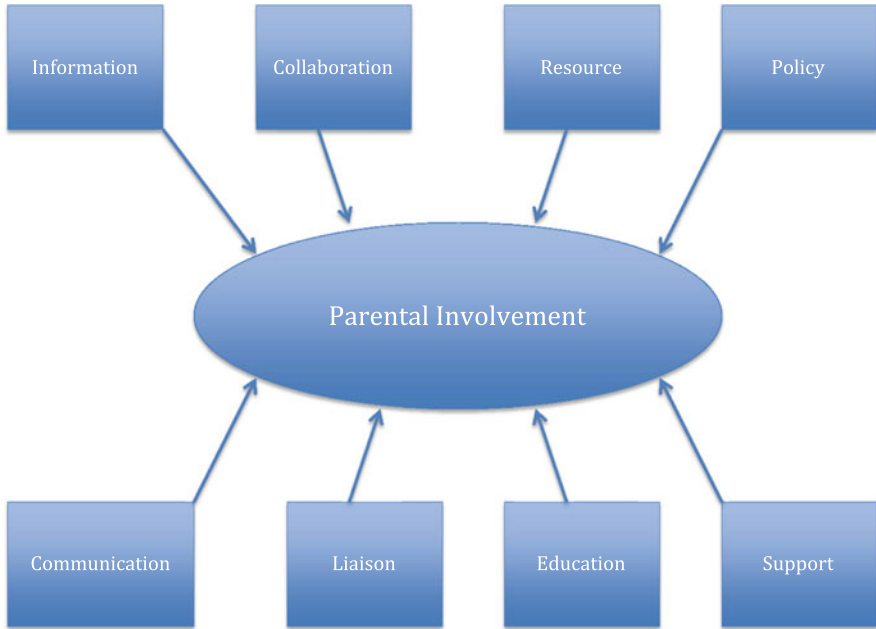


Fig. 6.1 Parental involvement model

Contributions by Parents

Information. All parents can contribute valuable information about their children and will have ongoing contacts with professionals in order to assess and plan for meeting their children’s needs. Information concerning children’s SEND, strengths, and weaknesses, along with any relevant medical details, can be gathered by teachers at parent-teacher meetings. Making full use of parents’ knowledge of their children not only leads to more effective professional practice, it also makes parents feel that they have been listened to and that an active interest has been taken in their children. Therefore, teachers need to develop good listening, counseling, and interviewing skills (Hornby et al. 2003).

Collaboration. Most parents of children with SEND are willing and able to contribute more than just information. They are able to collaborate with teachers by reinforcing classroom programs at home, such as in home-school reading programs. However, some parents, at some times, are not able to carry out work at home with their children because their resources are already fully committed in coping with their children. So, while involvement in home-school programs, or other requests for parents to carry out work with their children at home, should always be offered to all parents, it should be expected that some parents will not participate. Effective teachers develop the skills of collaborating with parents in a flexible partnership in which parents’ choices are respected.

Resource. Some parents of children with SEND are able to act as voluntary teacher aides, either assisting in the classroom, or in the preparation of materials, or in fund-raising. Others may have special skills that they can contribute such as helping prepare newsletters, craft activities, or curriculum areas in which they have a special talent. Some parents may have the time, skills, and knowledge to provide support to other parents either informally or through participation in self-help or support groups. Teachers need practical management and communication skills in order to enable as many parents as possible to act as a resource to the school,

Policy. Some parents of children with SEND are able to contribute their expertise through membership of parent or professional organizations. This includes being a school governor, being a member of the parent-teacher association, or being involved in a parent support or advocacy group. Others are able to provide in-service training by speaking at conferences or workshops or by writing about their experiences. Teachers can facilitate the involvement of parents who can contribute in these ways so that their abilities can be used to the fullest.

Support Needs of Parents

Communication. It is important for all parents of children with SEND to have effective channels of communication with their children's teachers in order to know when their children are having difficulties and what the school is going to do to address these. Schools can let parents know about their rights and responsibilities by providing handbooks and newsletters written especially for parents. Parents need to know that they can contact the school at any time when they have a concern about their child. Some parents prefer to communicate by telephone, others would rather call in to see the teacher face to face, while still others find that contact through written notes, text messages, email, or home-school diaries suits them best. Effective educators develop written and oral communication skills in order to ensure that a wide range of communication options is open to parents.

Liaison. Parents of children with SEND want to know how their children are getting on at school. They want to find out what their children have achieved and whether they are having any difficulties. They regard teachers as the main source of information on their children's performance at school and therefore need to have a working partnership with them. Teachers can facilitate this by keeping in regular contact with parents through such means as phone calls, home visits, home-school notebooks, weekly report cards, and by meeting with parents at school. Therefore, effective teachers develop the skills of conducting formal and informal meetings with parents and offer a range of options for liaison with parents so that those who do not feel comfortable coming to formal meetings have other forms of regular contact made available to them.

Education. Many parents of children with SEND are interested in participating in parent education programs aimed at promoting their children's progress or managing their behavior. Parent education can be conducted individually or in parent groups or workshops. An effective format for parent education is one that combines guidance about promoting children's development with opportunities for parents to discuss their concerns (see Hornby and Murray 1983). This type of format enables parents to learn new skills and gain confidence through talking to other parents and teachers. In order to be involved in parent education, effective teachers develop listening and counseling skills and the skills of group facilitation (Hornby 1994).

Support. Some parents of children with SEND will, at various times, need supportive counseling, even though they may not actually request it. Whereas most parents are reluctant to seek the help of professional counselors, they will approach their children's teachers in search of guidance for the problems that concern them. Effective teachers have a level of basic counseling skills sufficient to be good listeners and to help parents solve everyday problems. They also have the knowledge necessary to be able to refer parents for professional counseling when problems are raised that are beyond their levels of competence.

Using the Model to Guide Parent Involvement Practice

Using the model described above, a comprehensive framework for involving parents can be designed to suit each school implementing *inclusive special education*. The model can be used to generate a checklist designed to ensure that procedures are in place to meet parents' support needs and to make sure that their potential contributions are being fully utilized. The checklist that follows provides examples of the kinds of questions that teachers need to ask when reviewing their school's policy and practice regarding parental involvement. Each level of the model will now be considered in turn and sample questions identified. For a more comprehensive set of questions, see Hornby (2011).

Policy: Does the school have a separate written policy on parent involvement?

Does the policy clearly specify parents' rights and responsibilities and is it included in the material distributed to all parents and teachers? How is the policy enacted?

Resource: In what kinds of activities does the school welcome help from parents?

Are parents used to listen to children read or to assist in teaching or in preparing classroom materials?

Collaboration: How are parents of children with SEND involved in developing their child's Individual Educational Plan ? For example, do they attend all the meetings and have a chance to discuss their child with any outside specialists involved, such as specialist teachers, educational psychologists, or speech therapists?

Information: How is information on children's special needs, medical conditions, and relevant family circumstances gathered from parents? Are home visits used in addition to parent-teacher meetings at school?

Communication: What channels of communication are there between parents and teachers? That is, can parents choose to phone, write notes, text or email messages, or to call in to the school as and when necessary?

Liaison: What are the frequency and purpose of parent-teacher meetings? For example, are parents invited to attend termly or yearly meetings to review their children's progress?

Education: When are teachers available to provide guidance to parents? Do teachers make home visits in order to provide guidance to parents or does this only occur in parent-teacher meetings at school?

Support: Are parents encouraged to contact support groups and parent organizations for SEND? For example, are parents introduced to other parents who have children with similar difficulties? Are they given the opportunity of attending parent education workshops?

Research on Parental Involvement

Surveys have recently been conducted of parental involvement in schools in the Canterbury region of New Zealand. This research investigated policies and practices of parental involvement at mainstream elementary, middle, and high schools. Since 99 % of children in New Zealand are educated in mainstream schools, the findings of these surveys are very relevant to the parents of children with SEND. Canterbury is a region of approximately 480,000 people living in urban, suburban, and rural areas. School principals were interviewed using questions based on the model for parental involvement presented above. Results of the surveys showed that there was a wide diversity of practices for facilitating parental involvement in these schools (Hornby and Witte 2010a, b, c, d).

Survey findings showed that there were few aspects of parental involvement that all schools used and some which none used. It seems that there were excellent examples of parental involvement practice in some schools, but these were not consistent across all schools. The overall impression from analyzing the results is that parental involvement was not paid as much attention in high schools as it was in elementary and middle schools and, also, that urban and suburban schools were not as effective in their implementation of parental involvement as rural schools, perhaps because of closer links with their local communities that rural schools typically have.

Some innovative practices were reported. Examples included the use of school websites and email to provide information and a channel of communication for parents. Another was the inclusion of self-review in school reports in order to involve parents in the process. In addition, prize and award ceremonies were used to get parents into schools to celebrate their children's successes.

There were also some notable gaps in the parental involvement strategies being used by schools. First, there was the lack of written school policies on this in most schools. However, a few schools had written parental involvement policies which show that they saw the value of documenting their policies and having them available for teachers and parents to read. It is considered that all schools need to develop written policies for parental involvement. These should set out all the different ways in which parents can be involved in their children's education as well as the procedures through which schools and teachers can help parents to accomplish this (Hornby 2011).

Second, an important finding was that minimal parent education was typically organized by schools and referral of parents to parent education sessions available in the community was patchy. When children move from elementary to middle or high schools, the way in which parents are involved in their education changes. Involvement at school becomes less important, while involvement at home, such as in helping with homework, becomes more important. Without appropriate parent education, parents may not realize this and fail to provide the kind of support at home that will optimize their children's development.

Third, the finding that there was minimal use of home visits by school staff indicates under-use of this aspect of parental involvement. Many parents of children with SEND appreciate it when teachers make home visits, which can be very helpful for teachers in building rapport with parents and in gaining understanding of children's home circumstances. It is important for schools to attempt to overcome difficulties related to home visits such as time constraints, issues of personal safety, and some teachers' diffidence in relating to parents, in order to make use of this aspect of involving parents when it is appropriate.

Fourth, another important finding was the lack of specific ideas to involve parents from ethnically diverse backgrounds. Schools in New Zealand, like in many other countries around the world, are becoming more ethnically diverse. Many of these parents have English as a second language and come from countries with traditional schooling systems in which parental involvement is not emphasized and therefore find it difficult to get involved with their children's schools. It is essential for schools to reach out to such parents so that they realize the importance of their involvement in their children's education. Therefore, schools need to work hard to develop innovative ways to involve parents of ethnically diverse children with SEND.

Fifth, the diversity of practice among the schools surveyed highlighted important aspects of parental involvement that were in place at some schools but missing at others. Overall organization of parental involvement in the schools appeared ad hoc and very much related to the views and experience of the school principals. As Epstein (2001) suggests, what is needed in schools is a comprehensive system of parental involvement that includes the key aspects of it discussed above. In order to achieve this, it is suggested that schools need to have a parental involvement coordinator who is an experienced teacher or member of the school's senior management team. The first job of the coordinator should be to conduct an audit of parental involvement at the school and prepare a report for the school's principal

and governing body aimed at facilitating the development of a comprehensive system for parental involvement at the school.

Finally, the finding that there was a lack of training for teachers on working with parents, both preservice and in-service, suggests that the success of initiatives on improving parental involvement may be limited until this situation changes. Teacher education programs need to include rigorous courses on working with parents and ongoing professional development must be provided for practicing teachers. Training needs to be focused on enabling teachers to be comfortable using the wide range of aspects of collaborating with parents that have been identified in this research, which are found to be useful by schools.

In conclusion, it is considered that effective education of children with SEND in inclusive schools requires schools to implement the wide range of parental involvement practices described in this chapter. In order to achieve this, teachers need to develop the relevant skills, attitudes, and knowledge that are discussed above and in subsequent chapters.

Guidelines for Implementing Parent Involvement Activities

The types of parental involvement found to be most engaged in by the schools surveyed included various informal activities for encouraging parents into school; varied formats of parent-teacher meetings, both formal and informal; a variety of forms of written communication; telephone contacts; and to a lesser extent use of new technological options and home visits. Brief guidelines for professionals such as psychologists, school counselors, and teachers for effectively implementing these various forms of parental involvement in mainstream and special schools are presented below. These guidelines are based on the author's experience as an educational psychologist, teacher, and teacher educator, as well as the now extensive literature on implementing effective strategies for parental involvement (Grant and Ray 2010; Henderson et al. 2007; Turnbull et al. 2011). Further information on these guidelines can be found in Hornby (2011).

Activities for Encouraging Parents into School

Informal events are a useful way of "breaking the ice" in most forms of human relationships, and this is also the case in relationships with parents of children with SEND. Such events provide a means whereby parents and school staff can meet each other as people with a mutual interest in building relationships on behalf of children, thereby helping to break down the barriers that often exist between school and home. It can be useful to organize informal events in order to increase the numbers of parents having contact with the school and thereby establish the context necessary for the development of other forms of contact. The organization of

informal contacts is illustrated by the following descriptions of four different types of activities: school productions, open days, gala days, and outings into the local community.

Informal Events

School or class productions. The type of informal occasion guaranteed to achieve the maximum attendance of parents is one in which they see their children perform in some way or other.

Open Days. Another way to encourage a large proportion of parents to come into the school is to have an “open day” or “open evening” when parents can come along to look around the school and see classes in progress.

Gala Days or School Fairs. Events whose main aim is raising funds for the school, by having stalls which sell home-made food and activities for children and adults, also provide opportunities for teachers, parents, and children to meet informally.

Outings. Class or year-group or even school outings to places such as local parks on weekends or at holiday times can attract parents and other family members.

Ensuring Success of Informal Events

When holding informal events, it is important to ensure that as many parents and other family members attend and that the event organization facilitates attendees’ interactions with each other. Suggestions for making informal occasions successful, based on Karther and Lowden (1997), are outlined below.

Personal Invitations

Parents should be sent individually addressed invitations, possibly produced and delivered by their children. Invitations should give at least 2 weeks notice of the event so that parents can make the necessary arrangements. Then, 2 or 3 days before the event, reminder notes should be sent home with their children.

Facilitating Attendance

Providing assistance with transportation and child care will improve attendance rates. For example, organizing car pools or minibuses to pick up parents will enable some parents to come who otherwise wouldn’t have been able to. Also, organizing child-care facilities or making the event suitable for the whole family to attend is likely to substantially increase attendance.

Welcoming Atmosphere

For events held at the school, it is important to make the school entrance and foyer as welcoming as possible and to greet parents when they first arrive.

Optimizing Opportunities for Informal Communication

Careful planning is required to ensure that informal events do provide opportunities for parents of children with SEND to talk with each other and with teachers. Seating arrangements and planned activities should be organized to facilitate mixing rather than allowing people to sit with others they already know.

Providing Food and Drink

One of the best ways of promoting informal conversation is through arranging for food and drink at an event. Potluck meals when everyone brings a plate of home-cooked food are particularly good for this.

Parent-Teacher Meetings

The form of contact that all the schools use is that of parent-teacher interviews or meetings. These meetings are an established method of involving parents, as research has shown that they have an impact on both parent-teacher relationships and student progress (Turnbull and Turnbull 1986).

It is typically only a minority of parents of children with SEND who don't attend parent-teacher interviews. Regular parent-teacher meetings are desired by the majority of parents. The fact that nearly all schools hold such meetings suggests that teachers also find that they are a useful way of communicating between home and school. However, Bastiani (1989) has suggested that teachers and parents have different goals for such meetings. Teachers' goals include informing parents of their children's progress, establishing good relationships with parents, telling parents about the difficulties their children have at school, and suggesting ways in which parents can help their children at home. Whereas parents' goals focus more on finding out about their children's progress and about any difficulties they are having, passing on important information about their children, questioning teachers about any concerns they have, and discussing any difficulties which they are experiencing at home.

Whatever goals teachers and parents have for these meetings, it is important to both participants that they are organized to ensure effective communication. Several authors have provided suggestions for optimizing the effectiveness of

parent-teacher meetings (Grant and Ray 2010; Turnbull et al. 2011). It is from these sources that the following brief guidelines are drawn. Further information can be found in Hornby (2011). The guidelines are divided into three sections focusing on tasks for before and after meetings and those for conducting meetings.

Organization of Parent-Teacher Meetings

It is important to prepare as much as possible beforehand to ensure that time in meetings is used as effectively as possible. The following guidelines are suggested with this aim in mind.

Making Initial Contacts: It is preferable if teachers' first contacts with parents are not in formal parent-teacher interviews but through one of the informal forms of contact discussed earlier.

Notifying Parents: Letters of invitation should be sent home in advance, as stated earlier, and the purpose of the meeting should be made quite clear and non-threatening so that parents do not worry unnecessarily.

Helping Parents Prepare: Along with the invitation, parents can be sent some guidelines to help them prepare for the meeting as this conveys a message that parental input is welcome at the meeting. This should include such things as suggesting they make a list of questions they want to ask and talking to children beforehand to check whether they have any concerns that they would like raised.

Preparing Room: The teacher's classroom can be used with the most comfortable chairs available arranged so that there are no physical barriers, such as desks, between parents and the teacher. Distractions should be avoided and privacy maintained by keeping the classroom door closed and having a "Do Not Disturb" sign on the outside of it.

Reviewing Children's Progress: Children's records, assessment data, and work done at school should be reviewed and typical examples of their work selected in order to show parents at the meeting.

Involving Other Staff: Where relevant, it is also important to talk with other members of staff who work with the child, such as specialist teachers, therapists, or school counselors, in order to obtain more information and get their views on the child's progress.

Preparing Agenda: A list of issues needing to be raised with parents should be made and these should be ranked in order of priority so that key concerns can be dealt with first.

Involving Children: It can sometimes be helpful to involve children in meetings along with their parents. In a useful approach, known as "student-led parent-teacher meetings" (Little and Allan 1989), children introduce their parents to their teacher and show selected samples of their work to parents. Teachers then discuss children's achievements, strengths, and areas for development. Following this, parents, teachers, and children work together to set goals for children to work on. One principal of a middle school in the USA reports that implementing

this approach has increased participation of parents from 45 to 95 % (Kinney 2005). She suggests that other benefits of student-led conferences include parents gaining a clearer understanding of expectations for learning and children learning communication and goal setting skills.

Conducting Parent-Teacher Meetings

Establishing effective working relationships with parents of children with SEND is a key goal for *inclusive special education*, so the manner in which meetings with parents are conducted is very important. Relationships between parents and teachers are more successful if there is a two-way communication process that involves sharing of information, concerns, and ideas. Therefore, in order to conduct effective meetings with parents, teachers need to use many of the interpersonal skills that are discussed in Chap. 7 and implement the suggestions below.

Rapport Building: When parents first arrive, time should be spent welcoming them so that they feel at ease asking questions or making comments during the meeting.

Structuring: It is useful to set time limits for the meeting since there is good evidence that setting time limits helps to reduce irrelevant discussion. Then, the purpose of the meeting can be explained and the agenda items proposed by the teacher can be listed. Parents can be asked if there are other issues or concerns they would like to discuss at the meeting and their items added to the agenda, which are dealt with in agreed priority order.

Note-Taking: It is easier to build rapport in a meeting if notes are not taken during it. However, teachers often find it useful to note important details and list things they need to do after the meeting. Parents may also want to make notes. So the issue of note-taking should be discussed at the beginning of the meeting.

Providing Information: It is usually best to start on a positive note by stating the areas in which the child is doing well. Then, concerns the teacher has about difficulties the child is experiencing can be stated clearly and specifically. Parents want teachers to be honest with them but also sensitive to their feelings.

Obtaining Information: In order to get parents to open up and share concerns and ideas, teachers need to use the skills of attentiveness, asking open-ended questions, paraphrasing, and using active listening, which are discussed in Chap. 7.

Problem Solving: When specific problems emerge with no obvious solutions or where teachers and parents disagree, then the problem-solving process, discussed in Chap. 7, can be used.

Termination: At the end of the meeting, teachers can summarize the main points that have emerged and review the actions which parents and teachers have agreed to take. Finally, parents should be reminded that they can contact teachers any time they require information or have a concern about their child.

Reviewing Parent-Teacher Meetings

Following meetings, there are a few tasks to complete in order to help ensure positive outcomes. These are outlined below.

Making a Record: A brief report should be written to summarize the main issues that were discussed, the decisions that emerged from the meeting, and the individuals responsible for carrying out each action that was agreed upon.

Discuss with Children: If children were not involved, then a brief review of the issues discussed at the meeting should be conducted with the child, recommendations explained, and the opportunity to ask questions provided.

Liaise with Colleagues: Other members of staff should be informed about the outcome of the meeting and any recommendations relevant to their work with the child discussed with them.

Plan for Follow-Up: Teachers need to plan for the implementation of the actions agreed at the meeting and for a follow-up meeting.

Written Communication

Various forms of written communication can be used by schools to inform and communicate with parents of children with SEND. The most commonly used are newsletters, handbooks, and progress reports. Letters and home-school diaries are also widely used. It is therefore clear that the written word provides an important means of communication between teachers and parents (Hornby 2011).

However, there are two major difficulties with this form of communication. First, if some of the pupils' parents do not have English as their first language, then ideally every written communication with parents needs to be translated into their own languages. Second, it is important to remember that some parents have reading difficulties themselves. Therefore, written materials cannot be relied upon to communicate effectively with all parents. All written communication should therefore use language that is simple and able to be understood by the majority of parents.

Handbooks

Most schools have parent handbooks or school prospectuses, the purpose of which is to inform new or prospective parents about the school's aims and organization. These tend to be general documents that focus on promoting positive features of the school and informing parents about the major school rules and policies for pupils and parents to be aware of. Parents of children with SEND appreciate having a handbook written especially for them (Kroth 1985). Handbooks for parents of children with SEND can inform parents about their rights and responsibilities,

along with all the information they need in order to help their children to be successful at the school.

Parent handbooks can address the following aspects of school life. First, key school staff, such as the school's coordinator for SEND, should be listed along with their contact phone numbers, as well as those of specialists such as school psychologists and counselors. Second, the school's policy for parental involvement and for meeting children's SEN can be clearly spelled out. This includes an explanation for parents of who to contact if they have a concern and of the best methods for making this contact. Third, specific procedures for rewarding effort and progress as well as for dealing with misbehavior can be explained. Fourth, an indication of the materials and equipment children will need for various subjects can be included as well as suggestions for where these can be obtained. Fifth, the arrangements for transporting children to and from school can be detailed. Sixth, a description of the type and frequency of the progress reports parents will receive can be included. Finally, any other information that would be helpful to parents can be included, such as details of parent education workshops that are based at the school.

Newsletters

Newsletters regularly sent out to parents, typically once or twice a term, are a very good way of communicating with the majority of parents. Newsletters can be general ones that are addressed to all parents of children at the school or just to the parents of children with SEND. Newsletters can include a variety of content including notices for forthcoming events, updates of ongoing school and class projects, and invitations for parents to provide voluntary help at the school.

Letters

It is generally better to only use letters for situations that require a more formal approach. For example, most schools will, as a last resort, use letters to express concern about a child's behavior and invite parents to come to school to discuss the problem. However, this use of letters to deal with discipline problems should be balanced by a system of positive letters sent to parents to acknowledge a child's achievements, effort, or progress.

Home-School Diaries

Many parents of children with SEND prefer to have some form of book for written communication between themselves and teachers. It is more difficult for a book to be overlooked or lost, it provides a record of messages sent home, and it allows parents to write a message back to the teacher if they so wish. The home-school diary can be used to exchange information with parents on a wide variety of

subjects. For example, it can be used to let parents know about the topics discussed and activities carried out by children at school so that these can be followed up by discussion at home. Alternatively, what children have done at home during the evening or the weekend or the holidays can be noted so that the teacher can follow up these topics at school. Similarly, parents can inform teachers about any circumstances at home that may have upset their child, while teachers can let parents know about any upsets or misbehavior which have occurred at school. However, it is best not to communicate essentially sensitive or negative information by means of the diary. This is better done face to face, as mentioned earlier.

Progress Reports

Reports on children's progress are the most longstanding and widely used form of written communication to parents and are a legal requirement in most school systems. Formats of reports vary as children move from elementary to high schools. From parents' perspectives, many of these reports are not all that useful in that they are difficult to interpret and lack clear information about progress and future needs. Since teachers spend a lot of time writing these reports, it is important for schools to check that they provide the information which parents want and do this in a clear way which is understandable to people who are not in the education profession. One way to get useful feedback from parents on the format of progress reports is to organize focus group meetings with parents.

Telephone Contacts

Nowadays, the vast majority of parents have a telephone, so most parents are comfortable about communicating with teachers by means of the telephone, and many parents prefer to maintain contact with teachers in this way.

Parents Phoning Teachers

Many parents appreciate the opportunity of being able to phone teachers directly either at school or at home. However, there are difficulties associated with both of these options. The main problem with parents phoning teachers at school is that teachers should only have to leave their class to answer the telephone in absolute emergencies. So it is usually best to get the school secretary take messages and tell parents that the teacher will phone back as soon as possible.

Many teachers are not prepared to allow parents to phone them at home. This is perfectly understandable since they may feel the need to have some time to themselves that work pressures do not impinge on. Other teachers may want to encourage parents to phone them at home in preference to being phoned at school.

An alternative solution is to set a specified time of day or evening during the week when parents know the teacher will be at home and available to answer the phone.

Teachers Phoning Parents

Teachers can check whether parents are at home during the day or are happy to be phoned at work, in which case at least some of the calls can be made from school during the day. Otherwise, it means phoning parents in the evening in teachers' own time.

Whenever telephone calls are made to parents, there are certain guidelines that it is wise to follow (Turnbull and Turnbull 1986). First, identify yourself as their child's teacher when parents first answer. Second, ask if it is a convenient time to talk or whether it would be better if you called back later. Third, make a point of finding out the best time to call parents. Usually, later in the evening, when children are in bed, is the most suitable time. Fourth, use a written list of things you want to ask or tell parents that you have prepared beforehand. Fifth, be concise and to the point. If an issue needs lengthy discussion, it is better to do it face to face than on the phone. Sixth, listen carefully to what the parent has to say, using the listening skills discussed in Chap. 7. Seventh, give the parent time to ask you questions and to think about the things you have said. Eighth, if you don't have the information that parents want, suggest you will find out and get back to them as soon as possible. Ninth, avoid relaying sensitive information by telephone. This is better done face to face so that parents' reactions can be gauged. Finally, always finish by thanking parents for their time and remind them that they can contact you any time they have a concern.

New Technological Options for Communication

Use of new communication options such as email and school websites has great potential for increasing effective parental involvement and, along with other recent innovations, will become an integral part of schools' strategies for parental involvement in the future. Guidelines for using new communication options for improving parental involvement are outlined below.

Websites

School websites have so far been used mainly to provide information about the school for parents and others to access. Simply by providing information about which staff to contact about various issues and their email addresses can be useful for parents. Class websites are less common but have great potential for strengthening home-school links (Grant and Ray 2010). The website can also be used to

present details of forthcoming activities and photographs of class activities and trips and to display ideas for home activities for parents to engage in with children in order to support their learning.

Email

School and class newsletters can be sent out by email, saving printing and mailing costs and avoiding newsletters being “lost” at the bottom of school bags. Schools should ask parents to opt in to having newsletters emailed out so that the minority of families without the Internet can be sent print copies.

Text Messaging

Since most families will have at least one cellular or mobile phone, this provides a potential means of contacting parents urgently if this is necessary, as in the case of sickness or an injury to their child. It is also a useful means of checking on school absentees.

Blogging

Blogging, or online journaling, is considered to have great potential for facilitating parental involvement (Turnbull et al. 2011). It is possible for classroom teachers to post blogs on the Internet at the end of every school day highlighting class activities, thereby enabling parents to share in their children’s experiences and support their children’s learning at home. A variety of material can be posted on blogs – text, photographs, and video clips, which makes it a very flexible medium. Teachers will need to be cautious though about violating children’s privacy, as blogs can be read by anyone with access to the Internet.

Home Visits

Many parents of children with SEND appreciate it when their children’s teachers are prepared to come and visit them on their own territory. Such home visits can be pivotal in establishing constructive working relationships with parents, as was demonstrated by my visit to Grant’s home described in the preface. They provide teachers with an opportunity to see for themselves the circumstances in which the family is living. They also enable teachers to meet other members of the family such as siblings, fathers, and grandparents who they may not otherwise meet. Knowledge of these factors can help teachers understand how children with SEND may be affected by the home situation. Most importantly, home visits

provide an ideal opportunity for teachers to answer parents' questions and deal with any concerns they may have. In addition, home visits enable teachers to find out how their pupils spend their time at home, whether they have any hobbies, how much television they watch, and what time they usually go to bed. It is also possible to find out how pupils behave at home and how their parents manage their behavior (Grant and Ray 2010).

However, not all parents want home visits. Some parents may be too embarrassed to allow teachers to see their homes; others may fear what neighbors may say about a teacher's visit. Also, many schools do not see home visits as a high priority, since they are time consuming and there are issues of personal safety, especially for young teachers making home visits in some of the communities in which the families of the children that they teach are living.

Guidelines for Making Home Visits

In order to optimize the effectiveness of home visits, some general guidelines should be followed. These are outlined below:

Arranging visits: Home visits should always be prearranged since some parents would be embarrassed about the tidiness and cleanliness of their home if teachers just arrived unannounced. It is usually best for teachers to contact parents saying that they wish to make home visits to the parents of all their students and will be phoning in the next few days to make arrangements with those parents who would like this.

Dress: Since in their own homes parents will be dressed casually, it is best if teachers dress less formally than they do at school so that parents will feel more at ease.

Time: It is clearly best to arrange to visit at a time of day when all the family members will be present and when parents will have a chance to talk. For most families, the middle of the evening, when families have finished their evening meal, is the best time. It is important to be punctual and to allow sufficient time for the visit. It is also important not to stay too long as parents will need time to get the children ready for bed and possibly do other chores ready for the morning. It is usually best to allow for visits to last for around an hour but to set a time limit 15 min before your actual deadline to cope with the phenomenon that parents will mention their greatest concern just as you are leaving.

Courtesy: It is important to respect the hospitality associated with the cultural group from which the family comes. With most English families, this will simply mean accepting the offer of a cup of tea or coffee, but for West Indian families, it will probably mean accepting something to eat as well. When I was teaching a special class for children with moderate learning difficulties in New Zealand and made a home visit to a Samoan family, I found that they had prepared a full meal of Samoan food all served on banana leaves for my arrival. Fortunately, I

had been forewarned that it is not possible to discuss important matters in a traditional Samoan household until you have shared food with the family.

Listening: Throughout the visit, teachers need to be aware of using the listening skills discussed in Chap. 7 in order to help parents express their priorities and concerns about their children.

Questions: Teachers will want to ask parents for information about their children such as about any medical problems or about their interests and behavior at home. It is also important to allow parents time to ask questions of the teacher.

Distractions: Teachers should anticipate that there are likely to be distractions, such as parents needing to answer the telephone, during the visit and be determined not to become irritated by them.

Summary and Conclusion

A model for organizing and guiding the practice of parent involvement was presented in this chapter. Also, a wide range of strategies for communicating with parents was discussed, including informal contacts, parent-teacher meetings, written communication, telephone contacts, new technological options, and home visits. It is considered that making a range of strategies available to parents will facilitate optimal levels of parental involvement in schools. However, the range of strategies used by schools is dependent on teachers' knowledge of and skills for effectively implementing the various strategies. The skills required by teachers for implementing a wide range of activities and strategies for parental involvement are presented in the following chapter.

Chapter 7

Skills for Collaborating with Professionals and Parents

Introduction

In order to work effectively in *inclusive special education* with other professionals and parents of children with SEND, practitioners such as teachers, psychologists, social workers, and counselors working in schools need to have good interpersonal communication skills. These skills are essential for working effectively with other practitioners and parents and therefore are the main focus of this chapter. Another set of skills that is useful for professionals working in schools are those for organizing and leading parent education and support groups and workshops. Discussion of workshops for parents and of group leadership skills is included at the end of the chapter.

The most important of the skills required for working effectively with other professionals and parents are the ones needed for effective listening. These include the subskills of attentiveness, passive listening, paraphrasing, and active listening. Other interpersonal skills, which are needed for communicating with parents and for collaborating with colleagues, are assertion skills. These include techniques for making and refusing requests, giving constructive feedback, handling criticism, and problem solving. Also useful are basic counseling skills, particularly if set within a problem-solving model of counseling which involves listening and assertion skills.

To use this counseling model professionals must first of all *listen* to what parents or practitioners have to say, in order to help them clarify their concerns or ideas. Parents or practitioners should then be helped to gain a clear *understanding* of the problem situation that they face or goal that they have. Finally, professionals should help parents or practitioners to decide what, if anything, they want to do about their concern or issue. That is, what *action* they wish to take. Possessing the skills required to implement this simple model of counseling will contribute enormously to the ability of professionals to establish productive working relationships with parents and with professional colleagues.

Listening Skills

The skills required for effective listening are outlined below and discussed in more detail elsewhere (see Hornby et al. 2003). These skills are underpinned by the work of Carl Rogers who emphasized the importance of empathic understanding, genuineness, and respect in developing facilitative relationships with others (Rogers 1980).

Attentiveness

Effective listening requires a high level of attentiveness. This involves focusing one's physical attention on the person being listened to and includes several components, which are outlined below.

Eye Contact

The importance for the listener of maintaining good eye contact throughout the interview cannot be overemphasized. For situations in which listeners feel uncomfortable with direct eye contact, it is usually satisfactory for them to look at the speakers' mouth or the tip of their nose instead.

Facing Squarely

To communicate attentiveness, it is important for the listener to face the other person squarely or at a slight angle. Turning one's body away from another person suggests that you are not fully paying attention to them.

Leaning Forward

Leaning slightly forward, toward the person being listened to, communicates attentiveness. Alternatively, leaning backward gives the impression that you are not listening, so should be avoided.

Open Posture

Having one's legs crossed, or even worse one's arms crossed, when listening gives the impression of a lack of openness, as if a barrier is being placed between the

listener and the person talking. Attentiveness is therefore best communicated by the adoption of an open posture with both arms and legs uncrossed.

Remaining Relaxed

It is essential to be relaxed while adopting an attentive posture since if the posture adopted is not comfortable, it is difficult to concentrate fully on what is being said. Therefore, it is important to take up an attentive posture in which one feels relaxed, even if this doesn't exactly follow the guidelines discussed above.

Appropriate Body Motion

It is important to avoid distracting movements such as looking at the clock, fiddling with a pen, or constantly changing position. In addition, it is helpful to move appropriately in response to the speaker since a listener who sits perfectly still can be quite unnerving and communicate inattentiveness.

Non-distracting Environment

The room used should be as quiet as possible with the door kept closed to avoid distractions. Telephone calls can be put on hold and a "meeting in progress" sign hung on the door. Within the room, the chairs used should be comfortable with no physical barriers, such as desks or tables, between the speaker and the professional who is listening.

Distance

There needs to be a suitable distance between the speaker and listener. If the distance is too great or too small, then the speaker will feel uncomfortable and this will impede communication. A distance of about 3 feet is usually recommended, but this can vary between cultures, so it is best to always look for signs of discomfort or anxiety in the speaker and adjust the distance accordingly.

Passive Listening

Passive listening involves using a high level of attentiveness combined with other skills. These are invitations to talk, nonverbal clues, open questions, attentive silence, avoiding communication blocks, and minimizing self-listening.

Invitations to Talk

Before professionals begin to listen, they need to extend an invitation to parents or practitioners to talk about their concerns. For example, “How can I help you?” or “You seem upset. Would you like to talk about it?” The specific wording of the invitation needs to be tailored to the situation and people involved.

Nonverbal Clues

There are various sounds or short words that are often known as “nonverbal clues,” because they let the speaker know that you are paying attention to them without interrupting the flow. For example, “Go on,” “right,” “Huh Huh,” “Mm Mm.” It is particularly important to use these while listening to someone on the telephone because the speaker cannot gauge the listener’s attentiveness through the usual visual clues.

Open Questions

Open questions are used for clarification or to encourage the speaker to continue. For example, “What do you mean?” or “What happened then?” Closed questions, which usually require a very brief response such as “yes” or “no” and allow the listener to set the agenda, should be avoided.

Attentive Silence

Listeners should pause for a few seconds after each thing said to give parents or practitioners the opportunity to say more if they want to. During silences, people are often clarifying their thoughts and feelings. Therefore, using attentive silence is a very effective way of encouraging people to open up and continue exploring their concerns.

Avoiding Communication Blocks

Certain types of comment tend to act as blocks to the communication process and therefore should be avoided (Gordon 1970). When used they stop people from exploring their concerns and ideas. A common example is *reassurance*, such as saying “Don’t worry, it will work out all right.” Other types of blocks that are particularly annoying to parents are *denial* or *false acknowledgment of feelings*, such as suggesting that parents should “Look on the bright side” or telling them “I know exactly how you feel.” More blatant blocks to communication are *criticism*,

sarcasm, and *advice giving*. Other common blocks involve *diverting* people from the topic, either directly or by the use of *excessive questioning* or by *excessive self-disclosure* when people go on about themselves or others they have known who have had similar problems. Further blocks involve *moralizing*, *ordering*, or *threatening*, that is, telling people what they ought or must do. Finally, there are blocks in which *diagnosis* or *labeling* is used, for example, telling someone that they are “a worrier.” All these blocks tend to stifle the exploration of concerns or ideas and are therefore best avoided.

Avoiding Self-Listening

Self-listening occurs when people drift off into their own thoughts rather than listening to what the other person is saying. When a professional is listening to a parent or teacher and begins to self-listen, there is likelihood that important aspects of what is said will be missed. The listener may then become confused and will be unable to respond effectively to the person, who will therefore become aware of the inadequacy of the listening and tend to clam up. This is why it is very important that, when professionals are listening to parents or other practitioners, they are able to reduce self-listening to a minimum. The best way of minimizing self-listening is to use the listening techniques discussed below.

Paraphrasing

Paraphrasing is a skill that most people already use to some extent. When someone has told us something important and we want to be sure that we have understood correctly, we feed back the main points of the message to the person for confirmation. This is a crude form of paraphrasing that is similar to that used by competent listeners.

An effective paraphrase has four components. *First*, the paraphrase feeds back only the key points of the speaker’s message. *Second*, paraphrasing is concerned with the factual content of the speaker’s message, not with feelings. *Third*, an effective paraphrase is short and to the point. It is a summary of the speaker’s key message, not a summary of everything said. *Fourth*, a paraphrase is stated in the listener’s own words but in language which is familiar to the speaker.

Paraphrases are used when there are natural breaks in the interaction, such as when the speaker pauses and looks at the listener or when the speaker inflects his or her voice at the end of a sentence, clearly wanting some response from the listener. At this point, the listener feeds back the essence of the speaker’s message and then waits for a response. When the paraphrase hits the mark, the speaker typically indicates that this is the case by saying “That’s it” or “Right” or “Yes” or by some nonverbal means such as nodding his or her head. If the paraphrase is not accurate, or only partly accurate, then the response will not be so positive and in most cases

the speaker will correct the listener. In so doing, speakers will also be clarifying for themselves exactly what is meant, so the paraphrase will still have been of value.

Active Listening

Active listening involves trying to understand what the person is feeling and what the key message is in what they are saying, then putting this understanding into your own words, and feeding it back to the person (Gordon 1970). Thus, active listening involves the listener being actively engaged in clarifying the thoughts and feelings of the person they are listening to. It builds on attentiveness, passive listening, and also paraphrasing, in that the main aspects of what is being communicated are reflected back to the person. This is done to develop empathy and provide a kind of “sounding board” to facilitate exploration and clarification of the person’s concerns, ideas, and feelings.

Gordon (1970) suggested that certain attitudes are essential prerequisites to active listening. These are:

- The listener must really want to hear what the other person has to say.
- The listener must sincerely want to help the other person with his or her concern.
- The listener must be able to respect the other person’s feelings, opinions, attitudes, or values even though they may conflict with his or her own.
- The listener must have faith in the other person’s ability to work through and solve his or her own problems.
- The listener must realize that feelings are transitory and not be afraid when people express strong feelings such as anger or sadness.

The process of active listening involves reflecting both thoughts and feelings back to the speaker. The speaker’s key feeling is fed back along with the apparent reason for the feeling. When learning how to use active listening it is useful to have a set of formula to follow. The formula “*You feel....because.....*” is typically used.

For example: *You feel frustrated because* you haven’t finished the job.

You feel delighted because she has done so well.

When people gain confidence in their use of active listening, the formula is no longer needed and thoughts and feelings can be reflected back in a more natural way. For example, “*You are angry about* the way you were treated,” “*You’re sad that* it has come to an end,” *You were pleased with* the result, and “*You were annoyed by* her manner.”

However, active listening involves much more than simply using this formula. It requires listeners to set aside their own views in order to understand what the other person is experiencing. It therefore involves being aware of how things are said, the expressions and gestures used, and, most importantly, hearing what is not said but which lies behind what is said. The real art in active listening is in feeding this awareness back to the person accurately and sensitively. This, of course, is very

difficult, but the beauty of active listening is that you don't have to be completely right to be helpful. An active listening response which is a little off the mark typically gets speakers to clarify their thoughts and feelings further. However, active listening responses that are way off the mark suggest to the speaker that the other person isn't listening and therefore can act as blocks to communication.

Assertion Skills

Assertiveness involves being able to stand up for one's own rights while respecting the rights of others and being able to communicate one's ideas, concerns, and needs directly, persistently, and diplomatically. It also involves being able to express both positive and negative feelings with openness and honesty, as well as being able to choose how to react to situations from a range of options.

Teachers and other professionals, such as psychologists and counselors, need to use assertion skills in working with parents and for collaborating with their practitioner colleagues. Professionals will have to deal with criticism or aggression from time to time and will need to make and refuse requests as well as be able to give constructive feedback. Finally, they will be called on to help solve problems. The skills involved in these situations are outlined below.

Basic Elements of Assertiveness

There are three aspects of assertiveness that apply in any situation. These are physical assertiveness, vocal assertiveness, and assertion muscle levels.

Physical Assertiveness

Assertive body language is a key component of effective assertion. The components of physical assertiveness are similar to those of the attentiveness required for effective listening: an open posture, facing the other person squarely, standing or sitting erect or leaning slightly forward, maintaining good eye contact, not fidgeting, or using superfluous gestures. What is different about assertiveness is that the facial expression matches the seriousness of the message and also that feet are firmly planted on the floor when sitting or that one is standing tall when delivering the message.

Vocal Assertiveness

To optimize the effectiveness of the message, it is helpful if one's voice is firm but calm. It is best to speak a little more slowly than usual but at a normal volume and to breathe deeply as this will help to ensure that there is enough breath to speak firmly and to maintain calmness.

Assertion Muscle Levels

Whenever one is being assertive, it is important to select the appropriate strength or "muscle level" of the assertive response used. Usually, it is best to start at the lowest muscle level, or assertion strength, which is likely to achieve success. For example, "I would appreciate it if you could..." If this doesn't work, the muscle level is increased and the request repeated. For example, "It is important that you..." Muscle levels are then progressively increased until a satisfactory response is obtained. For example, from "It is essential that you...." to finally, "I demand that you...."

At the same time that verbal muscle levels are being increased, physical and vocal assertiveness can also be gradually made more intense, that is, by using a more serious facial expression and a firmer tone of voice with each increase in muscle level.

Responding to Criticism

In dealing with criticism from colleagues and parents, it is important to consider the intention of the person giving it and any constructive suggestions for change. Holland and Ward (1990) have described a four-step approach that is useful in considering how to respond to criticism. The four steps of the model are outlined below.

Step One: Listening to the Criticism

Listening skills are useful in clarifying the criticism. Open questions such as "What do you mean?" or "Can you be more specific?" are helpful in finding out exactly what the criticism is aimed at.

Step Two: Deciding on the Truth

Before responding to the criticism, its validity should be considered. It may be completely true, partly true, or completely untrue. One's assessment of the validity of the criticism will determine the response used in step three.

Step Three: Responding Assertively

If we consider the criticism to be completely true, then it is best to agree with the criticizer, make a brief apology, and assure them you will correct the situation. For example, "I'm sorry about not consulting you on this matter. I'll make sure it doesn't happen again."

If we consider the criticism is partly true, then it is best to agree with the part considered to be valid, briefly apologize, and at the same time correct the part that is false. For example, "Yes, I did make a mistake in that case and I regret that, but I don't accept that I'm making mistakes all the time these days. I make occasional errors like anyone else."

If we consider the criticism to be completely false, then we should clearly reject it, tell the other person exactly how the criticism makes us feel, ask for an explanation of their comments, and make an affirmative statement about ourselves. For example, "I don't agree that I was wrong in that case and am offended by the suggestion. What grounds do you have for making such a comment? My relationships with students are excellent."

Step Four: Letting Go

Decide to use what you have learned from the criticism and about the criticizer and move on. This is much easier said than done, but we mustn't let ourselves be deflected from our goals by what is, after all, just one person's opinion.

Giving Constructive Feedback

Whereas criticism is sometimes given without the intention of helping the other person, constructive feedback is always aimed at helping people to function better, so is an important skill for both our professional and personal lives. A model for providing constructive feedback that is extremely useful is one adapted from the DESC script popularized by Bower and Bower (1976). DESC stands for describe, express (or explain), specify, and consequences. This is a technique that many professionals find valuable in giving feedback to parents as well as their colleagues.

Parents also find it useful for handling difficulties with professionals. The four steps involved in using the modified DESC script are described below.

Describe

Describe the behavior of concern in the most specific and objective terms possible. For example, “When you change teaching programs without consulting me....”

Express or Explain

Either express your feelings about this behavior or explain the difficulties it causes for you, or do both, calmly and positively, without blaming or judging the other person, or “putting them down.” For example, “...I get annoyed (express) because parents may become confused and even lose confidence in us” (explain).

Specify

Specify the exact change in behavior you would like from the other person. For example, “. . .so, in future, I would like you to make sure you talk to me before making such changes. . . .”

Consequences

The consequences that are likely to result from the other person complying with the request are stated. The benefits for both people involved are stated first and then benefits for others. For example, “. . .then, we will be able to maintain our excellent working relationship and parents will be clear about our teaching programs.”

If the other person is not willing to comply, then the modified DESC script can be repeated at progressively higher muscle levels including the negative consequences for the person of not complying with the request. For example, “. . .if you do not consult me as I suggest then I will have to insist on all your teaching plans being formally submitted for approval.”

Preparation and Delivery

Although the modified DESC script is simple enough to be thought up and delivered on the spot, it is usually best to write it out beforehand. It is then possible to make sure that the wording is the most appropriate and also to rehearse it with a third person in order to get feedback on your draft. It can then be decided when, where, and how it can best be delivered.

Dealing with Aggression

Kroth (1985) has provided some guidelines for dealing with aggressive behavior from parents or colleagues.

Professionals decrease their effectiveness when they:

- Argue with a person who is behaving aggressively
- Raise their voices or begin to shout
- Become defensive and feel they have to defend their position
- Attempt to minimize the concern which the other person is expressing
- Take responsibility for problems which are not of their making
- Make promises which they won't be able to fulfill

All of these responses are the ones that are commonly used by people confronted with aggression, but they are likely to inflame the situation and make the other person more aggressive. The following responses are far more likely to lead to a constructive resolution of the situation.

Professionals increase their effectiveness when they:

- Actively listen to the other person
- Speak softly, slowly, and calmly
- Ask for clarification of any complaints which are vague
- Ask what else is bothering them in order to exhaust their list of complaints
- Make a list of their concerns, go through the list, and ask if it's correct and complete
- Use the techniques of problem solving, discussed below, to work through the list of concerns in order to resolve problems or conflicts, starting with the one of highest priority to the other person

Refusing a Request

Professionals will sometimes receive requests from parents or colleagues that they don't wish to comply with but feel unable to turn down. People often have difficulty saying "no" for several reasons but especially due to the fear that it will damage their relationships with other people. The alternative to agreeing to requests you would rather turn down is to use acceptable ways of saying "no," several of which are listed below.

The Explained "No"

When you have a genuine reason for the refusal, you can say "no," explain why you are turning down the request, and give a brief apology. For example, "No, I'm sorry, I can't make it because I'm already fully committed for that day."

The Postponed “No”

In this refusal, you explain that you can't comply with the request at present but may be able to in the future. For example, “No, I'm sorry, I'm not able to take that on today, but I may be able to help you with it in the future.”

The Delayed “No”

In this technique you ask for time to think it over. This gives you the opportunity to carefully consider whether you want to comply with the request and to work out exactly how you will say “no.” For example, “I'm busy right now and I'd like to give it some thought. Can I get back to you tomorrow?”

The Listening “No”

In this refusal, active listening skills are used to let other people know that you understand the reason for their request. The listening response is combined with a brief apology and a firm refusal. For example, “Yes I understand your frustration about not being able to get the job done. I'm sorry, but I can't help you with it right now.”

The “Get Back to Me” “No”

This involves explaining the difficulties you have in complying with the request. Then, suggesting that the person try elsewhere and if all else fails to get back to you and you'll see what you can do. For example, “I'm busy for the next two weeks so I suggest you try elsewhere. If you really get stuck I'll do my best to fit you in but I can't promise anything.”

The “Broken Record” “No”

This is a form of refusal which is particularly useful for dealing with people who won't take “no” for an answer. It involves making a brief statement of refusal to the other person, avoiding getting into discussion with them and simply repeating the statement as many times as necessary (like a broken record) until the message gets across. Typically, it takes only one or two repetitions to get the message across.

Making a Request

Professionals sometimes need to request various things from their colleagues or parents. So, being able to make requests effectively is important, especially since many people find it difficult to do. Manthei (1981) has provided some useful guidelines for making requests and these are outlined below.

- *State your request directly* – state your request firmly and clearly to the other person.
- *Say exactly what you want* – be specific and precise about your requirements.
- *Focus on the positive* – create an expectation of compliance.
- *Answer only questions seeking clarification* – don't allow yourself to be sidetracked.
- *Allow the person time to think about it* – suggest you'll get back to them tomorrow.
- *Repeat the request* – use the “broken record” technique to restate the request.
- *Be prepared to compromise* – you are better off getting partial agreement than rejection.
- *Realize the other person has the right to refuse* – respect the other person's rights.

Problem Solving

Often professionals find that their opinions differ from those of parents or their colleagues. This can lead to deterioration in relationships unless these difficulties are resolved. Bolton (1979) has proposed a model for solving problems that is useful in this situation. The six steps of the model are described below.

Define Problem in Terms of Needs of Each Person

This involves the use of active listening in order to clarify the other person's needs and, if possible, to understand the reason for these needs. It also involves stating one's own needs assertively. This is a key element of the model and may take up half of the total time required for the process.

Brainstorming Possible Solutions

Once both persons' needs are understood, brainstorming can be used to seek solutions that meet both sets of needs. First, as many potential solutions as possible should be listed, without attempting to evaluate or clarify any of them. Wild ideas

should be included as these often help generate more creative solutions. Then, each other's ideas should be expanded on and clarified.

Select Solutions That Meet Both Party's Needs

A choice is then made from the list of potential solutions, of the one that best meets the needs of both parties. This will probably involve discussing the relative merits of several solutions in meeting each other's needs.

Plan Who Will Do What, Where, and by When

It is useful to make a written note of the decision about what each party will do, where it will be done, and when it will be completed by.

Implement the Plan

It is clearly important that each party should attempt to follow the agreement precisely in implementing the plan.

Evaluate the Process and the Solution

An essential part of the problem-solving process is to agree a time when both parties can meet to evaluate how well the solution is meeting each of their needs and to discuss possible changes to the plan to improve the situation.

Counseling Skills

The counseling model that is proposed for use with practitioners and parents of children with SEND is based on a general approach to the use of counseling skills that can be used with children and adults in a wide variety of situations. It is grounded in the belief that individuals have the ability to solve their own problems given appropriate support (Rogers 1980). The model involves a three phase approach to counseling with phases of *listening*, *understanding*, and *action planning*. It is a problem-solving approach to counseling which was developed from previous models by Egan (1982) and Allan and Nairne (1984) and that I have used for many years.

The majority of parents will not ask for counseling directly, but will typically go to teachers with concerns about their children. If professionals use listening skills in order to help parents explore their concerns, then the parents' need for help will

emerge. This is when it is useful for professionals to be able to help parents by using basic counseling skills. Parents are much more likely to be willing to talk about their concerns with someone who is working directly with their child, such as a teacher, than with a professional counselor who they do not know. What teachers and other professionals need therefore is a counseling model which is practical, simple to learn, and easy to use. They also need to have contact with other professionals, such as psychologists or counselors, who can support them in its use and be someone to refer on to when situations start to go beyond their level of competence.

The rationale for using such a model is based on the idea that any problem or concern which parents raise with professionals can be dealt with by taking them through the three phases of the model in order to help them find the solution that best suits their needs. First of all, the professional uses the skills of the *listening* phase to establish a working relationship with parents, to help them open up, and to explore any concerns they have. Then, the professional moves on to the second phase, using the skills of the *understanding* phase in order to help parents get a clearer picture of their concerns, develop new perspectives on their situation, and suggest possible goals for change. Finally, the professional moves on to the third phase, of *action planning*, in which possible options for solving parents' problems are examined and plans for action are developed. Thus, different skills are needed at each phase of the model: skills for listening in the first phase, skills for understanding in the second phase, and skills for action planning in the third phase. These are discussed below.

Skills for Listening

The first phase of the model involves the use of the listening skills that were described earlier in this chapter. *Attentiveness* and *passive listening* are used to establish a rapport in order to help people open up. *Paraphrasing* and *active listening* are used to help people explore their concerns and issues.

Skills for Understanding

The second phase of the model involves the use of skills designed to increase people's understanding of their problem situation. Skills used to help people get a clearer picture of their concerns include *structuring*, which involves keeping people focused on key aspects of their concern; *summarizing*, which involves feeding back an overview of their key thoughts and feelings; *identifying themes*, which involves feeding back any common themes, connections, or contradictions running through their account of the situation they are concerned about; *expressing implications*, which involves drawing tentative conclusions about the person's situation and

linking this with possible implications of these conclusions; and *information giving*, which involves professionals sharing either from their experience of children or from other knowledge relevant to the person's situation (for more information, see Hornby et al. 2003).

Skills used to help people develop new perspectives on their situation include *suggesting alternative interpretations*, which involves suggesting objective explanations for past events to counter the negative interpretations which people are sometimes held back by, and *suggesting new perspectives*, which involves helping them to consider more constructive ways of viewing their situation (see Hornby et al. 2003).

Finally, in order to help people develop possible goals for change, the skill of *goal setting* is used. This involves helping them decide on the major aspect of their situation that needs to be focused on and considering potential changes that are desirable and feasible.

Skills for Action Planning

The third phase of the model involves the use of action planning skills in order to help people consider possible options for addressing their concerns, develop plans for action, and review the progress of these plans. The skills used to help people consider possible options for change are the same ones used in the problem-solving model discussed earlier in this chapter. They include the skills of *brainstorming options* and *evaluating options*.

Once people have decided on their preferred option, *action planning skills* are used to help them develop concrete plans for implementing this option. In addition, they can be taught some of the *assertion skills*, discussed earlier in this chapter, in order to help them implement this plan.

Next, *reviewing skills* are used in order to help people to review the progress of these plans. This involves arranging for further contact in order to evaluate progress with their plans. If there has been insufficient progress, then the process can be recycled and people once more taken through the three phases of the model in order to develop a new action plan.

Finally, *termination skills* are used in order to refer people on for more specialist help, or to bring to a close a successful series of contacts, while communicating that they are welcome to return to discuss other concerns at any stage in the future.

Group Leadership Skills

Surveys of parental involvement in schools have shown that one of the less well-developed aspects of this is parent education (Hornby and Witte 2010a, b, c, d). Some schools do report organizing parent education workshops, but there are

typically not very many of these. It is considered that this is probably because teachers have not had training in the skills needed to lead workshops with parents. Therefore, it is important for professionals such as psychologists, social workers, and counselors who work in schools to collaborate with teachers in providing such workshops, thereby assisting teachers to develop the necessary group leadership skills. The benefits of group work with parents are discussed below, followed by an outline of the knowledge and skills needed to lead workshops for parents, which are discussed in more detail elsewhere (see Hornby 1994).

Benefits of Group Work with Parents

The most important benefit of working with groups of parents of children with SEND is that, in talking with others, parents realize that they are not the only ones with concerns about their children. In addition, parents can express their feelings regarding their children and discover that others have similar feelings, which often helps them come to terms with their own. Further, in a group with other parents of children with SEND, it is often easier for parents to reveal concerns that they have not felt able to bring up individually. Another benefit of group work is that parents experience mutual support from the other group members, which helps them to become more confident in their own ability as parents. A further benefit of group work is that when parents participate in a group, they learn together in a mutually supportive atmosphere and are often more responsive to changing their opinions and learning new strategies in this situation.

There are also advantages of working with groups of parents for the professionals involved. First and foremost, it provides professionals with lots of opportunities to learn from parents about caring for and educating children with SEND. Clearly, since more parents can be reached in a group than individually, it is possible to help a greater number of parents than could be managed through individual meetings to provide parent education. Also, there are times when several parents are experiencing the same difficulty and professionals can provide guidance to them all at the same time rather than individually, thereby using their time more efficiently. Another advantage is that because of the efficient use of time in group work, it is possible to justify two or more professionals working together with the group of parents and thereby sharing skills and knowledge with each other. In addition, co-leading parent workshops with psychologists or counselors is a powerful way for teachers to learn new skills and gain a greater understanding of parents' experiences and needs. Finally, co-facilitation of groups like this is a great way for professionals to learn from each other.

However, there are some negative aspects of doing group work with parents of children with SEND. Some parents do not feel comfortable being in a group with other parents and prefer to receive counseling or guidance individually. Also, in order to obtain maximum participation in group work with parents, it is often necessary to hold sessions in evenings or at the weekend, which can cut into

professionals' leisure and family time. Finally, working with groups of parents requires skills and knowledge over and above that needed for individual work so these need to be acquired to a reasonable level before embarking on group work with parents. The group leadership skills and knowledge of group dynamics involved are discussed next.

Skills of Group Leadership

The main skills needed to lead workshops for parents of children with SEND include those discussed above, that is, counseling skills, assertion skills, and, most importantly, listening skills. However, the skills required in order to lead such groups are more comprehensive than those needed for individual work with parents. Dinkmeyer and Muro (1979) suggested that, first and foremost, group leaders need to be skilled listeners. They suggest that leaders also need to be able to develop trust within the group and to maintain a focus on the goals of both the group as a whole and of the individuals within it. Further, leaders need to be spontaneous and to be responsive to what is happening within the group at any point in time. They need to be able to combine the ability to stand firm with a good sense of humor. Finally, to be effective, they need to be perceived by group members as being with them as a group and for them as individuals.

A useful perspective on leadership skills is that provided by Trotzer (1977) who considers that group leaders need the skills of *reaction*, *interaction*, and *action*. These are briefly outlined below.

The *reaction skills* that leaders need are:

- *Listening*: in order to communicate respect, acceptance, empathy, and caring
- *Restating*: to convey to group members that they are being heard
- *Reflecting*: in order to convey understanding and help members to express themselves
- *Clarifying*: in order to better understand confusing aspects of what is said
- *Summarizing*: to provide an overview, stimulate reactions, and move on to new ground

The *interaction skills* that leaders need are:

- *Moderating*: to ensure that all group members have the opportunity to talk
- *Interpreting*: to help members gain insight into what is happening within the group
- *Linking*: to tie together common elements within the group and promote cohesiveness
- *Blocking*: to prevent undesirable action by one or more group members
- *Supporting*: to encourage members to share of themselves safely within the group
- *Limiting*: to prevent actions which would infringe the rights of group members

- *Protecting*: to prevent group members from being unduly criticized or hurt
- *Consensus taking*: to help members see where they stand in relation to others

The *action skills* that leaders need are:

- *Questioning*: to help group members consider aspects they had not thought of
- *Probing*: to help members look more deeply into their concerns
- *Tone setting*: to establish a healthy atmosphere within the group
- *Confronting*: to help members face things about themselves which they are avoiding
- *Personal sharing*: to show that the leader is human and is prepared to open up
- *Modeling*: to teach members interpersonal skills such as active listening

Group Dynamics

In addition to these skills, leaders of workshops for parents of children with SEND also need to have a good understanding of group dynamics, that is, the processes that occur within groups. Models of group dynamics, or the process of group development, suggest that all groups need to pass through several phases if they are to function well and achieve their goals. Williamson (1982) suggests that there are four phases of group development: *inclusion*, *work*, *action*, and *termination*. These are outlined below.

Inclusion

The first phase of any group is one of developing group cohesiveness so that all members feel a part of the group. Participants need to feel comfortable about belonging to the group. They need to be willing to share aspects of themselves and to explore concerns and issues within the group. Some time will be needed for this to develop as members initially interact tentatively with group leaders and each other. As this process develops, group norms or implicit group rules will begin to be established.

Work

The second phase is one in which group members begin to work on resolving the concerns or issues related to the purpose of the group. This is usually the longest phase in the group's life. It involves members in discussing ideas, expressing feelings, and listening to others in order to gain insight into their own situation. It is in this phase that group members will experience the greatest benefit. However, some members will resist change and there will be conflict and tension within the group. At the same time, relationships between other group members will deepen

and become more meaningful. The work phase can be regarded as providing a transition between members becoming part of the group and deciding what action to take.

Action

In the third phase, the understanding and growth that occurs in the work phase needs to be translated into some form of action; otherwise, the group will not fulfill its purpose. Individual members, or the group as a whole, need to decide what action to take to address the concerns that brought them into the group. Since change is difficult for members to cope with, the group needs to provide them with considerable support during this phase.

Termination

The final phase is one in which the group comes to a close with members experiencing a sense of completion, accomplishment, and gratitude for what the group has helped them achieve.

When groups progress through these four phases, then the experience can be a very powerful one in promoting learning and personal growth in the members. I have observed this happen on numerous occasions with parents of children with SEND who have participated in parent workshops. The growth in confidence of many parents over the period of these projects has often been startling. Unfortunately, however, because groups can be so powerful when they are badly led, they can result in members having their self-confidence threatened. So it is essential to ensure that qualified and experienced leaders are employed for any group work carried out with parents of children with SEND. This is why it is useful for teachers to team up with psychologists, social workers, or counselors in order to colead parent workshops.

Organization of Parent Groups and Workshops

A parent workshop format that has been found useful in a wide range of contexts is outlined below, with more details in Hornby and Murray (1983). A summary of the main aspects of workshop organization is presented first.

Recruitment

The best method of recruiting parents for workshops is by sending a letter of invitation to all parents likely to be concerned with the topic being addressed, whose children are attending the school.

Venue

A venue that is familiar to the parents, comfortable, and easy for parents to get to is best. School staff rooms are a popular choice of venue for smaller workshops, school halls for larger ones.

Sessions

Workshops with parents can be organized as half-day or whole-day events. However, a series of shorter sessions is generally more effective as it benefits from the process of group development described above. Between six and eight, weekly, 2-hour, evening sessions are generally the most satisfactory. Less than six sessions is too few for parents to benefit from the therapeutic process that the group will experience as the workshop progresses. More than eight sessions is often too great a commitment of time for parents. Anything greater than a 1-week break between sessions, such as fortnightly or monthly sessions, can lead to a considerable drop in attendance and therefore should be avoided. Evening sessions are generally easier for both professionals and parents to attend, but weekends can also be used. Two hours is considered to be the optimum time for the length of sessions. Any less leaves insufficient time for both discussion and presentation of information by professionals.

Number of Parents

Large numbers of parents can be catered for by taking the group of parents as a whole during the introduction, presentations, and final summary sections of the workshop and dividing them into small groups during the discussion section (see next section). The size of the small groups needs to be large enough to give a reasonable diversity of parents but small enough to provide sufficient time for each parent to discuss his or her concern. About six to ten parents is generally the most satisfactory size.

Group Leaders

Group discussions need to be led by professionals with previous experience of leading such groups, such as psychologists or counselors. Teachers with no experience can be involved as coleaders who work in tandem with the leader. In this way, teachers can be trained to lead their own groups in subsequent parent workshops.

Format for Parent Workshops

The format for parent workshops that has been found the most effective is one that consists of four sections: introduction, lecture presentation, small-group discussion, and summary (Hornby and Murray 1983). These are outlined next.

Introduction

The first 15 min of workshops are used to help parents relax since many of them experience anxiety when they first come along to group sessions where they are expected to talk about their children. It provides an opportunity for parents to get to know other parents and professionals informally and also overcomes the problem of late arrivals interrupting the lecture presentations.

Lecture Presentations

Lecture-type presentations of a maximum of 20 minutes in length are presented to the whole group of parents who are usually seated in a horseshoe arrangement around the speaker. The topics of the lectures are best determined by surveying parents beforehand. Where necessary, relevant specialists can then be invited in to present some of the lectures.

Small-Group Discussions

The largest block of time in workshops, of over an hour, is given over to discussion which is conducted in small groups. Discussions are conducted in separate rooms, with chairs arranged in a circle. Groups usually consist of a leader, a coleader, and six to ten parents. Leaders guide the discussions using the skills discussed above. Co-leaders work in tandem with leaders by focusing on the group dynamics and on the body language of group members so that they can draw the leader's attention to a parent who may want to say something but hasn't been noticed.

Summary

With all the parents present, a leader or co-leader from each small group reports back on the issues and concerns discussed in their group. Any handouts, such as a summary of the lecture content for that session, are distributed and homework tasks are explained. It is important to conclude the formal aspects of each session punctually since many parents will have arranged babysitters and need to be home promptly. However, it has been found that some parents will remain to talk with other parents or professionals for up to half an hour afterward. Leaders and coleaders should meet for half an hour before each session to plan the session and for a short time afterward in order to debrief and plan subsequent sessions.

Summary and Conclusion

Professionals who work with children with SEND, such as educational psychologists, social workers, school counselors, and teachers, need to have good interpersonal communication skills in order to work effectively with parents and with each other. Listening, assertion, and counseling skills have therefore been elaborated in this chapter. The skills required for effective listening that were discussed include attentiveness, passive listening, paraphrasing, and active listening. The assertion skills that were described include techniques for making and refusing requests, giving constructive feedback, handling criticism, and problem solving. The basic counseling skills that were discussed were set within a three phase problem-solving model of counseling which involves listening, understanding, and action planning skills. The knowledge and skills required for working with groups of parents were outlined, including the benefits of group work, leadership skills, group dynamics, and the format and organization of parent workshops.

The following chapter discusses the importance of professionals in the field of *inclusive special education* being empowering individuals who facilitate the development of parents as people rather than simply helping them to overcome their difficulties. This includes discussion of the stress management skills that professionals need in order to work in this field and which they can also teach to parents and their colleagues.

Chapter 8

Advanced Skills for Professional Practice in Inclusive Special Education

Introduction

In order to be optimally effective in providing *inclusive special education* for children with SEND, professionals in this field need to move beyond being competent in the listening, assertion, counseling, and group leadership skills outlined in the previous chapter. They need to develop skills for facilitating, mentoring, and empowering their colleagues and the parents of children with SEND with whom they work. This chapter will explain the value of those skills and the importance of being interpersonally effective. It then goes on to discuss the importance of using mentoring, empowering, and facilitating skills with colleagues and family members of children with SEND. Finally, the importance of using stress management skills in order to maintain professional effectiveness and avoid burnout is explained, and a comprehensive model for stress management is outlined.

Facilitating Skills

Professionals, such as specialist teachers and psychologists, working in the challenging field of *inclusive special education* need to be facilitative individuals who are able to move beyond simply helping parents and other professionals to overcome the difficulties they encounter in educating children with SEND. They need to be able to facilitate the development of parents and colleagues as people, to help them, not only to effectively fulfill their parenting or professional roles but also to fulfill their own personal potential to the maximum possible extent. Caring for a child with a SEND can be such a demanding task that it consumes all of the parents' energies and may narrow their perspectives on life to the extent that many of their potential areas for fulfillment are thwarted. Professionals can have a substantial positive impact on parents' lives by helping them widen their focus and attend to

their own desires and aspirations. Parents can be encouraged to see that by fulfilling more of their own potential, they will increase their effectiveness in caring for their children with SEND, and in the parenting of their other children, as well as in their family and work roles generally. Likewise, working in the field of *inclusive special education* can be very demanding and stressful for professionals. Ongoing personal and professional development is therefore important in order to help them effectively fulfill their work roles and to avoid burnout.

One example of facilitation involved a colleague, Ray Murray, and a mother of a boy with Down syndrome who worked as a freelance journalist. This parent seemed to be spending much of her time and energy battling with the system in order to get the best services for her child. Then Ray asked her to give the after-dinner speech at a conference of professionals in the field of special education, with a topic of “The fun of parenting a child with a disability.” At the end of her hilarious and very moving presentation, she thanked Ray for inviting her to speak and said what a useful exercise it had been for her to prepare the speech and focus on all the positive aspects of caring for her son. Making the speech had apparently helped this parent to broaden her perspective and to feel empowered in her role as parent of a child with a disability.

In addition to facilitating parents, professionals working in the field of disability should also be willing to act as mentors for their less experienced colleagues. This is a very challenging field and one in which a tremendous amount of knowledge and skills need to be developed. By providing models of facilitating attitudes and being willing to share their knowledge and skills with colleagues, professionals can have a much greater impact on the field than would result just from their own work with children with SEND and their parents.

Professionals working in the field of *inclusive special education* therefore need to be proficient in basic counseling and assertion skills. But they also need to go beyond these to the skills required for enthusing, encouraging, and empowering others. They therefore need to be highly functioning people who are passionate about helping others become the best they can be. They need to develop the personal habits required for living life at optimum effectiveness. They also need to be able to use and teach others the skills of stress management in order to cope with the intense interpersonal demands experienced in this field. These aspects of personal effectiveness are discussed next.

Being an Effective Person

In order to function effectively, professionals should have high levels of the six components of psychological health suggested by Cole (1982). First, they need to have high levels of *self-esteem*. That is, they must have confidence in their own abilities and focus on their strengths while accepting the need to work on their weaknesses. Second, they need to have a clear set of *values* that include a philosophical or spiritual guide for their behavior. Third, they must have good *self-*

management skills so that they can plan courses of action, choose from a wide range of options, and be flexible enough to adapt to rapidly changing circumstances. Fourth, they need to be able to accept *personal responsibility* for their actions and not seek to blame others for their mistakes. Fifth, they need to develop high levels of *competence* in a wide range of life skills including personal, interpersonal, social, and vocational skills. Finally, they need to have a strong sense of *social responsibility*, a desire to contribute to the care and development of others.

Maslow (1962), who proposed a hierarchy of human motivating factors from physiological needs through to the need for self-actualization, found in his research that self-actualizing people were typically involved in causes outside their own concerns. In fact, Frankl (1965) considered that the need for a meaning or purpose in our lives provides a higher level of motivation than the need to self-actualize. So it appears that having a purpose in life of wanting to be of help to others is a hallmark of psychologically healthy people.

Habits of Highly Effective People

Covey (2004) has proposed that there are eight key habits which characterize highly effective people and which therefore need to be developed in order for us to become more effective in our personal and professional lives. These are briefly outlined below.

Be Proactive

Rather than waiting for things to come their way, effective people make small changes in the things they have influence over in order to make progress toward their goals. They respond to situations based on their values and experience.

Begin with the End in Mind

Effective people have a clear vision of what they want to achieve and challenge themselves to reach their ideals by writing personal mission statements that specify goals for each of the roles they fulfill, including family and work roles.

Put First Things First

Effective people prioritize all the tasks they need to complete on the basis of their urgency and importance and use these priorities to allot time for each of them on a weekly plan. They use planning as a means of increasing personal efficiency and effectiveness.

Think Win-Win

In all interactions with other people in which there is a conflict of needs, effective people find solutions that are mutually beneficial.

Seek to Understand, Then to Be Understood

In order to communicate, optimally effective people use active listening skills before stating their views. They have a level of confidence to be assertive in a natural way.

Facilitate Creative Cooperation

Effective people initiate cooperative ventures with individuals and groups and encourage teamwork among their colleagues.

Sharpen the Saw

Effective people attend to the balanced self-renewal of their capacity to give of themselves, focusing on the mental, physical, social, emotional, and spiritual.

Finding Your Voice

Finding your voice (unique personal asset) and inspiring others to find theirs.

Mentoring, Empowering, and Facilitating Skills

Professionals who are functioning at high levels of psychological health and self-actualization and who are highly effective people themselves are able to act as mentors for other people and work with them in ways that are empowering and facilitating. The rationales for and major components of mentoring, empowering, and facilitating are discussed below.

Mentoring

Mentoring is characterized by a fairly long-term relationship between two people in which one of them supports and encourages the other person to work toward some creative achievement or to fulfill their potential in some other way. Sheehy (1981) describes a mentor as a trusted older friend who endorses the younger person's dream and helps him or her toward realizing it. A common example is that of sports coaches who take younger players "under their wing" and do everything they can to help them develop their talents to the fullest extent. Mentoring occurs in many other situations and numerous writers have commented on its value (Covey 2004; Sheehy 1981; Torrance 1984).

Torrance (1984) suggests that the importance of mentors in facilitating creative achievement and general success in life has been recognized for centuries. He argues that wherever someone is persistently creative, another person has acted as a mentor, sponsor, patron, or guru. This person is usually outside the creative person's peer group but has some power or influence in the field in which he or she is working. According to Torrance, mentors support and encourage mentees in expressing and testing their ideas. They also help them to develop their talents while ignoring the constraints that others attempt to impose on their creativity.

Torrance (1984) reports the results of some research that suggest that mentoring is an important and relatively frequent experience. In the study, Torrance followed up a group of 212 young adults who he had surveyed 22 years earlier when they were in elementary school. He found that of these 212 adults, 40 males and 57 females had mentors. He also found that having a mentor was correlated with several indices of adult creative achievement and was a better predictor of the level of achievement of these young adults than their IQs! In addition, he found that those young adults who had mentors completed a greater number of years of education than their peers who did not have mentors. This research emphasizes the potential power of mentoring in facilitating personal development.

Some of the most powerful personal experiences in my own life have come about from interactions with people who have acted as mentors and others who I shall call detractors. The people who have acted as mentors have had a tremendously facilitating effect on my life, by basically expressing confidence in my abilities, providing guidance when it was needed, and encouraging me to strive to fulfill my ambitions, whereas people who have acted as detractors have had a negative impact on my life by using destructive criticism and "put-downs" which reduced my self-confidence and slowed down my progress toward the goals I had set myself. Having experienced the effects of both mentors and detractors has convinced me of the enormous potential impact, for good or bad, of these two types of relationships on people's lives.

Professionals can make an invaluable contribution to this field by acting as mentors for some of their less experienced colleagues and also for some parents. Mentoring basically involves providing a model of a highly effective person and using facilitating and empowering skills to encourage, enthuse, and support people

in aiming to develop their talents and fulfill their goals. Opportunities for mentoring colleagues most often occur when a professional has a supervisory relationship with a less experienced colleague, although this need not always be the case. When colleagues show an interest in working with parents, more experienced professionals can act as mentors in order to help them develop their knowledge, skills, and attitudes relevant to parent involvement. Professionals can also act as mentors for parents, particularly those parents who, having come to terms with their child's SEND and established stability in their family lives, feel altruistic and wish to contribute to some aspect of life outside their families.

While leading parent workshops (Hornby and Murray 1983) and training groups with parents wishing to become involved in parent-to-parent support schemes (Hornby et al. 1987), my colleagues and I often become aware of parents who have a tremendous potential for contributing more extensively. By acting as mentors for these parents, professionals have been able to help them use their experience as a springboard to various other activities such as working on the committees of other voluntary organizations and setting up family support centers. In addition to acting as mentors, professionals can also fill the important role of teaching colleagues and parents how to deal with any detractors they encounter. This can be accomplished by teaching them to believe in their own abilities as well as how to use the assertion skills needed for dealing with criticism, which were discussed in Chap. 7.

Empowering

Empowering parents of children with SEND involves helping them to develop a sense of mastery and control over their lives and facilitating the environment necessary for empowering and affirming themselves. This includes helping them to identify their own resources, those available in their families, and the ones outside their families to which they would benefit from gaining access. Empowering also includes facilitating parents' problem-solving and decision-making abilities and helping them develop the behaviors required to deal effectively with people in order to obtain the resources they need. Empowering therefore goes beyond meeting the parents' current needs to facilitating parents' competencies and helping them to become more able to mobilize their own resources. It therefore requires that professionals identify and develop parents' capabilities rather than allowing them to become dependent on professional help. The focus of professional interventions is therefore on facilitating the development of the knowledge, attitudes, and skills which will promote the competency of all family members and strengthen overall family functioning. Deriving satisfaction from seeing parents become increasingly capable and independent is therefore an essential quality of professionals who wish to empower parents.

Facilitating

Facilitating involves supporting the development of adaptive behaviors that will promote the growth of all family members. The emphasis is on personal growth rather than simply addressing current problems. In practice, facilitating involves a range of possible strategies, the first step of which is initiated when a parent or a professional colleague seeks help with a problem or concern. In this situation, it is best to use the listening skills and counseling model, described in Chap. 7, to help people explore their concerns and work out plans of action to deal with situations.

Counseling often ends at this point, but this is where facilitating begins. The first step involves supporting people in carrying out the action plans that they have chosen in order to cope with their problem situations. But facilitating seeks to go beyond this in supporting the other person's growth and fulfillment of their potential to the fullest possible extent. People are helped to become aware of the life skill areas in which they have strengths that could be utilized and those in which they have weaknesses that need to be addressed. Facilitating may therefore involve the teaching of life skills that are unrelated to the problem situations that people present with but which are in aspects of their functioning that need to be developed if they are to progress toward self-actualization. Facilitating also involves encouraging people to expand their range of options for how they will behave and building self-control and self-esteem. Finally, people are encouraged to develop their own self-help strategies such as attending growth groups, reading books on personal effectiveness, and joining self-help groups.

Essential elements of facilitating people involves helping them to live their lives more effectively, which was discussed earlier in the chapter, and helping them to adopt effective strategies for managing the stress in their lives, which is discussed below.

Stress Management Skills

The Need for Managing Stress

The purpose of this section is to help professionals who work in *inclusive special education* to manage stress more effectively and thereby avoid "burning out." As Covey (2004) has suggested, it is important to continually recharge our batteries if our ability to give of ourselves is not to be reduced. In addition, if professionals develop stress management skills and are able to manage their own stress well, they will also be able to teach stress management techniques to their colleagues and to the parents of children with SEND with whom they work. In the first part of this section, some facts about stress and burnout are discussed, and the importance of identifying the symptoms of too much stress is emphasized. This is followed by the presentation of a model for stress management which includes strategies that focus

on the personal, interpersonal, task-related, and organizational factors which need to be addressed in order to effectively manage stress.

Effects of Stress

Stress can manifest itself in a wide variety of ways. When people are under severe stress, it tends to first affect any areas of physical or psychological weakness that a person has. For example, the first sign that I get that stress is getting the better of me is when I begin to experience a mild form of the stammer that I had as a child. With other people, the signs of too much stress may be problems with their stomach or difficulty in sleeping at night. Some people experience unusual and sometimes frightening physical symptoms such as numbness in a limb or a sensation that one has suddenly become heavier and fatter. It is important to recognize these early stress-related reactions so that lifestyle changes can be made in order to prevent burnout from occurring.

The symptoms of burnout include feeling tense, exhausted, or depressed. People at risk of burning out may develop negative attitudes toward other people, become generally cynical, or experience little feeling of accomplishment in their personal and professional lives. They may frequently be ill, have a lot of time off work, and increase their use of drugs such as alcohol and tobacco. They are likely to also be involved in increased conflict with family and friends. Experiencing these symptoms of burnout on a long-term basis can have serious consequences for a person's psychological and physiological health. There are also substantial negative effects on organizations, such as schools, due to staff suffering the effects of burnout, such as excessive absenteeism, higher accident rates and healthcare costs, lower overall morale among staff, and less effective delivery of service. Therefore, it is important, both for organizations and the personnel within them, to manage stress appropriately and thereby avoid the debilitating effects of burnout. The first step in this is for everyone to recognize the early signs of burnout and to employ suitable strategies to manage the stress in their lives.

Stress Management Model

People are very different in the ways they cope with high levels of stress. What works for some people does not work for others. Therefore, the model for stress management, which is presented in Fig. 8.1 and discussed below, outlines a wide range of strategies for coping with stress from which people can choose the specific techniques most suited to themselves.



Fig. 8.1 Stress management model

Interpersonal Responses

For most people, the majority of the stress they experience results from their relationships with other people, especially colleagues and family members. For parents of children with SEND, the professionals they must interact with in order to obtain the best services for their children can also be a major source of stress. Therefore, it is essential that both professionals and parents develop the skills of communicating assertively with other people in order to reduce the stress levels in their interpersonal relationships. Full use should be made of the assertion skills discussed in Chap. 7, including saying “no” when you need to, giving constructive feedback, and using techniques for dealing with criticism or aggression. Working at developing mutually satisfying relationships with the significant people you have to interact with is one of the best ways of reducing stress levels (Covey 2004).

Another strategy for reducing stress levels that is in the interpersonal domain is related to how personal concerns are dealt with. Talking over your problems with other people often helps to reduce stress. Sharing your concerns is particularly useful when the other person has experienced similar problems, since this generates a feeling of “being in the same boat,” which is widely acknowledged to be therapeutic. Having a network of colleagues, friends, and family members who can provide support and a listening ear when stress levels get too high is tremendously valuable. You should therefore be continually aware of maintaining and, if possible, expanding your support network, so that in times of need, there will be people available to provide support and help you cope with the stress.

Finally, when it becomes really difficult to cope with the stress you are experiencing, it is important not to hold back from asking for help from other people. Many people find it very difficult to ask others for help even when they are finding it almost impossible to cope. It should be remembered that it does not make us any less worthy by asking for help and that most people enjoy helping others when they are in need. Sometimes the effects of stress are so debilitating that help from a professional counselor would be beneficial, but this is probably the type of help that is most difficult for most people to accept. An example of just how helpful stress counseling can be was provided by a student of mine who was having frightening sensations of feeling heavier and fatter after experiencing two traumatic incidents within a short period of time. In a 10-min counseling session, I was able to help her to get rid of these sensations by using a simple technique that involved her focusing her complete attention on these sensations (see Gendlin 1981).

Emotional Responses

Useful skills for coping with stress are those that are based on centering, breathing, and relaxation techniques. Hypnotism, massage, and various forms of meditation involve combinations of these three types of technique and have been used for centuries to help people cope with stress. Techniques that have become popular more recently for facilitating relaxation are guided fantasy and progressive relaxation. In guided fantasy, people are encouraged to close their eyes and imagine themselves in some relaxing situation, such as having a long hot bath, lying on a beach, drifting down the river on a boat, or going for a stroll in the countryside. In progressive relaxation, people learn to tense and relax the various muscle groups throughout the body, from head to toe, so that they become more aware of any tension in the body and are able to relax all these muscle groups in order to achieve total relaxation. These techniques are described in more detail elsewhere (Hornby et al. 2003).

Cognitive Responses

It has been shown that our emotional and physiological reactions to events are affected by the way we perceive these events (Hornby 1990). More specifically, it is the things we tell ourselves about the way we and others should act that often creates unnecessary stress. People tend to have unconscious rules about the way they and others ought to behave. For example:

- I must never make a mistake.
- I must do my best work at all times.
- Other people should always think highly of me.
- Other people should never disappoint me.

These unspoken rules create high levels of stress when we try to live up to them, or expect others to. Therefore, we need to make ourselves aware of our unconscious rules, challenge the thinking that accompanies them, and revise them to produce less stressful messages. For example:

- I would rather not make any mistake, but if I do, it just shows that I'm human.
- Although I always aim to produce my best work, sometimes this is not possible due to lack of time or energy, so it's fine to produce average work at these times.
- I like others to think well of me but realize some won't and I can live with that.
- I would like everyone I have to deal with to be honest and reliable, but unfortunately the world just isn't like that, so it's something I must accept.

In addition to changing your unconscious rules, it is also useful to change any negative, stress-producing thoughts to positive, calming ones. For example:

- Stay calm. You can handle this well as long as you don't lose your temper.
- Worrying about it will do no good. Whatever happens, you can handle it when the time comes.
- It has been a difficult experience, but there are things you have learned from it.

By using such positive self-statements to counteract any negative thoughts you are having, your stress level can be considerably reduced.

Another way to reduce stress is through visualization (Gawain 1982). Developing the art of positive visualization has been shown to have therapeutic effects in both personal and professional situations. Visualizing yourself feeling relaxed in a situation in which you normally become tense can be helpful, as can visualizing yourself achieving a goal for which you are striving.

Physical Responses

Taking care of yourself physically is an essential aspect of stress management. Getting adequate sleep and rest is very important. I have noticed that when I don't get half an hour break at lunch time, I am much more likely to make mistakes in the afternoon and am usually shattered by the end of the day. Having a healthy diet, eating regular meals, and avoiding the abuse of drugs such as alcohol, tobacco, tea, and coffee are other important aspects of effective stress management. A common response to high levels of stress is to eat more which can lead to becoming overweight. Of course, it is best not to use food for gratification when under stress, but if you can't avoid doing this sometimes, then it is important to make sure that you exercise regularly. Participating in vigorous exercise at least three times a week is one of the best ways to avoid the negative effects of stress. Some people like to join a gym or health club and have an organized exercise program, while others prefer regular involvement in sports such as tennis, badminton, bowling, or golf. However, the best exercises for the body as a whole are thought to be swimming

and brisk walking. Ideally, exercise should be built into your daily routine, for example, by walking to work or having a lunchtime workout or jog every day.

Another important aspect of stress management is the need for a change of environment from time to time by getting completely away from home and work environments on vacation at least once a year and also taking some weekends off to “get away from it all.” It’s also important to have changes of scene built into your weekly routine. Playing sports such as golf and badminton, people meet up with others from a wide range of occupations, which helps to provide different perspectives and is quite refreshing. Other people fulfill this same function through hobbies or clubs they are involved in. Often when people become very busy with work or family commitments, it is these kind of activities which end up being cut out. This applies to professionals as well as parents of children with SEND and it increases the risk of burning out.

When people consider that they cannot justify taking the time needed for a regular sport, hobby, or club involvement, it is important for them to realize that a few minutes a day devoted to what a colleague of mine, Ray Murray, calls “nurturing themselves” can achieve a similar end. The concept of “nurturing yourself” is something that I now include in all my work with groups of parents. I find that most parents are so heavily involved in caring for their children with SEND that they tend not to think about their own needs, which puts them at greater risk of experiencing the negative effects of stress. Typically, parents (particularly mothers) are shocked when they are asked to spend 10–15 min during the next week to do something that is just for themselves, something which they really want to do, not which they think they ought to do. Activities chosen range from having a long soak in the bath to phoning a friend for a chat. Feedback from parents on this task suggests that it is a revelation to many of them to take time to nurture themselves, but having tried it out, they have felt so much happier that they decide to make it a regular feature of their lives.

Task-Related Responses

A key component of coping with stress for busy people is managing time as efficiently as possible. Essential elements of time management are establishing priorities and carefully planning the use of your time. Covey (2004) has produced useful weekly worksheet for doing just this. He suggests that we first of all analyze the various roles that we fill such as husband, son, father, lecturer, clinician, researcher, colleague, friend, neighbor, and teammate. Next we should consider what goals we have in each of these areas and work out our priorities for these for the following week. Then we need to allot time on the worksheet (or in our diaries) to work on our prioritized goals over the next week.

Other important aspects of time management include delegating as many tasks as you possibly can, saying “no” to new responsibilities you don’t want to take on, and making daily lists of jobs to be done. Another important strategy is not to waste time in meetings. An efficiently run meeting should be over in an hour with any

items needing longer consideration being delegated to an individual or subcommittee to look into and report back to the next meeting.

A common problem is that people often procrastinate on tasks because they seem so overwhelming when all that needs to be done is considered. In this situation, it is generally useful to do a simple “task analysis,” that is, break the task down into manageable components and tackle it step by step. Focusing on one step at a time helps prevent being overwhelmed by the enormity of the task.

Organizational Responses

Much of the stress which professionals experience is caused by organizational factors at their place of work, such as poor communication between administrators and staff, institutionalized bullying, or an incompetent head of department. Of course, the most effective long-time strategy to deal with such difficulties can be to bring about constructive change by becoming as involved as possible in the management of your workplace. However, such organizational factors are often the ones which individuals can do little to change without expending enormous amounts of energy, so instead, it is frequently best to adopt your own strategies to manage these work-related stressors.

An important way of reducing stress at work is to develop collaborative working relationships with colleagues who are open to this. As Covey (2004) suggests, initiating cooperative ventures with individuals or small groups of colleagues encourages teamwork and tends to increase everyone’s effectiveness. Additionally, it is sometimes possible to get together a small group of colleagues into a support group. This can be a fairly formal group that could perhaps meet at lunch times, or it can be quite informal with a few people getting together over a drink once a week. Either way, this can be very supportive and is a useful strategy for reducing stress levels.

Another useful strategy is to keep a clear distinction between work and home by leaving all incomplete work on your office desk rather than bringing it home. It is usually better, if something has to be finished, to stay a little longer at work to get it done rather than bringing it home and having it ruin your evening or weekend. Another important strategy to control work-related stress is not to lose sight of your career aspirations. Seeing your job as a step on the way to where you want to be in a few years time is a way of keeping current problems in perspective. Losoncy (1982) suggests that we should continually attend to self-promotion activities. That is, we should always allocate some of our work time to develop something that will help us move toward our career goals.

Finally, a last resort strategy, to use when stress at work has become so severe that you are struggling to cope, is to take a “mental health day.” It is clearly better to take one day off and re-charge your batteries than to wait until your physical or psychological health breaks down, at which time you could need to take much longer off.

Summary and Conclusion

The importance of professionals in the field of *inclusive special education* being empowering individuals who facilitate the development of parents as people rather than simply helping them to overcome their difficulties has been the focus of this chapter. The basic elements of psychological health and personal effectiveness were described, and the value of facilitating, empowering, and mentoring skills was discussed. Finally, the stress management skills that professionals need in order to cope with the high levels of stress involved in working in this field, and which they can also teach to parents and their colleagues, were discussed.

Chapter 9

Developing a Comprehensive System of Inclusive Special Education

Introduction

In order to provide guidelines for the development of a comprehensive system of *inclusive special education* for children with SEND, this book has addressed two important issues. First, the controversial issue of inclusive education and the confusions that surround this have been discussed. Second, the frustrations associated with achieving high levels of implementation of evidence-based practices in mainstream schools and special education facilities have been discussed, and suggestions made regarding how this can be remedied. It has been proposed that what is needed is a new vision for the education of children with SEND, *inclusive special education*.

A new theory, of *inclusive special education*, which synthesizes philosophies, values, policies, and practices from both special education and inclusive education, has been elaborated in order to present a clear vision of effective education for all children with SEND. Currently these two fields provide some contrasting views about ways of meeting the needs of children with SEND. Therefore, a model for integrating the two approaches and elaborating on strategies for providing effective education for all children with SEND, wherever they are educated, has been proposed.

By defining special education and inclusive education and briefly outlining the history of the development of both approaches, it became clear that inclusive education and special education are based on different philosophies and have been developed for different reasons. That special education and inclusive education are in some ways diametrically opposed in their approaches to providing education for children with SEND creates a confusing situation for professionals in the field of education as well as for parents of children with SEND. Addressing the 12 confusions about inclusive education, identified earlier, provides a guide to the practice of *inclusive special education*, so is outlined below in order to clarify the principles involved.

Definitions

Inclusive special education comprises a synthesis of the philosophies and practices of both special education and inclusive education. It involves educating children with SEND in the most inclusive settings in which their special educational needs can be effectively met, with the overarching goal of facilitating the highest level of inclusion in society post-school for all young people with SEND. *Inclusive special education* also encompasses a process of ongoing whole-school organization and development in order to assist mainstream schools to effectively educate as many children with SEND as possible. This includes ensuring that special school, resource room, and special class teachers can assist mainstream schools in implementing effective education for children with SEND while at the same time effectively providing for those children with higher levels of SEND who need to be educated in these special education settings.

Rights

Although it is clear that their human rights allow children with SEND to be educated alongside their mainstream peers, for some of them, this may not be the best option. Therefore, *inclusive special education* considers the right to an appropriate education that meets children's specific needs to be the priority. This is considered more important than the right to be educated alongside their mainstream peers, which must be taken into account, but in the final analysis must be superseded by the right to receive an appropriate education.

Labeling/Identification

Inclusive special education regards the identification of SEND and the setting up of procedures such as IEPs and transition plans as essential components of providing effective education for children with SEND. Therefore, these are key features of *inclusive special education*.

Peers

Inclusive special education acknowledges that many children with more severe SEND are more comfortable with peers who have similar interests, difficulties, abilities, and disabilities to themselves, so this must be taken into account when considering educational placements. In this way, a sense of belonging and being

included in a learning community is emphasized, whether children with SEND are educated in special classes, resource rooms, special schools, or mainstream classrooms.

Etiology

Inclusive special education acknowledges the role of physiological, psychological, and social factors in the etiology of SEND. A psychosocial model involving an ecological view of the etiology of SEND and of the interventions needed to address these is an essential component of *inclusive special education*.

Intervention Models

Inclusive special education promotes the use of special education interventions that have been influenced by a range of medical, psychological, and other treatment models. A focus on evidence-based practice is an important aspect of *inclusive special education*. This involves the selection and use of interventions whose effectiveness is supported by strong research evidence bases.

Goals

Clarity about the goals of education is a key part of *inclusive special education*. The focus of *inclusive special education* is on the broader goals of education, such as those concerned with the development of life skills, vocational skills, and social skills, in addition to academic skills such as literacy and numeracy. The major goal of education for children with SEND, as with all children, is to produce happy and productive citizens who are included in their communities as much as possible and have the skills needed to meet the social and communication demands and expectations of adult life.

Curricula

Inclusive special education considers that the priority for children with SEND must be that they have access to curricula that are appropriate for them throughout their education. An important issue in *inclusive special education* is when to transfer children from an academic and developmental curriculum, which is focused on the

needs of the majority of children, to a functional one which addresses the specific educational needs of children with SEND.

Reality

Inclusive special education acknowledges the current reality in mainstream schools, that many teachers do not feel competent to teach children with SEND because of insufficient input on teaching children with SEND and inadequate material and human resources, in particular specialist support staff. Therefore, a key component of *inclusive special education* is the provision of effective training and support for mainstream class teachers.

Finance

The focus of *inclusive special education* is to provide young people who have SEND with the knowledge, skills, and attitudes they need to achieve as much independence and success as possible after they leave school. Therefore, the focus is on providing funding to ensure that all children with SEND, whatever the type or severity, have educational provision that is funded sufficiently to ensure their optimal development.

Means and Ends

Inclusive special education recognizes that inclusion in the community after leaving school is the most important end that educators should be seeking. Whereas inclusion in mainstream school classrooms will lead to this end for some children with SEND, for others placement in resource rooms, special classes, or special schools may be the best means to the end of eventual inclusion in the community when they leave school.

Research Evidence

Inclusive special education supports the need for intensive research to provide evidence regarding the policy and practice of *inclusive special education*. Such research needs to focus on evaluating the effectiveness of interventions, programs, and educational placements. Research also needs to be conducted on post-school and long-term follow-ups of outcomes for children with SEND who experience

either mainstream or special schooling or some combination of both during their time at school.

Rationale for Inclusive Special Education

A new theory has been proposed that integrates theory, research, and practice guidelines from both special education and inclusive education in order to provide effective education for all children with SEND. A theory of *inclusive special education* that comprises a synthesis of the philosophy and values of inclusive education along with the strategies and interventions used in special education has been presented. The new approach of *inclusive special education* provides guidelines for policies, procedures, and evidence-based teaching strategies that will support the delivery of effective education for all children with SEND. The goal of this new approach is to ensure that all children with SEND are effectively educated in special or mainstream facilities, wherever is most appropriate, from early childhood through high school education. The model that has been outlined combines key aspects of special education and inclusive education to form *inclusive special education*.

Inclusive Special Education

Inclusive special education is about providing the best possible education for all children with SEND, in the most appropriate setting, throughout all stages of a child's education, with the aim of achieving the highest possible level of inclusion in the community post-school. Its focus is on effectively including as many children as possible in mainstream schools, along with the availability of a continuum of placement options from mainstream classes to special schools, and involving close collaboration between mainstream and special schools and classes. These elements of *inclusive special education* are summarized below with reference to the chapters of this book in which they are discussed in more detail.

Implementing Best Practices from Inclusive Education

Inclusive special education involves implementing practices that have established solid research evidence bases for supporting effective inclusive education and therefore focuses on fostering acceptance of diversity and use of strengths-based approaches. Assessment strategies and IEPs are used to focus on students' strengths and inform teaching. Well-established systems including Response to Intervention, Universal Design for Learning, and Positive Behavior Interventions and Supports

are used to manage behavior and facilitate learning. Interventions involving assistive and instructional technologies, peer tutoring, cooperative learning, and the teaching of metacognitive strategies are used. Collaborating closely with parents and professionals and using culturally relevant and responsive interventions are also key elements of *inclusive special education*. These best practices have been discussed in Chaps. 3, 4, 5, 6, 7, and 8.

Continuum of Placement Options from Mainstream Classes to Special Schools

Inclusive special education recognizes that although the majority of children with SEND can be effectively educated in mainstream classes, there are a minority of children with higher levels of SEND who benefit more from being educated in resource rooms, special classes, or special schools. Therefore, it is necessary that a continuum of placement options, from mainstream classes through special schools, is available. Such continua, often referred to as cascades of services, have been the reality of special education provision in most countries for many years. Continua typically include options from mainstream classrooms with support from specialist teachers or teacher-aides, through resource rooms or special classes within mainstream schools, to separate special schools, as detailed in Chap. 1.

Focus on Effectively Including As Many Children As Possible in Mainstream Schools

In *inclusive special education*, there is a major focus on effectively educating as many children as possible in mainstream schools. In order to achieve this, it is essential for mainstream school teachers to have a sound knowledge of the different types of SEND and the practical teaching strategies needed to teach them effectively in mainstream classrooms. Information on these was presented in Chaps. 3 and 4. Education systems and schools need to have in place policies and practices in all of the aspects of schools that were discussed in Chap. 5. The skills necessary for mainstream school teachers to work effectively with parents of children with SEND and with other professionals were discussed in Chap. 6. The skills that are relevant to all teachers but essential for specialist teachers working with children with SEND in *inclusive special education* were discussed in Chaps. 7 and 8.

Close Collaboration Between Mainstream and Special Schools and Classes

In inclusive special education, there are two roles for special schools. First, they can provide special education for children who have more severe levels of SEND whose needs cannot be effectively met in mainstream schools. Second, they can provide guidance and support to assist mainstream schools to effectively educate children with more moderate levels of SEND. Special schools are well placed to fulfill this second aspect of their role because they have specialist staff who have expertise in dealing with the higher levels of SEND that mainstream schools typically do not have. This then makes the collaboration between special and mainstream schools a key factor in ensuring the effectiveness of education for children with SEND in mainstream schools. This collaboration is a key element of the philosophy and practice of *inclusive special education*.

Education in the Most Appropriate Setting, Through All Stages of a Child's Education

An important consequence of having a continuum of placement options from mainstream classes to special schools is that there can be movement between the various placements in order to ensure that an education in the most appropriate setting can be provided throughout all stages of a child's schooling. Children must be able to move between placement options when this is needed in order to make sure that they have appropriate programs throughout their time in education. For example, it is possible that a child may begin his or her education in an early intervention program along with other children with high levels of SEND and when school age is reached transfer to a mainstream elementary school class, perhaps with support from a specialist support teacher or teacher aide. Later the child may transfer to a special class within a middle school and later still transfer to a special school in order to complete his or her education. Alternatively, a child may spend time attending a special school and later be transferred to a resource room or special class within a mainstream school or to a mainstream classroom with specialist support. The most important issue is to have the flexibility to transfer within a school system that has a continuum of placement options available, in order to ensure that children are at all times being educated in the setting which best facilitates their learning.

Organization for Providing Optimal Education for All Children with SEND

It is necessary to have coherent education policies and procedures in place in all aspects of the education system in order to provide the best possible education for all children with SEND. The five key aspects of this were discussed in earlier chapters.

First, there needs to be a clear and coherent national policy on *inclusive special education* backed up by legislation that clearly specifies the rights of children with SEND and their families. There also need to be statutory guidelines provided by the national ministry of education, or equivalent, in each country, and mechanisms to ensure that these are implemented at regional and local levels, as well as parent partnership services or parent involvement coordinators, as discussed in Chap. 1.

Second, schools need to have policies and practices in place to ensure that the requirements of national legislation and statutory guidelines are implemented. They must have procedures in place for identifying and assessing children with SEND and for providing appropriate interventions, for example, by means of individualized educational programs and transition plans. They also need to have procedures in place for monitoring and reviewing the progress of children identified as having SEND and for evaluating the effectiveness of interventions used with them, as discussed in Chaps. 1 and 5.

Third, schools also need to have effective organizational procedures for meeting children's SEND. This should be implemented by staff, such as SENCOs, who are trained in *inclusive special education* and who are part of the school staff, as well as specialists such as psychologists, social workers, and specialist teachers from outside the school.

Fourth, schools must ensure that school-wide practices are based on research evidence of effectiveness in facilitating the academic and social development of children with SEND. For example, they must have in place effective procedures for optimizing parental involvement in their children's education, as was discussed in Chap. 6. Schools must at the same time ensure that strategies found to be ineffective, such as between-class ability grouping, are avoided.

Fifth, all teachers must be able to identify children with SEND and ensure that the teaching strategies and techniques that they use are based on sound practical guidelines, such as those outlined in Chap. 3. Teachers must also, whenever possible, use evidence-based practices such as cooperative learning and peer tutoring, which were discussed in Chap. 4. In order for this to become a reality, all teachers must have thorough training on teaching children with SEND as part of their initial training and ongoing professional development relevant to this throughout their careers.

Summary and Conclusion

A new theory of *inclusive special education* has been proposed that encompasses the philosophies, policies, and practices of special education and inclusive education. In this model aspects of both approaches are combined to form *inclusive special education*. The goal of *inclusive special education* is to ensure that all children with SEND are effectively educated in either special or mainstream facilities from early childhood through high school education, in order to achieve their maximum possible inclusion in the community when they leave school.

An example was provided of the consequences of the current confusion in this field by providing a critique of policies and practices regarding special education and inclusive education in one country. This was followed by an analysis of issues concerning inclusive education that identified several confusions that have emerged in light of the realities of school practice for children with SEND. This discussion facilitated the clarification of the key principles of *inclusive special education*.

Information for identifying 15 different types of SEND and some basic practical guidelines for teaching them has been presented. The importance of teachers implementing evidence-based practices in working with children with SEND was discussed, and the challenges involved in this were explained. Key policy issues for implementing *inclusive special education*, essential elements of school organization, and examples of school-wide evidence-based strategies for ensuring effective practice for children with SEND were discussed.

A model for guiding the practice of parent involvement was presented along with a wide range of strategies for communicating with parents. The skills required by teachers for facilitating parental involvement and the knowledge and skills required for implementing a three-phase problem-solving model of counseling and for working with groups of parents were outlined. In addition, the importance of professionals in the field of *inclusive special education* being empowering individuals who facilitate the development of children with SEND and their parents and families, rather than simply helping them to overcome their difficulties, was discussed as well as of the stress management skills that professionals need in order to work in this field.

It is intended that this presentation of the theory of *inclusive special education* will help to generate a new vision which combines the best of inclusive education and special education in order to ensure that all children with SEND receive the best possible education and thereby obtain optimal preparation for living successful and fulfilled lives after they leave school.

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