CONNECTING CLASSROOMS

Inclusion...
A Policy in Practice

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www.britishcouncil.org/connectingclassrooms
Objectives

• share ideas and build background about current practices
• derive a definition for inclusion that is practical and achievable
• introduce some categories of special educational needs
• Introduce common types of learning difficulties encountered
• Explore ideas of access and engagement as main indicators of inclusive practices in schools
• overview of the social and medical models that influence the present inclusive practices
• Introduce the “Response in intervention (RIT) framework” with its three tiers or levels
• fill out an inclusion audit sample that reflects conditions in their schools and an action plan.
Inclusion in schools as a policy, system, strategy and classroom practices.
Definition of Inclusion

It describes an approach wherein students with special educational needs spend most or all of their time with non-disabled students. Is the practice of educating students with special needs in regular classes during specific time periods based on their skills.

A commitment to educate each child, to the maximum extent appropriate, in the school and classroom he or she would otherwise attend. It involves bringing the support services to the child and requires only that the child will benefit from being in the class.

Full inclusion means that all students, regardless of handicapping condition or severity, will be in a regular classroom program full time. All services must be taken to the child in that setting.
Some categories of special educational needs:

- communication and interaction needs
- cognition and learning needs
- behavior, social and emotional needs
- sensory and/or physical needs
- medical conditions
- gifted and talented.
Common types of learning difficulties encountered in classrooms:

- attention deficit hyperactivity disorder
- dyslexia
- asperger syndrome
- dyspraxia
- dyscalculia
Access & Engagement: What are the barriers?
How can we overcome the barriers?
Access and engagement are the main indicators of inclusive practices in schools.

<table>
<thead>
<tr>
<th>Access</th>
<th>Engagement</th>
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<tbody>
<tr>
<td>Gender /ethnic/sects</td>
<td>Continuous staff development</td>
</tr>
<tr>
<td>Health/ medical</td>
<td>Content relevance</td>
</tr>
<tr>
<td>Emotional</td>
<td>Social/cultural/ attitude</td>
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<tr>
<td>Sensory/physical</td>
<td>Resources and pedagogy</td>
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Social versus medical models of disability

Medical model – child is a problem and needs to change

Social model - school needs to adapt to include and accept all children
Change of framework

- From Medical Model of Disability → Problem in the Person.
- Cure, Fix or Separate

- To Social Model of Disability based on Human Rights approach - Problem with Society that needs to be changed.
  - Attitudes
  - Organisation
  - Environments
# Medical / Social Models

Medical And Social Model Thinking In Schools

<table>
<thead>
<tr>
<th>Medical Model Thinking</th>
<th>Social Model Thinking</th>
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<tbody>
<tr>
<td>Child is faulty</td>
<td>Child is valued</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Strengths and Needs defined by self and others</td>
</tr>
<tr>
<td>Labeling</td>
<td>Identify barriers and develop solutions</td>
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<tr>
<td>Impairment becomes focus of attention</td>
<td>Outcome based programme designed</td>
</tr>
<tr>
<td>Assessment, monitoring, programmes of therapy imposed</td>
<td>Resources are made available to ordinary services</td>
</tr>
<tr>
<td>Segregation and alternative services</td>
<td>Training for parents and professionals</td>
</tr>
<tr>
<td>Ordinary needs put on hold</td>
<td>Relationships nurtured</td>
</tr>
<tr>
<td>Reentry if normal enough OR Permanent Exclusion</td>
<td>Diversity welcomed, child is included</td>
</tr>
<tr>
<td>Society remains unchanged</td>
<td>Society evolves</td>
</tr>
<tr>
<td>Medical Model question</td>
<td>Medical Model answer</td>
</tr>
<tr>
<td>------------------------</td>
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<tr>
<td>How can we help this child with learning difficulties to access the curriculum?</td>
<td>Provide 1:1 classroom support</td>
</tr>
<tr>
<td>How can we change this child’s hyper-active behaviour so he can fit in?</td>
<td>Give him Ritalin or other medication</td>
</tr>
<tr>
<td>Where will children with physical and sensory difficulties go to school?</td>
<td>Create special units or special schools specific to the needs of the child</td>
</tr>
</tbody>
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A ‘single track’ approach

- services focus on the school
- All policies are geared towards all children being in a mainstream setting
- No need for special schools

**Benefits:**
- The most inclusive approach
- Centralised training for staff
- Cost effective – no duplication of provision
- All children within the same school
- Collaborative learning for children
- Encourages community cohesion

**Drawbacks**
- ‘Equity versus excellence’ issues
- Requires total commitment from the school
- Requires all schools in the system to subscribe to avoid ‘sink schools’
- High requirement for effective tracking & monitoring – more work!
A ‘two track’ approach
• Based on establishing two distinctive systems
• Special schools & units for special needs groups
• Pupils in special sector not following mainstream requirements
• Often different legislation for different sectors

Benefits:
• Focused staff development & training
• Tends to secure greater school attendance
• Resolves the ‘equity versus excellence’ debate
• Develops expertise & specialism quickly
• Clarity of focus for support services

Drawbacks
• The least inclusive approach
• Little opportunity for professional development
• Cuts groups of children adrift from their communities
• Perpetuates stigma & misunderstandings
A ‘multi-track approach’

- A multiplicity of approaches
- Two systems run in parallel
- Special schools as ‘resource centres’
- Heavy emphasis on ‘integration’
- Offers more flexibility and responsive to individual needs

**Benefits:**
- Offers a more flexible approach
- High access for special needs pupils
- More options available
- Offers opportunity for sharing expertise

**Drawbacks:**
- Complex and heavy on resources
- Requires ‘gatekeepers’ to decide where children will be placed
- Emphasis on goodwill of schools to engage
- Stretches service across two sectors & can dilute the efficacy of provision
Response in Intervention (RIT) framework

**Behavior**
- Tier 1: Benchmark all students at least two times per year for behavior and/or social skills. Identify students whose social skills deficits and/or social/emotional behavior problems could interfere with learning.
- Tier 2: Identify appropriate behavior and social skills interventions with a user-friendly tool. Set up behavior-based progress monitoring.
- Tier 3: Monitor students with severe behavior or emotional issues more frequently or refer to a behavior specialist.

**Academics**
- Tier 1: Benchmark all students three times per year for academic universal screening, general education progress monitoring and AYP accountability. Identify students at risk for academic failure.
- Tier 2: Assess and monitor at-risk students to determine the effectiveness of instructional changes.
- Tier 3: Write individualized annual goals and monitor more frequently for those who need intensive instructional services.
Response to Intervention (RtI) model:

An RtI framework is designed to provide quality instruction and targeted interventions that lead to student growth.

**Tier 1: Core Instruction**

- All students receive strong evidence-based curriculum and methods.

**Tier 2: Targeted Interventions**

- 15-20%
- Evidence-based targeted supplemental skill-building interventions for some students who require specific support to make progress.

**Tier 3: Intensive Intervention**

- 1-5%
- Evidence-based intensive targeted interventions for a few students whose needs are not being met by Tier 1 or Tier 2.
Assess and Take Action

• Inclusive Classrooms Checklist

• Action Planning

“Hope is a heart that is open to the world around you. Hope is knowing that things change – and that we can help things to change for the better.”

Volunteers of America
Thank you

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