

CONNECTING CLASSROOMS

Access and Engagement

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Who am I?

- I am the Principal of the Eden Academy that comprises five schools for children with special needs based in North London
- I am one of the National Leaders of Education – a group that supports schools in challenging circumstances in the UK
- A lot of my work is working across the special and mainstream sector helping to promote inclusive practice



Not an academic paper!

**A practitioner's
perspective on
promoting inclusive
practice**



“Every Child
Included”

“Education
for All”

“No Child
Left Behind”





“More schools meeting the needs of more children”





**Inclusion is not a
PRODUCT it is a
PROCESS**

**It is not a
destination at
which we arrive,
it's a road upon
which we travel**

We are including all children regardless of.....



- **Gender**
- **Ethnicity**
- **Ability**
- **Socio-economic background**
- **Health or medical condition**



**What are the essential
components of an
inclusive school?**

Inclusion means

Securing availability of provision...

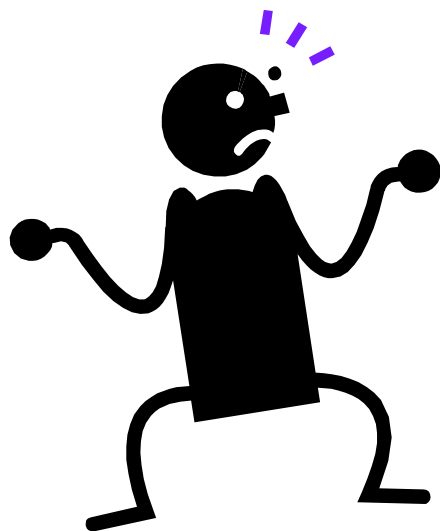
ACCESS

Ensuring what is being accessed is relevant & empowering...

ENGAGEMENT

So what is getting in the way?

NT



???

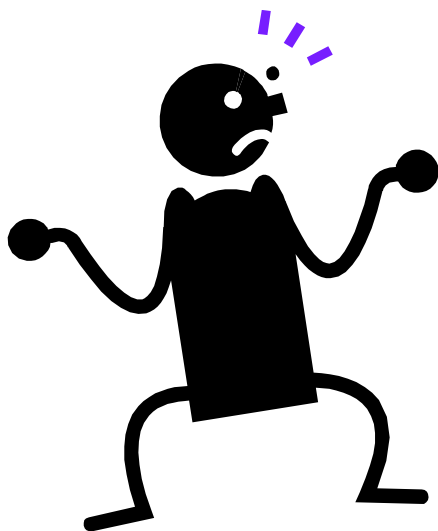
health/
medical

cultural

economic

physical

ACCESS



ENGAGEMENT



ACCESS

ENGAGEMENT

- **Access and engagement are the two major components of an inclusive school or classroom.**
- **They should be the basis of how you evaluate your inclusive provision and how you monitor its success**



Sri Lanka...

I would like to share two examples of inclusive practice that I have come across that demonstrate what I mean by access and engagement



CONNECTING
CLASSROOMS





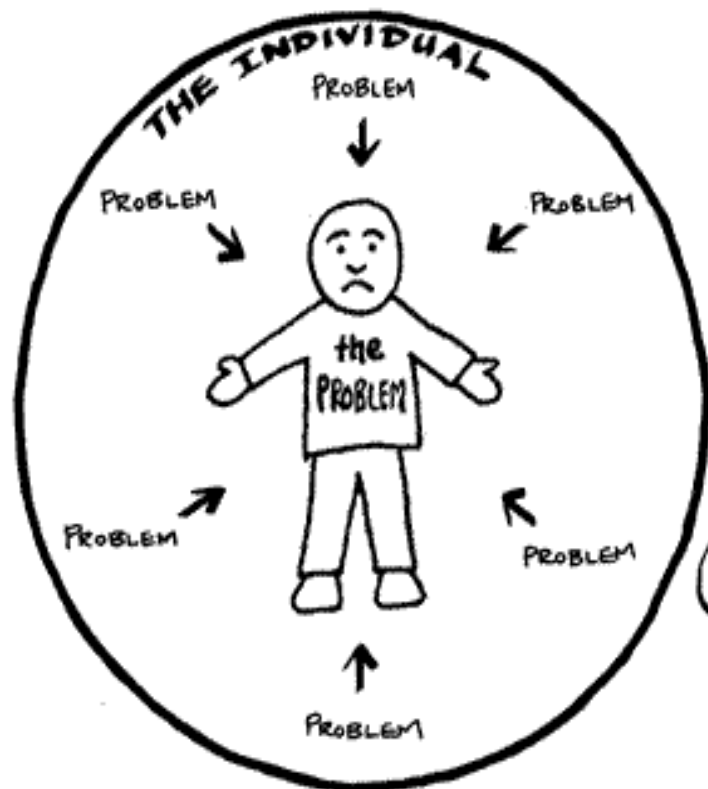


**Access and engagement are not
necessarily finance driven solutions.
they can be equally driven by
innovation and creative thinking**

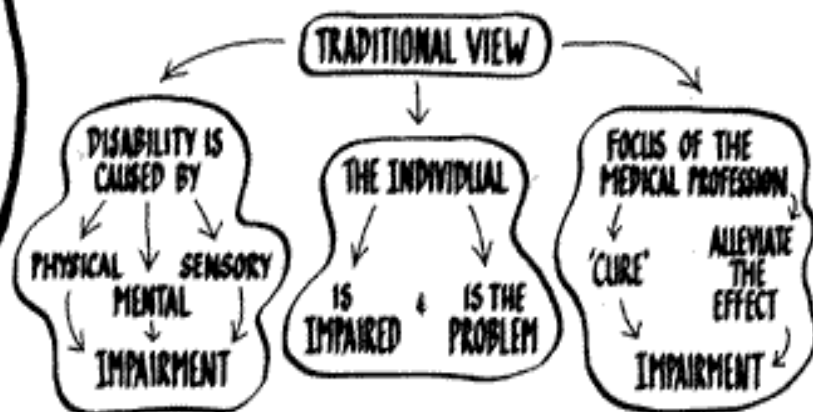
Medical and social models of inclusion



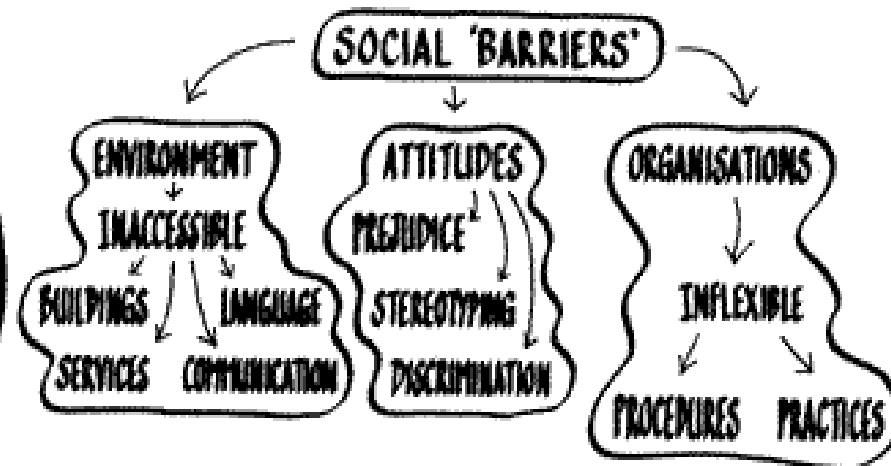
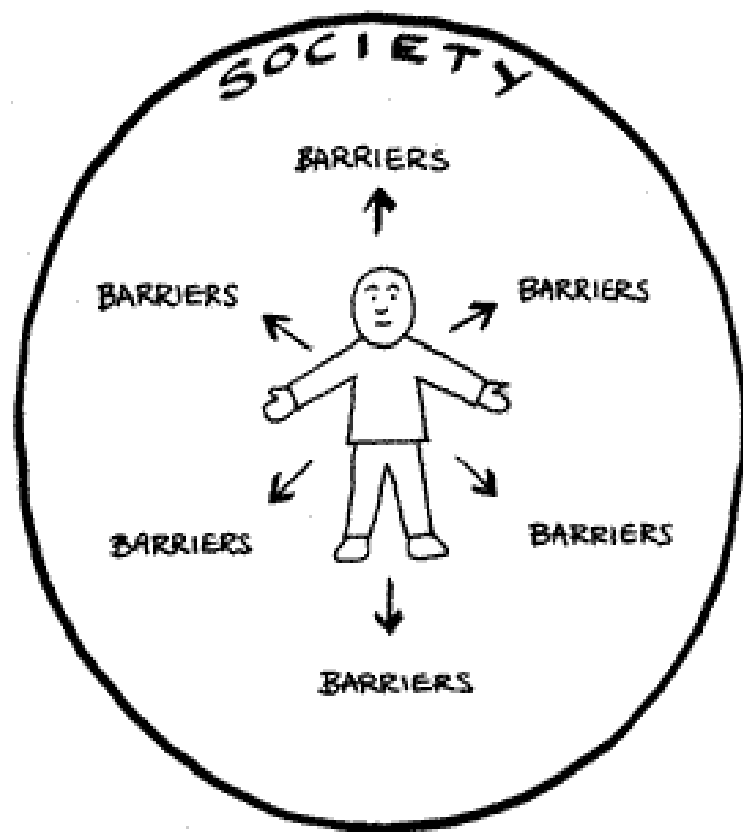
THE MEDICAL MODEL OF DISABILITY



IMPAIRMENTS AND CHRONIC ILLNESS
OFTEN POSE REAL DIFFICULTIES BUT
- THEY ARE NOT THE MAIN PROBLEMS



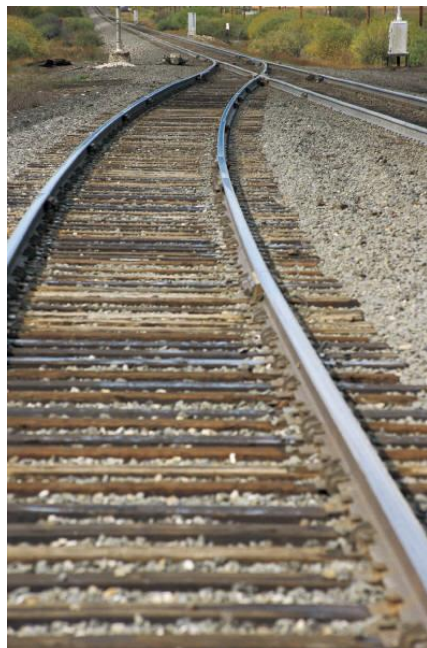
THE SOCIAL MODEL OF DISABILITY



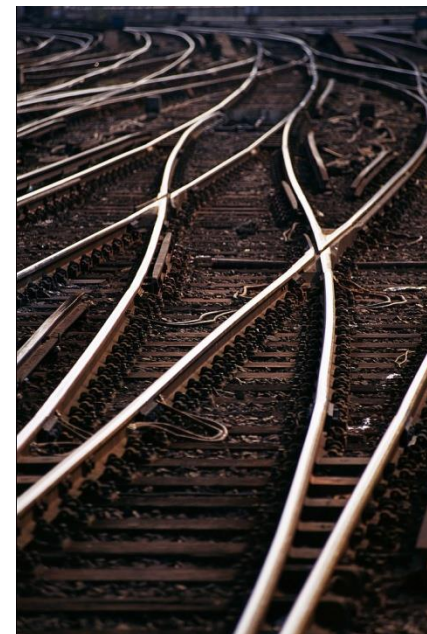


MEDICAL MODEL THINKING	SOCIAL MODEL THINKING
Child is faulty	Child is Valued
Diagnosis and treatment	Removal of barriers
Labeling and categorisation	Acceptance of individual
Inputs identified and delivered	Outcomes identified and planned
Therapy programmes are central	Resources are made available to ordinary services
Segregation and alternative services	Fully integrated services
Professionals identify needs	Individual rights are expressed
Isolation is perpetuated	Diversity Welcomed, Child is Included
Society remains unchanged	Society Evolves

Medical Model question	Medical Model answer	Social Model question	Social Model answer
How can we help this child with learning difficulties to access the curriculum?	Provide 1:1 classroom support	How can we adapt the curriculum to meet this child's needs?	Work on pedagogy in the classroom and extending the range of the curriculum
How can we change this child's hyper-active behaviour so he can fit in ?	Give him Ritalin or other medication	What can we do better to understand and support the behaviours of this child?	Provide training on positive behaviour management and introduce systems across the school
How can this child with a significant vision loss be expected to learn in a mainstream classroom?	Look for alternative, specialist provision	How can our school become more 'vision friendly?'	Source expertise in the area to provide training for all the school community



Models of Inclusion





A 'single track' approach

- All children within the same school
- All professionals within same building

Benefits:

- The most inclusive approach
- Centralised training for staff
- Collaborative learning for children
- Encourages community cohesion
- 'wrap-around' packages

Drawbacks

- Requires total commitment from the school
- Requires all schools in the system to subscribe to avoid 'sink schools'
- Higher demands on teachers to plan and deliver work differentiated



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
- 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'

- Two systems run in parallel but also merge
- Special schools as 'resource centres'

Benefits:

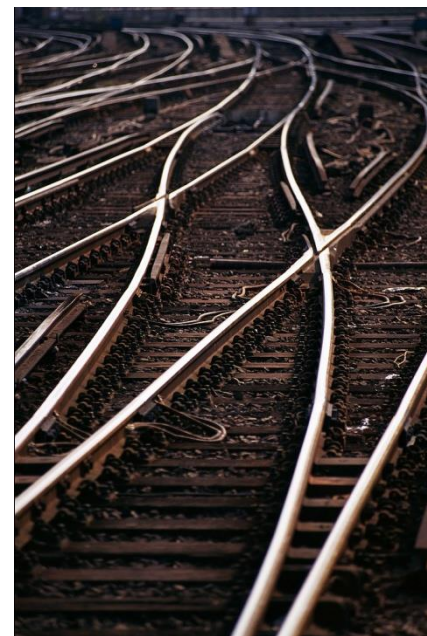
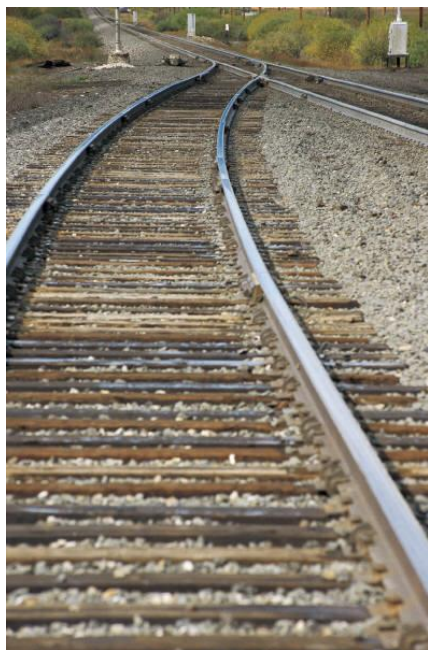
- Offers a more flexible approach
- High access for special needs pupils
- More options available
- Offers opportunity for sharing expertise

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



When formulating policy and practice in developing educational inclusion, it would be helpful to have a clarity of vision about which is the preferred structure



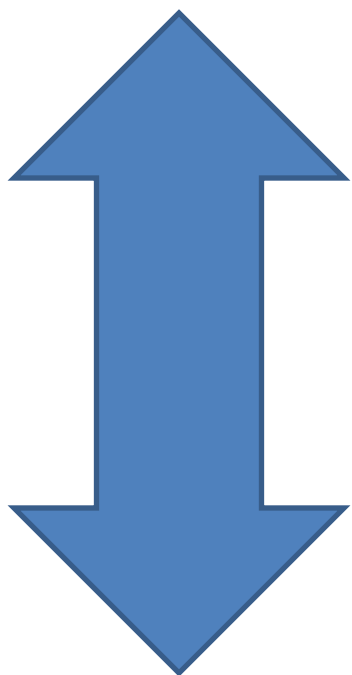


In summary...



**All parties need to
be clear about the
definition of
inclusion and
understand
that it is a process
not a destination**

ACCESS



ENGAGEMENT

Access & engagement are the guiding principles and a recognition of what obstacles are in the way and how to overcome them



**Social models of
thinking rather than
medical models will
bring about more
sustainable change**



**There is no right or
wrong way to
travel down the
road of inclusion
but it is
important to be
clear of the track
you are on**

