CONNECTING CLASSROOMS

Access and Engagement

John Ayres
Principal, the Eden Academy Trust, UK

www.britishcouncil.org/connectingclassrooms
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.
A practitioner’s perspective on promoting inclusive practice

Not an academic paper!
“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?
physical

economic

health/medical

cultural

ACCESS
ENGAGEMENT

Social/cultural attitudes
resources
content/relevance
training
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.

Here is a school in Sri Lanka. It is a school in a poor area of the country with very little financial resource. The access challenge for this school was that its catchment area was large and comprised children and families from poor farming families who were widely spread and quite isolated. School was not high on the priority list for these hard pressed families, working the fields to generate income was.

It's second access problem was that its number on roll far exceeded its capacity to accommodate. If every child came to school they wouldn't be able to fit into the building. So, how could a school in such circumstances respond to the access challenges it faced? The school introduced an alumni system. All children who went through the school were inculcated with a moral purpose to donate a small and proportional element of their future earnings to the school's welfare programme. The welfare programme was used to support families who were in hardship, provide transport and provide basic health care services to its families.

The criteria for eligibility to the welfare fund? More than 85% attendance of the child at the school! The system worked beautifully and the school was very well attended. In terms of the capacity issue, rather than large scale capital building projects the school put four benches under the trees outside. It became the classroom, the resources were the natural resources available around the building. It was one of the best lessons I have ever observed.
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.

Traditional view:
- Disability is caused by physical, sensory, mental impairment.
- The individual is impaired and is the problem.
- Focus of the medical profession is to 'cure' and alleviate the effect of impairment.
THE SOCIAL MODEL OF DISABILITY

SOCIAL 'BARRIERS'

- Environment
- Inaccessible buildings
- Language
- Communication
- Stereotyping
- Prejudice
- Discrimination

ORGANISATIONS

- Inflexible procedures

SERVICES

- Communication
<table>
<thead>
<tr>
<th>MEDICAL MODEL THINKING</th>
<th>SOCIAL MODEL THINKING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child is faulty</td>
<td>Child is Valued</td>
</tr>
<tr>
<td>Diagnosis and treatment</td>
<td>Removal of barriers</td>
</tr>
<tr>
<td>Labeling and categorisation</td>
<td>Acceptance of individual</td>
</tr>
<tr>
<td>Inputs identified and delivered</td>
<td>Outcomes identified and planned</td>
</tr>
<tr>
<td>Therapy programmes are central</td>
<td>Resources are made available to ordinary services</td>
</tr>
<tr>
<td>Segregation and alternative services</td>
<td>Fully integrated services</td>
</tr>
<tr>
<td>Professionals identify needs</td>
<td>Individual rights are expressed</td>
</tr>
<tr>
<td>Isolation is perpetuated</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>
<td>----------------------</td>
</tr>
<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>How can this child with a significant vision loss be expected to learn in a mainstream classroom?</td>
<td>Look for alternative, specialist provision</td>
</tr>
</tbody>
</table>
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 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.