

Changing Children – Changing Schools?
Concerns for the future of teacher training in special education
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I am worried – seriously worried. The provision of teachers equipped to face the rapidly changing profile of diverse disability in our children is not only under threat, but is non-existent. Since the cessation of initial teacher training in severe/profound and multiple learning difficulties (S/PMLD), there has been a gradual erosion of provision, a string of broken promises, and an inability on the part of Government and its offices to recognise the monumental shift in the composition of the disabled child population.

In the late 1980s, when the decision to cease initial teacher training was made, we were promised that funding would be shifted to postgraduate training. This was never fully realised, and gradually, as experienced and committed teacher trainers have retired, courses have expired. We are now left with only two specialist S/PMLD course (at the Universities of Birmingham and Northampton) and a handful of higher education institutes where you can undertake some specialised modules in severe, profound and multiple or complex needs. This is a dire situation. More than ever, we need university departments offering in-depth, reflective courses that not only enable teachers to acquire the skills and knowledge to offer high quality education to children with S/PMLD, but also push back the boundaries of what we know and how we can teach, and evolve some of the pedagogy that as yet we do not have.

This is not a provision-specific plea. Effective teaching of children with complex special educational needs can happen in a variety of settings. What we need are ‘pedagogies for inclusion’ (Lewis and Norwich, 2005) that enable all children to be active participants in our school system and receive their entitlement to education. At the moment, I perceive many schools achieving this for some children based upon the leadership of those teachers who, over the years, have received specialist training. Sadly, they are predominantly in a particular age group; when they retire, who will be skilled enough to offer that leadership in curriculum, teaching and learning?

A ‘one size fits all’ approach to special educational needs (SEN) is naïve. We are working with children in that spectrum of learning difficulty associated with unique learning profiles, often linked to the nature of their disorder (e.g. Down syndrome, autistic spectrum disorder (ASD)), who require specific and specialised teaching

approaches. Even where outstanding teaching of children with S/PMLD exists, there is an ever-increasing group of children with complex needs who do not fit the current range of teaching and learning approaches, and who are challenging our most skilled teachers.

Which children am I referring to? Why are our practitioners skilled in the arts of curriculum adaptation, modification and differentiation unable to address the learning needs of these pupils? It is because there is a 'new breed' of children with severe, profound and complex learning needs. The causal base of the difficulties in learning presented by these children is different from that we have traditionally known, and, because we do not have a hotbed of dynamic training courses spread across the country, enabling teachers to think, create and evolve the 'new pedagogy' – the teaching strategies and approaches that will touch these children at their point of learning need – even our most experienced practitioners in mainstream and special schools, and SEN advisory services, find themselves challenged by the needs of these children. In truth, we are failing to offer high-quality education to these children who become disenfranchised from the school system. On a daily basis, skilled teachers know that they have not made a difference to a child through their teaching, but it is not their fault.

The repertoire of responses they need is not in their professional toolkit. Are the solutions even 'out there'? Have they been developed? Are the Government, and its agencies, even aware? Teacher training for those educating children with complex learning difficulties has been sorely neglected, and, at a time when we need a highly skilled teacher workforce able to bring about resolution of curriculum and pedagogical issues for the sake of these children with 'new' disabilities, we are left with an aging group of teachers surrounded by weak, ineffectual external systems which repeatedly fail to develop appropriate teaching approaches for this complex and diverse group of learners. And who pays the price? The children!

Who are these children, and what are their numbers? McClusky and McNamara (2005) state that the latest Government figures indicate that there are as many as 700,000 disabled children in Great Britain, and that 'there are more than 100,000 severely disabled children in the UK and their numbers are known to be rising as a result of medical advances' (p. 151). This latter statement directly relates to children whose

disabilities, often profound and multiple, are due to prematurity of birth. The EPICure UK study (Marlow et al., 2005) reports that 80% of children born at less than 26 weeks' gestation now survive. A comparable New Zealand study (Woodward et al., 2004) suggests a 90% survival rate for pre-term infants weighing less than 1,500 grams at birth, with a 63% disability factor.

The need for intensive, very early intervention with these children is crucial (Carpenter and Egerton, 2005), but, again, do we actually have the intervention strategies that will truly maximise the learning of these vulnerable infants and minimise the impact of their traumatic birth and subsequent fragile health status. Champion (2005) details the brain development of these very-low-birth-weight, pre-term infants and the neurological compromise they face. Where these children have severe and complex disabilities (and the EPICure study (Marlow et al., 2005) suggests this is so far nearly 50% of surviving infants), their patterns of learning may be different to those we have previously known in children with S/PMLD. For example, the sensory approaches many teachers have found effective for delivering a relevant curriculum may not engage children whose S/PMLD emanate from pre-term birth. Sensory pathways may not only be damaged, but also incomplete and compromised (Champion, 2005).

Another group of children causing major concerns are those with Foetal Alcohol Spectrum Disorder (FASD). International estimates suggest that the prevalence could be as many as 1:300 children, and the disabling effects range across the learning difficulty spectrum from mild to profound (www.fasaware.co.uk). Their emotional well-being is particularly fragile, leading to high rates of suicide in later life. (Again, the need for teachers to have a deeper understanding of mental health needs, and how to embed emotional well-being into their everyday teaching, is accentuated by this group of children and others; e.g. those with ASD).

Whilst fledgling organisations such as the National Organisation for Foetal Alcohol Syndrome UK (nofas-uk@midlantic.co.uk) produce some excellent materials explaining the condition and warning of the perils of alcohol consumption during pregnancy, the need for a pedagogy specifically designed to embrace these children is vital. Take, for example, the fact that in children with FASD the parietal lobe can be missing in the brain (Goswami, 2004). This area controls numeracy and mathematical computation.

However skilled a teacher may be in differentiating the Mathematics curriculum, if that part of the brain is absent just how do we teach Mathematics to the child with FASD?

With recent research (e.g. Carr Brown and Halle, 2005) suggesting that attention deficit hyperactivity disorder (ADHD) in some children may result from their mothers drinking alcohol during pregnancy, the information that can be gained from neuroscience (Goswami, 2004) could significantly influence how we develop future pedagogy, which in turn could raise the attainment of these vulnerable children as our teaching becomes better matched to their learning.

We need to remind ourselves that parents, as the child's first educator, will be trail blazing approaches which support and engage their child. This is never more pronounced than in the area of chromosomal abnormality. Every day, children are born in this country with genetic abnormalities that are rare. Even if there is a diagnosis, they could be one of only a handful of children in this country, maybe even worldwide. One in every 200 babies is born with a rare chromosome disorder (www.rarechromo.org). Families search for information, often at great personal expense (Harrison, Henderson and Leonard, 2007), and become the 'expert' on their children's rare conditions. The need for teachers to be well-trained in family-centred approaches in order to establish a meaningful dialogue, and work closely and collaboratively, with parents in evolving pertinent approaches to education is paramount (Jones, 2007). Fragile X syndrome is now the most commonly inherited genetic cause of learning disability in the UK, and here, again, there are teaching approaches which are not widely communicated or understood by the teaching profession (Saunders, 2001). Parents and professionals will need access to comprehensible information about genetics in general, and specific disorders in particular, if we are to improve the life chances of this group of children with chromosomal disorders.

Autism also gives rise to severe, profound and complex learning difficulties in some children. The Medical Research Council estimate prevalence in the UK at 1 in 166 children. More recently, Professor Gillian Baird and her colleagues have calculated that children with some form of ASD constitute 1% of the UK's child population (a ratio of 1 in 86 children; (Baird et al., 2006). Many of these children present with severe and profound learning difficulties. Often adolescence compounds these difficulties as mental health needs emerge – young people with learning disabilities are six times more likely

to have a mental health problem than other children in the UK (Emerson and Hatton, 2007).

Whilst we know much about educating children with ASD (e.g. that they are predominantly visual learners), there are lessons emerging from neuroscience (Carpenter, 2007; Ramachandran and Lindsay, 2006) that demand detailed consideration. The challenge for teachers is how to translate this information into classroom practices.

The General Teaching Council for England (GTCE) has recommended that staff throughout the education system have the opportunities to access and develop specialist expertise to meet the specific special needs of children and young people as and when they arrive (www.gtce.org.uk). The examples of the children cited above demand that we remodel our pedagogy and, furthermore, that we generate teaching strategies which will embrace these children as learners. The debate around personalised learning, fuelled by the Specialist Schools and Academies Trust (SSAT; www.specialistschools.org.uk), is surely an ideal opportunity to implement this for all children.

It is incumbent upon the Training and Development Agency for Schools (TDA), with the DfES, to create pathways for teachers to learn about these children, to examine their learning patterns (for as yet we do not truly understand them), to evolve the curriculum response, and then the teaching strategies and approaches through which we will engage these children. There is a societal imperative – these are our children. We cannot walk away. Teaching is an evidence-based profession (Carpenter and Egerton, 2007). There needs to be a dynamic, practitioner-led research culture, investigating, enquiring, discovering how we can teach children who are new to our schools, but deserve to be educated with care and quality.

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