

# 1

## Introduction

### From Inclusive Education to Educational Engagement – Putting Reality before Rhetoric and Finding the Elephant in the Living Room

#### Overview

This chapter examines the problematic construct of 'inclusive education' and draws attention to limitations in terms of its ability to offer practical and meaningful insights into how schools should operate in relation to our most vulnerable pupils, and particularly those who are seen to present with social, emotional and behavioural difficulties (SEBD).

The authors go on to establish the concept of 'educational engagement', which is defined in social, emotional and cognitive terms.

It is argued that 'attachment to schooling' is an essential feature of educational engagement and that this can be achieved through the development of teachers' skills and developments in school organization within the context of broader multi-disciplinary initiatives that are devoted to this end.

#### There is Something Rotten in the State of Inclusive Education

This book starts from the premise that there is something wrong with the current state of inclusive education many other countries of the world. This is noted by Shevlin *et al.* (2008, p. 143), who, with reference to UK OFSTED reports, find that 'despite certain progress (towards inclusion) certain seemingly intractable difficulties remain as barriers to the realization of the inclusion strategy'.

They highlight the point that students with Social, Emotional and Behavioural Difficulties (SEBD) are the most difficult to accommodate in mainstream schools because of the impact of such students on the wider community of students. More generally Barton (2005, p. 5) states, with reference to current United Kingdom context:

‘Advocates of inclusion are very aware of the contradictory and competing policy context in which inclusion is located. This has led to the lack of political will on the part of government to unreservedly support inclusion.’

Curcic (2009) provides evidence from a review of inclusive practice in 18 countries that adds to this bleak picture, prefacing the article with the following statement:

In spite of a number of legislative moves, inclusive education has been surrounded by debates for various reasons. First, what is declared in legislation is not necessarily adequately implemented in practice, . . . or evenly within the borders of one country . . . . Second, some debates centre on the very nature of inclusion . . . . Researchers do not uniformly agree on what, in fact, constitutes inclusive practices (Curcic, 2009, p. 517).

To a rational mind this state of affairs beggars belief. How can it be possible for government policies to be made in the name of a concept for which there is no agreed definition? In these circumstances what is the basis for believing that such policies will be successful? Of course, in its most stripped down form, the central principle of inclusive education is the importance of social justice in and equality of access to education. This is entirely in tune with the founding principles of all liberal democratic societies. Serious problems arise, however, when attempts are made to operationalize these principles in a practical educational philosophy and an education system. As we will show in this chapter, current attempts to do this have often been unsuccessful, sometimes to a disastrous degree. We argue that a certain ideological rigidity has made a significant contribution to this failure. Having said this, we also note that educational policy is not made by the proponents of this inclusive ideology. We will also argue, however, that government policies serve powerful interests within any society and that well intentioned but simplistic ideological arguments serve as distractions from the real life problems experienced by pupils, families and staff in schools, and, at their worst, reinforce rather than challenge the status quo.

One of the problems here is that the inadequacies of the policy of so called inclusive education are felt relatively briefly by the promoters and architects of the policy. If a government is perceived to have failed in its management of the economy, that government falls, because even the relatively prosperous see the value of their capital either in decline or under threat of decline. If a government fails in its management of the education system the effects are not immediately obvious to the powerful sections of society whose economic, cultural and political capital, to varying degrees, insulate them from this failure. In fact, it is clear that educational inequality serves the interests of the more prosperous (Sutton Trust, 2010). Furthermore, it is easy to divert attention away

*Introduction: Putting Reality before Rhetoric*

3

from policy issues by appealing to popular prejudices about the competence and motivation of some teachers and the inadequacy of parental contributions to the educational experience of their offspring. Spurious comparisons between high and low performing schools are sometimes used to support these arguments.

The genuinely tragic consequences are, of course, visited on the people who are in greatest need of what it is that inclusive education claims to deliver. These are the vulnerable children and adolescents who depend on the effectiveness of the policy of inclusive education for their educational development. They may experience physical, sensory, cognitive, social, emotional or behavioural difficulties, sometimes in complex combinations. This is, of course, a widely diverse group, expressing different educational needs. The single thing that individuals in this group have in common is that they are perceived to present significant challenges which go beyond those that 'mainstream' teachers and schools are usually equipped to meet. They require accommodations and specific additional resources in order to engage effectively with formal educational experiences. These accommodations and resources are central to policies of inclusive education. When they are applied effectively, they enable. When their application is ineffective, they disable. Educational failure follows, often coupled with negative emotional and, sometimes, social consequences. The legacy of educational failure in the school years can be devastating in terms of the wastage of human talent and a lifetime of unfulfilled potential.

This sense of deep concern is reflected in the perceptions of another very important group of people who are directly affected by the policy of inclusive education – teachers:

It is no surprise that teachers, whatever their beliefs about inclusive education, find coping with special needs in mainstream classrooms difficult without additional training and classroom support . . . Growing numbers of special needs are behaviour-related. At the same time, teachers feel under increasing pressure to achieve academic results at all costs in a curriculum which makes few concessions to what one current television programme calls 'the unteachables' (T.E.S., 2005).

The central point here is a challenge to the viability of inclusive education as it is currently practiced. The image created portrays the mainstream classroom teacher struggling to accommodate the needs of vulnerable students whose behaviour, as a consequence of their teachers' ill-preparedness, deteriorates, adding to the teachers' difficulties. In turn, the teachers are called to account not only for their failure to prevent misbehaviour from occurring, but for the concomitant impact that students with learning difficulties of various kinds (some of whom are disengaged from and antagonistic towards education) have on overall performance outcomes in national tests and public examinations. The tone of the quotation is one of righteous indignation at this situation, which is seen as being unjust for teachers, students with special needs and, ultimately, all students in such settings.

The theme of the injustices of inclusive education is taken up by another journalist in the same paper who declares 'Children with special needs are 24 times more likely to be segregated at school if they live in parts of North East England than they are in London's East End' (Lepkowska, 2005).

The article is based on statistics collected by the Centre for Inclusive Education (CSIE) and bears a quotation from its director, who describes these inequalities in the system as 'unfair and unjust'. This time the indignation is directed at continued use of segregated forms of provision (e.g., special schools and other non-mainstream placements) in certain parts of the country. The implication being that students who are placed in such settings are necessarily disadvantaged compared to their peers in mainstream schools. This assumption seems to be at odds with the findings from an empirical study carried out Macbeath *et al.* (2006), which is discussed in detail below.

Although these two positions are very different, they have two things in common. The first of which is a deep concern about the *state* of inclusive education in the United Kingdom. The second commonality is that they see students suffering as a result of a failure to implement inclusive practice effectively. Where they differ is in what they appear to mean by 'effective implementation'. The viewpoint of the second article is the most straightforward, in that it suggests that the effectiveness of the inclusive education project can be measured by the *location* of the student with SEN. It is implied that those who are in mainstream schools are, by definition, included, while those in segregated provision are not included. The first writer, on the other hand, is much more preoccupied with the quality of what is going in the mainstream setting. The claim made by this writer is that there are serious problems being created in mainstream school classrooms as a result of inadequate training of teachers, under-resourcing and, perhaps most worrying of all, an inadequate conceptual basis for the notion of 'inclusive education' which contributes to incoherence in government education policy. This, in turn, forces some teachers into a situation of confusion borne out of the dissonance they experience on a daily basis between the blatant inequalities of market driven education systems and an espoused social justice agenda associated with inclusive education.

This situation is illustrated well by a study of 21 English schools (10 first, middle and primary; 9 secondary and 2 special) where staff were committed to an inclusive education agenda (MacBeath *et al.*, 2006). They found a disastrous confection of 'good intentions' (p. 81), inadequate staff training and resources, competing agendas that, they argue, contribute to a rising tide of social, emotional and behavioural difficulties which, in turn, create additional demands that school teaching and support staff are ill-equipped to meet. The result is an unsatisfactory educational experience for staff and pupils in general. However, the remarkable claim that well intentioned efforts to promote inclusive education lead to an increase in social, emotional and behavioural difficulties has to be scrutinized. Because, if this is so, it suggests that the ill-defined notion of inclusive education may, in some respects, be responsible for more harm than good.

## Why is Inclusive Education Going Wrong?

Before considering the findings of this study in more detail, it is important to stress that MacBeath *et al.* (2006) did not select their schools at random, rather they focused on schools which showed evidence of commitment to inclusive education practice:

we deliberately set out to select schools that had made a commitment to implementing a policy of inclusion rather than selecting some schools that were not so involved. Our aim was to review current practice in favourable circumstances and not attempt to portray what was happening across the entire range. Where our research identifies problems and difficulties for children with learning difficulties, these issues are likely to be exacerbated elsewhere within the education system in schools where inclusion is given a lower priority (MacBeath *et al.*, 2006, p. 10).

These initial observations are borne out in the findings of the study which indicate that:

In general teachers are positive towards the principle of inclusion.

Teachers saw potential benefits in terms of widening all pupils' understandings of diversity and developing improved tolerance levels. However, deep concerns were aired about the challenges posed by students with 'complex emotional and behavioural needs' (p. 60) and how such difficulties affected the ability of staff to provide 'a suitable education' (p. 60) for these pupils. Furthermore, concerns were expressed about the capacity of mainstream schools to meet the social, emotional and educational needs of 'children with [other] complex needs' (p. 60).

The researchers note the tendency of pupils with SEN to be located in schools with high levels of social disadvantage, particularly those located in urban (as opposed to rural) areas, where 'parental choice' is made a realistic option owing to the availability of more than one school within reasonable travelling distance. The general point being made here can be verified by the reader through a brief perusal of league table figures for GCSE results in England, which show that, year on year, schools in deprived urban areas tend to have much higher levels of SEN and poorer outcomes at GSCE than those at the top of the league tables.

The central problem identified by MacBeath *et al.* (2006) is a lack of training and expertise in mainstream schools. In this study mainstream teachers were often found, by their own accounts, to lack necessary specialist skills for dealing with complex needs. This has to be seen in the context of limited opportunities for training in these areas, both in Initial Teacher Training and in Continual Professional Development. This problem was seen as being so significant that respondents described parents as sometimes knowing more than teachers about certain learning needs and being called on to 'train' school staff. It is important,

of course, to commend school staff for being open to parents and consultative in seeking insights into students' learning needs. Teacher-parent collaboration is an important and neglected resource that is likely to benefit all students (Jones, 1995). However, the idea that parenthood is a sufficient qualification to be a teacher trainer is alarming for both teachers and parents. This begs the obvious question: can it be defensible for teachers and vulnerable students to be placed in circumstances where access to important pedagogical knowledge and skills is not routinely available from valid and reliable sources? Macbeath and colleagues' (2006) answer to this question is a resounding no.

In their study the consequences for students who experience such poor provision is a tendency to be involved in multiple school moves, a situation that was found to be all the more likely when social, emotional and or behavioural problems were implicated. This point bears comparison with research which has shown a relationship between frequent school moves, SEBD and exclusion (Hayden, 1997). It draws attention to the fact that while SEBD may sometimes, or even often, have their origins in social and other problems that occur outside of classrooms and schools, they can be (and often are) exacerbated and magnified by what takes place within classrooms and schools. Exclusion from school, be it formal or informal, is always an admission of a school's failure to meet the needs of the excluded. After all, the minimum purpose of schooling must be to promote positive social and educational engagement within a particular setting, meaning that the students have to be at the very least present in that setting. Clearly, such failure is not always the *fault* of the school, which, in the absence of appropriate expertise and/or resources, may opt for exclusion as a last resort in the interests of the wider school population. From the excludee's point of view, however, he or she has been failed, socially and educationally. This experience repeated time and again can only engender or exacerbate existing feelings of alienation from schools and schooling.

It is important to stress at this point that schools cannot avoid the admission of failure simply by keeping students on their premises whose social and educational needs they lack the resources to meet. 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 form of exclusion. Schools should never *pretend* to be able to cater for a student's needs, regardless of their falling rolls or other market force imperatives. Social justice and market forces are not compatible.

### *Ideals and ideology*

There is a longstanding educational truism that 'education cannot compensate for society' (Bernstein, 1966). This observation has several penetrating and complex meanings, one of which is that, regardless of the rhetoric espoused by governments of whatever persuasion, education systems tend to reflect the inequalities and injustices that favour the most powerful and (by definition) privileged interest groups within the societies they serve. An education system is one of the

*Introduction: Putting Reality before Rhetoric*

7

tools employed by a society to sustain and reproduce itself. Commentators (and governments) claiming to be committed to social justice in education cannot be taken seriously if they fail to address the broader context of inequality in society. Yet, the political myopia of some proponents of inclusive education, who advocate the enrolment of students with special educational needs in local schools which may or may not be successful or effective, is staggering.

There are always competing value systems within cultures and societies. In contemporary Western cultures there is a continual struggle between a form of idealistic liberalism, which emphasizes the importance of collectivist values, equality among people and social justice, and an individualistic conservatism which portrays social inequality as a natural consequence of economic and social progress. The historically espoused role of the education systems in liberal democracies has been to serve the workforce needs of the society and to reinforce and cultivate what are perceived to be the best qualities within the prevailing culture. In the United Kingdom, for example, the expansion of educational provision has often been portrayed in terms of increasing equality of opportunity. Additionally, it has to be said, the accumulated evidence from 130 years of state funded education in the United Kingdom reveals the clear positive relationship between levels of educational achievement, good health, life expectancy and economic well-being.

However, recent evidence (Sutton Trust, 2008) points to a general slow-down in upward social mobility in both the United States and United Kingdom at the beginning of the twenty-first century. This has to be seen in the context of the strong association between social class and educational attainment as one of the few truly dependable findings to come out of social scientific research time and time again over the past 100 years or so. Children who come from socially deprived backgrounds are at much greater risk of educational failure than children who come from privileged backgrounds. In the United States, for example, one study found that in 1979 individuals from families in the top 25% of earners were four times more likely to successfully complete a four-year college degree programme than individuals from the bottom 25%. Disturbingly, they found that by 1994 the disparity had increased from 4 times, to 10 times (Educational Testing Service, 2005). In the United Kingdom similar concerns have been noted by the DfES (2004). There is a further association between educational failure and social, emotional and behavioural difficulties, as well as an association between social, emotional and behavioural problems and social disadvantage (Shneiders *et al.*, 2003). Of particular concern in the United Kingdom is the widening social gap between those who gain access to the most prestigious and well remunerated professions and those who do not. Research carried out by the Centre for Market and Public Organisation (Macmillan, 2009) shows that net family income is a far stronger predictor of gaining entry into the top professions (such as medicine, the law, banking and journalism) for people who were born in 1970 than it was for those who were born in 1958. This finding is contrasted with a general decline in the difference between the assessed IQ levels of professionals and those of the general population between these two birth cohorts. These outcomes point to the inevitable conclusion that family background plays a far greater role in

occupational success than merit alone. The point is strengthened further when the link between progression to the highest levels within the top professions and attendance at prestigious universities is related to the fact that approximately 50% of the undergraduate places at Oxford and Cambridge Universities are taken up by students from the 7% of the general population who have attended fee paying schools. Furthermore it is depressing to note that in the twenty-first century one in three members of the UK's House of Commons benefited from a privately funded education (Macmillan, 2009).

In an unequal and competitive society it is not surprising that, in spite of some of the rhetoric surrounding inclusive education, there is an impulse among many members of our society to be less concerned with the extension of equality of opportunity than there is with the quest for personal advantage. This is reflected in the perennial concerns that have been expressed on BBC news reports in the United Kingdom about the fraudulent lengths that some parents will go to in order to gain a place for their child at their preferred school. This point has been underlined by a MORI poll (Cassidy, 2008) which identified the increasing popularity of independent schools among parents. In 2008 54% of adults thought independent schools offered higher educational standards than state schools; 57% stated that they would select independent education if they could afford it, and of those who would select an independent school 66% said it was because they believed them to offer better educational standards and 30% thought they demonstrated better behavioural standards.

This situation is problematic in itself, not least because it appears to intensify the plight of the most vulnerable families and students, who are at ever increasing risk of being left behind as the culture becomes ever more competitive and individualistic. This is already happening to those students who attend neighbourhood schools which are deemed to be 'failing', where parents with the most cultural and economic capital migrate, by one means or another, to schools occupying places higher up the league tables (Sutton Trust, 2010). Meanwhile, for reasons already discussed, the most vulnerable are left in large concentrations in schools lacking the expertise and resources to meet their needs.

An even more distressing feature here is the lack of connection between the recognition of this picture of growing social inequality, and measures which are being taken to cater for the most extremely disadvantaged students in our schools. This is not simply an issue affecting inclusion in the United Kingdom. A recent international literature review (Curcic, 2009) referred to above, found a pattern of muddled thinking, ill-informed practice and some situations in which the most vulnerable students were clearly disadvantaged by the failings of ill-judged and poorly implemented policies.

A central problem appears to be the role of ideology in the inclusive education agenda. Although there are sometimes wide variations in the ways in which inclusion is operationally defined – from the insistence that all students should be educated in mainstream classes to the idea that specialist provision can form part of an inclusive continuum – there is a common attachment to the broad principle that inclusive education is concerned with the identification and removal of barriers to participation in mainstream educational settings. For many

commentators this endeavour is a matter of human and civil rights; a challenge to 'discrimination and exclusion' (Barton, 2005, p. 6) that equates with some of the great emancipatory movements of history, such as those concerned with the abolition of slavery and the women's suffrage movement (Thomas and Vaughan, 2006).

There is clearly an historical basis for this position reflected in the discriminatory practices directed at individuals who were deemed 'handicapped'. The worst of these practices saw the forcible sterilization of the so called 'mentally subnormal' in some US states in the early twentieth century. The eugenics movement, which sought to justify such practices, promoted spurious theories claiming genetically based differences in cognitive abilities that rendered certain racial groups cognitively superior to others (Karier, 1976). Such arguments were used to justify social and economic inequalities between racial groups (Jensen, 1969). Sadly, such primitive thinking is not entirely a thing of the distant past. These views were reiterated in the 1990s in a widely read book by American academics Herrnstein and Murray (1994). It should be stressed that this book was widely dismissed on scientific grounds by informed readers. However, the case serves to illustrate the continued presence of discriminatory attitudes in Western cultures, vividly illustrated in the United Kingdom by the election to the European parliament of a candidate standing for the British National Party, an organization which openly promotes racial discrimination and eugenicist theories of racial purity.

These are important cultural trends which we ignore at our peril and which education systems in liberal democracies must challenge. It has been noted for example, that the United Kingdom 1945 health and handicapped pupils' regulations (Ministry of Health, 1945) effectively created a system for educating the minority of pupils who were deemed 'handicapped' which was separate from the system which was intended for the majority of 'non-handicapped' pupils. This special system was established under the auspices of the Ministry of Health as opposed to Ministry of Education which took care of the education of the latter group. It is also important to note that while the right to free education for 'all children' up to the age of 14 (later 15) was established in the 1944 Education Act, children who were classified as 'uneducable', under the 1945 regulations, were excluded from this entitlement. It was not until the Education Act of 1971 that this group (comprising of some 30 000 children) was finally permitted this entitlement, under the designation of 'Severe Learning Difficulties'.

Portrayed in this way, this is a shameful history that amounts to systematic discrimination against 'handicapped' pupils, whereby they were, to differing degrees, excluded from educational provision that was deemed to be the birthright of the non-handicapped. It would be a mistake, however, to read into this history a malignant political ideology, such as that which sustained the eugenics movement and continues to give rise to racist and other discriminatory impulses in human societies. As Tomlinson (1982) has argued, the historical origins of special education in Britain cannot be divorced from a 'powerful ideology of benevolent humanitarianism' (p. 26) which is reflected in the motivations of Victorian philanthropists, such as Dr Barnardo. This is not to say that special education can

be understood entirely through this lens. As we have noted already, education cannot compensate for society; it can only serve it. Tomlinson (1982) seems to concur with this view when she observes that:

education systems and their parts do not develop spontaneously . . . and they do not develop out of purely humanitarian motives. They develop because it is in the interests of particular groups in society that they should develop, and that they should develop in certain ways (p. 27).

She persuasively argues that chief among the social motivators behind the development of special education were economic interests, illustrated by the fact that the earliest schools for children with physical and sensory disabilities were focused on the development of trade skills (Tomlinson, 1982). Social control is another political motivator, most evident in the origins of schools for the socially 'maladjusted' (a precursor of what we now often referred to as Social, Emotional and Behavioural Difficulties) which have been linked with widespread concerns about the disruptive behaviour of inner city children who, during World War II, had been evacuated to quiet, rural communities (Bridgeland, 1971).

This argument suggests that the 'ideology of benevolent humanitarianism', referred to by Tomlinson, was exploited in the interests of political expediency. There is clearly some merit to this point of view. However, this ignores the unanticipated consequences of creating an often state funded alternative education system which, in some cases, attracted educators who were dissatisfied with the constraints of the main state funded system and exploited their marginal status as an opportunity to pioneer radical and progressive educational approaches. Some of the most striking examples of this are provided by twentieth century educators who ran residential schools and communities for 'maladjusted, pupils' the most unwelcome and maligned group of students (Bridgeland, 1971). We will return to the work of these 'pioneers' in the next chapter. For the purposes of the current discussion it is only necessary to state that from early in the twentieth century some of these schools were experimenting with what we would now call student centred approaches, including democratic organizational structures (e.g., Shaw, 1965; Wills, 1960). The distinctive features of these approaches was a respect for students as persons and a commitment to developing social and emotional competencies through the provision of caring and supportive relationships and the teaching of academic and life skills (Bridgeland, 1971; Cooper, 1993). Such approaches were seen as being in stark contrast to the rigid authoritarianism which typified standard educational provision (Bridgeland, 1971), where discipline was enforced with legally sanctioned corporal punishment until the 1970s, and where negative, punitive approaches to SEBD were still widely used.

This is not an argument in favour of segregation. The point being made here is that in an unequal society, where the possessors of the greatest share of economic and cultural capital are disproportionately rewarded by the education system at the expense of the most vulnerable, there are ways of exploiting and subverting this grim status quo to the benefit of the marginalized. The wholesale dismissal of non-mainstream educational provision is an act of extreme ignorance, as is the failure

to acknowledge some of the achievements of this sector. Worse, this ignorance feeds the very processes of discrimination and marginalization that such views are claimed to challenge. This last point can be illustrated with reference to some of the debate surrounding the phenomenon of Attention Deficit/Hyperactivity Disorder (ADHD), which is one of the most commonly diagnosed of the behavioural disorders.

### **The Limitations of the Social Model of SEN: The Case of ADHD**

ADHD has been dismissed by some commentators as a medical construct that individualizes educational failure and disruptive behaviour (e.g., Lloyd and Norris, 1999; Skidmore, 2004; Slee, 1995; Travell and Visser, 2006). The effect of such individualization, it is argued, is to distract attention from the roles that schools and teachers may play (wittingly or unwittingly) in the construction of learning and behavioural problems, and allow educators to absolve themselves of their responsibility to provide appropriate educational opportunities to certain groups. This is, in essence, the core of the social model of disability, initially proposed by writers such as Barton (2005) which emphasizes the role of social construction in SEN.

This negative reaction is based on a number of erroneous assumptions. The first is that we have to choose between bio-medical and environmental explanations for learning difficulties because they are incompatible. This is expressed in an extreme form by Slee (1995) who complains that ‘The monism of locating the nature of [classroom] disruption in the neurological infrastructure of the child is myopic and convenient’ (p. 74).

Visser (1997) expressed a similar view ‘Rejection of the ADHD label by educationalists is precisely because it offers a view of behaviour which is “nature” without “nurture”’ (p. 15).

More recently, Skidmore (2004, pp. 3–4), although attempting to offer a faintly conciliatory nod towards what he terms the ‘psycho-medical paradigm’, recycles the same false oppositions:

Given its long historical roots, and the undoubted existence of such psychological and medical conditions [as Down’s syndrome and autism], it is likely that research into learning difficulties in the psycho-medical paradigm will continue to be conducted, that it will continue to exert an influence on the wider field, and that some of its findings will be found to be of use in the education of pupils who are affected by conditions which are generally recognised to have an organic basis. The difficulty arises when illicit attempts are made to apply this framework to an infinitely-extensible set of putative syndromes or disorders for which reliable evidence of a neurological or organic base is lacking, and where ‘diagnosis’ rests on value laden, culturally-specific judgements about behavioural or cognitive norms. In the case of ADD [sic] it is

arguable that the scientific discourse of positivism and the rhetorical stance of authoritative objectivity which it engenders have been deployed to disseminate a biological determinist hypothesis for which empirical evidence is wanting, and to legitimise the practice of drugging defiant children into docility, using stimulants whose long-term side effects are unknown, in the service of a tacit project of social control.

These views reflect longstanding suspicion among some British educationists and educational psychologists of explanations of emotional and behavioural difficulties that cite biological factors as possible causes (e.g., Boreham *et al.*, 1995). The distaste for biological determinism is understandable when we consider the horrors of the eugenics movement which marred the early twentieth century in Europe and America (see above). To extend this distaste to ADHD, however, on the grounds that it represents a modern manifestation of an outdated, politically driven and discredited pseudo-science is simply wrong-headed. This view, at best, reflects a profound ignorance of modern understandings of (a) the relationship between biological and environmental factors in human development, and (b) of the scientific and educational literature on ADHD. At its worst, this portrayal of ADHD reflects a wilful misrepresentation of the topic that is likely to hinder the development and dissemination of well informed and effective educational interventions that will benefit many school students directly, and influence the development of educational knowledge practice in ways that will benefit all students.

It is now necessary to highlight and address the flaws in the arguments presented by Skidmore and others.

## **Dealing with Challenges to the Validity of ADHD Diagnosis**

*First, it is claimed that the ADHD diagnosis is somehow bogus or 'illicit' because there is an absence of neuro-scientific evidence.* This is patently untrue. As noted above, there is wealth of evidence from many studies over many years which points to:

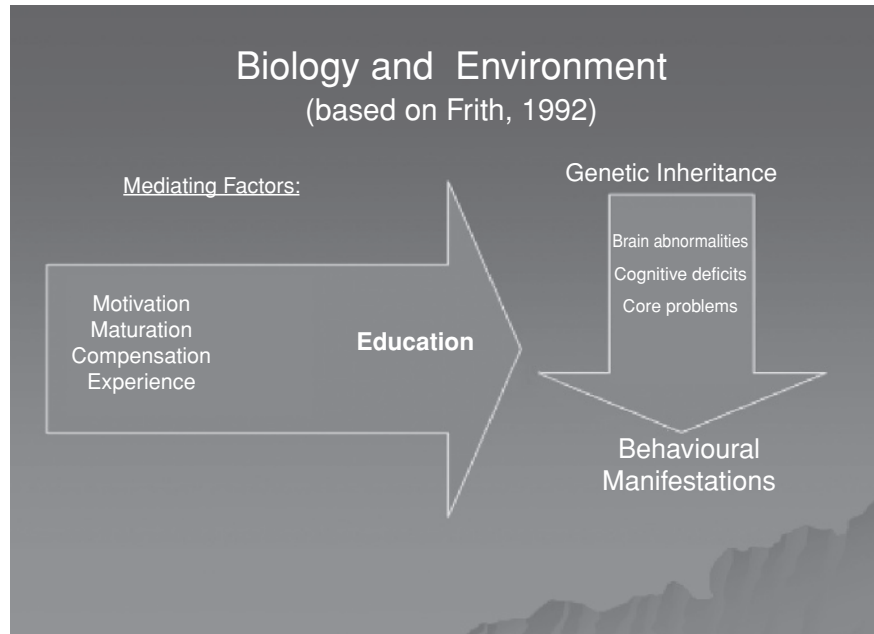
- consistency in patterns of symptoms associated with specific clinical impairments of inattentiveness, hyperactivity and impulsiveness;
- genetic pathways being implicated in the distribution of the condition; and
- neuro-imaging studies which reveal specific differences between individuals diagnosed with ADHD and those who are not (Sharkey and Fitzgerald, 2007; Tannock, 1998).

The earliest clinical accounts of what we now refer to as ADHD are to be found at the end of the eighteenth century in the writing of a physician named Alexander Crichton (Palmer and Finger, 2001) and a paper by George Still, which appeared in *the Lancet* in the early 1900s is often cited as an early source (e.g., Barkley, 1997). It was during World War I, as a result of opportunities to study extensive

numbers of live individuals with serious head injuries, that consistent links were first observed between some of the symptoms of what is now termed ADHD and damage to the frontal cortex of the brain (Barkley, 1997). It was not, however, until the late twentieth century and the advent of advanced brain imaging technology that it became possible to study the functioning of the living human brain in greater detail. This ongoing research continues to produce findings that enrich our understanding of the relationship between cognitive and neurological functioning (e.g., Kelly *et al.*, 2007). In addition to these sources, both twin studies and advanced molecular genetic studies have produced a wealth of data pointing to specific genetic correlates of ADHD (Fitzgerald *et al.*, 2007; Levy and Hay, 2001).

*Second, it is claimed that ADHD is an example of biological determinism.* The fear of biological determinism is well founded, partly because it denies the importance of human agency (Rose, 2004) and leads, in some cases to an ill-founded sense of fatalism in relation to the developmental opportunities available to some individuals. Having said this, there is, at the time of writing, no definitive account of the biological underpinnings of ADHD. This is hardly surprising; not least because of the complexity of the biological and psychological systems that are implicated. The same would have to be said of other complex conditions, such as Autistic Spectrum Disorders. Another, possibly more significant reason for the lack of a definitive biological cause, is that there may not be one. Not only are there numerous biological pathways implicated in the development of ADHD (Barkley, 1997), but it is also almost certainly the case that ADHD is not biologically determined in the simplistic sense suggested by Skidmore and others. On the contrary, as we have indicated, ADHD is widely argued to be the product of a complex interaction between biological and social-environmental factors.

This argument is consistent with current and recent models of gene-environment interaction, such as that presented by Plomin (1990) and, in relation to developmental disorders, (Frith, 1992). An adaptation of Frith's model of this interaction is represented in Figure 1.1. The model shows that biologically inherited factors (i.e., Genetic endowments) are, from their inception, in constant dynamic interaction with environmental factors. Gene-environment interaction leads to the development of certain patterns in brain architecture (e.g., lobe development) and functioning (e.g., the neurotransmitter systems), which in turn lead to the development of certain cognitive characteristics (e.g., the efficiency of the executive functions, such as those concerned with self talk and working memory). However, the extent to which and the ways in which these cognitive characteristics contribute to presenting behaviours that are functional or dysfunctional is heavily influenced by the environment and experience. For example, an individual who is prone to memory problems can learn mnemonic strategies which help to compensate for the difficulties. Furthermore, positive, affirming relationships with others may encourage the individual to develop a high level of motivation, which they can deploy in attempting to overcome aspects of their functioning which are potentially problematic in social situations. On the other hand, social and cultural differences will influence the judgements that observers make about the behaviours.



**Figure 1.1** The interaction between biological inheritance and environmental factors in the development of behavioural difficulties (based on Frith, 1992).

The essence of this bio-psycho-social approach, therefore, is that while a behavioural disorder such as ADHD is associated with certain neurological and genetic patterns, these patterns do not determine the existence of the disorder. It is likely that there are people who possess the frontal lobe dysfunctions and genes associated with ADHD who do not develop the disorder. The disorder is only triggered when these biological characteristics interact with environmental factors which render the cognitive patterns that flow from the biological make up dysfunctional. Environmental settings which place a high premium on self regulation, sedentary behaviour, passive as opposed to active approaches to learning, and social conformity over individualism, will render the cognitive characteristics associated with ADHD problematic. This helps to explain why ADHD is most strongly associated with the school years, where successful studenthood often equates with obedience and conformity. In the adult world, however, where there is a wider range of opportunities for more individualistic forms of expression, the very characteristics which are rendered dysfunctional in many (if not most) schools and lead to a diagnosis of ADHD, can be reframed in positive terms. The disobedient, erratic and uncontrollable school student becomes (for example) the spontaneous, irreverent, iconoclastic adult, who is praised for his or her individualistic take on life. Prominent contemporary examples might be the actor Jim Carey and the comedian Billy Connolly (Stevenson, 2001). Less exotic examples are to be found in all walks of life: such as those writers, journalists, teachers, barstaff, taxi drivers and party goers who were branded as school failures but who,

in adulthood, achieve acceptance and even admiration for the very characteristics that were problematic in their school years.

The key implication of this bio-psycho-social perspective for education is that the more we understand about the biological and psychological correlates of ADHD (and similar conditions), the better placed we will be to provide educational environments that avoid exacerbating difficulties that children may experience and that promote their optimum educational engagement (see below).

It has been argued here that while biological inheritance plays an important role in the development of the characteristics that are associated with ADHD, whether or not these characteristics lead to problems in the school setting that affect the educational and social engagement of the student is largely determined by characteristics of the school environment. Arguments, such as that posed by Skidmore (see above), that portray ADHD as an example of biological determinism simply divert attention from the important process of converting a bio-psycho-social account of ADHD into pedagogical and other interventions. Yet it is pedagogical skills which, according to research by MacBeath *et al.* (2006) and Blatchford *et al.* (2009) referred to above, that are most desperately needed by teachers and teaching assistants.

*Third, the ADHD 'diagnosis' rests on value laden, culturally-specific judgements about behavioural or cognitive norms.* This criticism combines paradoxical characteristics of self-evident truth and absurdity. It is self evidently true that all judgements about the appropriateness or inappropriateness of behaviour or cognitive expression are socially and culturally based. Culture reflects the values, attitudes and beliefs of a social group, and as such, it helps to hold the group together. On the other hand it is absurd to imply that it is possible for human beings to adopt a culture free stance. Having said this, there are situations where cultural values and assumptions serve to disadvantage members of the social group and require adjustment. The ADHD diagnostic criteria, when considered through a bio-psycho-socially informed educational perspective, offers a case in point.

An important point to observe about the ADHD diagnostic criteria is that it harbours taken for granted assumptions about the kinds of pupil behaviours that are to be expected in properly functioning *classrooms*. These assumptions include the idea that pupils from an early age are expected to internalize and behave in accordance with a set of rules that derive from constraints imposed by a teacher-centred and curriculum focused method of teaching pupils in age related groups. Teacher-pupil ratios create potential problems of social disorder which are met with rules of conduct designed to regulate pupil movement around the classroom and interactions between peers. Externally imposed curricula, as opposed to negotiated curricula, assuming a tight relationship between pupil age and cognitive functioning, tend to be managed by teachers in ways that require pupils to follow a lineal programme of tasks at predetermined times and within strict time limits. It follows from this that teachers often fulfil the role of 'instructors', providing an estimated 80% of the talk that goes on in classrooms (Sage, 2002). Pupils, therefore, are required to be expert in following complex instructions and internalizing behavioural and cognitive routines that, in turn, are intended to establish patterns of self-regulation that become increasingly important as pupils pass through the

higher realms of the curriculum and schooling process. It has long been noted that this factory model of education is by no means the only, or even the most desirable model of schooling. At its worst it rewards conformity and passivity at the expense of intellectual curiosity, critical debate and creativity (Silberman, 1971). At its best it favours pupils whose cognitive styles favour systematic reflection and abstract linear thinking. Schools, of course, have always made these kinds of demands. However, it can be argued that there has developed an increasing discontinuity between the demands of school, in these respects, and the behavioural expectations and activities that pupils commonly experience outside of schools. This makes schooling a problematic experience for many contemporary pupils and provides a major, relatively new source of stress to pupils with attention and activity problems.

In other words, children who are biologically predisposed to develop ADHD are disadvantaged by culturally based assumptions about what appropriate behaviour in schools and classrooms looks like. This is not the fault of the clinicians who drafted the criteria, on the contrary, the ubiquity and persistence of ADHD and its diagnostic forerunners and equivalents reflects, unintentionally, but accurately, one of the most persistent criticisms of Western mass education, namely that it stresses rigid authoritarian values and is relatively unresponsive to individual differences and needs. It follows from this line of argument that schools and teachers (and, indeed, academics and policy makers) who wish to make our schools and other educational facilities more inclusive should be learning from the lesson that ADHD (for example) teaches us about how we might shape the educational environment in order to improve access to learning opportunities. If implemented, pedagogical and organizational interventions based on an understanding of ADHD will not irradicate ADHD, but they are likely to reduce the negative educational implications associated with it.

Importantly, a bio-psycho-social perspective draws a stark picture of the major alternatives facing educators when confronted with students who experience difficulties in engaging effectively in schools: we can either strive to change the educational environment to accommodate the student, or we can attempt to change the student to enable him or her to engage with an unchanging environment. Clearly, in the real world we may often attempt to combine environmental and individual changes. Nevertheless, the use of medication is often best understood as a reflection of the failure of the school to make changes that enable the student with ADHD to engage effectively. This is not the fault of the ADHD diagnosis itself, on the contrary, an understanding of the ADHD diagnosis from a bio-psycho-social perspective can be used to inform the development of effective educational practice that will in some circumstances preclude the need for medication.

*Fourth, acceptance of the ADHD diagnosis 'legitimise[s] the practice of drugging defiant children into docility, using stimulants whose long-term side effects are unknown, in the service of a tacit project of social control' (Skidmore, 2004, p. 4).* This is perhaps the most insidious and ill founded of all the arguments that are posed against the ADHD construct, not least because its acceptance produces the very result that its proponents claim to abhor, namely the overuse of stimulant medication. This is because the failure to admit the validity of ADHD creates a

major obstacle to the development of educational interventions for the condition, leaving diagnosed individuals in a situation in which the only source of informed intervention is the medical practitioner. In circumstances where the school is unwilling to cooperate with medics the likelihood will be that medication will be employed to enable the child to adapt to an unyielding and unresponsive school environment.

In order to avoid this highly negative scenario it is essential to stress the point that informed opinion on the matter argues strongly that medication for ADHD is by no means an essential treatment, and that when prescribed it should always be within the context of a multi-modal treatment programme that includes psycho-social and educational interventions (Barkley, 1997; Maras and Cooper, 2000; National Institute of Health and Clinical Excellence, 2000). Furthermore, it is argued by some authorities that psycho-social and educational interventions should be the first choice of intervention (e.g., BPS, 2000).

A key feature of the latter approach is that it tends to 'reframe' ADHD as a particular cognitive style, rather than a 'deficit' (Cooper and Ideus, 1996; Cooper and O'Regan, 2001). It involves pedagogical strategies designed to exploit, rather than inhibit, some of the characteristics associated with ADHD (DuPaul and Stoner, 1995; Purdie *et al.*, 2002; Zentall, 1995). Zentall (1995), for example, describes strategies designed to increase the active participation of students with ADHD through the provision of visual motor-tasks. A study by Zentall and Meyer (1987) found that such strategies were associated with improved performance and behaviour of pupils with ADHD when compared with their performance on tasks requiring more passive engagement of students. Evidence from studies reviewed by DuPaul and Stoner (1995) supports this view, showing that pupils with ADHD respond well to feedback and reinforcement from teachers when the frequency of these interventions is greater than it is for eliciting desired engagement and responses from 'regular' students. Interventions based on the belief that students with ADHD tend to have an active ('kinaesthetic') learning style have been shown to increase levels of attention to task in pupils with ADHD and reduce disruptive and impulsive behaviours (Hinshaw *et al.*, 1984). Related to this is the insight that pupils with ADHD are particularly prone to the negative consequences of 'recess deprivation' (Zentall, 1995). Zentall and Smith (1992) found that pupils with ADHD self-reported a greater preference for frequent physical activity than pupils without ADHD. Pellegrini and Horvat (1995) found that levels of disruptive behaviour decreased and levels of on-task behaviour increased when periods of 'seatwork' were punctuated by frequent periods in which students were required to engage in structured physical activity. This implies that the redistribution of such time throughout the day at regular intervals will produce positive outcomes.

A major classroom problem associated with ADHD is the tendency of affected pupils to be talkative at inappropriate times. This 'problem' can be exploited for pedagogical purposes by the teacher increasing opportunities for on-task verbal participation by pupils (Zentall, 1995). Studies have found that pupils with ADHD perform better on reading comprehension tasks when they are required to read comprehension passages aloud, rather than silently (Dubey and O'Leary, 1975). Also, the tendency of pupils with ADHD to dominate verbal interactions

with peers can be modified by training them to use questioning techniques rather than assertion (Zentall, 1995). Zentall found that this technique works best when combined with social skills training. Zentall (1995), drawing on empirical evidence provided by Rosenfeld and colleagues, suggests that seating pupils in a semi-circle around the teacher, or in small groups produces more on-task verbal participation by pupils with ADHD and more appropriate hand raising behaviours during whole class teaching episodes. Furthermore, there is evidence to support the conclusion that reducing the teacher–pupil ratio, in situations involving teacher–group verbal interaction, improves the quality of engagement of pupils with ADHD. This effect is enhanced when teachers provide behavioural models for active listening strategies (Carter and Schostak, 1980).

The twin pedagogical strategies of behavioural modelling and teacher-direction are strongly associated with a reduction in pupil inattentiveness and impulsiveness in the classroom and positive academic outcomes. These effects are most powerful when teacher direction involves clear and distinct information about performance, behavioural expectations, and expected outcomes. Optimal pupil performance is associated with brevity and clarity of sequences of instruction, the accompaniment of verbal instructions with visual cues and the availability of resources that pupils can refer to for reminders of direction and expectations (DuPaul and Stoner, 1995; Zentall, 1995). The use of pupils as behavioural and academic models through the careful programming of interaction between the pupil with ADHD and preferred role models is also found to be an effective pedagogical tool. It is important though that the opportunities for disruption created by such pupil interaction are controlled by the teacher's use of positive reinforcement for task appropriate and socially desirable behaviour (Zentall, 1995). In accordance with these findings Cooper and O'Regan (2001) provide case study material indicating that pupils with ADHD can benefit from taking on the role of peer tutors with younger, less competent pupils.

In a classroom environment in which extraneous stimuli such as irrelevant noise and other distractors are limited, and where pedagogical strategies of the type described above are in use, opportunities are created to enable the pupil with ADHD to practice self-pacing. Self-pacing, as opposed to external (i.e., teacher directed) pacing is associated with greater accuracy (Zentall, 1995) and pupil self-reported satisfaction (Cooper and Shea, 1999) with learning tasks. This can usefully extend to providing pupils with ADHD with opportunities to remove themselves from classroom situations which they find stressful to a pre-determined quiet area (Zentall, 1995; DuPaul and Stoner, 1995).

In a meta analysis of interventions for ADHD, Purdie *et al.* (2002) found that, in comparison with clinic based interventions, educational interventions, of the type describe above, were most effective in promoting positive cognitive outcomes (defined in terms of non-specified academic performance, language and reading skills, mathematical skills, IQ and memory functions). Although the overall mean effect size was small (.28), it was concluded that educational interventions were the most effective in producing cognitive improvements. School-based cognitive interventions were also more effective than clinic-based cognitive interventions. This highlights the central importance of pedagogical approaches to the

amelioration of the negative outcomes of ADHD. Multi-modal approaches (combining medical, psycho-social and educational interventions) were found to be second only to medication in achieving improvements in behaviour, and superior to medication in producing improvements in social functioning.

*Fifth, ADHD represents the wrongful medicalization of defiance in school children.* As noted above, a medical diagnosis does not necessarily require medical treatment. In fact a bio-psycho-social perspective enables medical diagnoses, such as ADHD, to be used to inform psycho-social and educational interventions that may preclude the need for medical intervention. The development and implementation of such educational interventions, however, depends upon an accurate understanding of the nature of ADHD. The claim, made by Skidmore among others, that ADHD is simply a medical term applied to 'defiant children', if accepted, is guaranteed to produce confusion and inappropriate educational interventions for children with ADHD.

Obviously, children with ADHD are like all children in that sometimes they are deliberately disobedient and defiant. However, ADHD is clearly defined as relating to difficulties in various self regulatory processes, including: sustaining attention, inhibiting responses and controlling motor activity. Crucially, ADHD is non-volitional. Children with ADHD perform differently from other children on tests of vigilance and impulse control (Barkley, 1997). Their failure to comply with the wishes of teachers and parents are theorized to be the result of cognitive deficits, such as problems with executive functions (Barkley, 1997, see above). This helps to explain why ADHD symptoms respond well to pedagogical interventions. Interventions intended to support children whose core problem is that of defiance are quite different.

Defiance, when it reflects a child's dominant style of social engagement, goes beyond appropriate assertiveness and is characterized by an aggressive and uncooperative response to adults and/or other children in the absence of obvious provocation. Defiance, therefore, is often better understood as cognitive distortion, rather than a cognitive deficit. Cognitive distortions require interventions that enable children to examine and reflect on the ways in which they interpret situations and the choices that they make on the basis of these interpretations (Frith, 1992).

This is not to say that children may not combine ADHD with conditions associated with defiance. It is widely reported, for instance, that a high proportion of children with the ADHD diagnosis have comorbid diagnoses of Conduct Disorder or Oppositional Defiance Disorder (Barkley, 1997; McArdle, 2007). Such children will, therefore, benefit from a combination of interventions, some of which address deficits, and others which address distortions. The crucial thing, however, is for teachers to be able to base interventions on a careful assessment of the specific need in the specific situation.

The key point being made here is that an understanding of the differences between cognitive distortions and deficits can be extremely valuable to teachers, while confusion between or the conflation of deficits and distortions are likely to lead to ineffective intervention (Royer, 1999). Unfortunately, progress towards enabling teachers to access the knowledge and skills that flow from the

bio-psycho-social perspective is hampered by the dogmatism of a narrow social perspective which often seems to refuse to engage with the ways in which individual differences interact with social circumstances.

The problem here is the seductive simplicity of the idea that if we avoid using language which refers to individual deficits and difficulties, and act in ways which emphasize the commonalities between diverse individuals then we will succeed in creating inclusive educational environments. It must be acknowledged that the value position often associated with this viewpoint is entirely laudable, and it is shared by the authors of this book. We believe that education should be characterized by principles of social justice and equality. However, values alone are insufficient to make inclusion work.

We can illustrate this point very easily through reference to an example which is included by Booth and Ainscow (1997) in their selection of international case studies on inclusive education. This case study is set in an American High School. The author (Ware, 1998) provides an account of the 'inclusion' of Josh, a multiply handicapped student with severe communication difficulties in a mainstream 'issues theater' class. In spite of the teacher's confidence that Josh is 'included' in this class, the evidence presented in support of this claim is entirely unconvincing. Although we are told that Josh's teaching assistant believes Josh to be 'alert, responsive, charming and smart' (p. 31), at no time is any information given about what value Josh is getting from being 'included'. In fact, the main purpose of his inclusion seems to be for the benefit of others, especially his fellow students, who, apparently, learn to 'empathize' with him, and the teacher who sees him as a signifier of her value position. The closing words of the chapter are a direct quotation from this teacher, who states:

Anytime you try to include a student with disabilities in the classroom – by the very act of having them in the classroom – you're making a statement on values. It's like when you have something in your home that you set out, you say 'this is of value to me, and I want it to be part of my everyday life.' I want to have it here because it brings me pleasure or because it's functional, or because it's somehow important to me.' . . . Anytime you invite a student with disabilities into your classroom, you're saying, 'I value humanity, I value an open attitude, I believe all persons are created equal, and I'm going to live up to that . . . to walk the walk, you know?' (Ware, 1998, p. 42).

Empathy and socially progressive values are important, however, they are, alone, an inadequate basis for an educational experience. This teachers' understanding of the term 'empathy' is also very suspect. In this case she concludes that students are empathizing with Josh because they speak for him, not on the basis of what is known about his view of the world (they mostly believe that he is unable to communicate), but on the basis of their own projections about what they think he might be thinking. In short, in spite of the rhetoric of the author and the featured teacher, Josh is no more 'included' in the events described than if he were physically absent from the setting. Not only is there no evidence of his *engagement*

in the classroom activities, the teacher shows a shocking lack of interest in what, if anything, Josh is getting out of the experience. It is as if the teachers' values are *all* that matter.

This example provides unintentional support for MacBeath *et al.*'s (2006) complaint that inclusive education fails when there is an over emphasis on values, and an insufficient emphasis on teachers' knowledge and teaching skills. In this case, the nature of Josh's disability – limited physical and communicative competencies – serve to insulate Josh's peers and the teacher from negative consequences that might otherwise arise from inappropriate educational intervention. In other circumstances, however, as MacBeath *et al.* show (2006), SEBD can be exacerbated and even created through such mistakes. In Josh's case it would appear that whatever his emotional reactions are to the situation in which he finds himself, they are less important than what his physical presence signifies about the values of his teacher.

This discussion leads us to the obvious conclusion that the achievement of social justice in education depends on creating the circumstances through which individuals are enabled to access and master knowledge and skills which enable them to engage socially, emotionally and cognitively with the world, in ways which lead to the most effective expression of their abilities, talents and wishes. This brings us to the concept of 'educational engagement'.

## Educational Engagement

Educational engagement is concerned with the ways in which a learner is involved with the social and academic aspects of learning. In this sense, 'engagement' can be thought of as incorporating cognitive, social and emotional dimensions. The 'cognitive' dimension relates to the thoughts and thought processes that the learner employs in learning situations. These include perceptions of self and others, memory, reflection and problem solving approaches. The 'social' dimension refers to the ways in which the learner interacts with other people in the learning situation. Significant aspects of social engagement include those behaviours and orientations that can be described as either pro- or anti-social. The 'emotional' dimension relates to the feelings and unconscious motivations that all individuals possess. These include the individual's sense of emotional security (i.e., safety), fears, anxieties, happiness, jealousy and so on. These dimensions of human development interact with one another in important ways and the outcomes of these interactions have significant consequences for the ways in which students engage with learning activities in schools and classrooms.

The concept of educational 'engagement' refers to something much broader than a simply cognitive model of learning. Thought processes are clearly at the heart of learning in schools. Recently there has been a great of interest in moving beyond the idea that cognitive processes are concerned with academic skills, such

as problem solving and memorization, and recognizing the role that cognition plays in the management of emotions (Cefai, 2008). However, the management of emotion through the application of Emotional Intelligence or Emotional Literacy skills, is different from the facilitation of particular emotional states. Educational engagement is concerned with the full range of social (including behavioural), emotional and social functions involved in learning and development, from the creation of a school and classroom climate that is conducive to feelings of emotional well-being, to the development of mental skills for understanding and the management of information, to the promotion of positive social relationships and the development of positive self esteem. This is what is meant by positive educational engagement.

*Educational engagement and attachment to school*

When students are educationally engaged they are 'attached' to schooling, in an emotional sense. Attachment to school (Smith, 2006) can be defined in terms of the degree of commitment towards and engagement with schooling that a student feels. Students who have a strong attachment to school believe that schooling is a worthwhile experience in itself and that success in school will lead to significant rewards both in the short term and in later life. Weak attachment to school is characterized by indifference or hostility towards teachers and scepticism or disbelief in relation to the value of schooling.

The concept of educational engagement is not incompatible with the broadest definitions of 'inclusive education', though it places a stronger emphasis on the interaction between social and psychological factors. A key underpinning of the construct of educational engagement, as we see it, is a bio-psycho-social perspective which recognizes that there is a wide range of human diversity, which when properly understood enables schools and teachers to make accommodations. Furthermore, we argue that when we develop such understandings we learn things about human functioning in general that enable us to improve learning environments in ways which benefit all students. For example, an informed understanding of ADHD raises awareness of the mechanisms of human self regulation and the environmental factors which can help or hinder the efficient functioning of these mechanisms. Our definition of educational engagement, therefore, rejects the view that diagnostic categories are necessarily discriminatory and stigmatizing. This is not to say that they cannot be used in negative ways. We argue for a responsible and informed approach to their use. We also point to the damage that can be done when diagnoses are ignored and/or belittled sometimes from perspectives that are claimed to be informed by (sometimes questionable) readings of postmodern philosophy (e.g., Runswick-Cole and Hodge, 2008). In particular, we are conscious of the barriers to multi-agency cooperation that can be created by arid arguments about language and terminology, which in turn distract attention from what should be the primary focus of educational services: to promote the

fullest possible educational engagement of all students. In this sense we concur with James Kauffman *et al.*, 2002, p. 154) when they state:

Deconstructivism and related ‘postmodern’ philosophies may appear to promote equality among ideas, but ultimately they create intolerance and tribalism by pitting individuals and groups against each other because there are no universal truths that grant power – except, ironically, the absence of universal truth.

We would add that such approaches can also contribute to the disastrous consequences witnessed by MacBeath *et al.* (2006) that were reported earlier in this chapter. By denying the legitimacy of certain approaches to understanding the serious difficulties that some students face in attempting to engage with certain social and learning situations, the proponents of such antagonistic positions are placing obstacles between teachers (and other front line professionals) and a whole field of knowledge and skills that has the potential to inform effective pedagogy for both students with SEN and students in general (see Lewis and Norwich, 2005). There is a deep irony here which reminds us of Tomlinson’s words, already quoted in support of a different point:

education systems and their parts do not develop spontaneously . . . and they do not develop out of purely humanitarian motives. They develop because it is in the interests of particular groups in society that they should develop, and that they should develop in certain ways (1982, p. 27).

So whose interests are served when educationists abandon the quest to understand the mechanisms of ‘effective teaching and learning’ in favour of debates about the kinds of language that we should be allowed to use before we can make a legitimate contribution to a discussion of these issues? Apart from the journal editors and book publishers who welcome and celebrate this discourse, and those who build academic careers and comfortable lifestyles on the basis of it, there are serious and thoughtful people who are dedicated to it. They rightly believe that simplistic biological determinism is an appalling and dangerous influence that must be challenged and defeated. However, they wrongly believe that perspectives informed by biological insights are, by definition, representative of a biological determinist viewpoint. In our reading of the literature, they are universally ignorant of the bio-psycho-social perspective. As a result, teachers, parents and students who are influenced by the anti-perspective are disarmed and left helpless. This is a superb recipe for creating and exacerbating Social, Emotional and Behavioural Difficulties (SEBD) in schools, and beyond.

## **Moving the Debate Forward**

SEBD is a major problem in our schools that creates barriers that affect everyone. As we have shown, it is a significant area of SEN in itself. Furthermore, it might be

seen as the ‘elephant in the living room’ of the inclusive education agenda. There is a need to take a serious look at this issue within the context of the educational needs of the student population as a whole. As we have already stated, there are unhelpful ways of thinking about ‘inclusive education’ which divert attention from the all important issue of ‘educational engagement’. The central intention of this book is to focus on what the existing evidence base tells us about what is known about effective interventions for promoting educational engagement, with particular reference to the challenges posed by SEBD. The key question is: what does the current research evidence base tell us about the kinds of knowledge and skills that teachers and other school personnel need in order to promote the educational engagement of students?

The main body of the book focuses on published accounts drawn from a comprehensive range of international sources, including research papers in scholarly journals, books, published conference proceedings and research/evaluation reports produced by research, governmental, charitable and other organizations. A key purpose of the book is to identify best practice models for supporting children and young people with SEBD.

## **This Book**

The main purpose of the book is to draw attention to the best available evidence for determining which approaches to promoting the educational engagement of students with SEBD are most promising. This means that our approach is both descriptive of the range and nature of sources, and evaluative, in terms of the quality and empirical rigour of evidence presented. In this sense, the effectiveness of an intervention is determined by its impact on students’ functioning and development as shown empirically through the application of qualitative and/or quantitative research techniques. The following hierarchy of study types (based on Nathan and Gorham, 2002) will be employed to differentiate between studies in terms of their quality, with rigorous, large-scale random controlled trials providing the strongest form of evidence of success that is *generalizable* across different settings and *maintained* over time.

Type 1: randomized prospective trials with control/comparison groups;

Type 2: clinical trials with some type 1 characteristics missing;

Type 3: prospective ‘naturalistic studies’ with control/comparison groups;

Type 4: prospective ‘naturalistic studies’ without control/comparison groups;

Type 5: retrospective studies; pilot studies.

Type 6: reviews with secondary data analysis/ meta analyses.

Type 7: reviews without secondary data analyses.

Type 8: case studies; and

Type 9: audits; essays; opinion papers

## Inclusion and Exclusion Criteria for Studies

Since the literature is extensive, inclusion and exclusion criteria were established. The main review included published sources:

- relating to children and young people up to age 18;
- published since 1980; and
- those which generated data and were experimental in form (generally Types 1–4 and Type 8) while Types 6 and 7 were used only to give overviews. Type 5 studies were used infrequently, and merely to support other data. Type 9 studies were not regarded as useful or pertinent to the main body of this review.

The review included only studies that could contribute empirical evidence thus contributing to evidence-based practices. The main review did not include:

- studies not published in peer reviewed journals or not published by respected academic publishers;
- studies not assessing the effectiveness of interventions for SEBD;
- studies not having a *direct* relationship to education, that is, those studies which were conducted in mostly clinical settings, in youth work settings, or involving dietary or pharmacological interventions;
- studies not specifying methodology;
- studies on children of below pre-school age, with the exception of those which were on-going for several years, beyond entry into school;
- studies on learning difficulties and physical disabilities;
- opinion-based secondary sources which cited no original data; or
- reviews of international policy issues, except where strictly relevant.

Given that a major purpose of this book is to highlight the most persuasive research evidence, we have tended to focus on rigorous, large-scale random controlled trials, where these are available, because they provide the strongest form of evidence of success that is generalizable across different settings and maintained over time (Nathan and Gorham, 2002). We have made use of this typology throughout the book, sometimes by referring to it directly by designating a study by its type number, in other places we describe the methods used in detail. The reason for this is that while some study types, such as types 1 and 2, tend to adhere to a common design pattern, others (such as types 3, 4, 5 and 8) are far more diverse in their designs. Therefore, while it is often reasonable to refer to a type 1 or type 2 study on the basis that the reader will be able to understand the main features of the design, with types 3, 4, 5 and 8 it is necessary to offer more by way of description of the actual methods employed. Types 6, 7 and 9 are, again, more helpfully understood in relation to the specific characteristics of the individual output, rather than in relation to its numerical designation.

Clearly, the quality of a research study cannot be judged on the basis of study type alone. The quality of a study depends on its clarity of purpose, the precision of its research questions, the appropriateness of the research strategy and methods and the suitability of the methods of data analysis and interpretation. Furthermore, implementation issues and matters such as sample selection and size, as well as the gap between intended and achieved sample, or, in longitudinal studies, attrition, are also of vital importance. There is insufficient space in a book such as this to provide detailed commentary on all such aspects of every study that we have reviewed. We have, however, endeavoured to favour studies which conform to the highest standards of rigour in relation these quality markers. Where there are issues of concern in relation to quality we have commented on this and its implications for the power of the study. In Chapter 9 we summarize and evaluate the relative merits of the different studies reviewed.

Therefore, the studies to which we attribute the highest power are usually those which are type 1 or type 2 in design and conform to the highest standards of rigour in relation to the quality markers outlined above. Moderately powerful studies are usually those which are type 1 or 2 design but fail to reach the highest quality standards in certain respects. Other studies which we rate as moderately powerful include those which are types 3–6 and reach the highest quality standards for studies of these types. Those studies which we designate as low power are good examples of types 7–9, or types 1–6 with significant though not, in our view, fatal flaws.

## Outline of the Rest of the Book

The book is divided into the following chapters.

Chapter 2 deals with some basic theoretical considerations which underpin much of what is to follow. This is coupled with brief reference to the development of educational interventions for SEBD prior to 1980.

Chapter 3 reviews key evidence on effective resources for SEBD in the classroom and school that can be used by individual staff members, and environmental issues which should be addressed. It also deals with those personal qualities which research has shown to contribute to effective teaching.

Chapter 4 addresses the question: which practical classroom strategies and interventions for dealing with SEBD in the classroom are likely to be of greatest value to teachers and other ‘front-line’ personnel, such as classroom assistants, and their students?

Chapter 5 considers whole-school approaches to dealing with SEBD, including behaviour support initiatives, and approaches embedded in the curriculum, as well as ‘universal’ approaches which operate within school and community. This chapter also deals with off-site provision.

Chapter 6 deals with strategies used to provide alternative provision for smaller numbers of students. This may be on the school premises or sited elsewhere.

*Introduction: Putting Reality before Rhetoric*

27

Chapter 7 is devoted to the research evidence on the effectiveness of different approaches to encouraging positive engagement between families and schools. Chapter 8 explores the research literature on multi-agency cooperation in relation to SEBD in schools. Of particular interest here are projects which illustrate effective ways of working in multi-disciplinary teams.

Chapter 9 provides a brief summary of the findings from our review of the relevant research literature.

Chapter 10 presents the main conclusions to be drawn from the preceding chapters in terms of the knowledge and skills required by staff in schools. It also gives consideration to broader training needs and related issues.

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