Models of disability

There are two models or ways of thinking about disability: the medical model of disability and the social model of disability. Understanding both models is important as they reflect underlying attitudes towards disability. As a practitioner, it is important that you understand that the medical model of disability is considered by disabled people to be oppressive.

Medical model of disability

The medical model of disability has its roots in seeing people with disabilities as being imperfect. It reflects society's faith in doctors and came about because of the historic fear of disability combined with scientific advances. The medical model views disability as something that must, whenever possible, be cured. Where this is not possible a feeling of failure results, unless the person can be made to 'look' or 'act' normally. The medical model of disability therefore treats people with impairments as victims and patients; words such as 'handicapped', 'incurable', 'suffering' and 'wheelchair bound' are associated with this attitude. The medical model of disability tends to put the emphasis more on the condition rather than on the person. This results in labelling people according to their impairments, for example 'the one who's wheelchair bound' rather then 'James who uses a wheelchair'.

Social model of disability

The social model of disability reflects a new attitude towards people with impairments. It has been developed by disabled people themselves and aims to challenge the historical view of disabled people as being less worthy. It considers first and foremost that they are people with rights and feelings. The social model of disability looks to empower people as it emphasises their rights to make choices and be independent. It also challenges society to become more inclusive so that disabled people are not seen as being 'problems that need sorting out' or 'victims that need pity'.

The social model of disability has meant that terms such as 'mentally handicapped' and 'wheelchair bound' are now considered unhelpful. The case study below shows clearly how attitudes have changed and the social model of disability is now being increasingly accepted as the way forward.

Jake does not have to hope that someone might open the door. All children's needs are automatically met and he is valued for who he is.

CASE STUDY

Emma was born with one arm foreshortened above the elbow. Her mother was determined that this should not affect Emma's life and she refused to let anyone feel sorry for Emma or consider her a victim. Emma was given a prosthesis (false limb) which although uncomfortable and restricting made her look like all other children. At home Emma never wore her prosthesis as her family completely accepted the way she looked without it. Emma learned to ride a horse, manage everyday tasks and was a very happy and confident child. She left school and started to work in a restaurant. As she became older she gradually started to question society's attitude towards disability and began to feel unhappy that she was in effect disguising her disability. One day she decided that she would no longer wear her false arm. Her employer was unhappy about this decision. He said that seeing a person with only one arm would make customers feel uneasy and it could affect his business. Emma turned the argument around and said that if she had spent her life learning to cope without an arm, perhaps his customers could spend five minutes learning to see her without one, especially as they had already learned to cope with seeing his bald head!

THINK IT OVER

In pairs, consider the following questions:

- Is there pressure on people to look 'perfect'? If so, where do you think this pressure comes from?
- Would you ever consider plastic surgery to improve your appearance?
- Do you use any products to disguise 'imperfections' such as spots or improve your appearance?
- Would you or do you wear contact lenses rather than glasses simply for the sake of your appearance?

Understanding the concept of inclusive education

The medical model of disability has up until now affected the way in which children are educated. Children with any disability were seen as a 'problem' and were segregated. This resulted in many children not fulfilling their potential as expectations of their abilities were often lowered. Segregation also meant that children in mainstream schools grew up without ever meeting a child who had needs that were different to their own. This has served to perpetuate many myths about disabilities.

The concept of inclusive education is the result of parents and disabled people putting pressure on successive governments to change the education system so as to allow all children to have fair and equal access to education. It is important to realise that the campaign for inclusive education is not limited to children who have special needs, but extends also to a wider range of children who have traditionally been discriminated against such as children from travelling families and children who are being 'looked after' by the local authority.

The concept of inclusive education signals a significant mind shift. Instead of expecting children to 'come up to standard' or otherwise be segregated, the emphasis is on schools and settings to adapt and be flexible enough to accommodate each and every child. Organisations seeking inclusive education also point out the importance of significant funding as poor resources, both physical and human, are often barriers to inclusive education.

Chapter 4

Identifying and assessing children who need extra support

Introduction

The early identification of children who may need some kind of extra support is very important, as children whose needs are not being met are essentially in danger of losing out. They may not be able to play alongside others or experience the learning benefits of play and feel part of the setting. This chapter looks at how you might observe and identify children who may need additional support or resources.

Early identification is not about 'sorting' children

It is important to understand that early identification is not about sorting children into groups of 'less able' and 'more able', nor about labelling children. Early identification should be about considering how we can best meet children's needs. A child whose needs have not been noticed may not be able to access the curriculum fully and so is effectively being discriminated against.

In some cases it is the parents who may bring their concerns to us hoping that we will listen to them and look out for their child. In other instances, it is an early years practitioner who notices or has a 'hunch' about a child. The observation of children is therefore important as it is not uncommon for a child's impairment to be thought of as part of their 'personality' by their immediate family or as 'something that they have always done' as the example below shows.

> *I wasn't picking up that he wasn't fully hearing. I just thought that his speech was quite sweet and because I was at home I knew what he needed as I was very much tuned into his speech. I was amazed when I realised that he really couldn't hear properly.*
>
> *Gail, mother of Hugh, who had conductive hearing loss*

Understanding the limits

While it is important to observe children and consider the needs of particular children, it is essential that practitioners understand that their role is not to 'diagnose'. This is the role of other professionals such as educational

psychologists, paediatricians and language therapists. Inaccurate diagnosis or speculation can mean that children become 'labelled' and potentially cause considerable anxiety for parents. The early years practitioner's role is to notice, observe and then, if necessary, act to inform parents and to refer.

Building a picture of the child

Most practitioners are quick to notice children who do not appear to show the same behaviour, progress or development as other children. When this happens, it is important to begin to look more closely, not only at the child, but also at the provision in your setting. Remember that the Code of Practice assumes that before any IEPs are drawn up, settings will have already tried a range of strategies including differentiating the curriculum.

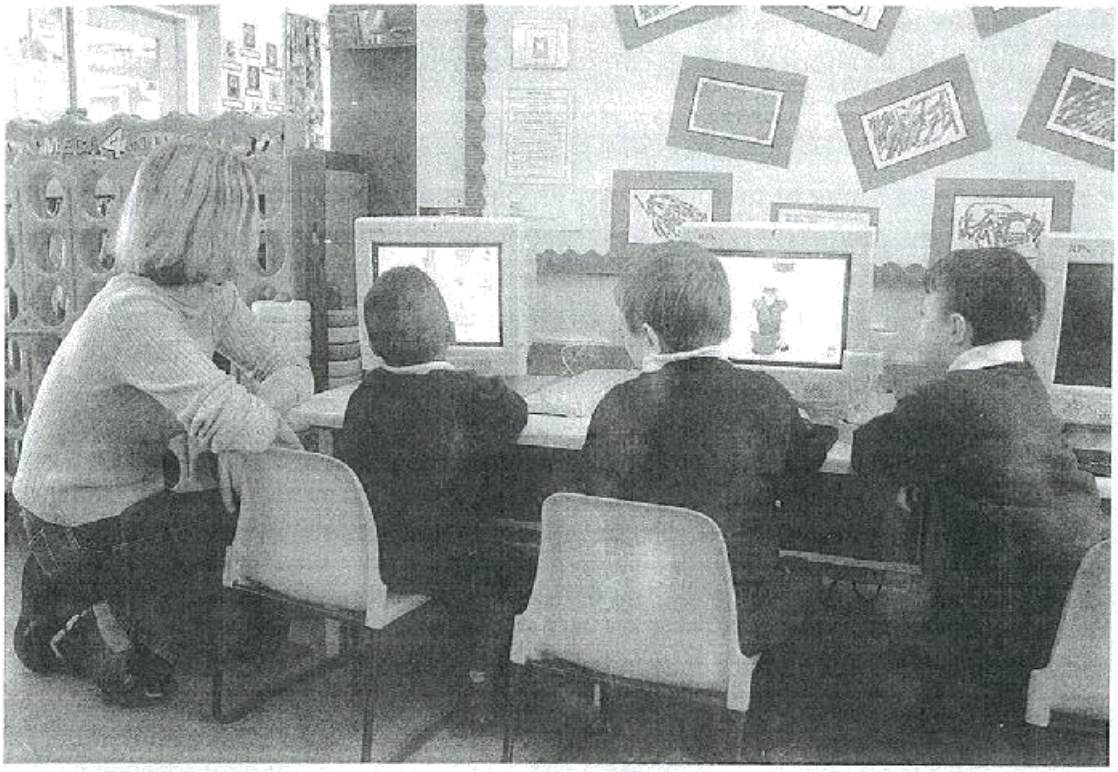
Focusing on the provision in your setting

The key to good identification of children's needs is to be as objective as possible. Your starting point should be to consider whether or not the environment, activities or system of deploying adults in the setting is 'disabling' a child. This is particularly important where a child is perceived as having behavioural difficulties or is reticent to communicate. At the same time, you should also have a clear idea of the 'normal' ranges of children's development. In some cases, by standing back and considering what is being provided, and also by referring to normative development charts, you may find that a child does not have any particular needs, but that the setting needs to consider its approach.

REFLECT ON YOUR OWN PRACTICE

The following questions can be used to help you think about the effectiveness of your setting:

- Are there any periods of time when children are 'waiting', e.g. registration, snack time, lining up?
- Are group sizes during adult-led activities small enough to encourage children to talk and participate?
- Do children have a key worker who spends some time with them each day?
- Does the key worker greet the child at the start of the day?
- What opportunities are there for children to get individual attention in each session?
- Is a range of sensory activities available during each session, e.g. sand, water, dough?
- How attractive are the equipment and activities?
- Are there sufficient activities and equipment available to prevent squabbles?
- Are children encouraged to choose their own resources and play activities?



Think about the equipment and activities you provide in your setting – are there plenty of opportunities for children to participate in group activities?

SEEING THEORY IN PRACTICE

The Busy Bees pre-school had concerns over one child who appeared to lack concentration. After attending a training session, the supervisor decided to focus on the layout of the setting and the activities that were being offered. She noticed that when sand and water were put out, the child in question was able to concentrate for as long as 20 minutes at a time. She also noticed from carrying out the observation that several children were looking bored during snack time, including the child who she was focusing on. She concluded that the child could concentrate, but that the setting needed to be more pro-active in looking at the activities and also the routine of the session.

1. What may have been the consequences for this child had the setting not reflected upon its practice?
2. Suggest two ways in which this setting might change its practice in order to allow the child to concentrate.

Focusing on the child

Once the routine, layout, etc. of your setting has been considered, it will then be important to carry out some observations and to gain a fuller picture of the child in question. In some situations it can be better to ask another member of staff who is not closely involved with the child (or the SENCO) to observe the child as

the key is to be objective as possible. It is well known in research that pre-conceptions about children can influence what we perceive and see.

Types of observation methods

There is a range of methods that can be used in order to collect more information about children. The type of observation method that is used will depend very much on personal preference but also on what area needs to be considered. Confidence is often the key to observation, so be prepared to adapt a method to suit your observing needs.

KEY ISSUE: OBSERVATION METHODS

Method	Aspect of development	Useful for
Event sample	Behaviour Interaction Social skills	Good for identifying how often a child shows a particular behaviour or is interacting
Checklist	Physical skills Language Cognition	Useful in identifying the skills a child has acquired and can be re-visited to check for progress
Target child	Behaviour Concentration Interaction Social skills	Good for providing a range of information about what a child does over part of a session
Time sample	Concentration Interaction	Good for providing a range of information about what a child does over a session
Free description	Behaviour Interaction Physical skills Concentration	Good for providing a detailed but snapshot record of a child's activity

Event sample

Event samples are very useful as they can be used to gain a more accurate picture of how frequently any kind of behaviour is being shown. This means that they can be used to look at how often a child interacts with other children, how often they play in groups as well as how often a child shows aggressive behaviour. Event samples can be used to monitor the effectiveness of IEPs; for example a target may be to increase the number of times a child interacts with other children and an event sample could be used to see if the number has increased.