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How to cite:

Sheehy, Kieron; Rix, Jonathan; Fletcher-Campbell, Felicity; Crisp, Martin and Harper, Amanda (2013). Conceptualising inclusive pedagogies: evidence from international research and the challenge of autistic spectrum disorder. *Erdelyi Pszichologiai Szemle (Transylvanian Journal of Psychology)*, XIV(1)

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Version: Accepted Manuscript

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Conceptualising Inclusive Pedagogies: Evidence from international research and the challenge of autistic spectrum disorder.

Sheehy, Kieron; Rix, Jonathan; Fletcher-Campbell, Felicity; Crisp, Martin and Harper, Amanda (2013). Conceptualising inclusive pedagogies: evidence from international research and the challenge of autistic spectrum disorder. *Erdelyi Pszichologiai Szemle (Transylvanian Journal of Psychology)*, XIV(1)

Abstract.

The historical development of special education has left a legacy of beliefs regarding special procedures and teaching approaches for specific groups of children. These practices might appear to contribute to the continued growth of pedagogical practices that do not acknowledge the issue of inclusion. This paper considers the notions of inclusive pedagogies that emerge from a vignette study as part of an international review of the conceptualisation of special educational needs. Within this data evidence emerges regarding students with autistic spectrum disorder, a group who are often advocated as in need of special and specific educational provision. This paper critically examines this evidence. The implications of this analysis for understanding inclusive classrooms are discussed, including the extent to which effective education for students with autistic spectrum disorder can be part of an effective education for all.

Introduction.

Inclusive education has become a global issue, (Lindsay, 2007) based on beliefs about the rights of children encapsulated in the Universal Declaration of Human Rights

(Lindahl, 2006). The underpinning direction of change is towards a system in which all children, including those special educational needs, have equal access to education and, moreover, education with their peers. Not unexpectedly there are significant inconsistencies in how inclusive education is constructed and developed internationally (Stangvik, 2010), with a variety of policies existing world-wide which aim to facilitate its development (Budiyanto, 2011; Sheehy, 2013). Most European countries are signatories to the *Convention on Rights of People with Disabilities* (Stein, Stein, Weiss, & Lang, 2007), which is explicit that 'Parties shall ensure an inclusive education system at all levels ...' (Article 24) (Department of Economic and Social Affairs, 2011)

However education systems and educational psychology have a long history of identifying special pupils and creating spaces for special education. Although the weight of evidence to support the use of specific pedagogies for specific educational needs in general is weak (Lewis, & Norwich, 2005; Rix & Sheehy *in press.*), this history has created a faith in such special procedures, approaches and placements (Nind, Wearmouth, Collins, & Hall, 2004). This is particularly relevant to the area of autistic spectrum disorder where a multitude of autism-specific special pedagogies exist (Parsons, Guldberg, MacLeod, Jones, Prunty, and Balfe, 2009)

A systematic literature review examined the nature of inclusive approaches for children with special educational needs (Sheehy et al., 2009). This was inspired by Skidmore (2004) who suggested that good inclusive classrooms and schools begin their task from a consideration of the curriculum and subject lessons, which are consequently designed for a diversity of learners (Skidmore, 2004). This is in contrast to approaches which take their starting point as the children's impairment deficits and needs. Again this contrast is particularly pertinent with regard to autistic spectrum

disorder (ASD), where educational approaches are often based on particular theories of child development or seek to respond to different aspects of autistic spectrum disorder (Parsons & Cobb, 2011). Sheehy (et al, 2009) examined the nature of whole class, subject-based pedagogies with reported empirical outcomes for the academic and/or social inclusion of pupils with special educational needs. Their findings suggested five significant characteristics with regard to whole class inclusive pedagogies.

- a) social engagement being intrinsic to the pedagogy
- b) flexible modes of representing activities
- c) progressive scaffolding of classroom activities
- d) authenticity of classroom activities
- e) pedagogic community

(Sheehy et al., 2009)

A teacher implementing such approaches would include group work in their repertoire, with learning activities being presented to the group in various modes to support comprehension and discussion. Activities would be designed to support not just problem solving but the development of the social and communication skills to engage with such activities. The activities would have a meaning in relation to both the children's experiences and also the teacher's judgement of their academic validity. Pedagogic community refers to the teacher being supported by a network who share a common view of how to teach their subjects, underpinned by a shared conceptualisation of how children learn. A key part of such an approach would be the prioritization of social interactions within the classroom as an educational tool. Whilst there is a wide range of evidence to support this practice (Howe & Mercer, 2007) ,it does raise the question of whether this is effective for children with ASD, who are

likely to experience significant problems with the development of language and communication skills, within a mainstream class. Whilst there is evidence to support this inclusive approach for special educational needs in general, it may be that the particular nature of autistic spectrum disorder would impede participation. Children diagnosed with autism, or more recently with the diagnostic category of autistic spectrum disorder (ASD), will have communication difficulties which will impair their social interactions and friendships, they may enjoy routines to the extent that they become upset these are altered in any way or have an intense fixation with ‘inappropriate items’ (The American Psychiatric Association, 2013). These characteristics will fall on a continuum and vary between individual children. Estimates of the prevalence of ASD have varied between countries and over time (Matson & Kozlowski, 2011a). In the United Kingdom estimates of approximately one in one hundred have been noted (Department of Health, 2013), similar to some previous international surveys (Matson & Kozlowski, 2011b). This suggests that ASD is not uncommon. However, across three systematic research reviews (Nind et al., 2004; Rix et al, 2006; Sheehy et al., 2009) only four studies emerged, from 3,462 screened research papers, which included measures of outcome and descriptions of pedagogy for children with ASD in mainstream classrooms.

One explanation for this lack of presence in the empirical educational research literature might be because children with ASD would not typically be placed in mainstream schools and, within the United Kingdom, there is some evidence to suggest this is the case (Kessler & McNally, 2009). To gain an insight into the issue of educational provision for children with ASD, a vignette study across 11 countries is presented

Methodology.

Vignettes are short descriptions of a situation, usually hypothetical (Schoenberg & Ravdal, 2000) which elicits a person's responses or judgements about the depicted scene (Atzmüller & Steiner, 2010). They have been used for a variety of purposes within educational research (Hargrave, n.d.) and in comparative cross-cultural research (Gupta, Datta, Kristensen, Nicolai & Pozzoli, 2010). Vignettes need to appear authentic to participants, possibly based on real experiences (Barter & Renold, 1999). Consequently in this research a vignette relevant to ASD (see Figure 1) was derived from the real situations known to the researchers.

The study reported here was part of a larger research study funded by the National Council for Special Education, Ireland (Rix, Sheehy, Fletcher-Campbell, Crisp, & Harper, 2012) during which 10 countries, were selected on the basis of their geographical distribution and range of educational systems. The countries selected were Australia, Cambodia, Canada (Nova Scotia), Cyprus, Italy, Japan, Kenya, Lithuania, Norway, Scotland, with the addition of Ireland making 11 in total. Within each country a researcher was identified, on the basis of having published educational reports regarding special educational needs education in their own country and their academic experience. The 11 potential participants were contacted, following the ethical procedures of the authors' university, via email informing them of the research and requesting their participation. Having consented to take part in the research, the 11 participants were sent vignettes which described a child and their situation.

The vignette relating to ASD is given in figure 1.

Figure 1. about here.

Vignette relating to ASD.

Having read the vignette the participants responded to the following series of questions.

Figure 2 about here.

The Vignette related questions.

As can be seen in Figure 2, the final question altered a significant aspect the vignette and sought to gain responses regarding children with ASD who experienced no delays with language development. It sought explore if provision was differentiated for children syndrome, who previously might be described using the label of Asperger syndrome (The American Psychiatric Association, 2013).

Findings

School Placement and Provision

The likelihood of a child being placed in mainstream school, a resourced unit or a special school varied between the countries. If one imagines educational placements ranging from mainstream classes to specialist provision, segregated residential facilities (Norwich, 2008) or not accessing education at all, the child portrayed in the vignette might be placed anywhere on this spectrum, depending on the educational system of the country of his birth (see figure 3).

Figure 3. Insert about here

Figure 3. Type of educational placement indicated by in-country researchers as likely in responses to a vignette related to Autistic Spectrum Disorder

As figure 3 illustrates, in four countries the child would be able to attend their local day centre or kindergarten (Norway, Italy, Australia, Scotland and Cyprus).

The option for attending a mainstream preschool existed in Ireland alongside the possibility of a specialised preschool, following a formal diagnosis of autism. These options existed in Canada, alongside privately funded preschool support and assessment. A formal diagnosis here would allow access to supported transfer into mainstream school.

In Japan, two options also existed: attending an education centre (specialising in child development issues) or alternatively special school kindergarten.

A form of special education was seen as the likely placement in Lithuania, either in a special school or within a special group for young children with speech and language difficulties. If residential care was accessible then this would be the favoured options in Kenya, with a mainstream placement being far less likely. The option of attending school at all was felt to be unlikely if the child lived in Cambodia. The rationale for this being that pre-school teachers would not accept this child without special training and such training was rare.

Responses to the same situation but where the child had no language problems, as might be the case in a diagnosis of Asperger syndrome, suggested that that a change of provision would occur. In three countries this would be a change in placement: either a move to mainstream (Ireland and Lithuania) or a local special school for

children with emotional and behavioural problems. In the other countries the placement itself would not change (Norway, Cambodia, Canada), but the type of support staff working with the child might change (Scotland) and focus on behavioural issues, rather than providing a speech and language therapist (Australia). These responses to changes in the vignettes depiction suggest that language issues were prioritised, in relation to behavioural ones, in these educational systems and that this aspect is more fundamental in determining a child's education and support. The child's placement in a special school would remain unaltered in Japan, but the school would be able to provide a programme suitable for pervasive developmental disorders in general, accommodating both situations.

The assessment of need and pedagogy

All of these changes in provision, in response to the altered vignette, appear to be based on the individual needs of the child. This assessment might occur within school (Norway, Kenya), in the health services (Lithuania) or from a multidisciplinary team (Ireland, Scotland, Cyprus), a typical response being that of additional resources in the form of special needs or teaching assistant time.

A different assessment rationale was indicated in Italy. The child's placement would remain in a mainstream class but the issue prioritised as influencing provision was the child's social behaviour, how they worked within a group of peers and also the nature of that group. This presents a contrasting perspective on how to respond to 'need' and, by assessing the child's social group, reconceptualises it within the classroom. The group and their activities are seen as an important educational 'tool' with the child's class placement strongly influenced by the social groups which could be formed within a class. Whilst formal diagnosis of ASD (certification) is sought and leads

additional support (staff time) in class, this can take a long time. Regardless of this the child remains in their local school, with adapted teaching strategies being delivered by their class teacher. Therefore a formal diagnosis would not be gateway through which a child with ASD gains access to particular school or a new pedagogy, and whilst diagnosis might result in additional resources, the focus remained on the social affordances within the class.

Pedagogy and curriculum

In Japan an explicitly 'two-track' (mainstream and special) system existed, with coherence between assessment, placement and subsequent educational pedagogy. As seen in figure 2 an assessment of ASD would result in a special placement. These settings were indicated as providing a detailed assessment directly linked to a pedagogical approach. Tests of adaptive skills and observation of daily activities would inform a teacher-implemented programme based on applied behavioural analysis (ABA) and speech-language therapy. This was seen as a special pedagogy, delivered in special setting. Whilst other responses suggested a link between assessment and placement interestingly this was the only response to indicate a link with a specific teaching approach. More broadly there was an indication that a placement in a special school allows alternative communication support and an individualised curriculum influenced (Lithuania, Japan, Kenya). In the mainstream settings the typical class curriculum would be differentiated and adapted by class teachers (Ireland, Scotland, Australia, Canada), with additional advice on accessing the curriculum provided by peripatetic or advisory services.

Discussion.

The overall picture that is suggested from the responses of the 11 in-country experts, is that in many contexts children with ASD are being educated in mainstream classrooms. However, placement does not prescribe pedagogy. The pedagogy that is being used within these settings needs consideration. Where special school placement was indicated in the vignette responses, a shared characteristic was that of having an individualised curriculum, by definition not necessarily shared with other children. Where a mainstream placement was seen as likely, the vignette responses suggested that the child would have additional teaching assistance within the classroom to support their engagement with an adapted and differentiated curriculum. Florian & Black-Hawkins (2010) argue that one can discern two approaches to inclusive pedagogy: an individualised approach with teaching activities designed for both most of the class and also just some of class; and approaches that construct learning opportunities for the whole community of learners within the classroom. They argue that inclusive pedagogy requires a shift towards the latter. The vignette's mainstream placements suggests that two of the 'inclusive characteristics' (Sheehy et al., 2009) might be present here: a progressive scaffolding of classroom activities and perhaps flexible modes of representing activities. Whilst the use of differentiation in this way has been suggested as a significant aspect of an inclusive classroom (Florian and Black Hawkins, (2010) it might be used as part of a 'most and some' approach, rather creating shared opportunities for all. This level of detail is not present in the vignette response and as the vignette asks for responses regarding an individual child, rather than a class, it may be that this biased the responses in this respect. With this caveat however a sense emerged that the assessment of individual need produced an individualised response in terms additional time and that adaptation being made

where directed towards the individual child, by this process rather than the class teachers. In terms of inclusive characteristics (Sheehy et al., 2009) only the Italian response was explicit as seeing the social context of the class as the educational tool which needed to be considered and implemented to support inclusion. This different perspective also chimes with Florian and Black-Hawkins (2010) the intent to creating learning opportunities for the whole class.

Ironically, the strongest sense of a teachers being able to access a pedagogic community emerged in the Japanese responses, in which teachers used ABA based pedagogy to teach the skills and behaviours that they assessed were needed by the child. This approach has an explicit paradigm of how children learn and consequently an explicit pedagogical approach. Teachers are therefore able to access information, it being a well-documented approach, to understand situations they make face in the classroom and they are able to use the language of ABA's behavioural paradigm to discuss their concerns meaningfully with fellow practitioners. However this is not to say that such an approach is necessarily more effective than that which is practiced in the mainstream settings. There is some evidence that behavioural techniques can be used to approaches by teachers in mainstream classes to support access to the curriculum (Riesen & McDonnell, 2003) and that some in some Italian schools this approach informs thinking about class teaching, but its specialist intensive use occurs outside class time (Rix et al., 2012). It has also been argued that individualised intensive teaching is part of 'good teaching' for all and that inclusive pedagogy is underpinned by a underlying model of learning, applied consistently (Sheehy, 2013). It is worth noting that a systematic research review of effective provision for children diagnosed having autistic spectrum disorder (Parsons, et al, 2009) concluded that independent evaluation of well-known interventions, such as ABA, was lacking and

that their effectiveness may have been over-estimated. Within the mainstream placements an adapted curriculum was frequently mentioned but there was not a strong notion that children with special educational needs required a special pedagogy, different from mainstream pedagogy.

The use of vignettes in this way allowed insights to be gained of likely practises within the selected countries. Of course these cannot be seen as 'all encompassing, national accounts' (Sheehy, Rix, Crisp, & Fletcher-Campbell, 2012) and there may well be significant variations at local level, influenced by factors such as distance and local funding arrangements (Sheehy et al., 2012). As mentioned previously the individualised focus of the vignette may have reduced the reported level of detail regarding classroom pedagogy. Subsequent research might seek responses to a class-based vignette, which would gain a deeper understanding of the type of inclusive pedagogy, (as defined by Florian & Black-Hawkins, 2010) that is being practised.

Conclusion

The vignette responses indicated that young children with ASD are likely to be placed in mainstream schools in many countries. This challenges the notion that these children inherently require a special and separate placement to their peers. The pedagogy that they encounter in these settings appears to rest primarily on differentiation of the curriculum (an everyday classroom practice) and meets some of the characteristics of inclusive pedagogy derived from systematic research reviews. Although the extent to which this is part of 'learning for all' within the class remains uncertain, the responses suggest that this everyday classroom practice is seen as the key part of inclusive pedagogy.

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Matas is three years of age and lives at home with his parents and three older brothers. His father is a lawyer and his mother is a teacher of mathematics, living and working in the country's capital city. Matas is physically fit and healthy, loves playing outdoors and is the strongest swimmer amongst his brothers. However, his parents have become increasingly concerned about his lack of speech. Although he can use a few words, he rarely uses them in appropriate contexts and much of what he says consists of repeating back those words or phrases that are said to him. They have also noticed that he does not play with his brothers or other children in the neighbourhood. He seems to prefer to play on his own. Matas repeatedly lines up his set of favourite toy cars and becomes very annoyed when his brothers want to take any of the cars away. He has been watching the same film on video almost every day for the last six months. He can name each character in the film when asked 'who's that?' He can also become upset when his daily home routine is changed, for example, if his morning break does not have a banana. This causes him to scream and bang his head with his hands. In general, he appears to enjoy being at home and around his brothers.

Figure 1. Vignette relating to ASD.

PLEASE ANSWER THE FOLLOWING QUESTIONS.

If there are contradictions in the system or variables which will powerfully affect the outcome please suggest what these might be. If a question cannot be answered it would be helpful if you could suggest why.

In relation to your country, we would like to know:

Where would Matas be educated?

How would his needs be assessed?

What support would he be offered?

Where would the funding for Matas's education and support come from

What curriculum would he follow? (e.g. the same as his age-equivalent peers or a curriculum specially designed for his personal learning or a curriculum designed for a particular group of students unlike their age-equivalent peers.)

Who would be involved in the decision about his education placement?

Who would be involved in the decision about his support needs?

We would now be interested to know if there would be any change in placement and support if the following factor was changed:

How would the placement and support change if there were no concerns about Matas's language?

Figure 2 The Vignette related questions.

<i>Country</i>	Scotland				
	Cyprus				
	Australia				
	Norway				
	Italy				
	Canada	Japan			
Ireland	Lithuania		Kenya	Cambodia	
<i>Placement</i>	Mainstream (kindergarten)	Specialised preschool/ Special school kindergarten	Child Development Centre/group	Residential school	Not in school

Figure 3. Type of educational placement indicated by in-country researchers as likely in responses to a vignette related to Autistic Spectrum Disorder.