Integrating Pupils with Asperger's Syndrome into Mainstream Schooling
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Overview of Special Educational Provision in Ireland

History of Provision For Children with Special Needs in Ireland
Before the nineteenth century, there was no provision for children with special needs. In the early half of the 19th century, institutions were set up for deaf children to provide them with an education. Although provision was made for people with a mental handicap at about the same period, one could hardly describe these provisions as educational as they took the form of asylums. (McDonnell, 1992).

During the mid-nineteenth century, a distinction was being made between "idiots", i.e. the mentally handicapped, and "lunatics" i.e. the mentally ill, (ibid). By the end of the 19th century, the former were put in work houses while the latter were assigned to asylums. Workhouses were also used to house orphaned and neglected children. (Coolahan 1981).

Either religious orders or voluntary bodies ran many of these institutions. Although their intentions were honourable, these bodies lacked the necessary funding and resources to cater adequately for the needs of these children. The latter part of the 19th century, however, did see the establishment of schools for the blind.

By the turn of the 20th century, the situation had not improved greatly. Religious orders had opened some hospital schools. Industrial schools replaced the workhouses by catering for the same clientele but provide them with literacy and numeracy skills as well as training them in a trade. Reformatory schools were also introduced to cater for the young offenders. Although these institutions were run by religious orders in the main, they received funding from the government and were open to inspection (ibid).

The Free State government of 1922 put the onus on schools to promote
(a) a sense of nationalism and of being Irish and
(b) the Irish language (Mc Gee, 1990, Coolahan 1981).

Social aspects of the education provisions such as accessibility to second education, the provision of free books, organization of free meals and school medicals services, and the provisions of special education received but scant attention.

Coolahan 1981, P45.

Therefore, the educational provision for children with special educational needs remained virtually neglected until the mid-20th century. The 1950's and 1960's saw significant changes take place in special needs education.

Courses were provided for qualified teachers to train specifically in teaching deaf children and children with mental handicap. (McGee; 1990, Swan 1994). Pupil-teacher ratios were reduced in schools for the deaf and the blind.
The school transport scheme was extended to include children attending special schools. The emphasis changed from full-time residential schooling to residential schooling five days only. In 1965, the commission of inquiry on mental handicap produced a report (Coolahan 1981, McGee, 1990, NCCA, 1999). This commission shed new light on the area of care and provision for people with mental handicap. While many changes did take place during this period, the philosophy remained that these children were to be educated in the main, in special schools, isolated from their peers.

Recent Developments on Provision of Special Education

In 1971, the Department of Education introduced the New Primary Curriculum. Since 1934, primary school teachers had followed the Revised Programme for National Schools (Coolahan, 1981). Concurrently, special schools had to devise a programme and materials for the children in their classes. A principle of the New Primary Curriculum was that it could be tailored to suit the requirements of a student who has special needs (NCCA, 1999). There was a significant increase in the number of special classes in mainstream schools catering for the needs of children with mild mental handicap (Coolahan, 1981). In addition, special schools were established catering for the needs of children with specific learning difficulties. Industrial and reformatory schools were reconstituted as residential homes and special schools (Coolahan 1981, McDonnell, 1992).

In 1980, the government of the day introduced a White Paper on Educational Development. It stated that while the integration of special needs students into mainstream schools was the preferred option in the educational provisions for these children, one must also remain open to the other models of educational provision (Hyland 1993). In 1988, the Primary Education Review Body was launched and produced a report in 1990. Up to this point in Ireland, there was actually no legislation governing education in Irish schools. This report questioned the legality of educational system in Ireland. It also outlined arguments for and against the introduction of an educational act. At the same time, it recommended that the government introduced a Green Paper on Education (Primary Education Review Body 1990).

In 1992, a Green Paper on Education was published. It raised various issues including children with special needs.

In the meantime, in 1991, the then Minister for Education established the Special Education Review Committee. The purpose of this committee was to examine the educational provision made for children with special needs and to make recommendations based on the findings of the committee (SERC, 1993). The report made by the committee (SERC) was published in 1993.

One of the recommendations made by the committee was the need for an Education Act to ensure the rights of children with special needs to an education.

Two years later, the government introduced the White Paper on Education, Charting Our Education Future. This paper promised the provisions of education for pupils with special needs based on the needs of the individual pupil. The education bill followed in 1997. Finally, in December 1998, the Education Act was passed into legislation.
This act now put into law the right of every child with special needs to have an education appropriate to the needs of the child.

The act also provided a definition for the term, "disability" which the Education Bill had failed to do.

"Disability" means-

a) The total or partial loss of a persons bodily or mental function, including the loss of a part of the persons body or

b) The presence in the body of organisms causing, or likely to cause, chronic disease or illness or

c) The malfunction, malformation or disfigurement of a part of a persons body, or

d) A condition or malfunction which results in a person leaning differently from a person without the condition or malfunction or,

e) A condition, illness or disease which affects a person's thought process, perception of reality, emotions or judgement or which results in disturbed behaviour.

(Pt. 1 S.2 (1) Educational Act 1998)

The act also defines "Special Educational Needs" as "the educational needs of students who have a disability and the educational needs of exceptionally able students".

(Pt. 1 S.2 (1) Educational Act 1998)

With regard to children diagnosed with Asperger's Syndrome, if one considers the motor sensory difficulties, the rigidity of thought and the mindblindness (Baron-Cohen, 1995, Baron-Cohen et al., 1993) experienced by these children, it could be said that categories (c), (d) and (e) could be used when defining Aspergers Syndrome as a disability.

Current Services for Children with Autistic Spectrum Disorder

Traditionally, Autism was classified as being an emotional and behavioural disorder; therefore, children with Autism were educated in the same schools as children with emotional and behavioral disorders.

Autism was not recognised as a disorder in its own right in the same way as having a visual impairment or a hearing impairment. It has only been in more recent years that the Department of Education has recognized this. As a result, the Department of Education has begun to make education provision for children with Autism (South Western Area Health 2001). Due to the ongoing debate about whether or not Aspergers is a form of Autism, the Department have included children with Aspergers Syndrome in this provision of education as it is recognized as a condition on the autistic spectrum.

Within special schools catering for children on the autistic spectrum, the pupil teacher ratio has been lowered from 11:1 down to 6:1 (Department of Education & Science, 1999b). Special schools that do
not cater specifically for children diagnosed on the autistic spectrum e.g. special schools for mild mental handicap, have been sanctioned with special classes specifically for children diagnosed with an ASD.

In 1998, the Department of Education introduced special classes in mainstream schools for children with Autism (Ibid). These classes are referred to as Outreach classes. The pupil-teacher ratio in these classes is lower than in the special schools that traditionally (and still do) cater for children with Autism. A back up service is provided by an agency known as Beechpark Clinical Services. This agency consists of a multi-disciplinary team including a speech therapist, an occupational therapist, a psychologist, a social worker, a project worker/behaviour specialist, a community nurse and a child psychiatrist. This agency works in co-operation with the school and family.

The Department of Education has increased greatly the number of special needs assistants in the system (Department of Education and Science, 2000a). These assistants can be allocated to a mainstream class should a child with Autism be in a mainstream class. Each of the Outreach classes described above has two assistants in each class. Special needs assistants have also been allocated to special schools where they can either work in a specific classroom or they can be shared among several classes. Many children with Autism continue to be educated in schools classified as "schools for pupils with emotional disturbance." The number of resource teachers has been increased greatly by the Department of Education & Science. The purpose of these teachers is to assist pupils with special needs who are in a mainstream class. This support can be given in the class, or on a withdrawal basis in group form or individually. The child may be entitled to a maximum five hours per week with this teacher (Department of Education, 1999a).

The Department of Education & Science has increased their spending in the area of ASDs. Schools with Outreach units receive an enhanced capitation grant for each child in the unit, a start up grant, a computer grant and a grant to furnish and refurbish as necessary. Schools with children in mainstream classes diagnosed with an ASD may apply for a computer equipment grant if needed. The Department of Education & Science fund transport and escorts for pupils who may need this service (Task Force on Autism, 2001, p.150).

**Summary**

Notwithstanding institutional provision for deaf and blind and the efforts of religious to provide for poor and needy children in the 19th and early 20th century, no significant developments in, or acknowledgement of, special needs education are visible in the history of Irish education until the latter half of the last century. Beginning in the 1950's a process of provision by agencies of the state for special needs education developed which, it might be argued, has ultimately led to statutory recognition. Although, the Irish Constitution of 1937 guaranteed the right of every child in Ireland to a primary education, the legal basis of this guarantee has been questioned in the past (Primary Education Review Body, 1990, p.10, SERC Report, 1993, p.56). It has only been since 1998 that this right has been fully recognised through legislation in the Education Act:
The government has revised the provision of education for children with Autism. While the traditional model of education remains i.e. special education provision in a special school for children with emotional disturbance, new ventures, such as Outreach classes and special needs assistants in the mainstream class, have been embarked upon. The Department of Education & Science has increased funding to schools with pupils on the autistic spectrum in the form of increased capitation grants, computer grants, special furniture grants and transport arrangements.
Leo Kanner - Kanner's Syndrome (Classic Autism)

Born in Austria and studied medicine in Vienna.

Worked with group of children in U.S.A and published a paper in 1943 in English "Autistic Disturbances of Affective Contact" in which used the term 'Infantile Autism'.

Described children with the following characteristics: -
- Inability to relate in an ordinary way to people and to situations
- Failure to use language for the purpose of communication
- Obsessive desire for the maintenance of sameness

Believed that poor parenting (generally blaming the mother) was responsible for the condition.

Kanner's work was widely received - condition became known as Kanner's Syndrome or Classic Autism.

Children with this diagnosis usually have little or no speech and the I.Q. levels range from severely and profoundly mentally disabled to those with superior intelligences.

Hans Aspergers - Aspergers Syndrome

Born in Austria and studied medicine in Vienna.

Worked with a group of adolescents involved in German Youth Movement, noticed that some of these children seemed unable to integrate socially in the same way as the other children.

In 1944, published a paper in German, "Die Autistischen Psychopathen Im Kindesalter". ("Autistic Psychopathies in Childhood")

Described group of boys with the following characteristics:-
- Very bright intelligent children;
- Having good language development;
- Reactions are not always the right response to the prevailing situation
- Poor ability to form friendships;
- Eccentric interests in highly specialised or abstract subjects
- Limited ability to use and understand gesture and facial expression
- Lack of empathy and poor motor control.

Work remained relatively unknown due to both language and the political climate of the time.

1981, Lorna Wing coined the term 'Asperger's Syndrome'.

Children with this diagnosis had speech, most beyond their years and I.Q. levels range from average to superior.
Hidden Disabilities
Areas of the Brain

Areas Of The Brain, Usually Affected, And Their Role In Social And Communicative Interaction Development
(Peeters & Gilberg, 1999)

1. **The Temporal Lobes:**
   Crucial for the understanding of spoken language, semantics and pragmatics.

2. **The Brain Stem:**
   'Mailbox' for incoming sensory stimuli.

3. **The Cerebellum:**
   Co-ordinating motor movements especially in connection with social interaction.

4. **The Frontal Lobes:**
   Executive functions such as planning, motivation, time concepts, and impulse control.
Prevalence

The Report of the Task Force On Autism: *Educational Provision and Support for Persons With Autistic Spectrum Disorder (2001)* indicated the difficulties in calculating the prevalence of Asperger's Syndrome in the Irish population. The report described the following as some of those difficulties:

- Lack of conformity between and specifically within the diagnostic systems in use.
- Lack of clarity among professionals not intimately familiar with the disorder, as to what criteria to apply.
- Similarities with other disorders.
- Misdiagnosis or lack of diagnosis for children and adults on the high end of the spectrum.
- Hesitancy on the part of some professionals to make specific diagnosis.
- Lack of a comprehensive national system for recording and counting those with a diagnosis of Autistic Spectrum Disorder on a national database. (page 27)

This lack of statistics was also obvious in the *Report of the Working Group on Asperger's Syndrome* (SWAH, 2001). This report stated the "urgent need to carry out research into the prevalence of AS/HFA in this country, as the extent of the problem is a major factor in planning services to meet the needs of this group of children".

It is therefore necessary to look to research carried out abroad in order to estimate figures here in Ireland. Probably the most quoted statistics come from Ehlers & Gillberg (1993). They studied the population of a large number of mainstream schools in Sweden and found a prevalence of 36 per 10,000. This study also gives us the prevalence among gender. Ehlers and Gillberg found 7:1 ratio boys to girls. In a previous study done by Gillberg (1991) (Howlin, 1998) the ratio was said to be 10:1.

Other studies have shown varying ratios of boys to girls. In 1981, Wing from her research found the ratio was 4.7:1 boys to girls (ibid). In 1997, Howlin and Moore found a much higher ratio of 10.3:1 boys to girls (ibid). Peeters & Gilberg makes a very insightful comment on the varying gender ratios. They claim, "in some female cases the diagnosis is missed" (Peeters & Gilberg, 1999, p40). It is suggested that autism may present itself differently in girls as girls generally have better language and social skills whether they have autism or not.
Four Types of Autistic Children

1. **The Socially Aloof**
   Most cut off from social contact, especially with age peers, and to a lesser extent with parents. Identified by their indifference to others and very difficult behaviour. Does not feel comfortable when in close proximity to others and usually rejects physical or social contact except to fulfill such basic needs as food.

2. **The Socially Passive**
   Does not make spontaneous social approaches but can take on a passive role in games or activities which are led or initiated by others. Tends to have higher levels of ability than those in the aloof group and are more competent, in visuo-spatial skills than in verbal skills. The absence of spontaneous social interaction and non-verbal communication are the pertinent features of this group.

3. **The Socially Active-But-Odd**
   Makes spontaneous approaches to others, but often inappropriately. Have acquired sufficient skills to enable them to become active participants in society. However, reactions of others to their odd social approaches may cause them to become very anxious and frustrated. Speech tends to be better than that of Children in other groups, but abnormalities persist. Interprets words and phrases literally which results in inappropriate reactions and/or behaviours. A lack of understanding of social conventions and impairments in non-verbal communication persist in this group of children.

4. **The Over-Formal Stilted**
   Seen in later life, this behaviour is common in the most able person with autism. The following characteristics tend to be displayed:
   - Excessively polite and formal;
   - Have a good level of language;
   - Try very hard to stick to the rules of social interaction without really understanding them.
The Integration of Pupils With Asperger's Syndrome into Mainstream Schools

Triad of Impairments

1. Social Communication
2. Social Interaction
3. Imagination
   (Wing & Gould, 1979)
4. Motor co-ordination

Other Areas of Impairment

1. Deficits in Perception
2. Theory of Mind
3. Social Empathy
4. Central Coding Processes
5. Spontaneous or Pretend Play
6. Symbolic development
7. Motivation
8. Impaired Activities

Sensory Issues

- Sound
- Light
- Touch
- Smell
- Taste
- Pain
- Heat
- Movement
- Personal space
- Personal hygiene
Functions of Communication

To ask
To comment
To give information
To express feelings
Social routines e.g. "hello", "God bless you"
To draw attention

Forms of Communication

Verbal communication i.e. the spoken word
Motor communication i.e. using the body e.g. facial expressions, gestures, nudging
Object communication i.e. showing a card

Theory of Mind
(Baron-Cohen, 1995)

Theory of mind is the ability to appreciate that other people have mental states, thoughts, intentions, beliefs, needs and desires which may be different to our own. Failure to develop a theory of mind may lead a child to find other people's behaviour confusing or frightening, which may, in turn, lead to anxiety or sudden or aggressive behaviour.

Mindblindness and Mindreading

Definition: The capacity to imagine or represent states of mind that we or others might hold. We are never 100% sure what others are thinking, but we nevertheless find it easy to imagine what others may be thinking. We mindread all the time, effortlessly, automatically, and mostly unconsciously. That is, we are often not even aware we are doing it until we stop to examine the words and concepts that we are using. In the heat of a social situation, it pays to be able to come up with a sensible interpretation of the causes of actions quickly if one is to survive to socialize for another day. Non-mentalistic explanations are just not up to the job of making sense of and predicting behaviour rapidly. Indeed, a person with mindblindness (the inability to imagine what might be going on in someone else's head) is left confused. In the meantime, the mind reader sizes up the situation instantly.

Scenario 1
John walked into the bedroom; walked around, and walked out.
Mindreader's interpretation of situation:
Maybe John was looking for something and thought it was in the bedroom.
Person with mindblindness interpretation of situation:
Maybe John just does this every day, at this time: he just walks into the bedroom, walks around and walks out again.

Scenario 2
Joe and Tim watched the children in the playground. Without saying a word, Joe nudged Tim and looked across at the little girl playing in the sandpit. Then he looked back at Tim and smiled. Tim nodded, and the two of them started off towards the girl in the sandpit.
Mindreader 1's interpretation of situation:
Maybe Joe and Tim had a plan to do something nasty to one of the children. Joe wanted Tim to know that the little girl in the sandpit was their victim.
Mindreader 2's interpretation of situation:
Maybe Joe wanted to point out to Tim who it would be fun to play with. Tim agreed with Joe's idea; so they went over to ask the little girl in the sandpit if she wanted to play.
Person with mindblindness interpretation of situation:
Tim and Joe walked towards the sandpit.
Recognising some of the signs of Asperger Syndrome

Asperger Syndrome: A Practical Guide for Teachers Val Cumine, Julia Leach and Gill Stevenson

1. Social Interaction - The child with Asperger syndrome:
   Will be socially isolate but may not be worried about it.
   May become tense and distressed trying to cope with the approaches and social demands of others.
   Begins to realise that his peers have friendships, particularly when he reaches adolescences. He may then want friends of his own, but lack strategies for developing and sustaining friendships;
   Will find it difficult to pick up on social cues;
   May behave in a socially inappropriate way - singing along to Songs from 'Oliver' is fine when you're listening to a tape, but embarrassing for your parents when your sing along during a performance at the London Palladium.

2. Social Communication - The child with Asperger syndrome:
   May have superficially perfect spoken language, but it tends to be formal pedantic. "How do you do? My name is Jamie" may be a typical greeting from an Asperger syndrome teenager - but it is one which sets him a part from his peers marking him out for ridicule.
   Often has a voice which lacks expression. He may also have difficulty interpreting the different tones of voices of others. Most of us can tell if someone is angry, or bored, or delighted - just from tone of voice. The child with Asperger syndrome often cannot make these judgments. This can lead to some tricky situations. One teacher had to give a student a pre-arranged visual signal "When I take off my glasses you will know that I am cross with you". Raising his voice had no effect on the boy.
   May also have difficulty using and interpreting non-verbal communication such as: body language, gesture and facial expression.
   May understand others in a very literal way. As Grandma dried four year old Ryan after his bath, she commented on his 'lovely bare feet'. Ryan became distressed and screamed, 'I'm not a bear!'
   Fails to grasp the implied meaning of language. He would take a statement such as, 'it's hot in here' at face value - where the rest of us would take the hint and open the window.
3. **Social imagination and flexibility of thought** - The child with Asperger syndrome:
   - often has an all-absorbing interest which his peers find unusual;
   - may insist that certain routines are adhered to;
   - is limited in his ability to think and play creatively;
   - often has problems transferring skills from one setting to another.

4. **Motor Clumsiness** - The child with Asperger syndrome:
   - May be awkward and gauche in his movements;
   - Often has organisational problems, unable to find his way around, or collect together the equipment he needs;
   - Finds it hard to write and draw neatly, and tasks are often unfinished.

**Education For All Handicapped Children Act**
**U.S.A. PL 94-140(1975)**

In 1975, in U.S.A., a public law was introduced to cater for the adequate provision of education for children with all types of handicaps from the ages 4 years to twenty-one.

This law was based on six principles, one of which stated that every child should be educated in "The least restrictive environment" i.e. that the child be educated with non-handicapped peers to the maximum extent appropriate.
Educating Autistic Children

Education, treatment and training are not methods of curing Autism, rather they are a means of preventing secondary handicaps and of enabling and preparing people with autism to live and work more effectively. They (i.e. education, treatment and training) encourage self-sufficiency and self respect. 

O'Connell, 1995

Integration

"The integration of a handicapped child in an ordinary school does not in itself guarantee integration: what is critical is what happens to the child within the school."

Full Integration:
Child is a member of an ordinary class and accepted by peers (may receive help outside of class).

Partial Integration:
Child is based in a special class/unit and joins peers for selected lessons, as well as social activities.

Integrated Limited:
Child interacts socially 

(Cope & Anderson, 1977)

The Warnock Report (1978) outlined three types of integration:

Locational:
This refers to physical placement of children with special needs in mainstream schools;

Social:
This refers to the interaction of children with special educational needs with children in mainstream classes on a recreational basis e.g. at lunch-time or play time;

Functional:
This refers to the "joint participation in educational activities" of children with special needs and their peers.
DENO'S PROVISION CASCADE MODEL

- Full Time Residential School/Hospital
- Full Day Placement in Special Day School
- Full Day Placement in Special Day School
- Part-Day in Special Class
- Part Day in Regular Class in Mainstream School
- Full Day in Regular Class in Mainstream School with Full Support Service and whole School Policy on Special/Remedial Educational needs

Only as far as necessary

Mode in this direction as soon as possible
The Integration of Pupils With Asperger's Syndrome into Mainstream Schools

Co-Determination

Parents have a right to be involved in child's schooling and future.

Parental Involvement in Education Provision for Children with Special Needs

Rationale for including parents
No one can doubt the extent to which the State has gone to enshrine in law the rights and responsibilities of parents in educating their children. But the question remains "why include parents?"

The CMRS believes "that education is best seen as a partnership between parents, professionals and the wider Community" (1993, p.59). Yet, Warnock is quoted as saying, "even though educating a child is a joint enterprise it is a question of collaboration, not partnership" (INTO, 1997, p.19).

Warnock goes on to argue that although the parent is an expert in their child, the teacher is an expert in education and therefore should even at times "be able to be authoritative with parents" (ibid, p.20), but, we must value the influence that parents have on their children. When a child first starts school, the teacher will take note of the child's maturity, social skills, linguistic skills and play skills. Many of these skills will have been acquired at home. Wolfendale (1996, p.94) mentions eleven functions of parenting, some being: "providing emotional support; providing a protected environment; act as models (of language, social/emotional behaviour); train and guide their young towards understanding of and adherence to social norms".

The Parent and the Special Needs Child

When it comes to placing a child with special needs in an environment that is considered the most suitable, parents must be involved in this process and made feel they have a part to play. Parents must also be consulted in the final decision making process. In a study carried out by, Hegarty et al, (1981), 43 sets of parents were interviewed. These parents had children of different disabilities. Some of these children were integrated in the mainstream class, some were placed in a special unit within a mainstream school, and some were based in a special school but integrated with the mainstream school.

Parents were asked if they favoured integration, and if so, why. There are three reasons given:
(i) desire for normality;
(ii) concern for academic progress; and,
(iii) experience of and attitudes towards special schools.

It was felt that to go to a normal school was giving the child as normal a life as possible. It was also felt that the curriculum made available in the special schools was limited and did not challenge the children. Parents expressed a concern for the level of sheltering the child may receive in a special school. This sheltering they felt did not prepare the child for the real world and problems the child
may encounter. Parents felt that it was not good for children to only interact with children with disabilities everyday as this may make the child feel negative about their own disability.

Lorenz (2002) identifies the reason why families want inclusion for children with special needs as being "essentially one of human rights" (p.9). She also claims that parents want to reject the medical model. In some way this is similar to Hegarty et al’s discussion on the experience of and attitudes towards special schools. Lorenz states that in most cases it is the job of the parents to seek a school that will provide for their child's special needs and when doing this "may be exposed to ignorance, prejudice and rejection" (p.15). Parents are advised, once they have found a school, to work with the school. Parents are also advised on what to do when things go wrong. They should try not to get annoyed with the school, instead try to be frank and honest with the school, and recognise that the school may need help in coping with the situation.

All of this would be ideal if the parents felt that they could approach the school with a problem. Hornby (2000) tells us that "all parents need to have effective channels of communication with their children's teachers" and they "need to feel that they can contact the school at any time when they have a concern about their child" (p.25). He says that some parents prefer to communicate with the teacher fact-to-face while others prefer to write to the teacher. He says that schools and teachers must be open to communication and develop policies in this area if communication is to be successful. Humphreys (1993) identifies the need to involve parents as an important factor in having an effective school. He claims that in order to achieve a quicker change in a child's behaviour, parents must be involved.

The Parent of the Special Needs Child and Recent Legislation

The Education Act, 1998, has enshrined in law the right of parents to be involved in their child's education. We shall examine the sections of the Act that pertain to parents.

Part 1.2.1 attempts to define many of the terms used throughout the Act. The definition of "parent" no longer refers to just your biological parent but includes an appointed guardian, an adoptive parent, a foster parent or any other person acting in loco parentis subject to any statutory power or by order of the courts.

The Education Act constantly employs phrases like "consultation", "advice", "inform", "include", and "involve" when referring to parents. The parents are linked to the board of management, the inspector and the principal.

Parental rights are acknowledged: -

right to choice of school;
right to access of school records of their child;
right to be consulted before a child is psychologically assessed;
right to be informed of results of assessment;
right to a copy of school plan;
right to access of support services when parent has a child with special needs,
right to be represented on the board of management.
On an organisational level, the National Parents Council is named as one of the bodies the Education Minister must consult with, before making decisions on topics such as the, minimum number of school days and the curriculum.

The Education Act gives a statutory position to the parent's associations, and outlines regulations for the establishment and functions of these associations.

Another important piece of legislation introduced in 2000 was the Education Welfare Act. This Act addresses the responsibilities of parents in the education of their children. This Act calls for the establishment of a National education Welfare Board that
1. Promotes, particularly in families, an appreciation of the benefit of education, and 2. Assists families whose children have attendance and behaviour problems.

If the Board feels a child needs to be assessed, the consent of the parents must be sought. Should a parent refuse to give permission, the Board may go to the Circuit Court.

The Act acknowledges the responsibility of the parent to send their child to school every school day. Should a child be absent, it is the parent's responsibility to notify the school. Should a parent fail (i.e. not make a reasonable effort) to send their child to school, the parent will receive a school attendance notice. The Act outlines the Board of Management's responsibilities, namely, submitting reports of pupils' attendance levels to parents associations, preparing a code of conduct in consultation with parents, and submitting a statement of strategies to encourage learning and attendance to the Education Welfare Board. The Act states that each parent should get a copy of the code of conduct and that one should always be available on demand.
Proposal of Partnership Facilitator

IHornby (2000) says, schools need to develop a policy encouraging all parents to be involved in their child's school and contact the school especially if there is a problem. The Home-School-Community Scheme is one measure that attempts to encourage parents from working class areas to become involved in the education of their child and develop links with the school. Conaty’s (2004) account of the scheme includes various quotes from parents with regard to their feelings on the scheme and the role of the co-ordinator. For example, “we can discuss problems together. I love coming here. You’re made to feel welcome by the principal, teachers and coordinator. Sharing my kids behaviour patterns with the coordinator.” It would seem that this scheme has proved successful so far and perhaps should be extended to more schools thus encouraging more parents to play an active role in their child’s education.

Unfortunately, not all children diagnosed with AS/HFA will be attending schools in disadvantaged areas. Therefore, a different scheme may be necessary. The Task Force on Autism (2001) propose that the Department of Education & Science introduce the position of Partnership Facilitators. These facilitators would be based in the office of the Special Needs Organiser but would spend much of their time in their designated schools.

The Task Force suggests there be a facilitator per forty students.

The Task Force lists a number of functions of the facilitator including:

- Being an advocate for children diagnosed with ASDs;
- Ensuring good two-way communication between home and school;
- Liaise frequently with mainstream teachers, special needs teacher, SNAs, school principal, visiting teacher, and any other support personnel.
- Facilitate parental involvement in relevant school activities
- Ensure Information on student's education and social progress is co-ordinate with and transmitted to home;
- Engage in home visits as required by parents;
- Support parents at school meetings and in any school relate decision making progress.
- Key person in assisting the person with an ASD, and their family, and receiving school educational institute when the person with an ASD, is making a transition.

This proposal could be said to be the Home-School-Community scheme adapted specifically for students diagnosed with an ASD and their families. As the facilitator is not part of the school, acting as an advocate for the child and attending meetings with the parent does not put the facilitator in a compromising position. If the parents are not comfortable contacting the school, they can contact the facilitator instead. This proposal would seem to be ideal for the Parents of children with an ASD.
**Model of Adaptation**

Teachers need to work constructively with the parents of children with special needs Hornby (1995). As well as parents being an invaluable source of information on the child, these parents may need a lot of support and guidance as they may yet be coming to terms with their child's diagnosis and therefore might be looking for guidance themselves. Hornby compares the process parents go through after their child receives a diagnosis to the bereavement process experienced by many people after a loved one has died. He describes this process as a "Model Of Adaptation To Loss" as the parent may feel like they have lost a normal healthy child. He claims that if professionals are insensitive to the needs of parents, then this will slow the adaptation process and parents may remain at the anger stage.

![Model of Adaptation to Loss](image.png)
Stress In Family Situation
(Peeters, 2001)

Stress in Preschool Years

“Ambiguity of handicap”: cannot see automatically that the child has a disability.

“Good looking”, splinter skills, but delayed developmental and communication problems.

Unclear diagnosis - "he may grow out of it".

More criticism than help or understanding for parents.

Many professionals say it is the fault of the parents.

Contradictory advice of professionals.

Acceptance of the disability - leads to a rollercoaster of emotions.

Constant alertness to:-
- hyperactivity
- child cannot express feelings
- sleeping problems
- feeding problems

Some parents may have feelings of failure, no confidence.

Lack of understanding by the environment.

Lack of babysitters

Denial of Autism

Stress During School Years

Some problems may become less acute - some parents develop their own routines, and their own way of communicating with the child

Many things remain the same feeding, sleeping

Hyperactivity and tantrums grow together with the child

Parents face the gravity of the disability:
- Inability to play with others.
- Inability to have friends.

Looking for an appropriate school.

Problems with siblings.

Mothers who go out working: holidays, illness, critical periods, Problems with an employer

Child is not aware of any danger.

Growing chronic tiredness and weariness of parents.
Stress During Adolescence / Adulthood

Problems with sexuality
Epilepsy
"Aggressive" behaviour (seen as tantrum in childhood)
Looking for appropriate facilities
Tiredness of eternal parenthood

Support For Parents

(From A Study of the Educational Provision For and Needs Of Children With ASIHFA in The Counties of Dublin, Meath, Kildare and Wicklow - M. Collins (2002))

Hornby (1995) talks about teachers working constructively with the parents of children with special needs. He explains that as well as parents being an invaluable source of information on the child, these parents may need a lot of support and guidance as they may yet be coming to terms with their child’s diagnosis and therefore might be looking for guidance themselves.

Support or Counselling received By Parents

In this study parents were asked if they had received any support or counselling after receiving a diagnosis for their child.

Figure 5.9
Parents who received support or counselling after child was diagnosed with ASIHFA

- No support or counselling received 80%
- Support or counselling received 20%
Only one fifth of all the parents (n= 10) in this study received any type of support or counselling after their child received a diagnosis. Therefore, more than forty parents have received no support or counselling at all. Parents who said they received support or counselling were asked to give details. Four of these parents said that they received support and counselling from ASPIRE. Three parents reported getting support from the family guidance clinics and/or the public health nurse. Some parents talked about not receiving any support or counselling.

**Parents No 42 said**

"It was something that was never considered and all professionals were pretty detached, matter of fact and unsympathetic. Worst of all, they told us about deficits without making positive suggestions. My treatment as a parent by professionals’ esp.psychiatrists was close to cruel."

**Parents No 1 Recalled**

No, myself and my husband didn't receive counselling etc, but the doctor who diagnosed my son offered us to talk to her about it etc, even though we were moving from the area.
But no official counselling was ever offered!!!

**Parent No 3 Reported**

Parent Plus Programme at a family clinic re/dealing with behaviour management and parenting a child with needs. But there was no support or counselling re understanding the condition better. This we had to do by buying books and the internet.

It would seem to a greater extent that counselling is not being offered to parents. In many cases, it would seem to be support rather than counselling that is being offered. Although one cannot say that counselling is more important than support, it may be the case that parents need both.

**Members of Parent support groups**

Horny (2000) says that an effective means of support for parents is membership of a Support Group. More than 3/4 of the parents are members of ASPIRE. There were other organisations represented, including Irish Society of Autism and the Association for Children with ADHD.

Only six parents were not members of any support group.
Attitude Towards Parents

Do not judge the family lifestyle

Do not refer to a faulty upbringing

See the professional as a guide but, the parent as the expert on the child

Recognise the stress experienced within the family due to autism

Recognise that there are other sources of stress within families

Understanding family life out of the context of school

Recognise need to share by both teacher and parent information, frustration, confusion, etc

Acknowledge that the parents remain responsible - for each important made

Collaboration With Parents

(Peeters, 2001)

Parents' book / Communication book
- Parents communicate with teacher
- Teacher communicate with parents
  - Meeting with the whole team
- With the parents
- With the home trainer and the parents
- About the individualised programme of the child
  - Evaluation of the child
  - Skills failed, emerging skills
  - What are we going to teach him?
  - Problems at home or school
  - Generalisation of skills
  - Behaviour problem

Visits to the home situation by teacher, psychologist, therapist
- Seeing child in another situation

Evenings for parents -
- Twice a year (beginning and end of year)
- Informal contact
- Visit the classroom
- Exchange experiences
- Parents meet each other
- Lecture about aspect of Autism
- Seeing a video about classroom activities
- Written reports for parents
The Curriculum

English
- Handwriting – motor co-ordination
- Spelling – may spell phonetically
- Reading – difference between decoding words, reading for meaning and reading beyond the text
- Comprehension questions – lower order and higher order questions
- Creative writing – imagining a situation that may not have necessarily already happened, imagining to be another person, imagining an alternative setting.

Maths
- Terminology and symbols
- Rigidity in layout
- Calculations vs. problem solving
- Representation
- Ability to visualise problems

History
- Wide knowledge and facts
- Inability to accept more than one version of events
- Factual history vs social history

Geography
- Rigidity of factual information
- Rejection of social geography
- Interdependence

Physical Education
- Clumsiness
- Ball Skills
- Inability to accept losing
- Absence of team spirit
- Poor turn taking
- Poor eye contact

Religion
- Disbelief in God
- Disbelief in miracles
- Creation of the world: religion vs science
- Death

Social Personal Health Education
- Personal hygiene
- Bullying
- Safety: personal, water, road, fire.
- Promote self-expression
- Promote self-esteem
Strategies To Adapt The Environment

*Predictability in Space:*

- Space well organised;
- Make association between objects and space, activities and space;
- Create spaces for independent activities, domestic activities and free-time activities.

*Organisation of Space:*

- Remove objects which prove a distraction;
- Avoid overloading walls with too many charts.

*Predictability in Time:*

- We all need this: watches, calendars, diaries;
- When do I do things?
- How long will it take?
Programmes / Activities / Resources

- Triangular pencil / pencil grip – helps pincher grip
- Red and blue lined copy – visual aid for size and position of letters.
- Window Page – helps focus and avoids distraction.
- News time – allows child to communicate, share ideas, and enhances awareness of the world around them.
- Black Sheep Press publications – programmes and activities which help with language
- Saying One Thing, Meaning Another
- What Did You Say? What Did You Mean?
- Chatterbox series – helps with variety of language skills
- Sequencing stories – helps to understand cause and effect.
- Picture completion – helps with imagination and the what if?
- Building Auditory Direction Skills – helps listening skills and understanding of auditory instructions.
- Anti-Bullying Programme
- I Am Special – focuses on the uniqueness of everyone - the outside, the inside, personality and talents. Also includes areas that can be improved.
- Be Safe Programme – water safety / fire safety / road safety.
- Personal Hygiene? What’s it got to do with me?
- How Does Your Engine Run? – child learns to monitor, maintain and change their level of alertness so that it is appropriate to the situation or task.
- Mood / Energy Gauge.
- Comic Strip Conversations
- Stories / novels on Asperger Syndrome
- Social Skills Stories / More Social Skills Stories – characters who portray socially inappropriate behaviour.
- Mr Men & Little Miss books
- Little Monsters series
- Horrid Henry books
- Activity books based on child's interest
- Books on cd
- Contract signed by child, teacher and/or parent.
- Social Stories / More Social Stories: a story is written specifically about the child and something that is causing difficulty for the child or behaviour that is causing difficulty for others.
- My version of social stories
  - What's wrong?
  - Why is it wrong?
  - How can I make it right next time?
Can be pictorial, written or both? Age appropriate.
- Stress ball. Timer. Air cushion.
Brief Summary of Strategies For Social Behaviour  
(Attwood, 1998)

Learn how to
   ▶ Start, maintain and end social play
   ▶ Be flexible, cooperative and share
   ▶ Maintain solitude without offending others

Explain what the child should have done.
Encourage a friend to play with the child at home.
Enrol the child in clubs and societies.
Teach the child to observe other children to indicate what to do.
Encourage cooperative and competitive games.
Model how to relate to the child.
Explain alternative means of seeking assistance.
Encourage prospective friendships.
Provide enjoyment at break times.
Be aware of two characters. (School v home)
Obtain teacher-aide time.

Use social stories to understand the cues and actions for specific social situations.

Run social skills groups for adolescents to:
   ▶ Rehearse more appropriate options.
   ▶ Demonstrate inappropriate social behaviour
   ▶ Use poetry and autobiographies to encourage self-disclosure and empathy
   ▶ Provide guidance and practice in body language.

Projects and activities illustrating the qualities of a good friend.

To help understand emotions:
   ▶ Explore one emotion at a time;
   ▶ Teach how to read and respond to the cues that indicate different levels of emotion;
   ▶ Learn safety phrases when confused

To help express emotions:
   ▶ Use a ‘gauge’ as a visual guide
   ▶ Use video recording and role play to provide more subtle or precise expression
   ▶ Use leading questions or a diary to encourage self-disclosure.
The Integration of Pupils With Asperger's Syndrome into Mainstream Schools

Brief Summary for Language
(Attwood, 1998)

Pragmatics

Learn.
- Appropriate opening comments;
- To seek clarification or assistance when confused

Encourage confidence to admit 'I don't know'

Teach the cues of when to reply, interrupt or change the topic.

Model sympathetic comments.

Whisper in the child's ear what to say to the other person.

Use speech and drama activities on the art of conversation.

Use Social Stories and Comic Strip Conversations as a verbal or pictorial representation of the different levels of communication.

Literal Interpretation

Think how your comment or instruction could be misinterpreted

Explain metaphors.

Prosody

Teach to modify stress, rhythm and pitch to emphasise key words and associated emotions.

Pedantic Speech

Avoid abstractions and lack of precision.

Idiosyncratic Words

A genuinely creative aspect of Asperger's Syndrome to be encouraged.

Vocalising Thought

Encourage whispering and 'think it, don't say it' when near other people.

Auditory Discrimination and Distortion

Encourage asking for the instruction to be repeated, simplified, put into other words or written down.

Pause between instructions.

Verbal Fluency

Anxiety may inhibit speech and require treatment.

Brief Summary of Strategies for Cognition
(Attwood, 1998)

Theory of Mind

Learn to understand the perspectives and thoughts of others using role play and instruction.

Encourage the child to stop and think how the person will feel before they act or speak.

Memory

Apply good recall of factual and trivial information using a quiz or game.

Flexibility in Thinking

Practice thinking of alternative strategies.

Learn to ask for help, sometimes using a secret code.

Reading, Spelling, Number

Examine whether the child is using an unconventional strategy.

If the alternative strategy works, accept and develop it before teaching conventional strategies.

Avoid criticism and compassion.

Imagination

Imaginary worlds can be a form of escape and enjoyment.

Visual Thinking

Encourage visualisation using diagrams and visual analogies.
Brief Summary of Strategies for Interests and Routines
(Attwood, 1998).

Special Interests

- Facilitate conversation
- Indicate intelligence
- Provide order and consistency.
- Become a means of enjoyment and relaxation

Strategy

Controlled access limiting the duration of indulgence.

Constructive application to

Improve motivation

Become a source of employment or social contact.

Routines are imposed to make life predictable.

Strategies

- Insist on compromise.
- Teach the concept of time and schedules to indicate the sequences of activities.
- Reduce the child's level of anxiety.

Brief Summary of Strategies for Motor Clumsiness
(Attwood, 1998)

Walking and Running

- Improve upper and lower limb coordination.

Ball Skills

- Improve catching and throwing skills to enable the child to be included in ball games

Balance

- Use adventure playground and gymnasium equipment

Manual Dexterity

- Try 'hands on hands' teaching

Handwriting
Remedial exercises
Learn to use keyboard

Rapid Movements
Supervision and encouragement to slow the pace of movements

Lax Joints/Immature Grasp
Remedial programmes from an occupational therapist
Brief summary of Strategies for Sensory Sensitivity
(Attwood, 1998)

**Auditory sensitivity**
- Avoid some sounds.
- Listening to music can camouflage sound.
- Auditory integration training may be helpful.
- Minimise the background noise, especially several people talking at the same time.
- Consider using ear plugs.

**Tactile sensitivity**
- Buy several duplicates of tolerated garments.
- Sensory integration therapy may be helpful.
- Areas can be desensitised using massage and vibration.

**Sensitivity to taste and texture of food**
- Avoid force feeding or starvation programmes.
- Only lick and taste new food rather than chew and swallow.
- Try new food when distracted or relaxed.

**Visual Sensitivity**
- Avoid intense levels of light.
- Use a sun visor or sunglasses.

**Sensitivity to pain**
- Look for behavioural indicators of pain.
- Encourage the child to report pain.
- Minor discomfort may indicate a significant illness.
- Explain to the child why reporting pain is important.
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Notes