Council for Disabled Children

Inclusion Policy
About the Council for Disabled Children (CDC)

The Council for Disabled Children provides a national forum for the discussion and development of a wide range of policy and practice issues relating to service provision and support for disabled children and young people and children and young people with special education needs.

Our membership is drawn from a wide range of professional, voluntary and statutory organisations, including parent representatives and representatives of disabled people. This ensures we have a good balance of interest and expertise.

Our broad based membership and extensive networks give us a unique overview of current issues. It also helps us promote collaborative and partnership working among organisations, and develop quality support for disabled children and their families.

For more information on CDC, please visit our website at www.ncb.org.uk/cdc
Council for Disabled Children

Inclusion Policy
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Introduction

In 1996 the Council for Disabled Children (CDC) published a policy on inclusion. It was drafted over a long period of time after listening to the views of many different people. It set out four key principles that were very much designed to address both the statutory limitations on inclusion in 1996 and the practical aspects of developing appropriate mechanisms to support disabled children in mainstream settings.

Changes in Government policy, heralded in the Green Paper in 1997 and the Programme of Action in 1998, led to the statutory changes in the SEN and Disability Act 2001. This strengthened parents’ entitlement to a mainstream school place, removing some of the conditions that limited it.

More recently there has been concern amongst members of CDC that national policy on inclusion was coming under fire from a number of different directions:

■ the pamphlet written by Baroness Warnock (2005) led to fierce debates about inclusion, debates that generated much heat but shed little light on the issues;
■ a number of campaigns against the closure of special schools became highly politicised and were given a high profile in the press;
■ the Conservative Party developed proposals, brought forward during the debates on the Education and Inspections Act 2006, for a moratorium on the closure of special schools;
■ continuing high levels of exclusions of pupils with special educational needs has highlighted the challenges in developing more inclusive schools;
■ debates on the statutory framework for special educational needs have focused on negative aspects of the current situation.

CDC members wanted to celebrate what is working well in education and in family and community life. This is why CDC decided to develop and publish a new policy statement on inclusion.

A working group

CDC is an umbrella organisation with representation from organisations that hold a range of views on inclusion. A working group of Council members, with representation across the spectrum of opinion, met seven times during 2007.

This document reflects the discussions the group had and sets out a policy and a set of principles that CDC consider to be crucial to the development of inclusion. The principles are then illustrated with examples from existing practice. The examples are taken from a range of different settings.1 They hold the potential for a more inclusive future.
Statement

'While [this Convention] focuses on the rights and development of people with disabilities, it also speaks about our societies as a whole – and about the need to enable every person to contribute to the best of their abilities and potential.'

CDC supports the social model of disability. The social model defines disability as arising from the interaction between someone with an impairment and the barriers that exist in the environment: the attitudes of others and the policies, practices and procedures of organisations. Changing attitudes and removing or minimising barriers is key to creating a more just society with equality of opportunity for disabled people. CDC supports policies and practices that promote the inclusion of disabled children and young people into mainstream settings. CDC holds that, with the right ethos, attitude and support, many more disabled children could be included into mainstream settings. This would be to their benefit and to the benefit of their non-disabled peers. CDC holds that all the qualities that make settings high quality inclusive settings also make them high quality settings for all children. The best indicators of quality are the experiences of disabled children and young people themselves and outcomes for them. The extent to which settings value and promote young people’s ambitions in transition into adulthood is a significant determinant of their subsequent life chances.

There are excellent examples of mainstream settings including disabled children with a wide range of impairments. CDC supports policies and practices that increase the capacity of all mainstream settings to become as inclusive as the best. The best is always evolving. CDC holds that provision in special settings must be of high quality. Quality in special settings must be closely linked to the sharing of expertise and the development of outreach to mainstream settings, with the eventual goal of including all children.

The CDC statement and principles reflect:

- the statutory framework in England and Wales, in particular the Disability Discrimination Act 1995 and Sections 316 and 316A of the Education Act 1996 as amended by the SEN and Disability Act 2001;
- Article 24 of the UN Convention on the Rights of People with Disabilities.
Principles

Inclusion is a journey with a clear direction and purpose: equality of opportunity for all children and young people. CDC believes that the following factors are crucial to the development of inclusion:

- a welcome for all disabled children, secure relationships and support for families when they need it;
- respect for difference and a commitment to building friendships and community to the benefit of everyone;
- equality of access to play, learning, leisure and all aspects of life;
- the active participation of children and their families in decision-making;
- a proactive approach to identifying and removing barriers;
- timely access to information and to people with empowering attitudes, supportive skills and expertise.
Inclusion is being welcome
Inclusion is being welcome

A welcome for all disabled children, secure relationships and support for families when they need it

Inclusion starts in the family with a welcome for all children. All children need a secure relationship with an adult who loves and cares for them. It is through the relationship with their primary carer that the child learns about relationships with others and becomes included.

When a baby is born or diagnosed with an impairment, it is a common experience of families that the welcome that they expected for the baby is forgotten, abandoned or diminished. If friends and wider family have had no previous experience of disability themselves, they may be confused about how to respond, or may not respond at all. Attention can be concentrated on seeing the baby or child as a set of problems, rather than a new family and community member, who needs and deserves to be welcomed.

Parents who learn about the social model of disability are well equipped to preserve their child’s self esteem, focus on identifying solutions and pursue equality of opportunity. Parents who are in touch with a network of like-minded others are better able to attend to their own well-being.

Services should be freely available to all carers of young children to alleviate stress: to enable them to meet their child’s needs. Stress factors can include poverty, poor housing, isolation, illness and any sort of discrimination or harassment.

We have been running inclusion groups in schools for over 15 years now. These are confidential parent support groups where concerns can be aired. They are structured meetings and we always finish by inviting everyone to say something they love about their child. Parents of disabled children often tell us this is the first time they have ever been asked to say something positive about their child.
You have to be at breaking point for help. My child is severely disabled; she meets all the criteria, yet I had to have a breakdown to get help. My child almost ended up in care. That is costly for any council, yet three hours a week help to prevent this – what did that cost?

Research demonstrates a strong relationship between low income, social exclusion and disability among families who have a disabled child. Families with a disabled child remain disproportionately likely to be in poverty.

Families with disabled children face two specific challenges in addition to those faced by all families, which taken together increase their risk of living in poverty:

■ Considerable additional and ongoing expenses – the cost of care for their disabled child.

■ Barriers to entering and sustaining employment – the income penalty.

EDCM (2007)

Brian has recently been on an NAS EarlyBird Plus course with his daughter, Charlie’s Mum:

'We both learned so much from it. It was also good to talk with other parents and teachers and be able to share – and sometimes solve – each other’s problems.

As a result of the course, I was able to produce an information sheet, which I give to relatives and friends, explaining some of the difficulties faced by children with Asperger syndrome. This helps them to understand Charlie’s little idiosyncrasies and make suitable allowances for what, until now, may have appeared to be irrational behaviour.

All in all, having a grandson with Asperger syndrome makes him all the more special in our eyes. He is forthright, honest, direct and intelligent. Above all, he is lovable, with an impish sense of humour. His grandmother and I love him to bits.'

Webb (2007)
Improving the life chances of disabled people sets out an ambitious vision: 'by 2025 disabled people have full opportunities and choices to improve their quality of life and be respected and included as equal members of society.' One of the key areas that the Government has set for action is: Improving support for families with young disabled children by ensuring families of disabled children benefit from childcare and early education provided to all children; meeting the extra needs of families with disabled children; and ensuring services are centred on disabled children and their families, not on processes and funding streams.

PMSU (2005)

Feeling safe is a necessary condition for learning. Fractured or broken relationships, particularly in the first few years of life, undermine children's feelings of being safe. Therapeutic approaches can rebuild trust, enable children to relate to adults again and start to learn.⁶
Inclusion is being a part, not apart
Davigdor Infants School is the main placement for William, a child with cerebral palsy who cannot speak with his voice. Vita, Reagan, Lucy and Natasha are William’s particular friends. Vita said that Natasha is usually the leader and helps him most. She is the one who can interpret what he wants. She can see his eye movements. Natasha’s Mum says, ‘William has been fantastic for Natasha. She began by being frightened of him, but now he is one of her closest friends. She now understands that he is no threat, just has different needs. It has helped her self-esteem and confidence, enabled her to give. She is more sparkly when she knows William will be in school. She gets up and says ‘It’s a William day today’. She never wants to miss school when he is there, even when she is ill. They have a special friendship.’

ALLFIE (2004)

Disabled children have a right to have friends, to be valued members of their community, to be recognised for what they contribute to that community and to a life free from bullying and harassment.

Many of the most effective approaches to developing respect for difference and for combating social exclusion draw on the ‘intentional building of relationships’ (Newton and Wilson, 2003) and involve children and young people themselves in identifying and implementing solutions.

Sixth form pupils at Fulford School are trained to help to run a club and facilitate social interactions, especially for disabled pupils. ‘It just enriches you, makes you better skilled all round really.’ Sixth form pupil, Fulford School.

DfES and DRC (2006)

Respect for difference and a commitment to building friendships and community to the benefit of everyone
At West Bridgford Junior School young people can ask to have a PALS group where they can talk about things that may be worrying them and help each other to find solutions. Carol explains that she used to have a few arguments with her friends: ‘We used to have misunderstandings that would go on for days, now they only last for 20 minutes. The PALS group helped us to talk about the problem and think of ideas of how to help.’

One boy had been having difficulties getting along with others. One of his friends in the PALS group explained: ‘It’s like sometimes you fall out of the boat into the ocean and you’re floating around. We’re your lifejackets. All you have to do is reach out and put us on.’

ALLFIE (2004)
Sometimes young people need help to make and keep friends. A Circle of Friends can be set up with the support of an adult and will involve bringing a group of volunteers together to think about the inclusion of a particular classmate who might be lonely, afraid, or in danger of exclusion. The group would meet regularly and have supervision sessions with an adult facilitator. At Bluecoat School Arousha has a Circle of Friends who meet every week. One of the boys in her circle commented: ‘Arousha, she feels like one of us instead of left out. She is a child of our form and our friend.’

ALLFIE (2004)

Funding was provided in the City of Nottingham to support a group of disabled young people develop their own resource in Citizenship. Drawn from mainstream and special schools they met over two years, developing a series of stories that highlighted aspects of their lives. Bullying both at school and in the community was a real source of concern to the young people and they felt empowered, not only in telling their stories but by putting them into print, to help others. The publication Listen to Us is aimed at pupils with and without disabilities as part of PSHE and Citizenship education.

Spotlight (2007)

Jenny is six, she’s obese, she’s just knocked a boy flying and she’s in floods of tears. First, the nurture group staff control and comfort, then, tempers cooled, Jenny is asked what upset her. She says he called her a big, fat pig. And? ‘It hurt my feelings.’ What’s to be done? First, she agrees to apologise for hitting him, then she says how his words made her feel. The boy looks confused, then smiles and says, ‘Well, I’m sorry too.' The teacher said it was as though he had never before realised that he was important enough for his actions to have consequences.

Bennathan (2006)
Inclusion is going where you want to go
Inclusion is going where you want to go

Equality of access to play, learning, leisure and all aspects of life

Disabled children and young people should enjoy the same rights and opportunities as other children and should be fully included in every aspect of society.

Settings and services need to ensure that they have the capacity to include disabled children and young people.

Glossopdale School makes sure that all students who are not staying on for the 6th Form get at least two offers of college or work placements before they leave school. Key to achieving this is the school’s work experience programme organised by Carole:

'We had one young man who was a wheelchair user and I found him a really good placement in one of the local hospitals. So there’s no excuse for anyone to say it’s hard to do, you have to be open minded about what the options are. Obviously it takes a lot of discussion with the parents and the other teachers to make sure that we do find them something suitable.'

Maths teachers notice that in the streamed sets in Year 8 many of the pupils with moderate learning difficulties are disengaged and are not making sufficient progress despite a large amount of teacher time spent in preparation and planning.

The Department reorganises to teach Intermediate and Foundation groups together. The Head of Department runs demonstration lessons. Seating is rearranged; all pupils face the front. Seating plans put less able pupils next to more able. There are extension activities for the more able. TAs are recruited and attached to the Department. There is an emphasis on the use of practical apparatus.

The attainment of pupils with moderate learning difficulties in Maths has increased significantly while attainment for Maths in Year 9 is the best yet.

DfES and DRC (2006)

Our children have a right to have fun like every other child, in the same places as every other child: parks, swimming pools leisure centres.
Our daughter was the first child with profound and multiple learning difficulties to attend the local leisure centre and activity days run by the youth service. It has been difficult sometimes, but overall the pleasure of seeing her being with other kids has been fantastic. She clearly loves it and so do I.
My son Dan is eighteen and a half years old and is living in a flat not far from me; only about 15 minutes drive. Not much unusual about that you might say except that Dan has severe cerebral palsy which means that he needs help with every element of his daily life including dressing, bathing, eating and drinking, communicating and making choices. And boy does Dan make choices! I don’t know how to attribute the good fortune that has led Dan to an independent life. Some of it was my determination. A lot more of it was his. But none of it would have been possible without the support and assistance of Calderdale Social Services and Direct Payments.¹¹

Chavine and Aziz want to go on the school trip. Both have cerebral palsy and other medical needs and are non-independent wheelchair users. The school want them to attend the two night residential outdoor pursuits trip at the LEA Field Centre. The pupils and staff stay on a two storey barge.

The school met with Chavine and Aziz’s parents on a number of occasions to convince them that staff could handle their medical and personal care needs; hired a minibus with a tail lift; planned activities in advance with field centre staff; arranged for Chavine and Aziz to sleep with two teaching assistants on the upper floor of the barge. Activities were adapted, for example: archery using a bow with an easy pull string.

Chavine and Aziz went on the trip, enjoyed it and both they and the other pupils benefited from forming closer relationships.

DFES and DRC (2006)

The introduction of direct payments has been marvellous as my son now mixes with kids his own age, attends gigs, goes to the cinema and generally organises his own social life.⁵

Torbay has developed a ‘holiday buddy scheme’ that brings together disabled children with other children in local playschemes to broaden the play options available to disabled children and their families and to increase staff capacity and confidence in working with disabled children in mainstream settings.⁹
Inclusion is being actively involved
The active participation of children, young people and their families in decision-making

Parents hold key information and have unique insights into their child’s development. All settings can work more effectively where they involve parents in decision-making.

All disabled children can communicate and have a right to participate in all the decisions that affect them. Settings need to reflect the evolving capacity of young people to participate and to become active citizens.

The participation of disabled children and their parents is a continuing and evolving engagement. Settings should routinely and actively seek their views about individual needs, about provision, about services and about local and national issues.

City Equals is a group of very busy young people aged between 13 and 25. They meet regularly, write reports, make visits, consult with other groups and take part in local and national consultations – all in order to remove barriers to inclusion for young people who, like themselves, have learning difficulties or disabilities.

Funded by the Sunderland Youth Development Group and the Strategic Initiative Budget, with support from Connexions and services for disabled children, staff have helped the young people to develop their communication with others and their comprehension of the issues. Decision makers consult with City Equals, enabling these young people to have a real role in building a more inclusive society.

City Equals is recognised nationally as good practice in enabling young disabled people to shape services – so much so that two members delivered a workshop at a prestigious Young People Now conference in Birmingham.
At West Bridgford School parents and teachers work together on Making Action Plans (MAPS) to induct new disabled pupils into the school. Raisa’s MAP identifies what she is good at, her dreams and nightmares and what help she will need.

Raisa’s mother says, ‘Well basically I have a mountain lifted off my shoulders because we’re all helping Raisa to go forward in whatever strengths she has and that’s how I view everything now, it doesn’t matter academically what she achieves, she’ll achieve to her capacity, but the fact that she’s happy, she’s very enthusiastic, she’ll achieve what she can at this school which makes me very, very happy.’

Wendy Daley, Head teacher, ‘The MAP gives us a wonderful picture of her because when we’re devising a learning programme we can work on her strengths because we know that we’ll engage her straight away in these things.’

DfES and DRC (2006)

At Cleves Primary a non-verbal child wanted to represent her class on the school council. She took an ally to meetings and the pace of meetings was managed so that she could be consulted and involved as the discussion moved along."
For disabled pupils, the key to smooth transition from school to Further or Higher Education is planning. All relevant people need to be involved as early as possible. At Harrogate Granby School, Chris is fully involved in annual review meetings. Others present include his father, school staff, a teaching assistant and the SENCO. In addition, a physiotherapist, a Connexions personal advisor and a social worker from the Adult Social Services Team (given that Chris is 18) attend. Funding is extremely important for young disabled people who plan to go to university, and so it is essential that social workers and universities are involved early on to discuss personal assistance, financial and curriculum support. Chris’s Connexions PA says, ‘Start as early as you can, because there are many issues to consider which may be taken for granted by most other students.’

DfES and DRC (2006)
Inclusion is people expecting you
Following meningitis, Alexander needed mechanical ventilation and regular suction and was in hospital for 18 months. During rehabilitation at the Children’s Trust, Alexander gradually regained strength, confidence and independence. He was able to start on a re-integration programme to enable him to return home and to school.

The team working with Alexander visited the school to train the staff and to discuss with his peers what had happened to him, including the need for continuing ventilation and suction, so that they understood the procedures.

Alexander gradually increased school attendance and has continued to progress, gaining in confidence and independence. The key to Alexander’s successful re-integration was long-term planning, regular communication between all the teachers, nurses and therapists and training for those working with Alexander.18

At St Bridget’s Primary School the head teacher offers all her staff training in administering medicines so that, if a child needs immediate care, all staff are able to respond. Callam and Ethan’s parents say, ‘It just makes you feel safe.’

DfES and DRC (2006)

Temple Park leisure centre is very busy! Good news for the health of the community, but very daunting for children and young people with autism spectrum disorder (ASD). Their parents identified this as a barrier, preventing their children from making use of the leisure facilities. Their children had not learnt to swim. This was important, both for the child’s achievement and in terms of staying safe. So the parents worked in collaboration with Leisure Centre staff to set up a swimming class specifically for children with ASD. An instructor, experienced in working with young people with ASD, was recruited. Feedback has been so positive that the same approach is being planned for other activities such as the climbing wall and trampolining.16

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When Marisa McKeith went to Nottingham Trent University she was given five years to complete her degree instead of three.¹⁰
At Flatts Nursery all staff, including the caretaker, learn sign language so that children who use BSL as their preferred means of communication can be involved. New signs are learned together with every new book featured in story telling sessions.

DfES and DRC (2006)

Robert is four. He has learning difficulties. Kathy, his Mum, is an alcoholic, living in poverty and finding his behaviour unmanageable. He is on the waiting list to go to a special unit, but is admitted to a local school to avert family breakdown.

In school he hits the other children, grabs their toys and destroys their work. He is placed in the nurture group where staff focus on helping him to develop his motor skills, to listen and to play with other children. Within a year, all his skills are up to par. He has grown to trust the adults in the group, to work and play with the other children, and he takes great pride in his progress. He returns to his base class. Kathy is delighted and seems to be getting her own life under control.

What is it that enables group staff to achieve such change? They are not stressed by negative feelings; they understand the origins of difficult behaviour; they offer warm acceptance, developing confidence that they can achieve change. With a small group, they have time to turn quarrels into growth points.

Bennathan (2006)

To make the curriculum more accessible to pupils with behavioural, emotional and social difficulties, Ian Mikardo High School completely restructured the curriculum around five areas: My Body, My Worlds, My Future, My Self and My Passport. Pupils are treated with respect and encouraged to discuss problems. The school was a failing school but attendance is now above 85%; there is no vandalism; physical restraint is no longer needed; relationships between pupils have improved. Pupils have sat key stage 3 tests for the first time and attained level 5s. Question: ‘What’s good about the school?’ Joseph: ‘Everything.’

DFES and DRC (2006)
Inclusion is getting help when you need it.
Disabled children and young people and their families are entitled to timely and accessible information. Support should be provided in the way that the child or young person prefers, should promote the development of independence, should not frustrate the development of relationships between children and their peers and should not substitute for the child’s working relationship with their teacher, play leader or youth worker.

Training is a crucial element in removing attitudinal barriers and developing particular staff skills in supporting disabled children and young people in a range of settings. Leadership creates the environment where all are welcomed and feel supported.

John is 9 and lives in a children’s home. Those around him have difficulty managing his attachment disorder and he is under threat of exclusion from school. Following a review meeting at the home a representative arranges to meet with the SENCO and class teacher. The strong feelings aroused by John’s behaviour are acknowledged and both the teacher and John feel better. A strategy is put in place to help John manage his own behaviour and to provide consistency between the children’s home and school. John stays in school.

Support and outreach services promoted inclusion and improved the life chances of many vulnerable pupils.

Ofsted (2005)
Louise is in Reception at her local school. She has cerebral palsy, she cannot move independently in her wheelchair and she cannot weight bear. Her class has two PE lessons a week. The class teacher uses one lesson to do floor work. Louise takes part with a peer and is supported by a teaching assistant. During the other lesson Louise has physiotherapy and the rest of the class do PE that involves running. Organised in this way, Louise takes part in PE with her peers.

DfES and DRC (2006)

At Ian Mikardo School every staff member attends individual and group supervision on a regular basis. Individual supervision provides staff with a confidential and consistent place where they can reflect on their work. This enables them to think about conflicts and dilemmas and helps them understand why young people behave in a certain way and what the young person may be communicating to them. Group supervision provides the staff with a place to reflect on their practice collectively and to identify and think about the dynamics within the school. 

‘My child’s school has been proactive in gaining support and training for all staff. Not just teaching staff but also support staff from the caretaker to dinner ladies and office staff so all employees at the school are aware of his needs and how to interact with my child.’
Since Early Support got involved with us there has been a dramatic change in our family. My daughter is no longer a jigsaw puzzle with twenty-one different pieces. My daughter is Alysha and twenty-one different people are there at the end of a phone through one person.  

Direct payments can enable parents to find the right support for their child and to feel in control:

‘It’s all about being able to do normal things that children do, to be able to go to the park, I haven’t always got the strength or energy to take her out ... . By having support she has come on in leaps and bounds.’

‘Free choice to recruit someone that they really like.’


In the swimming pool if anyone touches me I can have massive panic attacks. The lifeguards know what my problems are. They do an excellent job and are good kind people. Lots of people in the swimming pool have been very kind to me. A lot of people didn’t know about autism before, but they do now they know me – I’m spreading the message if you know what I mean.  

For the last four and a half years Charlton Special School in Greenwich has employed a full-time, school-based Education Social Worker, shared with their sister primary school. A key part of her role is to advise parents about benefits that they are entitled to and the services that they can access including Working Tax Credits, local voluntary and parent support groups, social services and housing. She found that 48 families were not receiving benefits to which they were entitled. These families have since benefited by many thousands of pounds. The impact of the improved standards of living on their children is visible, and the school reports that the families are much happier and less stressed as a result.

DfES (2006)
Notes
1. The working group discussed schools but also a range of other settings: family, play, leisure and community settings. We use 'settings' to reflect all of these.

2. Kofi Annan, Secretary General of the United Nations, speaking at the UN General Assembly which agreed the Convention on the Rights of People with Disabilities, 13th December 2006.

3. Throughout this document we have in mind parents and carers. For ease of reading, in the text we refer to parents.


6. Cynthia Cross, SEBDA.


8. For an article on Restorative Justice in schools go to ACE website (www.ace-ed.org.uk) or the website of the Youth Justice Board (www.yjb.gov.uk).


11. Marion Stanton, talking about her son, Dan.


15. Ian Mikardo High School for pupils with Social Emotional Behavioural Difficulties.


17. Linda Whitehead, talking about her son, Sonny.


References


Ofsted (2005) Inclusion: the impact of LEA support and outreach services.


Other relevant publications

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London: Routledge

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