

Navigators of learning

How can we develop meaningful pathways of achievement for students with complex learning difficulties and disabilities? Barry Carpenter surveys the situation



Often, around the time of a new student intake, teachers across academies will be heard to exclaim, 'I've never seen a child like this before!' And they could not be more correct! As the 21st Century unfolds, so our awareness of a new generation of children with special educational needs becomes heightened.

These young people have a profile of learning need which can best be described as 'complex', and hence we have seen the emergence of the phrase 'complex learning difficulties'. As yet, this terminology lacks rigorous definition, but in practice it will be those children with overlapping conditions (for example, a diagnosis of attention deficit/hyperactivity disorder (ADHD) and autistic spectrum disorders) or co-existing/interlocking special needs (such as cerebral palsy and hearing impairment).

However, this is further compounded by a new generation of children with complex and 'new' special educational needs. How many academy teachers

would know what 'foetal alcohol spectrum disorder' (FASD) is? Yet it is the largest non-genetic cause of

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learning disability. Or fragile X syndrome (the largest genetic cause of learning disability), which brings with it particular demands on teaching style; for example, teacher instruction given in front of the child can distort their visual field. How are these teaching and learning dynamics managed in our inclusive secondary classrooms? How can we generate approaches that will encourage this group of students to learn, develop and thrive, to enjoy positive childhoods and to achieve against each of the Every Child Matters outcomes? We need to craft a new strategy for teaching that accurately and genuinely reflects the

learning needs of the children with complex learning difficulties entering our schools.

So what might students with complex learning difficulties and disabilities (CLDD) look like in an academy situation? During my recent work as Special Needs Adviser to the RSA Academy in Tipton, West Midlands, I saw several students with a profile of complex needs who would challenge even the most experienced of SENCOs.

The following two case studies illuminate some of the 21st-century learning needs that may exist in an academy student population.

Student A

Student A is an 11-year-old boy who attends the RSA Academy, Tipton, West Midlands.

Since joining Year 7 in September 2009, Student A began to exhibit inappropriate sexualised behaviour and to engage in negative interactions with peers. Further in-depth

investigations were completed through liaison with his former primary school, and, after reviewing his medical history, it was discovered that Student A had had a history of brain trauma and possible disengaged neural processing. Born at 24 weeks, he had spent four-and-a-half months in an incubator, suffering two brain bleeds in the early weeks of life. Subsequently, post-discharge, Student A suffered from chronic croup, and at two-and-a-half years of age had an episode of anoxia requiring resuscitation.

Although there were no educational concerns relating to his overall academic attainment, his behaviour impacted directly on his ability to interact with his peer group and truly understand the related causes and effects. This may have implications for his future; as Student A grows, his peer interactions may become more negative, resulting in a loss of engagement within school. If he is not taught compensatory strategies, he may later become more isolated and vulnerable within society. This was a case where further neurological investigation was required. Following a supportive meeting with Student A's mother, an appointment was made for her with the GP, supported by a learning mentor and member of the Student Support Team. The GP agreed, on the evidence provided by the RSA Academy, that a referral to a paediatrician was warranted, with a view to an MRI scan being undertaken.

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At this point in time, the outcomes of these investigations are awaited, but this case illustrates how we as teachers alone will not bring about resolution to the learning challenges presented by some students. It will take the insights of other professions, and particularly those of neuroscience, to illuminate the personalised learning pathway that we will need to evolve. As a result of these preliminary developments, the RSA Academy has put in place a male learning mentor to

act as a reference point for the student. He and the special needs adviser held a meeting with the student where issues were explored, boundaries set, and clear self-referral routes discussed. A training session for key staff on the neuroscience of the brain was led by the SEN adviser.

Student B

Student B is a 14-year-old female student with a diagnosis of anorexia nervosa, obsessive compulsive disorder and depression, for which she is currently receiving treatment from a child psychiatrist. The complexity of her diagnosis has also divided professional opinion, and currently further investigations are

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taking place to ascertain if she suffers from bipolar disorder. The impact of her complex mental health conditions on her level of engagement in education is clearly evident.

Due to her poor concentration, teaching staff have to differentiate lesson plans to increase her engagement and allow her to access the curriculum. She currently attends learning mentor sessions which provide not only emotional support but also practical help such as academic coaching to increase her access to, and participation in, the curriculum.

Student B's mental health diagnosis presents many challenges for the staff supporting her. At times, when her emotional needs increase to such a level that her disturbed and disturbing behaviour significantly affects the learning of other students, she is offered time in the student support base, where she receives direct support and a personalised learning programme. The pace of delivery can be adjusted to allow for her erratic mood swings and lack of concentration. Regular dialogue between the student support manager, learning mentor and head of house enables reintegration to be achieved swiftly, as soon as Student B is well enough to cope with the dynamics of

the regular classroom. With adjusting the setting, and intensifying the specialist support for a short period, Student B remains included in the RSA Academy, and her fragile grip on education is strengthened by these intervention processes.

New pathways

So what are the pathways to achievement for students such as these, and the many who will be in your academies? As yet it is impossible to answer this. What is clear is that we need to re-engineer our existing pedagogy through inquiry-based approaches, but even more we need to evolve new generation pedagogy that is truly responsive to a new generation of students with SEN – those with complex learning difficulties and disabilities.

As such, we are called to assume a role as 'navigators of learning'. Landmarks on this journey will be 'learning', 'teaching', 'curriculum', with the destinations of 'attainment' and 'achievement'. We are not cast adrift on this voyage of pedagogical discovery. The Specialist Schools and Academies Trust (SSAT) is involved in a national, government-funded research project around students with CLDD. The initial phases of the project involve the Trust's network of special schools, but, by 2011, we will be in a position to share this more widely with colleagues in mainstream settings. If this is an issue you would like to be kept abreast of, email the project administrator (Jayne.Cole@ssatrust.org.uk). Details of the project are currently on the CLDD website – www.ssatrust.org.uk/pedagogy/networks/specialschools/CLDD/Pages/default.aspx

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