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## Chapter 8

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# Play for Children with SEN

VERNA KILBURN AND KÄREN MILLS

*“questions about whether there is a separate special education pedagogy are unhelpful...The more important agenda is about how to develop a pedagogy that is inclusive of all learners.”*

*(Davis and Florian, 2004, p.34)*

In order to gain a more in-depth understanding of the role of play in the lives of children thought to have a **Special Educational Need (SEN)** the approach here will be different to the other chapters that examine play for neuro-typical children. The reasons for this are twofold:

1. While children undoubtedly share many traits, it is a danger in SEN that individuality of the child is forgotten and they are merely regarded as representing their particular barrier to learning. Not only are the barriers more complex than this, but the individual difference between children can also be vast. The result is that we have decided to base a large percentage of this chapter on an analysis of individual children and not on impairment-based generalisations.
2. There are also sections concerned with an understanding of the world of inclusion and SEN. It could be argued that an understanding and critique of the key recommendations and philosophies are central to the perceptions of play.

We will hopefully be able to address the following questions:

1. What IS SEN?
2. What role does play perform in the lives of children with SEN?
3. What forms does this play take; how does it differ from the expected forms of play in which we see neuro-typical children engaging?
4. What issues are there for parents and professionals who work with children in recognising and facilitating children with SEN in their play?

5. What opportunities are there for parents and professionals to harness different types of play in order to promote the wellbeing and development of children with SEN?
6. What are the rights of the child?

## Introduction

At the heart of Early Years education lays not subjects or “delivering the curriculum”, but the child. This resonates with the key tenets of inclusion, where the rights of the child should be paramount. This is not exclusive, however, of other stages of education. There is still the tendency to talk about the needs of the child, especially those deemed to have “Special Educational Needs” but there is also a significant and long-term argument that we should be discussing the rights of children. In this chapter, we will be discussing the rights of all children to engage in play, and examining the three interlocking spheres of the individual child, the classroom environment and the wider community and how they interact.

It would be unwise to claim a great deal of certainty in any area of Special Educational Needs (SEN), partly due to the fundamental disagreements in the area but also due to the relatively recent study of SEN. Humanity has been studying Mathematics for millennia, whilst research in some of the areas of SEN is merely decades old. Whilst it could be argued that there may be an emotional security in certainty, this may be damaging in any area of educational study, but especially so the study of SEN. The focus will therefore be on play and inclusion/SEN in all its complexities, contradictions and uncertainties but will hopefully also raise some useful points to consider, information and advice.

It would be redundant at this stage to point out the advantages of play. The question under debate is the role of play for children deemed to have SEN/disabilities. The United Nations Declaration of the Rights of the Child is clear in not only advocating the importance of play, but of the rights of ALL children to enjoy it.

The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavour to promote the enjoyment of this right.

(1959 United Nations Declaration of the Rights of the Child)

The chapter will explore the current thinking on the differing types of play advocated, parental and children's views on its effectiveness and what roles the professionals can play.

## Current Critical Thought on Inclusion and SEN

### Inclusion

**Inclusion** has become largely synonymous in some minds with SEN but this may be a fundamental misunderstanding of the term. Its definition encompasses far more than this single strand and more accurately should be concerned with the all of the groups of children who may be marginalised by our education system (and society). It relates to:

- traveller children, who still have the lowest educational attainment in the UK (Department for Education 2012);
- those minority ethnic groups who under-attain ;
- the question of faith schools and an inclusive education system;
- child poverty;
- refugee children and their rights to an inclusive education.

In essence, inclusion raises the question, are all children treated as being of equal value or, as Ofsted expressed it:

“Educational Inclusion is more than a concern about any one group of pupils...its scope is broad. It is about equal opportunities for all pupils, whatever their age, gender, ethnicity, attainment or background”

(Ofsted 2000, p. 4)

Atkins (2016 p6) claims that, “...marginalized groups, such as those with disabilities or those from minority ethnic groups, are subject to various forms of overt and covert discrimination in their daily lives and in their interactions with organisations, institutions and broader structures such as the education system”

The United Nations Children's Fund (UNICEF) implies that education should encompass more than a one-dimensional focus on academic standards in the following statement:

“Every child has the right to an education which develops their personality, talents and abilities to the full” (UNICEF 2012)

One of the problems, however, is that inclusion cannot be isolated from the current political or educational climate. Ofsted mentions “equal opportunities for all” (2004), but this is still set within an educational framework that is target driven and places the focus firmly on academic attainment. As Hodkinson (2010, p. 62) comments:

“one might question whether inclusion should ever be determined by academic standards or by the metrics of accountability.”

If academic standards and accountability are paramount, then where does this leave play? This will be addressed in much greater depth later in the chapter but it may be worth pointing out at this stage, that in addition to the wealth of research validating play not only as an intrinsic part of cognitive and emotional/social development, it also fulfills a major role in identification of many forms of SEN and is recommended highly as a subsequent teaching strategy.

## Special Educational Needs

It could certainly be argued that the **Warnock Report** (1978) and the resulting 1981 Education Act began the journey towards inclusion. While there has been controversy regarding what some consider (wrongly) being her recantation of these views, the report nevertheless brought SEN into the spotlight.

The main tenets of the Warnock Report were:

- 20% of children (i.e. one in five) would at some time require special educational provision;
- 18% would be in mainstream schools (with the remaining 2% being in special schools);
- use of the term SEN (although this was not new: it was first used by Guilliford in 1971);
- recognition that “special educational needs arose from the context of the child’s experience which includes family life and the quality of schooling” (Armstrong *et al*, p19).

This latter point seems to argue against the primacy of the **medical approach** to SEN and the birth of a more social approach, but this did not necessarily become the dominant ideology. The assumption that the “difficulty” lies predominantly within child has been a difficult one to abandon for a variety of reasons, partly due to the reassuring certainty that it offers but it may also allow some “leeway” in the current climate of accountability

This is exemplified in the definition to be found in the SEN Code of Practice (COP) (2015) which states,

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. (6.15)

This can be characterised by progress which:

- is significantly slower than that of their peers starting from the same baseline
- fails to match or better the child’s previous rate of progress
- fails to close the attainment gap between the child and their peers
- widens the attainment gap (6.17)

The SEN Code of Practice (2015) also identified four broad areas of need, namely:

- communication and interaction (6.28, 6.29)
- cognition and learning (6.30, 6.31)
- Social, emotional and mental health difficulties (6.32, 6.33)
- sensory and/or physical.6.34, 6.35)
- 

There is an acknowledgement in the SEN Code of Practice COP(2015) that these are not ‘hard and fast’ categories and that “individual children or young people often have needs that cut across all these areas and their needs may change over time.”(6.27) While not specifically cited, there is significant overlap between the behaviours of children in these categories and the world of play. This is self-evident in many special schools and early years settings. These are in no way immune from the culture of targets, but there may be a tendency to adopt a more child-centred approach.

The key changes in this current COP have been to extend the age to which it can be applied to an individual (to 25), require the parents to be involved more, and to change what was a Statement of Educational Need to an Education and Health Care plan (EHC plan). This involved more than merely changing the title and indicated a more multi-disciplinary approach. It is outside the scope of this chapter to include a full analysis and

critique of the changes but reference will be made to recommended further reading. It is worth noting, however, that the COP still uses a number of different terms that "...imply a disfunction *within* the pupil..." (Wedell 2017 p220)

## **Terminology**

It was argued earlier in the chapter that the focus would be on play and inclusion/SEN in all its complexities, contradictions and uncertainties. One of the main emotional and intellectual uncertainties lies in the area of terminology in SEN. Hodkinson (2010) cites "the weight of political policy, philosophical thought and ideological doctrine that seemingly dominate the current educational discourse" (p. 61). Armstrong *et al* (2010) also point out the key dangers stating,

"the meaning of "inclusion" is by no means clear and perhaps conveniently blurs the edges of social policy with "feel-good" rhetoric that no one could be opposed to" (p. 4)

Discussion can descend into a heated, Orwellian exchange of assertions resulting in intellect, emotions, beliefs, accountability, experience and ideologies all vying for supremacy. In too many cases the brain then stalls and takes shelter in whatever is the dominant ideology at the time (or specific place).

Many students (and practitioners) see the "correct term" as a linguistic minefield and thus either withdraw from the debate or adopt the term which gains them approval. We are not, however, advocating a return to the old terms of abuse of the nineteenth and twentieth century (idiot, imbecile, moron etc.) as they represent what is hopefully a different mindset of a blend of the philanthropic towards "tragic figures" and the fear of the different. However, one parent, when informed of the term "differently-abled" responded with:

*"The fact that my son can not bear the sound of insects so he cannot play outside in the summer, that he finds his sensory input so distracting he can not concentrate on a task, that he still can not communicate at four years old and may never be able to live independently means he is disabled. There are many things he is great at, there are many things that he excels at, but there are also many basic human functions that are beyond his ability. He is disabled. To say that he is "differently abled" does us all a disservice as it makes light of how difficult a place the world is for him. This is not to demand that the world change - he represents only 1% of the population, he is a minority and can not expect the world to change for him - it won't, but "differently-abled" implies that his difficulties are more of a lifestyle choice than a debilitating problem. It makes me deeply angry."*

<b>Term</b>	<b>Definition</b>	<b>Points to Consider</b>
<b>Inclusion</b>	<p>“Educational Inclusion is more than a concern about any one group of pupils...its scope is broad. It is about equal opportunities for all pupils, whatever their age, gender, ethnicity, attainment or background”</p> <p>(Ofsted 2000, p. 4)</p>	<ul style="list-style-type: none"> <li>○ Can an inclusive education system exist in a non-inclusive society?</li> <li>○ Do we change the laws and hope that attitudes will follow, or do we attempt to change attitudes?</li> </ul>
<b>Integration</b>	The physical placement of a child within a specific setting.	<ul style="list-style-type: none"> <li>○ Is whether the child attends a mainstream or special school at the heart of the argument?</li> <li>○ Could this be applied to other groups of children? (Faith schools, private schools etc.)</li> </ul>
<b>SEN</b>	<p>Children are deemed to have SEN if they have “significantly greater difficulty in learning than the majority of children the same age</p> <p>(Special Educational Needs COP 2015).</p>	<ul style="list-style-type: none"> <li>○ Norwich (2009) argued that the use of the term was problematic as; <ol style="list-style-type: none"> <li>1. It led to negative labelling</li> <li>2. Was poorly defined</li> <li>3. Led to the expansion of SEN as a “separatist industry”</li> </ol> </li> <li>○ Do you prefer the term additional needs?</li> </ul>
<b>Segregation</b>	The education of children in differing settings.	<ul style="list-style-type: none"> <li>○ Does it have to be a different school? Could it apply to ability grouping inside a classroom?</li> <li>○ Does the emotive use of the word limit discussion?</li> </ul>
<b>Education and Health Care plan</b>	The purpose of an EHC plan is to make special educational provision to meet the special educational needs of the child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood.	<ul style="list-style-type: none"> <li>○ Does having an EHC plan lead to inclusion, exclusion or does it ensure that the child’s needs are met?</li> <li>○ The EHC plan must include the opinions of the child and parents. What problems may arise with this?</li> </ul>
<b>Medical Model</b>	The assumption that the difficulty lies within child. (Sometimes known as the child deficit model)	<ul style="list-style-type: none"> <li>○ Could the setting, teaching and social circumstances play a part?</li> </ul>



<b>Social model</b>	'based on an understanding that the poverty, disadvantage and social exclusion experienced by disabled people is not an inevitable result of their impairments or medical conditions but rather stems from environmental barriers .' (DRC Draft 2004, 7:1.6)	<ul style="list-style-type: none"> <li>○ If a child has Profound and Multiple Learning difficulties does it lie within the child?</li> </ul>
<b>Interactionist model</b>	The child may have difficulties but the context still needs to adapt.	<ul style="list-style-type: none"> <li>○ Is this accurate for all barriers?</li> </ul>

**Fig. 8.1 Definitions and Points to Consider for Key Inclusion/SEN Terminology**

Norwich (2009) argued that the use of the term SEN was problematic as it:

1. led to negative **labelling**;
2. was poorly defined;
3. led to the expansion of SEN as a “separatist industry”

At a National Association for Special Educational Needs (NASEN) debate however (2009), some of the leading thinkers in the area held the view that the use of the term SEN was not only outmoded, but damaging, (although in true academic style, there was little agreement). Even if the term of SEN is accepted, there are considerable tensions in the categories involved. As stated earlier, the COP (2015) states the four broad areas of need are not hard and fast categories and that ‘young people often have needs that cut across all these areas (6.17) but this leads onto the debate between labelling and identification. The conflict arises from the following points:

1. Labelling implies that the title of the “impairment” is paramount and that there is a considerable homogeneity amongst the group. It is argued that the result is negative as not only is the individual child invisible, but the label is unhelpful as it is not linked to any solutions relevant to that child.
2. Identification refers to linking the child with a particular barrier to learning such as Dyslexia, ASD etc. This may result in access to information on the barrier, funding in schools and an explanation of some behaviours.

The two terms are often used as being synonymous, but they represent opposing views on inclusion and SEN. It could be pointed out that they reflect both the human urge to categorise reality in order to handle it and to give some emotional security, but also the possibility that the human mind is capable of more complexities than the categories it creates.

The same point could be made over categories of play. We categorise it in order to handle it (role play, imaginative play etc.) and to place its planning and assessment into a curriculum, but the categories prove difficult to define and “bleed” into each other.

## **Play and Special Educational Needs**

As mentioned earlier, every child has the right to play. While accepting the difficulties of arriving at an agreed definition of play, the complexities of the differing types and individual interpretations, Isaacs (1933) goes some way to encapsulating what may lie at the heart of the matter when she writes: “Play is a child’s life and the means by which he comes to understand the world around him”. While this is undoubtedly true for children with SEN/Disabilities as much as typically developing children, its role may be questioned by some, especially in the current educational culture, as “many people remain concerned that ‘valuable learning time’ will be lost if children with special needs are allowed lots of time to play” (Macintyre 2002, p. 4). Lifter *et al* (2011, p. 282) however, plead the case for play and SEN in claiming that it:

- a) is important in a child’s experience;
- b) provides a useful window for assessing development; and
- c) is an important domain area for intervention.

As MacIntyre points out,

“All children must have time to play, and those with learning differences, who may find life more demanding and sometimes distressing, need even more of this special time – a time that should be free from the external demands that cause stress; a time when children can be free to play.”

(2010, p. i)

## What barriers to play may exist for children with SEN?

One of our key questions identified at the beginning of this chapter was what issues are there for parents and professionals who work with children in recognising and facilitating children with SEN in their play? We will examine three significant potential barriers, namely:

1. Categorisation of SEN
2. The curriculum
3. The environment

### 1. Categorisation

It may be a basic human tendency to categorise reality in an urge to make it easier to handle (the deceptive allure of a simple idea) but there are grave dangers in doing this in SEN. As Westwood points out,

“Children with disabilities are more like all other children than they are different from them. A lack of awareness of this fact is what contributes to teachers’ fear of the unknown.”  
(2003, p. 19)

Exactly the same point can be made about children with SEN. They are united by their humanity, and often by some common characteristics of the specific barrier to learning, but will nevertheless have individual and cultural differences. The categories of SEN are extremely broad, to the point of at times being unhelpful or, as a common saying in the world of **Autism** has it “Once you have met one person with Autism...you have met one person with Autism.” Play, therefore, must follow the needs and abilities of the individual child.

### *Case Studies*

The case studies included here have been set out to give some ideas of inclusive responses to characteristics of four significant Special Educational Needs:

- **Autism**
- **Down’s syndrome,**
- **Dyspraxia,**
- **Hearing impaired (HI)/Visually Impaired (VI).**

Their purpose is to give opportunities to consider the benefits of using play to stimulate and consolidate aspects of individual need, as opposed to identifying the common characteristics of each SEN. It must be acknowledged that there is a continuum of need amongst all of these

selected SENs and that each child will exhibit more or less of the common characteristics of each defined need at any one time. This is the challenge for the practitioner in selecting the most appropriate activities to educate children with specific needs alongside other children. In all four case studies the names have been changed to ensure confidentiality and each case study is indicative of ONE child.

In the first case study there may be some common threads with other children but it should be balanced with an awareness of the uniqueness of the child and the diversity of strengths, personalities and interests. This could be applied to all children but may be especially true in the area of Autism, where, as Guldberg (2010) warns,

“one of the key difficulties in developing a notion of shared needs for children on the autism spectrum arises from the diversity that exists within this population. This highlights the importance of focusing on each child as ‘unique’

(p. 168)

## **Ideas in Action:**

### **Case study One: Ben**

Ben is four years old and has had a statement for **ASD** for almost a year. He is full of energy, loves stories, swimming, music and his i-pad. He enjoys construction play, physical activities, interaction with known adults and routines.

He becomes agitated when in larger groups and this may be linked to his **sensory sensitivities**. He is extremely sensitive to some noises and becomes extremely distressed and volatile. The Educational Psychologist's Report summarised his difficulties as:

- social anxiety,
- social communication difficulties,
- sensory sensitivity,
- insularity and
- rigid thinking.

Ben was late in becoming verbal but his **receptive language** was much in advance of this. There were elements of **echolalia** in his speech, often television jingles and phrases from stories that he enjoyed. This could increase in stressful situations. It was found by the parent that this decreased if she repeated back to him the phrase he was using. (This could make the understanding of echolalia much more complex than at first thought. Is Ben saying the phrase in order to ensure that the other adult understands and is moving

on when meaning is shared? How much of the echolalia is a four-year-old child merely repeating the phrases/jingles he likes?). Ben responds positively to short instructions, consistent routines and being offered controlled choices.

## **Play skills**

### **Excerpts from the Educational Psychologist Report**

“At home, Ben enjoys construction play, television, and electronic games. He can become focused upon his preferred play activities. He could be encouraged to engage with an adult-introduced task, but is not able to sustain engagement on tasks which were not self-chosen.”

### **Comment from Parent**

*Much of Ben's play is sensory. It is rough and tumble. I do not, and never have, seen this as problematic. I am not the play police. I was exhorted time and time again to direct Ben's play without anyone realising the irony of the statement. If I am making my child do something and telling him how to play, that would then seem to transform it from play to work. If I have to make him do it, it is not fun. If he is not finding it fun, then it is not play. He finds sensory play fun. He finds joy in it. It seems a peculiarly neuro-typical value judgement, to denigrate sensory play in favour of so called imaginative play.*

## **Assessment**

*“Initial identification for Ben was complicated, ironically enough, by poor communication between all the adults involved.” Parent.*

Much of the identification for Ben was carried out through structured play situations, but it was clear that in the case the deficit model was applied. A list was constructed of the activities that Ben could NOT do. It was also highly situational as the assessments took place in settings which were unfamiliar to Ben and with people he did not know.

## **Strategies**

The strategies used to encourage Ben's play, interaction and cognitive development stemmed from advice from school, self-help groups, websites and most of all, a heuristic approach by parents and the wider family. They include:

**ICT.** For many children with ASD (but not all) ICT provides not only access to myriad useful activities, many play-based, but a refuge from the confusion and tensions that they can find in everyday life. Sankardas and Rajanahally (2017 p153) point out that “...children with Autism are often drawn towards technological devices and that, there is need to take advantage of this fascination...” As one parent stated:

*“The consistent and non-judgemental interaction with the computer allowed \*\*\*\* to learn in his own way and at his own pace. This is still his preferred method of learning.”*

- **Headphones.** As Ben is particularly noise-sensitive, the headphones can lend him some respite from the deluge of sensory input that can distress him.
- **Trampoline.** Physical activity can offer a way of using up Ben’s high levels of emotional and physical energy.
- **PECS (Picture Exchange Communication System).** A visual timetable, noise charts and countdown timers have gone some way avoiding more meltdown scenarios. They also can provide a clear structure to the day and events that can be soothing to Ben’s level of anxiety.
- **Isolated play.** Ben needs at times to leave, what is to him, stressful social settings and to engage in isolated play. These short breaks allow him some time to reduce his stress levels.
- **Limited choice of play.** One strategy to develop Ben’s interactive language was to limit his access to a wide range of toys (at times) to encourage him to ask for them, but from a small scale of choices.
- **Types of play.** He still enjoys construction play and can enjoy adult interaction in this activity but this enjoyment can be less so with other children. It is a bone of contention as to what could be categorised as imaginative play. When he picks up his cuddly toy, places it in a buggy and says “going shopping now”, or picks up a toy phone and talks to it, is this imaginative role play or mimicking (and does it matter?) The emphasis is strongly on gaining a balance between encouraging skills in play, and allowing Ben to engage in activities that he feels a need for and gains enjoyment from.

### **Stop and reflect**

- How do you distinguish between Ben’s behaviours as a four-year-old child, Autistic behaviours and his own individual personality?
- What would YOU do to ensure genuine communication and partnership between other settings and the parents?
- What other strategies have you seen?
- What knowledge or experience do you have of children with ASD who are different to Ben?
- How would you foster good communication with Ben’s parents? This is now a key requirement in the SEN COP (2015) and vital to inclusive education. (Maher, 2016)
- What forms of play would you recommend for Ben?

- Are there forms of play that you would avoid?
- Can you extrapolate from the point made concerning Ben and assessment? When observing children's play how secure are you that it is indicative of their abilities and preferences or could this be affected by the context and the people involved?
- Do we place too much stress on the deficit model?

## **Ideas in action**

### **Case Study 2: Joanne**

Joanne is five years old and attends her local Primary school in Year 1. She has two close friends that she has known since starting the Foundation Stage and can relax and play in their company. Joanne enjoys role-play, television and listening to music. She is at present under assessment for difficulties in co-ordination, sequencing (both verbal and physical) and it is suspected that these difficulties lie in the areas of Dyspraxia. In conversation with the parents, it is established that she mastered walking later than other children and did not go through a stage of crawling. At this point, an EHCP is not being considered as necessary as her needs are not deemed to be severe and all concerned feel that Joanne's needs and rights can be fulfilled with some extra support and differentiation.

- When with her two friends, she will choose role play; especially that based on stories she has watched on television. She shows a great deal of imagination in her role-play, not merely repeating scenarios seen, but introducing new characters and new plots.
- Joanne enjoys playing with dolls and ascribes them characters.
- She is beginning to show signs of distress at play-times (preferring to play alone and asking if she can "stay in").
- Joanne has definite preferences as regards play. She does not enjoy jigsaws and can become frustrated when she cannot manipulate the pieces or knocks them over.
- She avoids any construction play, especially lego, for similar reasons.
- Joanne tries hard to avoid PE (physical education), claiming to feel ill, or taking an exceptionally long time to get undressed.
- She has some difficulties with phonology (the systematic organisation of sounds) but her speech is understandable.
- Joanne dislikes dinner time as she has more than the usual difficulties with cutlery.
- Although generally a happy, affectionate child, she is beginning to exhibit signs of

short temper and low self-esteem.

### **Joanne's Perspective**

Through a series of conversations with Joanne, it emerged that she did not like PE as she was becoming self-conscious about always being the last to get dressed and undressed, was not always sure what she was expected to do and was nervous of some of the large equipment.

### **Her Parents' Perspective**

The parents are relieved that action is being taken over Joanne (but are worried that she would be sent to a special school). The mother especially, in conversation, stated that she had thought it was due to her poor parenting skill:

*“Other parents can teach their children to get dressed and to use a knife and fork and stuff. I thought I must be doing something wrong.”*

### **Strategies**

These are some of the strategies found to be useful for Joanne but it should not be assumed that they are suitable for all children. The approaches taken were based on the philosophy of exploiting Joanne's strengths while addressing her difficulties. She needs to succeed (and for others to see her success) but it could be asked if this is different to any child. A heuristic approach needs to be applied to individual children but Portwood (1999 and 2000) and Macintyre (2002) are excellent sources of more information on the subject.

- Joanne has a good imagination but her difficulties in fine motor skills (and lack of confidence in this) can become a barrier in some play situations. One solution was to encourage her to work in a small group, with her friend as one of the participants, and to praise her imaginative contributions. Obviously, the other children needed to be selected with some sensitivity.
- Fine motor skills were developed through use of feely bags, giving Joanne spring-loaded scissors, supplying felt-tips as opposed to crayons as they needed less sensitive control and, among other things, using construction toys that were simply larger. She was also encouraged to do “hand-painting” and to work with both play-dough and clay. (These are all within the usual resources of a school).
- P.E. this can be divided into two sections; getting dressed and undressed, and the actual PE activities.
  - There was a temptation to “help” Joanne by allowing an adult to dress and undress her. This not only did not address her difficulties but also encouraged “learned helplessness” Some partial help, however, proved to



be useful. For example, her socks were partially removed, then Joanne finished the action. Her clothes were handed to her in the correct position and she was encouraged to hold her body in the appropriate position. It was agreed with the parents that she wore skirts with elasticated waists and shoes fastened with Velcro. This was hardly unusual as many children in the class were also doing this. It also could be pointed out by any Early Years or Key Stage One teacher that these are hardly unusual techniques for any child of that age. If every five year old who could not tie shoe laces, put their shoes on the wrong feet (or the jumper on backwards) were to be considered as having SEN, then it may account for a very large part of the population!

- In P.E. some careful selection of the apparatus proved to be successful and could be used with many children. These included throwing and catching a large foam ball, kicking a large, stationary foam ball to a target, balancing activities (for example something as simple as counting how long a Joanne could balance on one leg and this being compared with HER progress and not the other children). Alternative routes were set up in large apparatus lessons so that she could be included, but was given the option of choosing which equipment she used.

### **Stop and reflect**

- What recommendations for Joanne do you think should merely reflect “good” pedagogy”?
- What specialist knowledge, if any, would a practitioner require?
- How would you ensure a true partnership with the parents? (A two-way flow of information)
- What forms of play may be suitable for Joanne at present and what would your aims be?
- What activities could be shared with other children?
- How could you aim for inclusion and not merely integration? (the interaction between Joanne and the remainder of the children in the class.)

## **2. The Curriculum**

It could be suggested that the Early Years curriculum is particularly apt to the inclusion of children across the spectrum of special educational needs. The identification and development of skills and concepts by engaging with a curriculum that emphasises the holistic nature of education through early learning goals and one which embeds personal

and social education and academic development would appear to have inclusive practice at the heart of this process. Mathieson (2007, p.15) comments that

‘The early years Foundation Stage document is designed to be inclusive and the broad ranges of development stages are in line with inclusive thinking. The focus on individual needs and progress is a positive approach for all children.’

Play and care are core themes of early years education. The balance between child-initiated and adult-initiated activities, which are planned to develop specific skills and abilities, puts the child at the centre of learning and is arguably the strength of this approach to learning for all children, and particularly for including those with Special Educational Needs.

A key consideration here is how can an inclusive process be fostered across the range of all children and all needs? Putting the child at the centre of the learning in an early years setting therefore implies autonomy and independence which is surely the opposite of what our expectations are of providing play opportunities for children with SEN: what we are moving towards is an understanding of the notion of self-regulatory learners. Whitebread (2007) develops this idea, where the process of learning is made explicit to children and certain behaviours are observed to assess competence. As part of the Cindle project (Cambridgeshire independent learning project: Whitebread 2007) a checklist of 22 statements of common and significant achievements in development was devised. From this the project identified four common behaviours across the 3-5 age range in cognitive, emotional, motivational and social areas. Whitebread writes that :

“that statement of abilities for which the most numerous observations were recorded included the following:

- can control attention and resist distraction;
- can speak about how they have done something or what they have learnt;
- can make reasoned choices and decisions;
- develops own ways of carrying out tasks.”

(Whitbread 2007 p225)

To achieve success in developing self regulation by young learners, practitioners must have a clear understanding of those skills and characteristics involved in this and also to be aware of the practice that will enable this in their settings. The subject of metacognitive process, of ‘learning to learn’ and the psychological domains that are prominent in this

area need to be highlighted. A key proponent of this is Vygotsky. In his theory, learning is verbalised as internalisation. Initially the task is modelled usually by a teacher or experienced peer, enabling the child to articulate the task for themselves verbally and it is this articulation of the process that becomes self-regulatory. Mathieson (2007) develops this idea of verbalising in a series of 'Can do' statements about the task which demonstrate competency and understanding.

Despite increased awareness of diversity and inclusion in education and a wealth of recent national policies to support this, the inclusion of children with SEN remains a challenge. There could be a danger that it is assumed that this curriculum and organisation in an early years setting implicitly addresses issues of inclusion. Nutbrown and Clough (2006) expand on this by stating that "Early years education at its *best* is inclusive education" (p. 9) and there are key aspects that need to be planned **explicitly** for inclusion to be successful and which must be considered. This includes planned approaches to organising the environment for play, accessibility and selection of appropriate resources for play in line with specific needs and staffing.

### **3. The Environment**

The concept of an enabling environment is an important consideration so that children can develop autonomy and responsibility for their development irrespective of their barriers to learning whenever possible. Research indicates that, depending on the seriousness of the child's difficulties, the attention to planning and organisation of the learning environment and the teaching approaches may significantly reduce the barrier to learning for some children (Papatheodorou 2007). The style of teaching needs to be considered, for example skill development is better if there is a meaningful context-based activity to consolidate and acquire new skills. This could be teacher-led or child-initiated but the practice needs to be balanced between the two approaches and clearly linked with the pupil's targets for their development and individual needs. Consideration also about the way children are organised, grouping and opportunities for interaction need to be noted especially for those children for whom social interaction is a challenge.

If we reflect specifically on the children in the following case studies this could also mean arranging the physical environment for learning. An example would be appropriately placing furniture and setting out play areas where children with movement and co-ordination difficulties can access resources in an open and uncluttered environment. Resources may have to be adapted and consistently stored in low level storage areas so that children with visual impairments can locate and use these easily (Doctoroff 2001).

The room may need to be partitioned so that quiet areas can be designated for focussed work with children and staff members to engage and motivate children to achieve their specific learning goals. However an additional consideration here is a tacit acceptance that play, in itself, is inclusive.

## **Ideas in Action**

### **Case Study: Katy**

Katy is four years old and has a statement for Down's syndrome. The nursery has been given permission by Katy's parents to access medical records and liaise on a regular basis with other professionals as a result of meetings of the TAC team (Team Around the child). At this time the team consists of a speech and language therapist, nursery support assistant (SA), medical practitioner, educational psychologist and social worker. In the wider context of Katy's overall needs the priorities for her social and cognitive development are reviewed by the nursery on a monthly basis and monitored daily in line with the usual formative assessment processes of the school. For children with Down's syndrome, speech and language impairments are a feature of identifying characteristics. Language delay is caused by a combination of physical and cognitive problems which can clearly affect cognitive delay. Some common features of delay in language acquisition can include managing social language and understanding instructions. A particular issue for Katy is the inability to respond spontaneously to non-verbal clues and so in this case study the issue of communication is a focus.

Katy is able to indicate possession, for example by saying 'mine', and can indicate that she wants objects/playthings in the nursery with simple utterances. She can identify and name pictures of common objects, animals, and characters; 'Winnie the Pooh' being a particular favourite. After an intensive support programme, which included integration in the nursery for 3hours and 1hour in a partitioned corner of the nursery class over a two week period with her specialised support assistant, Katy is now able to respond to questions about location of objects using prepositions 'on' 'behind' 'in front of' 'underneath' etc. She can follow simple one-stage directions for example 'please pick up your coat'. Katy rarely interacts spontaneously, responding to teacher questions 'what do you want to play with now?' or directives 'please go and sit on the carpet'. It was therefore decided by the team to consolidate and extend the communication targets to develop some specific responses to non-vocal clues, for example the giving of a toy to Katy by another child/adult should elicit the response 'thank you'. The speech therapist, psychologist and specials nursery assistant focused on two key responses:

1. 'Thank you' in response to a gesture of giving...a toy, a book etc.
2. 'Oh dear' when someone dropped something

**Strategies for play:**

Puppets and the role play corner were utilised extensively for this purpose. It was important that Katy had the opportunity not only to consolidate this in formal teaching situations but that her interactions with other children could spontaneously be a focus of this. The teachers and SA monitoring her interactions had to some extent to be aware of catching Katy exhibiting the desired behaviour, and giving praise or a verbal reminder to clue in the correct response to each situation, but this appeared manageable. Puppet work and the role play setting of the cafe both in unstructured, free-play opportunities and more formal structured opportunities with another adult were carefully planned to develop cognitive and social opportunities for all children, but with the additional benefit of targeting Katy in specific area of her development. However despite this careful attention to detail Katy preferred to play alone, interacting with the puppets and an 'imaginary' friend to converse with in the role play setting. It seemed that at this stage the idea of Katy-initiated social play was not Katy's priority and the presence of other children seemed to overwhelm her. In response to this Katy was introduced on a 'one-to-one' play basis to other children in the nursery with similar linguistic and social needs. Katy's parents were also encouraged to join in these activities on a regular basis.

**Stop and reflect:**

- What are the challenges with supporting Katy's social development? Is this an issue that you feel needs to be explored at this stage?
- What do you feel about the response to including Katy's parents in this approach? Do you feel that there issues of equity between the way Katy is provided for and the other children in the nursery setting
- What other strategies have you seen?

Play is of vital importance for children of all ages. It provides opportunities for learning about and exploring everyday activities, for example dressing, counting and developing social relationships. It gives a meaningful context to these activities that is dynamic and can evolve beyond the developmental stage of the children engaging in it. Children who cannot talk can play, who cannot socialise can still be absorbed in play activities. It is not restricted, instead it has infinite possibilities and one of its appeals is that it can break down barriers to learning, and be a universal means of communication for all children. (Chazran, 2002). It is valuable to recognise that this is a complex process and there may be pre-requisites for, or indications of, play activity. The child may take a toy or indicate verbally 'lets play' and the focus of developing play with children who have special educational needs may need to be fashioned to include specific reference to this usually spontaneous action. For Katy, play is being harnessed to help her to develop specific skills and in this context it is clearly adult-initiated. However for the skilful practitioner the

opportunity to witness Katy engaging in her own play and using that as an opportunity to support her is important: here timing is critical or the opportunity may be lost.

## **Ideas in action: Early identification and assessment**

### **Case study: Iain and Michael**

Iain and Michael are identical twins. They have been at the nursery for six months and the teachers have become increasingly concerned about Iain's lack of communication skills.

On entering the nursery both parents had given teachers useful background information to help staff distinguish between the two and Iain had been described as 'quiet with little vocabulary'. This was not seen as an issue, and in the early days staff observed that the twins often communicate between each other in unique ways, and for each other with other people.

However as the twins settle in school staff have observed reluctance in Iain to verbally communicate when part of activities to develop oral communication. He remains enthusiastic and cheerful but there is a lack of attention observed when verbal commands are given. At this stage he appears to be engaging in social activities by taking clues from Michael: he watches his brother's responses and then with a slight delay uses vocalisation to respond to teachers and children. In solitary activities he seems to be a secure and happy child particularly enjoying construction type activities and sitting quietly in the reading corner looking at his favourite book 'Where's Spot'.

This is a critical stage in Iain's development, not only for developing communication skills, but for socialising with his peers and gaining his independence. The staff, having alerted the parents to their concerns, work with them to develop some early intervention strategies. Both staff and parents see it as important to involve them in selecting and producing information so that the continuity between home and school can be consistent. This is not just an educational intervention. It is essential to work within a multi-agency framework and clinical support is necessary. Iain is medically assessed by a Paediatrician and sees an Educational Psychologist to ascertain if there are any cognitive areas of concern at this stage. As part of this a Specialist Teacher for Hearing meets with Iain and his parents at their home to look at possible strategies to support him. One or more of these people may be involved, helping to gain an understanding of children's communication strengths and needs, and how speech and language can be developed. They can also provide information, advice, guidance and training.

### **Play and assessment**

This process of medical and clinical intervention takes some time and the staff want to

respond to Iain's difficulties as soon as possible to continue to develop a positive educational experience for him. They work with the parents to put some initial strategies in place through as a result of needs assessment. This gives some useful information to consider before developing materials for play. Given Iain's observed preferences during quiet time, the use of construction is seen as a motivating resource to engage him. This can be planned as co-operative play which enables Iain to develop some social skills in sharing and communicating non-verbally. Pictures are used to encourage Iain to have a structured play opportunity and to develop specific skills in matching pieces of the construction toys to build a specific vehicle for example. This develops both his fine motor skills and allows him to begin to explore mathematical development in matching and symmetry. When working directly with Iain the staff adopt some specific positioning strategies in their play-based activities which are seen as non-intrusive but responsive to his perceived needs at this stage. These are:

- Make sure that Iain is facing the staff member or parent when spoken word is used. This is then developed to use picture clues where possible to support instructions for routine tasks around the home and school. Examples include putting your coat on, washing your hands etc.
- Make sure that the staff member is in a well-lit area so that Iain can see lip movement etc.
- Keeping hand movements to a minimum, these can distract Iain.

It is intended that both the directed play-based opportunities will allow Iain still to take responsibility for developing his own independence, while enabling staff to focus on his immediate needs prior to a more detailed assessment and supporting strategies.

### **Stop and reflect:**

- What are the challenges with Iain's foundation stage experience given the observations of the nursery staff and his individual needs?
- What would YOU do to ensure genuine communication and partnership between other the different professionals working with Iain and the parents?
- What are the challenges of this multi-agency approach?
- What other strategies have you seen?

The importance of early identification and the relevance of play as a diagnostic tool here is important. The partnership between parents, setting and the multi-agency focus is an essential component for some of the children in these case studies. However effective observations and assessment processes are the cornerstone of this process and settings/schools need to develop these in a systematic and planned way. What is challenging for the early years practitioner is the fact that the identification can be clouded

by issues of developmental delay, culture etc.: it is more difficult to identify difficulties in young children and their peers than with older children (Papatheodorou 2007). The tools for assessment also need to be considered. Assessment processes for older children often rely on verbal interaction, decoding skills for example, which many young children have not had experience of. Consequently the issue of early identification is complex.

## **What are the Opportunities and Benefits of Play for Children with SEN?**

As well as raising the issue of barriers at the beginning of this chapter, we also raised a question about potential opportunities for parents and professionals to harness play in order to promote the wellbeing and development of children with SEN? We will discuss two key areas with respect of this:

1. The importance of play in early identification of SEN and in early intervention.
2. Play and the inclusion of parents as partners in promoting wellbeing and development of children with SEN.

### **1. The importance of play in early identification of SEN and early intervention**

Early identification of difficulties enables early opportunities for interventions. Early years setting are required to follow the procedures in the SEN Code of Practice (DfES 2015), and the collection of information to support this critical. So how can play contribute to this course of action? Play offers a naturalistic, informal opportunity to observe and assess the child. It is a young child's primary occupation and as such is as a valuable tool for assessing a child's capability in a range of areas which are not exclusively related to cognitive or intellectual development. Concerns may also be raised about the child's behaviour, social interaction and independence (Smidt 2007). Choices of 'play' activities which are made or not made by the child, can indicate where a child feels confident or even has a desire to succeed in an area that may present some challenges for them of both a cognitive or physical nature. It is unwise to assume that children develop at a standard rate, development can be irregular and discontinuous in comparison with a peer: the idea of 'normative' growth is certainly problematic at times. Children may have to accommodate the differences in their body (physical development) and in their ideas and understanding (cognitive development) as this growth happens. At points some children may seem to be clumsy or behind in their cognitive development and a significant issue for the practitioner is to observe and collect information to be able to determine if this is of



significance for that particular child: play affords us such opportunities. In play children can aspire to reach their potential with support and immediate feedback from their peers and adults. Their interaction with play materials and peers/adults however can indicate difficulties. The less the engagement and interaction, the more this could indicate where there are problems for the child: research indicates children with additional needs often engage in low level play (Papatheodorou 2007).

The emphasis on a child-initiated activity with adult support is a powerful tool for diagnostic purposes. Diagnostic in the sense that it informs the practitioner and other professionals about how, where and in some cases why the child is facing difficulties. It is important to note however that practitioners must remember that when working with children who have or may have special educational needs this process is about gaining information as opposed to diagnosing the individual need. Children can themselves be included in this process and this in itself can contribute to the overall assessment. Nutbrown and Clough (2006) comment that the practitioner must be alert to acting upon the information collected and must maintain the balance of inclusive opportunities for play for this assessment process to remain valid. The practitioner must ‘engage in personal interrogation of everything that happens’ (p. 85).: clearly this is not a role for the feint-hearted!

Using play as a tool for assessment the child can travel through a series of activities which can provide relevant information about their competence in applying and developing specific skills and knowledge. At this initial stage play can be regarded as a voluntary activity, one which is demonstrating cognitive and social development for example. This is an unstructured opportunity where children have the opportunity to interact with resources, peers/ adult which can then be developed to allow for further assessment of the child’s capability in areas which the child has not spontaneously demonstrated competence. This mirrors the scaffolding process of learning (Bruner, (1976) cited in Papatheodorou T (2007) where the adult or peer can act as the significant other in the zone of proximal development. (Vygotsky, (1978 ) cited in Papatheodorou T (2007) and in this context the learning and assessment processes are inextricably linked. This method of instruction enables the practitioner to *create* possibilities for inclusive play for assessment purposes which reflect the needs of the child, as opposed to waiting for the child to catch up or not, to a ‘prescribed’ curriculum. The child becomes an active participant in a process which is socially negotiated between the child and adult/peers. This in itself is a powerful position from which to advocate play as a response to meeting individual needs across the continuum. However, what is arguably the most significant aspect of this is how this context of play is effective in eliciting information about what child can do, what their potential might be and what skills they then need to develop: play is being used for this ‘diagnostic’ purposes (Papatheodorou 2007).

Children will move from interdependence to independence supported initially by their caregivers and this must be developed with good quality early years experiences as they move through their learning journey. This suggests a parent partnership where the transition between caregiver and teacher is planned and facilitated with additional support where necessary. The multi-agency framework of parent partnerships and early intervention strategies are core components of life in an early years setting. These aspects link favourably with the issue of attention to the rights of the child and provision for children with special educational needs. The new statutory framework (2012) identifies four guiding principles which include reference to the unique abilities of each child and their approach to learning. It states that children will learn to be independent and emphasises the relationship between practitioners, parents/carers in enabling environments.

“children develop and learn in different ways and at different rates. The framework covers the education and care of all children in early years provision, including children with special educational needs and disabilities.”

(DfE, 2012, p.4)

## **2. Play and the inclusion of parents as partners in promoting wellbeing and development of children with SEN**

The vast majority of parents will know and understand their child better than anyone else. They are the first care-givers, the first ones to play and interact with their child and in all probability will have the strongest and most lasting impact on the child’s future. This needs to be accepted as accurate for parents of children with perceived SEN as strongly as all others. It must also be acknowledged, however, that they may face additional barriers and difficulties.

- Parents may have a different type of knowledge to professionals (it may also be fallacious to assume that the parents are NOT professionals). This may not only result in “disagreements as to what constitutes, in reality, a problem” (Laluvein 2010, p. 194) but in the parent acting as the advocate for the child in a system that is replete with jargon and bureaucratic complexity.
- Unfortunately, it could be argued that the efficacy of working in partnership may be affected by there being a hierarchy of both knowledge and roles.

- The emotional tensions that may exist when communication breaks down. An example of this led to one parent stating;

*“I don't think the professionals really think about what it is like on the other side. You have a child who you cannot control, cannot communicate with and cannot comfort and it appears to be all your fault. Without even a suggestion that it might be caused by something other than your appalling lack of parenting skills, the natural reaction for any parent is to blame yourself.”*

In many, but not all, areas of SEN, this may become even more complex in the area of play. There may not only be competing perspectives on the role and importance of play, but many children's play may be situational. For example, the child may take part more fully in a wide range of play activities in an educational setting merely because there is more play equipment and a greater focus and agreement on what is defined as play. Conversely, a child may engage in play activities in more depth, and with more enjoyment in the home setting merely because it is more familiar and s/he feels a greater sense of security. This may be especially true of children with some forms of Autism but can lead to tensions between those involved. Other situations can also be a strong factor in the parents' views on play as settings other than the school and the home have an impact. One parent of a child with SEN explaining why her son was not eager to play outside commented;

*“My son refuses to play outside with other children as they are often cruel and make fun of him or leave him out of games. He prefers to play inside at home either by drawing quietly or playing on his x box.”*

Sadly, at times, neither the parent nor the child, is in control of the how and where they wish to play.

To some extent, the whole philosophy of SEN and play can be summarised by a final quotation from a parent of a five year old child with severe learning difficulty.

*I have all the experts looking at my child. They have observed him, measured him, tested him and now they've given him label. Told me that he doesn't play how he should and it's a problem. He's not like the others.. he doesn't do it properly. Well know what? I don't care. He is not an “interesting case” ...he's my son and he LIKES the way he plays.*

## Summary and Review

This chapter has set out a particular way of framing our thinking about and addressing children's SEN that is predicated on a concept of children having rights rather than needs that need to be recognised, acknowledged and implemented.

Now we return to the original questions regarding play for children with SEN that were set out at the beginning of the chapter.

### Questions 1 and 6:

**What is SEN?**

**What are the rights of the child?**

Our chapter has argued that SEN is a contentious concept with inherent tensions and difficulties that continue to be debated and researched. Recent work has shifted the discourse from a notion of 'needs' to one of 'rights' which children with SEN hold just as strongly as those without SEN. In the context of this book the rights of all children to play and to be educated are interlinked and require the practitioner to identify and remove barriers and to seize opportunities in partnership with children and parents.

### Questions 2 and 3:

**What role does play perform in the lives of children with SEN?**

**What forms does this play take; how does it differ from the expected forms of play in which we see neuro-typical children engaging?**

In common with typically developing children, children with SEN will engage in various forms of play, at various times for various reasons. Play can be a form of self-expression and a means of making meaning in their world. It can be everything: joyful, spontaneous, sociable, unsociable, repetitious, unpredictable, quiet, loud, chaotic and so on. Play can also be a form of release from the daily pressures of living and here it is important to recognise that the daily pressures for non neuro-typical children living in a neuro-typical world may take different forms and be of a different order of magnitude to those of most neuro-typical children. Their play may be a significant lifeline for them and we need to do what we can to accommodate them in that play.

### Questions 4 and 5

**What issues are there for parents and professionals who work with children in recognising and facilitating children with SEN in their play?**

**What opportunities are there for parents and professionals to harness different types of play in order to promote the wellbeing and development of children with SEN?**

The key words here are 'recognising', 'facilitating' and 'wellbeing'. Children with SEN do play though, it may not always be in the manner, or employ the same themes, as the play of neuro-typical children. Adults need to notice and tune into what play children with

SEN actually do engage in rather than exclusively focusing on and emphasising what (more neuro-typical ) types of play that they may not wish to engage in. Play is open to interpretation and sometimes this will require practitioners to reserve judgment and to observe children's play with an open mind, willing to gain different perspectives from the children and their parents. Perhaps most important is the opportunity that play can provide to join children in viewing the world from their own perspective for a while, to value how they engage in play and to allow them to lead us in it.

## **Transforming Practice: Over to You!**

### **Questions for consideration**

We have used case studies in this chapter to emphasise the need to view children as individuals with their own unique and evolving set of needs, skills, interests and ways of engaging. How much of your own knowledge of SEN is informed by genuine case study and how much comes from websites and other 'handy' sources that summarise different SENs and provide 'tips and strategies' that reduce the complexities and variations within particular conditions to the point where they stereotype and label children? For example, autistic spectrum disorder is one of the most talked about conditions within SEN but also one of the most stereotyped, particularly in the media. What are the potential dangers of this for children and their families, both in their care and education and within society?

### **Ideas for research**

Based on the approaches to pedagogy presented in this chapter, further research could explore:

1. Specific approaches for developing appropriate play opportunities for the four areas of need.
2. Establishing and sustaining effective assessment for learning strategies in developmental play.
3. Researching the perceptions and views of the views of parents in regard to multi-disciplinary approaches.
4. Developing opportunities for children's voices: participation and ownership by the child of their learning.

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