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The Differences in the Social Competence of
Children who attend Integrated Junior Infant Classes
and
Children who attend Segregated Learning Environments

by

Judith E. Butler

Being a thesis submitted to the National University of Ireland
for the award of Ph.D.

Under the supervision of: Dr Francis Douglas,
Department of Education,
University College Cork

Volume I/II

June, 2003
Acknowledgements

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Dedication

To Eugenie and Edel Hanley...  
the two best little girls in the world.
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CHAPTER ONE

INTRODUCTION
There are a number of reasons why this researcher has decided to undertake this study into the differences in the social competence of children who attended integrated Junior Infant classes and children who attend segregated learning environments. These reasons are both personal and professional. My personal reasons stem from having grown up in a family which included both an aunt who presented with Down Syndrome and an uncle who presented with hearing impairment. Both of these relatives’ experiences in our education system are interesting. My aunt was considered ineducable while her brother – my uncle – was sent to Dublin (from Cork) at six years of age to be educated by a religious order.

My professional reasons, on the other hand, stemmed from my teaching experience. Having taught in both special and integrated classrooms it became evident to me that there was somewhat ‘suspicion’ attached to integration. Parents of children without disabilities questioned whether this process would have a negative impact on their children’s education. While parents of children with disabilities debated whether integrated settings met the specific needs of their children. On the other hand, I always questioned whether integration and inclusiveness meant the same thing. My research has enabled me to find many answers.

Increasingly, children with special educational needs (SEN) are attending a variety of integrated and inclusive childcare and education settings. This contemporary practice of educating children who present with disabilities in mainstream classrooms has stimulated vast interest on the impact of such practices on children with identified disabilities. Indeed, children who present with disabilities “fare far better in mainstream education than in special schools” (Buckley, cited in Siggins, 2001, p.25).
However, educators and practitioners in the field of early years education and care are concerned with meeting the needs of all children in their learning environments, while also upholding high academic standards (Putman, 1993). Fundamentally, therefore, integrated education must also produce questions about the impact of this practice on children without identified special educational needs. While these questions can be addressed from the various areas of child development (i.e. cognitive, physical, linguistic, emotional, moral, spiritual and creative), this research focused on the social domain. It investigates the development of social competence in junior infant class children without identified disabilities as they experience different educational settings:

- Non-integrated junior infant class in the mainstream school;
- An integrated junior infant class in the mainstream school.

Additionally, this research also focused on the development of social competence in children with disabilities who were educated in:

- An integrated junior infant class in the mainstream school;
- A 'segregated' junior infant class for children with disabilities in a special school.

(Children who attend Junior Infant classes in Ireland are usually aged 4/5 years.)

While it is evident that in the early years of life “Children undergo transformations that make the metamorphoses in Ovid or the plagues in Exodus look mundane” (Keizer, cited in Teacher, 1998, p.82), the rationale for this research lies in the fact that it is during these early years of life - the first five or six that the foundation of a child’s social competence is laid (Katz and McClellan, 1991). It is during these early years of life that Cole et al (1994) and Hull et al (2000) advocate that children learn to cope with fear,
frustration, anxiety, enjoying others, expressing pleasure, recognizing danger, and expressing friendships.

Moreover, research from many sources indicates that a child’s level of social competence in the early years of life accurately predicts social and academic performance in later years (Waters and Scroufe, 1983; Pellegrini and Glickman, 1990; Gammage and Meighan, 1995; Katz and McClellan, 1997; O’Hagan and Smith, 1999; Dowling, 2000). These authors present a collection of research, which suggests that family, community, peers and teachers influence social and personal development.

Since the 1990s, a progressively more common practice in Irish primary schools is the inclusion of children with identified disabilities and it is obvious that this educational arrangement changes the typical classroom community. The value of full integration for children with disabilities continues to be a frequently researched educational issue (Whelan, 1987; Billingsley, 1993; Fuchs and Fuchs, 1995; Shanker, 1995; Vaughan and Shuman, 1995; Siggins, 2001). However, it is clear to this researcher that research related to the impact of integration on children without disabilities is less evident in the literature but it is, of course, equally deserving of detailed research, discussion and debate.

This research focused on one area in the social domain of child development - social competence. Many researchers have defined this term ‘social competence’. However, this researcher has embraced Katz and McClellan’s (1997) definition which, posits that social competence is “an individual’s ability to initiate and maintain satisfying, reciprocal relationships with peers” (Katz and McClellan, 1997, p.1). The differences in social competency ratings between children who participated in an integrated junior
infant class and children who participated in a non-integrated class (i.e. either a mainstream junior infant class which did not integrate children with identified disabilities or in a junior infant class in a special school for children with disabilities).

These opportunities are legitimised by the concerns documented by teachers and practitioners and parents of children without learning disabilities, who are being taught in classes that include children with identified disabilities. Nevertheless, integration has emerged as one possibility in a spectrum of placement options for children with identified disabilities. The advocates for children with disabilities who are proponents of the process of integration are supporting its ever-increasing popularity as a programme design for providing services to all children, regardless of their type or degree of disability. Consequently, many schools utilise integration as a one-size-fits-all education option (Brennan, 1987; Badget, 1998). However, in Ireland, the implementation of this process is largely being done in the absence of data on the impact of integration on the development of children without disabilities. Evidently then, while trying to provide equality of opportunity for all children, we may indeed be doing the opposite. As Slee (1993) clarifies; successful integration, “necessities a reconsideration of the complex and potent cocktail of pedagogy, curriculum, school organisation and the ideologies that inform these components of schooling” (Slee, 1993, p.351).

This investigation attempted to determine if a child’s experience in a junior infant classroom that practiced the policy of integration would have a positive impact on his/her growth and development in social competence. The following investigation also sought to ascertain the impact of the process of integration on the development of social competence in the children with disabilities.
The quality of the school climate with respect to integration depends to a large extent on the training and on-going professional development of the teachers. All appointments as teachers in special classes are made by the Board of Management of the school according to the usual procedures for the appointment of assistant teachers in National Schools. These appointment procedures are discussed in ‘Constitution of Boards of Management of National Schools and Rules and Procedure’ (pp.80-82). Persons who have successfully completed a course of training in a recognised College of Education or a recognised Montessori Teacher Training College are eligible for recognition as assistant teachers in special schools or as resource teachers to children who present with special educational needs in mainstream schools.

The majority of teachers working in the field of special education are qualified National School teachers holding the Bachelor of Education degree (B.Ed) through one of the Colleges of Education, that is, Mary Immaculate College, Limerick, Froebel College, Sion Hill, Dublin, St Patrick’s College, Drumcondra, Dublin, Colaiste Mhuire, Marino, Dublin and Church of Ireland College of Education, Rathmines, Dublin.

The Report on ‘The Education and Training of Severely and Profoundly Handicapped Children in Ireland’ (1983) advocates that “all teachers during their basic training should be acquainted with the methodology, theory and practice of teaching children with mental handicap” [Ireland, 1983, para 2.22 (iii)].

However, the inclusion of modules in special education on all courses in pre-service education is not mandatory. A two-week placement of education is provided at the end of Semester Five in the third year of training. This is a placement of the student’s own choice. The role of the student on this occasion is that of “... assistant (observer in
an educational environment other than a mainstream Irish National School)” (Mary Immaculate Prospectus, 2001-02). Settings that students might select for experience include special schools. The prospectus states that this: “… additional experience provides students with the opportunity to broaden their educational horizons. It is also an opportunity to become familiar with an educational field in which a student may wish to seek employment” (Ibid., p.41). Considering that:

the quality of any sector of the educational service is … determined by the quality of the teacher and a prime contributor to the quality of the teacher is the professional preparation that is provided, especially during pre-service ...

(INTO, 1995, p.113)

This lack of training in special education is clearly a grave omission in teacher training.

The qualification needed to teach in special education is the basic qualification, which is required by all teachers. However, teachers in special education have an option of applying for an ‘Advanced Diploma in Advanced Studies in Special Education’, organised by St Patrick’s College in Drumcondra, Dublin. This course takes place during the academic year from October to May. The teachers undertaking the course are replaced in their own classrooms by temporary teachers and they receive their full salary throughout the course of study. The main elements of this course for the academic year 2000-2001 were as follows:

1. Child Development/Educational Psychology;
2. Special Educational Needs;
3. Measurement;
4. Curriculum Studies – including PE, Music, Art, Drama, Reading Communication & Language, Mathematics, Social Personal Health Education (SPHE) and Social Environmental & Scientific Education (SESE);
5. Teaching Placements;
6. Project;
7. Study visits.

(St Patrick's College, Drumcondra, personal correspondence).

The Diploma course does not, at present, address the needs of pupils with severe and profound disabilities. The content focuses mainly on the mild range of learning difficulties. Additionally, not all teachers in special education are in a position to transfer to Dublin for an academic year to undertake this course. However, a salary bonus is accrued to the holder of this course.

In a Circular letter (13/01), the Department of Education and Science announced that in the school year 2001/02, training in learning support would be offered (the National Programme of Training in Learning Support for Teachers of First- and Second-Level Pupils, formerly Remedial Education). This is taking place in the following centres:

- Church of Ireland College of Education, Rathmines.
- Department of Education, UCC.
- Department of Education, NUIG.
- Mary Immaculate College of Education, Limerick.
- St Patrick’s College of Education, Drumcondra, Dublin.
- St Angela’s College of Education, Sligo.

All of these courses are funded by the Department of Education and Science under the National Development Plan. Courses are of one year’s duration, with the time divided between attendance at the relevant course venue and teaching in the participant’s own
school. The objective of the programme is to provide substantial theoretical and practical training for teachers who hold posts sanctioned for learning support teachers.

Other teaching qualifications recognised by the Department of Education and Science in the areas of special education include that of the ‘Association Montessori Internationale’ (AMI) qualification and the NCEA-validated course at St Nicholas’ Montessori College, Dun Laoghaire, Co. Dublin.

The AMI college, situated on the Mount St Mary campus in Dundrum is the only AMI training centre in Ireland. Their two-year three to six Diploma Programme prepares trainees to work with children in the three to six years age group, using the educational principles developed by Dr. Maria Montessori. Content covers Montessori Child Psychology, Educational Theory and Practice, Supervised Practice with Montessori Didactic Materials, Observation and Work with Children in Selected Montessori schools under the supervision of college staff. It also includes exercises of practical life, the sensorial foundations for mathematics, language training, history, geography, biology, science, music and art. This course and the one-year six to twelve Diploma programme constitute the three-year course which is recognised by the Department of Education since 1964 for teaching in special primary schools. The Beni Casa lectures, which are integrated into the course introduce the trainee to various areas of special education. This programme is one of only two such programmes available in Europe (www.montessoriami.ie, March 2001).

The other Montessori qualification which is recognised by the Department of Education in the area of special education is the St Nicholas Montessori three-year course, which leads to a National Diploma in Humanities in Montessori Education. The
main focus of this programme is on the theoretical and practical application of the Montessori philosophy and methodology. Special education is studied in each of the three years of the course.

University College Cork (UCC), is, at present, the only university providing a module which includes ‘Strategies for Educating Young Children With Special Needs’. This involves an analysis of empirical research findings regarding the identification and education of young children with special needs. An investigation of the pitfalls and possibilities of integration with mainstream classes is also discussed.

The following research design questions were posed in this study: the first goal was to attempt to investigate the social settings in which the children from all four schools interacted. Therefore, the following questions were posed:

- What is the child’s level of social participation?
- To what extent do the children in each group interact with their teacher?
- To what extent do the children in each group interact with their peers?
- Do the children in the junior infant non-integrated classroom differ from those in the junior infant integrated classroom in their social participation?
- Which group interacts more with their teacher?

The language patterns in all four groups will also be analysed, as will the cognitive development of the target children in each of the four groups. The above questions attempted to illuminate the general practice in each classroom. However, it was also believed that it was important to examine the overall organisation of the four different
types of classes. This is the second goal and as a result the following questions were posed:

- **Is there a difference in the structure between the four classes?**

- **What are the teachers’ teaching styles?** (E.g. commitment to providing children with opportunities to learn through activities that are ‘hands on’, developmentally appropriate, child–centred, or other).

- **Is there a difference in the daily schedules?**

- **Are there noticeable differences in the availability of equipment between the four classes?**

- **What qualification does each class teacher hold** (B.Ed., N.T., and A.M.I. Mont. Dip. Adv., Diploma in Special Education, Remedial Education, etc.)

- **How many children are in each classroom?**

- **How many adults are in each classroom?** (Teacher, Special Needs Assistant, Community Employment (C.E., FÁS) Employee?)

- **Were there any disruptions (by children) during class time?**

The third goal of this study was to examine the differences in the development of social competence in children who are educated in a junior infant integrated class in comparison to their peers - who are educated in a non-inclusive (i.e. with no children with disabilities) junior infant class. The following questions were posed:

*Do the children who attend the integrated learning environments (Group Three and Group Four) achieve a higher rating on the:*

(i) **Californian Preschool Social Competency Scale?**

(ii) **Teacher Child Rating Scale in comparison to the children who are educated in a non-inclusive (Group One) learning environment after one academic year in the classroom?**
(iii) Do the children who attend the integrated learning environment achieve a higher rating by their parents on a questionnaire (that measures their social competence) in comparison to the children (Group Two) who are educated in a non-inclusive learning environment after one academic year?

This information was obtained through the use of the Californian Preschool Competency Scale devised by Levine, Elsey and Lewis in 1969; this scale is designed to measure this domain of social competence and the children were rated on this scale by their class teacher (in the first and second years of the study). The children in the study were also rated on the Teacher Child Rating Scale, which is a brief objective socio-emotional measure. Furthermore, a questionnaire designed by this researcher to measure the children’s social competence was presented to the parents of the participating children. The parents rated their children’s social competence in the first year of the study and again a year later in the second year of the study. Indeed, the California Preschool Social Competency Scale, the Teacher Child Rating Scale and the questionnaire were completed during Winter 2002. This CPSCS was designed as a social competency rating scale to be completed by observing and recording behaviours that are situational in nature and over a period of time. This scale was also specifically designed to be used within the context of a classroom (see Appendix Two for Historical Framework of CPSCS). The CPSCS consists of thirty items, which are representative of typical behaviours in the social functioning of young children (see Appendix A1 for Test Instrument).

The Teacher Child Rating Scale on the other hand was developed out of the amalgamation of two teacher-rating scales, i.e. the Classroom Adjustment Rating Scale (Cars) and the Health Resources Inventory (HRI) (see Appendix A4 for Test Instrument). The questionnaire (see appendix A9 for Test Instrument) has been devised with the aid of
the Portage Programme (see Appendix A10). Portage is an idea that originated in the 1960s and consists of a developmental checklist for the six main areas of child development. In this instance however, the questionnaire has been devised using the socialisation development checklist.

Additionally, the target child study was completed on all participating children in Winter 2002. The Teaching Styles Rating Scales were also completed on all practitioners during this period. The areas of enquiry which are discussed in subsequent chapters are outlined below:

**Chapter Two** focuses on the earliest provision for the care and education of children who present with disabilities. The provision for such children began in Europe and this is examined as will its journey to the British Isles and Ireland. Additionally, this chapter studies the evolution of the policy of integrating children with identified disabilities into mainstream learning environments.

In **Chapter Three**, the inclusion of children with identified disabilities in early childhood education will be discussed. In this chapter, the theoretical perspectives presented by the likes of Bronfenbrenner (1978) (the Ecological Theory), Skinner (1957) (Behaviorism), Bandura (1975) (Social Learning Theory) and Vygotsky (1986) (Social Constructivism) will be discussed. It will become evident to the reader that all of these theorists differ in the emphasis placed on the environment in explaining the development of young children. Moreover, these theoretical perspectives also act as a base from which to consider how an integrated learning environment could impact on the development of social competence differently from that of a mainstream classroom environment.
Chapter Four of this present research presents a detailed discussion on the research design used to conduct this study and the methods of data collection. An outline of the target child study is given, while the CPSCS and T-CR Scale instruments (the Teaching Styles Rating Scale) and the questionnaire survey are evaluated and discussed in greater detail.

Chapter Five focuses on the findings and analysis of this present study and, finally, Chapter Six consists of a summary of this present research and makes recommendations.

The insights to be gained from this type of research will enable the reader to resist romantic notions of change and to provide teachers, schools and all children the support to which they are entitled and which is necessary if laudable rhetoric is to become reality.
CHAPTER TWO

The History of the Development of Special Education in Ireland, Britain and Europe
2.1 Introduction

This chapter focuses on the earliest provision for the care and education of children who present with disabilities. The provision for such children began in Europe and this will be analysed as will its journey to the British Isles and Ireland. Additionally, this chapter studies the evolution of the policy of integration in this country and discusses the current situation regarding the process of integrating children with disabilities into mainstream learning environments.

Indeed, any consideration of the history of the education of people with disabilities must take cognisance of the development of educational provision for children without disabilities in this country. It is then evident that less than a century ago, the majority of Irish children did not attend school. Therefore, it is hardly surprising that schools for children with special educational needs are a recent development in our education system.

However, in Europe, special schools for children with disabilities existed since the coming of St Augustine in 597, although these schools were predominantly for ‘clever boys’ from ‘good families’ (Pritchard, 1963).

In fact, while this researcher was engaged in the study of the early socialisation process, it became evident that children with disabilities (or the ‘handicapped’ as they were previously termed) were not children to be friends with. Whenever they happened to be around, they were usually objects of pity and sometimes even the brunt of jokes and curiosity.

It is a known fact that people who present with disabilities have been treated with ‘disrespect and suspicion’ (Phitaka, 1997, p.3). In earlier times, such children were sacrificed for the ‘welfare of society’ (Pritchard, 1963, p.1). Children with disabilities were regarded as being a burden in their attempt to survive and in such
countries like Greece, children were sacrificed in order to purify the race. However, this is a concept not entirely abandoned in the 21st century. In fact, the Assistant Bishop of Austria, Bishop Andreas Luan, recently announced that ‘Hitler would have been pleased’ with Austria’s law which allows disabled unborn babies to be aborted up to the time of birth. Bishop Luan referred to an ex-Nazi physician stating that this physician was charged with murder because he killed disabled babies and children in West Vienna during the Nazi era. However, Bishop Luan highlights the fact that, as a Nazi physician, Heinrich Gross, killed disabled children just four weeks later than the Austrians do at present (Alive! Newspaper, January 2001, No.54).

In Sparta, which was the capital of the ancient Doric State of Laconia in the Peloponnesus, the laws of Lycurgus approved the abandonment of ‘idiots’ and the exposure of ‘handicapped’ infants (Pritchard, 1963). Phitaka (1997) explains further that the ancient Spartans used to expose ‘handicapped’ newborn infants by throwing them from cliffs and putting them in the Great Pit of Taygetus (in Greece). [The Spartans refer to the natives of Sparta. These inhabitants of Sparta were noted for their military organisation of their state and for their rigorous discipline, simplicity and courage (Volume 11, Great Encyclopaedia Dictionary)].

Moreover, the Romans ‘disposed’ of their ‘handicapped’ children by throwing them over the Tarpeian Rock. In the words of the Great Roman poet Lacretus, the treatment and attitude towards the disabled is seen “to instruct the deaf, no art ever reach, no care improve them, no wisdom teach” (Centenary Records, St Joseph’s School, 1857-1957).

Additionally, the Athenians, during the time of Plato and even under Solon, (638-558 B.C.) who, as an early Athenian legislator and reformer of the Constitution, was indeed renowned for his wisdom (Vol II Great Encyclopedia Dictionary)
practiced the exposure of children to the elements and killed those who presented with hearing disabilities. In the Christian era, as the teaching of Christ brought the message of redemption to all - this did not overlook those with disabilities, as is seen clearly in the gospels.

The customary beliefs, which existed about the impossibility of educating those with disabilities tied the hands of Christ’s Ministers. Nevertheless, the Christian Church was one of the first institutions to take cognisance of the welfare of such adults and children, although it must also be stated that its approach has been accused of being a “slow reaction to a social need” (Tomlinson, 1982, p.83).

Subsequently, there also existed the “occasional condemnation of handicapped people being a ‘curse from God’” (Pritchard, 1963, p.39). While during the middle ages, there were widespread myths as to why children were being born “deformed or in some way peculiar” (Swan, 1981, p.83).

Grimm’s account is a clear example of such a myth that existed at that time “Fairies stole a mother’s child from its cradle and in its place laid a changeling with a big head and staring eyes who wanted to do nothing but eat and drink” (Grimm, cited in Haffter, 1968, p.31).

The Christian form of this idea of the handicapped child as an exchange can be seen in Martin Luther’s (1483-1546) belief that it was the devil that had stolen the human child and then substituted himself for it (Ibid). Luther even recommended that these offspring should be killed, while the idea of the resulting handicap being punishment for the sins of individual parents is evident in Luther also. He believed that the presence of ‘abnormal’ children stemmed from the misdeeds of their parents - indeed, it was believed that those who did not fear God enough produced “illegitimate children through bad thoughts or cursed their offspring’s” (Ibid).
Moreover, the idea that abnormal children were the result of sexual intercourse between a woman and the devil was also common at that time (Swan, 1981). Martin Luther proclaimed that he had seen the devil in a profoundly disabled child. If these children happened to live, Luther recommended that they be killed. Indeed, these children, it seemed, provoked "guilt, fear and contempt" (Barnes, 1991, p.12).

2.2 Historical Sketch of the Education of the Blind in Europe

Tomlinson (1982) explains that the Church did labour to change attitudes regarding people with disabilities and forced the State to do the same and as early as the fourth century hospices for the blind were established in Caesarea by St Basil and in the fifth century by St Lymnaeus. Little is known about these and of the English Hospice, which was founded by a London Merchant for a hundred blind men in 1329 (Pritchard, 1963).

The Hospice Nationale des Quinze-Vingts, Paris, is better known. Its establishment is attributed to Louis IX, (St Louis), about 1260, as an asylum for three hundred of his soldiers blinded in the Crusades. Other hospitals were founded by the Quinze-Vingts although none of them attempted to train or educate the blind (Pritchard, 1963).

However, what is of significance to the education of the blind are the 'block letters' devised by Didymus. Blinded in early childhood, Didymus became under the late Roman Empire, Professor of Philosophy and Theology at the University of Alexandria. Sporadic attempts to educate the blind to read by touch continued until the seventeenth century. Even if they could have been successfully taught, there
would have been nothing for them to read - undoubtedly due to the fact that block letters could not be made into a book.

Valentine Hally is a significant name in the evolution of special education for the blind. He was the first person to emphasise that the blind should and could be educated. His interest in the education of the blind began when he saw a group of men (who were blind) performing a discordant symphony to the sheer delight of the passerby (Pritchard, 1963). Determined to alleviate their plight, he contacted Maria Von Paradis, the famous harpsichordist who also presented with blindness. She accustomed Hally with earlier work on behalf of the blind and the methods of education in existence. Hally modified these and tried out his idea on a blind orphan he found begging outside a church and indeed, his pupil became successful in reading Roman letters when they were printed heavily to show on the reverse.

Subsequently, the Société Philantropique decided to support Hally’s idea of establishing a school and although this school was closed ten years later when the new rulers of France took over, Hally’s efforts had gained the tribute of imitation and other schools had been established.

2.3 Historical Sketch of the Education of the Deaf in Europe

The Lord said: “Who made man’s mouth? or who made the dumb and the deaf, the seeing and the blind, did not I?” This is the earliest reference to the deaf and is found in Exodus IV, II. Indeed many other references to the deaf can be found in both the Old and the New Testaments, while the literatures of Greece and Rome indicate that from the earliest days, there were members of the human family who
were without the precious sense of hearing with all its consequent losses (Centenary Record, 1857-1957, p.15).

The first efforts on behalf of the hearing impaired are also ascribed to a saint. Bede’s account of how around 685, the Bishop of Hagulstad, St John of Beverly, taught a ‘dumb’ boy to speak. However, due to the fact that Bede doesn’t make reference to the fact that the boy was deaf, it is possible that this youth had just recovered from aphasia (Giles, 1849).

The next record of educating the deaf is made eight centuries later. Rodolphus Agricola, a native of Groningen, mentions that a ‘deaf’ and ‘dumb’ person had been taught to write and note his thoughts (Pritchard, 1963). This statement was received with great scepticism mainly due to the fact that Aristotle’s thesis emphasised that living person’s deprived of hearing were not capable of learning.

The early physicians, among them Galen (second century), believed that there was an organic connection between hearing and speech, a certain nerve supposed to have branches both to the ears and to the tongue and larynx. Moreover, it was advocated that thought and understanding were inseparable from spoken language (St Joseph’s Centenary Record, 1857-1957, p.15).

However, during the sixteenth century, Geronimo Cardano (born 1501), who was a mathematician, naturalist, physician and philosopher tried to convince the sceptics. This Italian believed that it was possible to substitute one sense for another. For example, by using their sight, the deaf could read and so this compensated for their deafness. Equally, by writing they could compensate for their lack of speech. Pritchard (1963) explains this further by stating “Through reading they could hear, through writing speak” (Pritchard, 1963, p.4).
Due to Cardano's prestige and indeed the superiority of his argument, it was accepted that the education of the deaf, although difficult, was not however an impossibility. The first to attempt this was Pedro Ponce de Leon (born 1520). This Benedictine monk attempted to teach the deaf in lip reading. He was successful and had a series of pupils who learned to speak, read, write, pray and do arithmetic. He recorded his method in a book, which is now unfortunately lost. It is believed though, that Cardano's method was used by another Spanish priest by the name of Juan Paulo Bonet, who in 1620, published a book on this subject. Bonet was successful in educating a brother of the constable of Castile, who had lost his hearing at two years of age. Knowledge of Bonet's method was brought to Britain by Sir Kenelme Digby where in 1648, John Bulwer wrote on this subject and was followed by John Wallis (1653), William Holder (1669) and George Dalgarno (1680), who invented the double handed manual alphabet (St Joseph's Centenary Record, 1857-1957, p.16).

During this period also, Jan Baptist Van Helmount and John Conrad Amman were educating the deaf in the Netherlands, St Francis des Sales in Switzerland; Abbé Deschamps, de Fay and Pereire in France and Kerger, Raphel, Lasius and Arnoldi in Germany (Mathews, 1996).

A significant contribution to the education of the deaf was made by Abbé Charles Michel de l'Epee (1712-89), who as a French priest established the first public school for the deaf in Paris in 1755. After meeting with two young girls who were deaf and considered to be dumb, he undertook the task of educating them. Moreover, in a short time he had sixty students whom he supported entirely by himself. In the beginning, he taught speech but after observing the facility with which his pupils of their own accord communicated by signs, he conceived the idea of a sign language (St Joseph's Centenary Record, 1857-1957). He devised many signs and
began writing a dictionary of signs, although he never finished this. His devotion to
the education of the deaf can be seen in his attempt to learn the Spanish language for
the sole purpose of reading Bonet's work. The fame of de l'Epee's work was carried
on by his successor the Abbé Sicard.

Samuel Heinicke, in Germany, who had a school in Dresden for a period,
moved, at the invitation of the Prince of Saxony, to Leipzig, where in 1778, he began
educating nine pupils. This is significant because this was the first school to be
funded by a government in Europe. Heinicke began teaching his students both oral
language and signs, which was the opposite of de l'Epee's technique of teaching.
Members of Heinicke's family established institutions at Crefeld and Berlin, which
trained teachers in Heinicke's method of educating the deaf.

However, the greatest developer of the German oral system was Moritz Hill
(1805-1874). Controversy developed between Heinicke and de l'Epee on the
"respective merits and demerits of the oral and sign systems" (Ibid, p.16). The
influence of both of these men was so great that:

their partisans in many lands ran their theories to such extremes as to
become dangerous to the cause itself, while judicious teachers adopt
the best in any and every method to meet the particular need of each
deaf child and ensure a sound education.

(Ibid)

However, what is significant is that by the end of the eighteenth century, it
was clearly acknowledged that the deaf were capable of being educated and the work
was progressing in many countries.

Italy saw its first school established in Rome in 1874 by the Abbate Silvesti, a
disciple of de l'Epee. Thomas Braidwood opened a private school in Edinburgh in
1760, which was later moved to London. The first school for the deaf in Britain was
founded at Old Kent Road, London in 1872. The next eighty years in Britain saw the
growth of establishments educating the deaf and by 1870, ten charitable institutions for the deaf in England, four in Scotland and one in Wales were operating.

2.4 Historical Sketch of the Education of those who Present with Physical and Cognitive Disabilities.

Before the close of the eighteenth century, the first schools for the blind and the deaf had appeared. However, nothing had been put in place for those who presented with physical and cognitive disabilities. Pritchard (1963) points out that even in the ‘Age of Enlightenment’, there were obvious reasons for this. Firstly, public sympathy was more easily aroused by blindness and deafness than by physical or cognitive impairment. Additionally, the former was often seen to be ‘repulsive’ to look at and the latter “occasioned derision” (Pritchard, 1963, p.9).

Ross (1964) highlights this: “If I am a good parent I shall be blessed with a perfect baby. The baby is not perfect therefore I must be bad” (p.55). As for the physically impaired not much was put in place for them. It was in the Augustine Age that science finally replaced superstition in medicine. However, while medical services were still in their infancy, many of the ‘handicapped’ who would have survived today, died. Those who did survive however were “immediately deserted as foundlings” (Pritchard, 1963, p.9). The Foundling Hospital (one of 154 new hospitals to be set up between 1700 and 1825) was opened in London in 1745 as a first step of reducing the high mortality rate among “deserted bastard children and the foundlings of the poor” (Ibid).
By the eighteenth century, the way for the education of the ‘mentally handicapped’ was being prepared in Europe. St Vincent de Paul and his Sisters of Charity had attempted the custodial care of these children in the early seventeenth century. ‘Feebleminded’ adults were included as being handicapped and all were educated together (an example of this was in the Bicentre in the Parisian asylum).

However, on the education front, it was Francis Bacon and the seventeenth century realists who emphasised how those of ‘low intelligence’ might be educated. Realism placed emphasis on the use of the senses and this was the beginning of the scientific approach to the education of the child and the study of the child as an individual.

Pioneers, like Locke and Rousseau, underlined these concepts. Indeed Locke, founder of the Empiricist movement, advocated that knowledge comes into the mind through the gates of the senses (Kelly, 1999). Locke proposed that the natural curiosity of the mind should be utilised and maintained that learning should be accompanied by pleasurable sensations and the ‘sensationalism’ of Locke’s became the philosophical Rousseau’s naturalism.

Such views led to the concept of child study and development of the discipline of psychology. Pereira and Itard were both greatly influenced by these principles. Indeed, it has been noted that Pereira advocated that the deaf should be educated to see by lip reading and feel by tactile vibration.

The Commission of Inquiry on Mental Handicap (Ireland, 1965) states that the first attempt at the scientific study of ‘mental handicap’ followed Itard’s attempt, at the end of the eighteenth century to educate the ‘Wild Boy of Aveyron’. The famous story of Victor - the boy was aged eleven or twelve when he was captured by hunters.
in the Cannes Woods of Aveyron of South France - promoted an interest in the education of ‘idiots’.

Itard was one of the very few who believed that this “disgusting, dirty child, afflicted with spasmodic movements” (Itard, cited in G & M Humphreys, 1932, p.4) could be educated. While Itard persisted in educating Victor for five years, he concluded that Victor was indeed an idiot. However, it is reported that Victor did improve - he had developed into an affectionate youth who lived like a human being. He was able to comprehend much of what was said to him, and although his speech was limited, he could read some words. This is very significant, as it was the first scientific attempt to educate those of limited intelligence (Pritchard, 1963; The Commission of Inquiry on Mental Handicap, 1967; Cole & Cole, 1996).

More importantly, Itard’s work highlighted the need for further research and encouraged Edouard Seguin (under the supervision of Itard) to develop his ‘physiological method’, which was based on a neurophysiological hypothesis. Seguin believed that there was a link between sensation and idea and therefore he advocated that education of the senses would enhance the mind. He emphasised that ‘feebleminded’ children could use picture cards, patterns, figures, scissors, colours and books and he also devised apparatus which was designed to enhance the muscular system and to educate the senses (Seguin had an obvious later influence on Dr Montessori’s philosophy). In summary, Seguin’s method was of a systematic training of the senses of sight, hearing, taste, smell and eye/hand co-ordination. In 1837, Seguin began his educational work in the hospitals in Paris and became the superintendent of a ‘School for Idiots’ and ‘Feebleminded Youths’ in Massachusetts. In addition to this first American institution, the 1840’s saw the opening of establishments in Switzerland, Germany and England. The first provision in Britain
for these children began in 1846, when Mrs White at Rock Hall House, Bath, opened a small school for them, which was previously a house for lepers. Pritchard (1963) acknowledges however that this school is unlikely to have provided more than custodial care. The following year however, the Asylum for idiots at Park House, Highgate, was established. It is significant to note that in the British Isles (which included Ireland during this period) “individual defectives would have been cared for before this in madhouses as they were called” (Pritchard, 1963, p.55).

Another influential international thinker in the field of special education was Maria Montessori (1870-1952). In the beginning, Montessori trained to be a doctor and was indeed the first woman doctor to graduate from her college in Rome. Her earliest work involved the poor and socially deprived, many of whom presented with learning disabilities.

Her work was greatly influenced by Eduard Seguin who, as I have already mentioned, devised certain tasks which enhanced children’s development. When Dr Montessori began designing activities for children, she used Seguin’s idea of graded tasks, carefully designed to develop certain skills at different stages of development. Moreover, Montessori further stressed the need for a specially prepared environment, which would meet the children’s needs at whatever particular stage of development they were at.

However, the education of the physically and mentally challenged in Ireland had yet to be given priority.
2.5 ‘Duine le Dia’ [People of God]

While it is evident that for a considerable period in early times, man believed that illness was not stimulated as a result of natural causes but rather saw it as a mark of supernatural displeasure with the transgression of the ‘victim’ or indeed, his/her parents. Robins (1986), in his book ‘Fools and Mad’ explains that this could hardly be otherwise in an Ireland that was both simple and unscientific and had an unswerving conviction that “all good and all evil were divinely inspired” (Robins, 1986, p.4).

Illness, it was believed, was the penalty for a wrong deed, for offending a deity or indeed a pagan priest who was “armed with powerful and terrible rites and incantations” (Ibid). Moreover, the cure, like its causing agent could usually be found in supernatural intervention also - when the fury of the deity had been settled.

In pre-Christian Ireland, one of the most dreaded powers ascribed to the highly honourable Druidic priests was their ability to precipitate madness. A Druid had the ability to produce a ‘madman’s wisp’. A madman’s wisp consisted of a ball of straw or grass and was believed to generate madness by throwing it in the victim’s face (Murphy, 1983).

The ‘pioneer’ associated with the foundation of this powerful wisp was a celebrated Druid priest by the name of ‘Fullon’, who existed in Leinster, centuries prior to the Christian era. Significantly, this belief in the madman’s wisp continued to exist at least until the early part of the fifth century AD, when the ‘Senchus Mór’, containing the codified laws of ancient Ireland were compiled (Robins, 1986). This significant source of information about the early inhabitants of Ireland refers repeatedly to a madman as one upon whom the ‘dhui folla’ or Fullon’s wisp had been thrown (Ibid).
While the 'Senchus' dates from a time when Christianity was still in the process of development in Ireland, its notion of the origin of madness was still deeply rooted in the Druidic beliefs. Moreover, the advent of Christianity in Ireland changed little and Robins (1986) explains that it merely resulted in:

a Christian gloss on existing notions, particularly in isolated communities like Ireland where many of the beliefs of the origins and treatment of illness remained rooted for centuries mainly in pagan beliefs.

(Ibid, p.4)

An occurrence associated with St Mochuda is a clear example of this. St Mochuda was believed to have been approached by a man who was considered to be 'mad' 'due to a demon having entered him'. However, once St Mochuda had interceded with God, the madman was subsequently banished of his madness (Robins, 1986).

Additionally, Charles Plummer (1922) in his book 'Bethada Naem Eirinn' (the lives of Irish saints), discusses how in a later period a Norman archer was 'struck mad' because he had entered a forbidden area which surrounded an ever burning fire, which was lit by the honourable St Brigit in Co. Kildare (Plummer, 1922, p.285).

The book 'Great Fairy Tales of Ireland' emphasises that during the early Christian period in Ireland:

Parents kept a close watch on an attractive newborn child, lest the fairies should replace it with an old and wizened changeling. Sprigs of mistletoe, branches of mountain ash and fire and iron were all thought to afford protection against such mischief.

(McGarry, 1980, Introduction)

While people who presented with disabilities (considered to be an illness) were considered to be grievously afflicted as a result of possession by the devil or God's punishment, it is evident that a belief existed that some forms of disabilities
including madness were not the results of malevolence. Both Murphy (1983) and
Robins (1986) explain that the old annals and the Ossian legends refer to warriors
becoming ‘insane’ in the frenzy of battle. For example, during the second battle of
Moytura, it is believed that the chief druid of Nuada, King of the Dedanann, fled the
battle as a result of madness and red lunacy (Wood, 1902, p.352). While it can be
stated that the warriors who became ‘insane’ due to the frenzy of battle were objects
of pity and sympathy (Murphy, 1983), those who were born with such disabilities
however were treated differently. The Welsh historian Giraldus Cambrensis (Gerald
of Wales) who came to Ireland with King John in 1185 discusses the monastic
settlement at Monaincha in Co. Tipperary (founded in the sixth century), which had
two islands. On the larger of the two islands stood a church of the ancient religion
and on the smaller island stood a chapel served by the ‘Culdees’ (who were followers
of St Columba). This smaller island was known as the land of the living and this is
understandable when Giraldus Cambrensis explains: “People who are grievously
afflicted with diseases, when all hopes of life are at an end, are put in a little boat and
wafted over to the larger island where as soon as they land, they expire”

It was during the Brehon law period (the body of ancient laws of Ireland
which were enacted during the pre-Christian and early Christian period until they
were repealed in the seventeenth century, during the Elizabethan period) that a
distinction was made between the different types of insanity some of which according
to Robins (1986) related to mental handicap.

While Robins further explains that it is impossible to give a translation for
some of these names as there appears to be some uncertainty about their meaning, the
more important ones from the first group include:
'the fools with talent' (these included the 'bobre' - having the behaviour of a cow; the 'biocmell' - meaning under whose neck are soft lumps; the 'righ druth' - the king fool, the 'mellach', 'suirig' and the 'rindineach'). The second group of fools consisted of people with 'half sense' which included the 'bruice' (who had mist on his head), the 'finoelogh' (who was half foolish, half wise) and the 'caeptha'. The remaining group consisted of the 'madman without talent' and also included the 'salach druith' (meaning the dirty or unclean fool).

(Smith, 1932, cited in Robins, 1986, p.8)

Moreover, the first statute law for the protection of the property of the insane dating from the reign of Edward I (1272-1306) also distinguished between idiots, natural fools and lunatics. Evidently, these terms are of Greek and Latin origin: idiotses is a Greek term meaning 'a private person' and 'luna' is a Latin word meaning moon. Michael Craft (ed.) in the book 'Tredgolds Mental Retardation' (1979) emphasises the fact that equivalent terms are found in most European languages. Indeed, in medieval times, people with 'learning difficulties' were referred to as 'enfants Dieu', meaning 'children of God', and in fact, were allowed to "roam the streets of European cities unmolested" (Maloney & Ward, 1970, p.9). Therefore, it appears that the name for 'fool' in earlier times was 'druth' and Robins states that it appears to have been invented with some sort of divine protection also, for the 'fool' is described as 'co rath De' meaning 'with the grace of God'.

It is therefore possible that the origin of the more contemporary Irish term 'Duine le Dia' (person of God) is related to 'enfant Dieu'. Additionally, the term 'Duine le Dia' was used to distinguish the fool (usually a congenitally handicapped person) from the madman.

Remarkably however, from early times, there was an awareness of the distinction between persons who presented with mental handicap and those with acquired insanity, although according to Robins (1986) "through ignorance or
prejudice it was, however, a distinction that was often not made" (p.157). It is understandable that one could assume that the suggestion of special divine protection was intended to distinguish between the congenitally retarded individuals and lunatics since “the latter were universally reviled as a manifestation of evil” (Ibid).

It has been mentioned that this distinction was not always upheld and respected; this researcher has spoken of the way in which many of those who presented with disabilities were put to death in Europe, while it has also been identified how Luther (and indeed, Calvin) saw such people as being “filled with Satan” (Cytryn & Lourie, 1967).

While during the Brehon laws, Ireland did not have any provision for people with disabilities, this was however, not due to the callousness on the part of Ireland’s inhabitants but rather because “times were hard, strife, famine and epidemic diseases meant a continuing struggle for survival and left little room for sympathy for others” (Murphy, 1983, p.71).

There does, however, seem to have been some accommodation for the ‘insane’ and ‘deformed’ in the monastic hospital, although both Murphy (1983) and Connor (1995) say that little is known about these.

From the middle of the sixteenth century and to the end of the eighteenth century, radical changes had emerged in the social, political, religious and intellectual structures on the Continent (Pritchard, 1963). The Reformation had divided the Catholic Church and, consequently, closed the monasteries in those countries that had accepted the Reformed Church and brought new visions of social order.

The latter period of enlightenment was clearly marked in Europe by the development of new ideas by the questioning of existing and traditional beliefs and concepts. Fundamentally, this new intellectual thinking also brought with it the
notion that anyone who disturbed the social order of the day should be punished.

Murphy (1983) highlights this when he writes:

reason provided the norm, any deviation from it was irrational and contrary to acceptable social standards ... institutions in the form of asylums, houses of industry and gaols became important elements in the maintenance of social order. In general, these were places of incarceration with no attempt to distinguish between the criminal and the misfortunate; all were equally culpable

(Robins, 1980, cited in Murphy, 1983, p.10)

It was during the nineteenth century that the mentally retarded began to receive special attention. Robins (1986) states that it was during this time that “new and vaguely defined classifications were added to the already confused terminology” (Robins, 1986, p.158).

In Ireland, the terms ‘harmless lunatics’ and ‘incurables’ were used to describe the congenitally insane while these sometimes included persons with other categories of insanity. Terms such as imbeciles, defectives, simpletons and feebleminded were used to describe categories of ‘retarded persons’ also.

Fundamentally, however, no matter what way they were labelled, it remained that some became the butt of ridicule, while others were prized for their perpetual innocence (Trent, 1994, p.9)

Wordsworth’s poem ‘The Idiot Boy’, written in 1798, portrays the boy as being beyond the cares of this world. It reads:

He wandered down the mountain grade,
Beyond the speed assigned
A youth whom justice often stayed
And generally fined
He went alone; that none might know
If he could drive or steer
Now he is in the ditch and Oh!
The different gear!  
(Wordsworth, 1798)
This really sees the youth as being at one with nature and sees the eponymous boy as being beyond our care in society.

By an enactment of 1838, a poor law system was established in response to the deteriorating social conditions in Ireland. The population had, by now, increased to over eight million, yet there was little employment. However,

the quality of life for the masses was barely above subsistence level at the best of times. There were regular famines and epidemics and there was considerable popular agitation. The main element in the new provisions was a national network of 130 workhouses - or poorhouses, as they became known.

(Robins, 1996, p.1)

Additionally, the fact that ‘mentally handicapped’ people represented a distinct form of mental abnormality was subsequently recognised by the authorities from the early years of the district lunatic asylum system. Rules were issued in 1843 for the establishment of the asylums provided that “idiots as well as lunatics properly so called, are to be admissible to every asylum and so also are epileptic persons, where the fits produce imbecility of mind as well as body” (General Rules and Regulations for the Management of District Lunatic Asylums in Ireland, 1894, Rule 4).

At the same time, 6,217 of the Irish population were identified by the Irish Constabulary as being ‘simpletons or idiots’ many of whom were wandering the countryside “quite in an unprotected state” (Robins, 1983, p.158). Some of the ‘idiots’ who were left to wander abroad were, according to an official report “often teased, often goaded to frenzy by thoughtless children, often the victims of ill treatment” (cited in Robins, 1996, p.27). However, this was probably no worse a life than s/he would have encountered in the asylum or workhouse. Indeed in the poorhouse, parents and children were separated and sent to different ‘units’.
The environment and the life in the workhouses was "harsh in the extreme" (O'Connor, 1995, p.193). They were built quickly in the eighteenth century and although they were durable in design, they were of the "cheapest and most Spartan description" (Robins, 1996, p.1). All decoration and comforts were deliberately excluded from the buildings which were meant to be somewhat "forbidding and punitive" (Ibid). They had high, surrounding walls and also a 'jail' for those who broke the rules. In the asylums on the other hand, idiots were often kept in types of cells which were described as being small, confined spaces which had cold, stone flooring and heavily bolted doors.

Provision was made for minimal light and ventilation in the form of small apertures in the ceiling (Ibid). Indeed, a government commission in 1879 commented that the cells were more suited for the imprisonment of malefactors than for the accommodation of idiot paupers.

During the eighteenth century, the workhouses became home to a range of so-called human vice and misfortune:

- itinerant beggars ... prostitutes and young criminals, often the produce of earlier workhouse upbringing, a large group of infirm old people no longer able to care for themselves, so-called idiots and imbeciles, mentally handicapped people for whom there was as yet no special provision, lunatics unable to secure admission to the overcrowded district lunatic asylums, unmarried mothers and their so-called illegitimate children, rejects of a disapproving society and orphaned and abandoned children.

  (Robins, 1996, p.3)

Some 'idiots' who were believed to be 'harmless' were primarily dispersed through the workhouse while they shared the accommodation with the general 'sane' paupers. While it was believed than no special provision was made available to those with disabilities (mainly due to the fact that they had been admitted as paupers and
that the workhouse was neither staffed nor organised to provide such a service), there
does seem to be a record of extra care being provided by ‘pauper assistants’, who
helped clean and feed the ‘idiots’. These pauper assistants were ‘paid’ for their work
by being given extra rations of tea, sugar and bread (Nicholls, 1838).

Ireland’s Poor’ emphasises that the task of providing for the care and maintenance of
abandoned children became such a great burden that the Irish Parliament passed an
Act in 1730 obliging the governors of the workhouses to take from the Church
wardens of the parishes in Dublin ‘all foundling children’. Consequently, part of the
workhouse was reserved as a foundling hospital and the workhouse evolved into the
foundling hospital and workhouse of the city of Dublin.

Orphaned and deserted children and, more often enough, those with
disabilities were admitted into the foundling hospitals “in the normal way there was,
this is a basket fixed to a revolving door” (Young, 1880, p.54). O’Connor (1995)
explains that Church wardens also engaged in the process of ‘lifting’ and made
nightly rounds of the city ‘lifting’ any abandoned infants and children found lying in
public places. These children were subsequently removed to the foundling hospital or
“given the bottle, which consisted of a dose of narcotic and had the twin effect of
preventing crying and putting the children out of their misery” (O’Connor, 1995,
p.33)

O’Connor further asserts that we must remember that what seems to us now to
be savage practices were widespread in eighteenth century Europe. Indeed, the
philosopher Jean Jacques Rousseau, who was famous among other things for the
phrase “man is born free and everywhere he is in chains” had apparently no
apprehension about consigning his five children to foundling institutions.
Fundamentally, Ireland or 'the Cloud in the West' as Gladstone referred to it in the 1800's, continued to be an impoverished country with over a third of its population at near starvation while destitution was widespread. While this chapter is primarily focusing on the provision in Ireland, it is perhaps not inappropriate to mention Charles Dickens (especially since Ireland remained under British Rule at this time).

In January 1837, Dickens wrote to a friend stating that he had an idea for a new book which would ridicule the English Poor Law Act of 1835, under which the poorhouse system was established. This new law cut back on 'outdoor relief' and, like in Ireland, the poor were forced into poorhouses, soon to be known as 'bastilles'. Dickens wrote “since the new system of feeding has come in ... the coffins are somewhat narrower and more shallow than they used to be” (O'Connor, 1995, p.193). Furthermore, in 'Our Mutual Friend', written in 1865, Dickens stated that he believed:

there had been no law so often infamously administered, no law so openly violated, no law habitually so ill-supervised. In the majority of the shameful cases of disease and death from destitution, that shock the public and disgrace the country, the illegality is quite equal to the inhumanity.

(Dickens, 1865, postscript)

It may seem that this is an over-dramatisation of the harshness of such environments. However, O'Connor (1995) stresses that anyone seeking to understand the horrors of the poorhouses should read the record and minutes of the various Boards of Guardians in Ireland, because it then becomes evident that “conditions in Ireland were even worse than in England” (O'Connor, 1995, p.193).

While it is evident that during the nineteenth century in Ireland those deemed handicapped in some way continued to be catered for under the Poor Law, Ireland
during the industrial revolution during the mid-nineteenth century began progressing somewhat more technical and a greater emphasis was now being placed on one’s ability to read, write and carry out complex tasks. Undoubtedly, these developments made the integration of those with learning impairments more difficult and, as a result, many more continued to suffer the ‘indignity’ of the poorhouse. This can be seen in sharp contrast to our European and American counterparts who we have seen had now begun the development of institutions where their ‘idiots’ could be nurtured and indeed, educated in simple tasks (Malin et al, 1980). Additionally, also in sharp contrast to our European and American counterparts, to a considerable extent in this country, disability was accepted fatalistically as a burden which was to be borne by the families of the victim without any experience of support from the State (Robins, 1996). Maybe this idea had stemmed from the idea that disability was a fine to be paid for some wrongdoing or evil act committed on the part of the victim or his/her parents.

During the latter years of the nineteenth century, various government commissions as well as the inspectors of lunacy in their annual reports criticised the inhumane conditions in which people with disabilities were being kept, both in asylums and workhouses. In the report in 1891, the inspectors discussed the number of ‘idiots’ who had continued to remain outside such institutions while this report also referred to the case where a ‘poor’ woman in Dublin, had no choice but to chain her ‘imbecile’ child to a bed everyday while she went to work to support the both of them. This is a harsh but a true example of the provision for children with disabilities during this time. The inspectors who wrote this report proposed the establishment of what they termed a ‘National Training School for Idiots and Imbeciles’, which they
believed should be funded by the government. This recommendation was, however, circumvented and it can be said that it fell on deaf ears.

At this stage (nineteenth century) throughout the world, there had begun a developing knowledge of the needs of those with disabilities. The first textbook on the subject was produced in France in 1839 by Seguin titled 'The Physiological and Moral Instruction of Idiots'. With the idea of special asylums for idiots spreading throughout the world, England received its first institutions in Bath (1846) and Highgate (1848), although the new concepts of care aroused little immediate action in Ireland. However, in 1864 a small group that included a well-known Quaker philanthropist by the name of Jonathan Pim and a surgeon in the Meath hospital called James Wharton, visited various centres for the ‘care and education’ of idiotic children in England and Scotland. On return, Cheyne Brady, a governor of the same hospital in Meath, published a pamphlet on the subject and a public meeting was organised in order to discuss the establishment of a special institution in Ireland (Robins, 1983).

In 1866, another group, consisting largely of members of Ascendancy families acquired a private asylum in Lucan, Co Dublin, with the aid of Henry Hutchinson Stewart. This doctor opened the ‘Stewart Institution for Idiots’ based on Protestant principles of the broadest and unsectarian character (O’Sullivan, 1998, p.12).

When the facility became overcrowded, a residence at Lord Donoughmore of Palmerstown, Co. Dublin was acquired and in early 1879, all 101 of the Lucan ‘inmates’ were transferred to the new institution - The Stewart Institution for Idiotic and Imbecile Children and Middle-Class Lunatic Asylum’ (Ibid). In time it shortened its name to what it is called today ‘Stewart’s Hospital’. It became a centre
specifically for children and adults with mental handicap and remained for almost fifty years the only special facility of that nature in Ireland (Robins, 1996, p.27).

When World War 1 began in 1914 and with the 1916 Rising, which was subsequently followed by the War of Independence and the end of British Rule, it is understandable that both politically and economically, the early 1920s in Ireland were difficult times. The only other provision being made for children with disabilities was being done by the French Sisters of Charity at St Vincent's in Cabra, Co. Dublin (O'Sullivan, 1998). This was established in 1884 by the North Dublin Union, the management of which was taken over in 1892 by the Sisters of Charity. However, in 1924, when 'mentally defective' children were being accepted to the Richmond Hospital in Grangegorman (Dublin), the hospitals' committee proposed that the commissioners for the Dublin Union amalgamate with them, in order to obtain special accommodation for handicapped children rather than mental hospitals and workhouses which were still in use at this time.

Additionally, the Archbishop of Dublin, Edward Byrne, approached the Sisters of Charity and encouraged them to agree to operate their Cabra home as a centre specifically for children with learning disabilities - the Archbishop was anxious to secure an institution quickly, so that young Catholic children would no longer be provided for in the 'Protestant' institution (O’Sullivan, 1998).

Both of these institutions were geared towards children 'capable of improvement' and both remained relatively small isolated institutions until the late 1950s. (Directory of Services for the Mentally Handicapped in the Republic of Ireland, 8th edition).
2.6 Early Provision in the Mental Hospitals (1923-1980)

Annie Ryan (1999) presents a perturbing account of the concealed squalor, neglect and injustice silently endured by the patients in our Irish mental hospitals throughout the last century. She emphasises that apart from anecdotal evidence, the best indication we have of what kind of life was available to the ‘patient’ in these hospital are the ‘little hints and clues’ which may be gleaned in the reports of the inspectors of such institutions.

Dr David Kelly was, in 1923, the first inspector to be appointed and his job entailed reporting on the admissions of patients and on their discharges or departures. Kelly not only reported on the deaths, but there was also a special report on the numbers who died from pulmonary tuberculosis. His reports identify fatal accidents and give details of suicides committed by the patients (Report of the Inspector of Mental Hospitals, 1956; Report of the Inspector of Mental Hospitals, 1957).

As early as 1926, a report on the Mental Hospital in Letterkenny recorded the first case of tuberculosis (which proved to be a great cause of anxiety in subsequent decades in Ireland). Dr Kelly emphasised during his time that a simple sanatorium should be established for such clients, although four years later, Dr Kelly was still advocating for the establishment of such a facility. Due to the fact that the provision for a separate accommodation was slow to be developed - tuberculosis became rampant in these institutions and resulted in a high mortality rate among patients.

Ryan’s (1999) account of these institutions does not appear all dull and grey: “Almost from inception, mental hospitals were self-sufficient to a degree, not only with regard to food but also clothing and footwear as well” (p.17).

The female patients engaged in work in the laundry as well as in sewing and knitting. The Inspector’s Report of 1947 also states that the women patients engaged
in ‘ordinary housework’. The men, on the other hand, worked on adjoining farms. Of course, only those capable of such work were encouraged to do so. By the end of the 1950s, farming had changed in this country, becoming far more modernised and mechanised. The new machinery which now became necessary required investment decisions which few of the Authorities were willing to make. Ryan (1999) posits: “the therapeutic value of farm work became doubtful and Health Authorities were urged to rid themselves of farms as soon as possible” (p.21)

Many of these hospitals were reluctant to do this and by 1966 few had. What is significant though is that in any case, the farm work therapy which was provided was becoming somewhat irrelevant to the needs of the kind of client who:

were coming into the hospitals in increasing numbers since the end of the Second World War in 1945. Two groups were particularly awkward - the ‘difficult’ old and the mentally handicapped. Almost by definition, both groups were going to be ‘long stay’ patients.

(Ibid)

It is obvious now that those labelled ‘mentally handicapped’ had always found a refuge in these hospitals. Moreover, these included people who presented with conditions like epilepsy. Indeed, as has been shown, there was little distinction between the different mental disorders. Even by this time, no distinction was made between people with a mental illness (which are people who acquire, for whatever reason, a disorder of the mind, quite unconnected with their intelligence). Mental illness is a general term to cover a variety of disturbances affecting emotional and social behaviour. Ryan (1999) explains that it is characterised by inappropriate emotional reactions, by distortion of experience, rather than a lack of understanding and communication and mental handicap (which was a term used to describe those who have a greater than average difficulty in learning). This results in a delayed or
incomplete development of mind and temporary or permanent inadequate adaptation to their environment) (WHO Classification of Mental Handicap, 1990).

While up to the late 1940s, many of the ‘idiots’ and ‘mental defectives’ were catered for in the country homes (Robins, 1986; Barnes, 1991; O’Connor, 1995; Ryan, 1999). Later, however, people with mental handicaps were catered for in the mental hospitals (Mulcahy 1975; Ryan, 1999).

In 1958, the Assistant Inspector of Mental Hospitals in Ireland, Dr Ramsey, reported on the ‘Mental Hospital’, which was operating in Clonmel in Co. Tipperary. His account gives the reader a clear indication of the life one had to endure in these institutions.

The hospital itself was situated about a mile from Clonmel town - typical of the location of such institutions and asylums of the day - which may suggest that these people once ‘out of sight’ were also ‘out of mind’. Dr Ramsey begins his report by discussing ‘Division 1’ of the hospital which was ‘designed’ for fifty-eight female patients. The lighting, even with the shutters open during the day was inadequate, which resulted in dark rooms which the patients had to endure for most of the time. No provision was made for the storage of their clothes (which were usually left on the floor or chairs). Moreover, there was only one bath for all of the fifty-eight patients, which was “formerly white, but it is now a blackish green colour” (cited in a letter from Dr Ramsey to Mr Darby, Department of Health files, National Archives Dublin L5/134). Additionally, he described how it took approximately fifteen minutes to fill the bath and then ten minutes to empty, which resulted in the patients not being able to bathe in clean water and more than likely “three or four patients are bathed in one lot of water” (Ryan, 1999, p.25).
In his letter to the Principal Officer at the Department of Health, Dr Ramsay described these horrific conditions and further discussed the serious overcrowding which existed in these institutions throughout the country. He subsequently issued a report - but it failed to be published *(Ibid)*. This is obviously due to the harsh and primitive conditions in which these people lived. Indeed, due to overcrowding, patients had to:

Undress in the day room downstairs. Then they make their way up a stone staircase to the dormitories on the first and second floors. They have no clothing on them except their day shirts and in several cases they were naked.

*(Letter from Dr Ramsey to Mr Darby, Department of Health files, National Archives Dublin LS/134)*

The provision for the nursing staff was just as inadequate. Dr Ramsey described how the nursing staff had almost reached 'the explosion stage'. He discusses the arrangements in the female ward:

there is a single lavatory without any window or other opening to the exterior of the building. The only place where the nurse can keep her cooking utensils is in the lavatory. She cooks at night on a dilapidated smoky heating stove in a corner of the ward.

*(Ibid)*

Shockingly, twenty years later in 1978, when the population in these hospitals had decreased from 20,000 to about 14,000, up to two hundred people continued to live in just six huts in a hospital called St Ita's in Portrane. Ryan (1999) writes that these conditions approached those of Clonmel in 1958. In 1980, the Magill magazine published an eye-opening account of the conditions that existed throughout this country in the different hospitals. The chief reporter, Helen Connolly and her photographer spent a number of months visiting these various institutions. She concluded from her observations that these Irish hospitals were in a dreadful condition, and gave an account of the appalling state of dilapidation at a number of
hospitals including Our Lady’s in Cork city, St Mary’s in Castlebar, St Brigid’s in Ballinasloe and St Loman’s in Mullingar, to name but a few. Indeed, she paints a nasty picture of these institutions, describing the “pervading stench of urine, excrement and sweat [which] confronts the visitor” (Magill, 1980, No.1). Furthermore, she asserted that these people presented with pressure sores and urine rashes. Patients continued to sleep in beds that were broken and were covered by old and dirty sheets; stacks of soiled linen accumulated in the laundry, which undoubtedly added to the dreadful general stench. Connolly, however, believes that worst of all was the dreary boredom of life that existed for these people. She emphasises how patients were seen in all of the hospitals aimlessly wandering about or sitting in the day rooms - usually staring into space. This researcher cannot overemphasise the squalor and neglect shown in Helen Connolly’s account.

While this research focuses on the provision for children with disabilities, it must be emphasised and highlighted that “twenty percent of all patients in mental hospitals in 1980 were mentally handicapped” (Ryan, 1999, p.8). Two thousand people considered to present with a mental handicap were catered for in these mental hospitals. Another two thousand (who required residential care) with serious (severe/profound) mental disabilities were living outside in the community. Two thousand five hundred ‘mentally handicapped’ people continued to be catered for in “psychiatric or geriatric institutions” (Ibid). Finally, it has been recently acknowledged that in 1980, 225 people with ‘normal intelligence’ were included in services for the mentally handicapped (usually residential). This did not come to light until a report of a survey was published in preparation for the compilation of a database in 1995. Ironically, 1981 was the ‘International Year of the Disabled Person.
This can only be considered appalling in what was considered to be ‘modern Ireland’, where the Minister for Health at that time (1979) (see Appendix A12), Mr Charles Haughey continued to make valiant attempts to explain the non-existence of reports on mental hospitals for thirteen years, which by law (since 1945) should have been made by the inspector. Mr Haughey explained “the failure ... is apparently due to a number of Ministers who have all in some way overlooked the matter” (Dáil Eireann Debates, 1979, Questions 32-32). Indeed Mr Haughey was correct, this was a failure - a huge failure - which Ryan (1999) points out: “of all the indignities heaped on the mentally disabled by our state, that this was the most insulting of all. For thirteen years, their very existence was forgotten by the highest in the land” (p. 142)

The law which was designed to protect these people and to prevent such a thing happening had failed. What is even more appalling is the report written in the Evening Herald (March 30\textsuperscript{th}, 2001) during a time when Ireland was boasting its booming economy and its so-called ‘Celtic Tiger’. The report explains how staff at a ‘Dickensian’ Dublin hospital had to go home and boil kettles for patients after a generator failed during a blackout. It further highlights the fact that St Ita’s hospital for the mentally handicapped in Portrane was without power for two days. Apparently, the old generator which should have provided ‘back-up’ service broke down leaving the hospital without light, heat or cooking facilities for approximately ten hours. Moreover, in April 2000, the hospital’s kitchen was closed down by an Environmental Health Officer, although the Evening Herald noted that it would be another six months before a planning application would be lodged for a new kitchen complex.

Fine Gael’s Nora Owen has called for progress on providing new accommodation for the 280 mentally handicapped residents given that £13 million
was made available for this purpose in 1998. At present, St Ita’s accommodates a mixture of 280 people who present with learning disability and 230 people who are mental health patients. It is evident now, why the Report of the Commission on the Status of People with Disabilities begins with “People with disabilities are the neglected citizens of Ireland” (Report of the Commission on the Status of People with Disabilities - a Strategy for Equality, Commission, 1996)

2.7 The History of Educational Provision for Children with Hearing Impairment in Ireland.

The first schools for the education of those considered to be deaf in Ireland can be traced back as far as 1814. Indeed, the pioneer in this field was a medical doctor by the name of Charles Orpen in his book entitled ‘The Contrast between Atheism, Paganism and Christianity Illustrated, or, the Uneducated, Deaf and Dumb, as Heathens Compared with Those who have been Instructed in Language and Revelation and Taught by the Holy Spirit, as Christians’ (1828). Dr Orpen explains how on his journey back to Dublin in 1814, upon completion of his medical training in Edinburgh and London, he obtained from Dr De Lys (in Birmingham) a copy of the first report of the Institution for the Deaf which was established there. Consequently, Dr Orpen, became aware that there was no similar institution for the deaf in this country. During 1814 and 1815, while recovering from an illness, Orpen began devising lectures on how someone without any training or practical experience could educate a person who was ‘deaf and dumb’. (During the period referred to, this was the term used to refer to people who were deaf. It is recognised by this researcher that this term is unacceptable in current language usage and is used only in this chapter to
reflect the phraseology of the time). In addition to this work, Orpen also: “inquired at
the foundling hospital and at the Bedford Asylum for Orphans, then attached to the
House of Industry. In both I found several, of course, totally uninstructed and
ignorant” (Orpen, 1827, p.6).

Orpen chose a boy who was considered to be both ‘deaf and dumb’ who was
called Thomas Collins. It was this boy that joined Orpen’s home. Within a short time
- three or four months - Thomas had developed a large vocabulary and could
pronounce words clearly and could also do some arithmetic. In 1816, Orpen gave
lectures at the Rotunda Hospital in Dublin where he even ‘exhibited’ Thomas at one
of his lectures. As many as 1,000 copies of Orpen’s book were published and after he
recovered his expenses from the sale of the book, he distributed the remaining copies
- which amounted to about four or five hundred copies, to missionary societies in the
United Kingdom, the United States and the Netherlands, in order to promote the
education of the ‘deaf and dumb’ (Mathews, 1996).

Dr Orpen continued to give his lectures which did bring about an awareness of
the need for educational provision for deaf children in Ireland and people began to
donate money towards this. A group was established by the governing body of the
Protestant Archbishop, who saw to the collection of these funds and subsequently this
led to the foundation of a school in the Smithfield Penitentiary in Dublin, which
opened its doors to the children on 18th May 1816 with a total of approximately six to
eight students. This number increased to sixteen - all of which were boys. Eleven of
these pupils were boarders, while the remaining five students were day pupils.

In 1817, this school moved to a larger premises at Brunswick Street, Dublin
and in October 1818, a Mr Joseph Humphreys was appointed the Headmaster of the
National Institution (as it became known). In the early months of 1819, Mr
Humphreys was sent to Edinburgh to receive formal teaching to become the first teacher of the deaf in this country. This training was under the 'Braidwood' system (St Joseph’s School Centenary Report, 1857-1957).

The first school for the deaf and dumb in the United Kingdom was founded in Edinburgh by a Mr Thomas Braidwood in 1760. Braidwood is famous for his success in developing speech in his students by using a method later to become known as the 'English Method', which is a system which combines using signs and speech (Kyle & Woll, 1985).

Mr Humphreys’ training in Edinburgh lasted for about five months after which he travelled around visiting schools for the deaf in other parts of Britain. In 1819, he returned to Dublin, when the school found a new premises at Claremount in Glasnevin. This was a co-educational school for Protestant children. This Protestant school was, at this time, a large school in comparison to other schools, consisting of approximately eighteen acres of garden and surroundings and consequently obtained the status of the “National Institution for the Deaf and Dumb” (Mathews, 1996, p.59).

In 1826, a day school for children who were deaf was established in Dublin by the family of the Archbishop of Dublin (Dr Magee). This school was intended to be a preparatory school for Claremount and was under the tutorship of a Mr John White (McDonnell, 1976; Griffey, 1994). Contrary to Dr Orpen’s wishes, a separate institution was established in Belfast in 1831, while another was founded in Moneymore, Co. Derry in 1842 by a Miss Wright - who funded the school herself. Additionally, in 1846, a school was set up in Strabane, Co. Tyrone. However, in 1863 and 1871 the number of these schools decreased due to the fall in enrolments (Mathews, 1996; McDonnell, 1976).
What is intriguing is that despite the fact that this school was established for the Protestant deaf community, in the first thirty years of its existence, Claremount school always had more Catholic children on the roll book. Indeed, the fact that these Catholic children were being taught the Protestant faith was a great anxiety to the Catholic committee (Mathews 1996; St Joseph's Centenary Record, 1857-1957). This was seen to be such an urgent problem to be dealt with that:

we find in the very years when famine was devastating the land and helpless millions of Irish Catholics were dying by the wayside or fleeing to emigrant ships, a Catholic committee in Dublin was making a nationwide appeal to raise funds for establishing what was to become the celebrated twin institutions of St Mary's and St Joseph's Cabra.

(St Joseph's Centenary Record, 1857-1957, p.20).

The formation of this 'Catholic Committee' was due to the toil of the Very Reverend Thomas McNamara, CM. It was in 1840 that this priest was transferred to work in Paris as a rector of an Irish College there, where he visited the Institution of Le Bon Sauveur, in Caen in Normandy in France. After his visit to this school for the deaf and dumb, where he actually assisted the students in their exercises, he concluded that this was "a work much needed in Ireland" (St Mary's School for the Deaf, 1946, Good Tidings Centenary Memorial, 1846-1946). Fr McNamara returned to Ireland with the idea of providing education of this kind to Catholic children in Ireland and took up residence in the neighbourhood of the Protestant institution where he observed the "wholesale proselytism of the souls of the innocent Catholic children" (St Mary's, 1946, p.3)

McNamara advocated for a Catholic School to educate these children and in consultation with the Very Reverend Monsignor Yore, PPVG, he began collecting names to form a Catholic Committee who met and produced a prospectus in order to gain the attention of the public.
As a result (and regardless of the severe poverty and starvation sweeping the country), the first Catholic School for the deaf was established in 1842 in Cork, and was called St Mary’s. It was established by a physician by the name of Dr Patrick Kehoe to educate thirty pupils “many of whom he saw frequenting the Sacraments” (St Joseph’s Centenary Record, 1857-1957, p.20). It was a co-educational school for deaf boys and girls and as the number of students increased, a residential setting was established on to this school, with the assistance of a Mr Parkes. The school had about twenty pupils, although it closed in 1846 due to a lack of financial support and funding. However, it must be stated that this school did educate seventy-three pupils in its twenty-four years in existence - fifty-one boys and twenty-two girls.

The Sisters of Mercy operated two schools for deaf girls. The first was St Mary’s of the Isle in Cork, which was in existence for fifty-two years from 1848-1900. The second school ran by the Sisters of Mercy was at Rochfortbridge in Co. Westmeath which was called St Joseph’s and was established in 1842. These nuns taught approximately forty students from the West of Ireland. However, it closed in 1936 due to a fall in enrolments.

It was in December 1848 that Reverend Monsignor Yore, PPVG (Dublin), with the support of many others including Fr McNamara began their arduous toil in founding the school for the deaf in Cabra, Dublin. They formed the Catholic Institution for the Deaf (CID), which met weekly throughout 1846. They further placed advertisements in leading journals of the day and carried out extensive fundraising. Fr McNamara obtained the consent of the Dominican sisters at St Mary’s, Cabra to take on the responsibility for the education of deaf girls.

Regardless of the fact that the majority of the Irish people were suffering due to the Great Famine, the Daughters of St Dominic were in the position to provide
accommodation for a limited number of girls who were deaf (Griffey, 1994). Fr McNamara made the necessary arrangements for two nuns, Mother Mary Magdalen O'Farrell and Sr Mary Vincent Martin, and two deaf students, Agnes Beedam and Mary Anne Doherty (both from Dublin) to travel to Le Bon Sauveur, Caen in Normandy from 11th January 1846 to the 22nd August. The group was accompanied by Fr James Lynch, CM (McDonnell, 1979; Swan, 1994; Catholic Institution for the Deaf, 1847-1857). When the group returned home, the school of St Mary's in Cabra, Dublin was established and in its first year, it educated fifteen girls.

From the beginning, the CID Committee intended that the Christian Brothers be in sole charge of the education of the deaf boys. However, once they were asked to take on this responsibility, they refused due to their lack of time and resources. They also turned down the same request in 1849 for the very same reasons.

It still remained an urgent need for a school to educate and maintain Catholic boys. The CID became aware of the Prospect Seminary, which had the ability to provide accommodation to approximately forty pupils and was located at Prospect, Glasnevin in Dublin. The school was named St Joseph's and for a number of years, the Carmelite Brothers took on the responsibility of providing this education to the boys. For over eight years, the teaching of these boys was carried out under difficult conditions by the teacher, Mr Sutton and after his resignation, a Mr Sheridan took over the role, while the school also obtained an assistant teacher in the form of a Mr Martin Ansbro. From 1883 on, the enrolments increased and this led to overcrowding. At one stage it averaged about seventy pupils. A new premises was found to accommodate some of the boys (St Josephs, Prospect, Glasnevin Minute Book, October 17th 1883). However, an entirely new building was built on a site chosen at the junction of the Great Navan Road and Old Cabra Road. This new school would
provide accommodation for one hundred boys and its foundation stone was laid on 9th June 1856 by the Archbishop of Dublin - Archbishop Cullen (Mathews 1196; Boderick and Duggan, 1996).

Additionally, the CID, with great persistence won over the Christian Brothers who finally agreed to take over the responsibility of the education of these boys on the new premises. Thus began, for Irish deaf boys a century of “enlightenment within these walls” (St Joseph’s Centenary Record, p.19).

The Christian Brothers who were involved in the teaching of these boys obtained about six months instruction themselves at St Mary’s School on how to teach these boys who were deaf. It was in 1929 that St Joseph’s School for the Deaf eventually attained the title of a National School in the Irish Free State and it was in 1952 that these schools - St Mary’s and St Joseph’s received recognition which led to increased financial support and resources.

In Ireland at present, there are eleven schools and units, which provide for the education of children who have hearing impairment. These are listed in Appendix A13 of this thesis.

2.8 Curriculum for the Deaf

With the exception of the Irish language, the normal National School Curriculum (Revised Curriculum, 1999) is implemented. There is, however, a great emphasis on language acquisition, and the schools’ teachers aim to compensate for the language deprivation inevitably suffered by the children. Moreover, “efforts are made to enrich the pupils’ language through wide-ranging experiences and social interaction” (Bodderick and Duggan, 1996, p.43).
Great emphasis and attention is further placed on speech tuition and “sound perception training and auditory discrimination exercises aim to maximise the children’s residual hearing” (Ibid, p.46). Extra-curricular activities are also encouraged to promote the students’ “emotional well-being and social development” (Ibid, p.46). Children participate in theatrical productions, cultural tours, visiting theatre groups and outings, while the regular exhibitions of the children’s artwork further enhances the pupils’ knowledge and self-esteem.

2.9 Development of Educational Services for the Blind in Ireland

As has been discussed, the first school for the blind was founded in 1754 in Paris by Valentin Haüy, who is credited with the invention of the rather cumbrous form of ‘raised reading’ for the blind. Schools for the blind continued to be established in Europe during the late 1700's and early 1800's. In Ireland, the schools for the blind were established in the mid-nineteenth century. The two special schools for the blind both situated in Dublin come within the National School system. St Joseph’s School for the Blind provides education for boys who are blind or visually impaired, while St Mary’s School on Merrion Road provides education to girls who are blind.

A group that was instrumental in developing the educational provision for these children is the “National League of the Blind - a non-profit voluntary organisation which offers a nationwide service to people experiencing difficulties with their eyesight, which was founded in 1831” (National Council for the Blind Ireland, Executive Committee Report, 1998). The group’s mission statement reads that it aims to “optimise the intellectual, social and economic dependence of visually
impaired people and to minimise the handicapping effects of visual impairment” (National Council for the Blind Annual Report, 1996).

Even as early as 1947, the Council’s Annual Report issued its concerns in relation to the education of the blind in Ireland stating:

In our previous report, we dealt at some length with the lack of suitable provision for the education of blind children in Ireland and the complete absence of opportunity for secondary education and professional training ... we regard the principle of compulsory education to be absolutely essential in the best interests of the blind. Compulsory education is a legal as well as a moral obligation so far as sighted children are concerned.

(p.6)

This again displays the plight of those considered to be ‘handicapped’ in some way - they were seen as ineducable.

However, legislation to make education for the blind compulsory was recommended on many occasions. It was first suggested by a Royal Commission on the Blind, Deaf and Dumb in 1889, which was established to examine and report on:

the condition of the blind in our United Kingdom, the employment open to and suitable for the blind and the means by which education may be extended so as to increase the number of blind persons qualified for such employment

(cited in Lyons, 1999, p.72)

The Commission’s recommendations were subsequently succeeded with the enactment of the ‘Education of the Blind and Deaf-Mute Act’ (Scotland Act, 1890), which meant that education for blind children was now made compulsory in Scotland for children aged between five and sixteen years. Similarly the ‘Elementary Education for the Blind and Deaf Children Act’ of 1893 made provision for children in England and Wales. Notably, this legislation was not extended to Ireland.

The next time that the question of the education of the blind was discussed (under British rule) was by a Departmental Committee on the welfare of the blind,
which was established in 1914 and subsequently reported in 1917. This report strongly stressed that the ‘Elementary Education (Blind and Deaf Children’s) Act of 1893 should be extended to Ireland. Unfortunately, while legislation to this effect was introduced in the British Parliament at this time, for reasons not fully understood, it was not proceeded with (Lyons, 1999).

Twenty-six years after obtaining independence however, the Minister for Social Welfare, Mr W. Norton, TD, appointed a Consultative Council for the Welfare of the Blind. This Council comprised representatives from the many different government departments, the institutions for the education for the blind, and the various voluntary organisations involved in the welfare of the blind. The main function of this council was to “constitute a pool of expert knowledge and to advise the Minister on all matters relative to the welfare of the blind” (Lyons, 1999, p.73). This Consultative Council made specific recommendations with reference to the education of the blind. Remarkably, compulsory education for blind children aged four to eighteen was once again recommended, while an appropriate teacher/pupil ratio was also established at one teacher to ten pupils. The Council also sought to recommend that only teachers trained specially to teach the blind be employed in ‘blind’ schools. An annual grant was also set in place to allow the schools to purchase the necessary equipment and books.

It was not until the schools for the blind were given this special teacher/pupil ratio and a grant for special equipment that they obtained the ‘special school’ status, making them one of the first special schools in the Republic of Ireland.

While the Department of Education had identified the particular needs of these people with special needs, compulsory education for the blind was not introduced following the recommendation of the Consultative Council. This was due to the fact
that the Department of Education "generally felt that such legislation could possible
be found unconstitutional under Article 42 of the Constitution of Ireland" (Lyons,
1999, p.73). Article 42 of the Constitution states that:

> the State shall not however, oblige parents in violation of their
> conscience and lawful preference to send their children to schools
> established by the State or any particular type of school designated by
> the State

(Article 42, Irish Constitution)

As a result of this, Lyons (1999) explains that compulsory education of the blind,
while considered possibly unconstitutional "is not considered strictly necessary and is
not likely to be introduced in Ireland under the present Constitution" (Lyons, 1999,
p.73).

As previously discussed, the schools for the blind in Ireland were established
in the mid-nineteenth century. They received their formal recognition from the
Department of Education, following the recommendations of the Consultative
Council in 1948. The two schools in Dublin are still providing a vital service,
although they have changed dramatically over the years. While both come within the
National School system, over the past twenty-five years, both have greatly improved
their educational facilities due to progression in this field. Moreover, it is now usual
that children who are blind also avail of post-primary education and in many cases
complete their Junior and Leaving Certificate Examinations. More often enough,
students are educated alongside their peers, who are not blind. For the pupils at St
Joseph's School (for boys), this has been made possible through the establishment of
Pobailscoil Rosmini (Rosmini Community School). This is significant, since it brings
sighted pupils to the campus rather than sending the visually impaired students to
'new' and 'unfamiliar' environments in mainstream schools. It provides a full post-
primary syllabus to sighted and visually impaired alike, with the visually impaired
group having the additional support of two resource teachers.

*Pobailscoil Rosmini* is located on the same campus as the school at St
Joseph’s, which is the primary school. The campus also boasts facilities for residential
students and about fifty percent of the students are boarders. Moreover, the vocational
service of the National Rehabilitation Board works in the guidance of students with
visual impairments also. Psychologists are available to both primary and secondary
students and provide educational and vocational assessment as well as advice.
Additionally, a mobility instructor is also employed in both schools.

However, the set up at the School for Girls at St Mary’s in Merrion Road
differs. While officially a primary school within the National School system, its
efforts to provide secondary education for visually impaired students came to naught.
Instead, the Department of Education advocated that these pupils should attend St
Anne’s secondary school in Miltown and indeed some of these students do complete
with success their Junior and Leaving Certificate Examinations.

The girls were transported each day to St Anne’s and if they were boarders,
you returned to St Mary’s in the evening. Lyons (1999, p.75) says that “this
experiment of integrated education did not in general seem to have worked so far as
the girls were concerned”.

Regardless of this, the education of the blind would not have been made
possible also without the labour of the staff and residents at the Braille Unit at Arbour
Hill Prison, where the textbooks for the pupils are transcribed into Braille.

It is evident now that the voluntary organisation in the form of the National
Council for the Blind (formerly the League of the Blind) played a significant role in
lobbying government bodies to provide such a service, believing indeed from very
early on that “only by education can blind children be enabled to realise that when they reach maturity they are not forsaken or neglected, and they have a useful part to play and a contribution to make in society” (1947, Annual Report, League for the Blind).

2.10 Development of the Special Education Provision for those with Learning Disabilities (previously referred to as the mentally handicapped) in Ireland

The beginning of the 1920s was a difficult period, both economically and politically in Irish history. The effects of the World War in 1914 were undoubtedly felt in Ireland. Moreover, Ireland had also encountered troubled times in the form of the 1916 Easter Rising, which was subsequently followed by the War of Independence. When the new Irish Free State was formed in 1922, it symbolised a new beginning - the State was now to a large extent free of British Rule (Problem of the Mental Handicap, 1960).

While this meant that poverty was widespread, large families continued to be common (indeed the famous artist Christy Brown, who presented with Cerebral Palsy was one of twenty-two children). Notably, one of the successes of the new Irish Free State was its ability to reduce infant mortality in Dublin during the period of 1923-1935 from 125 to ninety-three per thousand (Jordan, 1997).

Apart from the Archbishop Edward Byrne’s (Archbishop of Dublin) anxiety to acquire an institution which would furnish care to the large number of Catholic children who were then either being unprovided for or were ‘shockingly’ being equipped in the Protestant establishment in the form of Stewart’s Hospital. Cardinal Cullen firmly held the conviction that this institution “was a Protestant institution
intended primarily for Protestant children and was not in any way involved in missionary activities” (Cullen, cited in Robins, 1996, p.32).

Moreover, the form of application for the admission of a child into Stewart’s Hospital advocated that the facility was conducted on Protestant principles and it was this that gave the Catholic hierarchy a good enough reason to treat it with abhorrence. Robins (1996) reflects on how the parish priest of Lucan, in a letter to Archbishop Byrne’s predecessor, considered it was extraordinary that while he sometimes had sick calls to Catholic adults in the hospital, he never made a ‘sick call’ to children. As time went on, the aversion, bitterness and scepticism diminished to a certain extent but Stewart’s Hospital “remained in Catholic eyes a Protestant institution and its existence emphasised the absence of an equivalent Catholic service” (Ibid)

In 1924, the Archbishop Byrne asked the Daughters of Charity if they would be willing to establish in Cabra, Dublin a centre exclusively for children with learning difficulties. They willingly acceded and the establishment of St Vincent’s Home represented the first public provision for children with learning difficulties in Ireland, opening its doors on January 1st 1926. The primary mission of the home was to offer these children a roof over their heads who had previously been unprovided for or were catered for in institutions and asylums not aimed at meeting their needs. When these sisters took on the challenge of providing care of these children, they did not expect to see vast improvements in the children’s development within a short time-span. Yet, within two short years of its existence, an Inspector from the Department of Local Government and Public Health reported major advancement and improvements in these children considered to be ‘mentally defective’. Robins (1996) highlights the children’s achievements, stating that some who were previously unable to walk, could now do so, while some other children had been taught to speak.
From the late 1920s, to the latter part of the 1950s, many of the nuns undertook training courses which were conducted in Manchester and Glasgow. These courses enabled the sisters to develop special techniques and curricula which they brought home and implemented in St Vincent’s. Robins (1996) explains that great emphasis was placed on teaching the children language, handiwork and health studies, while eurythmics, art and physical education were also part of the curriculum.

It is quite clear now to this researcher that it would be impossible to amplify the significance of these courses that the sisters undertook on the development of special education in this country. Indeed, in 1939, the sisters’ achievements prompted two school inspectors from the Department of Education to attend a similar course in London and it was on their return to Ireland that they became special advisors in this area within the Department of Education.

The outbreak of World War II, as well as the prevailing financial constraints terminated the development of any new services and it was not until 1949 that the recommendations issued by these inspectors in 1939 were at last given consideration. However, there is evidence to suggest that there was a considerable degree of goodwill within the Department of Education towards the development of such provision (Robins, 1996; NAMHI, 1996). The Department of Finance on the other hand “doggedly opposed [any developments of special education and were] devoid of any philosophical stance on the subject other than protecting the public purse” (Robins, 1996, p.157).

Despite this, the school which had somehow developed over the years at St Vincent’s continued to grow despite the lack of Departmental recognition. In 1944, Sr Louise Burke was appointed Principal of this ‘unofficial’ school. This enthusiastic individual underwent training on the education of the mentally handicapped in
Jordanhill College of Education in Glasgow and it is accepted that it was this sister who had an exceptional influence on the developments of special education services not only in St Vincent’s in Cabra, but throughout the country. Additionally, another sister by the name of Gertrude O’Callaghan underwent a similar course under the auspices of the National Association of Mental Health in London in 1941.

These courses were similar insofar as they both introduced the sisters to the concept of assessment including intelligence and scholastic testing. This participation by the sisters on these ‘British’ courses was welcomed by the course sponsors, who noted the personal qualities and commitment the sisters brought to this area.

It was in February 1947, that the Department of Education finally recognised the school at St Vincent’s, Cabra as the first special National School in Ireland. However, despite this ‘special’ recognition, the school did not receive any concessions and the pupil/teacher ratio remained the same as that recommended in ordinary schools.

Additionally, no policy was developed on the education of such children, while courses to train teachers in this field were also a problem. However, the Daughters of Charity continued to play a significant part in this development. Not surprisingly, this development only gave consideration to those children who were “capable of benefiting from a modification programme for ordinary schools” (The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland, 1983, p.9). This meant the exclusion of children who presented with a greater degree of learning disability. Children with moderate, severe and profound ‘mental handicap’ were seen to be ineducable and it was only schools for those considered to have a ‘mild learning disability’ which expanded (see Appendix 13 for list of schools).
While the school at St Vincent’s was the first special residential school in this country, the only school in the late fifties that obtained official recognition as a ‘day school’ for children with learning disability was St Michael’s, established in 1956 by the Association of Parents and Friends of Children and Adults with Special Needs. This is a voluntary and non-sectarian body (still actively in existence).

This group began in 1946, with what Annie Ryan (1999) describes “with the birth of a boy called Brian” (p.73). Brian was a little boy born with Down Syndrome and his devoted mother took her son to a clinic in London when he was two years old in order to learn about this disability and how to best cope with it. However, it was during this visit that this mother - Mrs Patricia Farrell, attended a support group for parents who had children with various types of disabilities (not just Down Syndrome). It then occurred to Mrs Farrell that no such group was in operation in Ireland and a similar group was most definitely needed in the country. On her return, Mrs Farrell, with the assistance of her close friend, a Mrs Madge Accock, she set about establishing such an organisation. She began this task by placing an advertisement in The Irish Times stating that “parents of mentally handicapped boys would like to get in touch with similar parents with a view to starting an Association” (cited in Ryan, 1999, p.74).

Approximately twenty interested parents responded to this appeal and a meeting was arranged to be held in the Savoy Tea Rooms in Dublin. At this first meeting, a committee was appointed and a decision to fundraise was made. However, more significantly, they identified the needs of their children and indeed what they, as their parents wanted for them.
Prior to this, parents had no option but to send their children away to residential schools if they were to be educated. This active group of enthused parents decided that they did not want this for their children. Astonishingly, there were enough parents of sufficient resource to organise the means to enable them to establish the first day school for their children. This is significant not only because these children now did not have to leave their parents, their family and their familiar surroundings in order to obtain their constitutional right to education, but also because this was the first time that parents of children with special needs acted as advocates for their children. This indicates that families were becoming less secretive about disabilities. At last disability was beginning to be noticed in society, with less stigma attached.

Parents of children with special needs began forming sister groups throughout the country and began to follow the example of Mrs Farrell’s group literally down to advertising in the paper. Indeed, Ryan (1999) states “the ‘Special’ National School founded by the Association of Parents and Friends in 1954, later St Michael’s House, was the prototype of many throughout the country (p.74).

Another important aspect of this school established by the Association of Parents and Friends was that this was a school for children with moderate handicap (previously seen as being ineducable). This school was reluctantly recognised by the Department of Education in 1960 (NAMHI, 8th Edition).

The sisters in St Vincent’s always advocated that with suitable techniques, moderately handicapped children were indeed capable of learning and subsequently benefiting from special education. The school for children with moderate learning difficulties at St Vincent’s was formally recognised in March 1964. This recognition,
however, was subject to the condition that only children with an IQ of 35 (or above) would be enrolled in the school. However, after a while, if the Department of Education was satisfied that children with a lower IQ could also benefit, then provision would be implemented for such children.

Notably, the Department of Education attached great importance to the work being carried out at the St Vincent’s school. They viewed it as a type of pilot project, collaborating with the Daughters of Charity, to devise policy in this field of education. Robins (1996) emphasises that special education provision remained at a dynamic stage during the 1970s and 1980s, as it was confronted with the challenges of teaching children with moderate and severe handicaps.

The Sisters at St Vincent’s Convent in Cabra continued to be instrumental in the development of new methods, techniques and approaches to teaching children with a variety of learning difficulties. In fact, Sr Gertrude O’Callaghan, even as early as April 1971, at her presentation to the World Federation for Mental Health in Dublin, was emphasising the importance of providing “creative movement and drama to help release the personality of children” (Ibid). Additionally, Sr Agnes Forde, Principal teacher at St Vincent’s, Lisnagry, Limerick, was an active member of a departmental committee under the chairmanship of Michael D. Mordha, which reviewed the curriculum for the education of children who presented with a moderate learning disability in the late 1970s and early 1980s.

In January 1983, a working party on the Education and Training of children who presented with severe and profound learning disability (under the chairmanship of Mr Sean MacGleannain) recommended the abandonment of the lower limit of eligibility for
the enrolment in schools for children with a moderate learning difficulty. It emphasised that decisions about such children should be left to the schools’ management in consultation and in collaboration with the Inspectorate of the Department of Education. Significantly, this working party also suggested that teachers be employed to educate children who presented with severe and profound learning disabilities. This is not only momentous, because it finally ended the long-term notion that these children were ineducable, but it also showed an awareness of the need for the care, education and understanding of those with learning difficulties.

The number of National School teachers involved in the education of children with severe and profound disabilities has more than doubled since the publication of the Department of Education’s report on ‘The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland’ in 1983 (INTO, 1996).

The working party that prepared the report of 1983 delineated the following major curricular areas, which are necessary to meet the learning needs of children who present with severe and profound learning impairments:

A. Basic skills

(1) Self help skills, e.g. dressing, feeding, washing and toileting.

(2) Gross motor and fine motor skills.

(3) Sensory awareness.

(4) Simple household tasks and daily living skills, e.g. cookery.

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B. Expressive Skills

(1) Communication skills, both receptive and expressive, natural gestures, cues, simple language, sign language where appropriate.

(2) Music and movement.

(3) Dramatic Activities

(4) Physical Education

C. Leisure Skills

(1) Play with other children and adults

(2) Participation in simple games, both organised and in the form of free play.

(3) Horse riding, swimming and other activities, depending on local facilities.

These broad curricular areas were used in pilot schemes to develop individualised programmes for use in the Special class/unit. As there is no definite curriculum designed for this group of children, many teachers have developed their own programmes.

The pupil/teacher ratio for mild learning disability is eleven to one (11:1) at present, while children who present a moderate learning disability are given a pupil/teacher ratio of eight to one (8:1). Children with severe or profound learning disability are given a pupil/teacher ratio of 6:1 and have two childcare assistants per class of six children (available online: http://www.oasis.gov.ie – accessed April 2002) (see Appendix A16).
Autism:

The Department of Education and Science recognises that children who present with Autism have distinct educational needs. There are, at present, sixty-three special classes for children who present with this disability. Each of these classes has a pupil/teacher ratio of six to one (6:1) and also has a childcare assistant (www.oasis.gov.ie) (See Appendix A14 for schools for children with Learning disabilities and Emotional Disabilities).

2.11 Development of Special Education Provision for those with Emotional Difficulties in Ireland

Schools for children with emotional difficulties provide education to children who “for one reason or another, are achieving below their potential at school” (St Declan’s School Introductory Booklet, p.1).

Indeed, Guidera (1998) explains that many children arrive in to such schools due to the “persistence of caring parents who were searching for a school where their child could come to terms with learning difficulties that were being confounded by the overwhelming effects of constant failure (p.11).

Additionally, other enrolled children have had their lives disrupted by “family breakdown, bereavement, various forms of abuse and neglect and for debilitating psychiatric and medical conditions” (Ibid).

Guidera (1998) acknowledges that there has been little study of the growth of this domain of special education. Nevertheless, the development of the provision for those children considered to be emotionally disturbed began with the work of a young woman called Nancy Jordan who returned to this country from Italy in 1933, where she had been
employed as a governess to the Caffarelli family in Rome since 1929. Hargaden (1982) emphasises that this: “began the first stage of a career which was to have far reaching effects, not only for the Montessori method but also for Irish education” (Ch.1, p.1).

One of Jordan’s many duties as governess included accompanying the children to their school, which was a Montessori school. It was at this school that she experienced this educational method in operation which had its beginnings in Rome in 1907 (Ibid). During her four years in Italy as governess, Jordan remained fascinated by the Montessori method of education, while simultaneously perfecting her Italian.

After her return to Ireland in 1933, Jordan enrolled in a Montessori course at the London Montessori Centre in order to qualify as a Montessori directress. It was Nancy’s mastery of the Italian language (which she attributed to Donna Maria Caffarelli) that brought her to the attention of Dr Montessori herself from the onset of the course. Indeed, it was Nancy Jordan herself who sat next to Dr Montessori in order to help interpret and clarify the Doctor’s philosophy and principles for the students. Hargaden (1981) in her account of Jordan’s work reports now that Jordan “enjoyed joking that no one could question her qualifications, as because she spoke Italian, she was examined for her final examination by Maria Montessori herself” (Hargaden, 1981, p.2).

Having obtained her qualification in 1935, Nancy took up the position of governess in England to a Hombro banking family, whose youngest son presented with a learning disability (Hargaden, 1981). In her account, she explains that the child was ‘retarded’. In 1938, she took up another governess position, this time with the Crespi family in Milan, but she had to return to Ireland in 1939 due to the outbreak of the Second World War. On her return to Ireland, she settled in Dublin with the intention of
finding a sufficient number of private pupils to educate (as this method of teaching was not then recognised in Ireland).

What is interesting is that Nancy Jordan befriended Dr Robert Collis, who was fundamental in the development of educational provision for children with physical impairments in this country. Collis at this time had secured the position of Consultant at the National Children's Hospital in Harcourt Street, Dublin. Nancy was then asked to teach pupils who were unable to attend the mainstream educational system, usually due to some medical factor. Notably, this was a very insecure time for Nancy financially and she even confided to her close friend Ursula Hurley that she could not have survived if her family had not sent her food from home (in Bagenststown, Co. Carlow) each week.

Fortunately, Nancy was beginning to become known in the medical field and was subsequently asked to begin a class in the newly built Fairyhill Hospital at Howth Head, Co. Dublin. The objective of this was to educate those children who required long-term care in hospital. Hargaden (1981) posits that it was perhaps due to the suggestion of Dr Robert Collis that she had taken up this position as he had strong connections with Fairyhill.

Significantly then, it must be acknowledged that “Ireland became ... the first country to open its doors in a professional way to the Montessori method for the hospitalised child through St Ultan's, back in 1938” (Ibid).

The report on the Montessori system at the Fairyhill Hospital was published in 1946 and this illuminated the advantages of the method “both for the young patients and the nurses” (Ibid). The report reads:

when children are confined to bed for long periods, it is essential that their minds are occupied and in [our] opinion, the Montessori system fulfils this
requirement most excellently. We have children under six years and if they are taught to apply themselves and their hands, they are being well prepared for school.

Additionally, the training of nursery nurses commenced in 1945, when lectures on the Montessori method were presented by Nancy Jordan. The report of 1946 further emphasised that “in our training of nursery nurses, we find the Montessori teacher most valuable.” However, educating young children in hospital like this was difficult for Nancy. Not only did Nancy have to produce the Montessori materials herself, but she also had to carry them from place to place, as she was only employed to teach in the hospital part time. Moreover, the children were of different ages - some confined to bed and presented with a variety of illnesses which had to be understood in relation to their own capabilities.

In 1944, Nancy was offered a position in the Meath Hospital as it became evident that children in hospital had emotional and educational needs as well as medical ones. The report of the Meath Hospital in 1948 appreciated the work Nancy was doing at the hospital. It stated that:

Up to the time of the arrival of the Montessori Teacher in The Meath Hospital, the patients in the children’s wards were just inmates. They were given the best medical attention and nursing care ... but although some of them spent many years in the ward, nothing was done re their mental development or to make proper use of the vast amount of leisure at their disposal ... the children being saved from boredom ... showed their eagerness to acquire knowledge ... it was demonstrated that even from an early age, they soon began to develop their power of concentration.

(Meath Hospital Report, December 1948).

Interestingly, the report also discusses the progress of the children themselves:

the benefits can best be indicated by telling of the boy, aged ten years, who has been in the ward for a very long time and was generally...
considered rather backward. He could not read or write and did not want to at first. Later, however, not only was he able to read, but he liked to spend an hour or more imbibing quite difficult reading matter.

(p.14)

Following her success at this hospital, Nancy was further invited to take up a position at St Ultan's Hospital and it was in 1947 that the medical board sanctioned the development of a class for children who presented with tuberculosis (Guidera, 1998). Nancy advocated that these children had:

an unnatural and restricted life ... e.g. remaining in bed for long periods of time ... not being free to move alone. Induced all sorts of symptoms, such as 1) withdrawal, 2) breakdown in toilet training 3) a return to infant behaviour and most important of all 4) almost a total lack of speech, or even worse, a loss of desire to use it.

(Jordan, 1976, p.11)

Her extraordinary work with the children in the tuberculosis unit was recognised by Dr Maureen Walsh, a psychiatrist and by Ursula Hurley, a psychiatric social worker. These interested individuals suggested that an Outpatients Department be established for children and on 6th January 1956 the first class for children presenting with emotional and behavioural difficulties was instituted. Many students from the Montessori training college in Sion Hill, Blackrock, obtained experience in this class, while some students even chose the optional module entitled the 'St Anne's Hospital Training Course'. In a failed attempt to develop this course (due to the lack of support from the hospital board), Nancy left this position in order to take up a lectureship in the Montessori College as she also had the bonus opportunity to continue teaching children - this time children with learning difficulties who were attending the primary school which was located on the same campus. While for Nancy this move was the end of an era, her work "for the
emotionally disturbed child had only begun ... Benincasa had yet to be born” (Hargaden, 1981, Ch.2, final pg).

It was around this time - 1960, that Child Guidance Clinics were being established, the first being established in 1955 under the Order of Hospitallers of St John of God, 59 Orwell Road, Rathgar, Dublin. They were established to offer:

- psychoanalytically orientated psychotherapy and group play therapy,
- psychological and educational assessment, vocational guidance and counselling, social guidance with home and school visits, speech therapy and remedial education.


Almost immediately after taking up her new position, Nancy had referrals from these Child Guidance Clinics.

As a result of the many referrals and in accordance with the Prioress of Sion Hill, Sr Ambrose Doherty, Nancy was offered a little cottage, called Assumpta House, which was situated on the grounds of Sion Hill. The purpose of this was to establish a special school to cater for the specific needs of children who presented with emotional difficulties.

This tiny cottage consisted of four small rooms, with a yard. It also had a front garden, which Nancy set to contain a sand pit. This front garden, with the sand pit was believed to be the ideal environment for the emotionally disturbed child, who found the normal school inhibiting. Nancy advocated this little cottage, with its bell door should act as an extension of the home. From the onset, an application was made to the Department of Education for recognition as a National School, which it received on 31st August, 1962 (Hargaden, 1981). Thus, Nancy became the Principal of the first school in this country to use the Montessori method of education. Such was the demand for places
at the school, that with the support of two divisional inspectors from the Department of Education, and the Prioress in Sion Hill, they were successful in obtaining a larger house nearby, which became known as *Benincasa* (trans. Happy in the Home). Indeed, Nancy had a significant influence on the development of similar provisions elsewhere. For example, in Kilkenny the Bishop (Bishop Birch) saw the need for a similar service and turned to Nancy for guidance. He was in the position to provide a suitable setting and referrals and assessments could be organised through the South Eastern Health Board. Indeed, Sr Stanislaus Kennedy, who was at that time the director of the social services centre, was also in the position to offer voluntary care staff and arranged a free hot dinner for the children on a daily basis. The newly appointed teacher at this Kilkenny school was sanctioned by the Department of Education to spend time in various special schools. Consequently, she spent a number of weeks at the Benincasa School under the supervision of Nancy Jordan. This school in Kilkenny - The School of the Holy Spirit - was opened in 1976.

Fundamentally, while Nancy Jordan’s school was the first special school offering children the Montessori method of education, the first school recognised as a school for children with emotional and behavioural difficulties was St Declan’s School in Dublin. It was on March 25th 1959 that St Declan’s Association was established as a limited company. The Memorandum and Articles of Association of St Declan’s clearly highlight its primary objectives: The first two advocate:

(1) to provide special and suitable education, guidance and help to children and adolescents of either sex who are temporarily hampered by emotional or psychological difficulties and to provide consultative facilities for parents, teachers and guardians concerned with such difficulties and problems.
(2) To provide for such persons in special schools and centres all individual care, attention and guidance necessary to overcome these difficulties and fit them for the ordinary school routine.

A Jesuit priest, Fr Dermot Casey, SJ, founded St Declan's School and Child Guidance Centre on 1st September 1958. Fr Casey was himself a qualified educational psychologist and subsequently became the Director of the school.

The Child Guidance Clinic was established at 46 Leeson Street in 1955 and this work was then extended three years later with the addition of a special day school being conducted in a couple of classrooms on the premises. This school was specially designed to meet the needs of children under the age of twelve years of age, of both sexes, who presented with emotional and behavioural difficulties.

With the growth of enrolments at the school, which its founder, Fr Dermot Casey never anticipated, a new premises had to be found to educate the children. Indeed, it was while Fr Casey was on holiday in Waterford that he was informed of a possible suitable premises for the school at 35 Northumberland Road, Ballsbridge, Dublin. Subsequently, Fr Casey presented the case to the Association who borrowed £4,000 to purchase the premises. They quickly recovered their investment. Children were usually referred to the school (and still are) by direct referral by parents, Local Health Authorities, Child Guidance Clinics, GPs and Psychiatrists. What is extremely important to note is that pupils are “not mentally deficient, but with psychological and psychiatric problems” (Directory of Services for the Mentally Handicapped, 1966, p.23)

Following the retirement of the founder and Director of the school, Fr Casey, the school came under the directorship of Fr Paul Andrews, SJ, who is also qualified as a psychologist. This dedicated individual spent nearly twenty years managing St Declan's.
He was, he admits, assigned to the job rather than choosing it, but he now acknowledges that he came to love it (Personal correspondence January 20th, 2001).

Throughout his time at St Declan's, Fr Andrews was indeed conscious of his overriding responsibility to meet the specific needs of children who had failed to cope with a mainstream National School. Even more important, he believes, was the need to do this without labelling them and to do it in such a way that the children could rejoin the mainstream education system after spending, on average, two years at St Declan's. Indeed, Fr Andrew's informed this researcher that St Declan's general principle is to help the children get over the 'hump' in their lives which is causing them to underachieve in the mainstream primary school (personal correspondence with Fr Andrews, 20th January, 2001).

While Fr Andrews has acknowledged that the children at St Declan's are segregated, they are not, by any means 'categorised'. He writes "in St Declan's [the children] thought of themselves as needing small classes to overcome a particular difficulty, but they still knew whether they were in 3rd or 5th class and regularly referred to 'my old' or 'my own' school" (Ibid)

In St Declan's, from the beginning, children were never allowed to settle down for good and they were pushed on and allowed themselves a ration of pride when they married happily or graduated from college or won prizes in the Young Scientists Exhibition.

In terms and timetable, St Declan's follows the pattern of the mainstream National School. The curriculum follows the mainstream curriculum and while the ethos of the school is Catholic, pupils come from various religious backgrounds. Special
attention is paid to reading and writing since so many of the students have difficulties in these areas. Moreover, due to these language difficulties, the school, with the approval of the Department of Education, omits Irish from the formal curriculum.

The Special Education Review Committee (SERC, 1993), has reported that there were thirteen special schools for those children considered to be emotionally disturbed, educating approximately 390 children. This means that less than one student per thousand attends this type of school (Department of Education, 1996).

The majority of these schools are located in Dublin with the only other such schools providing this service outside Dublin located in Kilkenny and Galway. Fundamentally, the SERC Report, 1993, also highlights the fact that due to the limited provision available for these children, it is likely that many children presenting with emotional and behavioural difficulties are being educated in other domains of special schools and classes, particularly in schools and classes designed to educate children who present with 'mild learning difficulties'.

The pupil/teacher ratio for children who present with emotional disabilities is, at present, eight to one (8:1) (www.oasis.gov.ie - 26th May 2001).

2.12 Development of Schools for Children with Physical Disabilities in Ireland

Education for children with physical disabilities emerged in the context of hospitals where children who presented with such disabilities were educated in these 'residential' type settings. For many different reasons, children with physical
impairments became long-term residents in hospitals and it remained that children with physical impairments were educated entirely in the medical hospital.

The hospital’s school often consisted of an annex or an adjunct or, indeed, sometimes existed as an integral part of the hospital’s setting. It is clear that these hospitals provided and still do, an invaluable service to these children from all over the country, where no day services were in operation.

It was in the 1950s that voluntary bodies began to provide services for those with physical handicaps on a daily basis. When they began this task, it soon became evident that many children were, in fact, not receiving any education while others could not get their necessary paramedical treatment and education at the same time on an ongoing basis (Jordan, Education for Living, n/d).

The first day school for children with physical disabilities can be traced back to 1952, where it was established in Dublin. This is attributed to the dedication and determination of a medical doctor called Robert Collis. Collis, born in 1900, was one of twins born into a wealthy family. While it is acknowledged that he was not gifted academically - notably his own school master informed him that he might be capable of realising his ambition to become a medical doctor “as that did not require any great intelligence” (Collis, 1975, p.19).

During the 1916 Rising, Collis cycled daily from his family home in Killiney to witness the Rising. He also wore red armlets so that he could help attend to the wounded. Indeed, when the soldiers were situated at the Shelbourne Hotel and shot at the rebels who were gathered on St Stephen’s Green, Collis strived to attend to the injured regardless of the fact that the Rising was against his ‘army’. Nevertheless, Robert later
acknowledged that after the leaders of this rebellion were executed that he felt appalled, and was on the side of the people of Ireland. What is significant about Collis aiding the wounded of the Rising was that one of the armed rebels was a Patrick Brown - who would later become the father of the famous artist and poet, Christy, who had a profound physical disability in the form of cerebral palsy. Christy Brown was to have a superlative influence on Collis' work in this field.

After completing his pre-clinical courses in Cambridge, he undertook an examination to become a member of the Irish College of Physicians. However, he was unsuccessful and Collis then began to devote his energies to the field of paediatrics, which, during the early years of the Irish Free State was in a rudimentary state. He continued on to become the first secretary of the Irish Paediatrics Club in 1933 and put in place neonatal services at the Rotunda Hospital in Dublin - particularly for premature babies. Collis collaborated closely with the nursing staff at this hospital - in particular with a Sr Moran, in order to develop services for the aftercare of sick infants. Collis continued to establish a wide range of services in Dublin for the treatment of diseases in infancy and childhood. However, it was when his sister-in-law, Eirene Collis, paid a visit to Ireland from her home in England, telling the interested Collis about her achievements in establishing a clinic for children with cerebral palsy at Queen Mary Hospital, Carshalton, England, that his interest in this disability was aroused. His sister-in-law continued to try and persuade him to establish a similar setting here in Ireland, although Collis remarked that he had no special training in the domain of physical disability (Ibid).

In his book, Collis (1975) remarks that it was the sight of Christy Brown, which finally gave him the impetus to initiate a study of cerebral palsy. Jordan explains:
one day the subject was suddenly brought to his notice with tremendous force by a case which showed him the terrific drama of a human soul imprisoned within an almost functionless or at least an abnormally functioning body. Yet breaking forth and apparently overcoming insurmountable difficulties. In this instance it was a boy called Christy.

(Jordan, n/d, p.27)

This prominent figure and influence on the work of Robert Collis was none other than Ireland’s most famous person who presented with cerebral palsy. Christy Brown was the sixth surviving child (and the eleventh pregnancy) of his parents. He was born in June 1932 at the Rotunda Hospital in Dublin. When his mother was six months pregnant with Christy, she had a fall down the stairs at the family home. Additionally, Christy was three weeks overdue when his birth was induced by quinine and castor oil (Ibid).

He was subsequently delivered using the forceps method and Mrs Brown lay unconscious for three days after the birth of her son and it took her several weeks to recover. When she did finally go home, she went home alone as her sick baby had to remain in hospital. Mrs Brown was never informed that anything was ‘wrong’ with Christy. While it was obvious that Christy was physically disabled in some way, the medical profession were insistent on pronouncing that Christy was a ‘mental defective’ also and would never be able to do anything. Mrs Brown, having great faith in God and indeed being a true optimist believed that “her Christy was physically handicapped but she believed his mind was unblemished” (Jordan, n/d, p.7).

She believed this to be true, emphasising the fact that she could “tell by his eyes” (Ibid) and Mrs Brown resolved to treat ‘her’ Christy, like the rest of her children. Not surprisingly, she was informed that the best care for Christy was to place him in an institution but Mrs Brown would not “entertain such a ludicrous idea” (Ibid). She
continued to spend every spare moment she had with him, “trying to communicate with her son, trying to unlock the brain she knew was within the twisted frame” (Ibid).

Collis’ first meeting with Christy was at a children’s party organised by the Marrow Bone Lane fund (Collis, 1975). Collis explains how he saw Christy as a small elfish like figure with a strange, fey face (Ibid). After this meeting, Collis decided that he would research the history, aetiology and treatment of this disability. Collis emphasised from his early research into the field the importance of early intervention in the treatment of this disability, advocating: “the earlier the treatment was begun, the better the result” (Collis, cited in Jordan, n/d, p.28). He recommended the necessity of day schools for children with physical disabilities as these undoubtedly had the advantage of allowing children to live a normal life like their siblings.

On 19th July 1951 at Collis’ home in Fitzwilliam Square, Dublin, the first meeting of the subscribers and directors of the ‘National Association for Cerebral Palsy Ireland (Ltd.) was held (Jordan, 1997). Dr Collis himself and two others, Dr William Roche and Miss Gwendoline Barrington became the directors of the National Association. A document was distributed to those present to inform them how the Association had come into existence and developed:

the treatment for cerebral palsy began four years ago, when the Marrowbone Samaritan Fund Committee agreed to finance a scheme which Chairman, Dr Collis started at the National Children’s Hospital Harcourt Street. In 1950, a committee was formed and a daily clinic was opened by the incorporated National Orthopaedic Hospital of Ireland in their gymnasium at 22 Upper Merrion Street and treatment was carried out there until this year, when the hospital was offered more suitable premises at Iveagh Centre, Bull Alley Street and where there are upwards of eight children receiving treatment and their progress is amazing. That so many Dublin children are to get this treatment is largely due to the grand band of voluntary drivers who use their own cars to bring the children to and from the clinic. (Jordan, n/d, p.30)
In Christy's poem 'City Dweller', which is attributed to his home city of Dublin, he discusses these two places, "Yet my Liffey dreams were just so sweet as those in a Wicklow valley and my heart was forged in Mount Street and blinded with love in Bull Alley" (Brown, cited in Jordan, n/d, p.32)

It was while the Association was stationed at Merrion Street that it was recognised as the first special day school in Ireland for children with physical disabilities by the Department of Education in 1952. At first it was called the Orthopaedic Hospital Cerebral Palsy school, as the Orthopaedic Hospital Board wanted to be the patron of this newly recognised school. It was Dr Mary O'Donnell (the Medical Director of the clinic) who highlighted that the majority of the children attending were from Catholic backgrounds and therefore the school should be under Catholic patronage. It was then that Dr O'Donnell became the patron of the school on behalf of the Association. Ms. Josie Reid, also a Catholic, became the school manager.

Jordan (n/d), points out that this complication with the Protestant Orthopaedic Hospital Board allowed (almost by default) the Cerebral Palsy Association to retain patronage of its school, without apparently offending the Catholic Archbishop of Dublin, the formidable John Charles McQuaid.

In October 1956, a special National School under the Department of Education was established with one teacher and fourteen children by the Central Remedial Clinic in Dublin. For the next ten years, it remained a one teacher school with ten to fourteen short-term pupils attending while receiving medical care and therapy at the Central Remedial Clinic (CRC), which had been established earlier in 1951 by Lady Valerie Goulding and Ms. Kathleen O'Rourke to provide physiotherapy for victims of a polio
epidemic in Dublin. Its first location was a two roomed flat at Pembroke Street, Dublin 2 and it soon became evident that a larger facility was essential. With funds collected by voluntary helpers, Prospect House in St Aidan's Drive, Goatstown, Dublin, was purchased [McCrossan, telephone conversation (January 24th 2001) and personal correspondence (January 29th, 2001)].

It is clear that Collis had done much in the development of services for such children with physical impairments, which is, in fact, highlighted in Brown's poetry. In one poem called 'Remembering a Friend, Robert Collis', Collis is commemorated by Christy as being a great man - giving himself to the service of others. Moreover, in his autobiography, 'To be a Pilgrim' (1975), Collis asked Christy Brown to pen the foreword. Christy wrote a brief piece, explaining his friendship with Collis “the strange and unique alliance that has deepened over the not unremarkable years of its duration, the impact it has made on his life” (Brown, cited in Collis, 1975, p.ix foreword)

However, while admiring Collis' work, Christy also realised that Collis was not always a completely meritorious man. In his splendid book 'My Left Foot', Christy explains carefully how Collis occasionally exaggerated his contribution to the care and education of the clients. Additionally, it is said that Collis could be cacophonous and discordant with his subordinates. What seems to have upset Christy also was the way Collis reacted to his own 'handicapped' son - whom he placed in residential care (much like many other pioneers in the field namely, Montessori and Rousseau, who both institutionalised their offspring).
The Association for Cerebral Palsy in 1975 ran into serious difficulty while Collis was on tour of Nigeria. On his return he spent the final years of his life trying to maintain it.

During 1975, various newspapers reported the Association’s difficulties. The Irish Times (1st October 1975) clearly highlighted how the Association was operating without a Chief Executive, a superintendent, physiotherapist and a social worker - following the resignation of these key professionals. It was also in this year that Collis was killed after a fall from his horse at his home in Co. Wicklow. Indeed, Jordan (n/d) writes:

"a great life force disappeared, though it was indeed a fitting way to end a turbulent life. The loss was tragic, especially in the world of rehabilitation, while Collis was introducing a new openness towards creating a national approach, between the Central Remedial Clinic and his own Association of Cerebral Palsy"

(Jordan, n/d, p.130).

One of his initiatives was collaborating with the dynamic Lady Valerie Goulding (who was the cofounder and chairperson of the CRC) whom he encouraged to join the committee of the Eastern Region of Cerebral Palsy Ireland. Jordan (n/d) further posits:

"in the context of the difficulty that voluntary organisations encounter in co-operating with each other, this was a major achievement" (Jordan, n/d, p.130)

In 1959, the ‘Cork Spastic Clinic’ was established. It all began at a meeting in Cork in May 1957, when it was highlighted that there was an urgent need for an association to aid victims of polio. Out of this meeting grew the Cork Poliomyelitis After Care Association. This group then established their school for children afflicted with the disease and seven years later in 1964, this school obtained recognition from the Department of Education. The only other existing day school for the physically disabled
pupils was at St Gabriel's, St Joseph's Street, Limerick, which was recognised by the Department in 1977 and the day school in Clondalkin, Dublin, called the 'Round Tower School' which obtained its Departmental recognition in 1978.

At present, at primary level, there are six hospital schools, and there are seven other day schools and two residential schools, which cater for children with a physical disability. Schools for these children cater for a wide range of physical and indeed learning disabilities.

Since 1972, physically impaired students have had the opportunity to partake in post-primary education, where almost total integration is the norm. At present, many physically disabled children in Ireland never attend a 'special' school, attending a mainstream facility instead. Those who enter special education are continually assessed as to the advisability of transferring to their local National School. The children who do remain within this special type of education do so for: "a variety of educational, paramedical, nursing, social, emotional reasons. Each child has to be looked at as an individual and no general rules prevail" (Jordan, 'Education for Living' n/d).

The majority of children who do remain in special education are those who are both physically and cognitively impaired.

The pupil/teacher ratio for children who present with physical disabilities is, at present, ten to one (10:1) (refer to Appendix A15 for schools for children with physical disabilities).
2.13 Conclusion - A Review of the Policies relating to Disabilities and the Evolution of the Policy of Integration in Ireland.

It is clear from this chapter that there have been significant changes in the area of special education in both policy and provision, especially since the mid-1960s. Commitment to special education has increased. This research has highlighted the changes in the provision of services during the last four decades. The following, however, attempts to illuminate the increased level of policy implementation. This researcher advocates that it is necessary to contextualise the current change by chronologically retracing some of the more significant and momentous policy changes in special education since its early days. Moreover, such a review aims to provide a framework of reference where practitioners and policy makers can cultivate future development in the field of special education.

The previous pages have displayed the upsurge in the interest and developments in special education, especially since the mid-1950s. Arguably, these developments have been led by religious order educationists as well as parents. Of course, these efforts were later supported by the government.

It has also been discussed how parents began to form organisations and associations in order to act as lobby movements, whilst also offering mutual support. Additionally, the teachers' organisation in the form of the INTO (Irish National Teachers' Organisation) began to provide courses for their members in order to highlight awareness of special educational needs. Indeed, it was in 1960 also that the first postgraduate diploma course in special education was established.

Policy documents published in the 1960s include the government's White Paper of 1960, titled 'The Problem of the Mentally Handicapped' and the 'Report of the
Commission of Inquiry on Mental Handicap’ (1965). While the 1960 White Paper is said to be a health document which clearly outlined that the care and training of people who presented with a mental handicap was the sole responsibility of the Department of Health, the paper did affirm the limited educational capability of children who presented with a mild or moderate learning difficulty. It also testified to the ineducability of children who presented with severe or profound learning difficulties (Ireland, 1960).

This White Paper recommended that the facilities for ‘diagnosing’ special educational needs should also be examined. Indeed, this is momentous in itself, since this was the first of many recommendations to be made for a psychological service. The Paper further specified that the Minister of Health intended to constitute a Commission of Inquiry to explore the field of learning disability. It is indisputable that there was an awareness of the need to conduct research and study in this domain of educational provision.

The Report of the Commission of Inquiry on Mental Handicap was published in 1965 and it is a comprehensive document which served to act as the cornerstone for developments in this field for the succeeding three decades. While the Commission Report’s main concern was in relation to the care of those with a learning disability, one of its recommendations is most significant since it proposes the establishment of diagnostic services, assessment procedures and advisory services, (which were unfortunately never put in place). It is evident from reading the Commission Report that it advocated the segregation of children with learning disabilities. Recommendation 18 of the report reads: “Special education for mildly mentally handicapped pupils should be
provided mainly in special schools, both day and residential, but in some cases, use should also be made of special classes for slow learners” (p.15).

At this time according to Ryan (1999) in her book ‘Wall of Silence’, there was a palpable distrust of the parents’ role in the upbringing of their child. This can been seen in the report of the 1965 Commission, which states that: “Parents will usually lack the knowledge required in order to give the skilled training care and supervision which will help the mentally handicapped child to overcome or at least minimise his disability” (Ibid.).

However, it was decided that care units be put in place for children with moderate disabilities, while all children with severe learning disabilities were to be provided for also. Indeed, the ineducability of the latter group of children was not considered or even questioned by the Commission. However, the significance of collaboration was emphasised by the increasing responsibility of the Department of Education, for the education of children who had previously been provided for under the Department of Health. In fact, these inter-departmental linkages did not occur until nearly three decades later.

As discussed, the Department of Education did not have any inspectors for the domain of special education prior to 1959. As highlighted in this chapter, it appears that special education was not a priority for the Department of Education. However, the development of the postgraduate course for teachers of mentally and physically handicapped children in St Patrick’s College, Dublin in 1960, changed this policy. Additionally, with the official recognition of schools for children with ‘moderate mental
handicap’ in 1965, it became evident that the Department of Education had become increasingly willing to provide educational services for such children.

However, while such policies were being implemented in Ireland, there was, in other countries, a shift away from this type of segregated form of educational provision for those with special needs towards a more integrative type of provision. Reacting to these international trends, parents of children with disabilities in Ireland began to lobby in order to obtain placements for their children in mainstream national schools. As a result, the establishment of special classes in mainstream provision became a characteristic of the National School system. This followed the promulgation of Circular 23/17, which was disseminated in October 1977 (Ireland, 1977). This circular states that children with a mild general learning disability would be suitably catered for in special classes in the mainstream school. Again, this is momentous, since this represents the first official statement by the Department of Education which promoted the integration of children who presented with disabilities. The circular set in place the criteria for the enrolment of students in special classes in the mainstream school. It further emphasised the need for assessments prior to the placement of a child in a special class. Moreover, it made the review of such placements mandatory, while parental consent was also another requirement prior to the placement of the child in the special class. However, it also acknowledged the role of the educatists, advocating that the suitability of the special educational placement rested with them (INTO, 1993). Unfortunately, this circular did not specify the conditions necessary for the sanction of such a special class. Moreover it did not adequately address the need for the provision of educational psychological assessment services to schools providing such a service (Ibid).
Between the years of 1978 and 1987, the Department of Education devised some curriculum guidelines for children with moderate learning disability in special schools. Curriculum guidelines for other children with disabilities remained non-existent. In 1980, the Department of Health published its report on 'Services for the Mentally Handicapped'. This report examined the employment of teachers for the education of children who presented with severe and profound learning disabilities. What is more whilst it also acknowledged that the extent of teacher involvement was indeed a matter that required attention by both the Department of Health and the Department of Education, it did not delineate the actual importance of teacher involvement.

Another White Paper in 1980 issued by the Department of Education proposed that integration was to be the first consideration in placement decisions for children with special educational needs. This was the first time that integration was officially addressed. It indicated the lack of cohesive planning which existed within the Department of Education on the process of integration. However, the Department of Education explained this stating that the issue of integration remained "a very complex one which could not be fully discussed" (cited in INTO, 1993, p.6). One criticism of the White Paper, however, was that while this paper proposed that integration was to be the first option in placement decisions, it did fail to interpret the process in which the mainstream National School would be modified to meet the specific challenges which the process of integration would involve.

It was in 1983 that, collaboratively, the Departments of Education, Health and Social Welfare published a report which examined 'The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland'. This was the first
report to express the opinion that children who presented with both severe and profound learning difficulties were, in fact, educable. Equally, it proposed the need for appropriate education and training for these children. The report made certain proposals in order to establish a system of education for these children. The most significant of these proposals was that the Department of Education would, at last, employ teachers to educate children who were being catered for in the 'care units'.

In a response to the recommendations made by the 1983 report regarding the employment of teachers, the Minister for Education in his 'Programme for Action in Education, 1984 - 1987' (Ireland, 1984), advocated the employment and training of teachers to educate children with severe and profound learning disabilities. Furthermore, in the context of children with mild learning disability, this report illustrated the lack of cohesive planning regarding the question of integration.

While the special classes were seen as facilitating the process of integration, the only pledge towards this process was that these classes would be 'closely monitored so as to achieve the maximum possible by way of integration' (Ireland, 1984, p.6). While some schools began to integrate their pupils with special educational needs for some subjects, the process of integration into mainstream classes had yet to be addressed formally.

At the Council of Education Ministers' meeting in Brussels in May 1987, the Irish Minister for Education adopted a policy statement on behalf of the Irish Government which emphasised the importance of achieving the maximum possible integration of children with disabilities into the mainstream classes and adopted a four-year action plan: "designed to promote as much integration into mainstream schools as possible and as
much use of special schools as necessary” (Resolution 90/C 162/01 cited in INTO, 1993, p.6).

The official communique also insisted that “the two systems should co-operate actively through joint organisation of education services and in other ways on a basis of coherent and well-defined guidelines, both at a national and local level” (Ibid.). The section on integration, however, concludes by stating that “while full integration was to be the first option to be considered, other options included that of complete segregation, were being kept open” (Ibid).

The 1990s will be looked on as the decade in which the various elements in special educational provision and practice in this country began to amalgamate and the “practical implications of ideas and theories began to be obvious” (Guidera, 1998, p. 27). The augmenting of Irish policy in this area in the nineties was a direct result of increased involvement in the European Community (European Union). Indeed, the most pertinent policy statement regarding the policy of integration was issued by the government in the following submissions, which it made to the European Communities:

It is the policy of the Government to support actively the trend towards integration, both at school level and in society generally. On the other hand, it is felt that any sudden dismantling of segregated educational provision would not be in the best interests of the disabled ... the Government is convinced that the move towards integration should be evolutionary rather than revolutionary in nature, should reflect the needs of the disabled rather than those of institutions or of ideology and integrated services should, in the short term, at least complement rather than replace existing provisions ... it is the intention of the Government to develop further the capacity of the mainstream school to meet the educational needs of a larger number with disabilities. For the foreseeable future, however, the Government sees an important place for both types of provision.

The resolution of the European Council governing the process of integrating children into mainstream schools was adopted at the meeting of Education Ministers on 31st May, 1990. This resolution consigns member states of the council to:

intensify, where necessary, their efforts to integrate or encourage the integration of pupils and students with disabilities, in all appropriate cases, into the ordinary educational policies and taking due account of their respective educational system.

(INTO, 1993, p.7)

It can be said then, that it was in the nineties that the Department of Education adopted a policy that favoured integration where possible, while also retaining the option of segregation where necessary.

There were a number of other developments at national level at the beginning of the decade which are significant. Two of the more important are the publication of a health report in 1990 ‘Needs and Abilities’ and the establishment of the ‘Special Education Review Committee’ (SERC) in 1991. This committee was the first independent body to examine the field of special education (INTO, 1993, p.7).

The Green Paper of 1992, Education for a Changing World, proposed a system of education which was more impartial and its policy on the process of integration was in accordance with the European Union’s Resolution. However, the Department’s Green Paper failed to attend to the obstacles and impediments that existed.

While it proposed to implement the assessment structure, it did not refer to its pilot psychological service. No proposals were made in which the assessment service would be developed and implemented. However, this Green Paper is significant since it formed the cornerstone for a consultative process which was destined to lead to legislation.
The 'Report of the Special Education Review Committee' issued in 1993, outlined seven principles identified by the committee to act as the kernel of the report and of any subsequent developments. These principles were both challenging and ample and the report even emphasised that the implementation of these principles would require substantial resources. It made recommendations on teacher education, curriculum implementation, linkages, pupil/teacher ratio and assessment. It must be acknowledged that this report formed the basis for the development of special education and continues to exercise a considerable influence on policy decisions. It can be said then, that in an education system which continued to develop and operate in the absence of legislation, the SERC Report is of crucial importance.

During the National Education Convention held in 1994, it became evident that reservations existed regarding the existing psychological service. Moreover, Coolahan (1995), explains that it helped in the clarification of the proposals discussed in the Green Paper and, as a result, was a key antecedent to the White Paper in 1995.

The period of 1995 - 1999 can be said to have been led by the achievement of a legislative basis for the educational system in Ireland. It was proposed to establish regional educational boards. These, it was asserted, would respond to the local needs and co-ordinate services for special education. The development of a curriculum for these children was also recommended. This White Paper also emphasised that a Task Force be put in place to ensure that the recommendations of the SERC were carried out.

In 1996, 'Implementing the Agenda for Change' assured all of the partners in the field of education that the proposals advocated in the White Paper were being implemented. Presently, the National Intellectual Disability Database, (which was
proposed by the White Paper, 1995) is being used to examine the provision and to identify any deficiencies.

The *Report of the Commission on the Status of People with Disabilities* (1996) began with "People with disabilities are the neglected citizens of Ireland" (p.1). This was the first major report on the overall situation and service provision for people in Ireland who present with disabilities. This Commission was of great significance since sixty percent of its membership consisted of people who had a variety of disabilities. Indeed, one could say that the consumer voice was very well represented. This was said to be "in tune with modern thinking and values concerning participatory democracy, equality and self-determination for people with disabilities" (Colgan, 1997, p.122).

The report highlights a multitude of problems and obstacles facing those who present with disabilities and more importantly recommends a number of policy measures to address these obstacles based on the fundamental principle of equal rights for all. The report of The Planning Group on a National Educational Psychological Service in September 1998, led the way for the establishment of such a service. This psychological service is now beginning to be provided in schools and principal teachers received notification in March 2001.

In January 2000, the Department of Education and Science announced that new structures would be implemented for the assessment and delivery of special needs education. This was to be put in place over a three-year period, beginning in 2000. A Planning Group had been established in the Department to prepare a report on the structures and policies that needed to be put in place. It recommended that a more comprehensive support service be established nationally that would:
(1) allow for the co-ordination of services;
(2) promote integration within schools;
(3) provide a local and national information service;
(4) ensure expert assessment of needs;
(5) establish an objective appeals mechanism;
(6) allow for the development and implementation of models of best practice.

While the Department of Education and Science has set out seven guiding principles concerning the rights and responsibilities within special education that will provide the basis for the new service, it has not been decided whether this new service will be established as a separate agency similar to the National Educational Psychological Service or as a unit within the Department (www.oasis.gov.ie - May, 2001).

Significantly in 1997, there were two Education Bills drafted (Ireland, 1997a; Ireland, 1997b). The first can be said to have been a controversial bill and induced many responses. The second bill was less controversial with reactions which were less negative. The Education Act which resulted from these Bills was enacted in December 1998 and can be said to be a milestone in Irish education. It not only legislates for major reforms in our education system and provision but also gives a legislative basis to the process of development which, as has been delineated, has been a characteristic of the nineties.

While this section reviewed the more important policy changes and developments in the Irish educational and provision, this researcher believes that it is also appropriate to outline significant trends which have emanated from these policies. In the 1980s, the
courtroom became one of the foremost arenas in which the right to education for children with special needs was contested.

Since 1980, the courts in Ireland have played a pivotal role in obtaining educational rights for children who present with disabilities. A number of these cases relate to children who present with profound challenging behaviour (behavioural problems). Two significant judgments were made by High Court Judge Geoghegan in 1995 in relation to the constitutional duty of the State with regard to the education of children. Under Article 42.5, parents are obliged to endeavour to educate their children. Failing this, the obligation must be borne by the State. It was the O'Donoghue case in 1993 which placed the courts at the core of the education policy debate in this state. This remarkable case was taken by Marie O'Donoghue on behalf of her eight-year-old son, Paul, who presented with a severe learning disability. Ms. O'Donoghue advocated that Paul had been denied his constitutional rights under Article 42.4, which should have guaranteed her child free primary education. Prior to this, the official attitude remained that children like Paul, who presented with severe and profound learning difficulties were somewhat ineducable and were the responsibility of the Department of Health (as stated however, some pilot programmes were in place for some children since the mid-1980s). The judgment of Justice O'Hanlon found in favour of Paul, but was appealed by the State to the Supreme Court after a considerable delay of over four years, which was in fact, only withdrawn at the last minute.

The Courts, following this judgment have since dealt with and continue to deal with, an appreciable number of parents endeavouring to obtain an appropriate education for their child. It can be said that the O'Donoghue case acted as a catalyst - it forced the
Department of Education to implement a document called 'Major Initiatives in Special Education' in the latter part of 1998. This document is most significant since it delineates that all children with special needs have an automatic right to a resource teacher in the mainstream National School. It also advocates the ration of one teacher and two special needs assistants per class of six children who present with severe and profound disabilities. Additionally, in 1998, just before he left for his position as Minister for Health, the then Minister for Education and Science, Micheál Martin announced further advancements in providing educational assessment for all children with special needs. In 1998, Martin brought in the Education Act, which obliges the State to provide education for children with special needs. In 1998, the National Council for Curriculum and Assessment was established as a statutory body. The Act states that "it shall be the function of the council – to advise – the Minister on the requirements, as regards curriculum and syllabuses, of students with a disability or other educational needs". In this capacity, the NCCA in 1999 published a discussion paper, *Special Educational Needs: Curriculum Issues* (1999) which provided a forum for wide consultation with the partners in education on a proposed structure of draft guidelines for students with general learning disabilities in primary and secondary schools. The draft guidelines have been divided into three main books. The books are sub-divided into teacher and curriculum guidelines. The guidelines are for use alongside the mainstream curriculum. Fundamentally, teachers were encouraged to respond to the draft guidelines by completing a survey distributed with the guidelines. The due date for completion and return of the survey has been extended from December 2002 to May 16th, 2003. The documents are indeed only drafts at present and will be amended as the process is
completed. They will then be sent to all schools in the country. It was hoped that this would be happening in September 2003 but the process, according to the NCCA, is a long one and they now imagine it will be September 2004 (personal correspondence with: M.Lockhart@ncca.ie – April 23rd, 2003).

At present, therefore, children with disabilities in integrated environments are supposed to be receiving the same curriculum as everyone else in the environment. The Revised Curriculum (1999) ‘celebrates the uniqueness of the child, as it is expressed in each child’s personality, intelligence and potential (Primary School Curriculum Introduction, 1999, p.6).

It is designed to promote the holistic development of the child and is, therefore, child-centred, although many researchers have now embraced the notion that the rhetoric of child-centredness and the realities of teaching lie in the attitudes and actions of the teacher (Hurst, 1997; Speight, 1997; O’Hagan and Smith, 1999).

The Revised Curriculum is presented in seven curriculum areas, some of which are sub-divided (see Appendix A19 for ‘A Guide to the Structure of the Revised Curriculum 1999’).

However, the problems are not all over as the more recent decision to appeal to the Supreme Court in another constitutional case taken by the mother of a child exemplifies. In November 2000, Mrs Kathryn Sinnott, the mother of Jamie Sinnott, a twenty-three year old man who presents with autism, won a landmark victory in the High Court where Judge Barr strongly criticised the obvious failure of the State to provide free primary education to Jamie.
Another significant element of Judge Barr’s ruling and what may be somewhat daunting to the Department of Education is that it states that nothing was found in the Irish Constitution which promulgates that primary education should cease at eighteen years of age. Judge Barr clearly emphasised that the sole criteria should be ‘need’ and it should continue beyond this age if it will benefit the person.

Dr Michael Woods, the Minister for Education however, advocated that his sole interest in appealing the case was in order to seek clarification on points of law and to assist the Department of Education to plan and set in place resource facilities for these children and adults. The National Association for the Mentally Handicapped in Ireland (NAMHI) however, believe that having looked at the grounds for the appeal, this is not the case. It believes instead that once again, as in the O’Donoghue case, the government were seeking to avoid the expenses involved in implementing the obligations of the Irish Constitution. Undoubtedly, this would include the damages that were awarded to Mrs Sinnott and her son, Jamie for their many years of exclusion and injustice.

It has been discussed in this chapter that the provision of special education has surmounted many obstacles. Now, however, it appears to be entering a new era. This is an era of greater educational equity and inclusivity. While much has been achieved, the INTO’s President, Dónal O’Loinsigh still claimed in April 2001 that the Department of Education provided a service “on the cheap” (cited in The Irish Independent, 17th April 2001), for primary pupils with special needs. He asserted at that time that there was a lack of adequate support for the integration of these children into mainstream classrooms. O’Loinsigh explains that children with special educational needs in primary schools are
receiving less than two and a half to three hours a week in special tuition, and are “struggling to cope in class the rest of the time” (Ibid).

At present, there are 8000 children with special educational needs in 2000 schools (See Appendix A16 for statistics of schools). There are almost 750 full-time resource teachers employed to provide special tuition to these children, although O’Loinsigh remarks that “much more is needed to be done if the needs of these children are to be met adequately” (Ibid).

Teachers are still waiting for the introduction of the weighting system (see Appendix A17) recommended in the 1994 official report which would allow for students with special needs to be counted as more than one pupil in a class, depending on the level of disability.

Finally, as O’Murchu (1997) posits “education for people with a disability is an integral aspect of our education system at all levels” (p.62). Therefore, it not only demands but also deserves careful attention and circumspection. Indeed, Hegarty (1993) emphasises that special needs must stay on the agenda, not only as a matter of benevolence, but solely as a matter of right.
CHAPTER THREE

Social Competence in

Early Years Education
3.1 Introduction

This chapter presents the reader with an account of the importance of social competence in the holistic development of the child. It commences with a brief explanation, which endeavors to highlight the fact that we as human beings are as dependent on human contact as we are on food and drink. Additionally it reviews research on the development of social competence in young children and it presents definitions on significant terms such as social development, personality, socialisation, and social competence. It also highlights the risks associated with not developing social competence, while it presents an account of the developmental processes, which occur within the family, among peers and in the school environment. The important role of the teacher in promoting children's social competence is also delineated. Additionally, because the central theme of this research is to highlight the potential impact of different learning environments on a child's social competence, the child and his/her environment are clearly discussed within the theoretical perspectives of Skinner, Piaget, Bandura, Bronfenbrenner, Vygotsky and Bruner. These theories serve as a base from which to consider how an integrated learning environment could influence the development of social competence in children differently from a segregated setting. The latter part of this chapter discusses the "biological fragility" of the male fetus. This concluding account aims to provide the reader with an explanation for the fact that all of the children who present with disabilities in this present study are male.
3.2 The Human Being – a Social Animal

One of the quickest ways to produce characteristics of insanity in a human is to isolate them. Indeed in Britain, there is the phrase “to send someone to Coventry” meaning to refuse to associate with that individual. While the origin of this phase is uncertain it appears to be traceable to war times when certain prisoners were sent to the city of that name. A more extreme form of isolation however is seen in the so-called stimulus deprivation experiments where individuals are isolated not only from human contact but from all contact. During these experiments people are placed in a bath of water, which is kept at blood heat. The room is darkened and has background noise that is so balanced that there is no detectable change. At the beginning of the experiment, the majority of people experience a sense of peace but within a short period they begin to hallucinate (Lansdown, 1984).

Evidently then, from both the laboratory experiment and the practice of “sending someone to Coventry” humans are indeed social beings- that is we are almost as dependent on contact with others as we are on food and drink. It can be argued then, that for a child with a disability social deprivation can be very disturbing. For example imagine a young child who presents with a hearing impairment and is segregated from his peers for being mischievous. The child for his misbehaviour is required to face the classroom wall as punishment. This child now as a result has no sensory stimulation whatsoever as he can not see his classmates or teacher, nor can he hear them due to his disability and he cannot interact with them due to the nature of his punishment.
3.3 Definitions

Lansdown (1984) defines ‘Social Development’ as “the acquisition of the ability to behave in accordance with social expectations, while an informal definition might be “learning the rules of the game” (Lansdown, 1984, p. 163).


On the other hand, the process of “socialisation” has been defined as “the acquisition by the child of the rules, standards and values of society” (Scroufe et al 1996, p. 288). This process of socialisation includes three components according to Lansdown (1984):

- Learning how to behave. This involves first of all coming to understand what the rules are and then learning to obey.
- Playing approved social roles. Every group has its own defined roles that people are expected to play: parents are not supposed to behave like children. Medical students are indulged but once they qualify as doctors, they are expected to behave like doctors.
- Developing social attitudes. Children realise the value of group membership and feel a need to join in.

Therefore, it can be suggested that “social people” fit in to these three processes of socialisation. They are as a result “accepted into the group with which they identify” (Ibid). Cole and Cole (1996) also posit that socialisation involves a child becoming part
of a group. They write, “Social development is a double-sided process in which children simultaneously become integrated into a larger social community and become differentiated as distinctive beings” (1996, p.382). However, while these authors emphasise that one side of social development is socialisation, that is, the process by which children acquire the standards, values and knowledge of their society, these writers also acknowledge that the other side of this process is ‘Personality Formation’ which can itself be defined as, “the unique pattern of temperament, emotions and intellectual abilities that children develop in their social interactions with their kin and community” (Ibid.).

Dowling (2000) posits that an important aspect of personality is the way children come to perceive of themselves in relation to others. This is said to be their ‘self concept’. Notably, as early as 1902 one of the founders of developmental psychology James Mark Balwin was researching the link between personality and social development. He maintained that,

…the development of the child’s personality could not go on at all without the constant modification of his sense of self by suggestions from others. So he himself, at every stage, is really in part someone else, even in his own thought of himself.  

(Balwin, 1902, p.23)

Another definition presented by Lansdown (1984) highlights “personality” as the “...organisation of the physical, mental, moral and social qualities of the individual as that manifests itself to other people in the give and take of social life” (Penguin Dictionary of Psychology, cited in Lansdown, 1984, p.179).

What is significant about this definition is that it illuminates several aspects to personality and social development. It is indeed an organisation - that is, where some
form of system is involved "it is a system that is reached by observations from others, it is related to social experience." (Ibid). Moreover, this definition highlights that social development; personality and behaviour cannot be separated from emotional factors. Clearly our emotions have an impact on our relationships with other people and these relations in turn seem to rely on a particular moral code. The acquisition of moral knowledge and, indeed, the emotional responses we make to other peoples behaviour, needs and wants are closely interrelated. Therefore, it can be said that social development is but one component of a child's total growth process. Of necessity, it is accentuated here that this domain of social development cannot be separated from the other areas of child development (i.e. Physical, Cognitive, Linguistic, Emotional, Spiritual, Moral, and Cultural Development). Evidently, children develop in an integrated and holistic manner. Workers with children must aim to promote the all round development of the child (O'Hagan and Smith, 1999).

Katz and McClellan (1997), justify that social skills are the strategies that children learn. These skills, they believe, enable a child to behave appropriately in a variety of settings and groups. In addition, they describe the level of proficiency with which a child is able to utilise these skills to engage in successful interactions and relationships with both peers and adults in different environments. This, these author's term is “Social Competence”. Dodge et al (1986) elucidate that social competence has been defined in many different ways that reflect the varying perspectives of social theorists. For example, White (1959) defines social competence as the organism's capacity to interact effectively with its environment. On the other hand, Goldfried and d'Zurilla (1969) state that it is the "effective response of the individual to specific life situations" (1969, p.158).
Additionally McFall (1982) characterizes social competence in terms of a judgment by another that an individual has behaved effectively. Putallaz and Gottman (1983), believe that social competence comprises aspects of social behaviour that are significant with respect to preventing physical illness or psychopathology in children and adults. Alternatively, Trower (1982) posits that it is the “possession of the capability to generate skilled behaviour” (p.419).

Furthermore, Waters and Scroufe (1983) reiterate that a socially competent individual is “one who is able to make use of environmental and personal resources to achieve a good developmental outcome” (p.81). Socrates, however, many years ago maintained that such individuals are, “Those who manage well the circumstances, which they encounter daily and who possess a judgment, which is accurate in meeting occasions as they arise and rarely miss the expedient course of action” (Socrates, cited in Goldfried and d’Zurilla, 1969, p.155).

It is clear that these definitions vary widely in the relative emphasises on social cognitive skills and capacity, behavioural performance, psychological risk as well as judgments of others. The authors Cole and Cole (1996) discuss those psychologists who study the development of friendship and who use a similar term ‘social competence’ to refer to a set of skills that collectively result in successful social functioning with peers. Interestingly, as discussed in the introductory chapter of this present research, Jacqueline Goodnow and Alisa Burns (1985) delineate the most significant elements of social competence. However Hull et al (2000) explain that there are four areas that contribute to a child’s social-emotional competence which are:

- Emotional regulation: Evidently the growing child has a variety of emotions that s/he must learn to express and regulate. This means that...
they must learn to express them in a socially and culturally appropriate way—"as well as the ability to delay spontaneous reactions at times it is a significant factor in the ability to interact with others". (2002, p.148)

- **Social knowledge**: Children must also acquire an understanding of the rules and forms of interactions that are acceptable in society. This social knowledge gets translated into action through a variety of social skills that are learned in the child’s early years.

- **Social skills**: These enable the child to interact effectively with other children. The child learns to negotiate, take turns, initiate social interactions etc.

- **Social dispositions** these refer to the child’s general response to social situations. Most children present with both prosocial and anti social dispositions. For example prosocial dispositions include a tendency to be accepting, friendly, generous and empathetic while dispositions, which interfere with social interactions, include being argumentative, bossy and aggressive.


### 3.4 Components of Children’s Social Competence

It has been seen that definitions of children’s social competence vary. However, they generally include the ability to initiate and maintain enjoyable reciprocal relationships with peers. Notably, however, as discussed it is clear that this ability is dependent on many different types of social understanding and interaction (Katz, McClellan, Fuller and Walz, 1995).

Moreover, in order to maintain reciprocal relationships, social skills (as discussed) are paramount. Children who have knowledge of language, norms and customs are more likely to get involved in their peer activities. Parent and peer
associations, according to Berk (2000), seem to complement each other. The parent-teacher attachment bond, which emphasises affection, provides children with the secure base they require to enter the world of peers. Children's developing capacities for "communicating, discussing, negotiating, turn taking, cooperating, articulating preferences and reasons behind their actions, accepting compromises and empathising with others play a part in social interaction" (op.cit., p.6).

McClellan and Katz (1992) devised a checklist, which identifies elements of social competence in young children. These items (presented below) were largely based on research, in which the behaviour of well-liked children has been compared to that of less well-liked children.

The Social Attributes Checklist:

1. **Individual Attributes: The child...:**
   - (1) is usually in a positive mood;
   - (2) is not excessively dependent on the teacher, assistant or other adults;
   - (3) usually comes to the program or setting willingly;
   - (4) usually copes with rebuffs and reverses adequately;
   - (5) shows the capacity to empathise;
   - (6) has positive relationships with one or two peers; shows capacity to really care about them, miss them if absent etc;
   - (7) displays capacity for humour;
   - (8) does not seem to be acutely or chronically lonely.

2. **Social Skill Attributes: The child usually...:**
   - (1) approaches others positively;
   - (2) expresses wishes and preferences clearly; gives reasons for actions and
positions;

(3) asserts own rights and needs appropriately;

(4) is not easily intimidated by bullies;

(5) expresses frustrations and anger effectively and without harming others or property;

(6) gains access to ongoing groups at play and work;

(7) enters ongoing discussion on the subject: makes relevant contributions ongoing activities;

(8) takes turns fairly easy;

(9) shows interest in others: exchanges information from others appropriately;

(10) negotiates and compromises with others appropriately;

(11) does not draw inappropriate attention to self;

(12) accepts and enjoys peers and adults of ethnic groups other than their own;

(13) interacts non-verbally with other children with smiles, waves, nods etc.

3. **Peer Relationships Attributes: The child is ...:**

(1) usually accepted versus neglected or rejected by other children;

(2) sometimes invited by other children to join them in play, friendship and work;

(Adapted from the article "Assessing the social development of young children. A checklist of social Attributes", Fall, 1992, Issue of dimensions of early Childhood pp.9-10).

This checklist provides the reader with a clear and comprehensive picture of the components of social competence.
3.5 The Importance of Promoting Social Competence in Children

As an indication of the pivotal role social competence plays in the holistic development of the child Pellegrini and Glickman (1990) emphasise that "perhaps some of the time and money now spent on standardized tests should be spent on observing children's social competency. As a society, we'd save money later on" (1990, p.82).

In addition to this, Vygotsky (1978), Parker and Asher, (1987), McClellan and Katz (1997), all discuss how a child's social competence is particularly important before and during his/her early years education when peer relations and friendships are beginning to emerge. Indeed, extensive research has been presented which indicates that failure to develop positive relationships with peers has been an indicator of social and cognitive difficulties in later years (Parker and Asher, 1987; Pellegrini and Glickman, 1990; Hartrup, 1992; Hull, Goldhaber and Capone, 2002; Humphries 2002). This can be clearly seen in the work of Hartrup, who posits that,

...the single best childhood predictor of adult adaption is not IQ, not school grades and classroom behaviour but rather the adequacy with which the child gets along with other children. Children who are generally disliked, who are aggressive and disruptive, who are unable to sustain close relationships with other children and who cannot establish a place for themselves in their peer culture are seriously at risk.

(Hartrup, 1992 p.9)

Katz and McClellan's research concluded in 1997. It indicates that the risks are many and can lead to poor mental health, early school dropout, low achievement and other school difficulties as well as poor employment history. As a result of their initial results these researchers, in 1997, said that "Relationships should be counted as the first of the four R's of education" (McClellan and Katz 1997 available online: 112
More recently however, Dowling (2000) supported this belief and advocated that the “3Rs” should be interpreted with the “3As” meaning Affection, Acceptance and Approval. Dowling continues to discuss how in Taiwan kindergarten children are given homework, tests and lists of work to memorise. These young children face the stress of competition, as Dowling explains that even at this young age, scores on a range of pencil and paper tests measure success.

In addition, this writer continues to highlight how in Hong Kong nearly 90% of parents intend that their children should attend University. In order to achieve this they believe an early start is essential. However because kindergartens in Hong Kong are private and subsequently compete for children, they are keen to respond to parental wishes. In 1992 a study into early Education provision in Asia highlighted that 98% of Kindergarten children receive homework mainly in writing and number skills. Additionally, children at the age of three years begin to learn Chinese reading in 98% of these preschools while 95% of the kindergarten children are taught Chinese writing at the same time. The majority of these early education settings also teach these children English writing and reading at the same time. Children are regularly assessed, tested and given homework to complete. As Dowling says, the focus “…is on academic attainment with little attention being paid to personal, social and emotional areas of development” (Dowling, 2000, p.xvi).

Fundamentally, however, there are consequences: research indicates that compared with similar groups of pre-school children in the western world, pre-school children in Hong Kong show,
Higher levels of dependency and anxiety, display more temper tantrums, suffer more eating problems and have greater difficulties with relationships. As children move into the primary sector, studies show that they display high levels of materialism together with little sense of personal responsibility and honesty.

(Ibid)

Winters (1998) also explains that these children also appear not to value themselves. Dowling suggests that because pre-schools have emphasised the learning of content, children find it difficult to be creative and divergent thinkers. As Winters points out, Asian educational methods have valued and emphasised academic achievement and development while damaging and scarifying other domains of children's growth which help them achieve in adult life.

Interestingly, research has accumulated over the past two decades which highlights the fact that if children do not achieve minimal social competence by approximately the age of six years, they have a high probability of being 'at risk' into adulthood (Ladd and Profillet, 1996; Parker and Asher, 1997).

3.6 Influences on the Development of Children's Social Competence

The development of social understandings and peer interactive skills that effectively contribute to a child's positive self-confidence are believed to be influenced by many factors (Baumrind 1971, 1983; Hartrup 1983; Putallaz 1987; Katz and McClellan 1991, 1999). These factors include:

- 3.6.1 Family Attachment systems.
- 3.6.2 Parental methods of control.
- 3.6.3 Peer relationships.
3.6.4 The Role of the Teacher.

3.6.5 Type of classroom environment.

3.6.1 Family Attachment Systems

The widespread belief that early experiences of infants have a major impact on the characteristics they will have as adults has led many researchers to attempt to observe and identify the most favorable conditions for optimum growth and development. It has been often suggested that optimal development is best fostered when the child’s mother (or alternative primary caregiver) cares for the baby and is responsive to the infant’s requirements. Fundamentally it has been advocated by many in this field that infant’s physical needs are best met when they are provided with social interaction and physical contact. What is a universal feature of development is the fact that all seven to nine month old children begin to become upset when they are separated from their primary caregivers (Grossman and Grossman, 1990).

This has undoubtedly led to an interesting debate about the evolutionary reasons for attachment on children’s subsequent development. It is evident that three major explanations have dominated this debate: Sigmund Freud’s suggestion is that infants become attached to those individuals who satisfy their need for food. Eric Erikson’s research advocates that infants become attached to those people they can trust to help them and John Bowlby’s similar hypothesis is that young infants become attached to certain individuals who provide them with a secure foundation for exploring the world around them.
3.6.1.1 Sigmund Freud's Drive – Reduction Explanation

Attachment plays a significant part in Freud's theory of development. Freud believed that early interactions between children and their social environments, particularly with the people who care for them, lay the foundation for later socialisation and personality development (Eisberg and Mussen, 1989). Freud (1933/1964) advocated that humans are similar to other organisms and are somehow motivated by 'biological drives'. These 'biological drives' can be defined as a state of arousal where by the organism is driven to seek the basic prerequisites for survival. Hunger and thirst are examples of biological drives where the individual is forced to satisfy their need for food and drink. Freud acknowledges that pleasure is felt as the need is satisfied and the organism returns to a more comfortable biological existence.

In his work, Freud emphasised that the mouth was the primary focus during the child's first year of life. This he termed the "oral stage of development". He believed that it was the objects or people who satisfy the child's hunger drive that the child becomes attached to. The child's mother, according to Freud, is the first person to whom infants become attached, as it is the mother who is most likely to nourish and feed the infant. He wrote, "Love has its origin in attachment to the satisfied need for nourishment" (Freud, 1940, p.188). The attachment according to Freud was significant as it is central to the formation of the child's personality as they progress through later stages of child development. This, additionally, seems to be important to Freud for another reason as he emphasised that the relationship between the child and the mother acted as "the prototype for all...love relations for both sexes" (Freud 1940, p.188).
Freud continues to discuss how in the second year of life a child’s pleasure seeking shifts from the mouth to the anus. Here, Freud considers that anal satisfaction reflects the child’s biological drive to become independent and to have self-control (*Ibid*). For many reasons this theory has met with harsh criticism mainly because Freud proposes that attachment is caused by the reduction of the hunger drive. While this theory also seems to imply that all children begin to act independently in their second year of life, it fails, however, to explain why many children are still likely to become distressed when they are separated from their caregivers until they are well into their second year of life.

3.6.1.2 *Erik Erikson’s Psychosocial Explanation*

Though still within the Freudian tradition, a more promising explanation of attachment has been proposed by Erik Erikson - one of Freud’s most influential students. Erikson (1963) proposed that there are eight stages in the human life cycle - which he termed ‘the eight stages of man’. These eight stages were formulated, not through experimental work but through wide-ranging experience in psychotherapy including extensive observation and experience with children and adolescents from different social classes. Erikson regards each stage as a ‘psychosocial crisis’ which arises and demands resolution before the next stage can be satisfactorily negotiated. It has been said that these stages are conceived in an almost architectural sense, that is, satisfactory learning and resolution of each crisis is necessary if the child is to manage the next stage and subsequent stages satisfactorily. Indeed, as ‘The Child Development Institute’ (2001) acknowledges, “Just as the foundation of a house is essential to the first floor, which in turn must be structurally sound to support the second story and so on” (Child
The conflicts characteristic of the first two stages of 'stages of man' provide an explanation for the increase in children's anxiety when they become separated from their caregiver in the seventh to the ninth month of their first year of life which decreases during the child's second year. According to Erikson's first stage of development (which commences at birth and ceases when the child is approximately one year) babies must develop a favorable balance between trust and mistrust. He advocates that children become attached to those who reliably attend to their needs. Once infants develop trust and faith in their caregivers they enter the next stage of development. It is during this stage that their need for autonomy increases and as a result they cease to be upset and anxious during brief separations from their caregivers as they have trust in their caregiver and understand that s/he will return (Erikson, 1963).

The eight stages of man are indeed insightful descriptions of how personality develops. Notably however they stand as descriptions only. While we possess at best rudimentary knowledge of what kind of environment results in for example, traits of trust verses mistrust. Socialisation, it seems then is a form of learning - teaching process that when it is successful, results in human beings “moving from an infancy of helplessness to total egocentricity to an ideal state of sensible conformity with independent creativity” (Ibid).
3.6.1.3 John Bowlby's Ethological Explanation

In the aftermath of the destruction and loss of life of World War II, many public agencies became deeply concerned about the consequences of young children being deprived of normal maternal care. The World Health Organization in 1950 requested that John Bowlby, a British psychiatrist, undertake research into the mental health of children who had been separated from their caregivers and as a result were catered for in institutions (Bowlby, 1969, 1973, 1980).

Bowlby conducted observations of children in hospitals and orphanages. All of the children had either lost or been separated from their parents for a long period of time. He reviewed reports at clinical interviews with psychologically-troubled or delinquent adolescents and adults (Ibid). Bowlby acknowledged that there was a similar sequence of behaviours described in the various sources. In the beginning, when children are first separated from their caregivers they became fearful. During this time they cry, throw tantrums and try to escape their existing environment. Following this, the children seem to go through a stage of despair and depression. Bowlby explained that if this separation continues and no new stable relationship develops, then these children seem to become somewhat indifferent to other people. This state of indifference is termed as “disattachment” by Bowlby.

In order to explain children's distress during the separation period, Bowlby adopted an evolutionary perspective. His theory emphasised what was then known about mother - infant interactions among large apes (that live on the ground) who defend themselves against predators by bonding together with other apes. For these infant apes, the period of infancy lasts for quite a time and because the infants are helpless and indeed
vulnerable, they remain in close proximity to the mother. In order to survive. However, Bowlby advocated that counteracting this need for safety through close proximity is the infants need to explore their environment and engage in play. Bowlby hypothesized that some sort of mechanism must exist in order to provide a balance between the infants’ requirements for safety and their need to explore and play. Bowlby termed this mechanism as “attachment”.

Bowlby (1969) explains that attachment normally develops through four broad phases during the child’s first two years of life. This, he believes, “eventually produces dynamic equilibrium between the mother-child pair” (Bowlby, 1969, p.236).

1. ‘The Pre-attachment Phase’ (Birth to 6 weeks)

During this time infants remain in close contact with their caregivers from whom they receive food and comfort. However, children do not realize when they are left alone with unfamiliar people.

2. ‘The Attachment in the making Phase’ (6 weeks to 6-8 months)

During this stage infants began to respond differently to familiar and unfamiliar adults and children. They begin to show signs of wariness when confronted by unfamiliar people.

3. ‘The Clear-Cut Attachment’ (6-8 months to 18-24 months).

During this period children display full signs of “Separation Anxiety”. This includes children becoming visibly distressed and upset when the caregiver leaves the room. The mother acts as a “secure base”. This term coined by Bowlby refers to the security provided by the period when a child is attached.” A secure base helps to regulate the baby’s explorations of the world” (Cole and Cole, 1996, p.240). Indeed, from this secure base young children can engage in exploration of their environments and to which, they come back every so often to renew contact before continuing in their exploration.

4. Reciprocal Attachment (18 to 24 months)

This is the fourth and final stage advocated by Bowlby. As the child becomes mobile, s/he spends increasing time away from the caregiver. They both share the responsibility for maintaining the equilibrium of the system. Bowlby believed
that, the parent-child attachment relation now acts as an “internal working model”. This, he advocates was a “mental model” that infants achieve as a result of their experience with caregivers that they use to guide their behaviour in subsequent relationships (Bowlby, 1969).

As previously stated, breakthroughs in methodology for assessing infants’ perceptual abilities indicate that newborns are perceptive. The newborn infant will imitate someone sticking out its tongue, fluttering its eyelids and opening and closing its mouth (Oden, 1992). Through crying, the infant can indicate its physical needs and these physical needs are best met with social interaction. Clarke-Stewart and Koch (1983) have shown startling research that points to the fact that babies who lack human interaction may fail to thrive - they fail to gain sufficient weight and can be listless, depressed and withdrawn. Bruner (1978) has proposed that these developments also constitute a “fine tuning” system for the child’s language and cognitive development.

It is evident, then, that it is important for infants to maintain close relationships with one or more adults. Notably, it can be proposed that it is the responses to different types of social stimulation and objects by specific individuals which result in a smiling and laughing infant. In order for positive social competence to develop in children Oden (1992) posits that infants and toddlers need to be “securely attached” as these children are affectionate, tend not to cling to their caregivers but explore their physical and social environments from their “secure base”. However, not only the child’s primary caregivers facilitate the socialisation process of the child (Ibid).

Socialisation is indeed also within the family context, which includes relatives and friends who support the primary caregivers and reinforce the cultural values.
3.6.2 Parental and Teacher methods of Control

Diana Baumrind (1971, 1980) has demonstrated that as children grow and develop their parents or guardians use different methods of control in family management. These are believed to fall into predictive categories. Baumrind (1980) posits that parents who follow an "Authoritarian" parenting pattern try to shape, control and evaluate the behaviour and attitudes of their offspring's according to a set traditional standard. The parents who impose this type of control stress the importance of obedience to authority and discourage verbal give and take between themselves and their children (Berk, 2000). They advocate punitive measures to bring about their children's compliance. However, parents who demonstrate an "Authoritative-parenting" parenting pattern try to control their children's behaviour by explaining the rules and reasoning with them. These parents acknowledge their children's rights and are said to be the group, which are least likely to impose physical punishment on their children. "Authoritative parents" are those that set high standards for their children while encouraging them to be independent individuals (Cole and Cole, 1997; Berk, 2000).

On the other hand, parents who exhibit a permissive parenting pattern exercise less explicit control on their children and their actions than the previous parents. Permissive parenting styles seem to make few demands on their children and children appear to be given a lot of "leeway" to determine their own activities (Hull et al, 2002, Cole and Cole, 1996). These parents, according to Baumrind (1980) do not demand the same levels of achievement in their children that authoritative or authoritarian parents do.

In her research, Baumrind (1980) found that, on average, each style of parenting was associated with a different pattern of behaviour in children, which appears to be
visible in the early years education setting. Indeed, children of authoritarian parents tended to lack competence socially when dealing with other children. These children were seen to frequently withdraw from social contact and seldom used their own initiative. Moreover, in situations of moral conflict these offspring's looked to outside authority to decide right from wrong. These children, according to this researcher also were lacking in cognitive curiosity. In contrast, children of Authoritative parents appeared to be far more self-reliant and were willing to explore their surroundings. This research also demonstrated that these children seemed to be more content than those raised in families where permissive or authoritarian styles were imposed. Baumrind considers that the difference is a result of the fact that while authoritative parents set high standards for their offspring, they also explain to them why they are being punished and rewarded. Notably, Baumrind emphasises that it is these explanations that improve children’s comprehension of social rules.

Children of permissive parents tended to be “immature” (Ibid) and had difficulty controlling their impulses. They found it difficult to act independently and had problems with accepting responsibility for their social actions. Furthermore, research conducted after Baumrind's initial publications supported her observations. Sanford Dornbush et al (1987) for example concluded that authoritative parenting is associated with better school achievement in children. These children were also better socially adjusted than the children of authoritarian parents in secondary school as they were at preschool (Dornbusch et al, 1987; Lamborn et al, 1991).

Like parents in the home, teachers as the authority figure in the classroom environment, need to be authoritative rather than permissive or authoritarian.
Understandably, teachers have the right to exercise leadership and control. However, research indicates that when teachers are supportive of their students and make the reasons behind their demands known then they increase their chances. Indeed, focusing on appropriate and desirable behaviour is very effective e.g. by stating to a class “I like the way you are sitting Edel” can be a far more successful way of getting the class to sit in the desired way rather than focusing on the negative. However, when situations do arise that call for disciplinary intervention it is important that teachers handle them efficiently. Brophy (1996) identifies general principals for doing so:

- minimize power struggles and face-saving gestures by discussing the incident with the child in private rather than in front of the class;
- question the child to determine his/her awareness of the behaviour and explanation of it;
- make sure the student is aware why the behaviour is inappropriate and cannot be tolerated;
- seek to get the student to accept responsibility for the behaviour and to make commitment to change, provide any needed modeling or teaching better ways of coping;
- work with the child to develop a mutually agreeable plan for solving the problem, concentrate on developing self-regulation capacities through positive socialisation and instruction rather than on controlling behaviour through the assertion of power.

Nevertheless, despite the consistency in the research presented and the conclusion that authoritative parenting and teaching is most conductive to cognitive and social competence in children, the following must be highlighted:

- While maintaining their dignity as an adult, a teacher and an authority
figure, the teacher should be friendly but not overly familiar, and be comfortable with the group without becoming a group member;

- Clarity about teacher roles and comfort in playing them, which enables teachers to explain coherently to students what they expect;
- Patience and determination in working with students who persist in testing their limits;
- Acceptance of the individual, though not necessarily of all his/her behaviour, and making this attitude clear to students.

Fundamentally, it must be noted that the basic strategy for relating parental behaviours to child behaviours used in the above research relies on no correlational data. Evidently, there can be no certainty that the difference in the parenting styles accounts for the differences in children’s social and cognitive behaviour. Moreover, it appears in general, the families involved in Baumrind’s study were all white, middle class two-parent families.

Indeed, if we are to get a more precise picture of the effects of parenting styles on children’s subsequent development we have to, “Consider how various family configurations in combination with educational experience, economic differences, ethnic heritage and cultural context influence socialization” (Cole and Cole, 1996, p.437).

3.6.3 Peer Relationships

As the baby grows in to a toddler s/he begins to move independently into peer contexts. These, undoubtedly, provide him/her with opportunities to interact and develop an understanding of others. There are a number of studies, which highlight that when children are attracted to each other and began to form friendships they develop a desire to
share their belongings, help one another while qualities of generosity are also evoked (Wood, 1981; Berk, 2000; Humpries, 2002).

Furthermore, children began to learn to cope with their feelings of anger and aggression more easily than they can at home. They also “have opportunities through friendly interaction to become democratic, affectionate and tolerant in behaviour” (Wood, 1981, p.174).

Jean Piaget, the Swiss psychologist, advocated that peer interaction was one of the major sources of cognitive as well as social development. He particularly emphasised this for the enhancement of empathy in children (Piaget, 1932). Oden (1987) pointed to the contexts of school, neighbourhood and home believing that children learn to differentiate among different types of peer relationship. Remarkably, children can at an early age identify different types of peer relationships and friendships. They can also identify, it seems, their best friends, their social friends, activity partners, acquaintances and strangers (Oden, 1987; Berk 2000).

It is through the building of these different types of peer relationships and peer conflict that children “acquire knowledge of the self versus others and a range of social interaction skills” (Oden, 1987, available online: http://www.geocities.com/athens/forum/2780/oden.html – accessed February 12th, 2002).

In addition, Newcombe, Bukowski and Tattee (1993) have concluded that the existence of friendships between children evokes social responsiveness. Hartrup (1983) further explains that peer relationships provide a full repertoire of social experiences. However, he maintains that such relationships are more helpful if peers are similar in cognitive and social capacities (which may have implications for children with learning disabilities).
Many workers have discussed how playing at times with older and younger children as well as with same age peers enables a child to learn to give and seek assistance and also learn to assert and stand up for themselves (Hartrup 1983; Oden 1997; McClellan and Kinsey 1999).

Vygotsky (1976) emphasises the pivotal role of more capable peers or adults in scaffolding children’s development within the “zone of proximal development”.

3.6.3.1 Favourable conditions for the development of Friendships

Essential conditions for friendship include commitment and reciprocity among individuals who see themselves as more or less equals (Hartup, 1992). The main themes in friendships are identified as being “relations...affiliation and common interests”. These, Hartrup (1992) believes, are first understood in early childhood. Damon (1977, 1988) posits that there are three levels of development of friendships. The first stage of this seems to be applicable to the age group under analysis. Damon terms this stage as “friendship has a handy playmate” which usually occurs when the child is approximately four years old until seven years, the child at the beginning of this stage already has a grasp of the importance of friendship. They are aware that a friend is “someone who likes you, with whom you spend lots of time playing and with whom you share your toys” (Damon, 1988).

Fundamentally, however, there is little sense of appreciating the “friends” personality traits as it seems that young children are only beginning to size up their own and others dispositions. Friendships, it seems are viewed concretely by children during this stage - that is, in terms of play and exchange of toys and activities. Selmon (1981)
analysing this first stage (proposed by Damon), explains that a friendship can dissolve when one partner refuses to share his possessions, hits or is not available to play! Indeed, Selman explains that a five year old’s answer to the question “what makes a good friend?” summarises the young child’s concept of friendship. The child answered; “boys play with boys, trucks play with trucks, dogs play with dogs” (Selmon, 1980, p.136). When the interviewer continued to ask the child further by enquiring, “Why does that make them good friends?”, the child replied, “Because they do the same thing” (Ibid). Both cross sectional and longitudinal research confirms this sequence of friendship understanding (Bigelow and La Gaipa, 1975).

From around the age of eight years, children shift their views of friendship from sharing material possessions to being kind and perceiving friendships that allows individuality to be expressed (Berndt, 1988).

Theoreticians and researchers suggest that mixed-age peer interaction also contribute to the social – cognitive and linguistic development of the younger children, while promoting the instructive abilities and self esteem of the older child (Montessori 1975; Hartrup 1983) Evidence has been presented which indicates that the growing child’s social interactions impact on his/her cognition (Vygotsky, 1978; Rogoff 1990).

Moreover, Oden (1987) posits that social-cognitive development (which incorporates moral judgment) appears to parallel children’s cognitive development as their perceptions of relationships with peers and social situations become less egocentric. Caine and Caine (1991) in their extensive review of research on brain development concluded, “emotions and cognition cannot be separated” (1991, p.66). Indeed, McClellan and Kinsey (1999) note that “Social cognition may lay the foundation for
cognition in general, within both the development of the individual person and the
genetic heritage of the species" (1999, p.3).

Fundamentally, if this is the case it can be proposed that mixed-aged groups and
mixed ability groups can be seen as providing the child with a rich social environment.
The kind of support provided by the older or "more knowledgeable" child would enable
children (with and without identified disabilities) to accomplish with assistance actions
that they will later learn to achieve independently. This is what Vygotsky termed "the
zone of proximal development" (Vygotsky, 1978). It is this type of an environment that
"contributes to both greater social and greater cognitive competence" (Ibid., p.3).

3.6.3.2 Friendship, Prosocial and Aggressive Behaviours

It has been discussed how the quality of a young child's social competence can
accurately predict a child's academic as well as social competence (Goodlad and
research, which suggests that social rejection in early childhood, decreases children's
opportunities to develop holistically and achieve optimum social competence.
Fundamentally, in a study compiled by Asher, Hymel and Renshaw (1984), it was
affirmed that unpopular children are significantly more likely to report episodes of
loneliness than their more popular peers. Moreover, in earlier studies in 1953 and 1961
Adams and Zerby asserted that these "unpopular children" experienced greater social
exclusion and isolation in "same-age classes" than in "mixed-age" classrooms.

Parker and Asher (1987) write that sociometric measures have been identified as
one of the most accurate ways of selecting children who might be "at risk" for a variety
of problems later in their lives. Children who are withdrawn, for example, have been
shown to display significantly higher increases in prosocial behaviour when paired with younger peers than with children of their age (Furman, Rahe and Hurtrup, 1979). Helping, co-operating, caring and sharing, as well as taking responsibility for one another, are regarded as components of prosocial behaviour (Hull et al 2002).

Moreover, there is also evidence, which suggests that prosocial behaviour has been shown to increase in children where they are given opportunities and where they are expected to help to take care of younger children (Whiting and Whiting, 1975). It can be argued that an inclusive or integrated learning environment can be equated to a mixed aged class.

Indeed although the chronological age of the pupils with and without identified disabilities will be approximately the same, it is evident that their developmental stages would be different. Katz and McClellan (1997) clarify that,

Social skills and dispositions such as offering nurturance, exercising leadership working cooperatively and expressing altruism do not magically appear when a child reaches adulthood, they are dispositions and skills that must be “practiced” and explained as satisfying and effective throughout childhood.

(1997, p.34)

Evidently, these opportunities to develop new skills and “practice” competencies are greatly influenced by the way the learning environment is arranged. While the central focus of this research was to analyse the differences in the social competence of children who attended different learning environments, it must be highlighted that the environment is considered to be the “Sum total of the physical and human qualities that combine to create a space in which children and adults work and play together” (Gordon and Browne, 1993, p.264). Notably, the classroom teacher plays an imperative part in the learning environment. Therefore, the teacher’s role in the classroom needs to be
discussed, as should its effects on the development of children's social competence. In addition the theories presented by Vygotsky (1986), Bruner (1985), Bronfenbrenner (1979), Bandura (1977), Piaget (1973) and Skinner (1959) will be analysed. It will become evident that these theories differ with respect to the emphasis that is placed on the learning environment in explaining the growth and development of the child.

3.6.4 The Role of the Teacher

Hartnlp and Moore, (1990) and Hull et al, (2002) suggest that a child's holistic development is enhanced by frequent opportunities to strengthen social competence. There are many strategies that we, as early years educators, can use in order to promote the social domain of development and competence in children. Key elements of successful child socialisation include:

3.6.4.1 Modeling

Modeling prosocial behaviours forms the basic element for promoting child socialisation. Evidently teachers are unlikely to be successful teachers unless they practice what they preach.

Modeling accompanied by verbalization of the self-talk that guides prosocial behaviour, can become, a very influential method of student socialisation because it conveys the thinking and decision making involved in acting for the common good. In situations in which prosocial behaviour is difficult for students to learn, modeling may have to be supplemented with instruction (including practice exercises) in desirable social skills and coping strategies. Such instruction should convey not only PROPOSITIONAL KNOWLEDGE (description of the skill and an explanation of why it is desirable) but also PROCEDURAL KNOWLEDGE (how to implement the skill) and CONDITIONAL KNOWLEDGE (when and why to implement it).

(ERIC Digest, available online: 131
Children also learn by modeling the behaviour of their peers. The classroom provides many opportunities for children to model appropriate learning practices and social behaviours of their peers. As Gammage and Meighan (1995) remark, “through modeling of his peers, I watched a young child who was severely intellectually and physically disadvantaged learn simple hoop handling skills during physical education” (1995, p.87)

As a result, children must be given opportunities to engage in cooperative learning. This involves children of all abilities working together to become valued members of the learning environment.

Young children grow immensely from participating in cooperative learning groups. When a classroom of children first come together they should be given as many opportunities to participate in paired activities with a variety of different partners. Objectives, roles and conduct guidelines must be clearly stated. After working together in this way the children may become part of a larger group... They will learn academic, social and organizational skills from the group members. Academic achievement of these groups usually surpasses what individuals could produce.

(Ibid, p.87)

3.6.4.2 Reflective Teaching

Skilled early childhood educators know that they can reduce the likelihood that children will run indoors by arranging the furniture in ways that create natural barriers to slow a child's movement. They understand that reducing the speed of a song might ensure that all of the children are able to participate in the singing, even those who are just learning the words. They understand that adding movement and interaction to story time can greatly reduce the likelihood that children will become bored and begin to be inattentive.

(Hull et al, 2002, p.55)
The above quote shows how effective early years educators use the learning environment to influence the behaviour of the children in their care. Evidently, a fundamental objective of any interested teacher is to prepare an environment that will enable each and every child in the class to display their most competent behaviours. As early years educators we must be aware that we act as role models for the children. Indeed our values, our beliefs and any prejudices and stereotypes we may have are evident in the learning environment all of the time. Therefore "reflective teaching" is implemented for a particular purpose.

Reflective teachers are able to reflect on both positive and negative classroom experiences productively, consider what they can learn from each event, gather information to make better judgments, consider how their actions reflect their moral priorities and then select and implement the best possible strategy under the circumstances.

(Eby, 1996, p.13)

If we are to promote the development of social competence, we, as teachers, must engage in this habit of mind, which requires us to ask questions and gather information. This should then be interpreted so that we can create classrooms that are more responsive to children with a variety of backgrounds and abilities.

3.6.4.3 Projecting Positive Expectations

Consistent projections of positive expectations and social labels to students seems to have a significant impact on enhancing self esteem and promoting prosocial behaviours among children (Brophy, 1988). Children who are consistently treated as if they are well-intentioned individuals who have respect for themselves and who desire to act prosocially and responsibly are "more likely to develop these qualities than students
who are treated as if they have the opposite inclinations especially if their positive qualities and behaviours are reinforced through expressions of appreciation” (Brophy, J. 1988, available online: http://www.ed.gov/databases/ERIC_Digests/ed395713.html 1/05/2002)

Good and Brophy (1994) have identified some general attributes of teachers that contribute to their success in socializing students. These include:

- Social Attractiveness, based on a cheerful disposition, friendliness, emotional maturity, sincerity, and other qualities that indicate good mental health and personal adjustment.
- Ego strength, exhibited in self-confidence that allows teachers to be calm in a crisis, listen actively without being defensive, avoid win-lose conflicts, and maintain a problem-solving orientation.
- Realistic perceptions of Self and Others without letting perceptions become clouded by romanticism, guilt, hostility or anxiety.
- Enjoyment of firm but flexible limits based on clear expectations, keeping rules to a minimum and liberalizing them as students to become more independent and responsible over time.

(Good and Brophy, 1994)

Developing these personal qualities and engaging in reflective teaching for managing classrooms will set the stage for student socialisation and will reduce the need for disciplinary intervention and thus augment social competence.

3.6.4.4 Play as a Process

Significantly, because play is such a vital component of children’s development, it is a strategy that can be used in the learning environment not only to promote children’s
social development but indeed their holistic development. In 1932 Parten presented a template for noticing patterns of children's social participation in play (see Table 3.1). From this table it is clear that as children develop there is an increase in interactive play (Johnson, Christie, and Yawkey, 1999). Notably, however, this does not mean that children discard solitary play as they mature. In point of fact, Smith (1983) found that more mature children often alternated between solitary and cooperative play. Some of the ways children provide evidence of social competence during play according to Hull et al (2002, p.150) include,

- **Interacting with preferred peers** (e.g. might acknowledge the presence of a peer by looking at, touching, gesturing, or vocalizing near the peer, by playing next to a peer, by responding to interactions with a peer, and by initiating interactions with a peer)

- **Interacting with adults** (e.g. might imitate interactions with adults by communicating need for adult assistance, by seeking adult attention, by responding to an adult)

- **Demonstrating an awareness of others in play** (e.g. might observe others during play, imitate the play schemes of others, demonstrate that ability to see another’s point of view, be able to incorporate others into play with shared goals.)

- **Demonstrating an awareness of self in play** (e.g. might recognise and label own emotions, be able to make judgements about consequences of actions, be able to express and modulate emotions, demonstrate impulse control).

- **Demonstrating pro-social behaviours** (e.g., might take turns, share food or toys, help another child, greet adults and peers)
• Demonstrating an ability to participate in group activities (e.g. might participate independently or demonstrate the ability to participate with reinforcement and encouragement, or demonstrate the ability to participate with direct assistance from an adult.)

Table 3.1: Play Types

<table>
<thead>
<tr>
<th>Play Type</th>
<th>Description</th>
<th>Possible Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onlooker</td>
<td>Child watches the play of other children.</td>
<td>- Child may observe and imitate but be unable to figure out how to enter the play. - Child may use this play in order to scan the room, helping him/her to make choices.</td>
</tr>
<tr>
<td>Solitary</td>
<td>Child plays alone.</td>
<td>- Child may not have the cognitive/social skills to include other children in the play. - Child may need a break from negotiating and interacting with others. - Child may prefer to play alone. - Child may be developing complex play schemes, using his/her imagination and the materials, rather than developing the schemes with other children.</td>
</tr>
<tr>
<td>Parallel</td>
<td>Children share materials or play next/near other children but do not coordinate their activities with the other children.</td>
<td>- Child may be at the beginning of group play with children using the same materials and playing close together.</td>
</tr>
<tr>
<td>Group</td>
<td>Children share and coordinate materials and space.</td>
<td>- Child cooperates to develop more complex schemes.</td>
</tr>
</tbody>
</table>


As children play it is obvious that they have the opportunity to practice competence in all areas of their development. This becomes a reality under the support of effective teachers and caregivers. While the teacher’s role is somewhat multifaceted, it generally
includes the following:

- Creating a literacy-rich responsive environment;
- Establishing and maintaining a productive and inclusive environment atmosphere;
- Observing, paralleling, collaborating in, and provoking play encounters;
- Documenting and advocating for children’s play.

Evidently there will always be some children who will need help in their play and there are a number of “Friendship making skills”, which have been identified. Katz and McClellan (1997) note that research comparing well-liked children to not so well-liked children indicates that social knowledge plays an important part in initiating and maintaining reciprocal relationships with peers (Gottman 1993, Katz and McClellan 1997).

The following are some strategies that the above authors discuss, which teachers can use in the classroom to promote this understanding.

- **Promoting children’s empathy and altruism.** In order to describe this Katz and McClellan issues the reader with an example that teachers can use in their classrooms on a daily basis. The authors request that the reader imagine a child playing with a particular piece of equipment. When the teacher wants another child to work with the equipment s/he can use this as an opportunity to promote social competence. The teacher can get the child to reflect on their actions and how they effect others. For example the teacher could calmly say “Robin has been waiting a long time, and you know how it feels to wait” (1997, p.41). These researchers believe that the second part of the statement is made in a straight forward manner that “conveys no accusation of meanness or shame or any other negative characteristic” *(Ibid)*.
• **Alerting children to others’ feelings and interests.**

A strategy that could be employed in the case of children who are displaying negative and aggressive behaviour is to help them develop an understanding of the effect of their actions on other children and their feelings. Additionally, another example of this would be when a child asks the teacher if s/he can sit on their lap. The teachers reply of "how do you think the others would feel if I let you sit on my lap?" is not only an indirect attempt by the teacher to decline the child's request but also is intended to rouse the children's "dispositions to anticipate others’ feelings and to be aware of others’ interests. When teachers raise these issues, they convey the idea that general sensitivity to others' opinions, interests and feelings is valued" (Katz and McClellan, 1997, p.42)

• **Encouraging alternative interpretation of behaviour.** Children can sometimes assign negative labels to certain children who are seen to be somewhat different (e.g. weirdo, knacker, retard). Katz and McClellan believe that the teacher supports a constructive social environment by encouraging the accusers to consider other ways that construe the labelled child's behaviour. The significant point here is that the teacher needs to communicate to the labelling children that s/he expects them to reflect/think about reasons for the differences among children, that s/he accepts the differences and expects the children to do the same.

• **Helping children find common ground.** Notably children's friendships can be helped develop by the discovery of common interests and preferences by would be friends (Ibid) A teacher can act as a catalyst in this by indicating what interests a child holds in common with another child. "These shared interests may form the basis of a solid friendship" (Ibid). Katz and McClellan (1997) explain that teachers might say for example "Jenny also collects shells or Jenny is interested in dinosaurs too" (Ibid). This can visibly cultivate child-child interaction.
3.6.5 Type of Classroom Environment

Dr Maria Montessori advocated the importance of a specially "prepared environment" for young children in her numerous books emphasizing that "The foundations of development and growth lies in progressive and ever more intimate relations between the individual and the environment" (Montessori, 1992, p.199). The central theme of this research was to analyse the potential impact of different learning environments on a child's social competence. Indeed, the extent to which a child's development is influenced by Environmental issues is at the essence of the Nature/Nurture Debate. Moreover, the child and his/her environment are clearly documented in the theoretical perspectives of:

- Skinner (1959) Behaviorism;
- Piaget (1973) Cognitive interactional Theory;
- Bandura (1977) Social learning theory;
- Bronfenbrenner (1979) Ecological Theory;
- Vygotsky (1986) Social Constructivism;

These theoretical perspectives differ only in their degree of emphasis, which is placed on the environment in explaining child development. Notably, it can be argued that these theories serve to act as a base from which to consider how an integrated learning environment could influence the development of social competence in children differently from a segregated setting (that is a special school or a non-integrated learning environment in a mainstream school).
3.6.5.1 Behaviorism (Skinner, 1959)

American behaviorism began with the work of the psychologist John Watson in the early part of the twentieth century. Watson believed in studying directly observable events. Watson was influenced by the animal studies carried out by the famous Russian psychologist Ivan Pavlov. Pavlov concluded that dogs release saliva as a reflex when they are given food. However, when he observed that his dogs were salivating before they tasted the food, Pavlov concluded that the dogs must have learned to associate a neutral stimulus (the individual who usually fed the dog) with another stimulus (food) that produces a reflexive response (salivation). He then realized that dogs could learn to associate a different stimulus (a bell being sounded) with the stimulus (food). It was this that Pavlov termed “Classical Conditioning” (Maccoby, 1984).

Watson became interested as to whether classical conditioning could be applied to children’s behaviour. In his historic research, Watson taught an eleven-month-old infant to fear a neutral stimulus in the form of a fluffy white rat toy. He presented the toy rat several times with a very loud sharp sound, which naturally terrified the child. The child (whom Watson referred to as “Little Albert”) initially reached out his eager hand to touch the toy and subsequently turned away and began to cry (Watson and Raynor, 1920). It seems that Albert’s fear was so intense that researchers questioned the ethics of the experiment. Fundamentally, however, on the basis of findings like these, Watson concluded that the environment acted as a supreme force in children’s development. Watson explained that adults could mould children’s behaviour in any way they wished. Skinner (1904-1990) presented another form of behaviorism which he termed ‘Operant Conditioning’. According to Skinner, a child’s behaviour can be increased by directly
following it with a wide variety of reinforcers (Reinforcement is a consequence that increases the likelihood that a particular behaviour will increase. Skinner, 1957). An example of this is when a young baby begins to babble. The attention s/he receives from the individuals surrounding him/her reinforces the babbling so that it is more likely to occur in the future.

However, behaviorism emphasises the products of learning and indeed gives no contemplation to the idea that learning processes such as memory and thinking might be significant (Thomas, 1992). Behaviorists also discuss how a particular behaviour can be decreased through punishment, for example: withdrawal of privileges as well as parental and teacher disapproval. Consequently, this standpoint suggests that an integrated environment may have an impact on children’s development in the social domain in the following ways,

- The need for a class teacher to attend to the disruptive and challenging behaviours of children who present with disabilities may act as a potential reinforcer. In addition it may be argued that children without disabilities may learn to engage in similar behaviour in their attempt to seek attention.
- The employment of these behaviorist methods in the integrated classroom may also impact on the behaviour of class peers without disabilities.

### 3.6.5.2 Piaget’s Cognitive Theory

The philosophies of Jean Jacques Rousseau, Friedrich Froebel and Maria Montessori were most influential in the development of this perspective. This alternative perspective of conceptualizing children’s development is from a more cognitive perspective. Piaget’s ideas and methods are very much at odds with behaviorism, which
dominated the US during the middle of the last century. Piaget’s theory was not given much attention until the 1960s. While reinforcement can explain some social learning, Piaget (1959) believes that it does not to a large extent explain the acquisition of developmental milestones. In order for learning to take place cognitive interactionists believe that the learner plays a central role in the process (O’Hagan and Smith, 1999) The learner, it is believed actively seeks and constructs meaning and purses communication with other individuals (Bruner, 1983). These concepts can be seen in the work of theorists mentioned above - for example, Rousseau’s notion that children need to be actively involved in their own education through the use of concrete materials is still visible in schools today, while Froebel’s emphasis on the importance of children’s play as a learning tool is a significant part of this theory (Piaget 1959; Bruner 1983).

Piaget did not believe that knowledge was imposed on a reinforced passive learner. Indeed his cognitive developmental theory sees children actively constructing knowledge as they explore their world. Consequently their cognitive development takes place in stages theorised by Piaget. He focuses on two inherited processes to explain the process of learning. He believed that all individuals have the ability to “organise” information by developing schemata (Ginsburg and Opper, 1969) the second process through which learning takes place is “adaption”. This process involves two complementary processes: assimilation and accommodation (Landsdown, 1984; Cole and Cole, 1997; Berk 2000) In assimilation, the child takes new experiences and features of his/her environment in to existing categories (Scroufe and Cooper, 1988). Piaget (1958) regards play as an example of assimilation. In accommodation, on the other hand, children modify their existing categories to fit the new information. An example of this is
when a child does something new by imitating the action from someone else. Consequently, this perspective suggests that an integrated environment may impact on the social competence of children in the following ways:

- As a teacher prepares the environment to meet the needs of children with disabilities s/he may in turn design an environment, which does not challenge the children without disabilities.
- On the other hand, if the teacher engages in the individualised teaching (advocated by Montessori) or the process of scaffolding children’s learning, s/he can provide individualised programmes (IEP’s) that can challenge and promote the holistic development of each and every pupil.

3.6.5.3 Social Learning Theory (Bandura 1977, 1986)

Social learning theorists it seems accepted the principles of conditioning and reinforcement while also building on these principles. By the 1950s, the social learning theory had become a major force in child development research and, as a result, several kinds of social learning theory emerged. Albert Bandura (1977) presented the most influential of these. He suggested that “modeling” (also referred to as imitation and observational learning) acted as a base for a wide variety of children’s behaviours. He demonstrated that children acquire many favorable and indeed unfavorable responses simply by observing and listening to individuals around them (Bandura, 1977).

An example of this is the young baby who waves “bye bye” after a family member has done so or the child who angrily hits a playmate in the same way he has been treated at home. Importantly, Bandura’s theory stresses the importance of cognition and thinking. He has demonstrated that children’s ability “to listen, to remember and abstract
general rules from complex sets of observed behavior affects their imitation and learning” (Berk, 2000, p.20).

Indeed, Banduras most recent revised work places a strong emphasises on how children think about themselves and others. Consequently, he calls it “a social cognitive” rather than a social learning approach (Bandura, 1986, 1989, 1992). This view indicates that young children gradually become selective in what they imitate. Berk (2000) explains this by emphasising that,

From watching others engage in self-praise and self blame and through feedback about the worth of their own actions, children develop “personal standard” for behavior and a sense of self efficacy-beliefs about their own abilities and characteristics - that guide responses in particular situations.

(Bandura, cited in Berk, 2000 p.20)

This perspective suggests that an inclusive environment may impact on the development of social competence differently than a non-integrated classroom in the following ways:

- Children who have not been identified with a disability may intimate the undesirable behaviours (e.g. challenging behaviours if present) they observe from the children who present with a disability
- On the other hand, however, children with disabilities may begin to model appropriate behaviours of their peers who do not present with a disability in the classroom. Evidently, the use of peer models is more likely to occur in an inclusive setting.

3.6.5.4 Ecological Theory (Bronfenbrenner, 1979)

Another approach to understanding the environmental impact on children's development comes from the Ecological Theory of Human Development proposed by Urie Bronfenbrenner. This American psychologist presents a theoretical framework that
has indeed risen to the forefront over the past two decades as it “offers the most differentiated and complete account of contextual influences on children’s development” (Berk, 2000, p.27).

The ecological explanation for understanding children’s social development is illustrated in five concentric circles. The innermost circle represents the child. Bronfenbrenner (1979) sees the environments of development as a “nested arrangement of concentric structures each contained within the next”.

Prior to this explanation, most researchers viewed the environment fairly narrowly, limiting it to events and conditions, which immediately surround the child (Berk, 2000). However it was Bronfenbrenner who expanded on this by seeing the environment as “A series of nested structures that includes but extended beyond home, school and neighbourhood settings in which children spend their everyday lives” (Berk, 2000, p.27). Consequently then, each layer of the environment is seen as having a powerful impact on children’s development. More recently however, Bronfenbrenner characterised his perspective as a ‘bio-ecological model’ as he emphasises the fact that the child’s biological dispositions join with environmental forces to mould the child’s development (Bronfenbrenner and Morris, 1998).

The Microsystem:

Bronfenbrenner sees this as the innermost level of the environment. It refers to the activities and interactions that the child encounters in its immediate surroundings. In order to understand children’s development at this level we must remember that relationships are indeed ‘bi-directional’. This clearly means that adults affect children’s actions and behaviour but the child’s biologically and socially influenced characteristics
also affect the behaviour of adults. Berk (2000) presents the reader with an example of this. She describes how a friendly, attentive child is likely to evoke positive reactions from parents and other adults (teachers) whereas a distractible child is more likely to be responded to with negative reactions.

The Mesosystem:

The second level presented by Bronfenbrenner consists of connections between Microsystems such as home, school, and neighbourhood that foster and enhance children’s development. Grolnick and Slowiaczek (1994) give us an example of this when they describe how a child’s cognitive progress depends not only on activities that take place in the learning environment but is also enhanced by parental involvement in school life. Evidently then, parent-child interaction is likely to be affected by the child’s relationships with non–parental caregivers (Ibid)

The Exosystem:

In the ecological systems theory, social settings that do not contain children but affect their experiences in the immediate setting are termed the Exosystem. Examples are parents’ workplace and health and welfare services in the community. Research supports the negative impact of a breakdown in Exosystem activities. Families who are socially excluded because they are unemployed or have fewer personal community ties show an increased risk of conflict and child abuse (Emery and Laumann, 1998; Ivatt and Daniel, 1999).
The Macrosystem:

Bronfenbrenner refers to this as being the outermost level. It is not a specific context, rather it consists of values, laws, customs and even resources that a particular culture has. It is these that have influence on the experiences and interactions at the inner level of the environment (Bronfenbrenner, 1979). Bronfenbrenner's theoretical perspective may have implications for an integrated learning community. Indeed, this view suggests that an integrated learning environment may impact on a child's social development differently than a non-integrated learning environment. Children without disabilities due to their daily interactions with children with disabilities may present a different social awareness and perception of themselves (and vice-versa).

In addition, children without disabilities may have to overcome and deal effectively with their equal peers and their perceptions of them because of their relations with children with special needs.

Moreover, Bronfenbrenner's view seems to indicate that children without disabilities may perceive and interact differently with their peers who present with disabilities.

3.6.5.5 Social Constructivism (Vygotsky 1986)

The Russian psychologist Lev Vygotsky presents a theoretical framework, which offers new "visions of teaching and learning—ones that emphasise the importance of social context and collaboration" (Berk, 2000, p.263). Vygotsky maintained that all higher cognitive processes develop out of social interaction. Fundamentally this psychologist's work offers us a framework upon which great support for integrated
education can be drawn.

Both Berk (2000) and Kozulin (1990) point out that Vygotskyan classrooms clearly embrace individual differences among children. His theory advocates that in order to understand the theory of human growth and development it is necessary to understand the learning processes of children with disabilities. It seems that this theory is based on some of the fundamentals of Marxist social psychology. Vygotsky believed that children should be given opportunities for activity as he advocated that 'thought' is generated by activity. Education, he suggested, does not just refine structures that have already emerged, rather it enhances development as young children form structures through collaboration with more expert individuals and peers (Berk, 2000).

Consequently, he posits that education should go beyond independent discovery and instead should promote "assisted discovery". Class teachers are seen to be the ones that should guide children's learning "carefully tailoring the interventions to each "child's zone of proximal development" (Ibid p.264).

Through joint activities with more mature members of society, children come to acquire and master activities and think in ways that have a meaning in their culture. The special concept mentioned above - "The Zone of Proximal Development" (ZPD) explains how this occurs; it refers to "a range of tasks that the child can not yet handle alone but can do with the help of more skilled partners" (Ibid p.261). An Example of this can be seen in a joint activity of a four year old and his/her teacher who assists her putting together a difficult jigsaw. The teacher keeps the jigsaw within the child's ZPD - at a manageable level of difficulty by asking the child questions, giving prompts and suggesting strategies. Within the zone, interaction adjusts in order to fit the child's
changing competencies. Eventually, children take the language of these dialogues, make it part of their private speech, and use the speech to organise their own thinking and behaviour (Berk, 2001, p.261).

Assisted discovery, according to Vygotsky is also fostered through peer collaboration. Indeed, Vygotsky himself advocated that classrooms should consist of "classmates with varying abilities work(ing) in groups, teaching and helping one another" (Ibid, p.264). A further indication of the pivotal role that "assisted discovery" played in the development of children, Vygotsky suggested that it was only after a child had been exposed to a new skill through observation and practice with more 'knowledgeable' individuals that s/he could develop a cognitive understanding of it. Consequently, it can be seen that the main educational message with respect to children in early education and care settings is to provide them with challenging activities that demand adult-child interaction and child-child interaction. As children engage in dialogue with more expert and capable individuals they begin to internalize their language. It is this language that becomes the tool for deciding how children learn and think (Vygotsky, 1978).

Vygotsky's idea that cognitive activity is a function of social interaction combines both social and academic instruction. Vygotsky's perspective it seems can be applied to the policy of integration. It is clear that this perspective suggests that an integrated learning environment may have an impact on the development of a child's social development, and thus their social competence, differently than a segregated learning environment in the following ways:

- As more expert/capable/mature individuals are asked to give assistance to children who present with disabilities there may be an academic and cognitive gain for both parties involved. Understanding of the task in hand
for the child with disabilities and greater confidence and self-esteem for the other child.

- The children's social development may be affected by their participation in cooperative learning, reciprocal teaching, peer teaching, peer modeling, and learning partners. Significantly, as Gammage and Meighan (1995) point out,

  Both early childhood educators and proponents of inclusive classrooms believe: children learn with and from peers. All teachers who facilitate SEN (special educational needs) children have learned the importance and value of peer teaching, peer modeling, buddy systems and learning partners.

  (Gammage and Meighan, 1995, p.83)

3.6.5.6 *Constructivist Theory* (Bruner)

A major theme in the theoretical framework of Bruner is that learning is an active process in which learners construct new ideas and concepts based upon their current and previous knowledge. Therefore, the learner transforms information, constructs hypotheses and makes decisions, relying on a cognitive structure to do so (Cognitive structures include schemata and mental pictures). Bruner's constructivist theory is a general framework for instruction based upon the study of cognition. In an education setting, the teacher should try to encourage children to discover principles by themselves. Additionally, Bruner advocated that adult and child should engage in an active dialogue (i.e. Socratic learning). The teacher's task is to translate information to be learned into a format appropriate to the student's current stage of understanding. The curriculum, therefore, is organised in such a way that the student continually builds upon what they have already learned. In other words the teacher "scaffolds" the students learning. This perspective then could be applied in the integrated classroom. Indeed, Bruner's theory of instruction alone would imply that teachers should look at each child individually and
observe their existing knowledge and gradually build on this (this could be said to be implemented in classrooms today through the implementation of IEP’s). The child regardless of his/her capability will learn alongside peers but will do so at his/her own pace.

3.7 ‘The Fragile Male’

All of the ten children who present with disabilities in this present study are male. When one looks for an explanation for this one is presented with remarkable evidence which points to the vulnerability of the human male. Part of the explanation according to Kraemer (2000) is due to the “biological fragility” of the male foetus. Interestingly at conception there are more male embryos than female. However, from this development onwards the male foetus has greater risk of death and prenatal damage. Moreover, according to Taylor (1985) a female neonate is the physiological equivalent of a baby boy aged four to six weeks old. In addition, it seems that by the time a male reaches birth the odds are somewhat against him. Developmental disabilities including hyperactivity, ADHD, Autism and Tourette syndrome occur three to four more times more in males than in females (Dare and O’Donovan, 1997; Kraemer, 2000). Although genetic factors are known to have an impact on the higher prevalence of conduct and oppositional disorders in boys, this does not explain why disabilities (non sex linked) in general are more common in males. Kraemer further proposes that cultural expectations about masculinity somewhat shape the experiences of males as they grow up. He presents the example of how in rural Bangladesh more girls than boys die during early childhood.
Kraemer argues that, because this is a traditional patriarchal society, males are favoured.

Boys, besides this, are throughout their lives more at risk of fatal and non-fatal accidents and injuries (this can be due to the higher incidence of motor and cognitive delays in males). What's more, the suicide rate throughout the world is indeed several times higher in young males than it is in their female counterparts (1:11 in Ireland). Boys in lower social classes are at a greater risk.

Coeducation, according to Kraemer, has highlighted another difference that was subsequently less evident. Boys, it seems, mature more slowly than girls. However, they do tend to catch up in scholastic achievement in later grades. There also seems to be some truth in the stereotypical attitude that boys are better at mathematics. Certainly, even at the age of two years boys seem to be better at spatial and navigational skills and “males everywhere have consistently maintained a superior ability to match figures rotated at different angles” (Masters et al, 1993 cited in Kraemer, 2000, p.1609). Disorders of addiction are also more common in males and men even when they do get ill, are the ones least likely to seek assistance from their doctor. Undoubtedly, this will account for the higher incidence in suicides among males.

In later life, the shortcoming of being a male continues—men are more at jeopardy in developing circulatory disorders, diabetes, alcoholism, ulcers and lung cancer (Ibid). Kraemer posits that there is no single explanation for this but it is worth taking cognisance of the period in life where there may be interaction between inborn and environmental qualities.

If infant boys are less mature than their female counterparts then they more than likely necessitate more attention than girls. Boys seem to be more affected by their
mother's postnatal depression. Murray et al (1993) found that this extends well into preschool years when the maternal depression has lifted. Interestingly, Murray et al discuss one of the most notable effects of these results in inattentiveness and hyperactivity in boys.

Fundamentally, in another study embarked on by Fivush (1989), it was recognised that the communication styles of mothers towards their male and female offsprings differ. It materialised in this study that mothers could only judge their three-year-old sons to be angry but not their daughters. Moreover it seems that considerable distinctions in the awareness of emotional states are already established by this young age (Kraemer, 2000). Kraemer (2000) posits that when young boys are exposed to the distress of others they appear to be less sympathetic than their female counterparts. Fascinatingly, when a group of six-year-old boys and girls were exposed to the recorded sound of a baby crying, the girls were the ones most likely to speak kindly to what they believed was a real baby. Indeed it appears that twice as many boys simply turned the speaker off. However, when their heart rates were studied it was observed that the boys were more anxious and they could not tolerate the baby's distress (Fabes et al, 1994).

In conclusion, therefore, it appears that the care of male infants is more difficult and "more likely to go wrong adding to the deficits already existing before birth" (Kraemer, 2000, p.1612). Indeed it is evident that boys are more vulnerable from the beginning of life. As Kraemer writes

Where caregivers assume that from birth a boy ought to be tougher than a girl, his inborn disadvantage will be amplified. (Where males are more highly valued, as the Bangladesh study shows, they get relatively better care, probably because girls are neglected.)

(Kraemer, 2000, p.1612)
The fragility of the male is evident, therefore, from the beginning of life. Both parents and doctors need to be made aware of this. Fundamentally the “implicit assumption of the majority of scientific writers has probably been that ‘boys will be boys’, perhaps they will but the matter needs exploring in a more coherent way” (Ibid).

3.7 Conclusion

The domain of social competence in child development is a complex area which is worthy of research, discussion and debate. Not only has the pivotal role it plays in the holistic development of the child been presented in this chapter but it has also been discussed how the “single best predictor of adult adaption” appears to be the adequacy with which the child gets along with others. The theoretical perspectives of Skinner, Piaget, Bandura, Bronfenbrenner, Vygotsky and Bruner acknowledged in this chapter appear to differ only in the degree of emphasis which is placed on the environment in explaining child development. Notably, these theories serve to act as a base from which to consider how an integrated learning environment could influence the development of social competence in children relative to that fostered in a segregated setting.
CHAPTER FOUR

RESEARCH DESIGN
An Education isn’t how much you have committed to memory or even how much you know. It’s being able to differentiate between what you do know and what you don’t. It’s knowing where to go to find out what you need to know and it’s knowing how to use the information you get.

[attributed to William Teather, cited in Webster's Book of Quotations (1998)]

4.1 Introduction

The purpose of this study was to investigate the differences in the development of social competence for children without disabilities who participated in an integrated Junior Infant classroom and children without disabilities who were educated in mainstream Junior Infant classrooms that did not include children with disabilities.

Additionally, this research takes cognisance of the development of social competence in children with disabilities who participated in an integrated Junior Infant classroom relative to the development of social competence in children with disabilities who are educated in a segregated environment (i.e. educated in an Infant Class in a ‘special’ school for children with special educational needs).

It seems that interest in children’s social development blossomed from its applicability in predicting social and academic competence in later life (Pellegrini and Glickman, 1990). Indeed, Badget (1998) deems that because environmental factors influence the various domains of child development, it is important to measure the effectiveness of different interventions that impact by the environments of early childhood programmes.
4.2 Definition of Terms

(1) Children with (identified) disabilities refers to children who have "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" [World Health Organisation (WHO), 1990].

The WHO classifies the population with 'learning disability' (mental handicap) on a quadripartite basis into mild, moderate, severe and profound, using IQ as a measure. The grades are identified as:

- **Mild**: 2.0 - 3.3 standard deviations below the mean (i.e. IQ 50-70)
- **Moderate**: 3.3 - 4.3 standard deviations below the mean (i.e. IQ 35-49)
- **Severe**: 4.3 - 5.3 standard deviations below the mean (i.e. IQ 20-34)
- **Profound**: > 5.3 standard deviations below the mean (i.e. IQ below 20)

(2) Integration has been defined as "a policy in education advocating the placement of disadvantaged children or children with a disability into mainstream or ordinary schools and classrooms (Mathews, 1996, p.242).

(3a) The term 'social competence' has been defined extensively in the field of psychology and education. Dodge, Petit *et al* (1986) explain that the term 'social competence' has been defined in many ways that reflect the varying perspectives of social theorists. Moreover, from analysing definitions of social competence, it can be said that it has been defined differently by a number of scholars, e.g. Goldfried and d'Zurilla (1969), Anderson and Messick (1974), McFall (1982), Cole and Cole (1996), and McLean, Bailey and Wolery (1996). Generally, however, as previously stated in the introduction of this thesis, social competence is "an individual's ability to initiate and maintain satisfying, reciprocal relationships with peers" (Katz and McClellan, 1997, p.1).
Moreover, this researcher advocates that social competence involves: “cognitive, affective and social aspects of behaviour. Socially competent behaviours are generally adaptive or functional in specific environments” (Pellegrini, 1997, p.154).

(3b) Social Competence is a measure of children’s adaptive or functional behaviours in their environment (Scroufe et al, 1995). In his above description Pellegrini (1997), stresses that these adaptive behaviours have both affective and cognitive behaviours (Pellegrini, 1997, p.154). Scroufe et al (1995) take their definition of social competence further by explaining that a socially competent individual is “... one who is able to make use of environmental and personal resources to achieve a good developmental outcome” (Scroufe et al, 1995, p.81).

(3c) Psychologists who study the development of friendships also use the term ‘social competence’ to refer to the set of skills that collectively result in successful social functioning with peers. Jacqueline Goodnow and Ailsa Burns (1985) delineate what they believe are the most important elements of social competence as:

- knowing how to make successful overtures;
- learning what is expected at various stages of friendship;
- working out which people are likely candidates for friendship;
- deepening one’s relationship with people who are likely to be rewarding friends;
- keeping things going in a manner that is pleasing to both parties;
- making sure that each party puts a similar effort into the relationship without keeping too close a tally;
- avoiding the risk of placing too much trust in someone likely to prove fickle;
- fighting off challenges from those who want to ‘steal’ one’s friends;
- avoiding getting stuck with friends one no longer finds appealing;
- avoiding a reputation for disloyalty or self-seeking;
- avoiding being stranded without friends;
- achieving resilience in the face of being ‘dumped’.

(Goodnow and Burns, 1985, p.134)

(3d) Social skills refer to strategies children use to behave appropriately and to manage social interactions in various situations (Gordon and Brown, 1992; Badget, 1998). Examples include co-operation, sharing, following activities, caring for oneself (i.e. feeding).

Therefore, it is evident to this researcher that in order to effectively assess growth in social competency resulting from participation in a particular learning environment, it is fundamental that the behaviours that are being assessed and evaluated are observable over a period of time.

In order to conduct this research into the differences in the social competency among children who are educated in either mainstream Junior Infant classrooms (Group 1), segregated Junior Infant classrooms (Group 2) or integrated Junior Infant classrooms (Groups 3 and 4), the children from each group were pre-tested on the California Preschool Social Competency Scale (CPSCS) (see Appendix A1) and the Teacher-Child Rating Scale 2.1 (T-CRS) (see Appendix A4). That is, children from the mainstream classroom were pre-tested in winter 2002 on these scales, the children from the segregated classroom (Group 2) were also pre-tested during the same period and the children from the integrated classrooms (Groups 3 and 4) were pre-tested also. Groups 3 and 4 each had a child with a disability enrolled in them (both classes included little boys who presented with Down Syndrome).
The children from all groups were further tested (post-tested) in the winter of 2002. At this stage, the children were a year older and were at senior infant level in their schools.

Moreover, the researcher completed several tasks necessary for the culmination of this research. Initially a letter of intent and permission to participate form was sent to the parent(s) or guardian(s) of each of the student enrolled in each classroom (see Appendix A20). Additionally, the researcher organised and implemented a test administrator training session with each teacher. This consisted of training all participating teachers in the administration of the CPSCS and the T-CRS 2.1. The distribution and the collection of the pre-test and post-test measures was the responsibility of the researcher.

4.3 Traditional Research Methods

Examination and evaluation of the implementation of the curriculum in schools is a most arduous assignment. Indeed, research methods in education in the 1950s and 1960s are comparable to the research methods employed in the area of natural/physical sciences. This type of evaluation is often referred to as the ‘Agricultural Botany Paradigm’ and was originated with crop yield studies, which emphasised quantifiable data. Cohen and Mannion (1980) have named this method of studying human behaviour in society as the ‘normative approach’.

Research methods in the domain of science were freely applied to the difficulties of man and to the dilemmas of teaching and learning within the educational context. This statistical approach contemplates a view that society is predictable and rule-governed. It presupposes that all people are the same and interchangeable. As a result, curriculum development becomes static to a given point
in time, enabling its effects to be measured by scientific psychometric tests, which is fundamental to this quantitative approach.

4.4 Criticisms of the Traditional Approach

In the late 1960s there was an escalating shift from the traditional approach. Towards the latter part of that decade, there was an increasing interest in interpretive methodologies. The origins of these methods of research are in the naturalistic, anecdotal records of children's behaviour. These have been crowned with a number of labels which all describe a type of investigation and takes cognisance of the convoluted and obscure nature of human beings and their behaviour. These labels constitute 'ethnographic', 'micro-ethnographical', 'naturalistic', 'illuminative', 'qualitative', 'ecological' and 'anthropological'.

The kernel of this school of thought concentrates its attention on how individuals construct and maintain their social worlds through rendition and behaviour. This would seem to question the usefulness of the results of the traditional research methods.

Research methods of the 'Agricultural Botany Paradigm' are designed to yield data, which is numerical and objective, and therefore sanctioning statistical analysis. A researcher using this method tends to contemplate in terms of parameters and factors instead of individuals and institutions (Hamilton and Palette, 1977). Therefore, the artificial restrictions, which are intrinsic in scientific studies, can lead to a disregard, which may be regarded as subjective. Such evidence may, however, cast illumination on the research questions. As a result, it would emerge that much valuable data is disregarded as anecdotal when using this traditionally accepted mode of educational research.
Bassey (1981) debated the usefulness of the statistical results of traditional research to educators. This author believes that a reliance on the traditional methods in education tends to compose an abundance of numerical data and an in-depth analysis of the ‘average’ human being - thereby not acknowledging individual differences. Indeed, the author stresses that the basic fundamental units within any educational system are the individuals (i.e. parents, pupils, teachers). However, when analysing data, it is quite common to discard the individual when considering facts, figures and averages.

It can be said then, that although statistical methods may provide the researcher with copious numerical data for analysis, this in itself cannot always be equated with an acknowledgement of the complexity and diversity of the classroom environment.

Therefore, the traditional approach is unsuitable in the field of education as it ignores the classroom situation as well as the teacher’s input.

4.5 Ethnographic Research

Ethnography means, literally a picture of the ‘way of life’ of some identifiable group of people. Conceivably, those people could be any culture-bearing group, in any time and place. In times past, the group was usually a small, intact, essentially self-sufficient social unit and it was always a group notably ‘strange’ to the observer. The anthropologist’s purpose as ethnographer was to learn about, record, and ultimately portray the culture of this other group. Anthropologists always study human behaviour in terms of cultural context. Particular individuals, customs, institutions, or events are of anthropological interest as they relate to a generalised description of the life way of a socially interacting group. Yet culture itself is always an abstraction, regardless of whether one is referring to culture in general or to the culture of a specific social group.

(Wolcott, 1988, p.188).
The term ethnography comes from cultural anthropology. ‘Ethno’ means ‘people’ or ‘folk’, while ‘graphy’ refers to describing something. Therefore, ethnography means describing a culture and understanding a way of life from the point of view of its participants. Punch (1999) summarises this when he asserts, “Ethnography is the art and science of describing a group or culture” (Punch, 1999, p.157). Moreover, Fielding (1996a) discusses the origins of ethnography and examines the history of its use in the British Colonial and American Research.

Ethnographers contest that social science is fundamentally different from natural or physical sciences. Indeed, social science studies human beings who think and ascribe meanings to situations, which significantly demonstrate the way, they behave. However, Hammersley and Atkinson (1995) take a ‘liberal’ view of ethnography, whereby the ethnographer participates overtly or covertly in people’s daily lives for an extended time watching what happens, listening “to what is said, asking questions and collecting any other relevant data” (Punch, 1999, p.157).

Furthermore, Hammersley and Atkinson (1995) emphasise ethnography’s relationship to naturalism - a way of doing social research developed by ethnographers “in the face of the difficulties they saw with positivism” (Hammersley and Atkinson, 1995, p.8). Unlike other approaches, this naturalistic research studies the social world in the natural state, which is undisturbed by the presence of the researcher. Naturalistic research uses methods that are sensitive to the specific needs of the setting and the primary aim is to describe what happens in the setting and how the people involved see their own actions, others’ actions and the context (Neuman, 1994; Punch, 1999). Drawing on symbolic interactionism, as well as in phenomenology and hermeneutics, naturalism sees social phenomena as quite different in character from physical phenomena.
As a result, symbolic interactionists/ethnographers advocate that people act towards objects on the basis of the connotation that these things have for them; thus, no generalisations can predict flawlessly the variety and complexity of such behaviour. Hence the tradition of phenomenology within the social sciences contends that the social scientist cannot understand human behaviour without comprehending the environment and situation within which subjects interpret thoughts, feelings and actions.

It is further emphasised that the researcher needs to participate as fully as possible in the area of research to learn its languages and attempt to comprehend transactions and interventions, which occur. Indeed, it is evident then, that in order to understand behaviour, we require an approach which gives access to the meanings that guide behaviour. Neuman (1994) believes that it is the capacity we have all developed as ‘social actors’ - the capacity to implement participant observation - which gives us that access.

Indeed, what is believed to be the overarching characteristic of the ethnographic approach is its commitment to cultural interpretation - the emphasis of ethnography being to study and understand the cultural and symbolic aspects of behaviour and the context of that behaviour - regardless of the specific objective of the research. Punch, (1999), discusses that the specific focus of the research is typically either some group of people, or a case of small numbers of cases focussing on culturally significant behaviour. However, in addition to this central characteristic, Punch (1999), further discusses six (related) important features of the ethnographic approach.

Firstly, when studying a group of people, ethnography starts from the belief that the shared cultural meanings of the group are crucial to understanding its
behaviour. Goffman (1961) stated "... any group of persons - prisoners, primitives, pilots or patients - develop a life of their own that becomes meaningful, reasonable and normal once you get close to it" (Goffman, 1961, pp.ix-x).

The ethnographer's role is to uncover that meaning. The second related important feature is that the ethnographer is sensitive to the meanings that behaviour, events, actions and contexts have in the eyes of the people involved in the study. However, what is required is the insider's perspective on these actions, events and contexts. What is also a major part of the ethnographic task is to elicit that knowledge from informant participants (Spindler and Spindler, 1992, p.73). Therefore, the ethnographic study must be designed with its data collection techniques organised in relation to this.

Thirdly, the group will be researched (observed) in a natural setting. Fielding (1996) explains that a precise ethnography therefore involves the researcher becoming part of that natural setting. It becomes evident then why participant observation is the favoured method in this type of research. Punch (1999) reinforces this when he writes "to understand any group or any culturally significant act, event or process, it is necessary to study behaviour in its natural setting with special reference to the symbolic world associated with that behaviour" (Punch, 1999, p.161).

Fourthly, ethnography is more comparable, then, to an 'evolving' type of study rather than a pre-structured one. Punch (1999) believes that as part of developing a focus for the study it will not normally be clear what to study in depth until some field work is done. While specific research questions and hypotheses will be used in the study, these are more likely to develop as the study proceeds. Additionally, data collection in ethnography may use many techniques while any
structuring of the data or of the data collection instrument will most likely be generated ‘in situ’ as the study evolves (Punch, 1999).

Fifthly, ethnography is ‘eclectic’, insofar as any techniques may be used, although fieldwork is always central. Ethnographic fieldwork would range from direct non-participant observation to participant observation, then to ethnographic interviewing and then to the ‘ethnographic writing’ - which really is the words of the people themselves (often called in ethnographic writing the ‘voice of the natives’).

What is more, data collection can range across a wide continuum in ethnography. It may be further supported by anything that gives a fuller picture of the live data such as film, audiotapes, document, diaries etc. Moreover, it may also use quantitative questionnaires with scaled variables.

Finally, Woods (1986) advocates that this ethnographic data collection will normally be prolonged and duplicated. This is for two reasons:

- The first reason is that the reality being studied exists on several levels and it takes time for a researcher to gain access to the deeper and more significant levels of this reality;

- The second reason is that the ethnographic records need to be detailed and comprehensive and typically focus on things that happen again and again.

Punch (1999) believes “Closure is achieved by recognising the point at which nothing new about cultural significance is being learned” (1999, p.161).

While ethnography is a unique approach, there is no unique design for an ethnographic study. It may overlap with other designs - it may use elements of the case study or grounded theory approaches, while it can also be used in combination with field experimentalism as well as with surveys. However, it typically uses
relatively unstructured empirical materials, a small number of cases and a type of analysis and writing, which places emphasis on description and interpretation (Atkinson and Hammersley, 1994).

A full-scale ethnography means implementing a detailed and complex study with fieldwork and data collection running over a period of time. Indeed, it is clear to this researcher that this approach is a method of discovery and will be of particular use in this study “dealing with something new, different or unknown” (Punch, 1999, p.162).

Additionally, Punch (1999) acknowledges that this is an excellent way of achieving insight into a culture or social process (which is relevant for this study) and he further explains that this method further gives particular insight into “Complex behavioural settings, and particularly those involving other cultures and subcultures including those of organisation and institutions” (Punch, 1999, p.162).

Moreover, this approach can sensitise us to the cultural context and symbolic importance of behaviour we need to observe in a way that other research approaches cannot. Fielding (1996) summarises its importance when he states that “... as a means of gaining a first insight into a culture or social process, as a source of hypotheses for detailed investigation, using other methods, it is unparalleled” (Fielding, 1996, p.155).

This researcher is aware that this present research is not ethnographic in nature but it is an interpretive study. Fundamentally, this researcher would have liked this study to be ethnographic. However, because it was not practical to do so, more traditional methods were implied. Notably, though, it is envisaged that perhaps in the future it would be possible to carry out more fine-grained work which would throw light upon the historical influences and power relations that impact on the shared meanings.
4.6 Usefulness of an observational measure of young children's social competence in early childhood classrooms.

Bronson (1994), in her paper 'The usefulness of observational measure of young children's social and mastery behaviours in early childhood classrooms', discusses the growing national debate about the role of testing in education and the adequacy of available evaluation instruments. She advocates that this has led to augmented concern in the 'alternative' modes of assessment that would be responsible to these concerns. Indeed, it is acknowledged by the author that particular controversy surrounds assessment in early childhood. She explains "problems in early childhood evaluation have been repeatedly documented and there is rising interest in using observational methods for developmentally appropriate assessments" (Bronson, 1994, p.19).

Over 20 years ago, in 1974, Bobrow of the 'Rand Cooperation' reviewed instruments for a prospective Headstart Evaluation. This author commented that "in area after area of child development as we examine which outcomes are important and which outcomes we can assess with some degree of confidence we find an almost inverse relationship" (Bobrow, cited in Bronson, 1994, p.20).

According to Bronson (1994), the shortfall they described was most severe in social and emotional functioning. Additionally many psychologists criticised the available cognitive measures as well. They noted that while psychological tests were adequate and trustworthy when measuring traditional areas of cognitive development, such as IQ tests and achievement, the available tests and instruments had many difficulties and limitations - especially when used with young children. Moreover, comparable difficulties have been described in the reviews of Anastasi (1988), the NAEYC (1988a) and by Cunningham (1989).
Bronson (1994) argues that the current interest in the appropriate evaluation of young children is supported by a larger debate about appropriate assessment of all children and an increasing interest in 'alternative' approaches. Many cognitive measures, both standardised tests and tests conducted by teachers to determine grades, have been criticised due to the fact that they do not measure comprehension or thinking processes (Resnick, 1997; Wittrock, 1997).

However, cognitive psychologists are also emphasising the need to measure beyond right and wrong answers and to look to the processes children use in working out problems and tasks to the effectiveness of the procedures and usefulness in real world problem solving situations. (Gilford and O'Connor, 1992).

Subsequently, Hills (1992) has noted the problematic link between assessment and instruction - as teachers and schools are often evaluated on the result of test scores their students produce. Educators have been concerned about the narrowing of educational goals to focus on 'teaching to the tests' (Bronson, 1994). What is intriguing to note in relation to this research is that Bredekamp (1987) has highlighted the fact that this can be a problem even in early childhood education.

However, Wiggins has proposed a solution for this problem, and that is "... to make test resemble real learning tasks ... so that practicing for and taking the test actually enhances rather than impedes education" (cited in Bronson, 1994, p.27). Additionally, because the behaviour of young children is not easily isolated into cognitive, social or emotional components (O'Hagan and Smith, 1999), early childhood educators have been advised to consider the 'whole child' (holistic being) and to focus on social or functional competence which includes cognitive and social components.
Of course, it is also of great significance to state that a major impediment in carrying out these suggestions has been the difficulty in defining social competence, which was emphasised by Anderson and Messick (1974). Concern has also focussed on the techniques used to evaluate young children because children at this stage of development can be intricate to assess for the following reasons, identified by Bronson (1994):

"Young children may:

- not respond well to strange adults or unfamiliar locations or materials;
- not be motivated towards either compliance or 'doing their best' in a test situation;
- have difficulty with verbal or written response;
- have difficulty attending or sitting for extended periods of time;
- have response biases or preferences without regard to task demands and be especially affected by their current physical or emotional state."

(Bronson, 1994, p.21)

Bronson concludes that in general “children in preschool or primary school cannot be counted on to perform well or reliably in formal test challenges” (Ibid.).

The challenge for this researcher was to implement instruments to assess social competency with goals appropriate to young children and to early childhood programmes and, of course, to use techniques to maximise the probability of reliable and valid examinations.

The difficulties associated with using observational techniques in research are well known. These include expense in both time and money, reliability of observers and behaviour samples, the effects of the classroom, differences and possible influence or disruption caused by the presence of the researcher. However, there
seems to be a renaissance of interest in observational techniques as alternative methods in research, which Bronson (1994) has highlighted in her paper.

She explains that approaches to assessment that include the use of teacher rating scales (e.g. CPSCS and the T-CRS 2.1 used in this research) classroom based observation (also used in this study) and reviews of work samples are suggested to both practitioners and researchers involved in early years education.

The use of observation-based performance assessment as an alternative to standardised testing is becoming a nationally viable alternative according to Gilford and O'Connor (1992). Moreover, it is an evaluation technique that has been widely used in early childhood and special education which is of particular interest to this study (Airasian, 1991). Hills (1992) informs the reader that observational approaches are particularly useful for addressing assessment problems in early childhood education, while classroom observations avoid the problems of testing young children in formal situations and allow: “assessment of the natural flow of behaviour and integration of social-emotional and cognitive functioning” (Bronson, 1994, p.232). Observational techniques also facilitate the inclusion of process variables such as choice of activities, level of involvement, persistence and the use of strategies in social and cognitive problem solving. Assessing the young child’s functioning in the natural setting “... also enhances ecological validity and may continue to pedagogic and program planning” (Bronson, 1994, p.232).

4.7 Ethical Considerations

All social research involves ethical issues. This is, of course, because the research involves collecting data from people and about people. However, when dealing with children in early years education settings, it is important that they must
trust and above all, feel comfortable with a ‘stranger’ in ‘their’ learning environment. As this research is primarily based on identifying the differences in the social competence of these children in the learning environment, it is fundamental that the children were not inhibited by the researcher’s presence. This was achieved through frequent, brief familiarisation visits to the classrooms before any research was initiated (in order to avoid the Hawthorn Effect).

However, what is of interest to this researcher is Fetterman’s (1989) discussion on the various ethical issues which can arise during the different stages of a research project, using the life cycle terms of ‘inception and prenatal care’, ‘gestation and birth’, ‘childhood’, ‘adolescence and adulthood’ and ‘retirement and last rites’. Additionally, Punch (1994) summarises the main ethical issues as harm, consent, deception, privacy and confidentiality of data, while Humberman and Miles (1994) discuss thirteen ethical issues:

worthiness of the project, competence boundaries, informed consent, benefits, costs and reciprocity, harm and risk, honesty and trust, privacy, confidentiality and anonymity, intervention and advocacy, research integrity and quality, ownership of data and conclusions and the use and misuse of results.

(Humberman and Miles, 1994, p.123)

However, Woods (1986) believes that ethical problems can be obviated if the researcher clarifies at the beginning the exact nature of the research and the objectives for which the resultant information will be utilised.

This researcher is aware of and sensitive to the ethical issues involved in this research and has taken cognisance of them during the planning stage of the project and has found the Codes of Conduct of great benefit. All the confidential information collected was evaluated with exceptional care. This researcher has taken cognisance of the fact that the sample size in this particular study is small. This is due to the fact
that integration in Ireland is a new process (as previously discussed). Additionally, because children are usually not assessed for disabilities officially until they are six, the children in this present study had to present with a definite disability (e.g. Down syndrome) which is easily observable. Notably, then, due to the small sample size, this researcher had to give careful consideration to ethical issues. The identity of those involved had to be protected. In doing so, descriptions of schools, teachers and children are presented in a general sense.

4.8 Triangulation/Eclecticism

MacDonald and Tipton (1996) emphasise that in documentary research, nothing can be taken for granted and these authors recommend Denzin’s Triangulation Framework to ensure that all data is checked from more than one angle. Certainly, as discussed, the ethnographic approach aggregates its information from as many sources as possible. Therefore, it can be said that it is a general research strategy rather than a standard methodological package. Additionally, eclecticism refers to an approach, which collects its findings from as many sources as possible - therefore not restricting the researcher to a single method. Moreover, all information is seen as of great importance and is recorded. Using this, a researcher is not limited in his research strategies and if further information and data is required, the researcher is free to use any qualitative or quantitative methods.

Brannen (1992) states that educational theory is essentially a domain of practical theory and differentiates between theoretical knowledge and practical theory. Brannen believes that the former results in rational comprehension while the latter produces rational action. He posits that cognisance must be taken of the underlying
reasons and causes and a complete understanding of the educational process cannot be acquired unless values and beliefs are considered.

It is evident to this researcher that triangulation methods are of significant importance to this present research, since the study of the complexity of human behaviour is promoted by analysing it from many angles.

4.9 Methods of Data Collection

4.9.1 Introduction

At the beginning of this chapter, two collection research methods were discussed; these included the ethnographic approach and the traditional psychometric approach. However, in answer to the research questions posed in the introductory chapter (Chapter 1), it was decided that an eclectic approach, using mainly qualitative methods of gathering the data would be most suitable for this research.

Qualitative research methods are a complex and challenged field - "a site of multiple methodologies and research practices" (Punch, 1999, p.139). Qualitative research is therefore not just "a single entity but an umbrella term which encompasses enormous variety" (Ibid.).

Using the Target Child Schedule, observations of Junior Infant classrooms were carried out in winter 2002. Additionally, a questionnaire was circulated to the parents of the children participating in the research, while the same children were also rated on the Californian Preschool Social Competency Scale and on the Teacher-Child Rating Scale 2.1. The teachers' teaching styles were observed using the Teacher Styles Rating Scale (TSRS). From the collection of this data, it was possible to obtain a comparison between classroom/school facilities, attitudes and aspirations
of the teachers as well as to receive information about the children's social competence in the first year of the study (pre-test) and again in the second year of the study (post-test).

4.9.2 Introduction of the Target Child Observational Study in the four Junior Infant Classes:

Sylva et al (1986) note that "there are countless motives for watching others. First, there is ordinary curiosity. But we also watch to get information, useful in achieving specific goals" (p.239).

While it must be acknowledged that methodical observation is a fundamental segment of an approach, which aims to elucidate what transpires in classrooms - this researcher has also discussed how useful observational measures are in evaluating social competence in early childhood. Notably, it can be said that children at this age (under scrutiny) do not co-operate to formal interview or testing procedures.

Therefore, as a result of this and of the previous discussion on the usefulness of observational measures of young children's social competence, it was felt that an observational type approach is a prerequisite to analysing the behaviour of this age group. However, Horgan (1987) sheds light on the fact that executing such observational studies, which are accommodating for children of this age group, is not an easy task.

Raban et al (1978) discuss the work of Galton (1978) who consolidated over forty published observational schedules - nineteen of which were used for studying teaching at both nursery and primary level. Moreover, Galton's (1978) volume contains an extensive variety of observational studies designed for a diverse citizenry in response to a variety of research questions. One schedule that resembles this study in terms of population and methodology (but differs in the way the data was
tabulated) is discussed by Raban, Well and Rash (1978). They describe this schedule as “a system designed to describe and quantify the timing of a child’s experience of the classroom in the infant school with particular reference to the literacy activities” (p.64).

This method consists of one observer collecting information about a Target Child with category or topic change as a coding unit. The ‘state’ (social code) of the Target Child is recorded, as is a description of what the child is doing. There are twenty-one different codes in the description category (see Appendix A8), which range from ‘reading game’ to ‘talking with teacher - non specific activity’ to socially - as opposed to educationally - relevant activities.

Hughes, Carmichael, Pinkerton and Tizard (1979) produced a paper which, to a large extent dealt with methodological considerations. These authors sought to utilise more scientific methods of research and an attempt was made to record children’s conversations by using an observer and recording equipment. These ‘target’ children were equipped with microphones, which were attached to their clothing, and the observer recorded a detailed account of simultaneous activity within the classroom (i.e. the continuous activity of the adults and children). This study illustrated how it was possible to gather transcripts of conversations made meaningful by complex and detailed handwritten contextual notes.

Cooper and Ingleby’s study in 1974 also relied on technical assistance. Analysis of audiotapes yielded much information about the behaviour of children in one school for educationally ‘challenged’ children and of those in two ‘normal’ schools. Other observational studies included the work of Montes and Risley (1975), which examines the availability of toys in the classrooms while the work of Tremblay,
Strain, Hendrickson and Shores (1981) looked at the interaction patterns of pre-school children.

While all of the above were contemplated for this present study, it was believed that they lacked reliability when transferred to other situations. Hence, the Target Child Observational Study Schedule was selected to be the most suitable for the present study.

The original schedule was devised in Oxford by Sylva, Painter and Roy (1980) and was further modified by Jowett (1981). It is the 1981 version, which was used in this study [see Appendix A8(a) and (b)].

4.9.3 Reasons for Selection

This schedule was selected for many reasons. Firstly, it offered the researcher a method of observing and categorising a child's linguistic, cognitive and social development simultaneously - which is significant as social competence involves the use of linguistic, cognitive and social skills. Secondly, it is evident that this interpretive method is interpretive in nature and as a result, allowed for the inclusion of supplementary categories when required. Thirdly, this is a relatively recent study and deals with an age group of children similar to that in the present study. Fourthly, it allows for the recording of the events in a way which maintains some of their complexity and unexpectedness, while, due to its relatively rigid structure, the possibility of making inferences, is limited.

Finally, this schedule was further selected due to its success rate in Oxford (England), Miami (Florida) and well as in Cork (Ireland), which can be seen through the work of Horgan (1987), Dunlea (1990), Douglas (1993), Horgan (1995) and
Dwane (1998). Moreover, comparisons will be made with the research findings of the above researchers.

This Target Child Schedule was the result of complex research. Initially, the researchers (Sylva et al) analysed the work of pioneers in the field of child observation such as Piaget, Montessori, Macmillan and Isaacs. This was followed by an examination of the evaluative studies of compensatory pre-school education, e.g. the American Head Start Programme. Indeed, evaluation of the Target Child Schedule suggested that it was a reliable method of observation. Using the Kappa Statistical Test for inter-observer reliability (i.e. that the criteria used by the observer for recording and categorising could be shared by any other observer involved in the study), they achieved scores from 0.75 to 0.92. These scores made direct comparisons with the findings of Jowett (1981) and the Miami team (Sylva et al, 1980) possible.

4.9.4 Inter-observer Reliability

While high inter-observer reliability removes the element of subjectivity, one cannot state that any description is fully objective since it selects from the infinity of possible observations. Sylva et al (1980) summarises this when they write that it represents merely “a small fraction of the possible half minutes and fresh half minutes are generated every minute you read” (p.268). This, the authors advocate is the ‘Tristram Shandy Problem’, which acknowledges the fact that life takes longer to write than it does to occur. Nevertheless, it must be stated that such limitations are a factor of all observational techniques since they all, of necessity, involve some selection.
In this case, only the coded records are used for numeric analysis. Agreement in coding the Target Child Observational Sheets is indicative of similarity in observing. Therefore, a high level of inter-observer reliability reflects objectivity.

The Target Child Study is based on the ‘focal animal technique’, which was developed by ethologists. This method is concerned with the science of animal behaviour (especially when the findings of their studies are intended to be extrapolated to the study of humans), follows one animal through many different routine settings in his natural habitat, and outlines a profile of several individuals. When these are combined a composite picture of their typical behavioural pattern emerges. This technique, when transferred to a school setting, allows the observer to record significant information patterns and thus the social competence in their natural school environment.

As it would be impossible to record and account for every action of the child, this schedule offers the researcher some structure to mitigate the unwieldiness. The following is, of necessity, recorded in this study:

- **The child task**: be it art or storytelling or watching others;
- **With whom s/he was doing it**;
- **What s/he was saying or what was said to him or her?**
- **What materials were used?**
- **What programme was in force at the time of the observations, e.g. was it free play or group study?**
- **Whether there were signs of commitment/ pursed lips or challenge such as or intent gaze?**

(Sylva et al, 1980, p.40)
4.9.5. The Pilot Study for Target Child Observation

Prior to implementing the actual observation, a pilot study was carried out in May 2001, which confirmed that material being observed was codable. This pilot study was conducted by visiting one integrated Junior Infant class.

This pilot study was conducted in Summer 2001. This gave the researcher practice at observation and coding. Initially, observations were undertaken for ten-minute periods and a record was made of each minute. A description was written of what the child was doing and the social setting in which s/he was doing it and any conversation that s/he was involved in was also noted [see Appendix A8(b) for blank copy of the observation sheet].

As familiarity with the setting and confidence with this particular method increased the period of observation was extended to twenty minutes and a record was completed every thirty seconds. A total number of six children was observed, three of which presented with identified disabilities, two girls and one boy (mild learning disability, severe speech and language disorder and attention deficit hyperactivity disorder).

On the basis of this pilot study, it was decided that the thirty categories used for activity in the original Target Child Schedule (Sylva et al, 1980) were not as descriptive as the extension of the schedule by Jowett (1981) in her research concerning the transition of children from pre-school to primary school. Nevertheless, it is evident that Sylva et al developed their schedule for basically one type of nursery, whereas the research undertaken by Jowett looked at a range of pre-schools which ranged from the academic to non-academic and was indeed more transferable to the Junior Infant class situation.
The difference in the two schedules concerns the ‘Three Rs’, which are represented in Sylva et al’s schedule by one category (No. 13), and in Jowett’s by thirteen categories. Jowett retained twenty-nine of the original thirty categories (the other category, No. 30, was deleted). The forty-two categories presented can be found in Appendix A8(a).

For both the pilot study and the main study, each child selected was observed for a twenty-minute period during which time a detailed account was made every thirty seconds of all his/her social patterns of behaviour. In effect, these target children were also viewed before and after this twenty-minute period to better elucidate the context in which they operated.

The observations were conducted on different days of the week and at varying times and were never expected. The Target Child’s movements in each half-minute unit were categorised according to these forty-two task code categories.

A record of the child’s social interaction (i.e. with whom s/he was actually interacting) was made simultaneously using the six social code categories. Sylva et al (1980) explains the difference by stating “the activity code told us what the child was doing, while the social code told us with whom he was doing it ...” (p.67). The social codes record whether the child was alone (solitary), with a peer or adult (pair), in a large group while interacting (large group interaction), in a small group while interacting (small group interaction), in a large group without interaction (large group parallel), or in a small group without interaction (small group parallel). Notes were also made of any adult contact with the child being observed. Where an adult was present, a note was made on the observation sheet (+ adult) and where the target child interacted, this was recorded as (+ adult inter). Where another child interacted with a Target Child, it was recorded as (+ child inter).
This target child schedule allows all main types of spontaneous speech to be studied, which can be subsequently categorised according to content. These include all comments to other children and also to the teacher. Another type of language recorded is dialogue. This is defined as a three or more turn sequence, which has a minimal structure equal to:

A □ B; B □ A; A □ B and where the topic is identical or similar throughout all the three turns. For example, Child A might ask “What is your name?” to which Child B could reply, “It’s Edel, what’s yours?” and receive an answer such as “It’s Eugenie”. Thus, in the final observation of the children in each of the four groups, an analysis of the half minute time cells containing all of the children’s dialogue revealed the nature of the child’s social competence in the following domains (of social competence):

- using names of others;
- greeting other children;
- reporting accidents;
- following verbal instructions;
- making explanations to other children;
- communicating wants;
- sharing;
- helping others;
- playing with others, etc.

Additionally, it was imperative that the cognitive domain of children’s behaviour be ascertained in order to obtain information regarding other relevant components of social competence. This included observing the children engaging in play activities in order to analyse the following components of social competence:
- safe use of equipment;
- continuing in activities;
- performing tasks;
- following new instructions;
- remembering new instructions;
- borrowing;
- returning property;
- sharing;
- playing with others;
- initiating involvement;
- initiating group activities;
- giving direction to play;
- taking turns;
- reaction to frustration;
- dependence on adults;
- accepting limits;
- effecting transitions;
- changes in routine;
- reassurance in public places;
- response to unfamiliar adults;
- response to unfamiliar situations;
- seeking help.

Coding sheets were closely scrutinised and evaluated immediately after each observation. In summary, therefore, it was evident that the forty-two categories were
an efficient, reliable method of recording, coding and evaluating all possible types of child behaviour in the area of social competence.

4.9.6 California Pre-school Social Competency Scale (CPSCS) - Introduction
(See Appendix A1 for scale)

This scale was developed by Levine, Elzey and Lewis (1969) and was designed as a social competency rating scale to be conducted by observing and recording behaviours that are situational in nature and over a period of time. This scale was designed to be specifically used in the context of the classroom environment (Badget 1998).

Badget (1998) acknowledges that implementation of the CPSCS contributes to the comprehension of child development as it:

- Provides a relative index of the child's social competence permitting comparisons with children of the same age, sex and socio-economic status;

- Permits investigation of the effects of environment and characterological variables on the child's development at different ages;

- Can be useful in predictive studies of school achievement and can be useful as a criterion measure of the effectiveness of different interventions at the pre-school level;


The CPSCS (see Appendix A1) consists of thirty items, which portray typical behaviours in the social functioning of young children. Each item consists of four descriptive statements, which represent varying degrees of competence related to the behaviour being measured. While the items are exhibited as one collection, the CPSCS does not offer the researcher with the sub-categories in order to obtain sub scores for interpretation. However, the Social Competence Score derived from this
scale became the dependent variable upon which the effects of inclusion were measured in this study. That is, the measure of the effect of the independent variable - i.e. in this case the social competency in children is manipulated and is seen by the change in the dependent variable. For example, the type of school placement the children attend - mainstream (Junior Infant classroom), segregated Junior Infant classroom and integrated Junior Infant classroom (both regular and gaeilseol).

4.9.7 Reasons for the Selection of this Scale

The reasons that this scale was selected for the present study are many - the first being that the instrument offers normative data which, according to Badget (1998) is seldom part of an instrument that measures and evaluates the social domain of development. Fundamentally, it can be stated that each item on the scale is an observable behaviour that is characterised by four descriptive statements that vary in degree of competency from the lowest level of competency to the highest level. This undoubtedly permits the assessor to objectively score the behaviours, which might otherwise be considered nondescript (Badget, 1998).

Another reason for the selection of the CPSCS was because it does not require any formal test situation, which can be seen as advantageous for a number of reasons. The most obvious reason is that it allows young children to be observed and rated on the scale in their familiar surroundings (in this case, in their classroom environment), and by an adult to whom they are accustomed (in this case their teacher). This is a significant aspect in selecting the CPSCS for this study as it is evident that many early childhood practitioners would argue that formal test situations are inappropriate for children at this young age (Junior Infant level).
Additionally, another reason for its selection is that the CPSCS is designed to be rated over a period of time rather than from one observation. This means each item represents a cumulative reaction to many instances of the children’s behaviour on each of the thirty-six social competency items presented on the instrument.

Cataloguing the advantages of the CPSCS and identifying the reasons for its selection reinforces the reliability and validity of the instrument. This researcher also maintains that it is the best match for serving the purpose of investigating the differences in the social competence of children without disabilities who participated in an integrated Junior Infant classroom as well as children without disabilities who participated in a non-integrated mainstream Junior Infant class.

Furthermore, this scale is suitable (as discussed) for the investigation of the social competence for children who present with identified disabilities who participated in an integrated Junior Infant classroom and also that of children with identified disabilities who are educated in a ‘segregated’ Junior Infant classroom in a special school.

4.9.8 Validity and Reliability

Badget (1998) states that there were no attempts made by Levine, Elzey and Lewis to appraise parallel validity. In other words, this means that the scale has not been assessed in relation to other instruments or scales that propose to measure social competency. However, despite this, Badget (1998) further advocates that the CPSCS could be used to help predict school achievement and no studies reporting on the “predictive validity of this instrument were found” (Badget, 1998, p. 69).
However, Badget (1998) informs the reader that this scale was one of three instruments used in determining that ‘... the delivery schedule of services is less important than the quality of services’ (Badget, 1998, p70).

The eighth Mental Measurement Yearbook (1978) posits that no systematic validity study is reported by the authors of this scale. The scale can therefore only claim face validity, established during the item selection procedure. Proger (1974) used the ‘face validity’ to recommend four major categories of behaviour into which each of the thirty items could be grouped, i.e.:

- work habits (items six through ten, and thirty);
- personality (items twenty-two through twenty-seven, and twenty-nine);
- communication (items one, two, three, eleven and twelve); and
- interpersonal relations (items thirteen through twenty-one, and twenty-eight).

When the CPSCS is used to measure the social competence of children identified as ‘educationally at risk’, it reported differences among teacher ratings for these children at risk of educational failure and pre-school children with special needs (Osman, 1985).

Furthermore, the researchers Brulle and Ivarie (1988) found the CPSCS to be a “moderately reliable measure for use in setting social goals for a young child” (cited in Badget, 1998, p.40). Consequently, Badget (1998) emphasises that the “internal consistency is reported in the manual in terms of an odd-even reliability co-efficient for test items which range from 90 to 98. Inter-rater reliability co-efficient of 76, 75 and 86 between the ratings of 24” (Badget, 1998, p.70). However, while the advantages of using this scale in this particular study have been identified, it is imperative that the researcher takes cognisance of the criticisms of the CPSCS (see Appendix A13).
Moreover, the fact that inter-rater reliability has only been established with small groups and the fact that the researcher has to be satisfied with face validity alone does not automatically lead to the rejection of this instrument. For 

"... a search has revealed no other published scale that does what this scale does, i.e. measure social competency in preschool children via observable behaviour as well as provide satisfactory norms" (Ibid).

### 4.9.9. Implementation of the Californian Pre-school Social Competency Scale

The CPSCS consists of thirty items, which are illustrative of typical behaviours in the social functioning of young children (see Appendix A1). As discussed, each item contains four descriptive statements which represent varying degrees of competence related to the behaviour being measured. The items are presented as one collection. The CPSCS does not offer subcategories from which to draw sub scores for interpretation.

A letter of intent and permission to participate was circulated to the parents of the participating children and the teachers were informed how to use the scale correctly.

His or her classroom teacher rated each child during the winter of 2002/03. Ratings were based on cumulative observations in his/her normal environment. Raters were given a time span of two weeks to complete the scale and it was subsequently collected by the researcher.

All CPSCS ratings were gathered from the classrooms and held in a filing cabinet until after the post-test ratings one year later. Collection of the post-test ratings were conducted exactly as before where teachers completed a second CPSCS rating for each child during the same two week time frame.
4.9.10 Teacher-Child Rating Scale 2.1

The Teacher-Child rating scale 2.1 (Perkins and Hightower, 2001) according to its examiner's manual is a brief objective rating scale and is intended specifically for teachers to use, to assess children's problem behaviours and competencies. This manual also asserts that children's early problem behaviours and competencies are significantly associated with later social adjustment and achievement. Chapter Three of this present research highlights how these behaviours have a marked influence on later school and social competence across diverse areas such as cognitive achievement, subject grades, emotional and psychological well-being and social adaptation (Reynolds, Weissberg and Kasprow 1992). Notably, Chapter Three also explains that these behaviours are predictive of later school and life achievement. (Caldwell and Pianta 1991; Katz et al 1997) Essentially, because young children's early competence and problem behaviours are significantly associated with later adjustment and behaviour, the T-CRS 2.1 was designed for the purpose of detecting and assessing such behaviours.

The historical framework of this instrument (T-CRS 2.1) can be found in Appendix A5, as can the description of the Teacher-Child Rating Scale and the Development of the T-CRS 2.1. The differences between the T-CRS 2.1 and T-CRS 1.0 can also be found in Appendix A5 as can norm development and the reliability, stability and validity of these instruments can be found in Appendix A7.

4.9.11 Reasons for the Selection of the Teacher-Child Rating Scale 2.1

Teacher rating scales have been used extensively to assess a variety of children's behaviours (Martin, 1983; Edelbrock and Achenback 1984) The teacher is an important source of information regarding a child's school behaviour. (Cowen,
Another reason for selecting this scale is that it is designed to be "easy and quick to complete" (Perkins and Hightower, 2001, p.4) This is advantageous for any researcher hoping to convince a class teacher to complete the scales on each child in her large class. Additionally this scale has some very attractive features – it was designed specifically for teachers. Moreover from its conception it was developed and revised with the assistance of teachers - the main users of the instrument. Hence, the scale is considered to be very “teacher friendly”. Indeed the manual acknowledges this, believing that the items are “meaningful and important to the teachers” (Ibid., p.5). The scale has only 32 items (8 items per scale) and can be scored easily by hand or can be read optically for computer scoring.

This scale was also selected due to its psychometric properties (e.g. validity and reliability). Information about the scales psychometric soundness can be found in Appendix A7.

4.9.12 Criticism of the T-CRS 2.1

While the authors acknowledge that the scale is psychometrically sound, it is evident to this researcher that all assessment measures include error. The authors have identified the following:

- There is a risk of type 1 and type 2 error. i.e. there is a risk of identifying a child as having socio-emotional problems when s/he might not have any. Additionally a child in need may not be identified.

- It must be acknowledged that the teacher rating scales may show some inaccurate results (e.g. some teachers may inadvertently rate all children particularly high or low). Evidently then, it is important that this scale be used in conjunction with other assessment devices. (e.g. direct observations, feedback from parents that was used in this
present scale). Obviously when a researcher uses multiple measures it offers a clear and more complete holistic picture of the child under analysis. As the authors of this scale posit, "The T-CRS 2.1 is a useful tool in such a process".  

[Ibid., p.6 (brackets added by researcher)]

4.9.13 Implementation of the Teacher-Child Rating Scale 2.1

The T-CRS 2.1 consists of 32 items assessing four primary and eight secondary domains of a child's socio-emotional adjustment. This researcher organized and implemented a test administrator training programme for each class teacher involved in this study. This basically involved explaining to the teachers the following "three easy steps" in completing the scale.

- Check to make sure that only one bubble for each item is filled in. Complete the heading at the top of the T-CRS
- Complete the 32 items by filling in the "bubble" that corresponds best with their observations of the child.
  [I also explained to the teachers that if they were not 100% sure of the best answer, it would be sufficient to trust their first thought and choose the one bubble that best reflects their observation.]
- Check to make sure that only one bubble for each item is filled in.

The children were rated on the T-CRS 2.1 during winter 2002 and winter 2003. All T-CRS gathered from the classroom teachers were held in a filing cabinet until the post-test ratings were gathered one year later. Collection of the post-test ratings were conducted in exactly the same way as the pre-test ratings. Notably this researcher is aware that as this scale is validated in the US it may not be totally applicable to Ireland. However, owing to the shortage of time and resources this researcher was
unable to standardize the test. It is of fundamental importance that the results need to be treated with this in mind. Notably, this researcher was only concerned with ratings and the difference in ratings after one year.

4.9.14 Classroom Study

In order to effectively assess differences in social competency resulting from participation in a particular learning environment, it was essential that a detailed observation be conducted on the four classroom environments involved in this study. This enabled the researcher to record information with regard to the classroom structure, the teacher, the environment, the instruction and the daily schedule of each participating classroom environment (refer to Appendix A21 for Demographics of each group, Appendix A22 for Classroom Maps, and Appendix A23 for Class Schedules).

4.10 Questionnaire Survey

Punch (1999), asserts that “of course there are many ways to ask even a simple factual question, and some ways are better than others” (Punch, 1999, p.72). Lansdown (1983) advocates that once a hypotheses has been generated the obvious way to find out whether it is likely to be generally true is to go out and ask people questions.

Nevertheleess, the Dictionary of Sociology (1999) defines ‘questionnaire’ as “a form containing questions to be administered to a number of people mainly in order to obtain information and record opinions” (p.530).

Unquestionably, a pioneer in this approach was the American, G. Stanley Hall, who introduced the questionnaire to child psychology and who is best know for his
work on adolescence. While it is acknowledged that the questionnaire remains an invaluable tool (Lansdown, 1983) for research workers - it is not without drawbacks. Moreover, questionnaires have received much criticism.

Horgan (1987) explains that as far back as 1896 the editor of 'Educational Review' chastised "the silly question papers sent out at haphazard to be answered by persons of little scientific training or none" (Good, cited in Horgan, 1987, p.157).

Similarly, Lansdown (1983) and Oppenheim (1992) discuss a number of problems in using this method of gaining information. One of the most identifiable problems is often a poor return of the questionnaire, especially if sent by post. Moreover, even if arrangements are made to collect it, there is usually inflexibility about the format of the questions, which either annoys people, or leads them to false answers (Lansdown, 1983).

Additionally, the Dictionary of Sociology (1999) and Punch (1999) explain the problems in writing the questions. Firstly, in wording the questions care must be taken to try and ensure that the meaning, which each respondent attaches to each question, is the same. This means that when questions are being written, it should be done in relation to the target group under study.

Another problem for the researcher is to decide whether to use unstructured or structured questions (i.e. closed or pre-coded questions). The choice of which of these types of questions to use obviously depends on the nature of the research topic and the means of administration.

Furthermore, another problem concerns the sequence of the questions on the questionnaire. Generally, the questions should follow logically on from one another and should be arranged in such a way that order of the questions has as little effect on
how respondents answer subsequent questions. However, this researcher acknowledges that:

Empirical research is only as good as the data on which it based, so checkmark responses to questionnaire items and the frame of mind and conscientiousness of the respondent when they were made, are all important, it is worth taking every precaution possible to ensure that the data are as good as they can be, whatever the mode of administration of the instruments.

(Punch, 1999, p.104)

While it was impossible to conduct a structured interview with each parent (due to their work commitments), two general points were kept in mind and put into practice. Firstly, that it was necessary to ensure that respondents had been approached professionally and within limits. Additionally, that they were fully informed about the purpose and context of this research, about confidentiality and anonymity and about what use will be made of it and by whom. It was also pointed out that this sort of research would not be possible without their co-operation. All of this was sent to the parents in a letter outlining the above. This was done in this way, as many of the parents did not visit the school during school hours due to work commitments.

Secondly, as far as possible the researcher stayed in control of the data collection procedure rather than leaving it to chance. The participating parents were asked to return the questionnaire within three days (in order to prevent questionnaires being misplaced). However, regardless of taking cognisance of these important points - even with the best trained interviewers or the most sophisticated questionnaires - this system still relies on people answering truthfully and correctly.

The following steps were implemented in order to produce this measuring instrument:
The first step was a descriptive one; the indicators were described and specified and concerned what the researcher set out to measure (in this instance, social competency).

A measuring technique was selected - in this instance, a checklist type of questionnaire.

Items were then generated and when it came to the final length of the scale, practical considerations were taken into account and this was especially so with respect to the number of items that a respondent could reasonably deal with.

A draft form of the measure was produced and the researcher felt it was beneficial to go through this with a group of seven people who are typical of the people the researcher wanted to measure (i.e. parents). This enabled the researcher to see what meaning they gave to each item and this was further compared with the meaning the researcher had in mind when the questions were generated. Additionally, another objective of this was to see to what extent the group were able to respond to each item. At this stage, this researcher was more interested in their actual interpretations and whether they could easily respond to each item. Indeed, Punch (1999) explains that a good item is (among other things) one that people can easily respond to and with conviction. This step produced numerous modifications.

The researcher pre-tested this modified second draft with typical respondents and analysed it again.

It was then further modified and reduced.

Indeed, it is clear to this researcher that constructing such an instrument entails a considerable amount of detailed work and for future reference, the decision to construct a measuring instrument or use an existing one is a decision not to be taken lightly.
The researcher acknowledges and highlights the fact that this questionnaire (see Appendix A9) was devised with the aid of the Portage programme. Portage (see Appendix A10 for Portage Programme) is an idea that originated in the 1960s and consists of a home-teaching programme for pre-school children (up to six years), whose development is delayed owing to specific disabilities. A specially trained teacher visits the child’s home on a regular basis and shows the family members how they can work with the child. An activity sheet is drawn up and parents can register the child’s progress (O’Hagan and Smith, 1999).

Portage uses the six main areas of child development:

- Language;
- Self-help;
- Motor;
- Socialization;
- Cognitive skills; and
- Stimulation.

It provides a structured learning programme for specific tasks within these areas. Each task is broken down into little steps, which are arranged, in a developmental sequence. Parents/Guardians are, as a result, able to work with the child in these little steps and once the skill has been mastered they move onto the next step until the whole task is achieved. The Portage programme has been most successful as it involves all members of the family working with the child and everyone shares achievements. Many of the tasks can be incorporated into play situations, making it fun for the child and carer.

However, in this instance, the questionnaire has been devised using the socialisation development checklist numbered 52-83 in the Portage booklet (and colour-coded blue). This checklist monitors the social competence of the children in
each group and evaluates it against the social development of the 'typical' 3 - 4 year old, 4 - 5 year old and the 5 - 6 year old (as outlined in the Portage programme).

This questionnaire was presented to the parents of the participants in this study in winter 2002. Parents were requested to have the questionnaire completed three days later (short time span to ensure that questionnaires would not be lost, etc.). The questionnaire was further presented to the same parents in each group in the second year of the study (in winter 2002).

The researcher collected the completed questionnaire from the parents on both occasions of the study and any advances in social competence were noted, individually and between the children in each group (see Appendix A9 for questionnaire sample).

4.11 Teaching Styles Rating Scale (TSRS)
[see Appendix A11 for Scale]

The Teaching Styles Rating Scale (TSRS) (McWilliam, Scarborough, Bagby and Sweeney, 1996, 1998) was developed to capture specific interactional behaviour and affective characteristics of early years practitioners. The authors of the measure advocate that such a scale was developed in order to complement a microbehavioural coding system they were using in a research project. The purpose of this measure, these authors believe, is to "measure the quality of interaction behaviour and affective characteristics of teachers for research" (T.S.R.S. Manual, 1998, p.1). Notably, it is believed that this scale could be useful for supervision, self-monitoring and guided observation, for example by parents.

The RSRS measures two basic aspects of teaching;

(1) Specific interactional behaviours; and

(2) General affect.
The interactive behaviours are measured through seven discrete items and include:

1. Redirects;
2. Introduces;
3. Elaborates;
4. Follows;
5. Informs;
6. Acknowledges;
7. Praises.

These are found on the front of the measure (see Appendix A11). The authors explain that internal consistency for the interactional behaviour items was low indicating that items do not measure a single construct. The ratings consist of these seven points with four anchors:

1. Never;
2. Occasionally;
3. Often; and
4. Most of the time.

During each observation, how often the teacher exhibits the behaviours is indicated by the researcher.

The second part of the Scale – 'Affect' – is measured through 13 items which include:

1. Activity level;
2. Positive expression;
3. Negative expression;
4. Visual involvement;
5. Physical responsiveness;
6. Emotional responsiveness;
7. Consistency of interactions;
8. Responsiveness toward children's interests;
9. Child directedness;
10. Tone;
11. Inclusion in activities;
12. Teaching specific skills;

Again, the authors highlight that internal consistency for the affect items was .85, indicating that the items measure a single construct. The 13 items can be averaged to produce a final score. The 'Affect' part of this scale consists of five points with three anchors (see Appendix A11). These are different for each item. As a result, the rater must read each item carefully.

4.12 Reasons for Selecting the Scale

The main reason this scale was selected was because it was designed specifically to be used in multiple observations of each teacher because this researcher believes that a single observation of a teacher tells us little about the characteristics of an individual's teaching style.

Additionally, because the recommended observation period for this scale is 15 minutes, this researcher believed that this could be easily carried out after the Target Child Observations. Moreover, the authors explain that if a teacher is forced to leave a room for one reason or another, the observation can simply be lengthened so that
each teachers is observed for a full 15 minutes. Therefore, its flexibility is also an advantage.

4.13 Validity and Reliability

During personal correspondence with Robin McWilliam (one of the authors of the scale), this researcher discussed the fact that the instrument itself does not have validity and reliability. However, the author explains that there are manuscripts which contain this information. These are: ‘Child Care Quality and Children’s Engagement’ (Kaspa, McWilliam and Ridley, 2001); ‘Classification of Teachers’ Interaction Behaviours in Early Childhood Classrooms’ (de Kruif, McWilliam, Ridley and Wakely, 2000).

4.14 Implementation of the Teaching Styles Rating Scale (TSRS)

The measure was used to observe each adult who worked with the children on a daily basis and therefore included the Special Needs Assistants (SNAs). In all, 30 observations were completed on each Teacher and SNA. At the end of the observation period (i.e. 15 minutes), each item was read carefully and the number that best described what was observed during the observation was marked. This observer took great care not to include ratings that reflected observations that were made at other times. Notably, from the pilot study, it became clear that one requires more observations or longer observations when one is not capturing the essence of a teacher’s style. This observer spent approximately 20 minutes observing the Teachers/SNAs before any ratings were made.
4.15 Pilot Study

The Pilot Study was conducted in May 2001. Parents of children (aged between three and six years) who were attending a Montessori pre-school, a Junior Infant classroom or a senior infant classroom were presented with the questionnaire. Eighteen parents in total completed the questionnaire (two of which were parents of children with learning disabilities attending senior infant classrooms in special schools). Furthermore, twelve teachers completed the CPSCS. Five of these teachers had Montessori qualifications (three are employed in Montessori schools while two of the Montessori teachers are currently teaching in special schools in infant classrooms). The seven remaining teachers all hold the B.Ed. Degree and are teaching in either junior (three) infant classrooms and senior infant classrooms (two). The two other qualified primary school teachers teach children who present with disabilities (including Junior Infant class children) in resource classes in mainstream environments.

As a result of this pilot study, this researcher noted that:

- Neither of these instruments gave the respondents clear instructions for use. This has now been modified.

- Additionally, it has also become evident that no space was provided for the respondents to provide the child’s date of birth. Again, this has now been rectified.

None of the parents had difficulty in completing the questionnaire while the teachers advocated that the CPSCS was ‘straightforward’, although detailed. This required the teacher to be familiar with the child and their level of competence in certain areas. Subsequently, it was decided in consultation with the researcher’s supervisor and the teachers who completed this scale during the Pilot Study, that this research should commence in January 2002, rather than September 2001 - as teachers
would not be familiar with the children in their classroom and therefore, their existing level of social competence.

While this researcher is aware that empirical research is only as good as the data on which it is based, she is also aware that the ‘frame of mind’ and the conscientiousness of the respondents were also important. Therefore, it is worth taking every possible precaution to ensure that the data is as good as it possibly can be. The following must be noted and was implemented for the main study.

- It is fundamental that the respondents have been approached professionally and are, to a certain extent, informed about the objectives, purpose, context and benefits of the present research. Thus, this researcher decided that teachers and parents should be provided with a ‘covering letter’, which would accompany the questionnaire and CPSCS and T-CRS 2.1. This letter informed the respondents about confidentiality and anonymity and about what use would be made and by whom, of the information collected.

- Moreover, this researcher highlighted the fact (to both teachers and parents) that without their contribution this sort of research was not possible.

As previously discussed, the Target Child Observation Pilot Study was conducted on 31st May 2001, in an integrated Junior Infant classroom in North Cork. This has been discussed in Section 4.9.5 (Pilot Study of TCOS).

It should be noted that this researcher did not complete a pilot study of the T-CRS 2.1 at this stage as the new revised version was not available to the researcher until January 2001. During the first week of January 2001, however, (when schools were on holidays) I ‘visited’ six teacher friends and asked them to rate one particular
child on the scale in order to get feedback. All of the teachers concerned found the scale “easy” and “fast to use” and two even requested a copy for themselves.

Information regarding the physical characteristics of the classroom was gathered in many ways. The approximate size, shape and location of the room was recorded and layout of the furniture was noted, as was the availability of charts, activities, toys, books, plants and computer, etc. Indeed a map of the classroom was drawn up in order to help the researcher to maintain an accurate picture of the learning environment and its contents (see Appendix A22). Additionally, the style and method of social control used by the teacher was observed using ‘The Teaching Styles Rating Scale’ devised by McWilliam, Scarborough, Bagby and Sweeney in 1996. The seven discrete item scale was completed at the end of the session. The teacher was unaware that this observation was being conducted since it was either carried out directly after the Target Child Observation Study or before the Target Child Study.

4.16 Methodology and Conclusions

In answer to the research questions posed in Chapter One and to the methodological approach discussed in this chapter, this research was eclectic in nature embracing an ample range of research strategies.

These included an observational study using the Target Child Study technique of all the children in each of the four schools (mainstream, segregated and the two integrated classrooms) in year one and year two of the study. Furthermore, the selected children’s social competence was rated on the Californian Pre-School Social Competency Scale and the Teacher-Child Rating Scale in winter 2002 and winter 2003, while the parents of the selected children in the study were required to complete
a questionnaire in relation to the social competence of their children. The Teaching Styles Rating Scale was also implemented during visits to each teacher’s classroom.

The resultant information greatly facilitated the explication of the current climate in the area of integration of pupils with disabilities in primary schools.
The Differences in the Social Competence of Children who attend Integrated Junior Infant Classes and Children who attend Segregated Learning Environments

by

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Being a thesis submitted to the National University of Ireland for the award of Ph.D.

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CHAPTER FIVE

FINDING & ANALYSIS
5.1 Introduction

The purpose of this study was to investigate the differences, if any, in the development of the social competence of children who attend integrated Junior Infants classes and children who participate in non-integrated Junior Infants classes. Social competence ratings were measured by both teachers (using the CPSCS and TCRS) and parents (through the use of a questionnaire). The researcher observed the children using the Target Child Observation Schedule while teaching styles were observed using the Teaching Styles Rating Scale (TSRS).

This chapter presents the results of the statistical analyses and describes the findings of the study. Notably, however, it must be highlighted that the results of the statistical analysis must be reviewed in light of the small sample size in the research. While perhaps these results indicate patterns and trends of the effects of integrated environments on children with and without disabilities, these results do not however categorically claim anything. The findings are examined in the light of the review of the literature and the research questions posed in Chapter One.

5.2 General Overview of Classroom Analysis

Due to the limited number of schools, teachers and children participating in this present study a general classroom analyses of each of the four classrooms is presented below. This is completed in a way so as to prevent present or future risk to the participant’s identity. Indeed because of the small sample size particular attention had to be paid to ethical considerations. When presenting the research data and findings every
effort was made to ensure that those participating were not exploited or exposed in a way, which might cause harm to them or their learning environments.

My first visit to each of the schools is memorable for me. In two of the schools I was made particularly welcome by the principals and her staff. Coffee and biscuits were consumed before entry in to the learning environments and I felt extremely comfortable in both of these schools. One particular Principal Teacher even expressed her delight at taking part in the study. My experience in a third school however was quite different. I quickly realised, from the onset, that the teacher did not want to engage in informal chat and I was quickly hurried to sit on my chair at the back of the room. I felt I was being reprimanded! She never invited me to join her and her colleagues in the staff room at break times. At most, I rarely received little more then a “hello” in the morning and a “goodbye” in the afternoon. I didn’t feel at all comfortable asking her to complete the scales on the children’s development. I firmly believe that she was very conscious of my presence in the classroom throughout my observations in comparison to the other teachers who quickly forgot that I was there. The experience I encountered in the other school was even more bewildering. It was a cold wet morning and when I approached the Principal’s office on my first day I was met by a rather abrupt secretary who informed me that she wasn’t aware of my arrival and that the principal wasn’t in that day. After I assured her that I had confirmed my arrival with both Classroom teacher and principal she reluctantly pointed me in the right direction.

All of the teachers in the classrooms were aged between twenty-one and thirty-five. Each of them had qualified with a B.Ed. degree from Mary Immaculate College, Limerick. One of the teachers had just completed her initial teacher training and was in
the process of completing her teaching diploma during the first year of this study. This meant that she would be having regular visits from the Schools' Inspector during the year. This however did not nerve her in any way and even remarked that my presence in the class would prepare the children for the inspectors visits. Another teacher had previously taught fourth class the year before which was also her teaching diploma year. The other two teachers had more experience, one of which had taught infants for four years while the other had taught various classes since her career begin 13 years ago. None of the teachers had received training in the area of special education although one teacher did state that it was her fervent desire to eventually work in the area of special education on a long-term basis. The four Special Needs Assistants (SNAs) in the study had not completed any training or course in either the fields of childcare or special needs. These were four practitioners who varied greatly in age and experience. The youngest SNA was in her mid twenties and had previously worked in a residential setting working with adults who presented with disabilities before securing this present position. Another SNA in her mid forties didn’t have any experience working in the field but seemed to really enjoy working with the children. On one occasion when I was discussing the behaviour of a particular child in the environment with her I asked her was the child stubborn. Her reply took me by surprise. She quickly informed me that she could never use a negative term to refer to the child! The other two SNAs were in the mid to late fifties and had each worked in the area of special needs for over twenty-five years.

Two of the schools were modern and very well kept and one other, while it was old in design, was also bright and cheerful in appearance. The fourth school, however, was very dilapidated in structure. Moreover, when I opened the door I was hit by the
stench of strong urine. The cold marble type walls and floors also did nothing but send shivers down my spine. I was appalled to think how these young children were expected to learn and develop in a "prepared environment" like this. Inside the classroom it appeared cold and somewhat "dirty". Damp walls were evident and the paint was chipping off the walls and windows. The charts that were displayed on the walls were also old, tattered and not at all eye-catching as they were placed too high on the walls to be viewed by the children. Indeed, many of the charts appeared to be falling off the damp walls. The other classrooms were far more inviting. One, in particular, had the entrance to the classroom brightly decorated with pictures of the children's faces, which they had each completed by looking at themselves in the mirror! Inside, the walls indicated that the children in this room engaged in lots of artistic activities. However, I was surprised that this could be the work of children aged five! This teacher, on day one, proudly presented samples of the children's work for me to view. It surprised me that, even at this early stage in the academic year, the children had many of their workbooks completed and the majority had excellent handwriting. (Handwriting, this teacher believed, is "very important" and the children had been given homework from the beginning of the year to encourage this development.)

All four classrooms contain similar activities, games and toys for the children including márla, jigsaws, pegs and pegboards. Books also featured in all of the rooms, although the quality differed amongst classrooms. In one class the teacher had the books laminated so as to protect them. The books were carefully laid out in a section of the room which they called their library. Bright cushions and beanbags made reading comfortable and this, indeed, seemed to be an attractive, quiet area that the children could
use when allowed to or during free play. This, unfortunately, wasn’t the situation in all of the classrooms. In one other environment the books were literally thrown on to a shelf. The books themselves were old and tattered and pages were missing. Additionally, the children had scribbled on them, which made the books even more unattractive. The children were all allowed to engage in free play on arrival to each learning environment in the mornings - this usually occurred for twenty minutes. One of the classrooms did not have a sand tray which is, I believe, unusual since the sand tray figured so prominently in the play of the children who attended the other classrooms. Computers were also evident in all four classrooms, and one classroom had a collection of four computers. Children in three of these classrooms were permitted individual time on the computer on most days.

Three of the class teachers had prepared classroom timetables (see Appendix A23 for classroom schedules). Notably, one teacher did not have a schedule prepared. She informed me that I could have the schedule from the previous year for my research. This is interesting as this is in sharp contrast to one of the other teachers who has prepared a schedule. This teacher stuck rigorously to her schedule. She often encouraged children to leave unfinished tasks because “time was up”. She seemed to be constrained by her timetable.

The majority of the teachers in each of the four learning environments encouraged this free play not because they acknowledged the contribution play made to the holistic development of the child but because “it settled them in, in the morning” and it gave the teacher “a chance to prepare”. Moreover, in one of the schools the children stayed longer (until 3 p.m.). The teacher, during this time, believes that this is a “disgrace, as the children are exhausted at the end of the day”. She requested that I didn’t attend the
classroom for the last hour of the day as she didn’t do work with the children because they are only “fit to play at that stage”. This astonished me to think that the teacher wasn’t appreciating the process of play and how it encourages the holistic development of children.

The teachers in each of the four classrooms used different but similar methods of discipline. The children were not allowed to move freely around the classrooms in the majority of the environments. In one particular classroom the children were not permitted to leave their seats on any occasion. Instead, they had to obtain permission to use the toilet or sharpen a pencil for example by placing their “hands up” (raising their hand in the air). Notably, when seeking permission to use the bathroom, they had to secure the teacher’s permission by asking “as Gaeilge” (in Irish). When they failed/forgot to ask in Irish, the teacher immediately reminded them to do so before giving her permission. Most of the children knew the question “off my heart” although a minority were still being prompted by the teacher. I noticed on numerous occasions, that a child would have his/her “hand up” (raised) for quite a while before it was noticed.

In three of the classrooms the teachers had labelled each table of children with a name of a colour e.g. Bórd Ghlás (green table), Bórd Buí (yellow table), Bórd Déarg (red table). When any copies, workbooks, photocopied sheets, crayons etc. were being distributed the teachers usually called on the “team captain” to do so. In one class each child at the table got a turn being team captain every week. However, in other classrooms a captain was rarely demoted once given this important position. Indeed, according to one infant, the award of “team captain” it seemed was a “great” one as children “get to do lots of jobs”. When children behaved appropriately they received “points” for their table. At
the end of the week the “best table” received a reward such as a sticker, a pencil or a sweet. In one of these classrooms the same table was awarded the title of “best table” for nine out of the twelve weeks I observed. I was, however, on a weekly basis, confused as to how this table acquired the points.

Children in two of the classrooms were not encouraged to speak during “work time” (however this is not to say that the children didn’t continue to do so). More often than not though, in one particular class, this was met with shouts of “Cúinas!” (Quiet!) from the class teacher. This resulted in the children being very quiet for little more then a moment or two! One of the teachers also used a little instrument that made a clicking sound. She usually used this when she wanted the children’s attention or wanted them to be quiet. It was used quite loudly. I grew to hate this annoying noise, which was so frequently heard in the environment.

Two of the SNAs were never left alone with the children during my twelve-week observational period. However, two others were left to supervise the children while the teacher had her mid morning break and her lunch break. One of the SNAs seemed to take charge of disciplining the children during these times. This in my opinion wasn’t in the best interest of the children. She would constantly refer to the children as being bold. Always focusing on the child rather than his/her behaviour. Additionally, on one occasion, when a young boy who presented with a multifactorial disability snatched a packet of crisps from his classmate, he was placed on the “Bold chair” for the whole forty minutes that his teacher was on her lunch break. While this is bad in itself it must be acknowledged that this young boy presented with a hearing impairment and was physically disabled from his waist down. While sitting on this “bold chair”, facing the
wall, the child was now cut off of all sensory stimulation. He could no longer see his peers and couldn’t hear them due to the nature of his disability. Moreover, due to his physical disability, he wasn’t in the position to move. This not only annoyed me but also upset me. I couldn’t on this occasion be an advocate for a child who presented with a disability.

All four-classroom teachers organised homework for the children each night. This usually consisted of some maths, reading and religion in the majority of classrooms. Interestingly on one of the returned questionnaires, one parent placed a note at the end asking if I could do something about the amount of homework her child was getting in junior infants. On closer inspection I did find that in one particular classroom children did receive far more homework then their peers in the other environments.

Overall, my visit to each of the four learning environments was a worthwhile learning experience, which provided me with the requisite information for conducting this research. Evidently, I believe that some of the teachers became more responsive to children’s social competence as a result of my research. Additionally, some of the teachers asked me to forward them the results of their students’ development in the area of social competence. I was, of course, happy to oblige. Indeed, one teacher even asked me for a copy of the Teacher-Child Rating Scale. She believed that this was a tool which she could utilise in her classroom. Notably, I would have liked to have shared my findings from the Teaching Styles Rating Scales with the practitioners concerned. However, due to time constrains for both the practitioners and this researcher, it was impossible. In addition, in some of the classrooms it was evident that the teachers did not feel comfortable with having this researcher in their learning environments. As a result,
this researcher did not want to jeopardize the position secured in the classrooms, as it was indeed a challenge in itself to locate these schools

5.3 Findings of the Target Child Study Group One. Mainstream Junior Infants Class

As expected, the Target Child Studies yielded much information about the type of learning environment. It provided this researcher with information regarding:

1. the language patterns observed in the class;
2. the percentage of time spent by the target children in each of the different types of social settings;
3. the most common areas of categories 1-12 (i.e. social, pretending, musical activities, free expression, creation and social interaction non-play);
4. information about the types of 3Rs (reading, writing, arithmetic) observed in the class;
5. the inscrutable categories (i.e. active attention to mates, active attention to events, how long the children ‘waited’, their directed movement active attention to staff and adult-led group activities).

[See Figs. 5.1, 5.2, 5.3, 5.4 and 5.5 in Appendix A24 for a more detailed pictorial analysis of the Target Child Study in Group One.]

Figure 5.1 illustrates the language utterances in this Junior Infants class in the mainstream school. These language utterances resulted in a significantly high result, totaling 58.5%. However, closer scrutiny of this result detracts somewhat from the fact,
since 25.5% of this time consisted of ‘class language’. Class language incorporates the repetitive chanting of songs, rhymes, phrases and stories. These are often used to promote the child’s vocabulary and, indeed, oracy which is an important element of the Revised Curriculum 1999.

Teacher-initiated dialogue was at a surprising low of 1.75% while child-initiated dialogue was a little more frequent at 2.75%. Learning orientated remarks (.25%), positive statements (2%) and requests (2%) initiated to the teacher by the children also appeared to be quite infrequent, totalling only 4.25%. Interestingly, egocentric speech by the children resulted in 5.25%. Moreover, despite the fact that the children were not allowed to communicate with each other during class-time, initiations to other children resulted in a high 12.5%. Notably, most of this interaction was unnoticed/unobserved by the class teacher.

The most frequent social setting observed in this classroom was the ‘Large Group Parallel’. Children, indeed, sat beside each other without interacting for a large part of their time in school, in all, 33% of their time. Additionally, they interacted as part of a class group for a further 29% of their time.

The next most common setting was the ‘Pair’ category in which 19.5% of their time was spent. (Notably, this was not always in an educationally or socially-accepted fashion.)

A further 17% of the children’s time was spent being ‘Alone’. Social interaction in small groups was quite infrequent at 7% for small group interaction and 5% for small group parallel. Notably, it is the small group interaction that is most favoured by many
theorists (Vygotsky, 1962, 1975; Bruner, 1975, 1977; Luria, 1976) and researchers as being the most cognitively stimulating of all the social settings.

Interestingly, over 15.5% of the children’s school time was devoted to social interaction – non play. This includes chatting, giggling, joking, etc. Notably, much of this occurred unknown to the class teacher. Social play resulted in a low .25% of children’s time, while musical activities resulted in 4.5%, pretending 2.5%, and free expression resulted in 7.5% of the children’s time.

Instruction in the 3Rs took place for 21.25% of the time spent in school. Children engaged in the 3Rs usually through working on their books and worksheets. Interestingly, Piaget, Bruner and Montessori would argue that it is through sensory and manipulative experience that a child comes to acquire abstract concepts – this order of presentation was not adhered to, to a large extent, in this learning environment, despite the fact that the Revised Curriculum 1999 acknowledges heuristic learning.

Children spent almost half of their time (48.5%) engaged in inscrutable behaviour. The Cognitive Challenge of inscrutable behaviour cannot readily be discerned. Children looked at their teacher for 14.75% of their time. While 1.75% of their time was spent giving attention to the mates. Moreover, 4.25% of their time was passed by being attentive to events. 5.5% of these children’s time was spent ‘waiting’ while directed movement resulted in 6%. Notably, 16.25% was spent engaging in an adult-led group activity. The main methodological strategy implemented by this teacher would appear to be the ‘chalk and talk’ technique, where the children sit passively.
5.4 Findings of the Target Child Study in Group Two

As expected, the Target Child Studies gave this researcher extensive information regarding the type of learning environment. It provided the researcher with information regarding:

(1) The language patterns observed in the class;
(2) The percentage of time spent by the target children in each of the different types of social settings;
(3) The common areas of categories 1-12 (i.e. social, pretending, musical activities, free expression/creation and social interaction, non-play);
(4) The types of 3Rs (reading, writing and arithmetic);
(5) The inscrutable categories (i.e. active attention to mates, to events, how long the children 'waited', their directed movement, active attention to staff and adult-led group activities).

[See Figs. 5.6, 5.7, 5.8, 5.9 and 5.10 in Appendix A25 for a more detailed analysis of the Target Child Study in Group Two.]

Figure 5.6 illustrates the language utterances in this segregated Junior Infants class. The language utterances resulted in a high result, totalling 64.5%. This can be attributed to the high adult child ratio in the classroom - usually 3:8. However, more often than not, students from the surrounding colleges are also present on work placement. Class language which includes the repetitive chanting of rhymes, songs, phrases and stories amount to 18.25%.

Teacher-initiated dialogue was 2.75% while child-initiated dialogue was at a surprising high at 4.5%. Learning orientated remarks resulted in .5%, positive statement
totalled at 3%, while requests initiated to the teacher was 3.5%. Interestingly, the children engaged in egocentric speech 8% of their time.

The children were allowed to speak freely in this learning environment and initiation to other children resulted in a high 15.5%.

The most frequent social setting observed in this classroom was the pair category (31.25%). This is not surprising since most of the activities completed with the children required one-to-one interaction.

The next category which was most popular in his classroom was the small group interaction (22.25%). Again, this is not surprising since the number of children in the class is eight and there are always three or more adults present. Notably though, this is the category most favoured by theorists like Vygotsky and Bruner in promoting child development. This class also rated the highest in this category.

The next most common category is the small group parallel which resulted in 19.5% of the children's time. Children spent 14.5% of their time in the large group interaction while 10.25% of their time in school was spent sitting next to each other not interacting (large group parallel). The children only engaged in the ‘alone’ type category for only 2.25% of their time. This is, of course, for many reasons, including the favourable adult:child ratio allows for the adults to be available to work with the children directly. Additionally, due to the low concentration/attention spans of these children, the teacher believes they are unable to work alone.

Children spent 44.25% of their time engaged in inscrutable categories (the Cognitive Challenge of this inscrutable behaviour cannot be readily discerned). Children paid active attention to their classmates for 1% of their time while 3.25% was spent
paying acting attention to Events. A further 6.5% of these children's time was 'waiting'. Directed movement resulted in 5%, while children passed 10.75% of their time paying active attention to staff. Notably, 16.75% of their time was spent engaging in adult-led group activity (exactly the same result as Group One).

The most common areas of categories 1-12 recorded was the Social Interaction (non-play) which resulted in 17%. This is not significantly higher than the other classes observed despite the more favourable adult:pupil ratio.

The next most common result was Free Expression. These children engaged in Free Expression for 9.5% of their time despite the fact that they spent little time alone (2.25% of their time). These children do, however, engage in social type play for 7.25% of their time. This can be attributed to the extra hours these children spend in school and the teacher allows them to play as she believes they are 'too tired' to do anything else. Musical Activities accounted for 3.5% of the children's time while 1% of their time was spent 'pretending'.

Instruction in the 3Rs took place for 17.5% of the children's time. Children engaged in the 3Rs most commonly through tracing (4.5%), other writing activity (2.5%), and counting (2.5%). Other areas of the 3Rs resulted in looking at books 2% (the old tattered books do little to entice the children to look at the books), careful examination of something (2%), looking at exercise books (1%), while self-initiated writing was not a surprising low at .5% as these children do not have pencils of their own. The teacher distributes the pencils when required. Looking at worksheets also resulted in .5% of the children's time.
5.5 Findings of the Target Child Study Group Three

As expected, the Target Child Studies gave this researcher extensive and meaningful information regarding the type of integrated setting this was. It provided the researcher with information regarding:

1. the language patterns observed in the classroom;
2. the percentage of time spent by the target children in each of the different types of social settings;
3. the common areas of categories 1-12 (i.e. social, pretending, musical activities, free expression/creation and social interaction, non-play);
4. The types of 3Rs (reading, writing and arithmetic);
5. The inscrutable categories (i.e. active attention to mates, to events, how long the children ‘waited’, their directed movement, active attention to staff and adult-led group activities.

[See Figs. 5.11, 5.12, 5.13, 5.14 and 5.15 in Appendix A25 for a more detailed diagrammatic analysis of the Target Child Study in Group Three.]

Figure 5.11 illustrates the language utterances in this integrated Junior Infants class.

5.6 Findings of the Target Child Study on Group Four

The Target Child Studies completed in this learning environment yielded extensive information about the type of integrated setting it was. It provided information regarding:
(1) the language patterns observed in the classroom;

(2) the percentage of time spent by the target children in each of the different types of social settings;

(3) the common areas of categories 1-12 (i.e. social, pretending, musical activities, free expression/creation and social interaction, non-play);

(4) the types of 3Rs (reading, writing and arithmetic);

(5) the inscrutable categories (i.e. active attention to mates, to events, how long the children 'waited', their directed movement, active attention to staff, mates and adult-led group activities.

[See Figs. 5.16, 5.17, 5.18, 5.19 and 5.20 in Appendix A27 for a more detailed analysis of the Target Child Study in Group Four.]

Figure 5.16 indicates the language patterns observed in the setting. Figure 5.17 shows the percentage of time spent by the target children in each type of social setting. The most common areas of categories 1-12 observed in Group Four are shown in Figure 5.18, while Figure 5.19 shows the types of 3Rs which were observe in this setting. Finally, Figure 5.20 highlights the inscrutable categories observed in Group Four.

5.7 Summary of the Classroom Analyses

The analysis of the four different learning environments has provided the researcher with many of the answers to the research questions, as posed in Chapter One.
One important goal – to examine the overall organisation of the four different types of learning environments – has been achieved. While the analysis is presented in a general way, due to ethical considerations, the following questions have now been answered:

- *Is there a difference in the structure between the four classes?*
- *What are the teachers' teaching styles?* (This is analysed in more detail in Section 5.10 – Findings of the Teaching Styles Rating Scales).
- *Is there a difference in the daily schedules?*
- *Are there noticeable differences in the availability of equipment between the classes?*
- *What qualification does each teacher hold?*
- *How many children in each learning environment?*
- *How many adults per classroom?* (including the number of SNAs).

## 5.8 Analysis of the Findings of the Target Child Study

The central focus of the study was to investigate the differences in the social competence in children who attend integrated Junior Infants classes and children who attend segregated settings. This study, as a result, elucidates the controversial question of whether exposure to different types of learning environments enhances children’s development. One of the significant goals of this study was to attempt to investigate the social settings in which the children from all four schools interact.

The following questions posed in Chapter One were answered following the target child observational studies.
• The level of social participation among the children;
• The extent to which each of the children in each of the four classes interact with their teacher.
• The factors which influence social interaction.
• The differences (if any) in the social participation of the children in each of the four classes.
• To see which group interacts more with their teacher.

The above questions illuminated the general practice in each of the four classrooms and the answers were achieved through the analysis of the findings of the Target Child Studies in relation to:

5.8.1. The Social Activity of the Children.
5.8.2. Language Utterances of the Children.
5.8.3. Activities of the Target Children.

5.8.1. Summary of the Main Findings Regarding the Social Activity Patterns of the Target Child.

Prior to analysing the findings, it is necessary to review some of the studies regarding the effects of social settings on children’s development. As discussed in the review of the literature (Chapter Three), the extent to which a child’s behaviour and mind is influence by environmental factors has been the centre of the historical nature versus nurture debate. It has been discussed in this review that the interplay between the child and his environment is a common thread of theoretical perspectives, such as Bröfenbrenner’s ‘Ecological Theory’ (1977), Skinner’s ‘Behaviourism’ (1957),

Indeed, Piaget’s ‘Cognitive Interactional Theory’ advocates that social interaction is a factor in the cognitive development of the child while Jerome Bruner (1976) posits that social interaction and peer group play are significant components of a heuristic approach to education. The (new) Revised Curriculum concurs with the above theories and research and highlights the importance of providing for individual group work.

Studies on the complexity of play in different social settings has been conducted extensively (Rubin et al, 1983; Frank, 1986; Christie, 2001). Moreover, Parten’s (1932) discussion of the different types of play has revealed many interesting factors. In the first instance, it is noted that children engage in ‘onlooker play’ which has the dual purpose of allowing the child to scan the room while helping him/her to make choices. Additionally, it may also serve the purpose of enabling the child to observe and imitate until s/he eventually figures out how to enter the play.

Solitary play, which was long believed to be a reflection of the child’s immaturity, was in fact indicative of social and cognitive maturity. This research has indicated that solitary play engaged in by the four- and five-year-old frequently contains independent/task-oriented behaviour which is a reflection of the child’s courage to engage in this type of activity.

The present study, as described in the research design chapter, utilised six codes to categorise the child’s social interaction within the classroom environment. If, for example, the child sat passively in a large group while watching the teacher or another child, or if s/he undertook an activity (e.g. penmanship) which has been simultaneously
carried out by the remainder of the class, the code 'Large Group Parallel' was used. Whenever the target child interacted (e.g. by questioning, commenting, responding, nodding or even raising his/her hand), the social code was changed to 'Large Group Interaction'. This code was also used if the child engaged in large group repetition (e.g. repeating phrases, parts of songs, stories, rhymes, etc.). If the target child happened to be part of a small group of six children or less, whose activity differed from the remainder of the class, his/her behaviour was coded as whether small group parallel or small group interaction.

Any interaction between the target child and another child, or between the target child and the teacher and/or SNA, enabled the 'pair' code to be used.

Finally, the 'alone' category was utilised if the target child engaged in movement around the class or if the child engaged in egocentric speech, since during these periods s/he seemed to be totally oblivious to what was going on around them.

Analysis of the Target Child Observation Sheets highlight the fact that the mainstream (non-integrated) Junior Infants class spent 62% of their time in large group settings, the majority of which was spent not interacting.

The segregated Junior Infants class children in the special class, on the other hand, spent the majority of their time (41.75%) in small group settings, 32.25% of which time was spent interacting. This is unsurprising since there are only eight children in the classroom environment and three full-time practitioners.

The integrated Junior Infants class in the mainstream school visited spent 60.75% of their time in large group settings, the majority (33.75%) of which was spent interacting.
Finally, the integrated Junior Infants class in the Gaelscoil spent 58% of their time in large group settings, the majority (33%) of which time was spent sitting passively side-by-side without interacting.

The teachers have remarked that it is virtually impossible to pursue small group activities on a regular basis given the pupil:teacher ratio. Additionally, the class teacher in the integrated (mainstream) setting, where she had 13 children in her class, advocated that this number was sufficient enough to conduct small group activities and, as a result, she teaches her class as a whole unit for the vast majority of the time. Not surprising, the class which had the highest rating for the 'pair' category is the segregated Junior Infants class, and for the following reasons:

(1) the high adult:pupil ratio allows for this social setting;

(2) children in this environment need one-to-one activity on a regular basis due to their moderate learning difficulties. This is advocated in their psychological assessments.

Notably, the children in the two integrated classes who also present with a moderate-type learning disability similar to the boys in the segregated setting receive one-to-one tuition from their resource teachers for not more than 1.5 hours a day.

Interestingly, the integrated Junior Infants class in the Gaelscoil obtained a high result for the 'pair' category – indeed, children were observed spending 29% of their time in this setting. This could be said to be influenced by the presence of a full-time SNA who often spends her time ‘floating’ around the learning environment, assisting other children besides the child she is employed to assist.
The final category – 'Alone' – was least observed in the segregated setting while children in the mainstream (non-integrated) setting spent 17% of their time in this setting which reflects the freedom of movement afforded to the child and his/her inherent proclivity to use egocentric speech.

The above research findings were all conducted during class-time situations, therefore the social groups resultant from this study emanated from the teacher-directed situations. In this respect, a direct comparison can be made between the results from previous research undertaken by Horgan S. (1995) and Horgan M. (1987) (see Table 5.1).

It is interesting to note that, despite the introduction of the Revised Curriculum (1999) (which advocates small group teaching), Junior Infants teachers in the mainstream integrated and integrated Gaelscoil utilise excessive amounts of large group instruction. This type of interaction was far more prevalent in Horgan's study in 1995 on Gaelscoileanna. Fundamentally, this present research indicates that large group instruction was most frequent in the mainstream non-integrated setting.

It is, however, disconcerting to observe the result of the time during which children in this present study interacted in small groups (see Table 5.2 – the most intellectually stimulating form of social interaction at this stage of child development) while both Horgan (1995) and Horgan (1987) observed a paltry 2% of their target children in this setting. My study, however, resulted in the mainstream (Group One) target children spending 1% in this setting, the segregated (Group Two) target children spending 32.5%, while the integrated mainstream children spent 3%. Finally, the children in the integrated Gaelscoil spent 5% of their time in this setting.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Group One</td>
</tr>
<tr>
<td>Large Group Interaction</td>
<td>36</td>
<td>16</td>
<td>29</td>
</tr>
<tr>
<td>Large Group Parallel</td>
<td>26</td>
<td>47</td>
<td>33</td>
</tr>
<tr>
<td>Small Group Interaction</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Small Group Parallel</td>
<td>1</td>
<td>15</td>
<td>.5</td>
</tr>
<tr>
<td>Pair</td>
<td>22</td>
<td>15</td>
<td>19.5</td>
</tr>
<tr>
<td>Alone</td>
<td>13</td>
<td>5</td>
<td>17</td>
</tr>
</tbody>
</table>

Table 5.1 Social Settings of Target Children in Relation to Recent Research
Table 5.2 Social Settings of the Target Children

<table>
<thead>
<tr>
<th>Category</th>
<th>Group One</th>
<th>Group Two</th>
<th>Group Three</th>
<th>Group Four Gaelscoil</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sitting passively side-by-side in large groups</td>
<td>33%</td>
<td>10.5%</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td>2. Sitting side-by-side in large groups while interacting</td>
<td>29%</td>
<td>14.5%</td>
<td>33.75%</td>
<td>26%</td>
</tr>
<tr>
<td>3. Sitting passively side-by-side in small groups</td>
<td>.5%</td>
<td>9.5%</td>
<td>.25%</td>
<td>0%</td>
</tr>
<tr>
<td>4. Sitting side-by-side in small groups while interacting</td>
<td>1%</td>
<td>32.25%</td>
<td>3%</td>
<td>.5%</td>
</tr>
<tr>
<td>5. In a pair</td>
<td>19.5%</td>
<td>31.25%</td>
<td>19.5%</td>
<td>29%</td>
</tr>
<tr>
<td>6. Alone</td>
<td>17%</td>
<td>2.25%</td>
<td>16.5%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>
Interestingly, both Horgan (1987) and Horgan (1995) conclude that provision of furniture in the classrooms in no way hindered small group activities. This study also showed that all of the four classrooms contained child-sized moveable chairs and tables as well as other progressive free-standing furniture which can only be seen to greatly facilitate the division of the classroom in to specific activity areas (e.g. heuristic learning areas, home corners, dress-up areas, etc.), all of which have been advocated vehemently by empirical research, our previous 1971 National Curriculum and, now, our Revised Curriculum 1999.

When this researcher engaged in ‘informal’ chats with the teachers during break-time, it was revealed that the teachers in the mainstream (non-integrated) and in the integrated Gaelscoil believed that it was unrealistic to engage in small group activities due to the high pupil:teacher ratio. This is interesting, as Horgan (1995) also found that teachers in her research believed this. Notably, however, Horgan’s (1995) research demonstrated a much higher pupil:teacher ratio in classrooms – in fact, it frequently approximated 35:1. The highest pupil:teacher ratio in this present research, however, is one teacher to 25 children (in the integrated Gaelscoil). This class, however, also has a full-time SNA. The mainstream classroom has the next highest ratio of children, totalling 22 children to one teacher. All of the classrooms in this research (as previously described) were of a reasonable size – this, therefore, did not result in any space restrictions.

In summary, therefore, the main findings regarding social interaction patterns of the different types of Junior Infants settings was in fact that the children spend the majority of their time in large group settings despite the fact that our Revised Curriculum
1999 advocates the importance of facilitating children’s education in small group settings. Moreover, large group instruction also continues despite the fact that pupil:teacher ratio has been reduced considerably in the majority of schools since Horgan’s research of 1995.

5.8.2. Analysis of the Findings of the Target Child Study in the Area of Language

The findings presented in Table 5.3 regarding the language of the target children must be contextualised by reference to the research findings in the area of the relationship between the development of children’s social competence and language skills.

It has been reviewed in Chapter Three that the definitions of the term ‘social competence’ vary, however it has also been advocated that they all generally include the ability to initiate and maintain reciprocal relationships with one’s peers. The review of the related literature notes that many theorists in the field of developmental psychology and child development posit that this ability to initiate and maintain successful relationships is dependent on the types of social understanding and interaction (Katz, McClellan, Fuller and Watz, 1995). Interaction with peers must involve some level of communication between parties. Therefore, the ability to initiate and maintain reciprocal relationships must involve some form of language – be it spoken language, body language or augmentative communication.

Use of language refers to a child’s ability to use it for a wide range of different communicative functions, i.e. to protest, to request, to label, express feelings, make friends, etc. It also refers to the non-verbal aspects of language such as eye contact, listening, body language and turn-taking.
Table 5.3  Findings regarding the Language of the Target Children in each of the Four Groups.

<table>
<thead>
<tr>
<th>Types of Language</th>
<th>Group One Junior Infant Class - Mainstream</th>
<th>Group Two Junior Infant Class - Special School</th>
<th>Group Three Junior Infant Class - Integrated</th>
<th>Group Four Junior Infant Class - Integrated Gaelscoil</th>
</tr>
</thead>
<tbody>
<tr>
<td>initiations to the teacher/</td>
<td>4.25%</td>
<td>7%</td>
<td>5%</td>
<td>4.25%</td>
</tr>
<tr>
<td>responses to the teachers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>initiations to other children</td>
<td>12.5%</td>
<td>15.5%</td>
<td>14.5%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Dialogue</td>
<td>4.5%</td>
<td>7.25%</td>
<td>5.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Egocentric Speech</td>
<td>5.25%</td>
<td>8%</td>
<td>4.5%</td>
<td>5%</td>
</tr>
<tr>
<td>Total Language:</td>
<td>26.5%</td>
<td>37.75%</td>
<td>29.5%</td>
<td>25.25%</td>
</tr>
</tbody>
</table>
Augmentative language (e.g. Lámh) used in the Special School and integrated Gaelscoil is a system of communication based on gestures and manual signs. Lámh is the Irish system that has been standardised and is now in use all over the country. Notably, however, Lámh is not an alternative to speech (and is, in fact, used with speech). Experience and research indicate that using signs promotes and stimulates speech. Moreover, it seems that signs are easier to learn than spoken words.

The review of the literature in this present research highlights that in order to maintain reciprocal relationships with others, social skills are paramount. Children who have knowledge of language norms and cultures are indeed more likely to get involved in peer activities (Berk, 2000). Additionally, the literature review showed that children’s developing capacities for ‘communicating, discussing, negotiating, turn-taking, cooperating and articulating, preferences and reasons behind their actions, accepting compromises and empathising with others plays a part’ (Berk, 2000, p.6).

Moreover, other researchers, including Bruner and Sylva et al all agreed on the importance of child-child interaction and adult-child interaction. It not only promotes children’s linguistic development but also enhances social development (O’Hagan and Smith, 1999). Vygotsky has emphasised further the importance of the social context. He argued, that as a result of social interaction between the child and the practitioner, ‘the child acquires the tools for thinking and learning’ (Smith and Cowie, 1991, p.329).

Similarly, the Revised Curriculum 1999 recognises the central role language plays and thus advocates ‘... curriculum is dedicated to the principle that an appreciation of the power of language and the ability to use language effectively helps to empower the
individual culturally, socially and economically’ (Revised Curriculum 1999, *Introductory booklet*).

The Target Child Schedule facilitated the analysis of the two main types of language. The first type was termed ‘language utterances’ and these incorporated four types of language initiated by the target child to other children and three types of language initiated by the target child to the teacher.

Dialogue was the second type of language to be recorded. This is defined as a three or more turn sequence which had a minimal structure equal to:

\[
A \rightarrow B \quad B \rightarrow A \quad A \rightarrow B
\]

In this sequence the topic had to be similar throughout all three turns with each addition expanding on the previous one. Analysis of the main types of language utterances/dialogue in all four classrooms illustrated that all four classrooms are language-rich environments.

On closer examination of the findings it can be seen that initiations to the teacher were greater by at least 2% in the Special School than in the other three schools. Additionally, initiations to other children were also at their best in the Special School. This is undoubtedly due to the fact that the children, for the majority of their day, work on a one-to-one basis with either their teacher or SNA. At other times they are free to choose ‘work’ by themselves which often involves initiations to other children along the way.

Surprisingly, responses to teacher’s questions again achieved the highest result in the special school (8.5%), the integrated school obtained 7% while the non-integrated and integrated *Gaelscoil* received 6.5% and 4.5% respectively.
Dialogue was most frequent in the special school (7.25%). This consisted of teacher-initiated dialogue which accumulated 2.75% and child-integrated dialogue 4.5% (surprisingly high). Dialogue was at its most frequent next in the integrated class (Group Three) and this consisted of 2.5% of teacher-initiated dialogue and 3% of child-initiated dialogue. Both the non-integrated class (Group One) and integrated Gaelscoil (Group Four) achieved 4.5% each in this area. However, the non-integrated class achieved 1.75% for teacher-initiated dialogue, while 2.75% was child-initiated dialogue. Thus, language flourished in these classrooms. As an observer, I was fascinated by several features of the linguistic interaction in these classrooms. In the first instance, the children invariably addressed the teacher by her Christian name in the special class (Group Two) and in the integrated Gaelscoil (Group Four), although several chants of 'a mhúinteoir, a mhúinteoir' (i.e. teacher, teacher) were often heard in the latter.

Notably, this relaxed atmosphere was, I believe, more conducive to speech (particularly in the special school) than a more regimental autocratic approach would have been. I was also riveted by the children’s egocentric speech which was most frequently observed in the segregated class (8%) (Group Two). Children in the mainstream class engaged in it for 5.25% of their time while Groups Three and Four spent 4.5% and 5% respectively of their time engaging in egocentric speech.

I was further riveted by the children’s fascination with words found in the different groups, both in the English- and Irish-speaking classrooms.
### Table 5.4 Extract from a Target Child (TC) Observation in Group One

<table>
<thead>
<tr>
<th>TC (to self)</th>
<th>Pst</th>
<th>Pst</th>
<th>Pst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traces finger on chest</td>
<td>Fist</td>
<td>Fist</td>
<td>Fist</td>
</tr>
<tr>
<td>Shopping list</td>
<td>Fist fist. Crist tist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laughs to self**
- My list is lost
- I'm buying chops

### Table 5.5 Extract from a Target Child Observation in Group Two

<table>
<thead>
<tr>
<th>TC (to self)</th>
<th>Ted</th>
<th>Ted</th>
<th>Tted</th>
</tr>
</thead>
<tbody>
<tr>
<td>(lying on desk)</td>
<td>Ted must go to bed bed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 5.6 Extract from a Target Child Observation in Group Three

<table>
<thead>
<tr>
<th>TC (to self)</th>
<th>Big</th>
<th>big</th>
<th>big</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draws a man</td>
<td>Man is big. Big man</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Van. Big van man</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TC (to self)</th>
<th>Roll</th>
<th>roll</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robber red. Robber red.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robber red is dead.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 5.7(a) Extract from a Target Child Study in Group Four

<table>
<thead>
<tr>
<th>TC (to self)</th>
<th>Valentime.* Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>It's valentine.</td>
<td></td>
</tr>
<tr>
<td>Time time. Mine</td>
<td></td>
</tr>
<tr>
<td>Mine. The heart is mine</td>
<td></td>
</tr>
</tbody>
</table>

*Note: child says 'valentine' |

Unfortunately, teachers often failed to notice or encourage this behaviour. Children were often thought to be disruptive if they engaged in egocentric speech and were often told to 'Be quiet', 'Cúinas' (Quiet!) or 'Do your work' if they engaged in this type of language.
Notably, Horgan (1995) also discovered that children engaged in this ‘play’ with words in the *Gaelscoileanna* in which she observed. She observed children who began by exploring and playing with a word in English, only to continue by translating it into Irish and repeating the process. This researcher also found this in the integrated setting in the *Gaelscoil* on numerous occasions.

**Table 5.7(b) Extract from a Target Child Observation in Group Four**

<table>
<thead>
<tr>
<th>TC (to self)</th>
<th>The soldier’s hat is dearg (red). Bui, glás. Board dearg. The soldier’s bag is dearg. He is fearg. Fearg. He is fearg (angry).</th>
</tr>
</thead>
<tbody>
<tr>
<td>(tracing circles on desk with finger – having wet finger with saliva)</td>
<td></td>
</tr>
</tbody>
</table>

This researcher was astonished by the play of words in all learning environments and believe that it is this type of ‘play’ that could be utilised to promote children’s linguistic skills.

At this juncture, it is fundamental that an analysis of what happened during the children’s remaining 41.5%, 35.5%, 39.5% and 46.25% in each of the Groups One to Four, respectively, be undertaken. Notably, many of the adult-led group activities were accompanied by language, examples of which include songs, poems, rhymes and stories. The majority of these, however, involved whole-class repetition.

A very interesting picture emerges when the figures are compared with the result of other interpretive research in the field of Early Years Education (Horgan, 1987; Dunlea, 1991; Douglas, 1993; Horgan, 1995) as is evident in Table 5.8 below.
Table 5.8

Comparison with the Results of other Interpretive Research in the Field of Early Years Education.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior Infant Classes</td>
<td>5.11%</td>
<td>11.3%</td>
<td>10%</td>
<td>21.7%</td>
<td>4.25%</td>
<td>5%</td>
</tr>
<tr>
<td>Montessori Preschool</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Community Playgroups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Junior Infant Gaelscoilanna</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.25%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Initiations to other children</td>
<td>6.12%</td>
<td>4%</td>
<td></td>
<td>9.65%</td>
<td>12.5%</td>
<td>14.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15.5%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Dialogue</td>
<td>1.83%</td>
<td>3.3%</td>
<td>3%</td>
<td>5.75%</td>
<td>4.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.25%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Egocentric speech</td>
<td>1.37%</td>
<td>5%</td>
<td></td>
<td>5.25%</td>
<td>5.25%</td>
<td>4.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Total Language</td>
<td>14.43%</td>
<td>14.6%</td>
<td>22%</td>
<td>42.35%</td>
<td>26.5%</td>
<td>29.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37.75%</td>
<td>25.25%</td>
</tr>
</tbody>
</table>
A cursory glance at the above table reveals that children in Horgan's (1995) research spoke, on average, three times more frequently than their counterparts in both ordinary Junior Infants classes (Horgan, 1987) and Montessori preschools (Dunlea, 1991) and twice as much as the children in playgroups observed by Douglas (1993).

Interestingly, while all of the four classes in this present research spoke more often than those observed by Horgan (1987), Dunlea (1991) and Douglas (1993), the Gaelscoileanna in Horgan's research (1995) proved to speak at least 17% more than the children in this present study. This is astonishing since the Revised Curriculum introduced into our Irish primary schools in 1999 emphasises the central role language plays in the learning process.

Horgan (1987) concluded that the 'linguistic famine' she observed was related to the pupil:teacher ratio. She cited Sylva et al (1980) who observed that the 'influence of staff:child ratio on children's conversations and social relationships' had a profound affect. Sylva found that with 'excellent ratios' (i.e. 1:5, 1:6, 1:7), as opposed to 'good' ratios (1:8, 1:9, 1:10), children engaged in much more conversation, speaking less to other children but twice as much to preschool practitioners. [This was a surprising conclusion since there were not twice as many adults available in learning environments with 'excellent' ratios. Table 5.9 below presents Sylva's findings.]
Table 5.9

Percentage of Time in which Children engaged in Conversation, according to Staff Ratio.

<table>
<thead>
<tr>
<th></th>
<th>Good Ratio (n = 5170)</th>
<th>Excellent Ratio (n = 4400)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialogue with other children/child</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Dialogue with Preschool Practitioner</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>No Dialogue</td>
<td>80%</td>
<td>78%</td>
</tr>
</tbody>
</table>

(Chi squared = 141.22) (Sylva et al, 1980, p.161)

The adult:pupil ratio in the Special School (Group Two) could be considered to be ‘excellent’, using Sylva et al’s (1980) definition. It should be noted that this is the class that had the highest frequency of language in the present study. The total language taking up 37.75% of the child’s time in comparison to the total language spoken in the Mainstream Class being 26.5%, the Junior Infants Integrated class being 29.5% and the Junior Infants class in the Gaelscoil being 25.25%.

Horgan (1987) also highlighted another ‘important variable’ – the pedagogic style in each of the classrooms she observed the way in which the children are taught can result in a much richer linguistic environment. To illustrate this, Horgan referred to one of her case studies where children in a “cramped learning environment with a high pupil:teacher ratio of 36:7 spoke for over 50% of the time, were encouraged to play with sounds and words and very evidently enjoyed themselves” (Horgan, 1987, p.264).

Dunlea’s (1991) findings of the language patterns in Montessori learning environments were almost a replica of those in Horgan’s Junior Infants classes (15% of language) and Douglas’ (1993) case studies (‘Before 5’ Centre Montessori class) backed this up (16% of language) (Douglas, 1993, p.359).
Arguably, the Montessori philosophy and curriculum with its highly structured, individualistic, nature which encourages its pupils to engage in solitary self-selected activities does not encourage much linguistic interaction by the child. Notably, however, Douglas' (1993) findings of the linguistic utterances in the playgroups also yielded surprising low results. He stated that “analysis of all the half-minute time cells which contained dialogue... or indeed any form of utterance on the part of the child revealed just how scarce these two types of communication were in the preschool classes studied” (Ibid., p.403).

Douglas’ Interaction Analysis Study (Brown, 1975) of these preschools further explicated this. He found that the playgroup leader spoke on average for 41% of the total time, the majority of which consisted of ‘lecturing’ (i.e. telling stories) or instructing the children, with a surprising 51% of ‘silence or background noise’ recorded, leaving only a poor 8% of total time for ‘pupil talk’. Both Horgan (1987) and Douglas (1993) indicate that ‘lecturing’ by the teacher and the enforcement of long periods of silence are frequently perceived by teachers as the most satisfactory disciplinary tactics when presented with large classes.

Notably, the pupil:teacher ratio in the Junior Infants classes is lower than that in the classes observed by Horgan (1987) and Horgan (1995) while the total language in each of these four classrooms in this present research surpasses that in Horgan’s (1987) research. The total language observed by Horgan (1987) in Gaelscoileanna was greater by 17% than the Gaelscoil observed in this research. The determining factor, as was illustrated in Horgan’s (1987) case study of one ‘excellent’ classroom appears to be the teacher’s attitude.
Horgan (1995) says that the teachers of the Junior Infants in her *Gaelscoileanna* study were “imbued with an almost missionary zeal regarding the inculcation of the Irish language and, notwithstanding their commitment and dedication, that is an inherent facet of their brief as educators of these children” (Horgan, 1995, p.152).

As discussed in Chapter Three of this present research, the teacher plays an important part in promoting children’s social competence. Key elements of successful child socialisation included the modelling of pro-social behaviours. What is even more interesting is the idea of Reflective Teaching – the idea that if we are to promote children’s holistic development then teachers must engage in this habit of mind, which requires them to ask questions and gather information. This information, it has been discussed, should be interpreted so that practitioners can create learning environments that are more responsive to children with a variety of backgrounds and abilities. Engaging in reflecting teaching for managing classrooms will set the stage for student socialisation and will reduce the need for disciplinary intercession and thus augment social competence.

In conclusion, therefore, the four Junior Infants classes observed are rich linguistic environments, far surpassing the preschool provision observed by Horgan (1993), Dunlea (1991) and Douglas (1993). Fundamentally, however, Horgan’s (1995) study recorded more linguistic utterances than in any of the four classes in this present research, including Group Four - the integrated Junior Infants class in the *Gaelscoil*. 
5.8.3. Cognitive Development of the Target children in each Learning Environment

Prior to the analysis of the results presented in Table 5.10, it is essential to contextualise them by reference to the most salient elements of recent research in this area.

The underlying principle of the Revised Curriculum 1999 is that the child "should be an active agent in his or her own learning" (Curriculum na Bunscoile, Réamhrá 1999, p.14). Indeed, it is outlined that the structure and content of the curriculum are designed to provide opportunities for active engagement in a wide range of learning experiences and to encourage children to respond in a variety of ways to particular content and teaching strategies (Ibid). Moreover, it advocates for learning through guided activity and discovery and acknowledges the teachers' role in this. Curriculum na Bunscoile, Réamhrá (1999) reads:

The principle of guided activity and discovery and the importance of the teacher in providing the most effective learning experiences for the child are central to the Curriculum. In order to ensure that learning is fully productive, the teacher needs to identify particular stages of development in the child's understanding and then choose the sequence of activities that will be most effective in advancing the child's learning.

(Ibid., p.15)

It continues by emphasising that it is the quality of the teaching 'more than anything else that determines the success of the child's learning and development in school' (Ibid., p.76). Therein, teachers have 'a complex role as a caring facilitator and guide who interprets the child's learning needs and responds to them' (Ibid., p.20).

It is important to appreciate the long tradition in education which has sought to further the cause of such a child-centred methodology. Indeed, it can be traced back to pre-Christian times with the philosophers Plato and Aristotle (Anders, 1989). Others who
analysed children’s activity in philosophical terms were Luther (1483-1546), Comenius (1592-1670) and Locke (1632-1704). Later on, however, the work of Jean-Jacques Rousseau (1712-1778), Pestalozzi (1746-1827) and Robert Owen (1771-1858) did much to enhance the belief that the best way to learn concepts was through manipulation. Additionally, Froebel (1782-1852), Montessori (1870-1952) and Dewey (1859-1952) added much to the body of knowledge regarding the critical importance of experimental learning in the child’s cognitive development. These theorists all shared a common desire to promote a child-centred curriculum whose kernel would be self-activity and creativity by the child under the guidance of the teacher.

The traditional method of curriculum implementation, also referred to as the product approach, is concerned with what Rousseau termed “the man in the making” and his corresponding lack of interest in what he is before he becomes a man. The emphasis is indeed on content and not on the child. The focus in this view is shifted away from the child but not only onto the content but on the end product and the notion of the kind of person s/he is to be moulded into.

Dewey put it most distinctly when he describes the product approach in the following manner: “The traditional curriculum undoubtedly entailed rigid regimentation and a discipline that ignored the capacities and interests of the child” (Dewey, 1979, p.10). Those who do accept this view, however, can - and do - talk of a common curriculum which Blenkin and Kelly (1997) describes as:

... a single education diet for all pupils to be varied only in the rate and form of dosage, not in any essential aspects of its content, there is one road to the perfect forms of rationality and all pupils must follow that road at the fastest pace they can be whipped into.

(Blenkin and Kelly, 1997, p.6)
Notably, therefore, the basic sentiment of the process approach to teaching stands in opposition to the axioms of the traditional one, as it gives a more central role to its learners.

The contributions made by Piaget (1896-1980), Vygotsky (1896-1934), Bruner (1915) and Howard Gardner (1943) have greatly enhanced the cumulative body of knowledge. Piaget (1962), for example, contended that young children develop their 'schemata' (mental structures) through exploration and activity. He saw 'play' as a means by which a child unifies experience, knowledge and understanding, advocating that as a result children gain control of their lives and become integrated people.

Similarly, Bruner stressed the value of manipulative play as it enabled the child to focus on the activity in question rather than on some predetermined, pre-specified objective. According to Bruner, developmental growth involves mastering each of the increasingly more complex modes – inactive to iconic to symbolic. Mastering this incorporates becoming more skilled in translating between each mode. An example of this sort of translation could be a discussion (symbolic mode).

An implication of Bruner’s developmental theories is that children should be provided with concrete materials, activities and tools that are matched to, and conceptualised on, their developing cognitive capabilities. For example, a teacher wanting to help children learn about elephants could use all three modes. Children could be asked to construct models of elephants (inactive), they might watch a video about, or involving, elephants (iconic) or they could consult different texts and then discuss their findings (symbolic).
Vygotsky (as discussed in Chapter Three) sees the child as an 'active constructor of knowledge' and understanding but differs in his conceptualisation and appreciation of the social significance of more knowledgeable others in the learning process (Smith and Cowie, 1997, p.349). Vygotsky emphasises the importance of the social context. He argues that as a result of social interaction between children in the learning environment and between child and practitioner "... the child acquires the tools of thinking and learning" *(Ibid.)*. Vygotsky's theory, as described in Chapter Three, states that cooperative interaction of engaging in mutual activities with more expert others sees the child becoming more knowledgeable.

Evidently then, it can be proposed that a process approach to curriculum implementation necessitates providing for social interaction. It is through symbolic play that the child will heuristically and actively engage in his/her learning. The use of language, social interaction and context symbolic and pretend play must be provided for as it is through these that a child develops as a thinker and will learn to engage in what Margaret Donaldson's (1978) terms 'disembedded thinking'. This refers to the child having the ability to engage in thinking which is independent of context and this requires the child to ignore contextual clues and concentrate on language which is being used. This type of thinking, according to Donaldson, is difficult for the child. It means the learning must move from 'embedded to disembedded thinking'. Blenkin and Kelly (1997) and Copple, Signel and Saurdas (1979) explain that this, on many factors including

... acquiring, first, the ability to develop internal representation of experience and, second, a facility for deploying these in such a way as to distance oneself from the context... If they are to develop (meaning disembedded thinking) children need to be helped to reflect upon
experience, to use their imaginations in relation to it and create mental pictures of it.

(Blenkin and Kelly, 1997, p.18)

As a result, children must engage in the kinds of practical activity which promote, encourage, even demand representation activities, such as symbolic play or drawings or conversations "since all these activities permit a degree of distancing from the immediate context and thus some generalisation of thought". Blankin and Kelly (1997) reinforce the importance of social interaction when they argue that "the teacher's questions, comments, discussions and all the activities he or she encourages the pupils to engage in must be such as to lead away from the context towards a more 'disembedded form of thinking'" (Ibid., p.18).

Cleave and Brown also argue for the participation of the practitioner in the child's learning, and emphasise that "... if all children are to be able to use the opportunity of play in school to learn about the world they need the active participation and support of practitioners" (Cleave and Brown, cited in Hurst, 1997, p.46).

The rhetoric of child centredness and the realities of teaching lie in the attitudes and actions of the teacher. Indeed, Sharpes (1988) defines curriculum as the 'Teaching Act'. In his description he implies that the curriculum is not a plan of what to teach but really is the plan in action. This highlights the importance of reflective teaching which is discussed in Chapter Three of this research. Sharpes' definition indicates that curriculum is what the teacher does and what the teacher knows and who s/he is, his/her personality, behaviour, knowledge and training. Curriculum is seen as something which may be adopted, modified, constructed, deconstructed and reinstructed. As Sharpes emphasises:

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“Instruction, how the teacher teaches is one side of the coin. Curriculum, what the teacher reaches, is the other” (Sharpes, 1988, p.321).

The teacher’s role is delineated in detail in the Revised Curriculum 1999. The role is complex but involves the teacher providing “learning experiences for the child that are relevant to the challenges of contemporary society. The teacher needs to adopt innovative approaches to teaching and to be aware of changes and developments in educational theory and practice” (Curriculum na Bunscoile, 1999, p.21).

Table 5.10 presents an overview of the principle findings of the study regarding the target children and their cognitive development. Sylva et al (1986) explain that in their original 30 behavioural categories they felt confident enough to assign the first 12 behaviours to the ‘complex’ or the ordinary group.
### Table 5.10

**Findings of the Study regarding the Target Children and their Cognitive Development**

<table>
<thead>
<tr>
<th>Category</th>
<th>Group One Mainstream</th>
<th>Group Two Segregated</th>
<th>Group Three Integrated</th>
<th>Group Four Integrated <em>Gaelscoil</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Categories 1-12</td>
<td>30.25%</td>
<td>38.25%</td>
<td>20.25%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Categories 13-28 (3Rs)</td>
<td>21.25%</td>
<td>17.50%</td>
<td>18.25%</td>
<td>17%</td>
</tr>
<tr>
<td>Inscrutable Categories 28-42</td>
<td>48.5%</td>
<td>44.25%</td>
<td>51.50%</td>
<td>53.5%</td>
</tr>
</tbody>
</table>
Having observed examples of both high and low challenge in these 12 categories, they all found no encompassing definition of challenge that would fit every group. They finally decided that each category would have to be judged according to independent rules: this assessment was made from the notes on the observation sheet and was completed as soon as possible afterwards. An activity was scored as involving high cognitive challenge if it had been conducted with care and mental effort, was goal-directed and imaginative and if it was carried out in a systematic, purposeful way or indeed if it involved the learning or involvement of a new skill. Categories 13-28 (3Rs) were deemed to be of high cognitive challenge by definition. [Appendix 25 gives examples of the attributes of both high and ordinary cognitive challenges.]

My observation of 68 children in four different types of learning environments investigated their behaviour and activities with respect to the above-mentioned research. The Target Child Schedule (Sylva, 1980; modified by Jowett, 1991; as discussed in Chapter Four) mitigates the complexity which is a feature of any analysis of child activity at this developmental stage. It presents 42 activity categories which are divided into three main sections, namely Categories 1-12, 13-28 and 29-42. It is thus possible to assess cognitive challenge in the first 28 of these categories. The final category (29-42) is labelled inscrutable and is used to encompass behaviour, the cognitive challenge of which cannot be determined. The most important finding which emerged from this analysis is the frequency of the children's exposure to cognitively-enhancing activities. Under closer analysis the results show that children engaged in high cognitive challenging activities for 23.5% (Group One), 13.75% (Group Two), 8.5% (Group Three) and 26.5% (Group Four) of their time. Therefore, it is evident that children engaged in
ordinary cognitive challenge for 6.75% (Group One), 24.50% (Group Two), 11.75% (Group Three) and 3% (Group Four) of their time. Interestingly, the groups with the lowest pupil:teacher ratio i.e. Group Two (segregated – which has an adult:child ratio of 3:8) and Group Four (which has a teacher:pupil ratio of 1:13) scored the highest percentage for Categories 1-12, Ordinary Cognitive Challenge.

The second group of activities, Categories 13-28, contained behaviour which is ‘highly cognitively challenging by definition’. If, for example, the child undertook any reading, writing, tracing or copying numerical activity, this activity was coded as being challenging. Altogether, children in each of the four classrooms engaged in these activities for 21.25% (Group One), 17.5% (Group Two), 18.25% (Group Three) and 17% (Group Four) of their time.

Horgan (1987) found that children in Junior Infants classes engaged in activities 1-12 for approximately one-fifth of their time, the majority of which did not challenge them. Results from Horgan’s (1995) study on Junior Infants classes in Gaelscoileanna scored slightly better since children therein engaged in highly challenge 1-12 activities for 5% more of their school time than their counterparts in standard primary school.

Interestingly, in visiting preschool establishments, Douglas (1993) found that children in community playgroups engaged in these 12 types of activities for over half their time in school but, unfortunately, only about one-third of this period contained high cognitive challenge. On the other hand, his observation in a Montessori school yielded interesting results. Although children in the ‘Before Five’ Montessori Centre played in this way for almost exactly the same amount of time as those in community playgroups,
the vast proportion of this time (i.e. 45% of all their time in school) was highly challenging.

Dunlea's (1990) observations in Montessori classrooms are also worth noting since she almost duplicates Douglas' findings, i.e. she observed 41% of high cognitive challenge in activities 1-12 (see Table 5.11 for a summary of the main findings of recent research in relation to this present research).

Other forms of highly challenging behaviour was recorded under the 3R categories (13-28). Yet again these reached their zenith in Dunlea's classrooms with almost one-fifth of the total time containing them. Junior Infants classes in Horgan's (1995) Gaelscoilenna research also fared well - containing 13% of these activities.

Horgan (1987), Douglas (1993) and Horgan (1995) revealed that they were ambivalent towards 3Rs' activities for children at this stage. Indeed, in their individual research it emerged that parental pressure was frequently a significant determinant. In total, 3Rs' activities in these various establishments accounted for only between three percent and 18 percent of the time each week. Dunlea (1990) and Douglas (1993) found that the children were frequently allowed a choice of structured or unstructured activity. This is in complete contrast to results presented by Horgan (1987) and Horgan (1995) and, indeed to the present research where children were confined to their seats for most of the day.

The passivity on the part of the child was reflected in the enormous amount of time devoted to 'inscrutable' activities in both types of Junior Infants classrooms and in these present classes. This consisted of looking at the teacher as she 'lectured', looking at other children, adult-led group activity, waiting, tidying up, etc. Notably, while some
benefits exist, these activities cannot be said to enhance or stimulate the child to any great degree. As Horgan (1995) emphasises:

Even if one were to concede that such behaviour contained some modicum of intellectual stimulation, it falls short of the high challenge and rich intellectual stimulation which many influential researchers and educationalists have seen to accrue from direct sensory experience by the child.


As already discussed, Piaget (1962) and Bruner et al (1967) contend that a broad base of direct dramatic manipulative experience is a prerequisite to comprehending abstract concepts. Unfortunately, with the exception of the Montessori classes, the majority of activities which the children undertook pre-supposed Bruner’s second and third stages of cognitive development.

The most impressive conclusion regarding cognitive challenge to be drawn from the above comparison of the various preschool institutions is, in fact, that the Montessori method of education far surpasses all others with respect to cognitive development. This is not solely the result of a more advantageous pupil:teacher ratio since there were approximately 20 children in each of the ‘Before 5’ Centre classes – a figure which greatly exceeded that found in the community playgroups, and while it is acknowledged that teachers in both Horgan’s (1987) and Horgan’s (1995) research had almost twice as many pupils in their classrooms it must be acknowledged that two of the classrooms in this present research had low pupil:teacher ratios, i.e. Group Two (segregated class) consisted of 8 children, while Group Three (integrated class) in the mainstream school had 13 children enrolled. Both these classes had a high score of ordinary and cognitive challenging activities.
Undoubtedly, the provision of the highly structured and carefully planned environment led to the Montessori teachers’ success. As a result, the structure of the Montessori curriculum would appear to correlate highly with cognitive stimulation. A closer look at Dunlea’s (1991) results on the Montessori experience, reveal that all is not positive. Because the child is a holistic being, one must take cognisance of the other areas of child development, for example language development. This is a major challenge for Montessori teachers since the Montessori approach involves individualistic concentrated activity.

Admittedly, the constraints of over-crowded, badly-equipped, classrooms militate against the provision of cognitively and linguistically stimulating environments for children in Junior Infants classes. Fundamentally, however, the pupil:teacher ratio has been reduced considerably since Horgan’s (1987) and Horgan’s (1995) respective research. Table 5.13 presents some of the findings of two exemplary infant classes found by Horgan (1987), Horgan (1995) and the four classes in this research.

The studies reviewed in this chapter and Chapter Three highlight that manipulative and heuristic learning is the *sine qua non* for cognitive development in young children. The types of activities were subsumed under Categories 1-12 which included creative pursuits such as artistic activities, musical activities, play with structured materials, pretend play, manipulation of miniature representational objects and unstructured materials (e.g. sand), small sand construction (with bricks, paper), play with large scale equipment (e.g. boxes/frames) and physical movement with or without apparatus.
Analysis of the observations showed that these types of activities were undertaken for 30.25% (Group One), 38.25% (Group Two), 20.25% (Group Three) and 29.5% (Group Four) of the children's time. Table 5.11 summarises the findings of the activities 1-12. High cognitive challenge and ordinary cognitive challenge are also presented.
Table 5.11

Summary of the Main Findings of Recent Research in Cork City and County regarding the Behaviour of Target Children and Cognitive Challenge

<table>
<thead>
<tr>
<th>Category</th>
<th>Horgan '87 J.I. Classes n = 15</th>
<th>Dunlea '91 Montessori Schools n = 10</th>
<th>Douglas '93 'Before 5' Centre - Montessori n = 10</th>
<th>Douglas '93 Community Playgroups n = 11</th>
<th>Horgan '95 J.I. classes in Gaelscoil n = 5</th>
<th>Butler '03 J.I. class Mainstream</th>
<th>Butler '03 Segregated</th>
<th>Butler '03 Integrated</th>
<th>Butler '03 Integrated Gaelscoil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenging 3Rs activity</td>
<td>9%</td>
<td>18%</td>
<td>10%</td>
<td>3%</td>
<td>13%</td>
<td>21.25%</td>
<td>17.5%</td>
<td>18.25%</td>
<td>17%</td>
</tr>
<tr>
<td>Activities 1-12 High Cognitive Challenge</td>
<td>8%</td>
<td>41%</td>
<td>45%</td>
<td>19%</td>
<td>15%</td>
<td>23.5%</td>
<td>13.75%</td>
<td>8.5%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Activities 112 Ordinary Cognitive Activities</td>
<td>13%</td>
<td>13%</td>
<td>12%</td>
<td>37%</td>
<td>11%</td>
<td>6.75%</td>
<td>13.75%</td>
<td>11.75%</td>
<td>3%</td>
</tr>
<tr>
<td>Inscrutable Activities which contained no visible challenge</td>
<td>70%</td>
<td>21%</td>
<td>32.5%</td>
<td>41%</td>
<td>61%</td>
<td>48.5%</td>
<td>44.25%</td>
<td>51.5%</td>
<td>53.5%</td>
</tr>
</tbody>
</table>

J.I. = Junior Infant
Table 5.12: Summary of the Findings in Relation to Categories 1-12

<table>
<thead>
<tr>
<th>Categories 1-12</th>
<th>Group</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Cognitive Challenge</td>
<td></td>
<td>23.50%</td>
<td>13.78%</td>
<td>8.5%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Ordinary Cognitive Challenge</td>
<td></td>
<td>6.75%</td>
<td>24.50%</td>
<td>11.75%</td>
<td>3%</td>
</tr>
<tr>
<td>Total Observed</td>
<td></td>
<td>30.25%</td>
<td>38.28%</td>
<td>20.25%</td>
<td>29.5%</td>
</tr>
</tbody>
</table>
Table 5.13: Comparison between Findings of Recent Research in Similar Junior Infant Classes

<table>
<thead>
<tr>
<th>Category</th>
<th>Horgan 1987</th>
<th>Horgan 1995</th>
<th>Butler 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School B (p.186)</td>
<td>Gaelscoil A (p.102-116)</td>
<td>Group One Mainstream</td>
</tr>
<tr>
<td>Activity 1-12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Challenge</td>
<td>22.5%</td>
<td>24.5%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Activity 1-12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary Challenge</td>
<td>8.5%</td>
<td>2.5%</td>
<td>6.75%</td>
</tr>
<tr>
<td>Total Language</td>
<td>41%</td>
<td>&gt; 50%</td>
<td>58.5%</td>
</tr>
</tbody>
</table>

P:T R = Pupil:Teacher Ratio  
*Incl. two full-time SNAs  
**Incl. one SNA.
5.9 Summary of the Findings of the Target Child Study

Thus, in answer to the research questions posed in Chapter One, the following were found; the children’s level of social participation appears to vary in all four groups. However, the most common social setting found involved the children sitting passively side-by-side in large groups. The extent to which the children in each group interacts with their teacher also varies between groups although interaction between practitioner and child was observed more in Groups Two (segregated) and Group Three (integrated). The favourable pupil:teacher ratio found in these groups undoubtedly enables interaction.

As seen, the language patterns in all four groups vary as does the cognitive development of the children. In conclusion, therefore, it is obvious that cognitively challenging and linguistically rich experimental learning is not necessarily precluded by a high pupil:teacher ratio or a lack of resources. In fact, the teacher’s attitude (frequently a reflection of pre-service/in-service training) is the factor most correlated with the provision of exhilarating child-centred experiences.

5.10 Findings of the California Preschool Social Competency Scale (CPSCS), Teacher-Child Rating Scale 2.1 (T-CRS) and Parental Questionnaire

The purpose of this experimental study was to investigate the differences in the development of social competence for children as they participated in different types of learning environments (integrated and non-integrated). Social competency ratings were measured by both teachers (using the CPSCS and T-CRS) and parents (using the
Questionnaire). This section presents the results of the statistical analyses and analyses the findings in light of the literature previously addressed in Chapter Three.

The CPSCS and the T-CRS, as stated, were completed by the class teacher in each of the four classrooms in Year One and in Year Two of the study. The Questionnaire devised previously by the researcher was completed by the children’s parents during the same period. As stated in Chapter One, the following research questions were posed:

- Do the children who attend the integrated learning environments achieve a higher rating on the CPSCS and T-CRS in comparison to the children who are educated in a non-inclusive setting (Group One and Group Two) after one year in school?
- Do the children who attend the integrated learning environment achieve a higher rating by their parents on a questionnaire that measures social competence in comparison to the children who are educated in a non-inclusive setting (Group One and Group Two) after one year?

5.10.1 Findings of the California Preschool Social Competency Scale

As discussed in the research design chapter, this scale was designed for evaluating the social competence of children aged two years and six months through five years and six months. Each item contains four descriptive statements which represent varying degrees of competence relative to the behaviour that is being measured. Indeed, items require observations of actual performance rather than inferences about presumed abilities (teachers were informed of this). All of the teachers believed that the CPSCS
was beneficial for them insofar as it made them think about children's abilities. Additionally, another teacher (in Class Four) remarked that it enabled her to see that although a child may not be 'the brightest spark' in the room he was socially very competent which she acknowledged was far more important.

The following tables (5.14 - 5.17) show the ratings received by each child in this research (in each of the four classrooms) on the CPSCS in Year One and Year Two of the study. The difference (if any) in ratings is also shown. Any gains received by the child in the second year are indicated with a plus (+) sign, while any reduction in ratings is indicated with a minus sign (-).
### Table 5.14

**Results of the California Preschool Social Competency Scale**

in **GROUP ONE (Mainstream)**

during Winter 2002 and Winter 2003

<table>
<thead>
<tr>
<th>Sex</th>
<th>Year One</th>
<th>Year Two</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>112</td>
<td>100</td>
<td>-12</td>
</tr>
<tr>
<td>Male</td>
<td>80</td>
<td>98</td>
<td>+18</td>
</tr>
<tr>
<td>Male</td>
<td>105</td>
<td>85</td>
<td>-20</td>
</tr>
<tr>
<td>Male</td>
<td>109</td>
<td>102</td>
<td>-7</td>
</tr>
<tr>
<td>Male</td>
<td>112</td>
<td>96</td>
<td>-16</td>
</tr>
<tr>
<td>Female</td>
<td>99</td>
<td>87</td>
<td>-12</td>
</tr>
<tr>
<td>Female</td>
<td>107</td>
<td>92</td>
<td>-15</td>
</tr>
<tr>
<td>Male</td>
<td>96</td>
<td>89</td>
<td>-7</td>
</tr>
<tr>
<td>Male</td>
<td>98</td>
<td>83</td>
<td>-15</td>
</tr>
<tr>
<td>Female</td>
<td>90</td>
<td>99</td>
<td>+9</td>
</tr>
<tr>
<td>Female</td>
<td>82</td>
<td>83</td>
<td>+1</td>
</tr>
<tr>
<td>Female</td>
<td>108</td>
<td>99</td>
<td>-9</td>
</tr>
<tr>
<td>Male</td>
<td>69</td>
<td>72</td>
<td>+3</td>
</tr>
<tr>
<td>Female</td>
<td>101</td>
<td>79</td>
<td>-22</td>
</tr>
<tr>
<td>Female</td>
<td>103</td>
<td>93</td>
<td>-10</td>
</tr>
<tr>
<td>Female</td>
<td>97</td>
<td>93</td>
<td>-4</td>
</tr>
<tr>
<td>Male</td>
<td>108</td>
<td>103</td>
<td>-5</td>
</tr>
<tr>
<td>Female</td>
<td>100</td>
<td>87</td>
<td>-13</td>
</tr>
<tr>
<td>Male</td>
<td>98</td>
<td>103</td>
<td>+5</td>
</tr>
<tr>
<td>Female</td>
<td>97</td>
<td>90</td>
<td>-7</td>
</tr>
<tr>
<td>Male</td>
<td>91</td>
<td>75</td>
<td>-16</td>
</tr>
<tr>
<td>Male</td>
<td>106</td>
<td>85</td>
<td>-21</td>
</tr>
</tbody>
</table>
Table 5.15

Results of the California Preschool Social Competency Scale
in GROUP TWO (Segregated) (Special School)
during Winter 2002 and Winter 2003

<table>
<thead>
<tr>
<th>Sex</th>
<th>Year One</th>
<th>Year Two</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>60</td>
<td>79</td>
<td>+19</td>
</tr>
<tr>
<td>Male</td>
<td>90</td>
<td>77</td>
<td>-13</td>
</tr>
<tr>
<td>Male</td>
<td>80</td>
<td>89</td>
<td>+9</td>
</tr>
<tr>
<td>Male</td>
<td>46</td>
<td>63</td>
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</tbody>
</table>

*All children present with a learning disability.

Table 5.16

Results of the California Preschool Social Competency Scale
in GROUP THREE (Integrated)
during Winter 2002 and Winter 2003

<table>
<thead>
<tr>
<th>Sex</th>
<th>Year One</th>
<th>Year Two</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
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<td>102</td>
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<tr>
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</tr>
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</tr>
<tr>
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<td>86</td>
<td>96</td>
<td>+10</td>
</tr>
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<td>54</td>
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<td>34</td>
<td>55</td>
<td>+21</td>
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</tbody>
</table>

*with a learning disability
Table 5.17

Results of the California Preschool Social Competency Scale
in GROUP FOUR (Integrated Gaelscoil)
during Winter 2002 and Winter 2003

<table>
<thead>
<tr>
<th>Sex</th>
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<th>Difference</th>
</tr>
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</table>

*with a learning disability

5.10.2 Findings of the Teacher-Child Rating Scale 2.1

This scale, as discussed in Chapter Four, is a brief objective rating scale and is intended specifically for teachers to use to assess children's problem behaviours and competencies. The scale itself has 32 items and can either be scored by computer or by hand. Using the hand-scoring sheet [see Appendix A4(b)], this researcher hand-scored...
## Table 5.18: Results of the Teacher-Child Rating Scale 2.1 in GROUP ONE (Mainstream)

<table>
<thead>
<tr>
<th>Sex</th>
<th>Year One Task Orientation</th>
<th>Year One Behaviour Control</th>
<th>Year One Assertiveness</th>
<th>Year One Peer Social</th>
<th>Year Two Task Orientation</th>
<th>Year Two Behaviour Control</th>
<th>Year Two Assertiveness</th>
<th>Year Two Peer Social</th>
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Table 5.19: Results of the Teacher-Child Rating Scale 2.1 in GROUP TWO (Segregated) (Special)

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Table 5.20: Results of the Teacher-Child Rating Scale 2.1 in GROUP THREE (Integrated)

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*with learning disability
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<th>Behaviour Control</th>
<th>Assertiveness</th>
<th>Peer Social</th>
<th>Task Orientation</th>
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</table>

*with learning disability
5.10.3 Results of the Parental Questionnaire

Another question posed in Chapter One was to see whether the children who attended the integrated classes (Group Three and Group Four) received a higher rating by their parent on a Questionnaire (devised by the researcher) which aimed to measure children's social development in comparison to the peers who attended a non-integrated class (i.e. Group One and Group Two).

Parents were presented with the Questionnaire in Winter 2002 and Winter 2003. It was essential, therefore, that each child had returned their questionnaire in Year One and Year Two so that a comparison could be made. Any questionnaires returned in either Year One or Year Two, but not both, could not be included in the analysis. 53 of the 68 questionnaires were returned completed (in Year One and Year Two). Therefore, 78% of the questionnaires were considered in the final analysis.

The parents in all four classrooms were asked simply to answer 'Yes' or 'No' in relation to their child's social ability. 'Yes' indicated a positive score and 'No' indicated a negative score. Along with the Questionnaire, parents received a covering letter which included instructions on how the Questionnaire should be completed (see Appendix A20). The following tables (5.22 – 5.25) present the results of the Questionnaire sample. Parents who did not return the Questionnaire in either Year One or Year Two are left blank.
### Table 5.22

Results of Questionnaire completed by Parents in Year One and Year Two in GROUP ONE (Mainstream)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Year One</th>
<th>Year Two</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>31</td>
<td>29</td>
<td>-2</td>
</tr>
<tr>
<td>Male</td>
<td>32</td>
<td>33</td>
<td>+1</td>
</tr>
<tr>
<td>Male</td>
<td>30</td>
<td>31</td>
<td>+1</td>
</tr>
<tr>
<td>Male</td>
<td>32</td>
<td>33</td>
<td>+1</td>
</tr>
<tr>
<td>Female</td>
<td>32</td>
<td>33</td>
<td>+1</td>
</tr>
<tr>
<td>Female</td>
<td>30</td>
<td>31</td>
<td>+1</td>
</tr>
<tr>
<td>Male</td>
<td>32</td>
<td>33</td>
<td>+1</td>
</tr>
<tr>
<td>Female</td>
<td>29</td>
<td>29</td>
<td>No change</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>28</td>
<td>+5</td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
<td>23</td>
<td>-1</td>
</tr>
<tr>
<td>Male</td>
<td>31</td>
<td>31</td>
<td>No change</td>
</tr>
<tr>
<td>Female</td>
<td>26</td>
<td>32</td>
<td>+6</td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>30</td>
<td>+2</td>
</tr>
<tr>
<td>Female</td>
<td>29</td>
<td>33</td>
<td>+4</td>
</tr>
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<td>29</td>
<td>29</td>
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</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>30</td>
<td>+2</td>
</tr>
<tr>
<td>Male</td>
<td>33</td>
<td>25</td>
<td>-8</td>
</tr>
<tr>
<td>Female</td>
<td>29</td>
<td>31</td>
<td>+2</td>
</tr>
<tr>
<td>Male</td>
<td>31</td>
<td>30</td>
<td>-1</td>
</tr>
</tbody>
</table>
Table 5.23
Results of Questionnaire completed by Parents in Year One and Year Two in GROUP TWO (Segregated) (Special School) during Winter 2002 and Winter 2003

<table>
<thead>
<tr>
<th>Gender</th>
<th>Year One</th>
<th>Year Two</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>13</td>
<td>18</td>
<td>+5</td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>17</td>
<td>-2</td>
</tr>
<tr>
<td>Male</td>
<td>17</td>
<td>26</td>
<td>+9</td>
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<tr>
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<td>17</td>
<td>17</td>
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</tr>
<tr>
<td>Male</td>
<td>21</td>
<td>16</td>
<td>-5</td>
</tr>
<tr>
<td>Male</td>
<td>26</td>
<td>29</td>
<td>+3</td>
</tr>
<tr>
<td>Male</td>
<td>22</td>
<td>13</td>
<td>-9</td>
</tr>
</tbody>
</table>

Table 5.24
Results of Questionnaire completed by Parents in Year One and Year Two in GROUP THREE (Integrated) during Winter 2002 and Winter 2003

<table>
<thead>
<tr>
<th>Gender</th>
<th>Year One</th>
<th>Year Two</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>31</td>
<td>33</td>
<td>+2</td>
</tr>
<tr>
<td>Female</td>
<td>26</td>
<td>33</td>
<td>+7</td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>28</td>
<td>+8</td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>31</td>
<td>+3</td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>26</td>
<td>-2</td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>29</td>
<td>+1</td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>32</td>
<td>+4</td>
</tr>
<tr>
<td>Female</td>
<td>33</td>
<td>31</td>
<td>-2</td>
</tr>
<tr>
<td>Male</td>
<td>24</td>
<td>28</td>
<td>+4</td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>28</td>
<td>+4</td>
</tr>
<tr>
<td>Female</td>
<td>25</td>
<td>33</td>
<td>+8</td>
</tr>
<tr>
<td>Male*</td>
<td>21</td>
<td>29</td>
<td>+8</td>
</tr>
</tbody>
</table>

*with a learning disability
Table 5.25

Results of Questionnaire completed by Parents in Year One and Year Two in GROUP FOUR (Integrated Gaeilsecoil) during Winter 2002 and Winter 2003

<table>
<thead>
<tr>
<th>Gender</th>
<th>Year One</th>
<th>Year Two</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>31</td>
<td>33</td>
<td>+2</td>
</tr>
<tr>
<td>Female</td>
<td>31</td>
<td>33</td>
<td>+2</td>
</tr>
<tr>
<td>Female</td>
<td>30</td>
<td>31</td>
<td>+1</td>
</tr>
<tr>
<td>Male</td>
<td>31</td>
<td>31</td>
<td>No change</td>
</tr>
<tr>
<td>Male</td>
<td>29</td>
<td>32</td>
<td>+3</td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
<td>33</td>
<td>+8</td>
</tr>
<tr>
<td>Male</td>
<td>30</td>
<td>33</td>
<td>+3</td>
</tr>
<tr>
<td>Male*</td>
<td>26</td>
<td>28</td>
<td>+2</td>
</tr>
<tr>
<td>Female</td>
<td>27</td>
<td>29</td>
<td>+2</td>
</tr>
<tr>
<td>Male</td>
<td>32</td>
<td>33</td>
<td>+1</td>
</tr>
<tr>
<td>Female</td>
<td>32</td>
<td>33</td>
<td>+1</td>
</tr>
<tr>
<td>Male</td>
<td>26</td>
<td>33</td>
<td>+7</td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>33</td>
<td>+5</td>
</tr>
<tr>
<td>Male</td>
<td>29</td>
<td>24</td>
<td>-5</td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td>33</td>
<td>+11</td>
</tr>
<tr>
<td>Male</td>
<td>27</td>
<td>29</td>
<td>+2</td>
</tr>
</tbody>
</table>

*with a learning disability
5.11 Analysis of the California Preschool Social Competency Scale, the Teacher-Child Rating Scale and Questionnaire

In order to analyse the data, computer packages such as Excel and SPSS were utilised.

5.11.1 Analysis of the Findings of the CPSCS

The CPSCS results for Group One (mainstream) show an overall decrease in ratings in the Second Year. Additionally, while Group Two (segregated) showed an increase in Year Two, this increase was very slight. Notably, however, the integrated classes (Group Three and Group Four) showed a much larger increase over the year. The largest increase, however, was seen in Group Three (integrated) where 13 children were enrolled under the guidance of their class teacher and part-time SNA. The results of the analysis of the CPSCS indicate that the children who attended the integrated Junior Infant classes (i.e. Groups Three and Four) received higher ratings on the CPSCS than their peers who attended non-inclusive settings. Figure 5.21 shows the average rating scores per group in each year. [See Appendix A28 for an analysis of the findings of the Teacher-Child Rating Scale 2.1 and an analysis of the results of the Parental Questionnaire.]

The most important test completed by the consultancy firm involved taking the results from all the six tests, i.e.

- from the CPSCS;
- from T-CRS Task Orientation;
- from T-CRS Behaviour Control;
- from T-CRS Peer Social;
- from T-CRS Assertiveness;
These results were then analysed as a whole. In other words, the next result was to show the overall mean of all the scores for each group, i.e. the CPSCS, T-CRS 2:1, and Questionnaire. This plainly demonstrated that Group One (mainstream) showed an overall decrease in Social Competence as measured by the CPSCS, T-CRS and Questionnaire. Moreover, Group Two (segregated) also showed an overall decrease although the decrease was not as significant as the decrease found in Group One (mainstream). Fundamentally, Group Three (integrated) and Group four (integrated Gaelscoil) demonstrated a vast increase. Figure 5.27 presents a summary of the progress of all groups during the two-year cycle, according to the mean.

The percentage increase/decrease has also been identified. The highest overall increase resulting in Group Three, then in Group Four. Disturbingly, the percentage decrease in both Classrooms One and Two is surprisingly high at -7.5% in Group One and -2.8% in Group Two. Figure 5.29 highlights the percentage increase/decrease of all four groups during the two-year cycle.

Figure 5.28 illustrates all six tests with the summary of percentage of difference of all four groups incorporating the six tests. From this figure it can be seen that Group One (mainstream) and Group Two (segregated) did show some increases at times. They do predominantly, however, demonstrate a decrease.

The last test carried out by the statistical consultancy firm was done so as to see the differences and make comparisons between the groups. A student’s t-test was selected for this. According to Hayslett (1968) and Jaisnigh (2000), students’ t-tests are one of the most commonly-used techniques for testing a hypothesis on a basis of difference between means. Explained in layman’s terms; the populations are the same
with respect to the variable being tested. The students’ t-test was developed by W.S. Gossett in 1908 while he worked as a chemist at the Guinness Brewery in Dublin, Ireland. He devised the t-test to ensure that each bottle of Guinness was as similar as possible to every other batch. Due to the fact that he could not publish his work under his own name, he embraced the pseudonym ‘student’. The students’ t-test in this instance was carried out between:

(1) Group One (mainstream) versus Group Three (integrated) and Group One (mainstream) versus Group Four (integrated Gaelscoil).

(2) Group Two (segregated) versus Group Three (integrated) and Group Two (segregated) versus Group Four (integrated Gaelscoil).

The first student’s t-test showed that the difference between Group One (mainstream) and Group Three (integrated) and Group One (mainstream) versus Group Four (integrated Gaelscoil) was ‘highly significant’ at the 95% level.

Notably, a finding (for example, the observed difference between the means of two random samples) is described as ‘statistically significant, when it is demonstrated that the probability of obtaining such a difference by chance only, is relatively low’ (Beaglehold, Boncta and Kyellstrom, 1993). Interestingly, the Glossary of Statistical Terms explains:

In psychology, and in many other domains it is customary to describe one’s findings as statistically significant, when the obtained result is among those that (theoretically) would occur more than five out of 100
times when the only factors operating are the chance variations that occur when random samples are drawn.


As for most psychologists and for many other scientists, it is customary to set alpha at 0.05 as was done for this analysis. This is an equivalent of asserting that the hypothesis will be rejected if the obtained statistic is among those that would occur only five out of 100 times that random samples are drawn from a population in which the hypothesis is true. Therefore, the significant level refers to the probability of making a Type One error or rejecting the null hypothesis when it is actually true (Beaglehole et al, 1993).

The second student’s t-test was carried out between Group One versus Group Three and Group Two versus Group Four, and this demonstrated that the difference between Group Two and Group Three was significant at the 95% level but not highly so. Table 5.26 presents the results of the findings of the students’ t-test.
Table 5.26: Results of one tailed student’s t-test.

<table>
<thead>
<tr>
<th>YEAR ONE</th>
<th>YEAR TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP</td>
<td>GROUP</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mainstream</td>
<td>Segregated</td>
</tr>
<tr>
<td>43.12966667</td>
<td>32.33933333</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Integrated (English)</td>
<td>Integrated (Gaelscoil)</td>
</tr>
<tr>
<td>33.73515333</td>
<td>36.776667</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Mainstream</td>
<td>Segregated</td>
</tr>
<tr>
<td>39.8653289</td>
<td>31.4256</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Integrated (English)</td>
<td>Integrated (Gaelscoil)</td>
</tr>
<tr>
<td>38.2318</td>
<td>40.35208</td>
</tr>
<tr>
<td>SED</td>
<td></td>
</tr>
<tr>
<td>2.26057</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question:</th>
<th>Test</th>
<th>$T_{\text{observed}}$</th>
<th>$T_{0.05,35}$</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 3 &gt; Group 1</td>
<td>G7-G3 v G5-G1</td>
<td>3.433212688</td>
<td>1.688</td>
<td>Highly</td>
</tr>
<tr>
<td>Group 4 &gt; Group 1</td>
<td>G8-G4 v G5-G1</td>
<td>3.025672939</td>
<td>1.688</td>
<td>Highly</td>
</tr>
<tr>
<td>Group 3 &gt; Group 2</td>
<td>G7-G3 v G6-G2</td>
<td>2.393385862</td>
<td>1.688</td>
<td>Moderately</td>
</tr>
<tr>
<td>Group 4 &gt; Group 2</td>
<td>G8-G4 v G6-G2</td>
<td>1.985846112</td>
<td>1.688</td>
<td>Moderately</td>
</tr>
</tbody>
</table>

Test above is a one-tailed T-test using 35 degrees of freedom with a 95% Confidence Interval.
Table 5.27

Summary of the Main Findings of CPSCS, T-CRS and Questionnaire

<table>
<thead>
<tr>
<th>Test</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Preschool Social Competency Scale</td>
<td>-8%</td>
<td>.5%</td>
<td>+10%</td>
<td>+7%</td>
</tr>
<tr>
<td>2 TCRS Task Orientation</td>
<td>-10%</td>
<td>-11%</td>
<td>+3%</td>
<td>-5%</td>
</tr>
<tr>
<td>3 T-CRS Behaviour Control</td>
<td>-4%</td>
<td>-3%</td>
<td>+16%</td>
<td>+30%</td>
</tr>
<tr>
<td>4 T-CRS Assertiveness</td>
<td>-4%</td>
<td>-12%</td>
<td>+21%</td>
<td>+2%</td>
</tr>
<tr>
<td>5 T-CRS Peer Social</td>
<td>-18%</td>
<td>+2%</td>
<td>+13%</td>
<td>+21%</td>
</tr>
<tr>
<td>6 Questionaire</td>
<td>+3%</td>
<td>+1%</td>
<td>+14%</td>
<td>+9%</td>
</tr>
</tbody>
</table>

The findings presented here indicate that the children in Group Three (integrated) and Group Four (integrated Gaelscoil) demonstrate better social competence as rated by the CPSCS, T-CRS and Questionnaire than their peers in Group One (mainstream) and Group Two (segregated).

These results, however, must be examined in relation to similar research completed throughout the world. Lamorey and Bricker (1993) in a study of an integrated classroom found that children with disabilities enrolled in integrated settings demonstrate higher levels of social play and more appropriate social interactions. Additionally, these children were more likely to initiate interactions with peers than children who attended segregated environments (cited in Peck et al, 1993). Moreover, children with disabilities who attend integrated classes make gains in language, cognitive, and motor development that are seen to be more advanced than their peers in non-inclusive settings (Fewell and Oelwein, 1990).

Children with disabilities also display more advanced play in inclusive settings than in segregated settings (Ibid.). However, Odom and Brown, in a discussion of social
interaction skills interventions (Peck et al, 1993, pp.39-64) note that even in inclusive settings young children with disabilities are more likely to engage in non-interactive play, are less likely to play in groups and are chosen as playmates less frequently than their peers without disabilities.

The results of several studies suggest that children without disabilities benefit from integrated classes. Odom and McEvoy (1988) asserted that normally-developing children enrolled in integrated classes make developmental gains at least equivalent to those by their peers in non-integrated classes.

Peck et al (1992) also advocates that parents and teachers believe that integrated classes offer additional benefits for children with disabilities. These writers explain that normally-developing children enrolled in integrated settings displayed less prejudice and stereotypes and were more helpful and responsive to others than were children in other settings. Additionally, Giangreco et al (1993) also state that teachers have reported that children without disabilities became increasingly more aware of the needs of others when they were enrolled in a class setting with a child with a disability.

Notably, from this research, both parents and teachers have stated that integrated programmes offer additional benefits for children without disabilities. Parents have stated that children without disabilities enrolled in integrated learning environments indeed do display less prejudice and fewer stereotypes and are more helpful to others than are children (their other children) in non-integrated settings. Fundamentally, while these last findings are based on teachers and parental perceptions (rather than direct observation), they do emphasise the social benefits of integration of children with disabilities.
The central focus of this research then aimed to examine the potential impact of different learning environments have on a child’s social competence. It has been discussed in this research that integrated classes developed higher levels of social competence. This can, however, be somewhat explained in light of the literature discussed in Chapter Three.

In Chapter Three it was seen that the child and his/her environment are clearly documented in the theoretical perspectives of Skinner, Bandura, Vygotsky, Bronfenbrenner, Piaget and Bruner. It was also highlighted how these perspectives differ only in their degree of emphasis placed on the environment in explaining child development. Essentially, it can be argued that these theories serve to act as a base from which to consider how an integrated learning environment (Groups Three and Four) could influence the development of social competence more positively in children differently from a non-inclusive setting (Groups One and Two).

Indeed, it was explored how Skinner’s (1959) behaviourism, for example, could suggest that an integrated environment may have an impact on the children’s development in a number of ways, including negatively insofar as the class-teacher may be interrupted from her normal teaching duties due to the disruptive and challenging behaviours of the children with disabilities. This, however, was not the case in either of the two integrated environments in this present research as both children did not present with severe challenging behaviour. In addition, the presence of an SNA allowed the teacher to teach the class as usual. It was also discussed that children without disabilities may learn to engage in behaviour presented by the child with disabilities. Certainly, the class teacher in Group four remarked to this researcher that some children did at the
beginning of the year mimic the behaviour of the child who presented with Down Syndrome. Nonetheless, she stated this was quickly rectified by encouraging all children to behave appropriately. In other words the child with Down Syndrome was expected to behave like everyone else.

While a remarkable increase in social competency ratings was achieved in Groups Three and Four, these results this researcher believes are due to a number of factors – notably, the suitable placement of the children with disabilities is a major factor. Both of these children are suitably placed insofar as the environment meets their needs.

Furthermore, one could argue that the children in the integrated classrooms achieved higher ratings on these scales due to the fact that the children’s began to model the inclusive behaviour of the SNA and class teacher and be more helpful and tolerant of their peers. Bandura’s social learning theory comes into play. Bandura (1986), as examined in Chapter Three, presented a most interesting stance on the social learning theory. He suggested that modelling/imitation/observational learning acted as a base for a wide variety of children’s behaviours. He demonstrated that children acquire favourable as well as unfavourable responses simply by observing and listening to others around them. He writes:

Learning would be exceedingly laborious not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behaviour is learned observationally through modelling from observing others and forms an idea of how new behaviours are performed and on later occasions this coded information serves as a guide for action. Because people can learn from examples what to do, at least in approximate form, before performing any behaviour, they are spared needles errors.

(Bandura, 1977, p.22)
It would seem then, consistent with this theory, that the children with learning disabilities who attend the segregated setting were also likely to model/imitate the unfavourable behaviours of their peers with such behaviours. Clearly though, this does not offer the researcher any answers as to why the children in Group One received an overall lower rating in Year Two. Klein (1991), however, explains that we can apparently perform a particular behaviour merely by watching others exhibit it. Indeed, many research findings indicate that parents who are abused themselves as children are more likely to abuse as parents themselves (O'Donohue and Gaynor, 2003). In other words, they initiate the abusive behaviour with their own children. Importantly, Deci (1991) advocates that ‘models’ who are successful or competent and possess high status and who indeed have control over rewarding resources are more readily imitated than models who lack these qualities. Imitation of a teacher by children is a common method of learning. The significant aspect for this research is that learning through imitation is that behaviour can be acquired simply through observation. Children, as Dr Montessori posits, have ‘absorbent minds’ and therefore constantly pick up subtle expressions, gestures and attitudes, values and beliefs about classroom procedures from their teacher without the teacher referring to the behaviour. If a teacher responds to children’s errors or misdeeds with ridicule or inappropriate punishment:

The chances are that his students will respond to each other in a similar manner. Modelling can occur at any time, so students will learn both positive and negative... if the student perceives discrepancies between what the teacher preaches and what she practices, they will ignore the sermon and follow the practice. This will take advantage of discrepancies between the demands and what she actually allows.

The teacher is the most powerful person in the classroom, psychologically-speaking. The teacher’s ability to remark and punish is usually greater than that of any individual in the room, he/she sets the
pace, he/she takes the initiative or, rather, the initiative is his/hers if he wants to take it. The teacher's power is such that even when he/she does nothing, he/she does something to the class. He/she even has effect on the class when he/she is not present.


Bronfenbrenner's theoretical perspectives have also given the reader potential answers as to why the integrated groups (Three and Four) received a higher rating than the children in the non-integrated environments (Groups One and Two). Indeed, children with disabilities due to their daily interactions with children who present with disabilities in the segregated learning environments may present a different social awareness and perception of themselves due to the connections between microsystems, such as home, neighbourhood, and school that foster and enhance children's development.

As discussed in Chapter Three, Grolnick and Slowiaczek (1994) give us an example of how a child's cognitive progress depends not only on activities that take place in the learning environment but it is also enhanced by parental involvement in school life. Inevitably, parent-child interaction is likely to be affected by the children's relationships with non-parental caregivers. By its very nature, integration, when looked at in terms of inclusiveness – parents are welcomed as team members on the multidisciplinary team. While the teachers remain the experts on the children's education, the medical practitioners remain the experts on the child's disability/condition – parents remain the experts on their children (Gammage and Meighan, 1995). Teachers, with little or no experience of working with children with disabilities (as in Group Three and Group Four of this research) rely to a large extent on the knowledge provided by the children's parents in relation to the child's needs and abilities.
Vygotsky’s theory also provides us with some reasons as to why both Groups Three and Four (integrated) received higher ratings on the CPSCS and TCRS. Without doubt, the review of the literature showed that, according to Vygotsky, as more expert/capable individuals are asked to give assistance to children who present with disabilities there may be academic and cognitive gains for both parties involved. For example, understanding of the task in hand for the child with disabilities and greater confidence and self-esteem for the other child.

In addition, benefits to the children’s social development may be due to their participation in this cooperative learning, reciprocal teaching, peer modelling, peer teaching and learning partners, as discussed in Chapter Three.

Bruner’s theory also offers the reader with an explanation as to why the results in Groups Three and Four were more favourable than those achieved in the non-inclusive environments (Groups One and Two). The children with disabilities who attend the integrated learning environments have Individual Educational Plans devised by their Resource Teacher, Class teacher and Principal. The SNAs in both schools were also involved in the drawing up of these IEPs. Furthermore, both sets of parents were also encouraged to participate and as the principal in Group Three informed me ‘the team prioritised goals and objectives based on family priorities, immediate benefit and long-term benefit’.

Notably, the children in Group Two (segregated environment) were still in the process of having their IEPs devised. This was startling since children had been enrolled in the school since September – it was January when this researcher inquired.
It has been shown in the review of literature that children learn in a variety of ways, e.g. memorisation, heuristic learning, active hands on, rote learning, peer or individual learning, worksheet based, child or teacher based. However, this researcher advocates that the different ways in which a child develops is partially related to the type of learning environment available. As a result, it could be argued that these different types of learning environments may also affect the child's ability and motivation to learn.

John Dewey believed that:

the only way in which adults consciously control the kind of education which the immature get is by controlling the environment in which they act, and hence think and feel. We never educate directly, but indirectly by means of the environment. Whether we permit chance environments for the purpose makes a great deal of difference. And any environment is a chance environment so far as its educative influence is concerned unless it has been deliberately regulated with reference to its educative effect.

(Dewey, J. *Democracy and Education* New York: The Free Press, pp.18-19)

Subsequently, one can argue that the presence of a child with a disability does change the mainstream learning environments and affect children’s development (in this instance in a positive way). Crucially, it must be stated that the success of any learning environment could be said to lie in the attitudes and actions of the teacher.

The success of the learning environment, as this researcher sees it, rests upon the quality of the teacher and her attitudes, her values, her beliefs and even her training. On the other hand, this is of course - as is now clear in this research - its greatest strength.

It is understandable then that the interaction behaviours and affective characteristics for the teachers and other adults who work with the children should be observed. In order to do this, this researcher used the TSRS.
5.12 Summary of the Findings of the CPSCS, T-CRS 2.1 and the Parental Questionnaire

Thus, in answer to the research questions posed at the start of this section (and in Chapter One), the following were found; the children in Groups Three and Four (integrated) achieved a higher rating on the CPSCS in comparison to their peers in the non-integrated environments in Groups One and Two. In addition, the children in Groups Three and Four also achieved a higher rating on the TCRS 2.1 than the children in the other two groups. Moreover, while an increase in social competency ratings was found in all of the four groups using the Parental Questionnaire instrument, the increases were far more significant in the integrated classrooms (Groups Three and Four).

5.13 Analysis of the Findings of the Teaching Styles Scale in All Four Groups

The authors of this Teaching Styles Rating used to collect data on different individual teachers by observing them in four to eight different sessions. This present researcher contacted one of the authors of the scale – Dr R.A. McWilliam (via e-mail), Director of the Centre for Child Development and Research at Vanderbilt Children’s Hospital, Nashville. This author confirmed that the more observations carried out on individual teachers ‘the better’. As a result, 30 observations were completed on each of the eight practitioners who worked with the children in each of the four learning environments (SNAs were also observed). According to the TSRS manual the purpose of the TSRS was to measure the quality of interaction behaviours and affective
characteristics of teachers for research. This researcher advocates that this measure could act as a very useful tool for self-monitoring and reflection.

The instrument, as discussed in Chapter Four, was selected for a number of reasons. Chapter Three of this present research presented a detailed account of the indispensable role of the teacher in promoting the development of children’s social competence. Certainly it was seen that a child’s holistic development is enhanced by frequent opportunities to strengthen this domain of child development (Hartrup, Moore, 1990; Hull et al, 2002). What is more, it was proposed that there are many strategies that Early Years Practitioners can use in order to enhance this development and competence in children. Brophy (1988), for example, sustained that consistent projections of positive expectations and social labels appear to have a noteworthy impact on the development of self-esteem and positive social behaviour in children. In addition, it was reviewed that Good and Brophy (1984) went so far as to identify some general attributes of a teacher that contribute to their success in socialising teachers.

Taking cognisance of the considerable influence a teacher has on a child and his/her development, it is evident then why the TSRS was implemented in this research. In addition to examining what children do in Infant classrooms (as seen through the implementation of the Target Child Observations) this research was also concerned with finding out what teaches say and do with the children in their classrooms. The way this was achieved was through the use of the TSRS in each of the learning environments.
"The mediocre teacher tells -
the good teacher explains -
the superior teacher demonstrates -
the great teacher inspires."


5.13.1 Results of Teaching Behaviours in Group One

Figure 5.30 (in Appendix A29) illustrates how the class teacher spent her time when she interacted with the children in her room. All behaviours were rated on a seven-point scale with four anchors:

1 = Never; 3 = Occasionally; 5 = Often; 7 = Most of the time.

It is revealed in Fig. 5.30 that this teacher most frequently tried to get the children to do something different from what they were already doing (redirect). This is indeed fascinating as it was discovered on the TCRS in the area of Task orientation that the children in Group One had a percentage drop of -10 in the domain of task orientation. It was also reviewed that in order for ‘task orientation’ to develop children need sufficient time in their schedules to complete tasks.

Redirects, according to the TSRS Manual, can only occur when a child is presently engaged in some activity and the teacher tries to get children to do something different. It was discussed that the teacher in Group One ‘stuck rigorously’ to her timetable and children frequently had to leave unfinished tasks because it was ‘time to tidy up’ and time to move on to something new. It must be stated that ‘Redirects’ can also be a direct attempt to thwart inappropriate behaviour.
The mean score for 'Redirects' for this class teacher was 3.27, the next most frequent type of behaviour observed in this learning environment was the 'informs' category, resulting in a mean score of 3.10. The 'informs' item aims to capture those times when a class teacher is 'providing information without elaborating on the child’s present activity. It was observed in this environment through singing, reading, saying nursery rhymes, talking about 'our news' and when teaching a lesson (e.g. lectures and didactic teaching).

The activity is initiated and directed by the teacher herself. Certainly, the authors of the scale advocate that the activity is not responsive to a child-initiated activity. The teacher, to a large extent, engages in didactic teaching to teach her class (indeed, it was discussed that this teacher considers herself to be a 'chalk and talk' teacher). It was previously seen in the review of the literature that a teaching role in a child-centred learning environment is at most, one of facilitator and guide. The children are seen to be in control of their own learning (Dowling, 2000; Hull et al, 2002).

Learning occurs in relative contexts and children construct their own knowledge (Theroux, 2002). However, in this classroom (Group One), the teacher is the controller of the learning environment (Dowling, 2000; Hull et al, 2002).

The next most frequent type of behaviour observed in this classroom was the 'introduces' item. This item is designed to observe any teaching behaviour attempting to give a new activity to a child/children not presently engaged in an activity. Introductions can therefore take place when a teacher invites children to join a particular activity, provide the children with an activity or even make suggestions for potential activities. This was observed in this learning environment when the teacher verbally 'requested'
that children join an activity or by bringing materials to a child (e.g. Unifix cubes during mathematics). A frequent form of 'introductions' seen in this particular environment was asking non-engaged children what they were doing. Notably, this was usually asked in a tone that often made this researcher jump with fright.

Both the 'Praises' behaviour item and 'Acknowledges' behaviour item each scored a mean score of 2.53, indicating that this teacher engaged in this type of behaviour not as frequently as she did when she 'redirected, informed or introduced'. However, when the class teacher did 'praise' the children in her classroom, it was usually given verbally in the form of 'well done' and 'good work' or 'go maith' (good). Notably, she less frequently praised the children by saying 'good boy' or 'good girl'.

The TSRS Manual posits that 'praise' is usually characterised by a noticeable change in intonation from the teacher's normal affect and voice. However, the change in intonation and affect was not always significant in this group. Indeed, this researcher observed that this teacher was the one (teacher) least likely to give 'Excited praise'. 'Excited praise', according to the manual which accompanies the scale, includes words such as "Wow", "Great", "Good job". Significantly, in comparison to her counterparts in the other four groups, this teacher scored the least in this item which indicates that she was the practitioner least likely to give praise to the children in her care.

Although praise is obviously good for children, some psychologists do believe that, if adults applaud everything children do, the praise can eventually lose its effect or create 'approval junkies'. Rather than responding to everything that children do with praise, this researcher believes that teachers should adopt the strategy observed in Group Three of this present research. In this classroom, the teacher used comments to describe
the content and encourage the children to continue to improve. Evidently, the need for balance is required in this category.

The mean score for the 'Acknowledges' item scored the same as for 'Praise' (2.43). Acknowledging occurs when a teacher responds to the children or their activities but does not describe, expand or follow 'in' on them. In other words, while a teacher has alerted the children in her class that s/he has heard or seen what they have done, she does not add to the interaction or activity. Examples of 'Acknowledging' observed in this Group was seen when the teacher repeated what the children had said when it appears that it was not her intention to continue the interaction. Complying with the teacher's requests also comes under this 'item' (e.g. passing a child his lunch box when requested, answering children's questions in a simple sentence which usually meant one or two words). In addition, any non-verbal 'acknowledges' were also recorded and these included when the teacher adjusted the child's chair, school bag, helped a child to zip up/down their coat, or leading a child by the hand.

5.13.2 Results of Teaching Behaviours in Group Two (segregated)

In comparison to Group One there were three practitioners observed in Group Two (segregated). For the teacher in this Group the behaviour most frequently observed was the 'introduces' item which resulted in a mean score of 5.93. The SNAs, on the other hand due to the nature of their position (they are employed to work under the direction of the class teacher), resulted in 4.13 (SNA1) and 2.73 (SNA2). In particular, it was observed that SNA1 was far more 'assertive' with the children than her counterpart (SNA2) in the learning environment. In essence, this was not always considered to be
beneficial to the children. Undeniably, it could be said that this SNA was very keen on taking ‘charge’ of the children in the class – particularly when the class teacher was on her coffee/lunch break (as seen in the class analysis). Interestingly, the highest mean score (4.13) obtained by this SNA (1) was in this item indicating that she attempts to give a new activity to a child not presently engaged in an activity. This SNA (1) usually ‘verbally invited’ and ‘physically encouraged’ children (by taking the child by the arm/hand) to join an activity or by bringing materials to a child who was not engaged in any activity. To be more specific, children were usually ‘made’ or forced to join in rather than invited or encouraged.

The ‘redirects’ item was the next most frequent type of behaviour observed in this environment exhibited by the class teacher, the mean of which was 5.73 for the teacher and 3.03 and 3.81 for SNA (1) and SNA (2), respectively.

The high score obtained in this category is understandable to a large extent as the children in this group often engaged in their ‘own’ desired activities – often inappropriate, examples of which include constantly turning on and off lights, banging doors and desks, inappropriate behaviour at the computer (spitting at the screen), hitting other children, etc.

Redirections, as previously discussed, can be a direct attempt to stop inappropriate behaviour, including when a child is hitting another the teacher might announce “We do not hit each other in this class” or “No hitting” or, if a child was banging a door, the teacher might assert “Gentle, Seán”.

Interestingly, the teacher in Group two engaged in ‘Follows’ teaching behaviour quite frequently, the mean score of which was 5.10. The ‘Follows’ item was recorded
when the teacher seeks to ‘elicit’ a response related to the activities in which the child is presently engaged in. ‘Follows’ can be either verbal or non-verbal (notably, if the teacher was seeking to elicit behaviours unrelated to the children’s present engagement, it was considered ‘redirects’). While the teacher in Group One achieved a score of 2.53 for this category, this present teacher obtained 5.10. This score achieved by the teacher in Group Two was the highest mean score for ‘follows’ among all four classroom teachers. This is significant as it was Vygotsky (1896-1934) (as discussed in Chapter Three and through the Target Child Study Analysis) who believed in the importance of social context. The child, according to this pioneer, as a result of social interaction between children in the environment and between the child and practitioner, “...acquires the tools of thinking and learning” (cited in Smith and Cowie, 1991, p.349). Examples of this type of behaviour observed included the teacher asking a child particular questions in relation to the toy garage he was playing with. “Where’s the blue car, Jack?” or by picking up a green car and asking the child “What colour is this car, Jack?” In addition, this was also observed when the teacher pointed, for example, to a shape sorter to indicate to a child to put in the correct shape.

In the other environments (Groups One, Three and Four), for example, this category was observed when the teacher asked the children questions in relation to the ‘large format books’ she was using. For example, in Group Three, the teacher asked “Do you think Daddy will find a big enough lantern to help baby bear sleep?”

The ‘Elaborate’ item was the next most frequent type of teacher behaviour observed in Group Two (segregated) – the mean teacher score was 4.13, while SNA (1) achieved 3.03 and SNA (2) obtained 2.97. The behaviours least observed in this Group
for the teacher included ‘Acknowledges’ (the teacher’s mean score was 3.95) and the ‘Praise’ item which was the least likely teaching behaviour observed in this learning environment by the teacher (mean score resulted in 2.83). As previously stated, the lowest mean teacher score in this item (‘Praise’) was observed in Group Two (2.53).

While praise was less likely to come from the teacher in Group Two, the children were more likely to be praised from their SNAs. The SNA (2) was the practitioner who praised the children the most frequent in the classroom. She received a mean score of 4.73. SNA (1) received a mean score of 2.43. Figure 5.31 presents an overview of results in each of the teaching behaviours for both SNAs and the class teacher.

5.13.3 Results of Teaching Behaviours in Group Three

Both the class teacher and the part-time SNA were observed in this learning environment. The teaching behaviour exhibited by the teacher most frequently observed in this class was the ‘Praises’ category, although the mean scores achieved in all items were most favourable.

However, her high score in the ‘Praise’ category is not at all surprising. The teacher had previously stated to this researcher that she believes that teachers can have a great influence on how a child sees him/herself. She stated that “... children need praise from important people in their lives. They may not necessarily receive this at home. Giving attention and little treats for being a valuable person helps the children – especially in Junior Infants – feel secure.” This attitude is something this researcher will always remember and firmly believe that this honest praise credited to the children encouraged the children to feel strong and be more independent. Notably, while over-used or false praise can cause children to feel anxious about their abilities, or afraid to
take risks, too much praise for ordinary behaviour can cause dependence on adults. However, this teacher implemented her praise strategically and the following points are, this researcher believes, worth taking cognisance of:

- The teacher was specific in her praise, e.g. “Thank you for picking up the rubbish”;
- The effort was praised. Children were praised for trying something new;
- Children were never compared (in this classroom);
- The teacher was never negative – whereas praise was given negatively in other classes that were observed, e.g. “I can’t believe you’ve finally finished your colouring”;  
- The teacher also appears to avoid praising ‘things’. This is important as the child’s effort is much more significant than the things the child makes (Ibid), e.g. “I can see you worked very hard on this picture... tell me about it.”

Additionally, this teacher also wrote interesting comments and placed stickers on the children’s work. These included: “Wow”, “Remarkable”, “Excellent”, “Awesome”, “You made my day!”, “Nothing can stop you now”, “You’re a winner”. This researcher posits that this teacher had a remarkable way of making a child feel special. Evidently, her pupil:teacher ratio was favourable to being able to pay special attention to each child.

The most important lesson that can be learned from observing in this classroom is that this practitioner offers ‘genuine praise’ – loving words that arise spontaneously and
warmly from her heart. These children, after all, according to this teacher are her ‘babies’.

Notably, the SNA scored even a higher mean score for the ‘Praise’ item (5.10). The SNA worked on a one-to-one basis with the child who presented with Down Syndrome.

The second, most frequent, behaviour observed in Group three for the teacher was the ‘Informs’ item (4.30), while the SNA received a much lower score of 2.00. This, again, indicates that the teacher teaches the children while the SNA works under her guidance. This is, I believe, quite significant as in other schools, when children were assigned a SNA, this could often mean that the child became the sole responsibility of the SNA.

The teacher ‘acknowledged and informed’ the children in this environment quite frequently (receiving a mean score of 4.00). The SNA, on the other hand, received a very high score for ‘introduces’ (6.40) which indicates that she attempts to give a new activity to the child (with Down Syndrome) when he is not presently engaged. This child may for one reason or another leave his seat to wander around the room. The SNA would be the one encouraging him to engage in a different activity.

The mean score items for ‘Elaborates’ and ‘Follows’ resulted in the teacher obtaining the same mean score for both (3.87). This indicates that the teacher occasionally engages in these type of behaviours towards the children. Surprisingly, the mean score for the ‘Redirecting’ item was the lowest score achieved by the teacher (3.43) which also indicates that she occasionally exhibited this type of ‘redirecting’ behaviour.

However, when compared to her teaching colleagues in the other groups, this teacher
received the second highest mean score for 'redirecting', after the teacher in Group One who achieved 3.27.

Figure 5.32 (in Appendix A29) illustrates the average results for both SNA and Teacher in Group Three, according to the Teaching Behaviours Scale.

5.13.4 Results of Teaching Behaviours in Group Four (Mainstream Gaelscoll)

The behaviour most frequently presented by the class teacher in Group four was the 'Introduces' behaviour (mean score of which was 4.43), indicating that the teacher attempts to give the children new activities quite often.

On the other hand, the SNA in this environment scored a mean of 4.23 for this item, also a high mean score, indicating that she also makes introductions – mainly, however, to the child (with Down Syndrome) whom she is specifically employed to assist.

The next most frequent type of behaviour observed was the 'Elaborates' item for the teacher (4.27) which suggests that this teacher often provides the children with information/materials related to their present activities but which went beyond the scope of the specifics of the activity. This item was designed to capture instances where the teacher was building (scaffolding) on the child's current activities or language by providing the children with related information. However, this 'item', when exhibited by teachers, does not request a response from the child. This is quite an interesting item to observe in the classroom and may include, for example, the children painting a springtime picture and the teacher notices that paints have mixed together. She uses her observation to explain how certain colours can be mixed together to produce other colours.
The results for Group Four also show that the teacher often ‘informed’ the children (resulting in a mean score of 4.07). Both the SNA and Teacher also praised the children quite frequently (mean scores resulted in 4.03 and 3.97, respectively). The teacher ‘redirected’ the children occasionally (3.30) while the SNA ‘redirected’ more frequently than the teacher. Again, this is understandable as the SNA, to a large extent, had sole charge of the children who presented with Down Syndrome. It was the SNA who, again to a large extent, tried to stop the child engaging in a certain behaviour in order to do something different. For example, to stop the child fidgeting or being disruptive in some way or it could have been that he wanted to do the same jigsaw over and over again when in fact he was required to do some other work.

For this class teacher, she spent less of her time ‘acknowledging’ (3.13) and ‘following’ (3.07). However, both mean scores for these items indicate that the teacher did engage in these behaviours occasionally with the children.

Figure 5.33 (Appendix A29) presents the average results for both SNA and teacher, according to the Teaching Behaviours Scale.

5.13.5 Summary of the Findings of the ‘Affect’ Behaviours

Each of the interactive behaviours had to be analysed separately for each teacher due to the internal consistency for the interactional behaviour items being so low. This indicated that these items did not measure a single construct and, on the advice of the author of the scale, a separate analysis (as was presented) was completed for each item.

Although the results presented indicate that Junior Infant class teachers display different types of behaviours in classrooms, these can indeed be categorised into seven
main items, as discussed: 'Redirects', 'Introduces', 'Elaborates', 'Follows', 'Informs', 'Acknowledges' and 'Praises'.

According to the Quality and Engagement Study (2001), the way teachers interact with their pupils is related to what children do in classrooms. These researchers maintain that when teachers elaborate or build on children's activities and interests, children tend to spend less time in repetitive or low level behaviours. When teachers use more redirects, however, children are likely to spend more time wandering, crying and fighting (Ibid).

Examining these individual interaction behaviours can provide important information about teachers and how they interact with young children. Importantly, it can be stated that, from these present results, individual teaches tended to use some behaviours consistently more than other behaviours. Affect was measured through 13 items that, according to the author, could be averaged. This is because the internal consistency for the affect items was .85, indicating that the items measure a single construct. The results for this study can be found in Appendix A29.
Figure 5.39: Summary of Teaching Behaviors and an average of all the Affects between Teachers

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<th>Factors</th>
<th>Group 1</th>
<th>Group 2</th>
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<td>3. Elaborates</td>
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<td>4. Follows</td>
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<td>5. Informs</td>
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<td>6. Acknowledges</td>
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<td>7. Praises</td>
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<tr>
<td>Affect (Average)</td>
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The results found in Appendix A29 are summarised in Figures 5.39 and 5.40. Fig. 5.39 presents a summary of the teaching behaviours and an average of all the affects between teachers, while Figure 5.40 presents a summary of the teaching behaviours and an average of all the affects between both teachers and SNAs.

Appendix A31 presents the mean scores obtained in each of the categories by each of the practitioners. Overall groups of teachers and practitioners in this result differed on variables such as sensitivity, quality of their classroom, and number of children per adult in the classroom. However, it can be suggested that teachers who achieve a low score on the 'Affect' scale are 'work-orientated teachers' while teachers who obtained a higher mean score (3.50 and higher) are considered to be 'play-orientated teachers' (The Quality and Engagement Study, 2001).

What is of significance to this research is that The Quality and Engagement Study (2001), which was designed to find out what children do in classrooms of different quality, also implemented the TSRS to undertake observations of the classroom teachers involved in their research. The researches of this study concluded that two different types of teachers were identified from using the scale: work-orientated and play-orientated. Notably, four major themes emerged from this study which are relevant to this present research:

1. **Product versus Process-Orientated Philosophies**

Work-orientated teachers focus on the products of children's efforts. Practices do not individualise their expectations for children's learning and development. The work-orientated teachers view education as the mere acquisition of knowledge and is concerned with what Rousseau called 'The man in the making' and its corresponding lack of interest
in what he is before he becomes a man. The emphasis is indeed on content and not on the child (Blenkin and Kelly, 1997).

Social skilling, as discussed in the review of the literature, is an imperative strategy when children are engaged in collaborative learning activities. Intepersonal and small group skills are the fundamental cornerstones of cooperative and collaborative learning groups. It was seen that these skills are indeed linked to life success. However, this researcher now advocates that traditional teaching is concerned with the teacher being the 'controller' of the learning environment. In short, 'work orientated teachers' and proponents of the traditional approach to curriculum implementation view that it is the teacher who causes the learning to occur. As reviewed in the literature, it seems that traditional proponents and work-orientated teachers have valued academic attainment while damaging other aspects of child development which help children achieve in society (Winters, 1998; Dowling, 2000).

2. Developmental Appropriateness

Proponents of the product approach to curriculum delivery and work-orientated teachers use more developmentally-inappropriate practices and do not individualise their expectations for children learning. On the other hand, advocates of the process approach to curriculum adopt a child-centred ideology which implies that the child and his/her development are that first consideration in the educational planning and that all else is secondary. The implementation of developmental curriculum necessitates constructing a learning environment which challenges each and every child physically, cognitively,
linguistically, emotionally, socially, creatively, morally and spiritually – it is about promoting the holistic child.

3. Structured and Teacher-Directed Activities

Proponents of the traditional model are seen to be very structured and directive with their activities for children. Teachers who implement the process approach are, on the other hand, considered to be quite imaginative and flexible in their activities. Notably, from the above description, it may be assumed that the alternative to a highly structured teacher-directed classroom must be chaos. Fundamentally, in fact, it must be highlighted that the opposite was observed in this research. In a developmentally-appropriate learning environment, the children worked well together in small groups with minimal teacher intervention and supervision. In contrast, the teacher in the more traditional classroom tended to spend considerable amounts of time trying to control disruptive behaviour that this research believes results when all children are expected to behave in the same way, despite their developmental needs.

4. Teacher Choice and Child Choice

The proponents of the product approach to curriculum and ‘work-orientated teachers’ are highly controlling and afford few opportunities for child choice. In contrast, proponents of the process approach encourage children to make choices and allow children to make more decisions.

The TSRS has captured the specific interactional behaviours and affective characteristics of all of the adults in each of the four learning environments, indicating

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their teaching styles. It is evident from this research that the teacher has a very significant position in the classroom. Indeed, as Will Durant (1885-1981) proposed: “Educators should be chosen not merely for the special qualifications but more for their character because we teach more by what we are than by what we teach”

5.14 Summary of the Findings of the Teaching Styles Rating Scale

The analyses of the findings presents the researcher with interesting results regarding the interactive and affective characteristics of each of the practitioners. Two ‘types’ of practitioners have been identified; the ‘play-orientated’ teacher who implements a child-centred developmentally appropriate curriculum, and the ‘work-orientated’ teacher who appears to implement a more traditional model of curriculum. The TSRS has captured the specific interactional behaviours and affective characteristics of all the adults in each of the four classes – indicating their teaching styles. Evidently, “a load of books does not equal one good teacher” [Chinese proverb].

5.15 Summary

The information collected using the Target Child Schedules, the California Preschool Social Competence Scale, the Teacher-Child Rating Scale 2.1 and the Teaching Styles Rating Scale provided this researcher with the answers to the questions that were posed in Chapter One. However, this reader is reminded that the sample size of the groups under analysis is quite small, the reasons for which include:
Integration is a relatively new process being implemented into Irish schools (as reviewed in the literature).

Children in Irish schools are usually not formally assessed until they are at least six years of age. Therefore, in order to undertake this research, this researcher had to seek Junior Infant classes that had children with identified disabilities enrolled in them. This was one of the major challenges of this study!

Therefore, the results must be reviewed in terms of the small sample size.

The purpose of this study was to investigate the differences in the development of children's social competence as they attended integrated Junior Infant classrooms in comparison to their peers who attended non-inclusive learning environments. In order to do this, this researcher spent 12 weeks observing in each of the four learning environments under analysis. During this time each of the 68 children in the four Junior classes were observed using the Target Child Observation Schedule (Sylva et al., 1980). The data collected, when analysed, provided the researcher with information regarding the:

(i) language patterns in each of the four classes;
(ii) percentage of time spent by the target children in each of the four social settings;
(iii) most common areas of Categories 1-12 evident in each class.
(iv) Types of 3Rs observed; and
(v) Inscrutable categories that were implemented in the environment.
An analysis of these observations presented the researcher with many interesting findings, especially in relation to the language patterns in each group, the social settings and the cognitive challenge imposed on them. In addition, when the results of this present analysis were correlated with the findings of other similar studies in the field of Early Years Education (Horgan, 1987; Dunlea, 1991; Douglas, 1993; Horgan, 1995) some engaging findings emerged. Indeed, it was concluded from these comparisons that a more favourable pupil:teacher ratio does not automatically indicate that children will engage in rich heuristic, experimental-based learning. Interestingly, this was also identified in the preschools of Reggio Emilia in Italy. When asked, these Reggio teachers advocated that a lower pupil ratio (two teachers are responsible for a group of 25 children in these preschools) would not be their first choice if they had a choice in upgrading their learning environments. In fact, they would choose more space to challenge the intellect of the children and to promote interaction and exchange between children and adults (Hull et al, 2002). Evidently, the analysis of the Target Child Schedules implies that the factor most highly correlated with this provision is teacher attitude.

Interestingly, this researcher continued to observe the interactional behaviours and affective characteristics of each of the four classroom teachers and four Special Needs Assistants (SNAs) during the same period as the children were being observed. The results of the Teaching Styles Rating Scales (TSRS) revealed remarkable findings in relation to the quality of the interactional behaviours and affective characteristics of these practitioners. At the culmination of the analysis, teachers were recognised as either being ‘work-related teachers’ (and proponents of the traditional approach to curriculum
implementation) or 'play-orientated' teachers (and proponents of the developmental/process model of curriculum implementation).

This is quite significant for the development of children's social competence as it was reviewed (Chapter Three) that authoritarian-type parenting promotes 'conflict' in children. Moreover, it was addressed that this type of parenting control rears children to be somewhat more irritable, passively hostile, vulnerable to stress, sulky and unfriendly (Baumrind, 1967, 1971) – all the unfavourable traits which make children less likely to initiate and maintain reciprocal relationships with their peers.

Predominantly, it can be claimed from an analysis of this present research that because a "social and affective environment provides an essential atmosphere to the classroom influencing how children feel about themselves" (Hull et al, 2002), this researcher posits that the proponents of the traditional model of curriculum implementation can be correlated with the proponents of the authoritarian-type parenting control. Both favour high levels of control and discipline, and demand high levels of maturity from the children concerned. Additionally, when examined in the literature, authoritarian parents engage in low level of parent-child communication and, indeed, a low level of nurturance and warmth – features clearly associated with the work-orientated teachers identified in this study.

Remarkably, when one looks at the 'effects' of authoritarian-type parenting on children's persona and development, one can propose that similar 'effects' could be observed in children who attend classrooms where the traditional approach is implied. Notably, it was discussed in the review of the literature that Asian countries enroll three-year-olds in their preschools and from the onset these children face the pressure of
homework, lists of work to memorise and frequently have to perform in various pencil and paper tests which aim to determine their academic development. However, research shows that compared to their peers in the West, preschool children in Asia show higher levels of dependency, anxiety, display more temper tantrums, present with more eating problems and have greater difficulties with relationships. It does indeed seem that in these circumstances Asian methods of education have placed high value on promoting children’s academic development, while damaging other aspects of their development which help them to live and succeed in life (Winters, 1998; Dowling, 2002).

Through this study, this researcher aimed to identify the possible impact of the process of integration on the education and development of young children. Fundamentally, it has been asserted that environmental factors are related to the ways in which children grow and develop (Skinner, 1957; Piaget, 1971; Bandura, 1977; Brofenbrenner, 1979; Bowlby, 1980; Vygotsky, 1986). This researcher confidently believes that environment plays such an influential role in children’s learning and development that it is explicable why Early Childhood Educators of the world-famous municipal infant programmes and preschools of Reggio Emilia, Italy, consider “the environment to be the ‘third teacher’” (Gandini, 1998, p.177).

Notably, from observing, monitoring and analysing each of the four learning environments one day a week for 12 weeks, in Year One of the study, it is clear that environments consist of four significant attributes:

(i) Physical Attributes: these, this researcher maintains, include the configuration of the environment itself, incorporating the size, amount and
Indeed, these attributes can directly and indirectly communicate warmth, a sense of belonging and security for the children while, on the other hand, they can also convey negative messages to children about themselves or others (O'Hagan and Smith, 1999; Gatto, 2002). Patently, it is evident that it is Reflective Educators (as reviewed in Chapter Three) who provide children with essential opportunities to augment their development.

The California Preschool Social Competency Scale (CPSCS) and the Teacher-Child Rating Scale 2.1 (T-CRS 2.1) were completed by the class teachers in each of the four groups during the pretest stage (2002), and again in the post-test stage (2003). The children's parents were also requested to complete a questionnaire which was devised specifically to measure children's social competence.

An in-depth analyses of all three measures yielded remarkable results in relation to the development of the children in the social domain. The percentage increase/decrease of all groups during the two-year cycle was quite distinct. Certainly a percentage decrease of -7.5% was established in Group One and a decrease of -2.8% was highlighted in Group Two. Both Groups Three and Four presented with significant increases – 13% and 9.7%, respectively.
types of materials, furniture and lighting. These attributes have been identified in the Classroom Analysis and Classroom Maps;

(ii) **Sequential Attributes:** these include the classroom schedules (timetables), including the organisation of the time during the day to the various areas of curriculum and types of activities to be delivered. The structure of activities and daily routines are also included in these attributes, as well as the flexibility implemented in order to develop the curriculum in an appropriate way (refer to Appendix A23 for Class Schedules).

(iii) **Interactional Attributes:** These include the types and frequency, as well as the quality, of interactions between children in the learning environment and between adult and child. Additionally, it also incorporates the interactions between adult and adult if a second practitioner is employed to work with the children (e.g. SNA/Classroom Assistant).

(iv) **Affective Attributes:** these attributes incorporate the ‘tone’ and ‘atmosphere’ evident in the learning environment. This ‘tone’ and ‘atmosphere’ is usually created as a result of the interactions between the inhabitants of the environment, as well as interaction with the space provided, the classroom schedules, materials and activities (Bruce and Meggit, 2002; Hull et al, 2002; Donohoe and Gaynor, 2003).

The attributes discussed in Points (iii) and (iv) above were, to a large extent, observed through the use of TSRS. However, the social and affective attributes of the learning environment are, this researcher stresses, the essential attributes of the classroom – they influence how children view themselves.
CHAPTER SIX

CONCLUSIONS

AND

RECOMMENDATIONS
Where there is no vision, the people perish

[Proverb 29:18]

6.1 Conclusions

The results of this present study should be looked at in terms of the small sample size. While the results may perhaps indicate trends or patterns, they cannot be used to categorically claim any significant differences.

Undoubtedly, however, the children in this study who attended the integrated classrooms fared far better in the area of social competence than their peers in non-inclusive settings, and indeed these findings can be correlated with research worldwide which supports these present findings (Mahoney and Powell, 1988; Fewell and Oelwein, 1990; Salisbury, 1991; Mahoney et al, 1992; Peck et al, 1993). Nevertheless, these findings must be reviewed in light of the findings of the Teaching Styles Rating Scale. Both teachers in Groups Three and Four, as well as the Special Needs Assistants (SNAs), emerged as 'play-orientated' practitioners and, indeed, proponents of the process approach to curriculum implementation. These practitioners appeared to engage in more interactive behaviours with the children in the learning environments and also displayed far more affective traits than their counterparts in Groups One and Two. Notably also, the teachers in Groups Three and Four utilised their 'Sequential Attributes' in a way that reflected the pace of the children's learning on a particular day whereas the teacher in Group One (who also had a class schedule prepared) seemed to be somewhat constrained by her schedule, except in the areas of Gaeilge and Letters. In other words, every
activity/area of curriculum was allocated a specific time of the day on a specific day to be carried out. No changes were ever made to the daily routine and the teacher did not allow for flexibility when it came to the areas of the curriculum. Children, as previously discussed, often left unfinished tasks in order to move on to a new activity at the specified time. On the contrary, the teacher in Group Two however appeared to implement a more passive approach, divulging that she had not prepared a classroom schedule five months into the academic year. Lowering the teacher:student ratio has been proposed as ensuring individualisation in classrooms (Bredekamp, 1993). The results of these analyses challenges this conjecture. Albeit research does not indicate the optimum staff-child ratio, Howes, Philips and Whitebook (1992) observed greater gains in the domain of social competence among peers in smaller groups with reduced student:teacher ratio.

One component of the non-inclusive classroom participating in this study was a practitioner:child ratio of 3:8. Despite the lower ratio, the social competency mean scores conveyed by the teachers were statistically lower than in Groups Three and Four where the practitioner:child ratio was 1.5:13 and 2:25. When this researcher tried to find an answer for the significant difference, she recalls an informal conversation with the Principal of the school where Group Two was situated. This Principal remarked that "sometimes there are too many people in the class" (meaning adults). Is it possible that the low adult:child ratio allowed these children in Group Two to feel less accountable for their social skills? This suggests that a reduced teacher:child ratio may endorse a sense of learned helplessness.
These results call into question the efforts of schools which attempt to make education more equitable for its students by reducing the teacher:child ratio. Another explanation why two of the groups presented with an overall decrease in the area of social competence may be that the teachers’ expectations were higher when the children were after spending a year in the environment with them.

The issues of equality of opportunity, human rights of access to a relevant education, celebrating individual combinations and promoting autonomy in all young children must be the aims of integrated education. However, it is unambiguous now that, while integration may aim to meet the specific needs of children with disabilities, it must continue to fulfil the needs of all children in the class. The influence of psychologists in helping to determine an initial placement for a child cannot be overlooked. While 60 psychologists have been appointed to the National Educational Psychological Service (NEPS) since its evolution in 1999, this service has yet to be made available to all schools (de Valera, Síle, December 10th, 2002 – NEPS Annual Conference, Kilkenny).

6.2 Recommendations

If integration is to be productive for all children, then NEPS must be extended to all primary schools throughout the country instantaneously. The magnitude of in-school learning support for children with specific needs must be re-assessed. There was a marked difference in reported class sizes between the segregated and other Groups, particularly Groups One and Four. Indeed, the mean class size was more than three times as large as in Special Education. This dissimilarity must be considered in juxtaposition
with the number of SNAs employed. There were two full-time SNAs in Group One to eight of the Children. Group Three were sanctioned an SNA for five hours per week. In the Integrated Gaelscoil, however, the child who presented with Down's Syndrome was sanctioned a full-time SNA and was also at an advantage when it came to resource training. The child in Group Four was allocated 7½ hours per week, while his counterpart in Group Three was allocated five hours. Notably, all of the children presented with a moderate learning disability. It would appear that support had been allocated by ad hoc decisions, whereas they should be based on entitlements and policies. In addition, it was not observed whether resource teachers coordinated their specialist teaching with the classroom teachers in either of the integrated environments. This researcher considers this to be most inadequate for a number of reasons, including:

- Lack of coordination may fragment the child's learning in the integrated classroom;
- Ineffective collaboration and coordination between teachers and class teachers may have the impact of reducing the class teacher's confidence and self-assurance in his/her capability to teach children who present with disabilities;
- Reducing the teacher's self-confidence in his/her ability to teach children with specific needs may imbue in teachers that integration is impossible and unrealistic.

It would seem that a change in the role of professionals is required in order for successful integration to take place. As Gammage and Meighan (1995) state: "Teachers move from teacher specialists working in isolation to teacher generalists working in teams"
(Gammage and Meighan, 1995, 84-85). "Principal teachers, class teachers, support teachers provide support, share responsibility and exchange expertise" (Ibid.). The Principal teachers act as key professionals in the development of integrated learning environments, indeed both principals in each of the integrated classrooms were dedicated to the provision of integrated education. The Principal in Group Three had devised a mission statement (in conjunction with the Board of Management) that supports integrated education. This was seen as an articulate mission statement that encompassed the needs of all children and reflected the beliefs and values of the whole school community.

Fundamentally, the supports and services most frequently identified to be deficient in this study were the availability of trained SNAs. None of the four SNAs had ever completed a childcare course or gained a qualification in the area of Special Needs.

It must be evoked that one does not need to be a schools' inspector to realise that in any learning environment there are some tasks which do not require training, however there are other tasks which do require certain skills and qualities. It is also clear from this study that some SNAs offer greater dedication and skills which are not necessarily the result of formal training, such as emotional support (which often comes from the experience of parenting) and intuitive support.

SNAs, this researcher advocates, need a 'proper career', they need to be encouraged to undertake training, should be offered inservice training as well as clarification of their responsibilities and options to ease the road into teacher training if they so desire.
The biggest enigma of all, however, is why over the last number of years it has proved to be unproblematic to recruit SNAs and quite difficult to employ primary school teachers. Evidently, there are more than 1,500 unqualified people teaching Irish children in primary schools (The Irish Examiner, April 24th, 2003). Interestingly, while the salary for SNAs is more than a third less than teaches, it has not deterred the 1,600 assistants, who are predominantly female. One questions whether it is the lighter workload or the part-time options that is the attraction. Indeed, maybe it is because the SNAs can adapt the career around their own childcare needs. Indeed, if this is the case, this researcher advocates that the government must begin to restore one of teaching's greatest advantages as the family-friendly career. As Joe Lyons (delegate at the INTO Conference) pointed out: "Charles Haughey, former Taoiseach of Ireland, gave every child a toothbrush, now it's time to give them a teacher" (Ibid.). At the time of writing, the effect of the government decision in October 1998 to guarantee primary school children with Special Needs (available online at http://www.education.ie – accessed May 1st, 2003) an 'automatic entitlement' to education, a response to their needs is not evident. Fundamentally, even if children received their ‘automatic entitlement’ to special teaching and childcare support, it must come from well-trained, qualified personnel.

Evans (1992) posits that the process of educating adults to take the responsibility for working with children requires decisions as to what counts as valid knowledge for both the children and the practitioners who facilitate the education. Gammage and Meighan (1995) point out that defining knowledge tempts one to define the processes by which it should occur “… knowledge is much wider than the curriculum” (1995, p.98). Indeed, it is (as has been shown in this study) concerned with attitudes, temperament and

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processes as well as self-knowledge. Of course, as asserted by Gammage and Meighan (1995), "it is always tempting to measure certain limited (usually the more easily ascertained knowledge outcomes) as some assurance that teachers and children are doing their jobs" (Ibid.). If we do, we can easily overlook the really significant qualities and traits which electrify and capture a young inquiring mind and 'hook in' the children (Elkind, 1993).

Certainly, Sylva et al (1994) have presented quite influentially that the type of preschool experience children have is significantly related to the organisation and by implication to its staff, their values and beliefs. However, regardless of how complex the task of educating practitioners to work with and on behalf of children in the learning environment is, consensus concerning initial teacher education is somewhat observable. This, according to Gammage and Meighan (1995), seems to 'hold good' for a period of childhood between birth to eight years. It unifies some eight broad areas:

1. Knowledge about human development and human learning;
2. Relatively high-level conceptual knowledge;
3. Knowledge of curriculum content areas thought appropriate to the developmental stage of the child, together with an awareness of the resources.
4. The ability to communicate effectively and the ability to integrate theory into practice.
5. Ability to manage and organise groups of children so as to maximise their ability to reach their potential.
6. Some knowledge of Sociology, cultural variability, pattern of need and deprivation.
7. Some concern with values clarification.
8. Regular and well-integrated supervised practicum.

In addition, the education of teachers should not be viewed as a ‘one-off innoculation’ that is to equip teachers for the rest of their days in the classroom. Notably, the professional education of practitioners is something which should be seen as a continuous process, “a process whereby certain skills (and even basic competencies) must be added to expanded, enhanced and reflected upon and rested against the theories of need” (Ibid., p.96).

Classes just do not have one child with special needs in them with all the other children learning effortlessly, there are a wide range of abilities in the class. Teachers need to be provided with the appropriate professional development to assist them in the classroom these skills are necessary for the education of all students and not just the one who has disabilities.

The findings of this study have many implications for educational policy. The following are prioritised:

• Curriculum initiatives and material resources are needed for students in mainstream, integrated and special schools;

• When a child is enrolled in a school, adequate personnel should be available from the time of enrollment. Any additional needs presented by the child with a disability should be taken cognisance of for staffing purposes.

• Time spent in special schools needs to be examined. These children, on average, spent an extra five hours a week in school in comparison to their
peers in mainstream school despite the fact that many of these children spend
a number of hours traveling to and from special schools.

Support teaching must be re-addressed. Support teachers taking children out of the
integrated classrooms for learning support is another form of segregation. Can this
support be addressed in the integrated environment?

Issues that could be addressed through future study include:

1. A qualitative study of an integrated learning environment;
2. A long-term investigation of this population that has displayed a
difference in social competence at Infant level to measure the significance
of this difference on the academic gain in later years;
3. A study to determine if greater social gains were found to be correlated
with sex;
4. A study of the impact of integrated education on children without
disabilities from lower socioeconomic backgrounds where there exists a
predisposition to school dropout and failure;
5. An appraisal of integrated education on a variety of assessment scales;
6. The possibility of additional childcare support, allowing children to
develop a sense of learned helplessness.

The scales used in this study are very useful tools which yield much information
regarding the children’s social competence. In particular, this researcher believes that the
Teacher-Child Rating Scale is a tool that is not only modern in its outlook on children (in
comparison to the CPSCS) but also an instrument which can be quickly and easily
completed by any class teacher to gain insight into children’s development. The
Teaching-Styles Rating Scale is also an instrument that this researcher would use in a future study as it could also be used by teachers during reflective practice to evaluate their role in the learning environment.

Fundamentally, due to the nature and degree of each child's ability and the persona of each practitioner in the classroom: the reader is reminded that each investigation presents results from distinctly inimitable classroom environments. Moreover, despite the fact that a generalisation cannot be made to all integrated environments, each set of results from the CPSCS, T-CRS 2.1 and Questionnaire gives the reader some insight into the potential impact of inclusion of children with and without disabilities.

Significantly, however, the key word in the last sentence is 'inclusion'. For integration to be successful for both children with and without disabilities, this researcher how accentuates that it must be viewed in terms of inclusiveness, where

... children of all abilities are welcomed, accepted and valued. Children learn to work together in a cohesive, supportive learning community. Each child is accepted as a unique individual whose individual needs are planned for. Every child's contribution to the class, no matter how small, is valued. Each step of learning progress is cheered and celebrated.

[Shannon, Lee and Fletcher, 1995, in Gammage and Meighan]

Therefore, education is not about dumping children into already harried schools. In effect, inclusive policies and practices necessitate that inclusion must be “... a policy, a programme orientated towards its own destruction” (Brandson and Miller, 1986, p.61). Furthermore, it has been presented in this study that it is not exactly about laws. It is indeed about commitment as well. Teachers, this researcher fervently advocates, are the ultimate key to revolutionise education. As Conroy (1945) once remarked: “one can do
anything, anything at all... if provided with a passionate and gifted teacher” (Conroy, 1945, available online: http//www.reaction.com – accessed May 6th, 2003).

It would appear unjust and indeed naïve to indicate that inclusive education can be based solely on teacher commitment. Given the multiple changes within schools, particularly in relation to the Revised Curriculum 1999, and the assortment of pressures teachers have to digest, how they view such factors and how they see the role changing are also important topics for educational research.

The insights to be gained from this present research aim to facilitate us to oppose romantic notions of change and impart on teachers, schools and all children (with and without disabilities) the sustenance to which they are entitled.

We have all experienced some occasion in our lives where doors were closed. “Closing doors denies all children opportunities to develop the ability to interact with others whose abilities, lifestyle and culture may be different than their own” (Hull et al, 2002, p.1). Instead of closing doors... we must be key-makers.
Key Makers

Some people see a closed door
and turn away

Others see a closed door
try the knob,
if it doesn't open...
they turn away.
Still others see a closed door
try the knob,
if it doesn’t open
they find a key
if the key doesn’t fit...
they turn away

A rare few see a closed door
try the knob
if it doesn’t open
they find a key,
if the key doesn’t fit
they make one.

[Author unknown]
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**NOTE:** References identified with an ED (ERIC Document) or EJ (ERIC Document) are cited in the ERIC database.
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APPENDIX ONE

California Preschool Social Competency Scale

CPSCS
CALIFORNIA PRESCHOOL SOCIAL COMPETENCY SCALE

Samuel Levine
Freeman F. Elsey
Mary Lewis
San Francisco State College

CHILD’S NAME ________________________________ RATED BY______________________________
PARENT’S NAME ________________________________ TEACHER______________________________
ADDRESS ____________________________________________________________________________
OTHER INFORMATION __________________________________________________________________

Chronological Age: ____________________________________________________________________

A. Sex: Boy________ Girl________

B. Age Norm

- 3-0 thru 2-11
- 3-0 thru 3-11
- 4-0 thru 4-11
- 5-0 thru 5-6

C. Occupational Level of Major Wage Earning

☐ Low OL
Unemployed: welfare recipient, unskilled or semiskilled (building helper, janitor, farm laborer, untrained aide, clerk).

☐ High OL
Skilled worker, semiprofessional (craftsman, technician, salesperson, accountant, office manager), professional and executive (lawyer, physician, engineer, minister, business executive).

DIRECTIONS

For each item, circle the number of the option that is most characteristic of the child being rated. Be sure to rate all 30 items.

Add the circled numbers and enter the total at the lower-right corner of page 3. Then transfer the total to the appropriate line on the profile sheet on the back page. Refer to the appropriate table in the manual to obtain the percentile.

If examiner wishes, the individual items may be profiled on the back page to facilitate interpretation.

CONSULTING PSYCHOLOGISTS PRESS, INC.
577 College Avenue, Palo Alto, California 94306

Published 1968. Portions of this scale are reproduced by permission from the Cal-Leafa Social Competency Scale, copyright 1962, by Consulting Psychologists Press, Inc. Any reproduction of this scale without written permission of the copyright holder is a violation of the law.
1. IDENTIFICATION
   1. Can state first name only.
   2. Can state full name.
   3. Can state full name and age as of last birthday.
   4. Can state name, age, and address.

2. USING NAMES OF OTHERS
   1. Uses no proper names in interacting with those around him.
   2. Uses the names of no more than five children or adults.
   3. Uses the names of from five to ten children.
   4. Uses the names of virtually all children and adults.

3. GREETING NEW CHILD
   When a new child joins the group—
   1. He inadvertently physically overpowers child in greeting
      him (i.e., hugs, bumps, pulls).
   2. He makes a limited and brief physical contact (i.e., pats,
      pokes, rubs) with child and some verbal contact.
   3. He usually makes verbal contact and sometimes touches
      child.
   4. He nearly always makes verbal contact with child without
      physical contact.

4. SAFE USE OF EQUIPMENT
   1. He proceeds with activity, ignoring hazards involving
      height, weight, and distance (climbing on unstable
      equipment, stacking boxes too high, jumping onto off-
      balanced structures).
   2. He proceeds with hazardous activity, sometimes seeking
      help and sometimes getting into difficulty.
   3. He proceeds with hazardous activity but frequently seeks
      help when he is in difficulty.
   4. He corrects hazards or seeks help before proceeding with
      activity.

5. REPORTING ACCIDENTS
   When he has an accident (e.g., spilling, breaking)—
   1. He does not report accidents.
   2. He sometimes reports accidents.
   3. He frequently reports accidents.
   4. He nearly always reports accidents.

6. CONTINUING IN ACTIVITIES
   1. He wanders from activity to activity with no sustained
      participation.
   2. He continues in his own activity but is easily diverted when
      he notices activities of others.
   3. He continues in his own activity and leaves it only when he
      is interrupted by others.
   4. He continues in his own activity in spite of interruptions.

7. PERFORMING TASKS
   1. He usually has to be asked two or three times before he
      will begin a task.
   2. He usually begins task the first time he is asked but
      dawdles and has to be reminded.
   3. He begins task the first time he is asked but is often in
      competing task.
   4. He begins task first time he is asked and is preventive-
      competing task.

8. FOLLOWING VERBAL INSTRUCTIONS
   He can follow verbal instructions—
   1. When they are accompanied by demonstration.
   2. Without a demonstration, if one specific instruction is
      involved.
   3. Without a demonstration, when it involves two specific
      instructions.
   4. Without a demonstration, when it involves three or more
      instructions.

9. FOLLOWING NEW INSTRUCTIONS
   1. He carries out one familiar instruction.
   2. He carries out one new instruction the first time it is given.
   3. He follows new instructions given one at a time, as well as
      familiar ones.
   4. He follows several new instructions given at a time, as well
      as familiar ones.

10. REMEMBERING INSTRUCTIONS
    1. He nearly always needs to have instructions or demonstra-
       tions repeated before he can perform the activity on his own.
    2. He frequently requires repetition, a reminder, or affirmation
       that he is proceeding correctly.
    3. He occasionally needs repetition of instruction for part of
       the activity before completing the activity.
    4. He performs the activity without requiring repetition of in-
       structions.

11. MAKING EXPLANATION TO OTHER CHILDREN
    When attempting to explain to another child how to do some-
    thing (put things together, play a game, etc.)—
    1. He is unable to do so.
    2. He gives an incomplete explanation.
    3. He gives a complete but general explanation.
    4. He gives a complete explanation with specific details.

12. COMMUNICATING WANTS
    1. He seldom verbalizes his wants; acts out by pointing, pull-
       ing, crying, etc.
    2. He sometimes verbalizes but usually combines actions with
       words.
    3. He usually verbalizes but sometimes acts out his wants.
    4. He nearly always verbalizes his wants.

13. BORROWING
    1. He takes objects when in use by others without asking per-
       mission.
    2. He sometimes asks permission to use other's objects.
    3. He frequently asks permission to use other's objects.
    4. He nearly always asks permission to use other's objects.

14. RETURNING PROPERTY
    When he has borrowed something—
    1. He seldom attempts to return the property to its owner.
    2. He occasionally attempts to return the property to its owner.
    3. He frequently attempts to return the property to its owner.
    4. He nearly always returns the property to its owner.

15. SHARING
    1. He does not share equipment or toys.
    2. He shares only after adult intervention.
    3. He occasionally shares willingly with other children.
    4. He frequently shares willingly with other children.
16. HELPING OTHERS
When another child is having difficulty (such as using equipment, dressing)—
1. He never helps the other child.
2. He helps another child only when they are playing together.
3. He sometimes stops his own play to help another child.
4. He frequently stops his own play to help another child.

17. PLAYING WITH OTHERS
1. He usually plays by himself.
2. He plays with others but limits play to one or two children.
3. He occasionally plays with a larger group (three or more children).
4. He usually plays with a larger group (three or more children).

18. INITIATING INVOLVEMENT
When other children are involved in an activity which permits the inclusion of additional children—
1. He seldom initiates getting involved in the activity.
2. He sometimes initiates getting involved in the activity.
3. He frequently initiates getting involved in the activity.
4. He nearly always initiates getting involved in the activity.

19. INITIATING GROUP ACTIVITIES
1. He nearly always initiates activities which are suitable for his own play.
2. He initiates his own activities and allows one child to join him.
3. He sometimes initiates activities which include two or more children.
4. He frequently initiates activities which are a group activity.

20. GIVING DIRECTION TO PLAY
When playing with others—
1. He typically follows the lead of others.
2. He sometimes makes suggestions for the direction of the play.
3. He frequently makes suggestions for the direction of the play.
4. He nearly always makes suggestions for the direction of the play.

21. TAKING TURNS
1. He frequently interrupts or pushes others to get ahead of them in an activity taking turns.
2. He attempts to take turn ahead of time but does not push or quarrel in order to do so.
3. He waits for turn, but teases or pushes those ahead of him.
4. He waits for turn or waits to be called on.

22. REACTION TO FRUSTRATION
When he does not get what he wants or things are not going well—
1. He has a tantrum (stamps, kicks, throws, etc.).
2. He feels a substitute activity without seeking help in solving the problem.
3. He asks help from others in solving problems without making an attempt to solve it himself.
4. He seeks help from others in solving the problem after making an effort to solve it himself.

23. DEPENDENCE UPON ADULTS
He will continue in an activity on his own without having an adult participate with him or encourage him—
1. Hardly ever.
2. Sometimes.
3. Frequently.

24. ACCEPTING LIMITS
When an adult sets limits on the child's activity (play space, use of material, type of activity) he accepts the limits—
1. Hardly ever.
2. Sometimes.
3. Frequently.

25. EFFECTING TRANSITIONS
In changing from one activity to another—
1. He requires personal contact by adult (i.e., holding hands, leading).
2. He will not move toward new activity until the physical arrangements have been completed.
3. He moves toward new activity when the teacher announces the activity.
4. He moves toward new activity without physical or verbal cues.

26. CHANGES IN ROUTINE
The child accepts changes at tutoring (daily schedule, room arrangements, adults) without resistance or becoming upset—
1. Hardly ever.
2. Sometimes.
3. Frequently.

27. REASSURANCE IN PUBLIC PLACES
When taken to public places he must be given physical or verbal reassurance—
1. Nearly always.
2. Frequently.
3. Sometimes.
4. Hardly ever.

28. RESPONSE TO UNFAMILIAR ADULTS
1. He avoids or withholds from any contact with unfamiliar adults.
2. He, when initially approached by unfamiliar adults, avoids contact but if approached again is responsive.
3. He responds to overtures by unfamiliar adults but does not initiate contact.
4. He readily moves toward unfamiliar adults.

29. UNFAMILIAR SITUATIONS
1. He restricts himself to activities in which he has previously engaged.
2. He joins in an activity which is new for his age if other children are engaged in it.
3. He joins with other children in an activity which is new to everyone.
4. He engages in an activity which is new for him even though other children are not involved.

30. SEEKING HELP
When he is involved in an activity in which he needs help—
1. He leaves the activity without seeking help.
2. He continues in the activity but only if help is given.
3. He persists in the activity and finally seeks help.
4. He seeks help from others after making a brief attempt.

TOTAL SCORE
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Comments and Recommendations:

____________________________________________________________________
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Signed ____________________________
APPENDIX A2

Historical Framework of C.P.S.C.S.

The authors of this scale are Samuel Levine, Freeman Elzey and Mary Lewis. These authors based the foundation of the CPSCS on their previous work with Dr. Leo Cain on the Social Competency Scale (Cain, Levine & Elzey, 1963, cited on www.wou.edu/provost/library/testcoli/testauth.htm).

The Cain-Levine Social Competency Scale according to Badget (1998) provided the major framework for the development of the CPSCS as some of the items of the CPSCS were taken directly from the Cain-Levine Social Competency Scale.

The accompanying manual to the scale states that the selection of the thirty items was established by allowing pre-school teachers in a graduate training programme and other practitioners in the field of early education to classify and order each item in a large pool according to its significance to the development of social competence in young children. Badget (1998) emphasises that the final selection of thirty items represent competencies that are developed in the process of socialisation across all socio-economic groups, while the degree of a child’s independence is the “main focus that both cognitive and affective factors are involved in the learning of social competence” (Badget, 1998, p.68).

The Mental Measurements Yearbook (1978) explains that the thirty items of this scale are the concluding result of many items’ analyses of experimental versions of the scale that were presented to 1,165 pre-school children. When the items for the final draft were selected, the CPSCS were normed on a sample of 800 children drawn from nine geographic regions in the USA. The norming sample was partitioned into age ranges, which consisted of:

- two years and six months through to two years and eleven months;
- three years (and zero months) through to three years and eleven months;
- four years (and zero months) through to four years and eleven months;
- five years (and zero months) through to five years and six months.

Additionally, the sample was equally partitioned by Sex (male and female) and occupational level of parents. Subsequently there have been no revisions to attempt to re-standardise the scale since 1969.
APPENDIX A3

Criticisms of the C.P.S.C.S.

However, while the advantages of using this scale in this particular study have been identified, it is imperative that the researcher takes cognisance of the criticisms of the CPSCS.

Indeed, one of the most obvious disadvantages of this scale is the fact that the CPSCS offers the assessor no guidelines for interpreting the results of the data, while the utilisation of the results is not dealt with in terms of suggestions for diagnostic testing or suggesting for programme designs to meet the needs identified by the CPSCS.

Proger (1994) has suggested that a more practical interpretation of the results could have been acquired through the creation of subcategories among the social competencies (items) on the scale. Moreover, it can be said that the selection of the items by the practitioners who developed the scales reflects the belief of that particular group of practitioners. It must be further acknowledged that the instrument has been criticised for measuring social competence from an adult perspective rather than a child’s perspective. Kennedy (1987) has calculated that fourteen of the thirty items on the scale addressed interactions with an adult rather than another child. In Kennedy’s study, it was observed that the teachers rated the children at a higher level if they engaged in compliant behaviours with adults (such as following directions), than similar behaviour with other children.

Consequently, this indicates that this would make it possible for children being measured by individuals who value compliance receiving a higher rating. In summary this scale does measure social competency by means of observable behaviour which is “fairly clearly defined” (8th Mental Measurements Yearbook, p.512), while the norming procedures and the norms themselves are also acknowledged to be adequate (Ibid).

However, inter-rater reliability - while it has been established only on small groups, and the fact that the researcher must further contend with the fact of ‘face validity’ alone, “... a search has revealed no other published scale that does what this scale does, i.e. measure social competency in preschool children via observable behaviour as well as provide satisfactory norms” (Ibid).
APPENDIX  A4

(a) Teacher-Child Rating Scale 2.1

(b) Teacher-Child Rating Scale 2.1
Handscoring Sheet
Teacher-Child Rating Scale (T-CRS) 2.1

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Please rate how much you agree each item describes the child. Fill in the oval corresponding to your choice:

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

1. A self-starter

2. Disturbs others while they are working

3. Participates in class discussions

4. Lacks social skills with peers

5. Has difficulty following directions

6. Accepts imposed limits

7. Withdrawn

8. Makes friends easily

9. Functions well even with distractions

10. Overly aggressive to peers (fights)

11. Defends own views under group pressure

12. Other children shun or avoid this child

13. Underachieving (not working to ability)

14. Tolerates frustration

15. Anxious, worried

16. Classmates like to sit near this child

17. Works well without adult support

18. Defiant, obstinate, stubborn

19. Expresses ideas willingly

20. Has trouble interacting with peers

21. Poorly motivated to achieve

22. Copes well with failure

23. Nervous, frightened, tense

24. Has many friends

25. Completes schoolwork

26. Disruptive in class

27. Comfortable as a leader

28. Other children dislike this child

29. Has poor concentration, limited attention span

30. Accepts things not going his/her way

31. Does not express feelings

32. Well liked by classmates

School:

Screening: Initial (Middle) Final

CORRECT MARK

Please change completely

...
TCRS version 2.1 scoring procedure

### Task Orientation positive items

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Positive item sum

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(\textit{Learning difficulties})

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Negative item sum

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Total Score

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(\textit{Frustration tolerance})

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Positive item sum

### Behavior Control negative items

(\textit{Acting out})

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Total Score

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### Assertiveness positive items

(\textit{Assertive Social Skills})

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Positive item sum

### Assertiveness negative items

(\textit{Shyness-Anxiety})

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Negative item sum

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Total Score

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<tr>
<td>16.</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td></td>
</tr>
</tbody>
</table>

Positive item sum

### Peer Social negative items:

<table>
<thead>
<tr>
<th>Item number</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td></td>
</tr>
</tbody>
</table>

Negative item sum

### Peer Social total score

\[ \begin{array}{c}
24 \\
= \hline \\
\text{Negative item sum}
\end{array} \]

\[ \begin{array}{c}
\text{Positive item sum} \\
+ \hline \\
\text{Reckless negative item sum}
\end{array} \]

Total Score
APPENDIX A5

Historical Framework of T-CRS 2.1

The Teacher-child Rating scale version 2.1 is the culmination of more than 25 years of development and revision. It’s roots stem from the “Classroom Adjustment Rating Scale (CARS; Lorion, Cowen & Caldwell 1975, Weissberg et al, 1987) and Health Resources Inventory (HRI; Gesten, 1976; Weissberg, et al., 1987), “Teacher – Child rating Scale” (T-CRS 1.0; Hightower, et al., 1986). The CARS consisted of 41 items, which measured problem behaviours. These included: acting out (10 items-aggressive, disruptive and impulsive behaviour), shy anxious (shy, withdrawn, nervous and dependent behaviours) and learning problems (academic, motivation and performance difficulties) (Hightower et al 1986 p394).

The HRI (Gesten, 1976) consisted of 54 items measuring school competence including “good student” (effective learning skills), “assertiveness” (ability to communicate desires and views), “peer sociability” (establishing and maintaining good peer relationships), “following rules” (effective adaptation to school rules), and “frustration tolerance” (school and social ability) (Perkins & Hightower, 2001 p.1).

According to the authors of this present measure, it is a combination of the CARS and the HRI and consists of 38 items. The first part, which previously had 18 items measured problem behaviours in three domains: acting out, shy anxious and learning problems” (Ibid p.2). Part two of this scale formerly consisted of 20 items and measured children’s socio-emotional competencies in four domains: “Frustration, tolerance, Assertive social skills, task orientation and peer social skills” (IBID). The T-CRS 1.0 has been widely used for socio-emotional screening and as an “outcome measure” for research on children. (Cowen et al 1996). The current version – T-CRS 2.1 is a major revision of the original T-CRS 1.0 and it is the revised scale that was implemented in this present study.

The Teacher- Child rating Scale 2.1 was last revised in 1995. It had not undergone a major revision since it was first developed in 1986. Consequently, because many experts have suggested that “good practice dictates revising assessment measures at least every decade, it was time to do so again with the T-CRS” (Perkins & Hightower, 2001 p.7). The examiners Manual accompanying this scale delineates several goals that drove the instrument revision process. These included:

- Making the instrument itself easier to use.
- Measuring salient areas of children’s behaviour.
- Decreasing the actual length of the scale in order to make it more concise.
- Confirming the soundness of psychometric properties (i.e. validity and reliability).
Appendix A5 (continued)

Differences between the T-CRS 2.1 and T-CRS 1.0

There are major differences between the initial scale and the current scale used in this research. These are include:

- The current scale is shorter (i.e. 32 verses 38 items);
- The current scale measures all items on a single rating metric instead of having two parts with different rating merits;
- The T-CRS 2.1 measures four primary constructs;
- Each primary scale on the T-CRS 2.1 consists of eight items instead of the previous five or six.

(Perkins & Hightower, 2002, p. 7)

This revision was guided by qualitative data collected from focus groups and surveys. More than 150 teachers, mental health professionals and measurement specialists were involved in this. Feedback from these professionals indicated that many of the 38 items were redundant. As a result it was hypothesized that many of the initial seven T-CRS factors measured essentially the same construct, although from different directions both positive and negative. Respondents also reported that having two parts with two different metrics created difficulties. Indeed, the Examiners Manual states that there had been frequent requests for a common metric. It was then noted that a common metric made it possible to both combine scales and delete redundant items. This allowed for a more concise measure of children's problems and competencies. These considerations, it has been said have "guided the research teams effort to develop a brief, valid, reliable and user friendly T-CRS" (Perkins & Hightower, 2001, p.8)

A new version of the T-CRS (T-CRS 2.1) was piloted in Autumn 1997 on a random sample of students. Information gained from this pilot study guided changes in the measures items, format and metric. The resulting revision was further piloted using another random sample. Statistical analyses led to the deletion of repetitive items. This sequence was repeated until an acceptable and satisfactory factor solution emerged along with positive feedback. Items were than organized into four scales each containing eight items combining to give a total 32. Each eight-item scale has four positive and four negative items.
APPENDIX A6

Description of the Teacher-Child Rating Scale

The T-CRS 2.1 consists of 32 items assessing four primary and eight secondary domains of a child's socio-emotional adjustment (see Appendix 3 for sample of this scale). The four primary empirically derived scales evaluate four areas of a child's socio-emotional adjustment namely; "task orientation, behaviour control, assertiveness and peer social skills" (Ibid.). Each of these primary scales contains eight items; four of these measure positive competency behaviours while the other four measure negative behaviour. The four primary scales of the T-CRS 2.1 are discussed below:

Task Orientation: This assesses a child's ability to focus on school related tasks. Example of competency items include: "Functions well even with distractions" and "completes schoolwork". Negative problem Behaviour items (these were previously termed "learning difficulties in the T-CRS 1.0) include "has difficulty following directions and has poor concentration, limited attention span" (Ibid. p.2)

Behaviour Control: This assesses a child's skill in tolerating and adapting to limits imposed by the social environment or by the child's own limitations. Examples of competency items include "frustration, tolerance, accepts imposed limits" and "copes well with failure" while problem behaviour items include items such as "Disruptive in class" and "Overtly aggressive to peers" (Ibid.)

Assertiveness: This measures a child's interpersonal functioning and confidence in dealing with peers. Examples of positive items (or assertive social skills) include: "Participation" and "comfortable as a leader in class discussions". Negative items include "withdrawn" and other children shun or avoid this child" (Ibid.).

Peer Social Skills: This measures the child's likeability and popularity among peers. It includes positive items such as "makes friends easily" and "well liked by classmates" Problem behaviours on the other hand include "lacks social skills" and "has trouble interacting with peers" (Ibid.).
APPENDIX A7

Norm Development, Reliability, Stability and Validity of the T-CRS 2.1
including Alpha Reliabilities for the T-CRS 2.1

Norm Development:

Data collection for norming the T-CRS 2.1 took place during the academic year 1998-1999. This occurred particularly in the states of New York and Texas. In Texas, data was collected on all students while in New York, teachers collected data on four random children from their classrooms. This effort yielded 1346 T-CRS from Texas. Out of these 125 were randomly chosen for the normative sample and out of the 417 T-CRS collected from New York, 290 were randomly selected from the normative sample. These random selections were stratified by sex and locale. Furthermore, 285 T-CRS were collected across 19 states within the United States. For this sample, teachers from randomly selected schools completed scales on four randomly selected children from their classrooms. Well or, in all, the total sample used to develop the norms presented in the Examiners Manual amounted to 700.

The normative tables in the Examiner manual provide percentile ranks corresponding to each scale score. Higher percentiles indicate greater well-being and lower percentiles represent higher incidence of problem behaviours. e.g. If a child obtains a percentile score of 35 this means that 35% of the norm group scored as well or lower than the child in question while 65% of the norm group scored higher than the child.

Reliability, Stability and Validity:

Reliability is defined "as index of how well an instrument measures the same construct over repeated measures" (Ibid.). According to Crocker and Algina (1986) there are several types of reliability. Two types, which were assessed for the T-CRS 2.1, are described below. Assessing if items of a scale measure the same content domain is termed as "internal consistency". High (although not perfect) internal consistency is described since: "... in the ideal, each scale should cover a range of areas that define the given construct. If each item were perfectly correlated with every other item on that scale the items" (Perkins & Hightower, 2001, p.21).

Perkins and Hightower (2001) advocate that a scale with less than perfect internal consistency (alphas ranging from .70 to .95) (Cronbach 1951) has correlated items that tap a range of the constructs manifestations consistently. Table 2 lists internal consistencies for T-CRS 2.1 scales, based on the normative sample (n =700). Table 3 presents the same information for the T-CRS 2.1 secondary scales (which are similar to the T-CRS 1.0 scales).

The long-term stability focuses on the extent to which the scale measures the same construct over longer periods of time than that of test-retest reliability. (Crocker & Algina, 1986). The Examiners manual explains that while the time for the test-retest is typically two to four weeks, the time lapse for measuring stability is much longer at about ten weeks or more. The manual further explains that stability is to be expected to be lower than internal consistency (or test-retest reliability) as reliability
involved measuring the same phenomena over time. Obviously, when assessing change over longer periods of time, teachers may be dealing with somewhat different behaviours. The phenomena (according to the manual) that were observed are similar but conditions may be slightly varied.

For the T-CRS 2.1 stability was evaluated using pre and post-test scores for each of the scales. This was completed about seven months apart. Table 4 shows the correlations between pre and post test scores for each of the scales, for an at risk sample as a whole as well as broken down by sex and locale (urban, suburban, rural).

**Alpha Reliabilities for the T-CRS 2.1**

**Primary Scales (n=700)**

<table>
<thead>
<tr>
<th>SCALE</th>
<th>COEFFICIENT ALPHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task Orientation</td>
<td>0.94</td>
</tr>
<tr>
<td>Behaviour Control</td>
<td>0.90</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>0.87</td>
</tr>
<tr>
<td>Peer Social Skills</td>
<td>0.94</td>
</tr>
</tbody>
</table>


**Secondary Scales (n=700)**

<table>
<thead>
<tr>
<th>SECONDARY SCALE</th>
<th>COEFFICIENT SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task Orientation</td>
<td>0.90</td>
</tr>
<tr>
<td>Learning Skills</td>
<td>0.87</td>
</tr>
<tr>
<td>Frustration Tolerance</td>
<td>0.83</td>
</tr>
<tr>
<td>Acting Out</td>
<td>0.85</td>
</tr>
<tr>
<td>Assertive Social Skills</td>
<td>0.88</td>
</tr>
<tr>
<td>Shy – Anxious</td>
<td>0.75</td>
</tr>
<tr>
<td>Peer Social Skills (Positive)</td>
<td>0.92</td>
</tr>
<tr>
<td>Peer Social Skills (Negative)</td>
<td>0.89</td>
</tr>
</tbody>
</table>


Allen and Yen (1979) advocate that content validity is established through an analysis of the content of the measure and is based on subjective judgment. It has been said that this form of validity is usually a first concern in the developing of test measures. Therefore items are written to meet content requirements. Content validity for this present scale was established with the revision and addition of items. This current version was developed using feedback on the old, new, and revised items obtained from teachers, psychologists, measurement specialists and similar measures. Fundamentally, “the 32 items appearing on the T-CRS 2.1 were judged to be pertinent to the measure of socio-emotional adjustment” *(Ibid., p.23)*.

When the T-CRS 2.1 was finalised, scores of 160 demographically (children were matched for sex, race, socio-economic status, locale of his/her school and grade) children from “at risk” and “random” sample were compared (a clinical sample of children who have been referred to an outpatient mental health facility for treatment is currently being collected to serve as a third comparison group) *(Ibid.)*. At risk
membership for a child was defined as "at risk for academic problems because he or she exhibited socioemotional, behavioural, and/or learning problems, wherein the problems are not severe enough for clinical treatment" (Ibid., p.23).

The children 'at risk' were identified previously in conjunction of the Primary Project. (Cowen et al 1996). This was a school-based intervention, which was designed to assist children at risk of doing poorly in school because of mild to moderate socio-emotional and/or behavioural problems. For the random sample, the teachers completed the T-CRS 2.1 on randomly selected children from the classroom. Item comparisons showed that in all but three items (10,14,30) children at risk scored significantly lower (p<001) than the random sample. (For items 10,14,and 30, p>10). These results indicate the sensitivity of the 32 T-CRS 2.1 items to problem behaviours and competencies presented by children at risk (Ibid).
## APPENDIX A8

### (a) Target Child Observation Schedule

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td><strong>GM</strong></td>
<td>Gross Motor Physical movement, with fixed equipment (slide, swing, climbing frame), with moveable equipment (tyre, hoop, ball), with no equipment (running, jumping, crawling).</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td><strong>LSME</strong></td>
<td>Large scale moveable equipment, arranging planks, boxes, tyres, ladders, etc. or building trains, dens, etc.</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td><strong>PRE</strong></td>
<td>Pretending, with or without equipment or fantasy roles</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td><strong>SVT</strong></td>
<td>Scale Version Toys; manipulating miniature representational objects (doll’s house, cars. Etc.)</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td><strong>MAN</strong></td>
<td>Manipulation of unstructured materials: (sand, water), arranging/sorting small objects such as buttons, bits of paper, handling of fiddling with an object.</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td><strong>SSC</strong></td>
<td>Small scale construction; with lego, meccano, building bricks, woodwork, paper.</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td><strong>SM</strong></td>
<td>Structured Materials: used in a structured way, e.g. puzzles, jigsaws, shape matching, pegboards.</td>
</tr>
<tr>
<td><strong>8.</strong></td>
<td><strong>ART</strong></td>
<td>Free expression creation: painting, drawing, pasting, decoration, playing with plasticine.</td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td><strong>MUS</strong></td>
<td>Musical activities: playing instruments, singing solo, listening, dancing.</td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td><strong>SP.1</strong></td>
<td>Social Play: spontaneous informal games without rules or structure (horseplay, giggling).</td>
</tr>
<tr>
<td><strong>11.</strong></td>
<td><strong>SP.2</strong></td>
<td>Informal Social Play: some structure or rules, sometimes with a notion of turn taking or exploitation of a humorous situation, not adult directed.</td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td><strong>SINP</strong></td>
<td>Social Interaction Non-Play: chatting, borrowing, cuddling</td>
</tr>
<tr>
<td><strong>13.</strong></td>
<td><strong>LAB</strong></td>
<td>Looking at books, showing interest, ‘reading’ books.</td>
</tr>
<tr>
<td><strong>14.</strong></td>
<td><strong>LAE</strong></td>
<td>Looking at exercise books.</td>
</tr>
<tr>
<td><strong>15.</strong></td>
<td><strong>LAW</strong></td>
<td>Looking at worksheet</td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td><strong>BR</strong></td>
<td>Blackboard Reading/Copying</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>17.</td>
<td>RA</td>
<td>Reading aloud/being listened to</td>
</tr>
<tr>
<td>18.</td>
<td>ORA</td>
<td>Other reading activity</td>
</tr>
<tr>
<td>19.</td>
<td>CW</td>
<td>Copying Workcards at teacher request.</td>
</tr>
<tr>
<td>20.</td>
<td>SI</td>
<td>Writing that is self-initiated.</td>
</tr>
<tr>
<td>21.</td>
<td>TRA</td>
<td>Tracing: letters, numbers, pictures.</td>
</tr>
<tr>
<td>22.</td>
<td>OWA</td>
<td>Other writing activity, including penmanship</td>
</tr>
<tr>
<td>23.</td>
<td>COU</td>
<td>Counting: on fingers, objects, aloud</td>
</tr>
<tr>
<td>24.</td>
<td>WN</td>
<td>Written Number Work.</td>
</tr>
<tr>
<td>25.</td>
<td>ON</td>
<td>Other Numerical Work.</td>
</tr>
<tr>
<td>26.</td>
<td>EP.1</td>
<td>Careful Examination of Something: looking at a picture.</td>
</tr>
<tr>
<td>27.</td>
<td>EP.2</td>
<td>Exploration: includes solving a problem.</td>
</tr>
<tr>
<td>28.</td>
<td>AS</td>
<td>Arts Skills: adult-directed or determined art activities designed to impart a skill (collage, cutting out).</td>
</tr>
<tr>
<td>29.</td>
<td>SGM</td>
<td>Social Gross Motor: rough and tumble, chasing and catching others, milling around.</td>
</tr>
<tr>
<td>30.</td>
<td>ALGA</td>
<td>Adult-Led Group Activity: story-time, singing-time, rhymes, music and movement, watching TV, repetition of language passages, etc.</td>
</tr>
<tr>
<td>31.</td>
<td>OP</td>
<td>Other Play: unclassified</td>
</tr>
<tr>
<td>32.</td>
<td>AAS</td>
<td>Active Attention to Staff: actively watching any adult or adult-directed activity, including answering the teacher’s questions.</td>
</tr>
<tr>
<td>33.</td>
<td>AAM</td>
<td>Active Attention to Mates: watching other children or their activities.</td>
</tr>
<tr>
<td>34.</td>
<td>AAE</td>
<td>Active Attention to Events: looking around in general or watching something specific.</td>
</tr>
<tr>
<td>35.</td>
<td>WAIT</td>
<td>Waiting: inactive because waiting for someone/something.</td>
</tr>
<tr>
<td>36.</td>
<td>SA/ANG</td>
<td>Aimless: standing around, aimless wander or gaze, not moving or looking towards something specific, off-task behaviour.</td>
</tr>
<tr>
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<td>---</td>
<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td>37.</td>
<td>CR</td>
<td>Cruising: cruising from one activity to another rather rapidly as if searching for something to do.</td>
</tr>
<tr>
<td>38.</td>
<td>DM</td>
<td>Directed Movement: purposeful, towards someone/something, including searching (or searching in school-bag), lining up in rows.</td>
</tr>
<tr>
<td>39.</td>
<td>ONP.1</td>
<td>Other non-play: physical needs</td>
</tr>
<tr>
<td>40.</td>
<td>ONP.2</td>
<td>Non-play: group activity, milk-time, tidying up.</td>
</tr>
<tr>
<td>41.</td>
<td>ONP.3</td>
<td>Non-play: distress, wanton destruction, defiant behaviour.</td>
</tr>
<tr>
<td>42.</td>
<td>OG</td>
<td>Organised Games: social play in formal games with structure and rules not spontaneously made up but dictated by adult or convention</td>
</tr>
</tbody>
</table>

(Sylva et al. 1980, modified by Jowett 1981)
APPENDIX A8

(b) Target Child Observation Sheet used

Child’s Name: __________________________  Date of Birth: ________

Age: __________________________  Date: __________________________

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity Record</th>
<th>Language Record</th>
<th>Task</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
APPENDIX A8

(c) Attributes of both High and Ordinary Cognitive Challenges

<table>
<thead>
<tr>
<th>High Cognitive Challenge (complex)</th>
<th>Ordinary Cognitive Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s activity is novel, creative, imaginative, productive</td>
<td>Child’s activity is familiar, routine, stereotyped, repetitive, unproductive.</td>
</tr>
<tr>
<td>Cognitively complex, involving the combination of several elements,</td>
<td>Cognitively unsophisticated, not involving the combination of elements.</td>
</tr>
<tr>
<td>materials, actions or ideas.</td>
<td></td>
</tr>
<tr>
<td>Carried out in a systematic, planned and purposeful manner.</td>
<td>Performed in an unsystematic random manner with no observable planning or purposefulness.</td>
</tr>
<tr>
<td>Structured and goal directed – working towards some aim, whether the</td>
<td>Not directed towards a new, challenging goal, ‘aimless’, and without structure.</td>
</tr>
<tr>
<td>result is a tangible end product or an invisible goal.</td>
<td></td>
</tr>
<tr>
<td>Conducted with care and mental effort; the child devotes a great</td>
<td>Conducted with ease, little mental effort, and not much care, the child is not deeply engaged,</td>
</tr>
<tr>
<td>deal of attention, is deeply engrossed – takes pains.</td>
<td>his attention may not be entirely on that task.</td>
</tr>
<tr>
<td>Learning a new skill, trying to improve on an established one, or</td>
<td>Repeating a familiar, well-established pattern without seeking to improve upon it nor to add</td>
</tr>
<tr>
<td>trying novel combinations of already familiar skills.</td>
<td>any new component or combination.</td>
</tr>
</tbody>
</table>

Source: Sylva et al (1986, p.61)
APPENDIX A9
Questionnaire Instrument

CHILD'S NAME: __________________________ DATE: ___/___/___
CHILD'S DOB: ___/___/_____

Please tick ✓ appropriately in relation to your child

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Shows understanding of feelings by verbalising love, angry, sad,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>laugh, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Sings and dances to music.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Follows rules by imitating actions of other children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Greets familiar adults without reminder.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Follows rules in group games led by an adult.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Asks permission to use toy that peer is playing with.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Says 'please' and 'thank you' without reminder fifty percent (50%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of the time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Answers telephone calls for adult or talks to familiar person.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Will take turns.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Follows rules in group games led by older children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Co-operates with adult requests seventy-five percent (75%) of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Stays in own garden area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Plays near and talks with other children when working on own</td>
<td></td>
<td></td>
</tr>
<tr>
<td>project.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Asks for assistance when having difficulty (e.g. with bathroom or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>getting a drink).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Contributes to adult conversation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Repeats rhymes, song or dances for others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Works along at chore for 20 - 30 minutes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Apologises without reminder seventy-five percent (75%) of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Will take turns with eight or nine other children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Plays with two to three children for twenty minutes in co-operative activity (project or game).</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Engages in socially acceptable behaviour in public.</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Asks permission to use objects belonging to others seventy-five percent (75%) of the time.</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>States feelings about self: angry, happy, love.</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Plays with four to five children on co-operative activity without constant supervision.</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Explains rules of games or activity to others.</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Imitates adults roles.</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Joins in conversation at meal times.</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Follows rules of verbal reasoning game.</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Comforts playmates in distress.</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Chooses own friends.</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Plans and builds using simple tools (e.g. inclined planes, fulcrum lever pulley).</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>States intentions for him/herself and carries out activity.</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Acts out parts of story, playing part or using puppets.</td>
<td></td>
</tr>
</tbody>
</table>
PORTAGE EARLY EDUCATION PROGRAMME

R J Cameron and M White

*Portage Early Education Programme (PEEP)* provides all materials necessary to implement a Portage Scheme:

1. **Portage Early Education Programme – A Practical Manual**

   Written by R J Cameron and Mollie White (two of Britain’s leading exponents of Portage), the Manual is formatted in an accessible and non-technical style and the layout makes it easy to refer to particular items or areas of interest. You will find that it:

   - provides a basic, practical guide to the Portage approach, how to use the Portage materials and how to set up a Portage project
   - serves as a basis for workshop sessions and presentations
   - discusses the practical and theoretical issues relating to the Portage scheme, considering not only immediate matters (such as how to use the Checklist) but taking a wider perspective (such as coping with disruptive behaviour).

2. **Checklist**

   This is used, initially, to assess a child’s developmental level. It consists of 624 behaviours which are sequenced into years or stages of development.

3. **Box of Activity Cards**

   The Activity Cards provide suggestions for teaching each of the 624 behaviours included on the Checklists. The Cards are colour coded to reflect the six developmental areas.

4. **Activity Chart**

   Designed by the National Portage Association, the photocopiable Activity Chart is used to plan out precisely how each behaviour can be taught – and then to monitor progress.

5. **A Parent’s Guide to Early Education**

   Provides all the Portage Activity Cards in a convenient book format. It is ideal for reference or as a guide to the programme’s content for new parents of workers.
Appendix A10

PEEP ORDER FORM

SEND TO:
NFER-NELSON
Darville House, 2 Oxford Road East
Windsor, Berkshire SL4 1DF, UK
Or for further information, please contact our Customer Support & Advisory Service:
Tel: + 44 (0)1753 827264
Fax: + 44 (0)1753 620160
E-mail: international@nfer-nelson.co.uk
Web: www.nfer-nelson.co.uk

Mr/Mrs/Ms/Miss: First Name:
Surname:
Job Title:
Establishment:
Address:
Postcode:
Telephone No:
E-mail:

Please send me:

<table>
<thead>
<tr>
<th>Qty</th>
<th>Title</th>
<th>Order No.</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PEEP – A Practical Manual</td>
<td>1985 02 4/1746</td>
<td>£47.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Checklist and Development Profile</td>
<td>1985 03 4/1746</td>
<td>£59.00*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Box of Activity Cards</td>
<td>1985 01 4/1746</td>
<td>£113.00*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity Chart</td>
<td>1985 04 4/1746</td>
<td>£14.50*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A Parent’s Guide to Early Education</td>
<td>1984 03 1/1746</td>
<td>£77.25</td>
<td></td>
</tr>
</tbody>
</table>

- 17.5% will be VAT added if VAT # not supplied

Ordering from outside the UK:
- add £2.95 postage and packing to orders £19.99 and under
- add 15% of total order value to orders £20.00 and over.

Grand Total

Please fill in or delete as applicable:

1. I enclose a cheque made payable to NFER-NELSON for £

2. I authorise you to debit my VISA/Mastercard to the amount of £

   My VISA/Mastercard number is:

   Expiry Date: __________________________________________ Signature: ____________________________

   Billing Address for credit card holder ___________________________________________________________

3. My VAT number is: ____________________________

(Ordering within the EU, please quote your VAT number. If ordering outside the EU, VAT is not applicable.)
<table>
<thead>
<tr>
<th>TEACHING BEHAVIORS</th>
<th>Never</th>
<th>Occasionally</th>
<th>Often</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the observation how often did the teacher exhibit the behaviors listed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>below?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Redirects. Gets children to do something different from what they are doing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(e.g., &quot;Down y... Stop...) (does not include natural classroom transitions).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Introduces. Gives child who is not engaged or who is new to an activity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>something to do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Elaborates. Provides information to expand on children's engagement,</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>without eliciting behavior.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Follows. Elicits responses (verbal or behavioral) related to what children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>are already doing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Informas. Provides none elaborative information, tells stories, sings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Acknowledges. Acknowledges children without elaborating on what they're</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>doing and without helping them (includes imitation).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Praises. Praises children enthusiastically. Conveys pleasure or admiration</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>for child, child's behavior, or child's product.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>AFFECT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circle one score for each item.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Activity Level</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Exerts no energy to meet children's needs</td>
<td>Exerts some energy to meet children's needs</td>
<td>Exerts much energy to meet children's needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Positive Expression</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Looks blank when communicating (i.e., rarely smiles)</td>
<td>Communicates with little effort or expressiveness (i.e., occasionally smiles)</td>
<td>Very frequently smiles and noise planning voice infection when communicating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Negative Expression</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Often sounds grumpy or negative when communicating</td>
<td>Sometimes sounds grumpy or negative when communicating</td>
<td></td>
<td>Never sounds grumpy or negative when communicating</td>
<td></td>
</tr>
<tr>
<td>11. Visual Involvement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Never looks at children or visually follows their activities</td>
<td>Inconsistently looks at children and/or occasionally visually follows their activities</td>
<td>Continually looks at children and visually follows their activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Physical Responsiveness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Never has physical contact with children</td>
<td>Occasionally has physical contact with children</td>
<td>Very frequently has physical contact with children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Emotional Responsiveness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Responds to children in a detached, unemotional manner</td>
<td>Occasionally responds to children in a warm and nurturing manner</td>
<td>Very frequently responds to children in a warm and nurturing manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Consistency of Interaction</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Responds to children in a highly inconsistent, unpredictable manner</td>
<td>Responds to children in a somewhat consistent, predictable manner</td>
<td>Responds to children in a highly consistent, predictable manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Responsiveness Toward Children's Interests</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Highly unresponsive ignores children's interests</td>
<td>Somewhat responsive</td>
<td>Occasionally follows children's interests</td>
<td>Highly responsive, often follows children's interests</td>
<td></td>
</tr>
<tr>
<td>16. Child-Directedness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Bends and dominates the pace and activities</td>
<td>Sometimes lets children dictate the pace and activities</td>
<td>Always lets children dictate the pace and activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Tense</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Very frequently communicates in a hokey manner</td>
<td>Occasionally communicates in a hokey, controlling manner</td>
<td>Never communicates in a hokey or controlling manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Inclusion in Activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Forgets about children with special needs</td>
<td>Occasionally helps children with special needs participate fully</td>
<td>Consistently helps children with special needs participate fully in activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Teaching Specific Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Teaches the same skills to children with special needs as to other children</td>
<td></td>
<td>Individualizes the instruction of specific skills to the children with special needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Developmental Appropriateness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Prevents activities and content well below or above developmental level</td>
<td>Occasionally maintains activities and content to children's individual developmental level</td>
<td>Other maintains activities and content to children's individual developmental level</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix A12

The Department of Education 1922-1973

Ministers for Education who had ultimate responsibility for Special Schools during their time in office.

Michael Hayes  
Eoin MacNeill  
JM O’Sullivan  
Thomas Derrig  
Seán T. O’Kelly  
Eamonn de Valera  
Thomas Derrig  
Richard Mulcahy  
Sean Moylan  
Jack Lynch  
Patrick Hillery  
George Colley  
Donough O’Malley  
Brian Lenihan  
Padraig Faulkner

January 1922 - August 1922  
September 1922 - November 1925  
January 1926 - March 1932  
1932 - 1939  
8th - 27th September 1939  
September 1939 - June 1940  
1940 - 1948  
1948 - 1951  
1951 - 1954  
1957 - 1959  
1959 - 1965  
1965 - 1966  
1966 - 1968  
1968 - 1969  
1969 – 1973
APPENDIX A13

SCHOOLS FOR CHILDREN WITH HEARING IMPAIRMENT

The establishment of Educational Services for Deaf Pupils in Ireland in the Nineteenth Century.

1. Smisthfield Penitentiary, Dublin, 18th May 1816.
2. Brunswick Street, Dublin, 1817.
3. Claremount School Glasnevin, Dublin, 1st August 1819.
4. St Mary’s School, Cork, 1822.
5. Ulster Institution, Belfast, 1831.
6. Preparatory School for Clarement, 1826.
7. Coleraine, Co. Derry, 1834.
8. Moneymore, Co. Derry, 1842.
10. St Mary’s Cabra, Dublin, 1846.
11. St Joseph’s Cabra, Dublin, 1847.
12. St Mary’s of the Isle, Cork, 1858.
13. St Joseph’s Institution, Rockfortbridge, Co. Westmeath, 1892.

The establishment of Educational Services for Deaf Pupils in Ireland in the Twentieth Century.

15. St Vincent’s convent (Special Unit), cork, 1961.
20. St nesana’s Secondary School (special Unit), Limerick, 1983.
21. St Nicholas School (Special Unit), Claddagh, Galway, 1985.
23. Gaeshill School (Special Unit), offaly, 1985.
25. Convent of Mercy Primary School (Special Unit), Ballymahon, Co. Longford, 1992.
27. Presentation Primary School (Special Unit), Mayo, 1993.
28. Presentation Primary School (Special Unit), Tralee, Co. Kerry, 1993.

[Cited in The Irish Deaf Community, vol. 1, Patrick A. Matthews, 1996]
# APPENDIX A14

Summary of Schools for Children with Learning Impairments and Children with Emotional Difficulties recognised by the Department of Education by 1966

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>SCHOOL</th>
<th>DATE RECOGNISED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cork</td>
<td>Our Lady of Good Counsel, Lota, Glanmire. 21.07.1955</td>
</tr>
<tr>
<td>2</td>
<td>Cork</td>
<td>St Bernadette's, 9 Dyke Parade. 28.05.1958</td>
</tr>
<tr>
<td>3</td>
<td>Cork</td>
<td>Queen of Angels, Montenotte. 05.10.1959</td>
</tr>
<tr>
<td>4</td>
<td>Cork</td>
<td>Naomh Pól, Montenotte. 01.09.1965</td>
</tr>
<tr>
<td>5</td>
<td>Kildare</td>
<td>St Raphael's, Cellbridge. 01.10.1963</td>
</tr>
<tr>
<td>6</td>
<td>Louth</td>
<td>St Ita's, Drogheada 27.05.1963 St Dymphna’s Day Centre, Dundalk. 01.10.1961</td>
</tr>
<tr>
<td>7</td>
<td>Westmeath</td>
<td>Scoil Mhuire, Delvin. 01.06.1959</td>
</tr>
<tr>
<td>8</td>
<td>Wicklow</td>
<td>Sunbeam House, Bray. 06.01.1968</td>
</tr>
<tr>
<td>9</td>
<td>Limerick</td>
<td>Catherine McAuley. 16.01.1961 St Vincent’s Lisnagry. 01.09.1965</td>
</tr>
<tr>
<td>10</td>
<td>Galway</td>
<td>School of Immaculate Conception, Cregg House, Sligo 07.09.1965</td>
</tr>
<tr>
<td>11</td>
<td>Sligo</td>
<td>St Joseph’s, Newcastle. 06.04.1964 Holy Family School, Renmore. 14.09.1965</td>
</tr>
<tr>
<td>12</td>
<td>Waterford</td>
<td>St Martin’s, Lady Lane. 01.09.1964</td>
</tr>
<tr>
<td>13</td>
<td>Dublin</td>
<td>Teresa Naofa, Temple Hill, Blackrock 01.09.1959 St Michael's, Glenmarooon 18.04.1955 St Augustine’s, Obelisk Park, Blackrock 03.09.1956 St Michael’s House, Grosvenor Road 05.09.1966 St Michael’s House, Finglas 16.10.1961 Stewart’s Hospital Schook, Palmerstown 01.09.1964 St Vincent’s Hospital, Navan Road* 08.09.1964 St John of God, Dunmore House, Glenageary 24.09.1964 St John of God, Islandbridge 07.09.1959 St Declan’s, Northumberland Road, Ballsbridge** 10.06.1963 Child Guidance Clinic, Orwell Road** 11.09.1962 Benincasa, Sion Hill, Blackrock** 08.04.1964 St Loman’s, Ballyowen**</td>
</tr>
<tr>
<td>14</td>
<td>Meath</td>
<td>St Ultan’s, Navan January 1966</td>
</tr>
</tbody>
</table>

*St Vincent’s for the Moderately Mentally handicapped in Navan Road, Dublin, received its recognition in 1964 while St Vincent’s School in Navan Road, for the Mildly Mentally Handicapped, was the first school to receive Department of Education recognition in 1947.

**Schools for Emotionally-Disturbed Children.
APPENDIX A15

SCHOOLS FOR CHILDREN WITH PHYSICAL DISABILITIES

1. Central Remedial Clinic, Vernon Avenue, Clontarf, Dublin.
2. Marino Clinic, Bray, Co. Wicklow.
3. St Gabriel’s, St Joseph’s Street, Limerick.
4. St May’s Orthopaedic Hospital, Baldoyle, Dublin 13.
5. Sandymount School and Clinic, Sandymount Avenue, Dublin 4.
6. Scoil Dean Rath, Nangar Road, Clondalkin, Co. Dublin.
7. The Divine Child School (formally Cork Spastic Clinic), Lavanagh, Ballintemple, Cork.

Hospital Schools:

9. Lourdes Hospital, Kilcreen, Kilkenny.
10. Naomh Pádraig Hospital School, Western Region Sanitorium, Galway.
11. Our Lady’s Hospital for Sick Children, Crumlin, Dublin 12.
12. Our Lady of Lourdes Hospital, Dun Laoghaire, Co. Dublin.
13. St Finbarr’s Orthopaedic Hospital, Gurranebraher, Cork.
14. St Francis’ Clinic National School.
APPENDIX A16

Statistics of Schools and Children Within Schools

<table>
<thead>
<tr>
<th>Type of School</th>
<th>Number of Schools</th>
<th>Number of Pupils</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary Schools</td>
<td>3172</td>
<td>428339</td>
</tr>
<tr>
<td>Special Schools</td>
<td>121</td>
<td>7228</td>
</tr>
<tr>
<td>Ordinary Schools with Special Classes</td>
<td>459</td>
<td>8743</td>
</tr>
</tbody>
</table>

All of the above data refers to the school year of 1999-2000. Those Ordinary schools that have special classes are also included in the total of ordinary schools.

Special Classes in this instance also include those classes being conducted by resource teachers for travellers (RTT). Even though the travellers are usually integrated into ordinary classes and are given extra tuition on a withdrawal basis by the RTT (Personal Correspondence with Mr. Paul Daly, Department of Education and Science, Statistics Section, Dublin, 12th January, 2001).
## Appendix A17

### Pupil/Teacher Ratio

<table>
<thead>
<tr>
<th>Disability</th>
<th>SERC recommended pupil/teacher ratio</th>
<th>Current pupil/teacher ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Impairment</td>
<td>8:1</td>
<td>8:1</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>7:1</td>
<td>7:1</td>
</tr>
<tr>
<td>Mild General Learning Disability</td>
<td>11:1</td>
<td>13:1</td>
</tr>
<tr>
<td>Moderate General Learning Disability</td>
<td>8:1</td>
<td>9:1</td>
</tr>
<tr>
<td>Severe/Profound General Learning Disability</td>
<td>6:1</td>
<td>6:1</td>
</tr>
<tr>
<td>Emotional Disturbance</td>
<td>8:1</td>
<td>9:1</td>
</tr>
<tr>
<td>Severe Emotional Disturbance</td>
<td>6:1</td>
<td>6:1</td>
</tr>
<tr>
<td>Autism/Autistic Spectrum Disorders</td>
<td>6:1</td>
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<td>Specific Speech &amp; Language Disorder</td>
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Appendix A18

Suggested Minimum Time Framework for Infant Classes

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<th>Hours</th>
<th>Minutes</th>
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<tr>
<td>Language:</td>
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<tr>
<td>L¹</td>
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<td>L²</td>
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<tr>
<td>Mathematics</td>
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<tr>
<td>SESE</td>
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</tr>
<tr>
<td>SPHE</td>
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</tr>
<tr>
<td>P.E.</td>
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<td>Arts Education</td>
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<tr>
<td>Discretionary Curriculum time</td>
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<td><strong>Total Secular Instruction:</strong></td>
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<td>Religious education (typically)</td>
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<tr>
<td>Assembly time</td>
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<td>Roll Call</td>
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<td>Breaks</td>
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<td><strong>Total weekly time:</strong></td>
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APPENDIX A19
Guide to the Structure of the Revised Curriculum 1999

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<tbody>
<tr>
<td>Gaeilge</td>
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<td>English</td>
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| Mathematics       |

<table>
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<tr>
<th>Social Environmental and Scientific Education</th>
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<td>History</td>
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<tbody>
<tr>
<td>Visual Arts</td>
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</table>

| Physical Education |

| Social Personal and Health Education |

| Religious Education |

*Source:* Primary School Curriculum 1999, p.41
APPENDIX 20 (a)

Judith E Butler

Department Of Education
University College Cork

Tel:0876232900
e-mail:judithbutler@eircom.net

January 2003

Dear Parent/guardian

Last year you completed a questionnaire on your child’s behaviour in order for research to be carried out in to the field of Infant Education in Ireland. This research is now in its final year and to conclude it I would be most grateful if you would kindly complete the enclosed questionnaire and return it as soon as possible to your child’s class teacher. As before any “yes” answer, indicates that your child has mastered that particular skill.

Notably, as before you can be assured of confidentiality at all times in relation to any data collected.

May I take this opportunity to thank you for your participation in this worthwhile research, which aims to enhance our educational system and thus our children’s development. Without your participation this research would be impossible.

Thank you for your time

Yours faithfully

Judith E. Butler
Dear Parent/Guardian

I am a PhD research student at University College Cork currently undertaking research to analyse the differences in the social development in children who attend different learning environments.

In order to do this I need your help! I would be most grateful if you would complete the enclosed questionnaire in relation to your child's social skills. It is a simple "yes or no" type questionnaire. Ticking the "yes" box indicates that your child has acquired that skill previously or presently.

Please make sure that you have filled in each of the boxes that corresponds best with your child. If you are not 100% sure of the best answer, it is ok to trust your first thought.

In order to draw conclusions you will be required to complete the same questionnaire this time next year again. Notably however you are assured of confidentiality at all times.

However, if you wish to contact me in relation to this questionnaire or indeed any other aspect of this research I am contactable by telephone or e-mail (given above).

Thank you for your time and effort, without it, it would be impossible to complete this research.

Yours faithfully

Judith E Butler
### Appendix A21 - Demographics of each study group

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Mainstream Junior Infants - Group 1</th>
<th>Segregated Junior Infants - Group 2</th>
<th>Integrated Junior Infants - Group 3</th>
<th>Group 4 Integrated Junior Infants (Gaelscoil) - Group 4</th>
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</thead>
<tbody>
<tr>
<td>Number of children in Junior Infant class</td>
<td>22</td>
<td>8</td>
<td>13</td>
<td>25</td>
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<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Males</td>
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<td>8</td>
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<td>1</td>
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<td>Group 1 = 22</td>
<td>Group 2 = 8</td>
<td>Group 3 = 13</td>
<td>Group 4 = 25</td>
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APPENDIX A22

Group 1: Mainstream – Classroom Plan

<table>
<thead>
<tr>
<th>Art Display</th>
<th>Alphabet Chart</th>
<th>Blackboard</th>
<th>Children’s Birthdays</th>
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</thead>
<tbody>
<tr>
<td>Nature Plants Growing</td>
<td>Nature Table</td>
<td>Book Shelf</td>
<td>Picture Charts of Irish Verbs</td>
</tr>
<tr>
<td>WINDOW</td>
<td>News Stand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WINDOW</td>
<td>Irish Charts</td>
<td>Storage Space</td>
<td></td>
</tr>
<tr>
<td>WINDOW</td>
<td>Teacher’s wall planner, calendar, timetable, etc.</td>
<td>Teachers Desk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Storage Space For copies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Door</td>
<td>Sand Play</td>
<td>Storage Space</td>
<td>Sink</td>
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</table>
Group 2: Segregated - Classroom Plan

<table>
<thead>
<tr>
<th>Shelves Teddys</th>
<th>Window</th>
<th>Tara</th>
<th>Ben</th>
<th>Shop</th>
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<tbody>
<tr>
<td>Pencils &amp; Crayons</td>
<td>Art</td>
<td>Art</td>
<td>House</td>
<td>Garden</td>
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<td>Art</td>
<td>Art</td>
<td>Art</td>
<td>Days Of Week</td>
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<tr>
<td>Children’s Folders</td>
<td>Sink</td>
<td>Sink</td>
<td>Sink</td>
<td>Alphabet</td>
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<tr>
<td>Baskets for Child’s own stuff</td>
<td>Press</td>
<td>Press</td>
<td>Press</td>
<td>Jigsaws</td>
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</table>

Door

Colour Materials

Perceptual Materials

Cognitive Materials

Art & Craft Materials

Books

Teacher’s Desk

TV Video

Book Shelf

Jobs Chart

Window
Group 3: Integrated - Classroom Plan

<table>
<thead>
<tr>
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<th>Blackboard</th>
<th>Days of week chart</th>
<th>Blackboard</th>
<th>Letterland Chart</th>
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<tr>
<td>Weather Chart</td>
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<tr>
<td></td>
<td></td>
<td>Teachers Desk</td>
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<tr>
<td>WIND  RADIATO</td>
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<td></td>
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<tr>
<td>Press Lunch Boxes</td>
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<td>Sink</td>
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</table>
Appendix A23 (a)

Classroom Schedules

GROUP ONE [Mainstream]

9.20 - 9.40  Playtime
10.10 - 10.30 Gaeilge: Neamhfoirmiúil agus Foirmiúil
10.30 - 10.50 Phonics
10.50 - 11.00 Maths
11.00 - 11.15 Sos (break)
11.15 - 11.35 Maths
11.35 - 11.50 Handwriting
11.50 - 12.00 Poetry and Rhyme
12.00 - 12.30 Religion
12.30 - 1.00 Lunch
1.00 - 1.25 Reading
1.25 - 1.35 Workbook
1.35 - 1.55 Environmental Studies (Monday & Wednesday), Music (Tuesday), Art and Crafts (Thursday), P.E. (Friday).
1.55 - 2.00 Storytime.
2.00 p.m. Home
Appendix A23 (b)

Classroom Schedules

GROUP TWO [Segregated]

9.30 - 10.30 Work (Monday, Wednesday, Thursday)
Speech and Language (Tuesday)
Swimming (Friday)

10.30 - 11.00 Milk & Biscuits (Monday-Thursday) followed by Rhymes.
Swimming (Friday)

11.00 - 11.30 Break

11.30 - 12.00 Space in timetable on Monday and Wednesday.
Art (Tuesday)
P.E. (Thursday)
Milk & Biscuits (Friday)

12.00 - 12.15 Speech Language (Monday and Thursday)
Art (Tuesday)
Drama (Thursday)
Space in timetable for Friday

12.15 - 12.30 Storytime (Monday and Wednesday)
Listening skills (Tuesday and Thursday)
Space in timetable for Friday

12.30 - 1.30 Lunch

1.30 - 2.00 Sensory Room (Monday), PE (Tuesday), Church (Wednesday),
Art (Thursday), Shop (Friday).

2.00 - 3.00 Play

Note: The teacher did not have a timetable devised for her class. She
gave me this timetable from the previous year. In other words,
she did not have a planned schedule.
## Appendix A23 (c)
### Classroom Schedules

**GROUP THREE** [Integrated]

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<thead>
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<th>Dé Máirt</th>
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<tbody>
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<td>Matamaitic</td>
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</tr>
<tr>
<td>10.00 - 10.05</td>
<td>Róla</td>
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<td>Ceol</td>
<td>10.10 - 10.20</td>
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<td>10.20 - 10.40</td>
</tr>
<tr>
<td>10.50 - 11.00</td>
<td>Sós</td>
<td>10.40 - 10.50</td>
</tr>
<tr>
<td>11.00 - 11.20</td>
<td>Comhrá Formiúil</td>
<td>10.50 - 11.00</td>
</tr>
<tr>
<td>11.20 - 11.30</td>
<td>Peannaireacht</td>
<td>11.00 - 11.30</td>
</tr>
<tr>
<td>11.30 - 11.40</td>
<td>Rannaireacht</td>
<td>11.30 - 11.55</td>
</tr>
<tr>
<td>11.40 - 12.00</td>
<td>Creideamh</td>
<td>11.55 - 12.05</td>
</tr>
<tr>
<td>12.00 - 12.15</td>
<td>STORYTELLING</td>
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</tr>
<tr>
<td>12.15 - 12.50</td>
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<table>
<thead>
<tr>
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<th>Déardain</th>
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<td>10.00 - 10.05</td>
<td>Róla</td>
<td>9.45 - 10.10</td>
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<tr>
<td>10.05 - 10.35</td>
<td>Léith, Bhéarla</td>
<td>10.10 - 10.20</td>
</tr>
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<td>10.35 - 10.50</td>
<td>Ceol</td>
<td>10.20 - 10.40</td>
</tr>
<tr>
<td>10.50 - 11.00</td>
<td>Sós</td>
<td>10.40 - 10.50</td>
</tr>
<tr>
<td>11.00 - 11.25</td>
<td>Comhrá Formiúil</td>
<td>10.50 - 11.00</td>
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<td>11.25 - 11.45</td>
<td>Creideamh</td>
<td>11.00 - 11.30</td>
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<td>Peannaireacht</td>
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</tr>
<tr>
<td>12.15 - 12.50</td>
<td>Ealain agus Cearaidocht</td>
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<td>12.25 - 12.50</td>
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</table>

<table>
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<tr>
<th>Naonáin Shóisearacha</th>
<th>Dé hAuine</th>
<th>Déardain</th>
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</thead>
<tbody>
<tr>
<td>9.30 - 10.00</td>
<td>Léith Bhéarla</td>
<td>9.30 - 9.45</td>
</tr>
<tr>
<td>10.00 - 10.05</td>
<td>Róla</td>
<td>9.45 - 10.10</td>
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<tr>
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<td>Buntús</td>
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<td>Creideamh</td>
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<td>Rannaireacht</td>
<td>11.50 - 12.00</td>
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</tr>
<tr>
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## Appendix A23 (d)

### Classroom Schedules

**GROUP FOUR [Integrated Gaelscoil]**

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<td>9.00 - 9.20</td>
<td>Súgradh/Paidreacha</td>
</tr>
<tr>
<td>9.20 - 9.30</td>
<td>Comhrá M</td>
</tr>
<tr>
<td>9.30 - 9.50</td>
<td>Comhrá F</td>
</tr>
<tr>
<td>9.50 - 10.15</td>
<td>Mata</td>
</tr>
<tr>
<td>10.15 - 10.35</td>
<td>Scéal</td>
</tr>
<tr>
<td>10.35 - 11.00</td>
<td>Sos</td>
</tr>
<tr>
<td>11.00 - 11.25</td>
<td>Béarla</td>
</tr>
<tr>
<td>11.25 - 11.50</td>
<td>Eolas Imshaoil</td>
</tr>
<tr>
<td>11.50 - 12.30</td>
<td>Lón (lunch)</td>
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<tr>
<td>12.30 - 12.50</td>
<td>Creideamh</td>
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<td>Peannaireacht</td>
</tr>
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<td>1.05 - 1.35</td>
<td>Ceol</td>
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<td>An Chéadaoin</td>
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<td>9.00 - 9.20</td>
<td>Súgradh/Paidreacha</td>
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<td>Comhrá M</td>
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<td>Comhrá F</td>
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<tr>
<td>10.35 - 11.00</td>
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<tr>
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### Notes
- **Sugradh/Paidreacha**: Morning Assembly
- **Comhrá M**: Morning Meeting
- **Comhrá F**: Afternoon Meeting
- **Mata**: Lunch Time
- **Scéal**: Speaking/Conversation
- **Comhra**: Conversation
- **Loch (lunch)**: Lunch Time
- **Filiocht G**: Poetry
- **Sos**: Rest Time
- **Léith G**: Singing
- **Láin**: Singing
- **Forbairt Teangan**: Comprehensive Development
APPENDIX A24

Pictorial Analysis of the Target Child Study in

GROUP ONE

(Figs. 5.1, 5.2, 5.3, 5.4 and 5.5)
Figure 5.1
Language Patterns Observed in Group 1 (mainstream)
Figure 5.2
Percentage of Time Spent by Target Children in Each Type of Social Setting in Group 1 (Mainstream)

- Large Group Interaction: 33.00%
- Small Group Interaction: 17.00%
- Large Group Parallel: 19.50%
- Small Group Parallel: 1.00%
- Pair: 0.50%
- Alone: 29.00%
Figure 5.3
Incrustable Categories Observed in Group 1 (mainstream)
Figure 5.4
Most Common Areas of Categories 1-12 Observed in Group 1 (mainstream)

- Social Play: 0.25%
- Pretending: 2.50%
- Musical Activities: 4.50%
- Free Expression: 7.50%
- Social Interaction Non Play: 15.50%
Figure 5.5
Types of 3R's Observed in Group 1 (mainstream)
APPENDIX A25

Pictorial Analysis of the Target Child Study in

GROUP TWO

Figs. 5.6, 5.7, 5.8, 5.9 and 5.10
Figure 5.6
Language Patterns Observed in Group 2 (segregated)

Initiations to Teacher
- Request: 0.50%
- Positive Statement: 3.50%
- Learning Orientated: 3.00%
- 7.00%
- 15.50%
- 35.50%
- 18.25%
- 8.00%
- 8.50%
- 7.25%
- 4.50%
- 2.75%

Initiations to Other Children
- Suggestions: 1.00%
- Asks for Information: 1.00%
- Attention: 10.00%
- Comments: 12.50%
- 100%

Dialogue
- Teacher Initiated: 2.75%
- Child Initiated: 4.50%

1. Initiations to teacher
2. Initiations to other children
3. Responses to teachers questions
4. Dialogue
5. Ego-centric speech
6. Class Language
7. Other
Figure 5.7
Percentage of Time Spent by the Target Children in Each Type of Social Setting in Group 2 (segregated setting)

- Large Group Interaction: 32.25%
- Small Group Interaction: 14.50%
- Large Group Parallel: 31.25%
- Small Group Parallel: 10.25%
- Pair: 9.50%
- Alone: 2.25%
Figure 5.8
Inscrutable Categories Observed in Group 2 (segregated)
Figure 5.9
Most Common Areas of Categories 1-12 Observed in Group 2 (segregated)
Figure 5.10
Types of 3R's Observed in Group 2 (segregated)
APPENDIX A26

Pictorial Analysis of the Target Child Study in GROUP THREE

(Figs. 5.11, 5.12, 5.13, 5.14 and 5.15)
Figure 5.11
Language Patterns Observed in Group 3 (integrated)
Figure 5.12
Percentage of Time Spent by Target Children in Each Type of Social Setting in Group 3 (integrated)
Figure 5.13
Inscrutable Categories Observed in Group 3 (integrated)
Figure 5.14
Most Common Areas of Categories 1-12 Observed in Group 3 (integrated)

- Social Play: 0.50%
- Pretending: 1.25%
- Musical Activities: 3.50%
- Free Expression: 5.50%
- Social Interaction Non Play: 19.50%
Figure 5.15
Types of 3R's Observed in Group 3 (integrated)
APPENDIX A27

Pictorial Analysis of the Target Child Study in

GROUP FOUR

Figs. 5.16, 5.17, 5.18, 5.19 and 5.20
Figure 5.16
Language Patterns Observed in Group 4 (integrated gaeilge)

Percentage of Time Spent by Target Children in Each Type of Social Dialogue

- Initiations to Teacher
  - Request: 0.25%
  - Positive Statement: 2.00%
  - Learning Orientated: 4.25%
- Initiations to Other Children
  - Dialogue: 46.25%
  - Ego-centric speech: 11.50%
  - Asks for Information: 1.75%
  - Attention: 1.50%
  - Comments: 7.25%
- Other
  - Dialogue: 1.50%
  - Teacher Initiated: 3.00%
  - Child Initiated: 5.00%

Legend:
- 1. Initiations to teacher
- 2. Initiations to other children
- 3. Responses to teachers questions
- 4. Dialogue
- 5. Ego-centric speech
- 6. Class Language
- 7. Other
Figure 5.17
Percentage of Time Spent by Target Children in Each Type of Social Setting in Group 4 (integrated gaelscóil)

- Large Group Interaction: 32.00%
- Small Group Interaction: 26.00%
- Large Group Parallel: 0.50%
- Small Group Parallel: 12.50%
- Pair: 29.00%
- Alone: 0.00%
APPENDIX A28

Analyses of the Findings of the California Preschool Social Competency Scale, the Teacher-Child Rating Scale 2.1 and the Parental Questionnaire

(Figs. 5.21 – 5.29)
Figure 5.21: CPSCS Average Result
Analysis of the Findings of the Teacher-Child Rating Scale 2.1

The four parts of this scale were analysed separately in order to give a more descriptive analysis.

- **Task Orientation**: When analysed it showed that the average points of Group One (mainstream) and Group Two (segregated) decreased from Year One to Year Two. Fundamentally, the ratings in Group four (integrated Gaelscoil) also decreased in Year Two, however this decrease was not as severe as the decrease found in Groups One and Two. Group Three (integrated) was the only group to have an increase in this sub-section.

  This is, indeed, interesting and it has been reviewed that ‘schedules need to provide sufficient time for children to develop task orientation’. (Children First, a bibliography for kindergarten, 1994) Instructional Resource Unit, Saskatchewan Education (Canada), available online at http://www.sasked.gov.sk.ca/docs/kindergarten/kindincr.html - accessed February 11th, 2003.

  These writers believe that a schedule which provides sufficient time for children’s ‘task orientation’ (i.e. carrying out plans to their conclusions) is characterised by large blocks of time. The imposition of too much structure (i.e. shortening of time periods during a session) will hamper the development of task orientation. These writers posit that in order for task orientation to develop positively “the teacher plans for an appropriate balance of active and quiet times, individual and group work routine and free-choice activities and self-initiated and teacher-directed activities” (Ibid.).

  It was observed in Groups One and Four that the teachers stuck rigorously to their timetables. Notably, at times, children were required to leave unfinished tasks
because it was time to move on to a new subject. Frequent shouts of ‘Tidy up children’ could be heard in Group One which meant that regardless of what the children were doing they had to finish it immediately. In contrast, the children in Group Three worked under a less-structured timetable. Tasks were always completed even if this meant running over time. Essentially, however, it must be noted that there were only 13 children in this classroom and the teacher as a result was under less pressure. She could offer children who needed extra help the attention they required. The children in Group Two, however (regardless of the fact the teacher had a timetable on the wall – she informed me it was the one from the previous academic year), did not operate to a defined schedule. This again has effects on the development of children’s task orientation as these writers state that, in order to be effective, early years’ settings require ‘daily and long-range planning’ (Ibid.). See Appendix A22 for Classroom Schedules.

Figure 5.22 presents the task orientation results in each of the four classrooms in Year One and year Two of the study. It is evident from the figure that Group Three is the only group to show a positive increase in the section of ‘task orientation’.
• **Behaviour Control**: The results for the Behaviour Control sub-section revealed interesting results also. Again, Groups One and Two showed a decrease, however Group Four (integrated *Gaelscoil*) demonstrated an increase in this section – an increase even more significant than the increase found in Group Three (integrated).

When one looks for an explanation in relation to these findings, one immediately looks at the Classroom Management Strategies found in each classroom. Indeed, Chapter Three of this present research, saw that research (and personal experience) supports the notion that it is praise and reward that are most significant motivators in getting children to behave appropriately. Notably, teachers who are flexible and non-dogmatic believe all children want to work and behave appropriately. Inevitably, then, it can be said that it is the conditions that are at fault if there is a disruption. Importantly, though, it is effective teachers who believe that these conditions can be changed. (*Middlesborough LEA Behaviour and Discipline, available on line at http://www.schoolweb.middlesborough.gov.uk – accessed April 16th, 2003.*

This researcher believes that the teachers in two of the Groups worked with the support of all the pupils, including children who were disruptive. Children in both these classrooms had developmentally appropriate classroom rules which were highlighted to the children whenever these were broken. A most beautiful, but indeed also developmentally appropriate, set of rules were spelt out clearly in one of the Groups. It involved that all children in the class should have ‘kind hands, kind feet and kind words at all times’. Indeed, a message applicable to any age group! In both of these classrooms children were presented with stickers and merit badges for being ‘good’ during the day while extra time on the computer was also seen as a reward.
Fundamentally, in another Group, the children did not receive praise frequently and any inappropriate behaviour was dealt with by segregating the child from his peers – by putting him/her ‘up by the wall’ or in the ‘thinking chair’ (which really the children termed ‘the bad chair’).

Children were also given ‘Time Out’ in the form of being seated on a chair facing the wall. Additionally, each morning at breaktime the children were ‘analysed’ individually about whether they deserved a biscuit or not for their behaviour that morning. At that stage of the morning children were anxious for a snack and, as a result, this researcher believes that this was an inappropriate method of dealing with wayward behaviour, especially since these children had disabilities and were now being ‘punished’ for something they had done an hour or two ago.

Clearly then, Figure 5.23 shows that Group four (integrated Gaelscoil) increased its ratings in this section while Groups One and Two decreased. Group Three also increased in this section although the increase was not as high as that shown by Group Four.
• **Assertiveness:** The results, when analysed for this section, displayed the same results as found in the Behavioural Control section. In other words, Groups One and Two showed a decrease over the year in assertiveness. The greater decrease found in Group Two, while Groups Three and Four (the integrated settings) showed an overall increase. The highest increase, however, was found in Group Three where a slight increase was found in Group four (integrated Gaelscoil).

Evidently, if we as early years’ practitioners, want our children to be able to convey their feelings, we must lead the way with our ability to express ourselves. Research on emotional health now shows that it is essential to our well-being as is our physical health. One aspect of maintaining good emotional health is an ability to express how we feel (Gowen and Brennan, 2001).

This researcher now advocates that when children are respected and taken seriously they will more likely be assertive and self-expressive. This respect, unfortunately, was not shown to all of the participants in this study. As a result, this could have a negative effect on their development in this category. Seemingly, Early Years’ practitioners who believe in children produce children who believe in themselves – children who *like* themselves (Dowling, 2000). Encouraging assertiveness (and self-esteem) in children in our classrooms is not about constantly telling them ‘Stop that, that’s wrong! don’t do it that way or you never...’.

Essentially, it must be stated that any practitioner working with children might occasionally say any of these things (as was seen in all of the four groups in this research), however it is now blatant to this researcher that saying these and implementing discipline techniques, like removing a child from a group or isolation
on a 'thinking chair-corner or indeed depriving them of their morning snack more than once in a while, means that a negative approach to discipline has become a habit and urgently needs to be addressed before our children experience low self-esteem as an enduring element of their persona.

Figure 5.24 highlights the results of the 'Assertiveness' section of the T-CRS.

- **Peer Social:** The results of the 'Peer Social' showed an increase again for Group One (mainstream) while Group Two on this occasion showed a slight increase. This increase, though, was very slight, especially when compared to the increase found in Group Three (integrated) and Group Four (integrated Gaelscoil).

When these results are looked at in terms of the amount of time children spent in each of the social settings (as identified by the target child study) it is evident that the children in Group One spent as little as one percent in small group interaction. Group Two on the other hand (evidently due to the small number of children in the class) spent 32.25% engaged in small group interaction.

Group Three, spent only three percent in small group interaction. [However, the reader must be reminded that there are only 13 children enrolled in this class.] This low pupil:teacher ratio in itself would encourage social interaction. Group Four resulted in the lowest percentage of time engaged in small group interaction (.5%), nevertheless this group produced the greatest increase in peer social. This may be affected by the fact that the most common areas of Categories 1-12 observed in Group Four was 'Social Interaction Non-Play' which resulted in 15.75% of children's time. Importantly though, Group One (mainstream) also showed over 15% spent in Social Interaction Non-Play. On the other hand, the availability of a second adult
(SNA) in Group four may have had an impact on this development for the children in this group. Additionally, the teacher in Group four explained to this researcher during the first few weeks of the research that she believed that developing relationships with others is important for any individual but, unfortunately, she believed that the child in her class who presented with Down's Syndrome frequently had fewer interactions with peers. She believed that herself and the SNA could facilitate interactions between all children. At that stage this researcher provided her with some information regarding facilitating friendships and interactions between children. Indeed, her interest in this was memorable.

Figure 5.25 highlights the results of the 'Peer Social' ratings in Year One and Year Two of the study. It visibly indicates that Groups Three and Four had an increase while Group Two had a slight increase. Group One, however, had a sharp decrease in its Peer Social ratings in Year Two.
Analysis of the Results of the Parental Questionnaire

As stated, 78% of questionnaires were returned. When analysed, all groups showed an increase, however Group One and Group Two showed a much less significant increase in comparison to Groups Three and Four. Group Two (segregated) showed the least percentage increase.

Figure 5.26 presents the results of the findings of the Questionnaire in Year One and Year Two. Notably, while all groups experienced an increase which is consistent with the findings found in the CPSCS, and the interesting element is that the increase in Groups One (mainstream) and Group Two (segregated) was far less significant than those found in Group Three and Group Four. This, as a result, is consistent with the overall findings in both the T-CRS and CPSCS.
Figure 5.26: Questionnaire Completed by Parents
Figure 5.27: Summary of progress of all groups during 2 year cycle according to the mean
APPENDIX A29

Analysis of the Findings of the Teaching Styles Rating Scale

(Figs. 5.30 – 5.38)
Figure 5.30: Average results for the Teacher in Group 1 according to Teaching Behaviors scale.
Figure 5.31: Average results for both SNA's and Teacher in Group 2 according to Teaching Behaviors scale.
Figure 5.32: Average results for both SNA and Teacher in Group 3 according to Teaching Behaviors scale

Average Grade received

1. Redirects
2. Introduces
3. Elaborates
4. Follows Factors
5. Informs
6. Acknowledges
7. Praises

- SNA
- Teacher
Figure 5.33: Average results for both SNA and Teacher in Group 4 according to Teaching Behaviors scale
Figure 5.34: Average results for the Teacher in Group 1 according to The Affect scale.
Figure 5.34 presents the average results for the teacher in Group One, according to the Affect Scale. It is evident from Fig. 5.34 that the teacher received her highest score in the ‘Visual Involvement’ item. This indicates that the teacher engaged in ‘careful observation of the children’ working in the teacher’s presence (joint attention) and regularly monitored the activities of the children in the room (Scanning TSRS Manual, 1998, no page).

The next most frequent result occurred in the ‘Tone’ items. This indicates that, to a large extent, the teacher used a non-assertive tone and did not sound ‘bossy’ towards the children in the learning environment (Ibid.). However, when compared to the mean scores for ‘tone’ obtained by the other teachers, this teacher received the lowest mean of 3.43 in comparison to her counterparts in Groups Two, Three and Four, all of whom received 4.10, 4.33 and 3.60, respectively.

A mean score of 1.50 was the lowest score that this teacher obtained in three items, including ‘Child Directedness’, ‘Inclusion in Activities’ and ‘Teaching Specific Skills’.

The low score ‘Child-Directedness’ indicates that this teacher to a very large extent ‘demonstrated a need to be in charge of the activities, telling the children what activities to engage in or how to use materials and explicitly stating what the children are to produce’ (Ibid.). Notably, the low score obtained in ‘inclusion of activities’ indicates that the teacher made little or no attempt to include any child who was having difficulty. Indeed, the child who could not keep up in the class (only one child was observed having difficulty) was usually seen to seek help from her peers rather than her teacher. Not surprisingly then, the teacher also scored a ‘low’ in ‘Teaching Specific Skills’. This
indicates that the teacher did not seem to be instructing/teaching any specific skills to any child who was having difficulty.

Furthermore, it must be highlighted that the teacher did score a reasonable score of 2.90 for ‘Developmental Appropriateness’ which would indicate that the teacher sometimes gears content towards the developmental level of the majority. Notably, it could also be argued that the ‘Revised Curriculum 1999’ is developmental in nature and, as a result – when delivered through the use of books, workbooks and exercises – could be said to be developmentally appropriate in content.

The average results for both the SNAs and the teacher in Group Two reveal some interesting points. Firstly, the teacher received her highest score in the ‘Physical Responsiveness’ item. This high score indicates that the teacher had some form of physical contact with the children on a frequent basis. This is not unexpected as most of the teaching of the children involved a one-to-one interaction. Interestingly, both of the SNAs in the environment also received a high mean score for this item each (SNA (1) received 4.80, while SNA (2) received 5.00). Again, this is understandable as ‘Physical Responsiveness’ is designed to examine the ‘extent of physical contact’ between the adult and the children. In this class this was seen as the most frequently ‘affect’ item, as the adults in the environment had to interact with the children to wipe their noses, zip their coats, show them how to use a scissors, accompany them to the toilet, etc. Fundamentally, it can also include hugs, tickling, holding, having a child sitting on one’s lap, placing a gentle hand on the child when talking to them, which could also be seen in the behaviour of the adults – most frequently, however in SNA (2) and the teacher to a lesser extent. The teacher also scored a high mean for ‘Visual involvement’.
The teacher’s tone received a mean score of 4.10 which indicates that she often uses a non-assertive tone with the children. Notably, SNA (1) received a poor mean score in this item, achieving 2.00 – the lowest score of all the practitioners involved in the observation. This low score for ‘tone’ indicates that the SNA somewhat commanded the children to do things, she frequently ‘bossed’ them around and used asserting control over the children and their activities. The researcher is not surprised that the SNA achieved this score in this item.

Interestingly, the lowest mean score obtained by the teacher in Group Two was on the ‘Child Directedness’ item, indicating that this teacher also demonstrates a need to be in charge of the activities, telling the children what activities to engage in, or how to use materials, and explicitly stating what the children are to produce.

The children in this environment were never given any choice on what activities they could play with or work with. Teacher always made the decision.

Figure 5.35 presents an overview of the average results for both the SNAs and the Teacher in Group Two.
Figure 5.35: Average results for both the SNA's and the Teacher in Group 2 according to The Affect scale

Factors

- Activity Level
- Positive Expression
- Negative Expression
- Visual Involvement
- Physical Responsiveness
- Emotional Responsiveness
- Consistency of Interaction
- Responsiveness Towards Children's Interests
- Child-Directedness
- Tone
- Inclusion In Activities
- Teaching Specific Skills
- Developmental Appropriateness

Average Grades received for:
- SNA 1
- SNA 2
- Teacher
The teacher in Group Three, however, achieved high means for the majority of the items. The highest (5.23) was achieved for ‘Responsiveness towards children’s interests’, indicating that this teacher tended to engage in activities related to the children’s interests and building on activities in response to children’s questions and comments. Again, this teacher obtained a very high mean score for ‘Visual Involvement’ with the children. The lowest score this teacher obtained was 2.87 on the ‘Child Directedness’ item and, while it is this teacher’s lowest score, it is in fact the highest score achieved by all the practitioners in this item, indicating that out of all the practitioners observed, the teacher in Group Three is the one least likely to demonstrate a need to be in charge of the activities. Indeed, this teacher quite frequently allowed the children to make decisions and allowed them to explore an activity on their own before explaining anything to them.

This ‘have a go’ or ‘have a guess’ is an important component of the Revised Curriculum 1999. Additionally, the SNA in this environment received high scores in the majority of the items observed in the affect (refer to Fig. 5.36 for average results for the SNA and Teacher in Groups Three and Four).

The teacher in Group four (integrated Gaelscoil) also obtained many high scores on the ‘affect’, the highest of which was observed in the ‘Activity Level’. This is not at all surprising as this teacher was always getting materials for the children and, indeed, putting in the mental and/or physical energy to maximise activities to meet the children’s needs. In this item, the focus was on the energy the teacher exerted to keep the children interested, such as asking and answering questions and supplementing the activity.
Figure 5.36: Average results for the SNA and the Teacher in Group 3 according to The Affect scale
The lowest score in this item was seen in Group One's teacher. While her score is not particularly low at 2.83, it does indicate that this teacher was the one who exerted the least energy to meet the needs of the children, as evidenced by being stationary (usually sitting at her desk) and only having limited interaction with the children who approached her. While at the end of the day a teacher could be seen to be running about cleaning her desk and straightening her room, this was also scored at the lower end of the scale as it did not usually involve interaction with children.

The SNA in Group Four also achieved a high mean score (4.43) for 'Activity Level', indicating that both the SNA and class teacher in Group Four are exerting much energy to meet the children's needs.

Noticeably, the class teacher scored a high mean score for 'Consistency of Interaction' (4.20). This is significant since it indicates that the teacher treats all children the same and behaves in a consistent manner across activities or days.

The teacher who scored the lowest mean score on this item was found in Group One (2.80) which signifies that this teacher can be inconsistent with her interactions with the children. Overall, however, the lowest score for this 'item' across all practitioners was found in Group Two's SNA (1). This is hardly surprising to this observer as this SNA frequently exhibited inconsistent interactions towards the children. For example, on numerous occasions, she would chat and laugh with a particular child about going to the 'pub' and getting 'drunk'. Then, on other occasions, she would verbally reprimand the child for discussing such 'nonsense' which, undoubtedly, left the child confused.

'Physical Responsiveness' was the highest mean score obtained by the SNA in Group Four, denoting that she interacted frequently with the child that involved some
form of physical contact. The teacher usually spent her time interacting on a one-to-one basis with the child she was ‘assigned’ to, i.e. the child who presented with Down’s Syndrome.

Figure 5.37 presents a graph of the average results for the SNA and the Teacher in Group Four, according to the ‘Affect Scale’. When looked at in terms of a single construct, the average ‘affect’ scores present interesting findings. Figure 5.37 presents the average points, according to the ‘Affect Summary’ of all teachers and SNAs. From this graph it is perceptible that the SNA in Group Three (integrated) received the highest average point (4.379) which was closely followed by the scored achieved by the class teacher in Group Three (4.323). The SNA in Group Four achieved the third highest score on the ‘Affect Scale’ (4.310), while SNA (2) in Group Two achieved the fourth highest score.

The teacher in Group Four (integrated Gaelscoil) also achieved a high mean score, resulting in 3.703, while her counterpart in Group Two (segregated) received a lower score of 3.677. Markedly, the lowest scores overall were received by the SNA (1) in Group Two who scored 2.854 while the class teacher in Group One scored the lowest mean at 2.487. Table 5.29 presents the ‘Affect Scores’ in order of highest score obtained:

Table 5.28
Summary of the ‘Affect’ Scores for All Groups

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<th>Group</th>
<th>Score</th>
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<tr>
<td>1</td>
<td>SNA</td>
<td>Group 3</td>
<td>4.379</td>
</tr>
<tr>
<td>2</td>
<td>Teacher</td>
<td>Group 3</td>
<td>4.323</td>
</tr>
<tr>
<td>3</td>
<td>SNA</td>
<td>Group 4</td>
<td>4.310</td>
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<tr>
<td>4</td>
<td>SNA (2)</td>
<td>Group 2</td>
<td>4.205</td>
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<tr>
<td>5</td>
<td>Teacher</td>
<td>Group 4</td>
<td>3.703</td>
</tr>
<tr>
<td>6</td>
<td>Teacher</td>
<td>Group 2</td>
<td>3.677</td>
</tr>
<tr>
<td>7</td>
<td>SNA (1)</td>
<td>Group 2</td>
<td>2.854</td>
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<tr>
<td>8</td>
<td>Teacher</td>
<td>Group 1</td>
<td>2.487</td>
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</tbody>
</table>
Figure 5.37: Average results for the SNA and the Teacher in Group 4 according to The Affect scale
Figure 5.38: Average points according to the Affect Summary of All Teachers and the SNA's
APPENDIX A30

REPORT ON THE

CPSCS, T-CRS AND QUESTIONNAIRE

Background:

In the analysis six tests. Test One, the TCRS has four independent divisions:

- Peer Social
- Behavioural Control
- Assertiveness
- Task Orientation

The other test was the CPSCS and, finally, the independent test carried out by Ms Judith Butler, were used to determine the social competency of n = 68 children who were blocked into four classes, each with different number of children.

Let class mainstream = Group One = G1
Let class segregated = Group Two = G2
Let English-speaking, integrated = Group Three = G3
Let Irish-speaking integrated = Group Four = G4

Results:

1. TCRS Task Orientation.
   - When analysed it showed that the average points of G1 and G2 decreased from Year One to Year Two, whereas G3 increased (Fig. 1) even though G4 decreased, the reduction was not as severe as G1 and G2.

2. TCRS Behavioural Control
   - These results showed the same results as (1) above, however G4 showed an increase rather than a decrease, i.e. G1 and G2 decreased and G3 and G4 showed an increase (Fig. 20).

3. TCRS Assertiveness
   - Displayed the same result as (2) above (Fig. 3).

4. TCRS Peer Social
   - G1 again showed a decrease, however on this occasion G2 showed a slight increase, yet not as large as the increase demonstrated by G3 and G4 (Fig. 4).

5. CPSCS
   - This test also showed the same results as (4) above, again G2 showed a very slight increase from Year One to Year Two (Fig. 5).
6. Questionnaire
   • All groups showed an increase but G1 and G2 did not show such a vast increase as that demonstrated by G3 and G4 (Fig. 6).

The above six results were then analysed as a whole, i.e. the next result was to show the overall mean of all the scores for each group, i.e. TCRS + CPSCS + Questionnaire. This demonstrated that G1 and G2 showed an overall decrease and G3 and G4 showed an overall increase (Fig. 7). The average percentage of increase and decreases were then plotted (Fig. 8) and, again, the results showed that G1 and G2 decreased, whereas G3 and G4 increased.

Fig. 9 illustrates all six tests with the percentage increase or decrease from Year One to Year Two, as shown. G3 and G4 increase whereas G2 and G1 at times show an increase but predominantly demonstrate a decrease.

And, finally, the last test that was carried out was the t-test. The following comparisons were made:

   **G1 v G3 and G1 v G4**
   When the t-test was carried out for the above two tests it showed that the difference between G1 and G3 and G4 was highly significant at the 95% level.

   **G2 v G3 and G2 v G4**
   When these tests were completed, they showed that the difference between G2 and G3 was significant at the 95% level but not highly so.

**Conclusion:**

In conclusion, the children in Groups Three (English-speaking school) and Four (Irish-speaking school), which demonstrate an integrated learning environment showed that they have better social competency than their peers in Groups One (mainstream) and Two (segregated).

Therefore, children in integrated learning environments are more socially equipped than children in a segregated learning environment.
### APPENDIX A31

Mean Scores obtained by Teachers and SNAs on the TSRS

<table>
<thead>
<tr>
<th>Teaching Behaviours</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teacher</td>
<td>SNA (1)</td>
<td>Teacher</td>
<td>SNA</td>
</tr>
<tr>
<td>1. Redirects</td>
<td>3.27</td>
<td>3.03</td>
<td>3.87</td>
<td>5.37</td>
</tr>
<tr>
<td>2. Introduces</td>
<td>2.57</td>
<td>4.13</td>
<td>2.73</td>
<td>5.93</td>
</tr>
<tr>
<td>3. Elaborates</td>
<td>2.47</td>
<td>3.03</td>
<td>2.97</td>
<td>4.13</td>
</tr>
<tr>
<td>4. Follows</td>
<td>2.53</td>
<td>2.67</td>
<td>2.60</td>
<td>5.10</td>
</tr>
<tr>
<td>5. Informs</td>
<td>3.10</td>
<td>2.93</td>
<td>1.90</td>
<td>4.47</td>
</tr>
<tr>
<td>6. Acknowledges</td>
<td>2.43</td>
<td>1.67</td>
<td>2.90</td>
<td>3.97</td>
</tr>
<tr>
<td>7. Praises</td>
<td>2.53</td>
<td>2.43</td>
<td>4.73</td>
<td>2.83</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affect</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teacher</td>
<td>SNA (1)</td>
<td>Teacher</td>
<td>SNA</td>
</tr>
<tr>
<td>8. Activity level</td>
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<td>3.43</td>
<td>4.23</td>
<td>2.93</td>
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<tr>
<td>10. Negative Expression</td>
<td>2.63</td>
<td>2.23</td>
<td>4.40</td>
<td>4.23</td>
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<tr>
<td>11. Visual Involvement</td>
<td>3.80</td>
<td>3.40</td>
<td>4.70</td>
<td>4.50</td>
</tr>
<tr>
<td>12. Physical Responsiveness</td>
<td>2.57</td>
<td>4.80</td>
<td>5.00</td>
<td>4.70</td>
</tr>
<tr>
<td>14. Consistency of Interaction</td>
<td>2.13</td>
<td>1.80</td>
<td>3.70</td>
<td>3.17</td>
</tr>
<tr>
<td>15. Responsiveness towards children's responsiveness</td>
<td>2.50</td>
<td>1.77</td>
<td>3.27</td>
<td>3.20</td>
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<tr>
<td>16. Child-Directedness</td>
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<td>1.23</td>
<td>4.00</td>
<td>1.83</td>
</tr>
<tr>
<td>17. Tone</td>
<td>3.43</td>
<td>2.00</td>
<td>4.50</td>
<td>4.10</td>
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<tr>
<td>18. Inclusion in activities</td>
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<td>4.03</td>
<td>4.20</td>
<td>4.03</td>
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<tr>
<td>19. Developmental Appropriateness</td>
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<td>4.30</td>
<td>5.00</td>
<td>4.30</td>
</tr>
<tr>
<td>20. Developmental Appropriateness</td>
<td>2.90</td>
<td>2.40</td>
<td>2.87</td>
<td>3.23</td>
</tr>
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<td>Group</td>
<td>Role</td>
<td>Affect (Average)</td>
<td>1 Redirects</td>
<td>2 Introduces</td>
</tr>
<tr>
<td>--------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------</td>
<td>--------------</td>
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<td>SNA</td>
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<td>2.733</td>
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<tr>
<td>Group 3</td>
<td>Teacher</td>
<td>4.323</td>
<td>3.433</td>
<td>4.000</td>
</tr>
<tr>
<td>Group 4</td>
<td>SNA</td>
<td>4.310</td>
<td>3.800</td>
<td>4.233</td>
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</table>