

Exploring Ways of Enhancing the Social Functioning of Children with Special Educational Needs in a Mainstream Irish Primary School

This action research study examined ways to improve the social functioning, and enhance the social inclusion of some students with special educational needs (SEN) in a rural Irish primary school. A baseline of skills was established through assessment. An intervention was delivered on three levels – tertiary (individual), secondary (small groups), and primary (whole-class) and included training in non-verbal communication skills and relationship-building skills. An assessment of the effects of the intervention showed there was a marked improvement in the non-verbal communication skills of the three participants, a lesser improvement in their relationship-building skills and some improvement in their acceptance by their peers.

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INTRODUCTION

There is a considerable body of international research asserting that the development of healthy social functioning in children is essential for long-term positive personal and social development, and that it impacts on the quality of life and the fulfilment of potential for individuals (Crowe, Beauchamp and Catroppa, 2011).

In the past, despite teaching programmes which promote positive social interactions within a small, rural Irish primary school with multi-grade classes, some children with special educational needs (SEN) did not seem to acquire the necessary skills. For this researcher in her school signs of their social exclusion continued to be evident.

Initiatives to improve social skills included the establishment of a weekly assembly to share best practice, reinforce school rules, and acknowledge positive

behaviour. Teachers regularly revised school and classroom rules and several programmes were used in small group situations, such as *Socially Speaking* (Schroeder, 1998), *Talkabout Activities* (Kelly, 2003) and *Using Support Groups to Improve Behaviour* (Mowat, 2007). Positive social functioning was also promoted annually through class-based instruction in the *Stay Safe Programme* (Department of Health, 1991), in social, personal and health education (SPHE) (Department of Education and Science (DES), 1999), in drama (DES, 1999), in religion classes through the *Alive-O Programme* (Veritas, 2001) and through the school's code of behaviour. Other school based programmes to enhance the social inclusion of all pupils were set up, such as *Circle Time* (Mosley, 1996) and *Yard Wardens* based on *Steps Towards Effective Teaching* (Dinkmeyer, McKay and Dinkmeyer, 1980). However, despite all of the above efforts the social status of some children was observed to be poor. This became a source of distress at certain points for these children, especially for those with SEN.

FOCUS

This study set out to establish if social functioning in some children with SEN in Sixth class was adversely affected by deficits in their non-verbal communication skills. It aimed to ascertain if an intervention, designed around their needs, could be achieved in an Irish rural school setting and if this intervention would have a positive effect on the social functioning of the participants. The ultimate aim of the study was to explore ways to change the researcher's practice in relation to helping children with SEN to become more successful in their social functioning by:

- identifying the skills required for positive social functioning
- establishing how learning disabilities, which include difficulties in 'listening, reasoning, mathematics, speaking, reading or writing' (Norwicki, 2003, p.171) experienced by some children with SEN might challenge the development of these skills
- searching the literature for elements required in an intervention that has the best chance of success for children with SEN
- delivering an intervention comprising of those identified elements, plus others pinpointed by the stakeholders as important
- ascertaining if this intervention had a positive effect on the social functioning of three particular children with SEN.

METHODOLOGY

As well as identifying some deficits in social functioning that impinged negatively on the lives of the participants, the focus of the research was also on bringing about change in their lives through improving practice. It was concerned with giving them a voice and including them at all stages of the research. Therefore, action research (AR) was adopted as the best methodology.

AR is inextricably linked to values (Elliott, 1991), and values form part of the ontological stand of the individual working for the common good (McNiff and Whitehead, 2006). AR facilitated the collection of both qualitative and quantitative data while allowing the experiences of the participants to contribute to changes in practice (Elliott). AR is not only concerned with relationships between researcher and participants, but also between others involved (for example, class teacher, parents, critical friends) and with the social situation in which they operate (McNiff and Whitehouse, 2009). Therefore AR can be said to promote positive change through a collaborative approach (McNiff, Lomax and Whitehead, 2003) and to cater for professional development. Ethical issues such as informed consent, non-maleficence, beneficence and human dignity, respect, justice, privacy, confidentiality, safety, data access and ownership (Mertens, 1998; Robson, 2002; Cohen, Manion and Morrison, 2011) had to be carefully considered during the course of this research.

The research questions addressed in the study were as follows:

1. Can the skills required for successful social interactions be identified and assessed in some children with SEN in a small rural Irish school setting?
2. What particular difficulties do some children with SEN face when trying to master positive social functioning?
3. What intervention can best assist them in their school setting?
4. What impact has the intervention on their social functioning and social inclusion?

‘Purposive sampling’ (Cohen et al., 2011 p. 156) allowed the researcher to identify students with SEN whose experiences might contribute to the research, from a population accessible to the researcher on a daily basis.

Four participants with different diagnosed SENs, such as Asperger syndrome (AS), mild general learning disabilities (GLD), speech and language impairment

(SLI) and attention deficit hyperactivity disorder (ADHD) were initially invited to participate in the research. The student with ADHD declined to participate.

The research was carried out in five stages. At Stage One permission and informed consent were sought. Piloting took place at Stage Two, whereby participants were observed and interviewed and a diary was kept by the author. Participants were video recorded so that they might view themselves engaging socially. Stage Three (pre-intervention) involved structured and unstructured observations as well as sociometric measurement to ascertain the relationships within the class group and the position of the participants within that group (National Educational Psychological Society (NEPS), 2010). Interviews were carried out with the participants, some of their peers, their class teacher and their parents. Field notes along with reflections were recorded throughout. The intervention stage followed (Stage Four) and by Stage Five (post-intervention) the author was well positioned to evaluate the process by observing once more (structured and unstructured), measuring the position of the participants within the group using the sociometric measuring tool (Assessment 7) from the NEPS document, *Behavioural, Emotional and Social Difficulties – A Continuum of Support: Guidelines for Teachers* (NEPS, 2010) and interviewing those listed earlier. Reflections and conversations with critical friends assisted throughout this process.

LITERATURE REVIEW

The literature review did not uncover universally accepted definitions for the skills that contribute to successful social interaction, but the issues for attention could be broadly divided into cognitive and emotional areas. The literature asserted that many children with SEN have significant difficulties with successful social interactions (Kavale and Forness, 1996) and also suffer from low self-esteem. Many of their learning difficulties lead to deficits in the skills required for successful social interactions, which can lead to peer rejection and poorer quality friendships than their peers without SEN. Thus, loneliness and anxiety can be common features in children with SEN (Pavri and Luftig, 2000).

The literature also conveyed that interventions needed to incorporate work on cognitive and emotional skills if they were to be effective in the long term (Lemerise and Arsenio, 2000; Cook and Oliver, 2010), and the most successful interventions worked on three levels, a whole-school approach, work in smaller groups and programmes tailored to the individual needs of the child (Magee Quinn, Kavale, Mathur, Rutherford Jr. and Forness, 1999).

ESTABLISHING PRE-INTERVENTION BASELINES

Data was gathered at three stages. Pre-intervention data collection established a baseline of social communication skills for the participants. The establishment of baseline skills showed both common deficits and individual deficits in social functioning for the three participants. Some of these deficits lay in areas of social cognitive skills (Bauminger, Edelsztein and Morash, 2005; Cummings and Kaminsky, 2008; Winner 2008) and some in emotional knowledge (Mostow, Izard, Fine and Trentacosta, 2002; Wight and Chapparo, 2008).

Baseline deficits identified for the participant with diagnosed GLD included a lack of understanding of the importance of appropriate distance, a well-kept personal appearance, turn-taking in conversation, initiating conversations and responding to the comments of others. The student's ability to regulate emotions was particularly weak and could be interpreted in the light of Wight and Chapparo's (2008) findings that proactive aggression can often be the chosen response of socially incompetent children. Bauminger et al. (2005) point out that from middle childhood onward children are expected to react to emotions in socially appropriate ways and failure to do so results in negative social consequences. This student received no nominations on the sociogram (NEPS, 2010) and although the researcher was unable to quantify feelings of loneliness, the participant was observed on several occasions with a sad facial expression and body language that suggested feelings of loneliness as described by Pavri and Luftig (2000).

Pre-intervention the student with AS, who also received no nominations on the sociometric test, showed deficits in appropriate facial expression and gestures, in starting conversations, judging appropriate distance and, particularly, turn-taking in conversation. Mother and teacher stated the student had no friends and mother also described great upset over small incidents that would be rehashed again and again at home. In school, teachers frequently had to mediate over incidents that occurred in the playground. The student also often displayed signs of anxiety, wearing large headphones in class when anxious and coming into school many mornings late because of anxiety attacks, migraine and nausea.

Pre-intervention, data showed the student with a SLI was popular (three nominations on the sociometric test), but Volden (2004) describes how the lack of skills necessary for successful social functioning can be missed in a child who has fluent and grammatically correct speech. These deficits appeared to manifest themselves in anxiety to please friends, even when their activities did not interest him or he knew they were wrong, in his reluctance to check for meaning in social

or academic situations, in his avoidance of taking responsibility in social situations, such as his involvement in low level bullying, and in his habit of withdrawing into himself when problems arose.

THE INTERVENTION

The author designed a twelve week intervention after consultations with the class teacher, critical friends and the students. The intervention focussed on implementing training in non-verbal communication skills with three participants through working with them individually, in a small group and working with the class. Each participant was seen individually each week and progress and needs were discussed. These discussions sometimes led to a change in direction for subsequent lessons, in class, with the individual or the group. The participants received instruction together once a week and had a chance to practise new skills within a small group once a week; SPHE lessons were delivered once a week to the class for the duration of the intervention.

It was decided to prioritise training in the following communication skills: eye-contact, facial expression, appropriate distance, listening skills, turn-taking (Cook and Oliver, 2010) establishing the interests/thoughts of others, taking these into account when conversing with others, identifying hidden agendas, theory of mind and perspective taking (Baron-Cohen, Leslie and Frith, 1985), central coherence theory (Frith, 1989) and personal problem solving (Cummings and Kaminsky, 2008; Winner, 2008). While many of these skills at first glance appear to fall into the category of cognitive skills (such as problem solving), some overlap into emotional skills, such as, being able to interpret cues about motivation (interests and thoughts of others), which in turn govern behavioural responses (Cook and Oliver, 2010).

The skills covered by the individual and small group intervention were drawn, for the most part, from Winner (2007) and those for the class from Mosley (1996), Barrett (2004) and the SPHE curriculum (DES, 1999). Over the twelve weeks, instruction was provided to the participants in specific non-verbal communication skills and recognition of social cues to the three participants. These skills were then practised in a small group setting. These sessions were videoed, viewed and discussed when it was deemed useful to do so. Watching recordings facilitated frank discussions, and frequently helped to decide where the next cycle of learning should begin. Lesson plans changed as issues arose that related to the learning experience or to inclusion by the class; for instance, one participant requested that we devote circle time to exploring the difficulties someone with AS has in communicating with others.

POST-INTERVENTION

Post-intervention data showed a noticeable improvement in the non-verbal communication skills of all three student-participants and some improvements in a number of other prosocial behaviours, for instance maintaining conversations. Other areas, such as spotting hidden agendas, showed less signs of improvement.

Post-intervention the student with GLD received one nomination on the sociometric measurement. According to Parker and Asher (1993) even one reciprocal friendship can balance the negativity of peer rejection. However, there were more gains for this student who, post-intervention, described feeling more included by the class, and her teacher observed a healthier dynamic between this student and the rest of the class. The parent did not report any change in the frequency of emotional outbursts at home, but such incidents had declined in school. There were some indications of improvements in this student's personal appearance, turn-taking in conversation, initiating conversations and responding to the comments of others; some improvement in the student's ability to understand that others can have different but equally valid thoughts and opinions. Problem solving strategies continued to be weak, which concurs with Bauminger et al. (2005) who found that children with learning difficulties generated fewer solutions to social problems.

Post-intervention the student with AS still had difficulties showing his emotional response to social situations through facial expression and body language. However, reciprocity in conversations showed signs of improvement to the extent that he noted himself the importance of not talking too much. He received no nominations on the sociometric measurement post-intervention and his mother reported no friends outside organised activities for children with AS. However, his teacher identified strong indications of his improved acceptance by the class and his mother outlined a better attitude from him towards his peers. Mother and teacher also identified instances where he was beginning to see the perspectives of others and according to mother this was making a great difference to their home life and to his social contacts outside school. His teacher identified his improved listening skills as a boost to his social interactions and stated that she was hardly ever called in to mediate in disputes in the playground post-intervention.

Post-intervention the nominations on the sociometric measurement of the student with SLI increased from three to five. The student claimed to be able to '*read people better*'. His mother described him as being able to stay with conversations and being more interested in other people's opinions and thoughts and his teacher

noted the ability to check for meaning was new. Appropriate facial expression (Volden, 2004), perspective-taking (Winner, 2008b) and problem solving continued to be challenging for this student.

All three student-participants showed increased levels of oracy around the areas of social interacting, self-esteem, anxiety and friendship. The outcome observed seemed to be a sense of empowerment around their social behaviour that was not visible at the outset of the project. That is not to claim that because the student-participants felt empowered to verbalise issues related to their social functioning that it was easy for them to overcome challenges in the area. But the difference it made related to having the vocabulary to question the social choices they made or might make in the future, to question the outcomes they wished for and the responses likely to elicit those outcomes and to rehearse generalisation of skills learned post-intervention.

DISCUSSION

In the opinion of this researcher this intervention brought about more improvements in the social functioning of the student-participants than supports for these students had heretofore because:

- deficits in social functioning were identified through observations and interviews and the information was used to assist in the design of the intervention (Winner, 2007; Bauminger et al., 2005)
- the intervention was provided on three levels, primary, secondary and tertiary (Magee Quinn et al., 1999)
- the intervention was flexible (McNiff and Whitehead, 2006).

However, as stated previously, not all deficits addressed by the intervention showed improvements. In the opinion of this researcher certain changes need to be incorporated as well as those outlined above. For instance, parts of the intervention need to be delivered at a younger age. Joint attention skills develop early in life. Before four years of age most children can identify what their main care-giver is looking at and therefore thinking about (Winner, 2007). This skill is the fore-runner required for taking the perspective of another and in the opinion of this researcher the absence of this skill needs to be addressed on a tertiary level at a younger age. Several other skills need to be addressed at a tertiary level also, such as reading social cues from the facial expressions and body language of another, expressing one's own feelings and thoughts using only the face and body language, and skills for starting and ending conversations (Volden, 2004).

The intervention needs a longer timeframe than twelve weeks. This researcher contends that training, practice and over-learning on an *on-going basis* is offered to children with SEN to help them overcome deficits in academic skills, such as word decoding or reading comprehension or writing skills. Without such scaffolding and opportunities to practise these skills, children with SEN are unlikely to achieve their potential (Westwood, 2003). Future studies could ascertain the value of giving this level of support to interventions aimed at improving the social functioning of children with SEN, where difficult and abstract concepts are being learned, such as recognising non-verbal cues (Bauminger et al., 2005), identifying personal social goals and tailoring responses to take account of them (Lemerise and Arsenio, 2000), spotting hidden agendas or applying problem-solving strategies to social interactions (Winner, 2008).

Oral language lessons need to incorporate the vocabulary of success and failure socially. Oracy was an important tool that contributed to the success of the intervention in abstract areas, such as helping the student with GLD to manage emotions better, helping the student with SLI to see the effects of negative behaviour on others and helping the student with AS to recognise and respect the opinions of others to the degree that he could acknowledge he was not always right. Hence, in the opinion of this researcher, including work on aspects of positive social functioning in oral-language programmes is recommended. This is in keeping with the findings of Mostow et al. (2002), that a child's verbal ability relates to their problem solving skills, and that language is the chief means of connecting emotions and cognition.

To some degree the type of SEN and the individual personality types affected the degree to which the social functioning improved (Bauminger et al., 2005; Norwicki, 2003; Magee Quinn et al., 1999), but all three participants benefitted from the process as confirmed by themselves, their teacher, their mothers and some of their peers.

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