Aim
To investigate the social development of children with severe learning difficulties in special schools as compared with those in mainstream schools.

Summary of findings for this case study
- Children with severe learning difficulties (SLD) on a mainstream site showed an ability to work co-operatively and autonomously for up to 300% longer than their peers in a special school.
- They were able to form groups and pairs spontaneously, distinguishing appropriately between companions for work and recreation.
- They changed to a self-determined activity within an agreed academic range after completing a given task.
- They had a classroom-day over two hours longer than their peers in special schools, whose timetables are constrained by difficulties of movement and physical care.
- A comparable group in a special school were seen as being less mature than their peers and more dependent on adult help.
- They were given little responsibility for their own belongings and equipment, or opportunities to make choices, take risks or determine activities.
- They had a complex, individualised curriculum with frequent changes of activity and groups often determined by the least able in the class.

Analytic framework
The framework for analysis was a set of readily available indicators of social maturity:
- looking after belongings and equipment;
- working independently at a set task;
- maintaining appropriate work behaviour to finish a task;
- concentrating and avoiding distractions;
- choosing activities, food and personal care.

For analysis, these indicators were categorised as:
- the social maturity of the children;
- social relationships with the staff;
- attitudes and practices of the staff;

Staff were asked to comment on these indicators and to anticipate educational outcomes.

Classroom observation
Social maturity
Most noticeable were the duration and frequency of children working co-operatively at a set task. Most children on the mainstream (M) site managed several periods of 30 minutes, but in the special (S) school, intervention by the teacher was usually required after 10 minutes.

Spontaneous interactions between children were rarer in S. M Children paired or grouped naturally, choosing different peers for recreation and work. There were some highly co-operative interactions.

Appropriate self-employment between tasks was rare on S site. Children usually chose solo play with toys. Three children in S school exhibited uncooperative behaviour, and one on M site.

Opportunities for self-help and independence were almost never offered to the S children, while the M group had to look after their own belongings and tidy work materials. Both groups chose their food, but S children ate lunch in an appointed seat; the M children ate lunch with chosen companions.
“S staff had not considered that close personal relationships could restrict social development”

Playtime on S site presented few opportunities for organised, interactive or exploratory play, and children were not exposed to risk. M school play areas were more amenable to both active games and sociable chatting. Undirected interactions between children were frequent.

Social relations with staff
On M site there was a clear teacher-pupil relationship, with formal use of titles. The LSA was less didactic but still not maternal. Mutual respect was noticeable and children’s permission was requested before inserting their names into the story-time reading. S children called everyone except the headteacher by their first name.

Almost all the S children had physical contact with the staff during observations, for comfort, physical care, help with dressing, hand-holding or pats for praise. No M child had contact with the adults, although the close physical proximity was the same.

Practices and attitudes
The S school spent time on transport, physical care regimes, therapies and slower-moving members of the group, which reduced the classroom day to three hours and 20 minutes. The M school had five hours and 25 minutes of available class time.

Much of this difference was accounted for by the M children’s taking personal responsibility for moving themselves into, about and from the school - unaccompanied and with their own equipment.

Teaching activities were frequently interrupted in S school by changes to individual timetables, medical visits to the classroom, withdrawals for therapy and visitors. The M school established a practice of non-interruption during teaching time which delivered a clear message to the children on the priority of teaching and learning.

The M classroom language was more sophisticated. S laid much more emphasis on spoken praise; language was simple and direct, allowing for comprehension by the less fluent members of the class, and was often accompanied by signing. M language was more challenging; the following terms were used freely:

**Maths** take away, subtract, higher than, difference between, minus, total;
**Science** vitamins, vibrations, flexible;
**D&T** recite, recall, consider.

Staff impressions
Staff showed they were aware of the differences site placement made to education, particularly to the sensitive issue of outcomes at later Key stages.

Social maturity
All staff believed that children in special schools:
- were “quite a lot less” socially mature than mainstream peers;
- became more mature when included in mainstream schools, responding “quite dramatically to the behaviour of other children”;
- had a flexible curriculum, allowing time for extra interpersonal and social skills teaching.

Teachers initially said social immaturity was located in the disability. They then explained that it was probably caused by a lack of early social interaction and a more protected home situation.

“It can be both... they’re not given the same social interactive opportunities.”

“Parents probably expect less of children in a social sense... they don’t interact as much at pre-school.”

All agreed that adult expectations were a contributing factor, as were the atmosphere and structure of the school. Several declared that they made unconscious assumptions about social maturity which delayed development.

All recommended encouraging children to take responsibility for their own actions as a move towards maturity.

“Treat them age-related, and have expectations of their social and academic achievement, because I think we’re aiming too low”

Attitudes and practices
All staff interviewed agreed that special schools:
- had a family atmosphere;
- combined the roles of teacher and parent, resulting in some confusion for the child;
- treated pupils as if they were less mature and capable than mainstream peers;
treated children closer to their academic than chronological age
offered few opportunities for independence, self-responsibility and risk-taking;
made fewer demands on parents;
had attitudes and practices which affected outcomes, as they could be the deciding factor for senior school and post-16 placement.

Reasons for this were given as:
- the lower social maturity of pupils on entry;
- the lack of peer-group role models
- the influence of “Nursery Nurses” practice;
- calling staff by their first names;
- staff being unaware of the children’s true capabilities or potential;
- over-protectiveness in social situations;
- convenience - it is quicker to help than to wait for children to help themselves;
- the constraints of children with more severe difficulties in the same group.

S Staff considered the family atmosphere a bonus - a strong ethos of personal care appealed to parents. Unlike M staff, they did not consider it might cause delay in social maturity and independence. They assumed that social and academic levels were related. M teachers believed all children wished and had the right to behave like their peers; staff would facilitate this if a child were experiencing difficulties. Having peer groups for constant comparison raised the priority of social development as an educational outcome. They saw the children’s social capabilities in general as outstripping their academic ability.

Social relationships
Children in M school:
- had no role confusion; they saw staff as professionals, not family, and used titles;
- were cuddled if distressed, but “talking about the problem and helping sort it out” was usual.

On the S site:
- children were cuddled for reasons relating to social needs - “If they want it there must be a reason for it” and to “feel that someone really cares about them”;
- some were seen as needing “to have a close relationship with a teacher”;
- children were touched all the time, although “part of the staff training should be about how we handle children... is it always necessary?”;
- staff: “We’re like an extended family.”

S staff had not considered that close personal relationships could restrict social development; M staff were sensitive to establishing a professional relationship and valued their role as teachers.

“Whose needs are you satisfying?”

“Would I like someone to do this to my own child... or even to me...Sometimes in special schools, [they] do things to children that they wouldn’t like done to themselves or to their own children.”

“Maybe they need [cuddles] in mainstream and don’t get it because people have different perceptions of what touching a child is.”

Outcomes
Teachers who had given educational outcomes full consideration were adamant of the importance of social maturity in the following areas:
- Choices of senior school or access to employment and FE. It has “quite a lot” of influence on choice of secondary school and ability to cope.
- Children who transferred successfully to M were “socially mature although they may have been slightly less academically able.” “They can cope socially and ask for help at an academic level.”
- Socially mature young people were “more likely to find jobs” even if “academically behind”, “Over the years... it has always (been) a real worry for us.” “We’ve never got this right.”

Teachers also commented:
- Professional concerns invited them to treat children closer to their academic ability.
- Close physical care activities for older children maintains attitudes “we’ve normally left behind with infants. We still carry the idea of them as babies.”
- Different adult roles became blurred by extended care regimes, delaying secondary socialisation where distinctions between home and school fall into place.
- Children with SLD, included in mainstream schools at whatever age, change their social behaviour. “There’s no other factor: They came on by leaps and bounds almost the minute they walked through the door of M.”
“They’ve got more choices.”

“If we haven’t encouraged them from the earliest opportunity to take responsibility... to learn the hard way, then I don’t think we’ve done them any good service.”

About the project
This study looked at Key Stage 2 children with SLD in two Oxfordshire schools with a long-standing integration link. Staff were invited to comment on how a range of observed classroom practices might contribute to the development of social maturity and affect education at Key Stages 3 and 4.

The sample
Six children were selected from a larger class group on each site. They were:
- all on the role of the special school;
- supported by its staff;
- matched for age, gender, ability, levels of learning difficulties and sensory impairment.

Methods
Structured, timed observations took place during lessons and lunch and play periods. Field notes were collected to set the data in context. Teachers, LSAs and headteachers on each site were interviewed.

Further reading
Tomlinson, S., The Social Construct of the ESN(M) Child, Special Education.

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