Transition, inclusion and partnership

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Transition, Inclusion and Partnership:
Child, Parent and Professionals Led Approaches in a European Research Project:
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Abstract:
This paper utilises qualitative and quantitative findings from the FIESTA (Facilitating Inclusive Education and Supporting the Transition Agenda) project that carried out a survey of professionals and focus groups/interviews with parents and children to understand the context of transition, inclusion and collaborative working. It contrasts parent, professional and pupil views of different approaches to transition for pupils with additional support requirements in the partner EU countries of the FESTA project (Bulgaria, Cyprus, Greece, Ireland, Netherlands, Romania, Catalonia/Spain and the Scotland/UK).

Transition from pre-school to primary school and primary to secondary school is a period where professionals begin to meet and exchange knowledge. Although many significant developments have taken place, transition remains very challenging for European countries. This paper differentiates between professional, parent and child led transition and analyses different transition practices to make recommendations on how we can move beyond rigid approaches to inclusion, shift power relations in service settings and enable approaches to transition to become more flexible, participatory and inter-relational.
Introduction
This paper draws from the FIESTA (Facilitating Inclusive Education and Supporting the Transition Agenda) EU Life Long Learning Programme Comenius research project that aimed to examine examples of best practice in transition of children with additional support requirements to mainstream primary and secondary schools in 8 EU member states (Bulgaria, Cyprus, Greece, Ireland, the Netherlands, Romania, Catalonia/Spain and Scotland/UK). The paper briefly discusses key questions from the literature is separated into three sections that before discussing professional led, parent partnership and child led transitions it and concludes that child led approaches differ from other approaches children could be enabled to take more proactive roles during the process of transition by connecting concepts of disability and childhood, promoting rights based-working and recognising the capabilities/expertise of children, parents, communities and professionals but this would require a shift in the perspectives of some professionals and parents.

Methods
The FIESTA project employed a mixed method approach including: an online survey of professionals; focus groups with a sample of survey participants; interviews with parents; and interviews with children. The online questionnaire generated a total of 578 responses from a wide variety of professional roles. 72% of respondents were female and 28% were male. 1% were aged 20 or under, 14% were aged 21 to 30, 31% were aged 31 to 40, 31% were aged 41 to 50, 21% were aged 51 to 60, 2% were aged 61 or over. 20% had 0 to 5 years, 25% had 6 to 10 years, 15% had 11 to 15 years, 12% had 16 to 20 years and 12% had 21 to 25 years and 16% had 26 years or more experience.

Focus Groups
A sub group of the survey participants who completed the online questionnaire were invited to attend 18 focus groups. Each country was set a target of having 20 professionals attend focus groups. Each country either met or went beyond their specific target resulting in a total...
of 173 professionals being involved in the cross European focus group sessions. The number of participants in specific focus groups ranged from 5 to 19 participants. The demographic details of the focus group participants can be seen in table 24. Overall we see a larger number of primary teachers (57) participated in the focus groups than any other group.

[Insert table 24 here]

**Child and Parent Interviews**

Partner country research teams were also required to conduct a minimum of 2 interviews with children and parents from pre-primary to primary and a minimum of 2 interviews with children and parents who had transitioned from primary to secondary educational level. A reporting template was used for both the focus groups and the child and parent interviews. Across all of the partner countries a total of 34 parent and child interviews took place. The participant number for each country can be seen in table 32. Children and parents were interviewed at a range of stages of the transition process including before, during and after.

[Insert table 32 here]

Difficulties arise in Europe-wide research concerning different meanings, traditions and cultures of research. For example, different countries have different ethical traditions regarding the collection of personal information such as school academic achievement (Borket and De Tona 2006). Within every partner country an experienced researcher was identified to conduct the focus groups and parent and child interviews. The focus groups and interviews were deliberately targeted at participants who had experienced or were experiencing transition from and to settings that were self-identified as strong on inclusion. To ensure consistency and quality across the partner countries a cross-national literature review was carried out to identify differences in terminology and each researcher participated in two online training sessions on research methods that were developed and delivered by experienced university led researchers. It should be noted that though high quality data was generated in each country, cultural differences meant that the depth of data varied between countries. The focus groups and interviews were deliberately targeted at participants who had experienced or were experiencing transition from and to settings that were self-identified as strong on inclusion.
Researchers have been critical of European cross-cultural research that lumps all respondents from one country or culture into one category and generates grandiose claims about that country (Borket and De Tona 2006). Hence, our paper is limited to describing the findings that we have identified concerning locations that believed themselves to be strong on inclusion in different EU countries and is not in any way representative of each country. In reporting the quotes of participants we have stated the country and respondent type, we have also occasionally indicated where a specific discourse, practice or academic argument came from, however, this should not lead the reader to draw conclusions about a specific country. We have also limited the amount of demographic information that we have provided on the grounds of confidentiality and to avoid potential identification.

**Data Analysis Process**

Data analysis involved converging numeric with non-numeric analysis by cross checking quantitative survey findings with qualitative interviews/focus groups (Glaser & Strauss 1967; Charmaz 2006). By doing so, not only were we able to explore in greater detail issues regarding pupil transition but we ensured that the voices and needs of individuals which may have been under represented in just a survey, were also clearly heard. In recognition of the inexact nature of the responses and to avoid universalising the data (Riessman, 2003), we used a process of constant comparison of data from various sources (survey, focus groups and interviews) and sought out contradictory responses (Rapley, 2007). The final project report compares the qualitative and quantitative data; however, this paper specifically focuses on the qualitative findings related to inclusion, transition and partnership. Hence, our construction here is particularly focused on data where we posed the question, ‘who led the transition process?’ In this sense, our paper is a very limited snap shot of a much broader process.

Frost (2009) tells us that we have to balance the need to let data speak for itself with the need to unpack the meaning of, for example, quotations. He argues that in order to understand practice we have to consider practice within the context of: ideology (value, conflict & different approaches), politics (decision and power) and economic realities, (resources and hard indicators). This paper considers the findings from the qualitative data in relation to current themes and contexts highlighted in recent research in the field, in relation to themes that emerged from the quantitative survey and in relation to recent research.
The project data was initially analysed by one of the three authors using a general narrative and thematic ‘coding’ framework. This produced three broad themes concerning structures, concepts and relationships of transition that we discussed with each other in order to agree terminology, sub-categories and specific meanings. The thematic framework for the overall project analysis involved both inductive and deductive analysis and emerged from comparison of the qualitative data with a variety of other sources; some rigid (e.g. statistical data), some structured (e.g. themes from previous studies in the field) and some fluid (narratives that emerged in interviews). Our broad theoretical framework for the analysis was informed by a literature review carried out at the start of the FIESTA project (Davis et al. 2012), which helped us to roughly define key concepts in the field but it was also greatly reconstructed post-fieldwork based on the issues that emerged from constant reading and re-reading of the qualitative data by the three authors of this paper. Meetings were held to consider our interpretations and to better understand each other’s perspectives.

Our approach was subjective, yet, rigorous and led to different types of outputs with different insights into the fluid and context specific nature of respondents’ experiences. This paper concentrates on one area that emerged from general inductive analysis concerning how concepts of inclusion, participation and power, operate with in practices of professional, parent and child led transition. This paper, in engaging with the political context of transition, cannot be separated from our own pro-inclusion position and our history as proponents of disabled children’s rights, yet, because the key themes in the paper were generated ‘bottom up’ the paper acts to challenge those existing stand points in ways that move our thinking on.

**Key Questions From The Literature:**

At the beginning of the FIESTA project an extensive literature review was carried out that interrogated the different concepts, terminologies and practices utilised in the different countries of the project (Davis et al 2012). This section only has time to restate the key questions from the literature review that are important for this paper and readers are encouraged to access the full literature review which appears on the FIESTA web-site. The literature review, in keeping with Meegan & MacPhail 2006, concluded that inclusion is dependent on national context, local variability and international influences but it also recognised that specific UK authors such as Ainscow and Booth had influenced developments in several of the countries of the project.
Ainscow and Booth (2003; 2006) critiqued notions of ‘integration’, where disabled pupil’s are expected to adhere to pre-established systems and process. They defined ‘inclusion’ as the fuller and equitable participation of disabled students within curricula, settings and communities. Similarly, literature in Ireland, Spain and Romania has associated positive transition and inclusion with ‘communities’ where everyone is included and practice recognises the intersection of issues of age, gender, sexuality, ethnicity etc. (Meegan & MacPhail 2006, Davis et al 2012; Vrasmas and Vrasmas 2007); Such writing raises questions concerning how we can restructure culture, policy and practices so all involved in the education of children responded to the diversity of students’ requirements. It also raises questions for this paper concerning who’s views are given credence, who is enabled to adopt leadership positions, whether there is collaborative problem solving and what concepts underpin decision-making during process of inclusion and transition (Davis and Deponio 2013, Davis et al 2012, Allan 2010, Kinsella & Senior 2008, O’Donnell 2003).

The literature differentiates between various concepts including: the social model of disability which highlights the need to remove structural barriers to inclusion (Barnes 1991), strength based/social justice perspectives that encourage us to recognise the capabilities of children, families and communities (Dolan 2008) and medical and child development models that concentrate, in less contemporary ways, on measuring the inabilities of young and disabled children (Alderson 2000, Shevlin et al. 2008, O’Donnell 2003). The literature review highlighted tensions between practice based on concepts of equity, intersectionality and social justice and more technical rational approaches to transition that aim to: enable earlier process of dialogue, produce more effective accessibility planning and allow for greater mobility (Davis et al 2012, Green 2008).

The literature review also contrasted medical and child development models of transition that argue transition is a innate part of child development, a naturally stressful time and characteristically always involves a sense of loss with writing on contemporary childhood studies and early years creative pedagogy that suggests that children of all ages can be involved as collaborators, designers and leaders in educational process to ensure that education systems are more considered, do not always create stress and enable children to lead the resolution of their every day issue (see Davis et al 2012).
The tension between these different ideas of inclusion and transition is explored in this paper in relation to the way in which professional conceptual starting points help or hinder participatory and child-led practices of transition.

Findings:
In general, effective transition processes were characterised as involving participation, partnership, cooperative structures, strong planning, trust and clear communication. Three different approaches to transition could be identified: professional led, parent partnership and child-led.

Professional Led Transition:
Professional led forms of transition were associated with professional expertise, training, qualifications and knowledge. For example an educational psychologist highlighted the academic and conceptual grounds for practice:

"First of all I’d like to mention that all our colleagues in this room have a solid theoretical basis and know the main elements of the psychology of children’s development very well. Everybody studied at university or at the pedagogical high school and has done lots of training courses. Everybody is well acquainted with the basic concepts related to a child’s development, its stages etc. We are experts in this field. Romania, Psychologist.

So you need also to train the teacher. He is in other words the maestro, the coordinator and the children are his band, meaning, this is why I rank the teacher role very high, he will destroy myths created at home or enforced and is responsible for the souls he has under supervision for anything. Greece, Teacher.

Such educational professionals tended to portray inclusion as a difficult concept and to expect disabled children to fit into societal routines, norms and requirements. Here, exclusion occurs not because of parent or child deficits nor because professionals lack training (those were locations apparently strong on inclusion) but because medical model based stigmatisation led to social-cultural exclusion and oppression (Barnes 1991). In a similar way to Mongon and Hart (1989) and Rutter et al., Maughan, Mortimore and Ouston (1979), we concluded that transition and inclusion issues related more to inappropriate systems, poor school ethos, a
lack of relationship building and ineffective teaching procedures rather than the inabilitys of pupils and parents.

Expert led processes tended to privilege professional perspectives over those of parents, ignore children’s views and promote strong age/stage related ideas that some children were too immature to be involved in decision-making:

A 12 year old is not fully capable of making a well-considered decision. But I do think that the parents are more capable of making the decision of what is better for the child. A 12 year old does not yet have the overall picture of what is better in the long term. Netherlands, Health Professional.

The older children can be involved in the IEP depending on their skill and their level of knowing that they have a special need. Ireland, Special Teacher.

These findings complement previous research by contemporary psychologists that has argued some professionals hold out-dated ideas and downplay and ignore children’s abilities, views, feelings, rights, creativity and diversity (Woodhead and Faulkner 2000, Burman 1994, 1996) that parents and children can find it difficult to develop trust with professionals and engage with educational organisations because systems of inclusion are unfair and unresponsive (Buran et al., 2009, Timmons et al., 2004, Reiss et al., 2005) and that argues exclusionary systems occur when specialist professional expertise is valued over the views, wishes and ideas of parents, children and front line staff (Davis and Deponio 2013, Higgins et al 2006).

Other research has argued that a combination of structural (professional hierarchy) and attitudinal issues (e.g. dated and disabilist child development ideas) lead some professionals to have low expectations concerning disabled pupils’ abilities (Alderson, 2000; Davis and Watson 2001). Such writing suggest that that parents and children can find it difficult to develop trust and engage with professionals/systems that are unfair, unresponsive and ignore their views (Davis and Deponio 2013, Buran et al., 2009, Higgins et al 2006, Reiss et al., 2005, Timmons et al., 2004). These professionals tended to hold out-dated ideas that have been criticised by contemporary psychologists for downplaying and ignoring children’s

The Maestro idea supported this research as it tended to view parents as not being capable of involvement due to social pressures or their lack of ability/expertise:

There are two types of parents. Some of the parents deny the problem, others are very cooperative. Our goal is to attract those who are un-cooperative. At first, we inform the parents, involve them in mutual activities, then we direct them to services outside the KG – such as day care centres for children with disabilities. The social status of the parent has an impact on their actions. Bulgaria, Kindergarten Teacher.

They (teachers) are the most qualified to show and prove to parents that they work with children… …Parents rarely get interested in the exact planning but they can easily see the knowledge children have acquired from the worksheets which are displayed on the walls, from what children say at home and from the trust they grant to teachers. Romania, Psychologist.

This approach failed to look at the reasons why parents did not engage with transition processes. In contrast a secondary teacher from Romania attributed parents’ non engagement to confusing changes in directives and systems that had shaken parents’ trust in teachers and schools. Here we see a clear division between those professionals who see a lack of parental engagement as caused by individuals and those who perceive it to be caused by systems. Research that focuses on systems highlights the requirement to remove societal barriers to inclusion e.g. inaccessible buildings, negative stereotypes, intransigent welfare rules (Oliver 1990, Morris 1991, Barnes 1991). Similarly, our project found that a professional focus on individualist and expert explanations diminished the potential for the child, parent and peer group to be involved in process of transition and down played the need for inclusion. Professionals did not promote parent or child led change because they saw it as their job to lead processes or viewed contemporary ideas concerning inclusion as risky:

Children’s self-esteem might decrease because they might see that they cannot keep up with their peers. Romanian, Teacher.
This example connected self-esteem with academic performance in a manner that failed to engage with the idea that all children (including disabled children) can contribute to school settings in a variety of ways and that self-esteem may be drawn from non-academic subjects in the curriculum.

Some professionals associated self-esteem with being with people of the same impairment type and used this idea to critique inclusion as idealistic:

I heard a pupil once (and that was also for me a revelation), who said, ‘oh I do not stand out at all here anymore’ when she was transitioned to special education after all. And that gave a whole other basis to function than the idealistic point of view that everyone must be able to function within inclusive education. The Netherlands, Secondary Special Education Professional.

This perspective which connected identity with impairment could be contrasted with the views of professionals and parents who identified problems with inclusion with the system of transition, a lack of communication and an inability to quickly shift resources to resolve issues:

At kindergarten, the system of transition and inclusion involves only the family and kindergarten. Unfortunately, there is no connection between kindergarten and school. When the child goes to school, the primary teachers do not know many things about him/her. In the fortunate case, as happens in our institutions, kindergarten and primary teachers work together to make this transition be easier. Romania, Teacher.

…it came to the school tour and that was including everyone in the class and I just remember going in the principal… I just rang her from home and said look… I said will they be able to get a wheelchair bus for [name]… and she (principal) said look I don’t think we will be able to get a bus. And I said well there are buses available and she said yeah but they are a lot more expensive and I said look to be honest with you it’s her ([name]) school tour it’s the first day out she has had this year and she wants to go. Ireland, Parent.

It was also suggested that problems occurred with transition and inclusion because of the relationship between different professionals. In Scotland this was connected to issues of professional status and there was a view that some professionals believed themselves to be
more expert than others and therefore did not believe that they need to listen to others such as professionals from early years settings.

In summary, general professionals were positive about inclusion and had experience of inclusion in each country, however, there were problems where professionals did not view children and parents as potentially active participants in the process of transition and utilised professional hierarchy to overlook the potential for parents and children to participate in processes of transition. An alternative, more inclusive and social justice approach would have recognised the capabilities of children, other pupils, parents and community members to develop their own methods of promoting inclusion. Professionals-controlled transition process required parents and children to fit into existing approaches. For example, in professional led settings only the parent would be invited to generic transition open days and there would be little advanced collaborative planning.

Parent Partnership Transition:
In contrast to the expert professional approach, some settings recognised the need to have appropriate systems of inclusion and to promote a parent partnership form of working:

We as teachers have to realize that parents are our partners and that we have to involve them in the educational process especially when we deal with a process of transition. We must always keep in touch with them, talk with them and find the best solutions. Romania, Teacher.

These professionals recognised the problem solving expertise of children and parents and questioned the idea that the professional is the sole expert (Davis and Deponio 2012).

Some professionals argued that parents of other children in the class should actively promote inclusion to their children:

We also try to develop good relationships among parents because when we have a child with disabilities in class, the other children tend to look on him/her differently. I think that parents should talk with their children about children with disabilities and encourage them to love and respect them. Romania, Psychologist.
These settings encouraged the child to communicate problems to the teacher or parents. However, it was not the child who ultimately led the transition process. Decision-making was firmly in the hands of the parents and teachers.

Many professionals who advocated a systemic approach to parent partnership were pragmatic advocates of inclusion:

*Is it fair I wonder to put a child with a moderate learning disability into a system without the right resources and maybe the right resources is a special class within the school and that doesn’t happen within all the classes…? As a promoter of inclusion of children with disability I would promote inclusion within the community but you have to be sensible about it as well.* Ireland, Early Intervention Educator.

Settings that children and parents identified as being good on inclusion where characterised as involving staff who had considerable experience of different strategies for inclusion and substantive training on inclusion. Such settings were also connected with clear processes of communication between staff and families. For example, there were examples in Greece, Cyprus and Ireland where early years, primary and secondary school staff showed ‘intimacy’, ‘interest’ and were treated ‘just like old friends’ who played a major part in alleviating the fears of the family:

*(They) helped very much to help us (achieve transition from pre-primary) adapt, no complaints, I have the best opinion for them.* Greece, Parent.

Some children associated inclusion with staff that knew how to do their job:

*there should be proper, to have proper teachers, for me this is everything, the ABC of things… I think it all begins from them teachers, from there on everything.* Greece, Pupil.

Many parents in these settings praised the significant contribution experienced early years, primary and/or secondary school educators had made to their child’s transition.

*Mr. [name] was very helpful, I mean thanks to him… my children came to this school in an inclusion class, because in this city we __ have no inclusion classes in public schools, in pre-primary or primary schools, when I found out the [name] school has an inclusion class although we don’t belong to the district the man did whatever possible to help, because he says __ these children need help starting out, I only have*
the very best words to say for those who helped us, but they helped me very much... I have the best I mean I don’t [small pause] I’ll have the best memories, thanks to them we’re making good progress. Greece, Parent.

Professionals and parents associated good partnership with the availability of a key worker who could coordinate planning and communication:

_That’s the big thing that’s lacking in transition. It’s imperative that there is a key worker. There needs to be one person pulling the parts together I feel that’s a big lack in pre-school to primary anyway I don’t know anything about primary to secondary._ Ireland, Early Intervention Educator.

However, one child in particular felt that their key worker should be proactive in their duties:

_Well, I also quite often went to my care coordinator about that door, so many times that I am fed up with it, because that door is driving me insane. He keeps saying that he did something about it, but nothing changes so then at some point I was just like forget it._ The Netherlands, Pupil

The above example indicated that, although a coordinator can play an important role in a child’s education, what really matters in a coordination role is how proactive he/she is in addressing the issues of the child and the concerns of the family. This finding can be connected with research that has argued there is a need for adequate time and appropriate opportunities to be available for staff to discuss issues concerning provision and to engage in collaborative problem-solving with parents and children (Kinsella & Senior 2008). It can also be connected to the idea that written information needs to be collaboratively improved to include specific information regarding accessibility, service availability and provision of support staff (Mollard 2003, Cavet and Sloper, 2004).

Parents associated effective planning and communication with child and parent-led activities (e.g. disability awareness/peer development), regular communication with professionals starting as early as possible in the process and information sharing networks in communities:

_We live near the school, we know other children who attend there and apart from knowing other families, the key worker was an important point to take into account for our son._ Catalonia, Parent.
They also believed that such settings promoted a value of inclusion a view echoed by staff:

*(The Ethos is) very positive in aspects such as the inclusion, the integration and the values that the school has, which are and were very important for us.* Catalonia, Key Worker.

Overall children and parents suggested that there was a need for more training for professionals, the creation of plans for the inclusion of all students in all activities, pre-transition disability awareness activities (with peers, other parents and professionals), a series of different (child led, parent led, professional led) transition events leading up to the move, clear educational plans/programmes and advanced planning/briefing.

Unlike the 'expert professional' approach the parent partnership approach understood that there was a difference between making the child change to fit into existing processes and changing the system to enable access for the child:

*In accessibility... I think that everything must be adapted so there will not be differences, everything should be done in statutory measures, so this will be inclusion and any special thing will be needed. Statutory measures should always appear.* Catalonia, Social Services Worker.

Participants who promoted a partnership approach utilised a more holistic approach to planning. Specific mention was made of ensuring that partnership and planning led to facilities aimed at supporting students with mobility needs, such as ramps, broad corridors, access handrails, classrooms located on the ground floor and adjusted toilets. For example, one child, argued successfully for her school not to have a carpet. Accessibility to the full range of curriculum areas was also important because children wanted to be included in a range of different social and curriculum activities.

*Children appreciated it when accessibility was given a high priority:*

*It’s grand like, they have a lift so it’s easy enough, it was accessible, and there was a girl before... so they adapted the school.* Ireland, Pupil.

However, the parent partnership approach tended to promote the idea that children should use adults as conduits for change rather than promoting the idea that children should be leaders of change:
Another stakeholder is a child him/herself. Children’s role is to communicate with both teachers and parents, to talk about their needs. In this way, teachers will be able to identify their special needs”. Romanian, Psychologist.

Often professionals who advocated parent partnership were unaware of the academic distinction between the concept of integration (being in the same space) and inclusion (experiencing equity of participation) (Booth and Ainscow 2000, Ainscow Booth and Dyson 2006). This meant that the partnership approach could sometimes promote teacher led integration after a process of consultation with parents and children rather than equity/inclusion based approach that put children at the centre of decision making:

*Teachers have an essential role in integrating (children) in the new school or in a new level of education, helping the child to interact with his or her peers and improving children’s self-esteem. Scotland, Primary Teacher.*

Such settings seemed similar to those of other research that were less good effective at analysing the power relationships between adults and disabled children; failed to shift cultures and lacked clear examples of social change (Kinsella & Senior 2008; O’Donnell 2003; Shevlin et al. 2008).

Some parents believed that only they should lead the transition process:

*The (early years) teachers take them for their first visit to the (primary) school to meet the new school. Whereas I think it should be the parent that takes them first to see the new school. Scotland, Parent.*

Yet others were critical of parent and/or professional led processes for excluding children:

*I just think they’re taking it now too far. They’re taking it away from the child now. It’s not child led. Scotland, Parent.*

This led to differentiation between the parent partnership approach and child led approaches – a distinction that some children were aware of:

*The current school acknowledge that it is proactive duty to serve the educational needs of us. As such it is committed to providing equal opportunities for us on accordance with the policy of the school. Ireland, Pupil.*
Processes of transition that involved the recognition of ‘equal opportunities’ issues tended to be more child centred and child led. Many people connected notions of equity with ideas of intersectionality (that disability intersects with gender, ethnicity, age, sexuality etc., when discrimination occurs).

Last year I had a boy who worked a lot here in the school, he washed the glasses and the dishes but he did not do anything at home. His mother was surprised about this inclusion when I told her; moreover, the first comment he did at class was that this kind of things are for woman. I did not know; this is girls’ job. Inclusion is difficult for the boys’ culture at home. Bulgaria, Teacher.

It must be noted that some professionals who adopted ‘professional expert’ led approaches to transition rejected more social and community based approaches to equity;

Inclusion should not be associated with aspects related to gender, ethnicity and age, but to each child’s particularities and needs and to the use of methods adjusted to his/her needs. Romania, Health Professional.

Yet, a professional in Romania who had worked with a lot of children from different ethnic backgrounds stated that “handling… these situations has been a very useful experience” that taught him “different things”. The finding that child led settings involved notions of intersectionality connects well with writing in Canada that encourages us to question Eurocentric/culturally prejudiced ways of working (Moore et al., 2005). It also connects with writing in Ireland, Spain and Romania that has: associated transition and inclusion with ‘communities’ where everyone is included (Meegan & MacPhail 2006, Davis et al 2012; Vrasmas and Vrasmas 2007); argued that educational settings should become community learning networks (Kinsella & Senior 2008); encouraged us to recognise that all students have strengths (Dolan 2008); and promoted the idea that everyone has unique abilities (Fulcher 1989).

Child Involved, Led and Peer Supported Transition:

Disabled pupils indicated disappointment when professionals failed to act on discussions with them:

Well, I also quite often went to my care coordinator about that door, so many times that I am fed up with it, because that door is driving me insane. He keeps saying that
he did something about it, but nothing changes so then at some point I was just like forget it. The Netherlands, Pupil

Research has suggested that the views of disabled pupils were often overlooked in processes of transition (O’Donnell 2003) and that processes of inclusion should be sympathetic to concerns of all the actors involved (-Allan 2010, Evans and Lunt 2002, Farrell 2001).

Children in our project, in contrast to the ‘expert professional’ perspective, believed that child led settings improved academic performance, led to quicker change and that such setting required professionals to be accepting of difference:

*They are very accepting over here and I find it incredible and I love it and I get good results.* Ireland, Pupil.

*There should be proper, to have proper teachers, for me this is everything, the ABC of things... I think it all begins from them teachers, from there on everything.* Greece, Pupil.

Children appreciated it when accessibility was given a high priority:

*It’s grand like, they have a lift so it’s easy enough, it was accessible, and there was a girl before... so they adapted the school.* Ireland, Pupil.

Specific mention was made of ensuring that partnership and planning led to facilities aimed at supporting students with mobility needs, such as ramps, broad corridors, access handrails, classrooms located on the ground floor and adjusted toilets. For example, one child, argued successfully for her school not to have a carpet. Accessibility to the full range of curriculum areas was also important because children wanted to be included in a range of different social and curriculum activities. Children differentiated between approaches that address technical issues of accessibility (where adults might take the led on auctioning agreed aims) and child-led approaches that enabled them to take on leadership roles.
Child led activities included taking part in buddy systems, leading social activities and doing presentations on inclusion. Such activities also involved joint visits with support professionals for example, a child in Ireland was supported by an occupational therapist, to go to a school and check if it was accessible and work with professionals in that school to provide them with inclusion criteria e.g. related to accessibility.

Social transition appeared to be easier where children’s nurseries and primary schools were located in the same local area:

\[
\text{Like they usually get older years to look after 1st years in my school (primary) where 1st and 5th years’ work together... And they just see how they are getting on through different games and stuff... like yeah a buddy system. Greece, Pupil.}
\]

\[
\text{My transition was not frightening, with the same kids we played in the neighbourhood, we were the same age, and exactly as we played, thus we went to school, so it was simply as we started to go to play, we didn’t realize we’re going to (primary school), we saw we could have a very easy transition all together. Greece, Pupil.}
\]

This situation was similar with children experiencing transition to high school:

\[
\text{When they go to the same junior high school with the same classmates that they had during primary school for them it’s just a natural procedure of advancing and going a class further, I don’t think that they... perceive it so much as a change or a difference. Greece, Teacher.}
\]

In contrast to notions of age and stage, children in early years settings were included in decision making processes in a range of settings and to do with a range of technical issues. This led them to develop a feeling of inclusion.

\[
\text{The teacher asked us for some features that they do not know... they were like asking... where they would locate a special bus and stuff like that so I do feel included very much. Scotland, Kindergarten Child.}
\]

Children who led processes of transition explained that they experienced very strong feelings of raised confidence. They found the process transformative for both their sense of identity...
and their outlook on life. A child from Ireland came to realise her potential following inclusive practices facilitated by the school:

I didn’t particularly like school in primary school but now I love it and now I see that there will be opportunities after I finish at school but whereas before I didn’t really see the opportunities I would get. Ireland, Pupil.

The same girl was also keen to help other children with transition, displaying a committed, energetic disposition to lead the process even further. Her statements are telling of the change in thinking that took place of the course of her life-time and between the two settings.

Children identified child led approaches with notions of rights, minimising the emphasis on impairment, adapting environments, evolving educational systems to children (‘rather than the other way round’, Scotland Early Years Setting, Child), allowing for differences, creating a common sense of belonging and building community based relationships. In particular children put forward a wish list to highlight the ways that they wanted to participate in educational settings. They wished: to achieve full inclusion in common activities; to experience equality; to learn new things, to participate with all other children, to be listened to and to be treated the same as other children. In so doing, children combined notions of connected inclusion to structures, concepts and relationships when defining inclusion. Professionals who promoted child led transition viewed inclusion as: the provision of equal rights to all, and as a process that required all stakeholders (children, professionals, parents, community members) to encourage everyone to participate:

The word ‘involved’ always comes into my head, when it comes to inclusion and without ‘involved’, I don’t think there is any inclusion … and I don’t see as a disability issue at all you know, well it is a disability issue but that’s how I would see it just as being well is everyone involved, you know are people included, are they interested, involved and part of it you know? Ireland, Teacher.

It was argued that an inclusive curriculum worked best when it had benefits for all participants. Respondents who had experience in developing inclusive curricula described the various approaches as including: adapting the mainstream curriculum; elaborating support collectively (support staff, class teachers and children); and developing appropriate additional practices. Professionals in some countries focused on delivering a flexible curriculum in the
mainstream setting, encouraging mainstream staff to take leadership roles and transferring knowledge from specialist to mainstream staff.

It is about the way we adapt the curriculum: the supporting teacher tries to adapt the curriculum to the child’s capacity having in mind the objectives envisaged over a long period of time, not necessarily over a school year but over the entire school cycle.

Scotland, Additional Support Teacher.

Professionals, parents and children associated inclusion with strong local relationships:

Another point that I want to make, which made it easier for me, was that my friend’s mom is my SNA (Special Needs Assistant) over in the school that I am in now and I got two SNA’s… and I am not exaggerating but they treat me like I’m their daughter which I find I’m really, really comfortable and I can talk to them like about anything within school if it’s bothering me. Ireland, Pupil.

Professionals associated child led approaches with notions of service integration and collaboration:

Thanks to the joint working of the teachers and the specialists the child with additional support requirements (are) accepted in the peer group and they do not notice they are with some special needs… and the other children support them.

Bulgaria, Kindergarten Teacher.

Children and parents had very positive views of joined up professional working and saw such relationships as beneficial, positive and functioning. A school principal in Romania argued that joined up working and thinking placed children ‘in the centre of… activity as main actors and developing appropriate educational strategies’. He suggested that learning spaces should be co-constructed by adults and children. This connected with ideas from a Scottish Nursery Professional who argued

Yeah, I believe it to be a child’s right, you know, inclusion for everyone but for adults as well. And...if we were doing a group experience or something with the children, we give the children the choice if they want to join in, you know. So it’s up to them if they want to be included or not. Just, you know, I have seen in the past, you know, everyone must gather at the same time for register or storybooks. But here we tend to
Scottish Nursery, Professional.

Such professionals associated child-led working with a flexible approach to pedagogy. They promoted social inclusion and social interactions of children, the need to balance specific/differentiated approaches with more generic community-based pedagogy and the requirement for specific resources to be provided for the inclusion process.

**Discussion:**

This paper set out to examine whether concepts of inclusion and transition influenced practice in the field. It has found that there are tensions concerning who is best placed to lead processes of transition. In some settings ‘strong’ working is associated with powerful professional experts who expect disabled children and parents to fit into their routines, norms and requirements, in other settings ‘strong’ working is connected to parent partnership and in others it involves child-led processes. This finding can be connected to literature that suggests that having conceptual clarity is as important as national policies (Davis et al. 2012, Meegan & MacPhail 2006).

This paper has illuminated the politics of local transition and inclusion. In particular, it has demonstrated that professional-led processes of transition involve professionals rejecting concepts of equality, intersectionality, participation and social justice. Such professionals have been described as promoting deficit views of childhood and enabling medical model-based stigmatisation to lead to social-cultural exclusion and oppression (Davis and Watson 2001, Alderson 2000, Barnes 1991).

In contrast, professionals that promoted parent partnership engaged with the social model idea that parents may not get involved in transition processes because systems create barriers to their involvement (Buran et al., 2009, Oliver 2001). This finding suggested that stressful transition and inclusion occurs not because of something innate to participants but because of the way it is planned and practiced, in a similar way to Mongon and Hart (1989) and Rutter et al., (1979), participants related stressful transition to inappropriate systems, poor school ethos, a lack of relationship building and ineffective teaching procedures rather than the inabilities of pupils and parents.
Children and parents tended to associate parent partnership and child-led models with: better trained professionals; the creation of plans for the inclusion of all students in all activities; pre transition disability awareness activities (with peers, other parents and professionals); a series of child led, parent led and professional led pre-transition events; clear educational plans/programmes; and advanced planning/briefing. This finding can be connected with research that has argued there is a need for adequate time, flexible pedagogy and appropriate opportunities to be available for staff to discuss issues concerning transition and inclusion and to engage in collaborative problem-solving with parents and children (Davis et al 2012, Kinsella & Senior 2008). It can also be connected to literature that argues that: generic transition information needs to be collaboratively improved; children/parents can take leadership roles in developing transition plans and materials; materials need to include specific information regarding accessibility, service availability and provision of support staff (Davis et al 2012, Mollard 2003, Cavet and Sloper, 2004).

The finding that professionals involved in parent partnership tended to down play the notion that children have a right to be mainstreamed demonstrates a difference between the conceptual basis of parent partnership and child led approaches. Child led working draws more from notions of childhood and disability that promote inclusion and participation as a right. In childhood studies such thinking encourages a holistic, flexible and politically nuanced approach to children’s services that recognises the capabilities of children, parents, communities and professional (Davis 2011, Dolan 2008).

Though children indicated a preference for child-led and informed processes it should not be assumed that adults should never take the lead in such process. For example, both parents and children argued that key workers could be very effective when they listened, discussed and then led the process of putting suggested changes into practice. In this sense, child-led process recognised the expertise of all participants to contribute to improved transition and seek to put the views, knowledge and abilities of parents and children on a par with those of professionals.

**Conclusion**

This paper has discussed concepts of childhood transition in a manner that contrasts professional, parent and child led approaches. It has rejected the idea that the innate
inabilities of parents and children make their involvement in transition troublesome. It has welcomed the development of partnership working in relation to planning, assessment and evaluation of services. However, it has also argued that such process should enable participants to analyse the local politics and power relations of inclusion if more equitable, child led and participatory approaches are to be enabled. In so doing, the paper has indicated that inclusion flourishes when it is connected to wider notions of social justice, intersectionality and equality and the recognition that all participants benefit when we enable children, parents and frontline professionals to collaboratively construct process of transition that recognise the expertise of the different actors involved. Our final conclusion is that children have a range of skills (including leadership skills) to offer processes of transition and therefore such processes and future research can and should be more concerned with better understanding the pros and cons of child-led relationship building, planning and change.

References:
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Farrell, P (2001) Special Education in the Last Twenty Years. *British Journal of Special Education* Volume 28 (1) p3-10


Green, A (2008) *Transition Of Children with Cerebral Palsy, PhD*, Edinburgh Napier University: Edinburgh


Oliver, M (1990) *The politics of Disablement*, Macmillan: Basingstoke


Table 1: Gender, Age and Years Worked of Survey Participant.

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<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Aged 20 or under</th>
<th>Aged 21-30</th>
<th>Aged 31-40</th>
<th>Aged 41-50</th>
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<th>Aged 61+</th>
<th>Worked 0-5 years</th>
<th>Worked 6-10 years</th>
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<th>Worked 16-20 years</th>
<th>Worked 21-25 years</th>
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<td>15%</td>
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Table 2: Demographic Information of Attendees at the Focus groups by Country and Profession.

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<thead>
<tr>
<th>Country</th>
<th>Focus of Transition</th>
<th>Early Years</th>
<th>Primary</th>
<th>Secondary</th>
<th>Senior Manager (Deputy or Head)</th>
<th>Resource/Specialist Teacher</th>
<th>Therapists</th>
<th>Psychologist</th>
<th>Social Worker</th>
<th>Other Health Professional</th>
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Table 2: Demographic Information of Attendees at the Focus groups by Country and Profession.

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Table 3: The Number of Children and Parent Interviews across 8 Partner Countries.

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