

# Engaging learners with Complex Learning Difficulties and Disabilities (CLDD).



Reviewed by Associate Professor  
David Dossetor

*The Children's Hospital at Westmead  
Area Director for Mental Health*

*Child Psychiatrist with a Special interest in Intellectual Disability*

## Engaging Learners with Complex Learning Difficulties and Disabilities (CLDD).

Carpenter B, Edgerton J, Cockbill B, Bloom T, Fotheringham J, Rawson H and Thistlethwaite J. Routledge: Abingdon, Oxon; 2015. [www.routledge.com/education](http://www.routledge.com/education). Aus\$75. Review by David Dossetor

**Commentary:** I have provided considerable detail on this book, as it represents an interdisciplinary and empirical approach to understanding and helping children and adolescents with complex developmental and mental health problems but starting from an educational framework. I am the first to acknowledge that understanding such kids is difficult and our approaches often need to be individualised. Innovative approaches that build developmental benefits are clearly of interest to all those that work with children with CLDD. It also strikes me the engagement processes are gaining in relevance in research processes to understanding ASD and other complex cases. The seven dimensions of engagement have a face validity. Certainly engagement is going to be central to any relationship, whether it is with the physical and conceptual world or the emotional and human attachment world. I

am reminded of a few children that come to my clinical service after enthusiastic treatment with Applied Behavioural Analysis (ABA), who have lost all motivation to engage. While recognising the evidence base for ABA, such a performance-orientated intervention may sometimes overlook engagement processes and even damage a child's capacity for engagement and motivation. A child's engagement is such an important early step in child development, which is so slowed up in children with CLDD.

This book gives an important overview in describing the way special education is changing in first world countries. For me it provides a methodical framework with principals of scientific enquiry that (special) educators and associated clinicians can work together around. This is an influential approach which is gaining currency but it remains an experiential/ individualised framework based on practice-based evidence rather than evidence-based practice (ie randomised or control studies). Yet, clinical activity with this population is so often limited in reliability and predictive validity. Perhaps the greatest contribution of this text is providing an approach for educators to develop advanced



skills in promoting child special education and development. The cheapest service development and progress for helping children with CLDD must be through individualised promotion, development and testing of expertise in schools, with support from child orientated community partners. As a guide to the education of the most difficult children it is a provocative and essential read.

### Introduction

This is the latest development from the CLDD group (Dossetor, 2012). Dame Philippa Russell leads the foreword quoting her 7-year-old autistic grandson: ‘it’s very difficult to be me, I don’t really understand myself; I don’t always know who I really am!’ That is: if we feel lost, it is likely the child does also.

Technology has created a new generation of children with special needs. All too often school experience is the lead-in to future rejection. Schools need to transform their responses to the learner from the standardised to personalised learning. Professor Michael Rutter said we need to understand how these children learn, and work collaboratively to enable resilient children. Resilience requires: a sense of self-esteem, a belief in one’s self-efficacy to deal with change and adaptation, and a repertoire of social problem approaches. For parents, help comes from unexpected places ... ‘it takes a village to raise a child’... with creative solutions and a can-do positive school ethos. This book offers a wide repertoire of problem solving approaches for schools with ‘partnerships of care’ with all professionals, which can create for many ‘a springboard for life’.

**Chapter 1:** Sue Williamson describes the approaches to children with **SSAT (The Specialist Schools and Academics Trust or The Schools Network) Ltd** CLDD led by Barry Carpenter as an inspirational piece of research, integrated with practice ([www.complexld.ssatrust.org.uk](http://www.complexld.ssatrust.org.uk)), developed by a multi-disciplinary research group. “Every child can succeed and needs to be fully engaged in learning” with new pedagogical tools. 4 themes are highlighted: dialogue with neuroscience, transdisciplinary approaches, student engagement with personalized learning, and partnership with families. The UK Special Educational Needs (SEN) and Disability Code of Practice 2015 enshrines CLDD project elements: integrated work across professions that promote choice and diversity for children and adolescents with disability and their families. SSAT focuses on our most vulnerable students. SSAT acknowledges a strong international collaboration centered across UK but including the Antipodes.

**Chapter 2: The Engagement for Learning Framework:** “we are guilty of many faults, but our worst crime is

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abandoning children, neglecting the fountain of life. A child cannot wait: to him we cannot answer ‘tomorrow’, his name is ‘today’” (Gabriel Mistral, Chilean Literature Nobel Prize winner). The project aims to explore and identify effective teaching and learning strategies for children with CLDD. This also includes a group whose needs fail to be recognised. Teachers say ‘I have never taught a child like this, especially in a mainstream setting, nothing works consistently’. These children include those: with premature birth, advanced medical interventions in infancy, parental substance and alcohol abuse, or rare chromosomal disorders. They may have co-occurring diagnoses, such as dyslexia, ADHD, tuberous sclerosis and ASD, compounded by sensory perceptual issues, exacerbating mental health problems or require invasive medical support such as supported nutrition, assisted ventilation and rescue medication. Stage 1: The project built expertise by identifying schools that showed excellence in SEN in ‘cognition and learning’, ‘communication and interaction’, ‘emotional and behavioral difficulties’ and/or ‘physical difficulties’. Stage 2: the approaches were trialed in other special schools in UK and internationally. Stage 3: the resources were trialed in primary and secondary mainstream schools.

The CLDD engagement for learning framework is downloadable from the SSA Trust website and includes: briefing packs, the **Engagement Profile and Scale** an observation and assessment resource; the **Inquiry Framework for Learning** starter questions towards learning solutions in 12 areas in: communication, emotional well-being and motor skills etc. Attention or engagement is the most important predictor of successful learning, even more than IQ. *Learning doesn’t take place without engagement for learning.* It is about constructing learning readiness, making knowledge, understanding and skills desirable so they ‘thirst to learn’. Engaged learning extends post-school chances and is in the gift of educators. Engagement is an umbrella of a group of related ideas: The Engagement Profile and Scale uses 7 indicators: **Awareness** (conscious response), **Curiosity** (thirst/desire), **Investigation** (activity to find out more), **Discovery** (light bulb moment), **Anticipation** (based from previous experi-



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# “Training parents to enhance children’s emotional literacy and social competences reduces aggression and strengthens literacy”

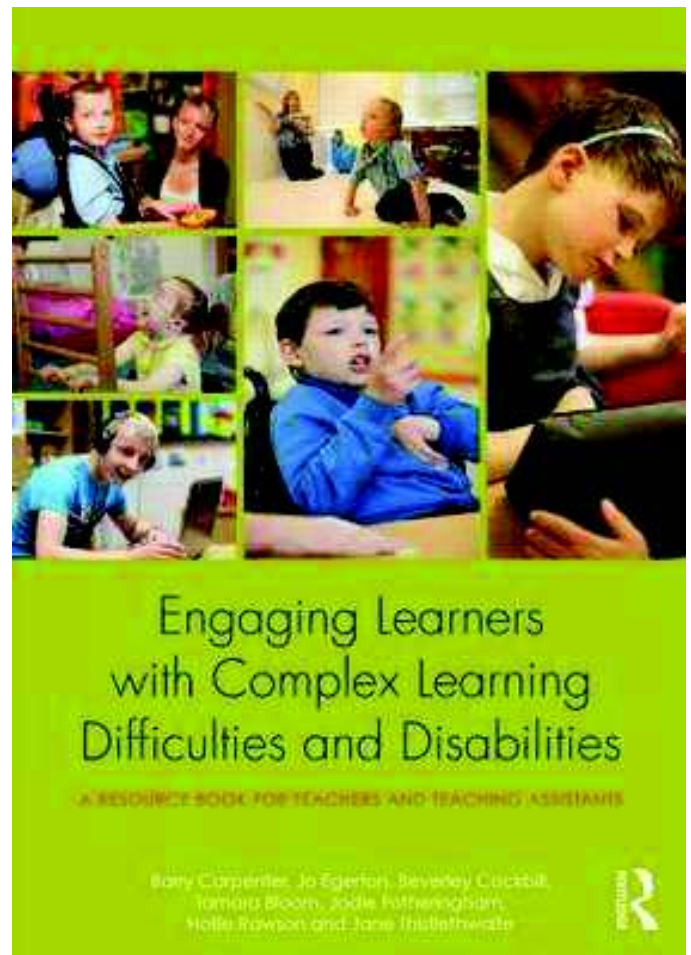
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ence), **Persistence** (determination), and **Initiation** (self-directed request or initiation). Can be scored 0-4 for each dimension and gives a total score of engagement out of 28.

Most hard-to-reach learners have some interest in or out of school. Others may be distracted by their environment and need reasonable adjustments. The book then looks at approaches to multiple perspectives to expand understanding which requires a culture of innovation and expanding inquiry, to construct personalised learning pathways: in this way children-who-fail can succeed.

We are facing a **new generation of children**: Despite the principal of equal opportunity of education, this century is meeting children with new profiles of learning needs, with children with ‘different brain functioning’. Michael Guralnick described: the cognitive development of 780 million children worldwide are affected by biological, environment and psychosocial conditions. In addition, the growing stranglehold on our children of poverty, violence and stress contributes to risk of disability. These contribute to the rise in emotional and disruptive behaviours. Training parents to enhance children’s emotional literacy and social competences reduces aggression and strengthens literacy. These skills can also be taught during circle time using child-sized puppets. Vulnerability may be the only unifying concept in this homogenous group driven by disadvantage, deprivation and disability. This increased complexity needs new skills in personalised learning. Susan Greenfields (Chief Scientist UK) described ‘the mind is the personalisation of the brain through unique dynamic configurations of neuronal connections, driven by unique experiences’. Frith added: ‘Education is concerned with learning and neuroscience in concerned with understanding the mechanisms of learning’ which needs ‘a pedagogical reconciliation’ through evidence-based innovative practice.

Research has consistently found that **Engagement in learning** is a primary reason why some schools are better than others. ‘Without engagement, there is no deep learning, effective teaching, meaningful outcome, real



attainment or quality progress’. Many educators see engagement as foundation for effective learning in children with disabilities. Teachers have to ‘penetrate the mask of disengagement’. Engagement is difficult to define but it involves ‘the intensity and emotional quality of involvement in learning’, not just time on task. Meaningful engagement involves a connection between a child and their environment for sustainable learning. Special needs children can’t do this for themselves.

The Engagement profile can be used dynamically to work out what will increase attention with what motivation. There are a range of examples: eg Harry with Mod ID, ADHD, OCD, ODD, speech and language difficulties. The Engagement profile indicated engagement only in cookery, and with the use of puppets, both of which were introduced to the classroom, and enabled wider communication through interest in what others were doing in the classroom, leading to participation in a wider curriculum. Alfie a 4 year old with profound and multiple learning disabilities with epilepsy and physical difficulties. Engagement profile showed he would ‘self induce sleep’ in class, especially during cooking lesson. He was animated with prosocial babble with the sound of pouring water. Excessive stimulation in the classroom and light and sound was overwhelming him. This led to a progression over weeks of: washing hands in a bowl, peeling a banana, mixing icing sugar, changing the sensory environment and his washing his hands in

the water each time he looked tired. This progressed on to communication with singing which led to making a banana sandwich, all leading to better engagement with teacher. Examples like these demonstrate how an examination of engagement and what a child likes to do led to better engagement in learning.

**Chapter 6** looks at the family's perspective on the life of their CLDD child with their own emotional, often traumatic, experiences, including the struggles of getting an educational placement to meet their needs and being held responsible for the behavior problems at school. Eg. Adam 7 year old, in mainstream school lacked a sense of social appropriateness. Engaging with the family the school found this to be secondary to birth prematurity and brain damage affecting his social skills and responded with pastoral mentoring, teaching why certain behaviours were unacceptable, instead of the previous negative disciplinary approach. Mencap reported that 8/10 families with a child with a disability are at breaking point. When we talk of parents as partners, in these families it can mean grandparents, aunts, siblings, neighbours and other agencies helping support the family. "In my son's twelve short years, I have dealt with 12 psychologists, 6 psychiatrists, 7 speech therapists, 3 social workers, numerous teachers, tutors and home support workers. Despite this array of professionals, he still ends up getting suspended from his special needs school and sent home to Mum: who else is expected to do the job nobody else can manage!?" Addressing family needs involves: inclusiveness with whole family; encouraging fathers' involvement; demonstrating listening and regular communication eg emails; providing opportunities

to meet; providing information; encouraging participation, eg in training staff. Many problems need tackling at home and in school, such as good sleep routines affecting school performance. Families usually know most about what interests their child has that can enable engagement. Partnership skills involve: active listening, prompting and exploration, empathic responding, summarising, enabling change, negotiating, problem solving. There is guidance on engaging 'hard to reach' families with special issues of feeling stigmatised, worries about confidentiality, problems of access, understanding disinclination to reveal themselves, as well as language and cultural issues and lastly persistence. Structured conversations can establish a shared narrative of a child's problems.

**Chapter 7:** "Collaborating with other professionals: together we can achieve more". Bringing specialist skills into the classroom can aid engagement and individualised learning; eg. training teaching assistants to work closely with a visiting allied health professional, who can provide the information conduit between professional and class teacher. An alternative is using computer aided teaching to bypass a language problem as a stepping stone to improved engagement, rather than his previous escape activities and disruptive behaviour. Success in a foreign language, Spanish, helped English and enabled a growth in self confidence that a pupil became able to read aloud in class. Transdisciplinary focus requires 'targeted eclectic flexibility' with simultaneous assessment of the child, intensive ongoing interaction between the professionals involved and role release to help one another deliver intervention. The pleasure of using music led a profoundly disabled





boy to develop a communication system with improved posture, eye gaze and pointing to learn cause and effect, and finally words with contributions from a physiotherapist, a music therapist and a speech therapist. With different degrees of professional knowledge and subspecialty skills, research skills can be brought to bear on a complex case: this requires an openness, a common language and room for ever further examination and enquiry to enable engagement.

**Chapter 8** ‘Mental health and children with CLDD: a ticking time bomb’ refers to the growing epidemic of childhood depression and other mental health problems. The British Medical Association reported a rise in prevalence from 10% to 20% of children with and without disabilities in any one year. The rate in children with learning difficulties is over 36%, or over 6 times more likely than in peers that don’t have a learning difficulty and they are likely to have multiple disorders. In mild ID it is 1/3 and below IQ of 50 it is 1/2. ASD is a major risk factor. For FASD it rises to 9/10. They suffer the same spectrum of mental illness, and yet they have the same right to positive mental health, which is a basis for a quality of life for all children. Wellbeing includes: self-esteem, optimism, a sense of mastery and coherence, the ability to initiate and sustain mutually satisfying person relationships, ability to cope with adversity, and belief in one’s own worth and of others. ‘The emotional wellbeing/mental health CLDD project development phase’ which looked at 59 children in 12 special schools, indicated a high level of educator concern. The children were categorised into 4 groups: those who received help from MH clinicians (9), those who did not but were in need of it (6), those whose behaviours indicated concerns about emotional wellbeing (EWB) (13), and those with no MH concerns (although medical problems may still be important). It is difficult to distinguish between EWB and MH. They often had more than one presenting problem and in up to 6 different areas. MH, ADHD and ASD were the three main difficulties identified in a mainstream school. A focus in engaging learning approaches improved MH and EWB in many cases often complementing the work that MH clinicians were doing. MH is still a poorly defined issue for many education staff who need sufficient knowledge, training and support

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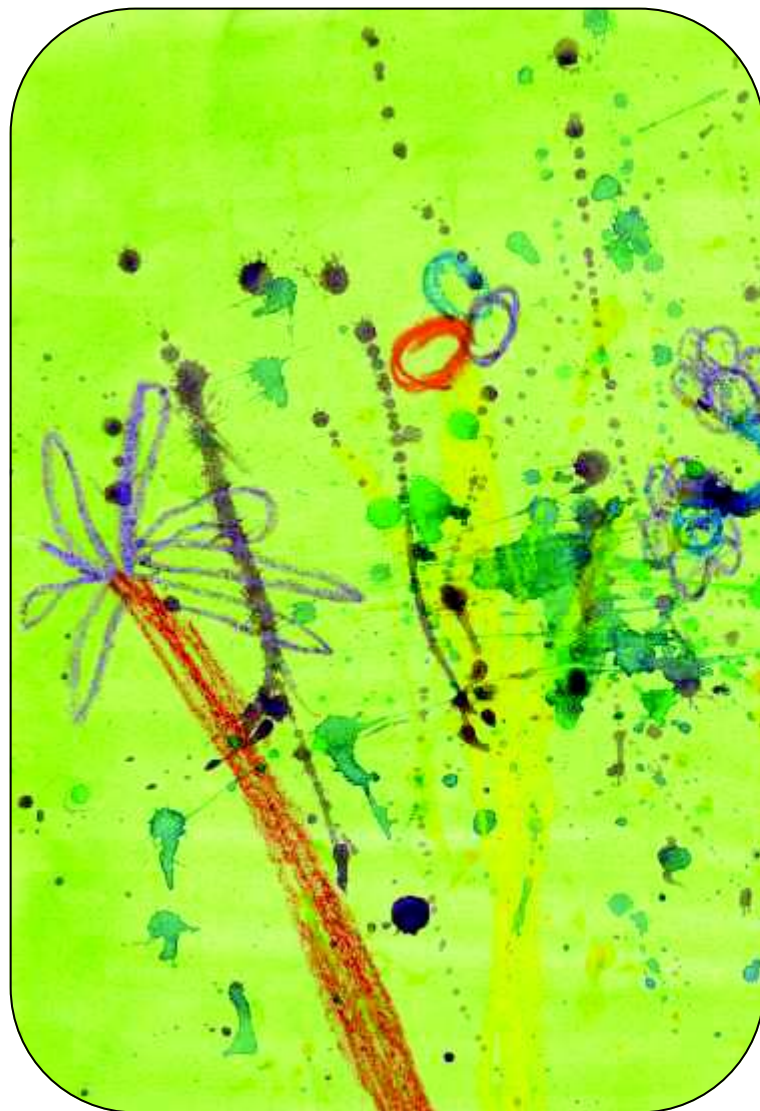
to: promote psychological wellbeing, identify early indicators of MH problems, and provide positive support for recovery from severe MH problems. Picking up early signs depends on a strong sense of what is normal functioning for a student, systematic recording of change, and an awareness of uncharacteristic behaviour. MH problems can be indicated by changes lasting more than 2 weeks, that generalises to different settings, and extreme behaviour, which should be supported by close contact with parents. Schools need to establish a positive MH ethos, including prevention, promotion and early intervention. This should be supported by policies and curriculum eg on social inclusion, health and exercise, approaches to injustice, discrimination, including bullying and abuse, and school criteria for identifying MH/EWB problems. A significant literature identifies what sustains MH in schools and what PPEI programs can be helpful. The prominent government message that ‘mental health is everyone’s business’ applies to all educational settings including special schools.

**Chapter 9:** School-based ‘enquiry gives you wings’ in engaging children with CLDD. There is a time when every educators experience runs out and they need flexible and imaginative approaches. The CLDD project



approaches can provide skills and confidence to tackle problems. At this point in time we are into a second generation of research on understanding complex kids with a practitioner-led evidence base. A formal approach to enquiry avoids intuition and human fallibility and supporting treatments that don't work. An Action Research Spiral increases influence based on formalised enquiry and evidence. The 'Accessible Research Cycle' may require multiple cycles of planning an intervention, implementing, observing the outcomes and reviewing and modifying it. This may start with a basic questioning approach to one selected child but this can develop on to a class and then have implications for wider organisational approaches. 88% of schools that used the CLDD Project reported improvements in professional ethos and practice benefits. The appendices have various resources. Consent from parents and child may be an important part of engagement processes. Consideration of ethical standards and guidelines are part of building communities of practice and enquiry. The "Inquiry Framework for Learning" is a content-free web-based tool to support educators which includes learning-focused questions around 12 areas of enquiry: engagement for learning; communication/interaction; identify/self-advocacy/independence; behaviour for learning; sensory perception/processing; health/physical wellbeing; teaching/learning; EWB/MH; motor skills; improving life chances; social skills; and environment. This provides a broad basis from which to start an enquiry. It can help to have a reflective colleague or mentor but inquiry is the basis of continuing professional development. School-based enquiry needs prioritisation and resourcing and senior leadership teams and leads to cultural change which inspires and empowers staff. Alignment with academic or university staff can be helpful. These approaches can teach both 'what to do' and why.

**Chapter 10:** "Envisioning the future: the engagement for learning framework" enables educators to become leaders of learning and in turn extend the CLDD approaches and knowledge. Jane Thistlewaite from Positive Paths International, New Zealand, describes how experience with the engagement process enables greater skill in appreciating elements of a child's environment and people that can impact on how they engage and learn. For example, you may learn about a child's high preference items through engagement in the garden such as a coloured bucket, starting with functional engagement progressing on to an engagement diet and to an engagement passport. Another child with ASD was able to participate by having adhesive tape around his desk to help him self-focus. Neil Jordan, a music therapist in NZ has trained 60 staff in the CLDD framework, including video-analysis as an extra tool. In one school the approach is included in



another program such as TEACCH or Floortime to test out the sequential benefits of such an approach. The Engagement Framework has been described as a liberation of intrinsic motivation, unlocking curiosity, increasing the participation of the child, empowering learning and helping the move from vulnerability to resilience.

#### Reference:

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