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Feature: Responding to the Report of the Special Education Review Committee

The SERC Report: Reinforcing Simplistic Assumptions and Sustaining the Stereotypes

This Report sets out what it proposes as "seven principles" to guide special educational development into the next century. These quite unexceptional statements do not constitute a philosophical foundation for a document based on simplistic, naive and sometimes dangerous assumptions. Among these unchallenged assumptions is the continued categorisation of pupils with special needs using outmoded terminology.

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A BROADER BRIEF FOR THE HEALTH BOARDS?

It must be said that the basic intention of this Report is to do good. However, good intentions based on simplistic and naive assumptions are often dangerous and this Report is based on very simplistic assumptions. It is a pity that the welcome recommendations in this Report for expanded services for pupils and greater support for teachers rest on assumptions which would not be acceptable to a great number of people.

The Report assumes (1.1.3) that the proper bodies "to have responsibility for ensuring the delivery and coordination of assessment, advisory and support services for pre-school children with disabilities" are the Health Boards. This continues to reinforce the idea that there is a link between what is seen as intellectual disability and health. The Report presumes that either the Health Boards have a very much broader brief than health or that somehow, somewhere, it has been decided that children who have learning difficulties are, in fact, ill.

A DATABASE FOR LABELING?

The Report recommends (1.1.4) the setting up within each Health Board area of "a database of children...with specific physical, cognitive, sensory or emotional disabilities". This is labeling of children taken to the extreme. The Report assumes that (1.1.5) it is possible to accurately and reliably assess children "in regard to physical, cognitive, linguistic, social and emotional development" and store the results through the medium of a computer database which, by its nature, requires an extreme form of categorization into specific fields. Many thoughtful people would not presume that this is even possible. Given the current level of psychometric instruments available for such an assessment, I believe than the attempt to set up such a database and to use it as outlined in this Report has serious civil liberty implications which this Report fails to address.

PRESUMPTIONS ABOUT ASSESSMENT AND IDENTIFICATION

There is a grave need for an expanded support service for our schools to cater for the diverse needs of the children in their care. This service could well be provided by a School Psychological Service and the record of the people employed in the very limited and overstretched service currently available is excellent. The presumption in this Report that (1.2.2) "an essential part of its overall function should be to assist primary and post-primary schools in the identification and assessment of pupils with special needs, including those with disabilities" not only attempts to make a distinction between "special needs" and "disabilities" but places assessment and identification at the centre of the service. This presumes that such assessment and identification is possible and that the methods used are fair and have a predictive validity. The same presumption underlies the recommendation (1.2.3) that "close links should be maintained between the School Psychological Service, the School Health Service and clinic-based assessment services in each area". Such assumptions make me very uncomfortable indeed.

This Report creates a new category of child - those on the Health Board Database. These children will have to be subject to all this assessment and be included on the database before they are three years old if the recommendation (1.2.4) that "an assessment of a child on the Health Board database should be carried during the year prior to her/his initial enrollment in an ordinary primary or special school" since many of our children begin primary school at age four. The Report also recommends that further assessment of children on the Health Board database "should be obligatory in the year prior to the transfer of a pupil with special needs from primary to post primary school or from the junior to the senior section of a special school or between ordinary and special school". This will be the only category of child in Ireland subject to obligatory review. The Report clearly intends that this system should be a benefit to the child. I suggest that the Minister take another look at the assumptions behind these recommendations.

PUSHING ASIDE PARENT RIGHTS

The Report (1.2.6) recommends that "Parents should be actively involved with the professionals in making a recommendation concerning their child's initial school placement" and further recommends that (1.2.13) "Parents/guardians should also be invited to participate" in case conferences about their child "except in exceptional circumstances where it is considered inappropriate for them to do so". For many years, parents of children labeled by the system in this fashion have struggled to have their basic rights as the primary educators, guardians and advocates of their children recognised by the professionals in the system. This Report reduces their role to the aspiration that they "should be actively involved" and leaves their inclusion to when the professionals decide that it is appropriate for them to be included.

The Report does an excellent review of the glaring gaps in educational provision in Ireland. It is a pity that many of its recommendations to fill those gaps are flawed by the underlying assumption that disabilities are easily identified, categorised and, to use inappropriate medical parlance, treated.

SPECIAL NEEDS AND "INTELLECTUAL ABILITY"

It is in defining the nature of special educational needs that this Report is most seriously flawed. The Report assumes that what it calls "standardised tests" have enough validity on which to base recommendations such as (3.1.9.a.(ii)) "that the 10th percentile on standardised tests, or its equivalent, be the inclusion threshold" or that it is possible to (3.1.9 (i)) "specify a screening procedure for use with pupils in their last term in Senior Infants in identifying the extent and nature of learning difficulties". There is the assumption also that a statement such as (3.2.7 (a)) "Assessment by a psychologist on a standardised test of intelligence should place general intellectual ability within the average range or above" is based on unquestioned fact. The Report fails to seriously recognise that concepts such as "intellectual ability" do not have general acceptance. The Report treats such concepts as given facts and bases its recommendations on them. The fact that the Report recommends an improvement in the amount of provision presently available is welcome. However the quality and effect of such increased provision allocated on the basis of this Report's presumptions must be questioned.

CATEGORIES AND CONNOTATIONS

The Report outlines thirteen categories which it presumes to exist and for which it recommends increased pupil-teacher ratios. I sincerely hope that these are not the labels which would be attached to children should they find themselves on the Health Board database. Much of the language used in these categories is no longer used and is regarded in many quarters as insulting. Terms such as Mild Mental Handicap, Moderate Mental Handicap, Severely and Profoundly Mentally Handicapped, with all the nineteenth century connotations such terms bear, are disturbing to most people nowadays. The niceties of terminology, however, fade into the background when one considers that on the "assessment of a psychologist" using a "standardised test" a child could, if the recommendations of this Report are to be taken seriously, be consigned to one of these categories at an early age and then be subject to "obligatory" assessment for the remainder of its school-going life. In my view we would be better to forego any increased provision if this is the price our children must pay for it.

NARROW VIEW OF COMMITTEE'S BRIEF

The Report sets out what it calls "seven principles" which "should serve as basic guidelines…into the next century". I was somewhat relieved to discover that these guidelines were "for future development of the system" and were not intended as basic philosophical principles designed to lay a framework for educational development. This fits in with the Chairman's rather narrow view of the Committee's brief which he sees as "reviewing the existing services and making recommendations for their future development". The Committee's brief in 1991 "To report and make recommendations on the educational provision for children with special needs…" need not have been interpreted so narrowly. I believe that, had the Committee taken a broader view of it's brief, they would not have struggled to elevate to the level of principle the seven quite unexceptional statements at the outset of this Report.

The Report finally recommends that, because of it's earlier recommendation to leave the provision of services fragmented, there should be an "Interdepartmental Coordinating Committee on Services for Young People with Special Educational Needs" as well as "Local Coordinating Committees on Services for Young People with Special Educational Needs". The unwieldly titles of these groups somehow seem appropriate in the context of this Report. When one attempts compromise at any cost, this is the usual result. I am, quite frankly, staggered by the lack of courage and paucity of understanding shown by those responsible for this Report and I strongly suggest to all who are concerned about the future fate of our children that they make their views known to the Minister for Education.

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