

Special Education: Where From? Where To?

The following article is taken from an address to recipients of the Diploma in Special Education at St. Patrick's College, Drumcondra on Friday 28th November, 1986.

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The first systematically documented effort to teach a handicapped child is probably Itard's study of the wild boy of Aveyron first published as a Report to the French Academy in 1801. That legacy of medical influence on special education is with us still.

Like medicine, special education somehow became an intervention that was provided only after symptoms (i.e. child's learning problems) became so severe as to necessitate *referral*.

Like medicine special education became an intervention that could only be performed by a highly trained initiates with specialised training and appropriate academic credentials.

Like medicine, special education became an intervention that took place only following extensive evaluative work.

Like medicine, special education came to understand the wisdom of early detection, prevention programmes. Like much in medicine today, special education policies are becoming greatly influenced by persons outside the professional domains.

Like in medicine, public policy – often the fickle offspring of pressure, expediency and power – removes the responsibility for programmes from trained professionals dedicated to serve those in need of their knowledge of skill, and yields to pressure groups and lobbies.

The medical concept of a “disability or mind or body” has been transposed into “a difficulty in learning” and educational psychologists have largely superseded medical personnel in special education. The main forms of intervention in disability is now through education. The de-medicalisation of handicap or disability in terms of both professional function and definition has been supplanted by behavioural/pedagogic frameworks legitimated by teachers and educational psychologists. Meanwhile a new force, which has gained enormous influence in other countries is gathering momentum in the wings – I refer to parent power.

The significance for professionals of the possible increase of this parental power, choice, participation and involvement in aspects of their children's education, will aim to change the nature and tone of educational prescriptions and reports in special education.

Let me return for a moment to psychology in the context of education. It can be conveniently divided into *theories* for understanding developmental processes and *technologies* designed to facilitate assessment, selection and placement, and the development of skills to enhance students' chances of fitting into society after school. In somewhat the same manner as medicine has been more successful in offering treatment than promoting mental health, educational psychology has probably been more successful in designing objectives, skills, and assessing limited outcomes, than in generating a true and genuine acceptance of individual development.

A preoccupation by educational psychologists on how children learn often invites an emphasis on *how* to teach rather than on *what* to teach. If the psychologist is more prone to view differences as being environmentally determined, in contrast with a medical proneness to look for genetic determination, the remedy will be a focus on *training* the underlying cognitive abilities. In the absence of clear evidence we often fail to interpret a child's retardation correctly in terms of one or the other.

Therefore the Special Educator must be anxious to look to theories of child development which stress interest and motivation, as well as techniques and skills. A balance must be struck between teaching what has relevance to a child's life and is of intrinsic value, and teaching aimed at developing specific skills. The emotional and spiritual health and happiness of a learning disabled child is as equally important as that of the normal child.

The thrust of what I'm saying may seem to have a blunt edge but when I browse through the documents of the Curriculum and Examinations Board I can find scant indication that special education is taken seriously. Apart from the cryptic recommendation relating to assessment in the discussion paper on Primary Education the CEB seems to address itself almost exclusively to normal children. The style of language and the generality of the aims can cover everyone and everything in education and it can also be invited to preserve the 'status quo' under a new roof.

Developmental theories in education have been adopted as broad and praiseworthy frameworks for the conceptualisation of new educational aims. These aims purport to facilitate everybody's reaching for the stars. When you look at the exit criteria from the CEB system you come back to a restricted range of behaviours and valued skills, which can be assessed. These outcomes will, unless we are very careful, derive almost entirely from the employment of non-developmental teaching methods, i.e. methods which develop assessable skills.

Remember the aim of the CEB education – “to contribute towards the development of *all* aspects of the individual – aesthetic, creative, critical, cultural, emotional, intellectual, moral, physical, political, social and spiritual development, for personal and family life, for working life, for living in the community and for leisure.”

The CEB documents make eminent sense for Special Education if one reads them in the light of the general principles which inform the ILEA Fish Report “*EDUCATIONAL OPPORTUNITIES FOR ALL*” These principles are:

- a) Equal access to educational opportunity
- b) a genuine commitment to comprehensive education
- c) an assertion that the aims of education for those with special educational needs are the same for all children and young people
- d) an acceptance of the principle of integration for all.

The report even sees the continuation of special schools for a limited period as an interim solution. The broad thrust of the Report is to see special educational needs as only *one* of a range of issues and problems which every school must face. Special educational needs are to become the concern of the whole school and all staff. The report goes beyond the Warnock Report and the assumptions of the 1981 Education Act. The success of Special Education is made to rest on the supply of *political will*. The old moral principle will not go away – “He who wills the end also wills the means”.

Mainstreaming has become the preferred option. It is the preferred mode of service delivery. The silence of the CEB documents implicitly subscribes to it – otherwise children with special needs are being more cruelly discriminated against than we realise.

Even if mainstreaming is to be done, the most effective approach is not clear. Research would seem to favour placement in regular classes using individualised instruction and cooperative learning for the achievement, self-esteem, behaviour and emotional adjustment of mildly handicapped students.

In other words mainstreaming is becoming the method of choice. This can be a just solution only if an extraordinary amount of intervention can be expected to occur in the regular class for the student who is mainstreamed. Even in the U.S. it is reckoned that approximately 70% of all mentally retarded children are still in special classes or schools.

Am I entitled to ask whether the CEB has implicitly adopted mainstreaming as an “effective procedure” for some learning disabled children or whether mainstream-

ing is now official "policy" in special education for children except the most severely handicapped, or worse, they never thought about them?

Is there a danger that preoccupation with a small percentage of students will cause us to neglect the large majority who may not and ought not to be mainstreamed?

Where we teach may not be as important as *what* we teach and *how* we teach.

Prior to mainstreaming the special class curriculum revolved around practical skills needed for independent living. The mainstream curriculum, as envisaged in CEB offerings, will carry a heavy emphasis on academic skills. Will the poor get poorer under the guise of equality of opportunity? Remember there is nothing more unequal than the equal treatment on unequals.

Special education has been dominated by two essentially separate and often unrelated steps – classification and diagnosis.

Classification has been achieved mainly through intellectual testing and documentation of adaptive behaviour on normative scales.

Diagnosis of a student's educational needs and plans for instruction have not always kept pace. The *essential diagnosis* of a student's needs usually takes place only *after* the special education teacher has worked with the student over a period of weeks. At this stage the professional help of educational psychologists and resource specialists are critical if a worthwhile plan of instruction for the whole child is to be achieved.

Children are unique, each with special gifts, special opportunities, special destinations. The method of statistics – normally the best of instruments for the study of groups and traits common to all – are not useful for the study of unique events. Equal opportunity in schooling can only mean opportunity for fulfillment of special ability present in special individuals, not necessarily of a group. It means *special* opportunities available to each of the young to reach those levels of excellence within the grasp of *each* individual. You can only reduce disadvantage and compensate for disability by special and beneficial programmes for *each* child.

Special education will never come cheaply. But we must not try to salve our consciences by reference to statistics, philosophies of education, social catchwords or grandiose national programs. It is salutary to remember that the last judgement singles us out and faces us with individuals, not schools, classes, cohorts. "I tell you solemnly in so far as you did it to one of the least of these brothers of mine you did it to me."