Education for the Physically Handicapped

Report of a Seminar

March, 1981
Introduction

A seminar on Education for the Physically Handicapped, organised by the Irish National Teachers' Organisation, was held in the Great Southern Hotel, Galway, on 27 and 28 March 1981. The seminar was arranged as part of the Organisation's contribution to the International Year of Disabled Persons.

The purpose was to examine some of the issues relating to educational provision for the physically disabled and to provide an opportunity for the participants to express their views on these issues. The arrangements were designed to allow a substantial amount of time for discussion amongst the participants.

The seminar commenced with a keynote lecture on “Educating the Physically Handicapped — an International Perspective” by Professor Ronald Gulliford, Head of the Department of Special Education in the University of Birmingham.

The other sessions consisted of three short discussion papers by former primary teachers, each paper was followed by a group session and general discussion. The papers were entitled:

(i) The Educational Needs of the Physically Handicapped
(ii) Integration of Physically Handicapped Children, and
(iii) How the Educational Needs of the Physically Handicapped are being met in Ireland.

The first paper was read by Criona Garvey, Senior Psychologist with the National Rehabilitation Board. The second paper was read by Paid McGee, Director of the Department of Special Education in St. Patrick's College, Drumcondra. The third paper was read by Sean Hunt, Divisional Inspector in the Department of Education with specific responsibilities in the area of special education.

The seminar concluded with a plenary session.

This report contains the complete texts of all the papers together with reports of the working groups. Appendix I contains a list of the participants. Appendix II lists the Chairman, rapporteur and members of each working group. Appendix III contains the programme for the seminar.

The Central Executive Committee of the Irish National Teacher's Organisation wishes to express its thanks to the lecturers, for their outstanding papers, to the Chairmen and Rapporteurs of the Working Groups, and to all the participants who ensured the success of this seminar.
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Educating the Physically Handicapped
— an International Perspective

Professor Ronald Gulliford, Professor of Special Education and Head of Department of Special Education, University of Birmingham.

From 1962–64 Professor Gulliford was president of the Association for Special Education in England. In his present role he is primarily concerned with the training of teachers for different areas of special education. He has worked with children with cerebral palsy and spina bifida and has also been involved in some of the developments in England providing for the education of handicapped pupils in special units and ordinary schools. He is honorary editor of the journal Special Education: Forward Trends and author of Special Educational Needs (R.K.P., 1971) and The Education of Slow Learning Children (with A. E. Tansley; R.K.P., 1960), and several other publications.

In spite of increasing world economic difficulties during the last ten years, it has nevertheless been a decade of progress in the provision and development of special education for many categories of handicapped children.

In many countries with an established system of special education there has been a vigorous re-examination of methods of organizing the provision of special education alongside continuing research and development in the curriculum and special methods. In developing countries there is a considerable interest in special education. In Nigeria, for example, there are several Universities and Institutes of Special Education training teachers of children with sensory, mental and physical handicaps and similar activity is evident in other parts of Africa and the Far East.

On the other hand, increasing unemployment in most developed countries has reduced the opportunities for employment of educationally and physically handicapped young people; financial restraints have held back such desirable developments as increased opportunities for training teachers in special education.

The International Year of Disabled People will not perhaps release more resources but it will, one hopes, increase knowledge and awareness and contribute to the development of positive and constructive attitudes.

When I first had something to do with the education of the physically handicapped it was, I now realise, more or less at a time of transition: from a time when crippling diseases such as TB, polio and
rheumatic conditions affected a large proportion of those physically handicapped children who required special schooling to a time when the major conditions causing physical handicap in children were forms of cerebral palsy and, in recent years, an almost equal number of children with spina bifida. Significant factors in cerebral palsy and spina bifida are that they are both i) congenital i.e. they affect the child’s development, experience and learning from birth and this has implications for their education and care right from infancy; ii) multi-handicap conditions i.e. they are liable to have associated perceptual, cognitive, communication, personality and learning difficulties additional to the physical disability, iii) they therefore require a multi-disciplinary approach — not only medical and educational help but nursing, speech and physio-therapies; and of course the involvement of social and rehabilitation services for the provision of aids and assistance of various kinds on behalf of the child and his family. In many respects, therefore, the education and care of physically handicapped children has become a job requiring more specialized knowledge, skills and methods. Moreover, in most developed countries, the range of children has been extended to include children who previously would have been cared for in hospitals or institutional settings (rather than schools) on account of their limited mental development. These are reasons why education in a special school or class will continue to be needed for a proportion of physically handicapped children however many prove to benefit from ordinary classes. On a recent visit to a special school for physically handicapped children, I observed at one extreme a group of severely retarded and physically handicapped children limited to crawling, responding to mobiles and similar stimuli. In a nearby room, an intelligent athetoid was working competently with a word processor, and others were producing excellent work in picture making and wire sculpture.

While the educational needs and problems of the physically handicapped have become more complex, our conception of the role of education has been extended and diversified. In the first place, we believe that education begins in earliest infancy through advice and guidance to parents, their active involvement in the educational process from infancy and ideally the provision of pre-school education, together with relevant therapies, from ages 2 to 3 onwards. We also see the need (and in many countries are beginning to provide) further education and vocational training beyond the statutory school leaving age, i.e. Further Education and Colleges for
the Disabled in the 16-19 year old age groups. In brief, education is seen not just in terms of the normal years of schooling but extending from pre-school to late adolescence — and indeed into adult education.

These changes and developments have to be viewed in the context of another major change which is reflected in the aims of the International Year of Disabled People. The aims include the “participation, equality and integration of disabled people” and the removal of social barriers and physical barriers which have tended to limit the access of the disabled to work and normal life in the community. The physical barriers create great problems but at least we can identify them and, given some financial resources can do something about them. For example, my University has progressively undertaken work to facilitate access for the physically handicapped and the same process is at work in many places in the urban environment. It is less easy to make widely available the means for mobility and even more for normal living, e.g. specially designed apartments such as those pioneered in Sweden. Perhaps more difficult to deal with are the social barriers arising from the fact that “people are often unsure how to relate to someone with a disability” and, most critical of all, there are misconceptions and prejudice about the capabilities of the disabled which deny them social and employment opportunities. Added to this, is the fact of world wide recession and unemployment which makes it more difficult to plan preparation for employment. This creates some difficult issues which I shall return to later.

It may be that in Education we tend to think that these are problems for other people to tackle; that our job is to concentrate on providing handicapped children and young people with the best education we can. We immediately, however, come up against the need to question the assumptions on which special education has been based in most countries until recently: the notion of separate and specialized provision. We cannot expect the social and physical barriers to be removed in the community, at work and in social life, if we have not tried to remove these during the school years. Internationally, from Sweden to Nigeria from Italy to Malaysia, the attempt is made to increase and explore the provision of integrated education. The desire to make the education and experience of the handicapped as normal as possible has led most countries to examine ways in which handicapped children could be integrated with ordinary children.
During the last decade, Scandinavian countries, especially Sweden, have been the focus of attention for their determined efforts to integrate physically handicapped children in ordinary schools, providing special classes, arranging for additional help in the classroom; arranging for children to travel daily over considerable distances rather than relying on residential schooling. An OECD report on Italian experiments gives examples of how mentally and physically handicapped children have been “integrated” in normal schools, in a situation where special schools have not been provided. Reading these accounts, one is inclined to wonder whether some of these schemes have been well thought out and the teachers adequately prepared. But at least one cannot doubt the strength of conviction and the determination to use ordinary schools. In USA as many will know, a Public Law-142 requires school districts to identify all handicapped youth and names nine categories; it stipulates education in “the least restrictive environment” e.g. a regular classroom by individualized instruction. Individual educational programmes must be written every year giving details of (1) present educational performances; (2) goals for the year and short term objectives; (3) the specific educational services to be supplied; (4) the extent to which the student can participate in the regular classroom. Evaluation procedures and schedules based on stated criteria in order to determine whether objectives and goals are being reached, must be undertaken once a year. There must be continuous recording and parental involvement — to the extent of parents having to “sign off” at appropriate points on the I.E.P. The aim is to educate disabled children in ordinary classes so far as possible with supervision and support from itinerant (or peripatetic) special education teachers responsible for coordinating a wide range of services and advice. Children with more complex handicaps are educated in separate special classes.

Likewise in England, Parliament is in the process of passing an Education Act which provides a new legislative framework for special education. The term “handicapped” is replaced by the phrase “children with special educational needs”. The former ten categories of handicap are dispensed with as being restrictive labels which do not convey the range of needs and indeed may have tended to stereotype assessment and placement decisions. It is specifically stated that children with special educational needs are to be educated with “children who do not have such needs” provided that (1) parents wishes have been taken into account,
(2) that it is compatible with making the required special educational provision, and
(3) with the efficient use of resources.

The Warnock Report suggested that one in five or six children may be considered as having special educational needs. It envisaged that the majority of these (as now) will have their needs recognised and provided for in ordinary schools but in order to safeguard children with severe, complex and long term disabilities the Warnock Report suggested a system of recording — a profile of needs and information based on multi-professional assessment, specifying the special provisions and education needed. Many of us were apprehensive that another label was on its way — "record children". Fortunately, this is changed in the proposed Act to the requirement that the LEA, following the child’s assessment, should make a statement of the child’s needs and must, if the parents agree, put it into effect — and review it annually.

In short, the new framework minimizes distinctions between the handicapped and the non-handicapped by not requiring categorisation of disability and by asserting the priority of normal schooling unless there are good reasons for not doing so. There is no certification, labelling or categorisation; only the positive statement of special education requirements and other kinds of needs. Hopefully, we shall get away from labels and categories and concentrate on a description of needs.

Progress towards the provision of integrated education in the UK appears to have been more gradual than in U.S.A. or Sweden but it has been real progress; not being sudden or spectacular it has been less obvious. While there is an ample provision of special schools for physically handicapped children, catering at present for 10,000 pupils, it has to be noted that an equal number are in ordinary schools. The medical branch of DES conducted a survey in 1969–70 of the number of physically handicapped children in ordinary schools and found that there were 10,082, the largest number being cerebral palsied and spina bifida. No doubt they were, in general, less severely and multiply handicapped than those in special schools but the point is worth making that "integrated education" is not a completely new idea. The real issue is how far we can go in providing in ordinary schools for children with fairly severe disabilities. Unfortunately in spite of much talk, there has not been a lot of research into the methods of integrated education. Exceptions in the UK are the work of Elizabeth Anderson and a current NFER research.
Many will be familiar with Anderson’s research reported in her book “The Disabled Schoolchild”. Seventy-four PH children in junior schools and 25 in infant classes were studied and compared with control groups of non-handicapped children. The findings were that the physically handicapped group whose disability was not associated with a neurological impairment were comparable in attainment and in social acceptance to the normal controls but that those with a neurological impairment (cerebral palsy and spina bifida with hydrocephalus) were rather more retarded and less well adjusted in behaviour. Discussing her research, she expresses the view that more physically handicapped children could be educated in ordinary schools either in regular classes or in special units. The need of teachers for information and support was clear. In a further research, Cope and Anderson (1977) studied six units or special classes for PH children of primary age and seven units at secondary level. (Incidentally one-third of the 106 LEAs were making or were planning some form of provision in ordinary secondary schools either by providing for PH children in ordinary classes or in special classes or units.)

Drawing upon suggestions in the American literature, she distinguishes eight types of provision for physically handicapped children:
1. Placement in an ordinary class with no special help needed.
2. Placement in the ordinary class with care from an ancillary help, e.g. toileting, dressing, etc.
3. Ordinary class as a base with part-time help in a special education resource room.
4. Special class as a base part-time with part-time attendance in an ordinary class.
5. Special class full-time and social interaction with normal peers during the school day.
6. Day special school linked with an adjacent ordinary school.
7. Day special school — no defined links with ordinary school.
8. Residential special school.

The mere placement of handicapped in ordinary schools or the provision of special classes or units does not guarantee integration. The DES Warnock Report distinguishes three kinds of integration: locational, social, functional. I know of schools where the unit is located on the same site or in the building of an ordinary school but there is scarcely any social interaction let alone functional integration in the sense of sharing curricular and extra-curricular resources and activities. In one school a peer tutoring programme
promoted interaction between mentally handicapped and normal primary children which was reflected in greater social interaction on the playground.

There are many requirements which have to be met if an attempt at integration is to be meaningful and legitimate. At a basic level, there is the question of access: stairs, doors, toilets, the presence of a lift, the question of fire regulations which may limit the physically handicapped to the ground floor. A unit ideally should be purpose built and centrally placed, not isolated or in a separate building in the grounds. The age range in the unit should be the same as that in the school. The staff and particularly the Head should have positive attitudes to the integration of PH children and should be well prepared for the innovation. It is essential that the unit should be staffed by experienced and knowledgeable teachers who should have access to advisory services (special education and educational psychologist). The support of nursing staff and helpers, medical staff, physiotherapists, speech therapist and possibly occupational therapist should be available. Many of these are obvious requirements though not always ensured. Some less obvious issues have scarcely begun to be explored. For example, in Sweden last September I heard of a special school whose classes had been distributed as special classes in ordinary schools. They did not then become the responsibility of the head of the host school but of the district education board! Clearly, they were not completely integrated to the schools where they were located. An important question is whether the Unit teacher's timetable is restricted to the unit; it would be an advantage for the special education teacher to teach in main school; likewise for some main school teachers to teach in the unit. How do you decide which ordinary classes children should attend for specialist lessons? What if the specialist teacher is averse to teaching the PH? How do you allocate resources to ensure that the unit obtains specialized equipment?

Above all, is it possible to ensure that handicapped children who need very well planned and skilful teaching (often with special techniques or technologies) really get as good a deal in an ordinary school as in a special school? This is a critical question since a number of studies, as well as experienced opinions, suggest that physically handicapped children tend to be educationally retarded — to be functioning below their potential. This is not surprising; disability is liable to result in limitations of environmental and social experience; in a measure of dependence on others as well as parental
over-protection; there is often a degree of personal and social immaturity; in addition, there is great frequency of learning difficulties as a result of perceptual-motor and spatial difficulties; left-handedness; poorer manipulation; distractibility; variations in attention. These and other difficulties imply the need for systematic and carefully planned teaching. On the other hand, the ordinary school provides the potential opportunity of a broader curriculum, the raising of aspiration and desire to achieve; the stimulus of interests, activities and communication shared with normal peers. Perhaps, as well, the normal school setting can promote the development of realistic self-concepts — it is common to find physically handicapped young people harbouring ambitions and aspirations which are unrealistic in view of their disability. On the other hand, there is the danger that the struggle to keep up may have negative effects on self-concepts. Sadly, reports I have read of integrated education for physically handicapped youngsters indicate that they have to put up with quite a lot of teasing, though happily they seem to cope with it well and still prefer to be in ordinary school. In general, studies show that parents seem strongly in favour, in spite of shortcomings of provision. An important condition is that all teachers should ideally have had “a special education element” in their initial teacher training. In my experience they welcome and are interested in the topics which can be presented realistically through films as a basis for discussion. Later, before accepting a physically handicapped child they need someone to turn to for advice, information and support.

One of the features of the last decade has been the search for better methods of educating the handicapped. One aspect has been developments in methods of teaching and the specialized techniques. The second is a concern with curriculum development and the desire that the handicapped should have access to a range of curricula opportunities.

In the realm of method, a basic change is the move away from assessment and teaching as separate activities and greater emphasis being placed on assessment as specifying what the child needs to learn, where his learning is at the moment and what steps in learning are needed to achieve specified objectives. I recall in the 1950s how I used to be expected to assess children annually on conventional tests such as Binet or WISC, when my time would have been better spent examining the learning tasks expected in the classroom. The current approach is based on the specification of the objectives of learning
and the learning sequences and steps required to achieve it. Good teaching has always aimed to do this but techniques such as task analysis and precision teaching have sharpened up practice. Other “methods” such as Peto, Bliss symbolics and other methods of communication as well as language programmes have added to the repertoire of the teacher of the physically handicapped.

The 1970s have seen a surge of interest in curriculum development. For academically competent children there has been an increased opportunity to participate in the normal school curriculum and for the average and below average, attempts have been made to write a special curriculum. The staffs of special schools or departments within it have engaged in long sessions of re-examination of their curricular goals and how objectives may be realized through subject matter and learning experiences. They have often been engaged on a Utopian task of specifying a curriculum in theory when they might have been better engaged at looking at what they have been doing and seeing where it could be improved. For example, with the (physically) handicapped, a good starting point would be the question: what curriculum content is promoting self-awareness, awareness of social relationships, sex education and personal relationships, moral education — as well as the obvious need for curricular experience preparatory to living in families, in the community and in working life. Studies of adolescent physically handicapped indicate that they tend to be immature, lacking in knowledge of the environment, and often poorly adjusted. We are quite good at educating the young physically handicapped child; I would suggest that we have not paid enough attention to the needs of the adolescent.

The movement to make the education of the handicapped as normal as possible is complemented by a great concern in many countries for the transition from school to working life. In my experience, teachers in special education have always had in the forefront of their mind that their teaching is aiming at a sufficient level of social competence, literacy and other qualities to facilitate adjustment to society and to working life. It gives a sense of purpose and a clear-cut goal for everything we do in schools, even from the early years of schooling.

The difficulties of achieving this goal have increased. The traditional openings for the handicapped in unskilled and semi-skilled work have decreased with the use of new technologies and many of the physically handicapped are less likely to be suited to
jobs in the expanding service industries. Moreover, the increased rate of unemployment increases the competition for less skilled jobs.

The response to this problem in many countries consists of improved practice at several stages of the transition:

1. The planning of curricula for adolescents which gives attention to the development of social skills, knowledge and attitudes; the preparation for working life through leavers’ programmes which attempt to ensure relevant knowledge and awareness and which include work experience. An integral part of this is the involvement of Careers Advisers from an early stage both in the leavers’ programme and through personal assessment and guidance of pupils with regard to work placement.

2. The development of Further Education and Vocational Preparation for pupils from 16 to 19 years. It is highly desirable not only because vocational preparation and training is needed to improve the work potential of the handicapped but also because they need more time to complete their academic and social education. They have often lost school time because of illness, hospitalisation and time out for physiotherapy or speech therapy; their physical disability and specific learning difficulties have slowed their educational progress; the limitations of experience imposed by disability and sometimes by over-protection at home and separate special education in school make for a degree of personal and social immaturity. The handicapped adolescent needs a continuation of education to 18 or 19 just as much as the able, ordinary adolescent. He needs it not just for vocational reasons but for the sound educational reason — that a good education is a good preparation for adult life.

In Sweden, at the end of compulsory schooling at 16 years, most pupils go on to Upper Secondary Schools until 19 and they may continue to 21 if necessary. The development of integrated education in schools is reported to have resulted in less use of special facilities for the handicapped and increased use of the ordinary Upper Secondary facilities.

In the UK the 1970s witnessed the growth of a variety of ways of providing Further Education and Vocational Training. There have long been special Colleges for vocational training of the disabled. A survey in 1973 showed that of 85% of PH leavers thought suitable for F.E. about 50% went on to some kind of FE. The number has increased although some adolescents have to wait some time before admission to a special college for the disabled. The most
encouraging trend is the use of local Colleges of FE through:—

1) **link courses** whereby students in their last year of school attend an FE College a day or two a week.

2) **special courses** for 16+ students in local FE colleges providing work preparation or work orientation courses or **bridging courses** to enable more able students to take subjects for 'O' levels or other examinations or to enable low achievers to improve basic literacy and numeracy skills.

In some cases PH students stay on in the VI form or VI Form Colleges. **Adjustment to normal courses** i.e. through adaptation to premises, special equipment and specialist teachers with special education experience plus supporting health and social services. **Outreach provision** where colleges provide educational services to Adult Training Centres or Day Centres for the Disabled.

Although progress has been made, there are many problems — the perennial one of College buildings unsuitable for the physically handicapped; the lack of FE staff with experience or training for work with the handicapped.

At the end of FE and vocational training, placement in employment is problematical either because of the level of unemployment or because of the severity of disability or the combination of lowish ability and a number of minor disabilities such as poor hand control (allied with personal immaturities). For many there is little choice — either staying at home or attending a day centre for all ages of disabled people or an Adult Training Centre.

One of the issues which has been raised in OECD is that of "alternatives to work". If open employment is not possible, there is sheltered employment or semi-sheltered employment, or perhaps forms of community service. In Sweden last year, I found a great reluctance even to consider “alternatives to work” and on the contrary a conviction that more must be done to adapt the workplace to facilitate the employment of the disabled and various financial incentives and legal measures to promote it. It is argued that any costs incurred by the State in making it more possible to employ the disabled will be more than off-set by savings in social security payments.

Although most of you are concerned with primary education, I think consideration of the social and work needs of the handicapped is relevant to your work. It is insufficient to make good provision for the physically handicapped in the school years if we have left the post-school years to chance.
The Educational Needs of the Physically Handicapped

Criona Garvey, Consultant Psychologist in Communication Difficulties, Physical Handicap and Counselling.

"The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition."

1. THE CHILD
A child who is physically handicapped is a child first and the handicap should be considered as secondary. The child needs love, care, food, warmth. S/he needs to play, to experience, to learn. How does the child who is immobile manage to build up learning schemas which, during the sensori-motor stage (0-2 years), are vital for future learning? c.f. Piaget. How can the infant co-ordinate the information from the various senses, if one sensory input is seriously lacking or inaccurate. If we accept Piaget’s concept of cognitive development, the child who is paralyzed has a primary physical handicap and a consequent learning or educational handicap.

2. PHYSICAL HANDICAP AND STRESS
The presence of handicap in a family may cause serious stress especially to mothers. In a 1977 study (Walker) 81% of mothers and 50% of fathers of Spina Bifida children suffered from stress. Stress in this case included depression, anxiety and tiredness. Depression at adolescence was reported in a higher than expected percentage of girls with Spina Bifida. Stress may express itself in different ways e.g. as anxiety, frequent crying, insomnia, passivity, apathy, aggression or confrontation. An unresolved grief reaction to handicap may cause depression. Are teachers able to cope with stress in parents? Do teachers themselves suffer from stress?
3. TYPES OF PHYSICAL HANDICAP

The two major physically handicapping conditions in childhood are Cerebral Palsy and Spina Bifida. These conditions are caused by damage to the brain or nervous system. It is estimated that 65% of handicap, including Cerebral Palsy could be prevented, if all of the data, obstetrical and paediatric, currently available were widely known. These estimates relate to Britain, France, USA and Canada.

Cerebral Palsy

Cerebral Palsy is a disorder of movement and posture due to damage to the brain. At worst, a child with Cerebral Palsy may be totally helpless, speechless, immobile, incontinent and severely mentally handicapped. At best s/he may be gifted intellectually and may have only one hand slightly affected. The incidence of Cerebral Palsy varies e.g. from .9 per 1,000 of the population in Bristol to 1.34 in Sweden to 2.57 in Ireland.

It is estimated that 40-50% of children with Cerebral Palsy have intellectual levels in the mild mental handicap range, although this may be an over-estimate. In the Irish Southern Health Board Study (1978) 67% of Cerebral Palsy cases were found to be in this range.

Other problems associated with Cerebral Palsy are:

- Epilepsy: 25-35%
- Visual Impairment: 35%
- Speech defects: 50% (20% with no intelligible speech)
- Hearing Loss: 25%
- Personality problems: 40%
- Special learning problems including distractibility: 5%

Spina Bifida

Spina Bifida results from failure of the bony arches in the backbone to develop normally. The spinal cord may be exposed and damaged. The causes are not known but there appear to be genetic and environmental factors. Early surgical treatment is essential. The incidence rate is 1 per 1,000 live births in many counties of the UK. (Lorber 1977).

Intelligence tends to be below average. In Hydrocephalus/valve cases, almost 50% were below average intelligence, and there were reading, writing and number difficulties. Incontinence, mobility and transport pose problems also.
Epilepsy

Epilepsy refers to all children who have seizures. Grand Mal and Petit Mal are the two best known types of epilepsy. In Grand Mal, the person loses consciousness and may be confused. Petit Mal is very mild and may involve only very short lapses of consciousness. In effect, a child with petit mal “switches off” momentarily and may be thought to be stupid, inattentive or lazy.

The incidence data suggest that 4 out of 5 of every 1,000 children in ordinary schools could be classified as epileptic.

Intelligence is usually normal and educational attainments may be normal. There are sometimes problems related to anxiety, withdrawal, listlessness. 25% of epileptic children in the Isle of Wight studies were reported to have behaviour problems.5

CONCLUDING REMARKS

1. In general, the child who is physically handicapped should be educated in the environment most suited to his/her needs. Teachers and parents should be involved as equal partners in assessment procedures and decisions.

2. Education is for living, and not necessarily for employment purposes. It may be necessary to consider educating for unemployment, and for long periods of leisure time. Where the prospects of employment are very slight, education should be directed towards developing interests which will be enriching in later life. One wonders if in some situations we are providing special education for oblivion, not for living?

The following recommendations are considered to be in the best interests of physically handicapped children:

a) A Visiting Teacher Service for the physically handicapped. In this way, practical help and advice and basic counselling could be provided at an early vital stage for parents. The Visiting Teacher could assume the role assigned to the Named Person in the Warnock Report and explain and co-ordinate confusing and sometimes conflicting advice given by experts.

b) A Psychological Service for all national schools. If this service were available, handicapped children, their parents and teachers would have help at hand to deal as early as possible with secondary educational and personal-social problems.
c) **Regional Resource Centres**

These should be provided at regional level, where expert assessment and advice would be easily available for parents and where experts could consult one another as well as the parents.

d) **Legislation** on education for all handicapped children in Ireland. In the USA, the Education for all Handicapped Children Act 1975 (Public Law 94-142) mandates that handicapped children should be educated in ordinary schools and the State must justify removal of handicapped children from the regular school environment. In Britain, the Education Act 1976 states that handicapped children are to be educated in ordinary schools except where it is impracticable, incompatible with efficient instruction in the schools, or involves unreasonable public expenditure.

e) **An adequate provision of basic books** on handicap, in all public libraries.

f) **A pilot project** should be set up in Ireland on the integration of physically handicapped children in ordinary schools. If this were done, the advantages of integration in an Irish situation would be seen more clearly and mistakes hopefully avoided. In this way, credibility might be established and goodwill ensured. We should proceed slowly and carefully with integration — to misquote St. Augustine. Lord, let us have integration but not yet! We are not ready for it.

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Reports of the Working Groups: Session One

GROUP A
assigned topic: Physical and physiological needs of physically handicapped

(1) Accessability to all schools is a priority.
(2) Physical needs, e.g. toileting, lifting must be met prior to attempted integration and such duties not foisted on teachers, pupils or parents.
(3) Basic list of amenities necessary should be available.
(4) Class numbers are too high at present to consider integration in many cases where individual attention is required.
GROUP B
assigned topic: *Education of the Physically handicapped for living*

In education of the physically handicapped for living, a balance should be achieved between education for employment and leisure; and education in relationships. It is very important to develop each child's self concept as well as his relationships with his family, with his peer groups and within the community. In realising that he is different, the physically handicapped child should develop a sense of his own worth. Conversely, it is equally important to develop an awareness of physical handicap among the able bodied to effect changes in society's attitudes towards the handicapped.

At present, handicapped children are kept largely in isolation. Special and ordinary schools should co-operate so that able bodied and disabled children can be together as much as possible to establish and develop relationships and friendships. Only in this way can mutual understanding grow. Some group members had personal experience of situations where able bodied and disabled children were integrating well. However, teachers do need early consultation and full briefing as well as adequate specialist services. Courses on coping with the physically handicapped should be provided for teachers in ordinary national schools, such courses should also be included in initial teacher education. The appointment of visiting teachers is important, as is the provision of aids and the creation of opportunities for able bodied and disabled children to relate.

In the firm belief that employment will enhance their sense of self worth we call for the creation of employment centres for the physically handicapped.

GROUP C
assigned topic: *Parental involvement in the education of the physically handicapped*

1. Realism should be a trait of parental involvement. Both parents should be involved. Assessment findings should be given to parents. Later, whole family involvement should be encouraged.
2. Involvement of parents of special ed. children should be as with parents of non-handicapped children.
3. It would be important to educate society about the problems facing disabled persons. Isolation produces stress e.g. friends and neighbours could be advised by psychologists etc. with parental permission.
4. Teachers should be involved at some meetings of parents/psychologists etc.
5. Value of home tuition cannot be too highly recommended. This service should be expanded.
6. There is a big gap between the real and the ideal situation. Parents not aware enough of school conditions and what can be offered in special schools. All too often parents visit schools in a defensive frame of mind.
7. Services for parents in this field should be under one umbrella i.e. Department of Education.
8. Parents must be involved in assessment procedures. Teachers etc. must accept this and recognise parents' primary rights. Teachers and parents must meet.
9. Parents are very often not confident enough in their own ability. Over-stress on services often forces parents to send children to school too early.
10. In residential cases — parents should be encouraged to have children home every weekend.

GROUP D
assigned topic: Standards of attainment for physically handicapped children.

The group picked up the points in Miss Garvey's lecture on attainments and intelligence. They accepted the fact that there was a significant number of physically handicapped who had learning difficulties. Many of them were below average intelligence, many would always have difficulty in achieving normal skills in basic subjects, such as reading and numbers.

It is important for them to have a modified curriculum in reading and number, while at the same time they should have special training in arts, crafts etc. as their concentration is limited.
Attainments in the broader sense should be attended to — not just academic but social and leisure attainments. School provision should take account of this and structure the teaching of leisure and social skills.

Finally, it was felt that in many instances not enough was demanded from physically handicapped children and there may be a tendency to dilute academic standards in schools for the physically handicapped in favour of leisure and social activities.

There seemed to be, among the ordinary class teacher, a general feeling that physically handicapped children in special schools were not stretched adequately and there was a suggestion that they spent their time at arts and crafts rather than on the 3Rs. Teachers from special schools did not accept this criticism and argue that many physically handicapped children needed a special curriculum because they were often within the dull normal to mild mental handicap range of intelligence. This argument simply pointed out the many facets of physical handicap and the fact that such children can have many difficulties — of vision, of hearing, of intelligence. It was important that teachers should be aware of these difficulties and should anticipate them.
The Integration of Physically Handicapped Children

Páid McGee, Director, Department of Special Education, St. Patrick’s College, Drumcondra, Dublin.

Páid McGee taught for a number of years as a primary teacher before training as a psychologist in U.C.D. He became director of the Special Education Department in St. Patrick’s College, Drumcondra in 1967. This Department offers a course leading to the award of a Diploma for teachers of mentally and physically handicapped children which is the only course of its kind in this country.

While the educational integration of the handicapped is a subject of which there has been a certain awareness in Ireland for some time past it remains an issue with which we have not yet come to terms. Indeed on the topic of this paper there has been very little public debate with the exception of articles by Barry, Garvey & Byrne (1975) and Jordan (1980).

This paper does not aim to resolve the question of the integration of physically handicapped children but rather to set the question within a framework so that it may be a little easier to think about it. The framework will be wider than just physically handicapped children and much wider than Ireland.

The areas of the world that are most frequently thought of in relation to integration are Scandinavia, U.S.A. and Britain; it is to these areas and especially to the latter two that this paper turns in search of some insight into the movement. A passage from the Warnock Report (1978) helps to set the scene:

The principle of educating handicapped and non-handicapped children together, which is described as “integration” in this country and “mainstreaming” in the United States of America, and is recognised as part of a much wider movement of “normalisation” in Scandinavia and Canada, is the particular expression of a widely held and still growing conviction that, so far as in humanly possible, handicapped people should share the opportunities of self-fulfillment enjoyed by other people. This recognition of the right of the handicapped to uninhibited participation in the activities of everyday life, in all their varied forms, has been aptly described by the Snowdon Working Party.

“Integration for the disabled means a thousand things. It means the absence of segregation. It means social acceptance. It means being able to be treated like everybody else. It means the right to work, to go to cinemas, to enjoy outdoor sport, to have a family life and a social life and a love life, to contribute materially to the community, to have the usual choices of association, movement and activity, to go on holiday to the usual places, to be educated up to university level with one’s unhandicapped peers, to travel without fuss on public transport...” Although written with the physically disabled principally in mind, this passage catches the spirit of changing attitudes to handicap in all its manifestations.
It is worth mentioning that in all of these countries special education is very much longer established than in Ireland; indeed in most cases it is so long established that the movement towards integration is not the first major reorientation which they have experienced.

In the U.S.A. there was a major expansion of special education throughout the 1960s; the expansion was largely based on strong Federal support dating from Public Law 88-164 passed by the Kennedy legislation in 1963. Then in the late 1960s there began a questioning of the value of much of the accepted special educational practice and provision. One of the earliest and certainly the most influential of the critics was Lloyd Dunn who in an article published in 1968 seriously challenged the effectiveness of placing mildly mentally retarded pupils in self-contained special classes within the ordinary school. Perhaps, he and several subsequent writers were saying, many handicapped pupils might do just as well in the ordinary class.

Another important development in the U.S. dating from about the same time was the burgeoning of litigation in relation to special education. In many different States court actions were taken by parents or by parents’ groups seeking a declaration that the State should provide special education which the child had been denied or, in other cases, that the State should provide for the child’s special needs in the ordinary schools. These cases were often class action suits, that is, court actions taken on behalf of the child concerned and ‘all other children similarly situated’. As a result of actions of this nature several individual States passed legislation pushing special education more and more in the direction of the ordinary school and indeed of the ordinary class.

Eventually major Federal legislation was passed which would bind all States — this was the Education of All Children Act, 1975 (PL 94-142), which took effect from 1977. Its purpose was —

To assure that all handicapped children have available to them . . . a free, appropriate public education which emphasizes special education and related services to meet their unique needs . . . to assist states and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children.

Each State was required to submit a State plan to Washington while each local agency had to submit a plan to the State. The State plan had to guarantee
a. assurance of a goal of full educational opportunity for all handicapped children and a detailed timetable for accomplishing that goal
b. assurance of an individualized education plan (IEP) for all handicapped children.
c. assurance that special education is being provided to all handicapped children in the least restrictive environment.
d. maintenance and use of programs and procedures for a system of comprehensive personnel development — in-service training
e. provision for an annual evaluation of the effectiveness of programs in meeting the educational needs of handicapped children.

Of these requirements the two which attracted most attention were (b) and (d) above.

The clause relating to least restrictive environment indicated that children had not only a right to an education suited to their needs but were also entitled to receive that education in the ordinary class or in a situation as close as possible to the ordinary class. This has resulted in a great many more children with special needs being educated in the ordinary class but it did not mean, as is sometimes thought, that all handicapped pupils should be in the ordinary class all the time. When the sense of the phrase was teased out it was seen to imply a continuum of services ranging from full integration in the ordinary class to a residential special school.

TABLE FROM GEARHEART AND WEISHAHN (1980) (facing page)

At first sight a continuum of this nature may not seem very novel but legislation of the type embodied in PL94-142 involved an important shift of emphasis. It might be said that the onus was now on the decision-maker, in considering where a child should have his special needs met, to begin with the ordinary class and to move farther away from that only when and to the extent that the more normal environment could not be suitable expanded or modified to meet the child’s needs.

The IEP was a requirement for every pupil in special education, whether integrated or not. It was to include:

1. a statement of the present levels of educational performance of each child.
**TABLE: A continuum of alternative educational provisions for handicapped children.**

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<tr>
<td>Regular class</td>
<td>Regular classroom and consultive assistance from special education</td>
<td>Regular classroom and consultation plus special materials from special education</td>
<td>Regular classroom and itinerant teacher services from special education</td>
<td>Regular classroom and resource room teacher service from special education</td>
<td>Regular class (half-time) and special class time</td>
<td>Special class in regular school some integration for at least some children</td>
<td>Special class in separate special day school</td>
<td>Hospital and home bound service</td>
<td>Residential or boarding school</td>
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<tr>
<td>No assistance needed</td>
<td>Regular classroom teacher — primary responsibility</td>
<td>Consultant, itinerant, resource room, special education teacher responsibility</td>
<td>Special classroom teacher — primary responsibility</td>
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*Regular class teacher may (1) assist homebound/hospital teacher, (2) teach the child through telephone hookup or electronic equipment, (3) not be involved at all. If child is taught by regular class teacher through electrical-electronic mode, direct and indirect service may be provided by special education.*

Source: Gearheart & Weishahn (1980).
2. a statement of annual goals, including short-term instructional objectives.

3. a statement of the specific educational services to be provided to each child and the extent to which such child will be able to participate in regular educational programs.

4. the projected date for initiation and anticipated duration of such services and appropriate objective criteria and evaluation procedures for determining . . . whether instructional objectives are being achieved.

Teachers were the central people in drawing up the IEP but other professionals were also involved and parents were to have a key role.

What is the situation in the U.S. now? Reports vary on how well mainstreaming is working. But in any event many things are different. There are many more learning disabled children in ordinary schools, there is much more concern with resources and support services for the ordinary school and education systems have taken seriously the task of equipping the classroom teacher to meet the special needs of pupils.

Mention must be made of the Scandinavian experience though there is not room to dwell on it in this paper. The Scandinavians have been known for their concern for the rights of handicapped people and indeed when we were struggling to establish special schools in the 1960s they were striving to integrate their learning disabled in ordinary schools. It may be immediately objected that the Scandinavians can afford much more comprehensive services than we; this can hardly be gainsaid, but their experience is nonetheless pertinent, especially since they have had to overcome demographic problems quite similar to ours. Some glimpses of normalization programmes in Norway, Sweden and Denmark in 1970 were provided by Elizabeth Anderson in a booklet which she very aptly called 'Making Ordinary Schools Special'.

Elizabeth Anderson had a particular interest in the physically handicapped and indeed throughout the 1970s she produced much invaluable research on their education. She, of course, worked in Britain and there the first major rethink of special education since the 1944 Education Act was undertaken by the Warnock Committee which reported in 1978. The Committee moved away from categories of disability and spoke instead of 'special educational needs', and, although they did not use the term, the Committee's report came down firmly in favour of a principle very like what, on
the other side of the Atlantic, had been called 'the least restrictive environment'.

The Warnock Report identified three forms of integration, Locational, Social and Functional, which they saw as representing 'progressive stages of association'. Locational integration exists where special units or classes are set up in ordinary schools or where a special school and an ordinary school share the same site. There may not be much contact with other pupils but the Committee think it can still bring worthwhile gains. The child in the special class and his parents can think of him as attending an ordinary school, probably the same school as his brothers and sisters. By the same token, the pupils in the special and ordinary classes should develop some awareness of one another.

Social integration implies physical arrangements which may be similar to those obtaining in locational integration but the situation is planned so that there is considerable social interchange between the special and ordinary class pupils in such activities as eating or playing, or in organized, out-of-classroom activities.

Functional integration is integration in the fullest form, involving 'joint participation in educational programmes'. Where functional integration has been realized, children with special needs join the regular classes on a full-time or part-time basis and contribute fully to the activity of the school.

While the Warnock Committee strongly favours integration, it sees, in practice, a ten-stage continuum of special educational provision:

(i) full-time education in an ordinary class with any necessary help and support;
(ii) education in an ordinary class with periods of withdrawal to a special class or unit or other supporting base;
(iii) education in a special class or unit with periods of attendance at an ordinary class and full involvement in the general community life and extra-curricular activities of the ordinary school;
(iv) full-time education in a special class or unit with social contact with the main school;
(v) education in a special school, day or residential, with some shared lessons with a neighbouring ordinary school;
(vi) full-time education in a day special school with social contact with an ordinary school;
(vii) full-time education in a residential special school with social contact with an ordinary school;
(viii) short-term education in hospital or other establishments;
(ix) long-term education in hospitals or other establishments; and
(x) home tuition.

It will be seen that this continuum is quite similar to those advocated in current American thinking of which the Gearheart & Weishahn model quoted above is but one example. It may also be noted that the first four steps on the Warnock continuum are all within the ordinary school.

To the person who has come to value all the things considered special about special schools these shifts to the ordinary school may seem alarming. Are there, he may ask, any safeguards envisaged? The answer is yes; in all cases there is an emphasis on the resources and the support services needed. The Warnock Report puts it succinctly:

It is axiomatic that the quality and regularity of specialist support for both children and teachers in special classes and units must be the same as that provided in good special schools.

Thus, one constantly finds references, depending on the circumstances under discussion, to physical modifications to buildings, provision of a nurse or nursing aide, reasonable pupil-teacher ratio, staff planning in advance of the handicapped child’s coming, availability of specialist support personnel such as resource teachers and educational psychologists and relevant teacher training. Many of these conditions take time to achieve, most of them require money and all of them depend on goodwill.

What then of Ireland? The movement towards integration has had relatively little impact here as yet. It has been noted that the rights movement and the assertion of these rights by court action has been an important stimulus to mainstreaming in the U.S. It might be argued that we in Ireland have traditionally been weak on individual rights and prefer to make changes in education without recourse to concepts like ‘rights’. It may be a reflection of authoritarian elements in our culture that, while we may on occasion evince considerable generosity in helping weaker groups, a certain ambivalence may develop when these same groups begin to speak about their rights. In any event the paucity of legislation governing education in general and special education in particular probably
means that the law would afford inadequate support to the parent who would seek to assert the special educational rights of his child.

There may be another reason for our relative slowness in taking up the integration issue. We have sympathy with the difficulties experienced by long-established special educational systems such as those of Britain and U.S.A. in introducing change in the face of deeply-ingrained attitudes and practices hallowed by time and by institutional traditions. These systems have difficulties because they are old; ours may have a problem because it is new. Following decades of extraordinary neglect by the two main partners in the educational system, special education was eventually established, largely on the basis of special schools, and in the past twenty years remarkable progress has been made. Now, having striven so hard to meet the most basic criterion of special education — providing the child with an education suited to his needs — we are challenged by new thinking which says that this is not enough. This suitable education must now be provided in a situation as near as possible to that obtaining for the child's normal peers. It is interesting to speculate on which would be our position had we been twenty-five years later in establishing special education in Ireland. Where would we choose to make provision?

Of course, it should be remembered that very large numbers of pupils needing special educational help are already in our ordinary schools. Many of them are receiving that help; many, it would seem, are not. Perhaps this is an obvious place to begin integration. If the term implies the provision of suitable education within the ordinary school, then we must be concerned with those pupils with special needs who are already there:

- with the slow learner who is not having his needs adequately met in the ordinary class;
- with the child who needs more radical provision than the sessional help which the remedial teacher can afford him;
- with the physically handicapped pupil who is falling behind in the ordinary class because his teacher and his parents are afraid to make realistic demands on him, and because the necessary person is not available to advise them.

Indeed the physically handicapped are as good a group as any about whom to begin to think of integrating. Nowhere is the importance of individual differences more strikingly demonstrated, and with no other group are the educational problems associated with categorization or labelling more marked. For the term
'physically handicapped' which brings them together is a statement about a certain lack of integrity in their limbs but says nothing at all about their educational status or about the extent of their special educational needs, if indeed they have any at all. And if they do have special educational needs the elements of their learning disability are generally very similar to those of other children whom we have placed under different 'umbrellas' such as mentally handicapped, slow-learners, or perceptually disabled. This is not to underestimate the importance of the child's physical disability or to isolate too severely his learning needs from the totality of his being, but it is worth bearing in mind that if we were to provide for this group on the basis of their educational needs alone most of them would probably be educated in different situations. Indeed it would seem that quite a number of them already are in different situations.

Integration of the physically handicapped raises important questions for us at both an institutional and individual level. If we are to accept the claim of the disabled that they have a basic right to grow up and be educated with their neighbours then it will cost us money. The placing of pupils with a moderate or serious degree of special need in the ordinary school, whether in the regular class, in a special class, in a special unit or in some combination of these will require the development of specialist resources where they are not available at present and, as a society, we should decide whether we are prepared to pay for this.

But it is not enough for us to throw these questions over to the administrators and the politicians. There are issues here for all of us.

We did develop special schools in the light of the conditions of the time and they have made an enormous contribution over the past twenty years. Can we now go on from that position and work out some measure of integration? Can the existing system be modified to incorporate at least locational or social integration?

Could some special school pupils go out to ordinary schools for some activities? Could some non-handicapped pupils attend schools of the physically handicapped? Do special units in ordinary schools not deserve consideration as an alternative to special schools?

What about our special classes? Can they offer relevant special classes? Can they offer relevant special education to some physically handicapped children who live nearby? How can our remedial teachers contribute? Could they perhaps be resource people if we took their selection and their training more seriously?

Could some of our special schools serve as area resource centres,
as the British and the Americans suggest? How might this system operate?

What of the physically handicapped child who has no complicated problems, who would do well in the ordinary class and would enrich the experience of his classmates if only there were someone to guide and support his parents and his teacher. Why does Education remain paralyzed at the prospect of employing other professionals?

Finally if we are going to move in the direction of integration and extend our conception of the normal what are the implications for teacher-education at initial level, at inservice level and at specialist level? Have we the resources to meet these needs? Can we now think of drawing more widely on the expertise of those people in whom the community has invested over the past twenty years?

The issues raised by the integration movement may seem daunting but there is no need to be intimidated by them. More than likely each one of us involved in the education of the physically handicapped or indeed involved in any aspect of education can do something worthwhile about the matter — apart from what we believe other people should do. Precisely because in Ireland groups like the physically disabled and their parents do not use the constitution and the courts to change the educational system, there is an even stronger professional onus on all of us to examine what we do and to take the initiative if change is needed.

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Reports of the Working Groups: Session Two

GROUP A

assigned topic: Can we expect physically handicapped children to learn about life in segregated special schools?
Can we expect the rest of the population to know the physically handicapped if they never meet them at school?

1. Pupils in special schools have specific needs which demand specialised attention.
2. Do special schools create a culture of handicap from which the pupils cannot escape?
3. Attitude of teachers is vital in development of pupils: inservice training needed.
4. Difficult for teachers and pupils in ordinary schools with integrated physically handicapped pupils to treat them as normal.
5. Difficult to be categorical about problem. Each child has to be considered as an individual and his/her needs assessed.
6. Disabled people might demand the right to attend local schools and have necessary services provided.
7. The community will not learn about handicap being a normal part of life as long as segregation pertains.

GROUP B

assigned topic: Special schools for the physically handicapped like special schools in general can often be relatively isolated from the ordinary schools around them. Suggest ways in which the special and the ordinary schools might co-operate in the interest of ‘normalisation’ for the physically handicapped students. Might there be other benefits from such co-operation.

Special schools should be located near ordinary schools to provide opportunities for the integration of physically handicapped and able bodied children. The close proximity of special schools should enable teachers and pupils in ordinary schools to learn more about the physically handicapped. However, positive attitudes on the part of the principal, staff and children are necessary for integration: goodwill on all sides is a prerequisite for success in this area. A course in teaching the physically handicapped should be part of initial teacher education to develop better understanding of the education of physically handicapped children.

Activities suggested for social integration are: morning assembly,
drama and mime, swimming, games and sport, nature walks and school tours. It is, however, important not to emphasise competition. Adequate ancillary staff and support services are basic to effective social integration. Functional integration could be developed in the teaching of home economics, music, art and craft. Teamwork among physically handicapped and able bodied children in the learning situation is an important principle in functional integration.

At the present time, special and ordinary schools might cooperate in the interest of ‘normalisation’ for the physically handicapped students where attitudes are positive and adequate specialist services are provided.

GROUP C

assigned topic: If more physically handicapped pupils are to be educated in the ordinary classroom

(a) what provision for this should be made in initial teacher education?
(b) how might the same need be met in the case of teachers already working in ordinary schools?

1. Special education should be a compulsory element in all pre-service teacher education. At present, Carysfort College offers an optional course. Nothing of this nature is available in Drumcondra or Limerick. Ideally, this provision should be in student’s final year.

2. Inservice courses, i.e. in special education department of St. Patrick’s should be expanded. Two thirds of all teachers in special education have not done this one year course.

3. Ideally, places in this special education course should also be open to teachers in ‘normal’ schools. It is appreciated that priority must be given to special education teachers.

4. The proposition that pre-service students should have the option of doing teaching practice in special schools received little support. They could be used as teacher-aides. In England they help out in drama, swimming etc., one day per week over a year.

5. The aims and objects of special schools should be made more widely known.

6. Teachers in national schools are not equipped to deal with physically handicapped pupils. Need for a programme of inservice training — not necessarily in St. Patrick’s, e.g. utilisation of teachers’ centres.

7. Universities should be encouraged to offer courses in special education. Could I.C.T.U. fund a chair in special education in one of the universities?
GROUP D

assigned topic: Michael is a 3 year old haemophilic from a rural community, ten miles from the country town. Present indications are that he will be a slow learner- His parents would like him to attend the local 5-teacher parish school; his brother and sisters go there and the parents are impressed by the quality of their education. Michael would be the only wheelchair pupil in the school though not the only pupil with learning difficulties. However, his parents fear that neither his physical nor his educational needs would be adequately met locally and are considering having him attend a city school for physically handicapped on a five day residential basis. Would it be possible to have his needs met locally and if so what would have to be done?

The group did not have time to discuss all aspects and confined the discussion on how his needs could be met locally.

It discussed the question of physical access to school and in general it did not treat this topic in depth as it had been discussed previously.

However, there was general agreement that access needs would have to be met. Because he was born with Spina Bifida it was assumed that he was incontinent. So what were the toileting facilities? A number of teachers had had practical experience and in the majority of cases the family took the responsibility and took the child home at break time. Generally, there were no special facilities within the school. It is recommended that the teacher should have special knowledge and support.

The school would need the help of a peripatetic teacher — supplementary teachers who should be specially trained to give expert guidance to parents and teachers.

This child is very special — he is physically handicapped and more than likely a slow learner, so the average teacher in a five teacher school could not cope and should not be expected to cope. However, it should be possible to provide for him in his local school if the necessary supports were made available:

(a) access
(b) toileting and medical support; need for support from a special unit, or from a community care team;
(c) transport
(d) support from a peripatetic teacher or special education inspector.

In general, teachers who had had such a child in their classes felt isolated, and admitted that they received no special help on the medical or educational implications of the spina bifida child.
Educational Provision for the Physically Handicapped

Seán Hunt, Divisional Inspector, Department of Education, Dublin.

Seán Hunt was a primary teacher and then an inspector of primary schools before becoming involved in the education of children with special needs. He was recently promoted to the position of Divisional Inspector with responsibility in the area of special education.

The opinions expressed in this article are those of the author. They need not necessarily express, or be in accord with, the policy of the Department of Education.

General Background
While the incidence of learning disability is higher among the physically disabled than in the normal population it is not always appreciated that there is no direct relationship between physical impairment and educational handicap: e.g. children who are quite severely physically disabled may have little or no educational handicap and, conversely, those with very slight physical impairments may have significant and serious learning disorders. This point is made, not to minimise the importance of a pupil’s physical condition in making arrangements for his education, but, rather to balance the all too prevalent assumption that the presence of a physical abnormality necessitates, in all cases, special educational provision.

The dangers of classifying the handicapped are well documented in the literature on special education over the past couple of decades. In particular it has been found that classifications devised for administrative, legal and medical reasons are not necessarily useful for educational purpose. As a result, there is a definite and persistent move away from the use of identified defects of mind and body as a basis for the organisation of special education. Similarly, special education is no longer synonymous with special schooling and many children do not any longer have to be separated from their peers in order to receive special help. There is widespread acceptance among educational authorities that there exists in all schools a number of
children, including some physically handicapped, who are educationally retarded, emotionally immature, or socially disadvantaged to a degree which has implications for the organisation, staffing and equipping of the schools and for the methods and approaches used by the teachers to deal with them.

The presence of a particular physical disability is no longer regarded as the sole, or even primary, determinant of educational placement. A physically disabled child’s ability to benefit from attendance at a particular school will depend on the nature and degree of his handicap, the range of special educational services available in the school, the medical and associated services in his locality, his level of intellectual and emotional maturity, the quality of acceptance and support he receives from his immediate family and on the opportunities for socialisation, recreation and activity afforded by the neighbourhood in which he lives.

Much of our existing provision was influenced by the respects in which the needs of the handicapped differed from those of the ordinary population. The identification and assessment of the nature of these differences was important and necessary but in highlighting differences it can be argued that some of the important respects in which the needs of all children are the same were overlooked. Therefore, the principle that the basic needs of all children are the same, whether these needs are physical, psychological or social, would seem to be important in organising special services for all handicapped children. The acceptance of this principle does not mean that the physically disabled do not have many important special characteristics which are relevant for their education. It does mean, however, that the kind of special educational provision which is needed by an individual physically disabled child in not solely, or even primarily, determined by the nature of his physical disability. General statements regarding the educational needs of the physically handicapped can be misleading if applied indiscriminately to individual pupils, nevertheless, it is possible to identify special areas of need which are helpful in organising an educational environment for them.

Many disabled pupils experience difficulty at school on account of impaired intellectual functioning and, in some cases, these difficulties are compounded by extended periods of absence and hospitalisation. The difficulties which some disabled children have in the areas of communication, perception and motor-co-ordination are well documented and these have obvious implications for their
learning. The extent, however, to which the physically disabled have special needs in the areas of personal and social adjustment is probably not as well appreciated as are their more obvious needs in regard to mobility, accessibility and personal care.

It seems reasonably clear that there is no one correct form of special educational provision for all physically handicapped children. It is useful to look on physical disability as a continuum progressing from very slight to very severe and, in the same way, at the educational handicap associated with it on a continuum from very mild retardation to very severe learning disability. Of course, as has been already observed, the more severely physically handicapped will not necessarily be the most seriously educationally handicapped. Within the limits of the two continuua described above exists a wide variety of needs and the additional educational intervention necessary to meet these needs may be minimal at one end of the continuum and very extensive at the other. Thus some physically handicapped need nothing other than transport facilities in order to enable them attend school. For others it is necessary to modify slightly the physical environment at school by providing ramps, special toilets, a special desk or typewriter so that they can benefit fully from attendance at school. Some pupils receive remedial education in addition to their normal tuition while those who are more seriously retarded need full-time placement in a special class. In the larger urban areas where there are special day schools for the physically handicapped, the needs of some children whose condition is such as to necessitate medical and therapeutic services on a daily basis, in addition to intensive special education, are best met by attending such schools. There is also a number of children who, as well as having a physical handicap, function intellectually at the level of mild or moderate mental handicap and for whom the most appropriate placement is in the local day-school catering for these degrees of handicap. Finally there is a small number of children who for family and social reasons will have to be placed in a residential special school. Home tuition may be the only educational service feasible for a very small number of seriously handicapped home-bound children.

**Special School Provision**

There are five special day schools for the physically handicapped. Three of these are in Dublin and the other two are in Cork and Limerick. The more seriously disabled tend to attend these schools
and a considerable proportion of the pupils in them have a significant intellectual handicap in addition to a physical disability. A considerable number of physically disabled pupils are also being educated in the special schools for the mentally handicapped all over the country. There are over sixty such schools at present and, generally speaking, the physically disabled pupils who attend them suffer from physical disabilities of a mild nature. Nevertheless some of these schools are able to cope adequately with a small number of seriously physically disabled pupils. All of them cater for pupils in the 4-18 age range.

Provision in Ordinary Schools

There has been a considerable expansion in special education services in ordinary schools over the past decade. There are now 123 special classes and over 600 remedial teachers in ordinary national schools. At post-primary level there are over 400 teachers engaged in remedial teaching. It is the official policy of the Department of Education to educate as many as possible of the physically disabled in ordinary schools, both primary and post-primary, and there is evidence that this policy is enjoying some degree of success. A variety of factors have contributed to this development. There is an international trend to integrate the handicapped in ordinary schools and in society generally and this has influenced both parental and professional attitudes in this country. In addition, the capacity of ordinary schools to successfully educate children with special needs has improved significantly with the development of special education in ordinary schools and with the introduction of a primary school curriculum emphasising individual needs in children. The expertise of teachers has been developed by the provision of courses in remedial and special education and by the introduction of a three-year course of basic training. Significant reductions in pupil teacher ratios, the establishment of transport services and a major programme of school building have all resulted in an improved learning environment for all pupils including the disabled. The result is that, to an increasing extent, physically disabled pupils who hitherto would have attended special schools are now being educated in their ordinary local schools. Postprimary schools at Ballymun and Ballinteer in Dublin, and at Mayfield in Cork, have special facilities for the education of the physically disabled. In these schools physically handicapped pupils join normal classes for the various subjects and are integrated for social and recreational purposes with
their able-bodied classmates. To cater for their special needs the schools are allowed to appoint a resource teacher additional to quota. A child care assistant is also appointed to the school and therapeutic services are provided by the Health Boards.

The Home Tuition Scheme
This scheme was established initially in order to provide some education for those physically disabled children who, for one reason or another, were unable to attend school. It has since been extended to include those disabled pupils who are attending school but who are experiencing difficulty at their work due to absences and illness. About 100 pupils in ordinary schools receive special additional tuition under this scheme and it has been particularly helpful for disabled pupils who are attending schools where there are no special education services.

Hospital Schools
There are three centres for physically disabled pupils who need long-term residential placement and they have a combined enrolment of 100 pupils. In addition there are special schools in all the orthopaedic hospitals to cater for the needs of children who attend these hospitals for surgical and other medical treatment. There are special schools also in all the major children's hospitals in the country.

The Advisory Committee on the Education of the Physically Handicapped which was established in the Department of Education is to issue its report and recommendations shortly. Other working parties in the Department on examination facilities for the disabled and on accessibility will also report in the near future. It is to be hoped that the recommendations of those bodies will result in improved educational facilities for the disabled and contribute to their full integration in society.

Reports of the Working Groups: Session Three

no topics were assigned to the groups for this session.

GROUP A
1. Special setting usually provides a family support service. If a child transfers this may be lost.
2. It is still difficult for parents to get adequate advice if they have a handicapped child re education and other services.
3. A schools psychological service to N.S. is needed.
5. Concern was expressed that assessment of children's educational needs is still under medical control.

GROUP B
At the present time some physically handicapped children are attending schools for the mentally handicapped. No provision was made for children who are immobile in the planning of such schools. If this placement policy is to continue, the design of new schools for the mentally handicapped should cater for the needs of the physically handicapped also.

Some specific problems of physically handicapped children attending ordinary rural schools were highlighted. Long delays in assessment for placement are common and indicate the necessity for a schools psychological service for rural schools. Special remedial teaching is not provided for handicapped children attending small rural schools.

The role of childcare assistants should be clearly defined. It is very important that people who are understanding and have empathy with physically handicapped children be appointed. All childcare assistants should receive training, including pre-service training. The present ratio of childcare assistants to special school pupils is very low indeed.

Initial teacher education should include a course on teaching children with special educational needs. Experience in teaching ablebodied children is desirable for teachers in special education, as is mobility of teachers from special to ordinary schools. The INTO should organise regional courses for teachers in ordinary schools on teaching the child with special needs.

GROUP C
1. Special classes are grossly under funded. £25 p.a. grant is totally inadequate.
2. Realistic policy on integration should be formulated and teachers should have an opportunity to respond to the policy before it is finalised. If integration is imposed it will defeat its own purpose. Detailed planning essential.
3. Post-primary provision for the handicapped is vital.
4. Physically handicapped people should be consulted to help develop policy and services.
5. Home tuition should only be given by qualified serving teachers.
6. INTO should be encouraged to provide seminars for special education teachers and indeed ‘normal’ teachers, more regularly.
7. One morning per term should be devoted to case histories of pupils.

GROUP D
The group wished to highlight two points which Mr. Hunt has acknowledged.
1. The quality of services is uneven at the moment. There is need for upgrading of many services.
2. The policy of integration needs to be more clearly defined by the Department of Education in conjunction with the I.N.T.O. This policy should define long term aims and short term objectives, and should be phased over possibly a period of fifteen years.

The present approach is more often based on satisfying parents aspirations rather than on the real needs of the child.
## Appendix 1

### GROUP A

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GROUP D

Sean Brosnahan  Margaret Kenny  Fr. Lorcan O'Brien
John Carr  Maeve Lowe  Rhoda O'Connor
Raymund Connolly  Moira Lynch  Gerry O'Dwyer
Joan Egan  Lucy Mooney  Michael O Mordha
Margaret M. Glavey  Eileen Mulkerrins  Christine Raftery
Sr. Mel Hand  Patrick B. McAlinney  Rosaleen Roche
Mary Higgins  Sr. John McGee  Desmond Swan
Sr. Ignatius  Aingeal MacLochlainn  Mary Walsh
Eileen Kelly  Grainne McNulty

Appendix 2
WORKING GROUPS

Group A
Chair: Ann O'Sullivan
Rapporteur: Tony Jordan

Group B
Chair: Dan Buckley
Rapporteur: Pat Sheehan

Group C
Chair: Brendan Gilmore
Rapporteur: Katherine Brennan

Group D
Chair: Mairin Byrne
Rapporteur: Mary McGrath
Appendix 3

Programme

Friday — 27th March 1981

7.00—7.45 p.m. Registration.
11.30 a.m. Paper: "Integration of Physically Handicapped Children"
Director, Special Education
Department, St. Patrick’s College of Education
Dublin.

8.00 p.m. Official Opening of the Seminar
Lecture: "Education for the Physically Handicapped — an overview"
by Professor Ronald Gulliford, Head of Department of Special Education, University of Birmingham.

Chair: Michael McSweeney, President, INTO.

12.05 p.m. Workshop Session.

9.00 p.m. General discussion.

Saturday — 28th March 1981

9.30 a.m. Paper: "The Educational Needs of the Physically Handicapped"
Criona Garvey, B.A., M. Psych., Senior Psychologist, National Rehabilitation Board.

Chair: Frank Cunningham, Vice-President, INTO.

10.05 a.m. Workshop Session.

10.40 a.m. Report and General Discussion.

11.00 a.m. Coffee Break.