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Special Education in the Twenty First Century: Challenges and Opportunities or a New Graveyard,

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Special Education in the Twenty First Century: Challenges and Opportunities or a New Graveyard, Roy Brown, EitN Number 7 1999 pp. 19 -28

I have chosen this paper because of the holistic and systematic analysis offered of the potential changes and challenges likely in the field of special education in the 21st century in relation to concept of inclusion and its application. I particularly appreciated his consideration of the challenges identified for educators not only of children but also of teachers of children.

Norma Hart
June 2016

Special Education in the Twenty First Century: Challenges and Opportunities or a New Graveyard?

Roy I Brown

Synopsis

In this paper consideration is given to possible changes and challenges which are likely to occur in the field of special education in the new millennium. As we leave a world of linear thinking and notions of one-to-one causation to an examination of interactive models, educators and scientists need to abandon political orthodoxies and mission approaches to intervention. The 21st century will require the careful demonstration and evaluation of ideas including the consequences of applying those ideas. For example, if inclusion is to be assessed as a total process, we need to ensure that the model is effectively planned, costed and evaluated. A more flexible interpretation of the notion of inclusion has to be adopted extending beyond simply educational inclusion to embrace, family, social and community inclusion. One concept that has largely escaped consideration in the field of special education but which has a direct relevance is that of quality of life. The principles underpinning this concept are briefly examined. Special education departments within universities are strongly encouraged to abandon too narrow a professional focus and adopt a broader multi-disciplinary approach in the fields of research, demonstration and practice. For their part, teachers in the 21st century will need to learn more about the origins of their own values and be capable of accepting multi-value systems, while still encouraging and enabling pupils to make their own choices. If the kind of challenges described in this paper are not addressed then there is likely to be little future for special education in the 21st century.

Setting the Scene

I HAVE the advantage of having been part of developments in special education and the disabilities field for nearly forty years and spread over three continents. Developments over that period have been quite remarkable and have included the closure of institutions, the development of demonstration programmes to illustrate change, plus the advent of new technologies. Further, many special and residential schools have been closed and to a considerable degree education has much greater responsibility for children with multiple and severe disabilities. All of these changes were interactive with other political and social developments. They have been part of a humanitarian movement, which has led to a worldwide focus on educational inclusion for people with disabilities and

a concerted thrust towards community inclusion. Many who were institutionalised or secluded in residential and special schools have progressed to work, community living, partnership and marriage. Some now have their own families. During this time a variety of fads and fancies have come and many have gone. New disciplines have been established and have sought to find applications relevant to the disabilities field. Unfortunately, however, many have forgotten or chosen to ignore previous efforts to improve and develop special education. I believe it essential that those entering special education are conversant with such developments.

In examining the future, it is wise to take stock of the past. Values and philosophies have changed. In the United Kingdom such changes only became possible because of the work of people like O'Connor and Tizard (1956), Tizard (1958), Tansley and Gulliford (1960), Segal (1967), Gunzburg (1968) and Clarke and Clarke (1974). More recently others, such as Peter Mittler and his colleagues, have supported and encouraged major changes in the field of special education (see for example Mittler, Brouillette & Harris, 1993). These examples particularly relate to issues of developmental and multiple disabilities. In English speaking countries, other than the United Kingdom, equivalent changes and developments took place. Sometimes changes seemed to be associated with particular countries and specific aspects of disability. Like a relay race the baton of demonstration has been passed from one country to another. Much of the work that I have noted took place in the fifties, sixties and seventies. Of course, changes have been taking place in this field for a long period of history, but it is probably over the past 40 years that colossal changes have occurred at an ever increasing pace. As we shall see the nature of disability has changed (eg, the increase in physical and central nervous system injuries in car accidents, the survival of premature babies) and with it the concepts and interpretations deployed.

Special education and mental retardation services were originally seen as Cinderella practices. Along with other specialised services in the disabilities sector, these areas have become mainstream. At this moment many such services look as if they may either be absorbed into more general education or sidelined, as

other more recent and glamorous possibilities are considered. The changes at this level are occasioned by our recent and current interests in such areas as ageing, the genome project, extreme diseases such as AIDS, and other social concerns such as family abuse. Further, the area is under threat from the incoming tide of economic rationalism. Society has become increasingly secular and values have become individualised and personal. The colonial world has become to some degree the undeveloped or developing world, and the race for economic leadership in technology, communication, banking and allied ventures have come to dominate much of our society.

The media focuses our attention on what they see as the big issues. Malpractice and abuse are newsworthy as are the attempts at legal redress. Professional and ethical practice have become key words. We have learned the language of discrimination and set up systems to combat evils that we have not yet fully identified. Of course, there is great variability across countries and, even within countries, for standards, practices and values may differ considerably. There is no standard Australian, Canadian or Scottish approach to disability, but, trends and directions, with areas of considerable progress and instances of surprising stagnation.

I am sure readers can add their own list of changes and contributions to the above. Those I present are not listed because they are extraordinary or because they occasion concern, though some meet these criteria, but because they seem to me to be important variables in discussing 'Whither special education?'

Despite these examples there are many who see little change and note the rise of unacceptable conditions for those with disabilities. I would argue that there have been major shifts which provide for a greater degree of openness and scrutiny which provide individuals with greater freedom to pursue rights and concerns. But such changes cloud the picture, making the situation more complex and less accessible to decision making. Society changes and therefore new challenges arise. It is this changing web which catches our attention as we move to the 21st century. It is a more complex world full of shades of grey or light depending on your predisposition.

Special education affected by genetic and social worlds

It is probably fair to conclude that education has been driven by social and political value systems rather than the findings of scientific research. In the broadest sense the influence of scientific research is readily apparent, yet it has often been subverted, sometimes by scientists themselves, to reinforce or support personal values. At times this has led to the doctoring of evidence, such as the touching up of photographs by Goddard in an

attempt to make the Kallikak family members appear more defective and sinister than they really were (Gould, 1996). Goddard like many of his generation were concerned over what they perceived to be the increasing dangers posed by large numbers of persons with defective intelligence. They recommended, and some carried out, the sterilisation of people who were said to be mentally retarded as a result of poor inheritance. Of course such views were negated when their inappropriateness was demonstrated or when the fabrication of evidence came to light. This rejection was reinforced by the discovery of the appalling conditions under which many of these individuals lived in government funded institutions. More balanced views were argued by scientists like Penrose (1949) and Haldane (1949). They too had social and political values, as well as their research data. After a period of studying and recognising the impact of environmental effects (eg, O'Connor & Tizard, 1956; Clarke & Clarke, 1974) we see the emergence of two strong movements. The first, supported largely by sociology and social psychology, which, at its extremes, sees the social environment as the cause of disability. The second is a restatement of an inheritance model which, at its extremes, believes we are able to, and should in the near future, do away with disability and the so-called genetic diseases of later life. Views are often cyclic. They come and go and then return in a more sophisticated form. They probably leave us more knowledgeable and, for a period, more humble about our knowledge base than at the height of the battle. Again it is the media and our communication systems, along with desires to discover major effects, which take attention away from the more sanguine views long since propounded - namely - not whether environment or inheritance is the more important, but how these two major processes interact with one another under various circumstances. Parallel debates go on in the field of curriculum and educational methodology. It is not whether one approach is better, but under what circumstances and in whose hands a particular approach is effective. The future then requires some modifying and mediating forces. Our arguments need to become more comparative and less specific and concrete. We need to seek the effects of interaction between teachers, children and methods and to continue to seek new answers to old questions. Who are the most effective teachers for specific children using what particular methodologies?

We are at last leaving the world of linear thinking and one to one causation for interactive models where circumstance and opportunity play important roles. This requires a measure of sophistication on the part of educators and scientists, which does not sit well with political orthodoxy, mission approaches to intervention, or the deployment of excited mass media.

The rise of technology

Research has also resulted in a range of new

technologies which can lead to greater and faster activity but not necessarily better education or problem solving. The development of the Internet represents one aspect of this. We have at our disposal new ways of communicating, model building, intervening, discussion and decision making. My argument is that science can create the medium, but the application within the medium, currently and for the foreseeable future, depends on social and political values. Educators will need to gain facility in using the media created through technological science; they will need to become more involved in development, application and strategy at the grass roots level, if special education is not to be hijacked by the extreme and vociferous opinion-makers. My argument is not that value systems are unimportant but rather that they are important and understandably biased and, in capable hands, tend to carry the day.

The need for demonstration

The 21st century requires the careful demonstration and evaluation of ideas including the consequence of applying ideas. For example, the move from hospital institutions to the community could be demonstrated to benefit many people and was in line with the then current humanitarian thrust. But such a movement caused pressure on community educational, social and health systems, and since, in many places, sufficient and adequate home environments were not created, breakdown and failure faced many needy individuals. It is the system that fails, not individual children with disabilities. But now the plight and need of these individuals can no longer be hidden from the public and is there for all to see and many to experience. We now need to give critical attention to these concerns.

The future application of inclusion

How does our current adoption of the concept of inclusion fit into this? Arguably and factually educational inclusion can be of benefit to the vast majority of people with disabilities. Skritic (1991) and Ysseldyke et al (1992) have analysed this in great detail in relation to U.S. society. Currently it appears the preferred mode for education but many reforms are still necessary (Mitchell & Kugelmass, 1997). Many would argue it should apply to all children (Salamanca Agreement, 1994). But do we have a society in which all children can benefit from inclusion (see Lipsky & Gartner, 1989)? It is a nice values idea provided there are the methods and the resources to back it up. It obviously fails where there are insufficient changes to the regular education system, such as sufficiently small class sizes, appropriate or adequate resource personnel, and the presence of effective models for multidisciplinary co-operation and co-ordination to ensure interactive intervention can take place (see Stainback & Stainback, 1996).

The concept of inclusion needs to be considered in a much wider vein. Not only will education need to examine what school inclusion involves, but also the breadth of the concept in relation to other aspects of the inclusive process. To do this it is necessary to examine the concept of exclusion and the processes that this entails. As I have indicated elsewhere (Brown, 1999), exclusion is a shutting out process, but it is also a secretive process which limits access except by those identified as key-holders. Thus, it is hierarchical. This lends itself to management within a closed structure - physically, socially and psychologically. Such characteristics affect policy development and funding. We need to move in practice to examine and nullify these concerns.

If we are to assess inclusion as a total process we need to ensure that the model is effectively planned, costed and evaluated. It is no more possible to assess the efficacy of inclusion when it is half developed than it is to fly a spacecraft to Mars which is only half made. There has to be a recognition that social and educational models must go through analogous processes. If this is done the impact of such models is likely to be so dramatic in terms of community development that we could well enter an era of social scientific revolution. Currently, we are often deploying inclusion in situations which are overall embedded in exclusive practices. Unfortunately inclusivity in education has been concretely taken to mean that a child with a disability attends a regular class of his or her peers. However inclusive education could mean the removal of exclusive practices, as outlined above, from content both within and outside the peer aged classroom. In other words educational inclusion is not just dependent on educators but on an integrated strategy with other social and community partners.

Social deconstruction - its role in change

At the present we are going through a phase dominated by another social and political movement - that of social deconstruction. This arises from a dissatisfaction with the way special education is viewed and disability is constructed. It is argued that it is not individuals with disabilities that need to be changed but that society itself is disabled or disabling (Oliver, 1990; Barton et al, 1991). If there are changes in the way society thinks and operates, the construct of disability can disappear. There need to be practical changes in society which minimize barriers. The process can increase as well as decrease our perceptions of people as disabled. This is reminiscent of the World Health Organisation's distinction between disability and handicap, although it goes rather further than this. We need to identify what is disabling and discriminating throughout our social systems. This includes schools, health services, public administration and policy services (see Barnes, 1991). It also means changes in attitude, awareness and

action by individual members of society. However important though this is, it represents only part of the jigsaw. Such changes will not remove brain injury, faulty gene structure, or the destructive adversity of some people's environments. They make a mammoth difference to how we see individuals, and what we regard as important practice within our society. For example, the introduction of practices which decrease road accidents reduces the number of individuals with central nervous system sensory and motor damage, yet this is not a major part of the social philosophy adopted and accepted by the vast majority of citizens, nor is it a platform for those who adopt an economic rationalist policy. This serves to identify how disintegrated our social and value systems are. Even when anti-discriminatory legislation is promulgated it is not long before challenges are mounted by governments and industries. Governments may apply, for example, for exceptions to the various forms of discrimination legislation on the grounds of teacher stress in classrooms where disabled children are found, and on the grounds of expense in the case of accessible public transportation for all those with disabilities. In other words, they find they need to discriminate if they are to function under existing models. We then need to address how the models might be changed!

It is not without relevance that we have travelled through a time of political correctness, where individuals have been derided, or find it difficult to discuss particular issues, because their language or arguments are not deemed appropriate. Although this may be seen in such issues as gender incorrectness and cultural discrimination, and society does require means of alerting its members to unacceptable social behaviours, the same concerns have arisen around, and have sometimes limited, educational and scientific study. For example, in some situations it is difficult to seriously debate issues of inclusive or exclusive education. It is also difficult at times to hold rational debate concerning normalisation or social role valorisation (Jackson, 1994; Jackson, 1995; Williams, 1995). There may or may not be concerns with underlying values or practices. The fact is that debate, demonstration and research need to occur, and advantages and disadvantages need to be discussed. This means that individuals will need to identify which hats they are wearing when presenting an argument. We can all be preachers, scientists and teachers if we have the training and experience and it is important for us and others to know the role we are playing on any particular occasion. As a parent I may wish to advocate for inclusion. As a scientist I may be advised to assess and evaluate different inclusive and exclusive processes before proffering an opinion, and even then the opinion is likely to be expressed in comparative terms. In the 21st century these confusions and positions need to be clarified so that proper debate and discussion can occur. Below I argue that the nature and philosophy of

investigation and research are changing, and opportunities to discuss evidence from different methodological viewpoints need to be provided.

Such developments, as I have described, appear to happen when a society is unclear on the facts but thinks it is certain of the issues. The challenge for the new century is to become more critically impartial and gather evidence to facilitate our decision making. But at the same time we have been restrictive in terms of our research methodologies. The experimental paradigm has been found wanting in terms of successful application to many social and educational challenges. We therefore need new paradigms and these still need to be tested. The advent of qualitative research using narrative, phenomenological and ethnographic methods has the potential to provide us with information which examines more of the personal and perceptual aspects of human performance within an environmental context (for an early example see Booth & Statham, 1982). This is likely to see assessment move away from traditional quantitative measures of children's performance to aspects of process and perception in thinking.

The role of value systems

It is becoming more clear that an examination of our value systems has helped Western society to look at its structures and recognise abuses. But the reaction to abuse has often been concrete and extreme. It is fairly obvious that society recognises physical abuse. It is observed more clearly when people are known to be at risk. Thus many new structures (eg, women's shelters) have been developed to cope with some of these issues. Deinstitutionalisation is another such process. Society has witnessed the extremely deprivational character of places like Willowbrook and has taken radical action. In dealing with such challenges we have often neglected some less obvious but critical issues of abuse. We have moved people from institutions to group homes in the community, or we have encouraged parents to keep their children with disabilities at home. Such ideas are socially noble, but no medals should be handed out unless something better replaces the former situation, otherwise the motivation for change is questionable. Action and resources are required. Children with disabilities at home require support both materially and in professional and practical terms. Teachers in regular classes, who have children with special needs require adequate support from aides - or better - skilled professionals who are able to apply effective technical strategies.

But at a simplistic level the social deconstruction movement ignores the value of adaptive and social training for many people with disabilities. This we are now beginning to recognise. The application of the social values of social inclusion and accommodation

are being put in place, but this alone does not cope with all the biological and psychological deficits that occur. The most facilitative society in terms of acceptance of individuals still requires the means of most effectively assisting and educating individuals, when they face problems in dealing with everyday events (eg, community transportation; the need for toilet training; social reading skills; basic numeracy, basic employment skills). Here our intervention mechanisms are not always effective which argues for new approaches and vigorous research.

It will be noted that the movements I have referred to tend to be extreme and concrete. Abuse is first seen as physical and only later is it recognised that there are different forms of social and psychological abuse. The fact that physical protection and care can avert physical abuse but result in psychological and social restriction, and in turn become abuse, is in practice often unrecognised. Again, when we speak of inclusion we tend to mean the term comprehensively and absolutely. There are no exceptions, and to admit exception strikes fear in the proposers of the new value system. Yet the evidence on the effects of total inclusion are far from satisfactory. Those like Kauffman (1995) argue that some children, such as those with educational and learning difficulties, may need time alone for some of their education. Indeed, if we look at some of the psychological principles of learning, there appear to be many reasons why individualised learning should be promoted at particular stages in the learning process. Further, children learn material at different rates and when they experience disabilities they show great variability, which is much wider than in the so called non disabled population (Brown & Hughson, 1993).

The development of a quality of life model which has been largely ignored by education, takes on board this issue of variability. If the proponents of such paradigms are correct then no uni-directional social movement can be absolute and correct at one and the same time. Variation should be recognised and in order to know the degree of variation requires observation, testing, trial and research. Such a process leads to a number of possibilities. Inclusion, as used in educational inclusion, is only a minor but important part of the inclusive process. We need also to address family, social and community inclusion. Parents who request inclusion are sometimes unwilling to accept that inclusion in school is only part of the process. Even when it is undertaken the overall approach will require that some children at some stage will need individual and separate attention, if their adaptation and learning are to be optimised for their broader lives. These are issues we need to take into account in the 21st century.

Labelling - consequences and changes

Labelling itself is an exclusive process when its effects are to separate or to segregate. The other side of the

coin is the need to recognise that non-labelled children who have to meet challenges in education may need periods of separate and individual instruction which is appropriate to them. This may be required, not just by those who are having difficulties with learning, but also for gifted children who are having problems with material which they think they need to comprehend or their teachers believe they can tackle. From this point of view, new educational processes must be responsive to considerable student variability. This gives rise to bureaucratic issues, for policies in several countries dictate a specific curriculum and a certification process. But without reasonable degrees of flexibility and adaptation this does not fit the requirements of children who face severe challenges, particularly if schools and teachers are assessed in relation to children's graded performance. Such processes if pursued will force the system back to segregation and special schools. We will face this issue in the 21st century.

Discrimination and accessibility

Another aspect of exclusion is lack of accessibility, which constitutes for people with disabilities a discriminatory act. We understand accessibility when it is physical, for example, wheelchair access to buildings. We are less perceptive when it comes to psycho-social discrimination, for example, unapproachable bank tellers or insensitive sales personnel who may not be aware of reduced reaction times in people who have sensory loss or central nervous system damage, or teachers, unschooled in special education, who do not recognise the need for consistent multiple cueing.

What has this got to do with education as a whole? It can be seen as the responsibility of education to see that challenges which face any child are met, so the individual can function in an unimpeded fashion within society. This has curriculum relevance and the implication that responses must be individualised to meet a particular child's needs in society now and in the future. It requires attitudinal changes in education (including all teachers and fellow students) which lead to an acceptance of variability. Such change requires a heavy investment and an acceptance of the belief that the pay off comes down the line. Apparently this is not an investment we have been prepared to make with respect to children. Such an investment is required at two levels. Firstly, we require educational modifications, which enable a child who is discriminated against, to function effectively. This may involve special learning by the child, and the design and deployment of aids plus the learning associated with their use. Secondly, we need an educational process which demands an understanding of the school and community experience of disadvantaged children by children in general, and also the adult public, for they need to be helped to

appreciate and then support the changes which are required in a non-discriminatory society. There are schools which exemplify this kind of approach.

One other process which appears to be critical is that of removal of the assumed limitations imposed by labels (eg, she has Down Syndrome so will not get a job or partner). We must not set limits to long term success but design the curriculum and forms of intervention to meet the child's functional needs and wherever possible the child's preference or choices. At another level, as indicated, education will need to take on a much more progressive outlook in terms of educating the community. If society is to make progress, schooling must involve parents so that there is an integration of learning between home, school and community. This does not simply mean talking to parents from time to time, but becoming involved in the home and community learning environment. It is also the responsibility of education to demonstrate how society can adapt or accommodate to the needs of a diversified and diversifying community. At a simple level it means that if I teach a child who has cerebral palsy and a number of community challenges, I need to design (with assistance) aids and devices to facilitate community access. But I also need to help the community change so that it can accommodate the individual. I rarely see this process taking place. It is left to others, generally non-professionals, to do the best they can, if they want to.

Technology and assistive devices

One of the other ways that special education will change is in its use of assistive devices. Until recently these have been viewed as external aids, such as wheelchairs, adapted forks or stable sailboats adapted for wheelchairs. (Does your school have any of these or have you integrated such activity with a local sailing club? And such boats are also valuable to the older sailor who now has severe arthritis!)

However, we are now looking to adaptations or devices which modify the individual's internal processes. Cochlear implants are one example, but computer chips which link to the CNS are in the early stages of development. How will such processes assist persons with sensory impairments, general or specific brain dysfunction, including problems relating to perception and memory? Such opportunities are around the corner, but how is special education facilitating their development? Are children being best prepared for such a future or do we assume they cannot learn or function within society? As such devices become available, they are likely to work best where a child has been effectively supported in her community and local school, where parents and teachers have not assumed the limitations of disability, but have capitalised on existing opportunities and abilities. An example relates to children who have specific genetic

conditions such as Down Syndrome or Prader Willi Syndrome. Both groups of children are showing increased longevity from generation to generation. In 1900, the life expectation of someone with Down Syndrome was around 11 years. No educator in special schools or a residential setting could be faulted for considering education as relatively unimportant for such children, but now people with Down Syndrome are likely to live into their fifties with one in ten living to seventy (Brown, 1996). Either they are condemned to live a highly protected life or they are taught in such a way that expectations of work, partnership, marriage and retirement are possibilities. How should this influence the domain of special education?

The changing nature of society and its influence on our concept of disability

The prevalence of disability and the nature of disabilities are undergoing change. It is now possible, though some believe it less than desirable, to control the occurrence of certain types of disabilities (eg, Down Syndrome), through genetic counselling. The development of the human genome project is likely to greatly enhance possibilities in this direction but other types of disability appear to be increasing. Premature infants can now survive extreme early delivery and low birth weight but appear to have educational and possibly other difficulties later in life. Children may survive severe prenatal disorders (eg, foetal alcohol syndrome) but later experience educational and community challenges. New syndromes are identified (eg, autism spectrum disorders) where specialised education interventions are sought. This again underscores the relevance of multidisciplinary services available to home and school.

However, there is another aspect of increased disability, which is critical to the special educational scene and has wide ramifications for society as a whole. One hundred years ago reading amongst children was not seen as so vitally important as it is today. Now we regard it as critical if children cannot read effectively or their reading score is not equivalent to their age norm. If the delay is considerable we speak of specific learning difficulties and send such children for specialised assessment and, where possible, intervention, which may be pharmacological, medical, psychological or educational in character. Indeed, as our society becomes more advanced and more complex so the incidence of educational and social-psychological difficulty is likely to rise. Children, who cannot do maths at a particular level, or cannot use computers effectively, may be regarded as disabled. Tertiary educational institutions now frequently have an array of services which are designed to assist the student in difficulties - phrases like the learning disabled student are often employed at the tertiary level (Samuels & Brown, 1989). The more complex the demands of our society and the greater the speed of

change, the greater the likelihood of individual stress, breakdown and failure. We face the prospect of having the majority of our population categorised as disabled at some time in their lives. Yet biologically humans were not designed for reading, computer management or maths. We do these activities as a consequence of advances in our civilisation, initially developed by a few specific individuals. It is hardly surprising that difficulties emerge. It is also important that we recognise that the label of disability is inappropriate in such circumstances, and that variability needs to be recognised through the whole spectrum of human behaviour.

We will increasingly require new means of intervention. This will take place either through psycho-social and educational intervention techniques adapted for specific individuals, which will eventually be regarded as a normal process, or/and through modifications made to our society at various levels. It may mean that we will have to limit the speed at which changes take place or suffer the disintegration of portions of our society. Such a perception of change in our society - one that has been gradually occurring and now is accelerating extremely rapidly - will have major consequences for our educational and social systems in the new millennium. Indeed the demands of society, with their accent on economic rationalisation and competitive aspirations, affect the basic process of emotional development, learning and motivation. Social challenges and group and individual comparisons within the society are likely to mean more children with emotional difficulties and aberrant behaviour (see James, 1997). Thus, teachers will increasingly need to support children who have diverse perceptions of their roles in society, and many who face emotional and motivational challenges. Many of these children will be treated pharmacologically. However, increasingly, educators will need to be equipped to work through these social and behavioural challenges, supporting children with emotional difficulties resulting from conflict within family and society. One other approach to this issue has yet to be mentioned, that of well being and quality of life.

Quality of life

One of the developments largely to escape the consideration of special education is that of quality of life (Hegarty, 1994). The construct has been well developed in the field of developmental handicaps in so far as it affects adults, and has been examined from a social and family perspective by Mitchell and Winslade (1997). Timmons and Brown (1997) have discussed the lack of an educational dimension to quality of life considerations and have suggested this relates to issues of empowerment, user perception and user choices. Such concerns are central to the concept of quality of life. Any group that is unempowered, and where decisions are made for the

individual by others, is less likely to experience services dominated by quality of life themes. Yet the principles involved in quality of life are likely to be taken up by special education as the relevance of this concept gains credence. Briefly, quality of life involves a variety of concepts relevant to special education which, if implemented, would precipitate discussion and then changes of practice particularly in the relationship of education to home and community. The development of policy and the nature of training of personnel would undergo profound change.

Briefly, the principles are;

Holism - the view that activity in one area affects behaviour in other areas. For example, teaching of arithmetic has implications for life in the community. Therefore a consideration of one without the other restricts the development and application of knowledge.

Lifespan - the ideas which promote intervention must take into account future possibilities. To ignore this restricts a child's opportunities later in life. For example, the idea that people with Down Syndrome or cerebral palsy may partner or marry, influences how they are perceived and taught as children.

Perception - most research workers in the quality of life domain recognise that perception is at least as important as objective reality. People respond to what they perceive rather than what is. Thus there is a need to explore what children perceive about their lives, their teachers, the schools in which they function. But perception is much wider than this. Parents and teachers have their own perceptions and frequently they are about the limitations, rather than the potential, of children with special needs. Further, teachers and some parents are much more able to act on their perceptions than children, and particularly children who experience difficulties. Parents and teachers who do not think children will 'make it' can limit children's concepts of themselves and therefore the actual performance of children. To date parents and advocates have been involved, as they should be, in planning for children with special needs but the perceptions of children differ from carers. This is why quality of life measures require direct input from children in terms of assessment.

Choices and preferences - children should be encouraged to make choices and express preferences. This does not mean everything goes, for developmental structure is required. In my experience most children with special needs wish to make more choices than they are permitted. Where implementation of choice can be expanded children will gain greater control of their environments, whether at home or school. Most of these choices or preferences relate to what others would see as minor concerns but which may be critical

for a child. Brown and Timmons (1994) describe choices relating to a desire to walk the dog in the evening with a sister, or opportunities to eat lunch with someone at school, or to be given more control over bedtime. Children with disabilities go to bed significantly earlier than their non disabled peers because of parents' wishes. Other examples are access to different types of learning, which may also occur after school leaving age, or ways in which a child wishes to experience or problem solve educational challenges.

Others, such as Fewster and Curtis (1989) have provided choices for children over the selection of counsellors and therapists, with positive results. It is likely that choice can raise self image and therefore motivation and learning.

Empowerment - choice leads to empowering opportunities and widens a person's experience.

Some will argue that the principles listed above are already applied. Taylor (1994) argues that quality of life enables us to see disability in a new way. It is not that some of these ideas have not been applied previously, but rather, there has been no overarching concept under which to coordinate interventions of this kind. Such an interlinking mechanism, if properly applied, enables education to become multidisciplinary with co-ordinated input where no profession is dominant. The child is primary. The skills of working within such a framework are having considerable impact in various fields (see Romney, Brown & Fry, 1994) and require examination and trial in special education. A special edition of *Exceptionality Education Canada* has recently been devoted to this theme. When children are largely non verbal, observation techniques become critical in assessing children's perceptions and choices. To date, children have been measured by formal educational tests and little attention has been paid to perception processes. Recognition of these processes is likely to impact markedly on special education and to have implications for both inclusive education and the application of normalisation or social role valorisation, important theoretical concepts which merit a greater and more flexible role in education. Children are variable, and their perceptions and choices may challenge current practice. At the very least, quality of life issues will cause us to examine child behaviour and performance from a new perspective. Of course, a number of questions will be precipitated and only a few examples can be given here. What will happen to inclusion if choice is allowed, who knows best, why should children's views be so critical, will this cause confusion in the educational system, will this make teachers less in control, how can management and policy direction accommodate such ideas?

The evidence in other fields is that a 'win-win' situation is provided. The individual, parents and professionals

(educators) feel more in control (Brown, Bayer & Brown, 1992). All parties feel they play a more critical role than previously. The involvement is focused specifically and locally on the individual, therefore the environment is primed for change.

Special education - the person and the practice

Special education will require major changes as we enter the 21st century. The process of inclusion should, and can, be applied within the regular classroom. Mittler and Mittler (1999) have pointed out that this needs to involve all teachers. Many teachers who initially reject inclusion accept the process once they have experienced it and provided they are given appropriate support. The process of including most children with disabilities is much easier than is traditionally thought. Mittler and Mittler talk about confidence building amongst teachers as well as amongst students. They give a wide range of examples of how confidence can be developed and underscore some of the important aspects of image building, which involve the development of problem solving skills, often with other children as contributing partners. This relates quite clearly to the discussion above concerning the process of quality of life within children's educational development.

All educators need to know more about theory and practice in relation to people with special needs. In this context it is necessary to underscore the role of tertiary special education departments within universities. Although this article argues for the inclusion of children within regular classes, it also implies the necessity for universities to ensure that research, demonstration and practice are focused on the challenges that any child may show, and which children with disabilities frequently show, in cognitive and emotional aspects of learning. In the first place the special education departments within universities need to become much broader in what they recognise as the necessary applications of educational, social, psychological and health knowledge to the challenges, that all children, not just children commonly regarded as disabled, face. Special education needs to become multidisciplinary.

Such departments also need to take a life span approach and to ensure that new practices are demonstrated which take account of the latest knowledge and growth in theory and research. The fact that inclusion is occurring does not obviate the need for highly skilled personnel with a clear knowledge and understanding of the processes of learning, motivation, social integration, in the context of learning difficulty. And this needs to be delivered as part of the education of the average teacher. Disability in its diverse forms requires a focused research and demonstration base. It requires, in my view, clearly identified institutes, or departments within universities to ensure that this

aspect of learning has high priority, and is not diluted by other admittedly important demands of the curriculum.

But there is a further concern. For years we have attempted to discover who are the effective teachers. One of the issues that comes forward time and time again is the importance of the educator's personal philosophy and values and their relationship to practice. The teachers of the 21st century need to recognise their own value systems and how these may interfere with processes designed to change individuals who are challenged in one context or another. If we allow, for example, a system of preferences by children, we must recognise that the choices may differ from our own. We work with individuals from different cultures who hold different values. Thus conflicts in values and philosophy will arise and special education will need to contribute to the process of resolution. Indeed, since it is the perception of behaviour in the context of values which motivates much behaviour, it is important that we recognise these processes in ourselves and others. For these reasons educators will have to learn much more about the origins of their own values, and be capable of entertaining and accepting multi-value systems, and recognise the relevant advantages and disadvantages of each, while still encouraging and enabling choices to take place. The 21st century will see increasing pressure for us to understand such processes. Teachers will need to work alongside other professionals and parents as equals, in the sense that each party provides something which is critical to the functioning of the child.

The above issues cannot be dealt with unless policy accommodates such possibilities. The next century will require that we evaluate different scenarios and recognise the different strategies - some will be more relevant for some children than others. Group effectiveness will be of less interest in research than individual responsiveness. The need to recognise the importance of society and its discriminating procedures in relation to children with challenges will be much more important and cover a wider range of issues than has previously been the case. Educators will need to become better informed advocates of change, not just within education, but within wider circles. They must be prepared and permitted to experiment with a wider range of possibilities. In devising education for the future it must be recognised that labels of disability are likely to increase as society's complexity develops and the speed of change increases. But educators need to move away from an acceptance of a label dominated system and to recognise the stresses engendered by society when addressing each child's profile. Without this understanding we will simply be struggling to adapt children to a disabled society. The challenge is to address both levels of the problem, which means educating society about how it

creates disability and providing individualised or adapted programmes for children. Educators often live in a world where absolutes tend to dominate in policy and in preference, and yet education is directed not just to the average or gifted child but to all children. The challenge of special education is to ensure that it too is relevant to all children.

I have not, in this article, discussed many of the specifics of special education. Those issues exist, but it seems to me that the issues of educational inclusion and quality of life or well-being interact with trends being pursued by the larger society. Biology, medicine and engineering will increasingly relate in both positive as well as negative ways to special education. It is the integration and balance of these various forces which will have to be addressed by special education if it is to survive as a contributor to the development of the 21st century. The special educator of the future will not be so concerned with the disability label but will need to know about the variability in children's cognitive, social and emotional development. This may mean advocating for change in society and developing a curriculum which is relevant to all children. This does not mean that children will not be withdrawn from the regular classroom - indeed their behaviour at any one time may require withdrawal, but it does mean exploring alternative ways of bringing about social inclusion for every child wherever and whenever that is possible. If special education does not accept these challenges it is likely to be the architect of its own demise for other powerful technological and financially wealthy operators are on hand to dictate the priorities of the 21st century.

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