



# **The Education of Physically Handicapped Children**

**Report of a Committee  
Appointed by John Bruton, T.D.,  
Parliamentary Secretary to  
The Minister for Education**

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**Report of a Committee on the Education of  
Physically Handicapped Children**



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## Preface

1. In May, 1977, Mr. John Bruton, T.D., then Parliamentary Secretary to the Minister for Education, asked us "to review the provision made for the education of the physically handicapped and to make appropriate recommendations having regard to the need to make the best possible use of the resources available".

2. We held in all 16 meetings, most of which occupied a whole day. Some of our members visited schools attended by physically handicapped pupils in order to discuss with the school authorities and teachers specific issues which had arisen in the course of our meetings and which we required to have clarified. We received oral evidence from representatives of a number of organisations which are particularly concerned with the welfare of physically handicapped people. The names of the schools visited and of persons who gave oral evidence, submitted memoranda or letters or assisted us in any way are given in Appendix II. In addition some members of the Committee visited the United Kingdom and France to study facilities for the physically handicapped in those countries. With the co-operation of the Departments of Education and Health, the Regional Health Boards and the National Haemophilia Service Committee we carried out a number of detailed enquiries regarding physically handicapped children. The results of these enquiries are given in the report. Circumstances outside our control delayed these investigations and the preparation of our report.

3. Throughout our discussions and when drafting our recommendations we have been very conscious of the vital role education can play in mitigating the handicaps which may result from severe physical disabilities. Experience in this country and abroad has show that suitable education in the widest sense of the term can enable many persons severely physically handicapped from birth or childhood to achieve economic independence as adults and enjoy a full social life. Others can be helped to gain the maximum benefits from sheltered employment and enjoy at least a measure of independence in their daily lives. Even in the case of the most severely handicapped who are incapable of engaging in any productive activity the development of their limited potential through education can give purpose to their daily lives and help to reduce its tedium and frustrations. All our

recommendations have been made in the belief that their implementation will contribute to attaining these objectives.

4. We wish to express our sincere gratitude to the organisations and individuals who have assisted us in our work, to our secretary Mr. Michael McGuirk, his predecessor Mrs. C. Hennessy, Miss M. O'Neill, Typing Supervisor and Miss A. Hynes for typing the Report and officers of the Departments of Education and Health who have provided us with the information we have required from time to time.

We are indebted to Ms. M. Byrne, M.A., former Principal of the C.R.C. Special School for her contribution to the historical research for Chapter II of the Report.

We are particularly grateful to our colleague Sean Ó Fiachra who directed the enquiries we initiated and undertook the very onerous task of writing the Report. Last but not least we wish to thank Mr. P. McGee, Director of Special Education, St. Patrick's College of Education, Drumcondra, who read parts of the draft report and provided valuable comment.

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\*Retired from post during period of Committee's work.

## **CHAPTER 1**

### **GENERAL INTRODUCTION**

#### **Terms of reference**

1.1 The first special educational provision for the physically handicapped was made in Ireland during the early part of this century when schools were established in three of the larger orthopaedic hospitals. In the immediate post-war period schools were set up in other hospitals and the first special day schools were established in Dublin and in Cork in the late 1950's. In recent years there has been an increase in the number of physically disabled pupils who are attending ordinary schools, both primary and post-primary, as well as a major expansion of special education services both in special and in ordinary schools to cater for the needs of a variety of handicapped pupils. While there had been a steady growth in educational services for the physically handicapped no review of these services had taken place other than that conducted by a working party on facilities for post-primary education for physically handicapped pupils which reported in 1971. Since no comprehensive review of the educational provision at all levels for this group of pupils had taken place similar to that which had been undertaken for other identifiable groups of pupils with special needs,<sup>1</sup> it was felt that such a review was now opportune. A review was also considered appropriate since, at international level, many public education authorities are now engaged in a re-appraisal of their special educational services not only for the physically disabled but for all children with special learning needs. Accordingly a committee was established by the Department of Education in 1977 with the following terms of reference:

*To review the provisions made for the education of the physically handicapped and to make appropriate recommendations having regard to the need to make the best possible use of the resources available.*

#### **Interpretation of terms of reference**

1.2 When the committee examined the scope of its terms of reference and considered the meaning it should attach to the term "physical

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<sup>1</sup>Report of the Commission of Inquiry on Mental Handicap 1965. Report on the Education of Children who are handicapped by Impaired Hearing 1972.

handicap", it was decided to accept the definition used in the 1971 report.

The report used the term "physical handicap" to refer to "*permanent or protracted disabilities arising from conditions such as poliomyelitis, congenital deformities, spina bifida, haemophilia, muscular dystrophy, cerebral palsy, fragilitas osseum, cardiac diseases and asthma*".

We interpreted this definition to include:

- (i) *children disabled as a result of accidents or illness;*
- (ii) *children who have a significant intellectual handicap in addition to a physical disability.*

As some hospital schools have traditionally catered for children with permanent disabilities as well as for children suffering from remediable illnesses these schools have been regarded as coming within our terms of reference.

It was decided to exclude from our consideration a small group of children who suffer from two or more major handicaps as this group is the subject of investigation by another working party. For the same reason those physically disabled pupils who are also either severely or profoundly mentally handicapped were considered not to come under our terms of reference.

1.3 The term "physical handicap" is sometimes used to include children suffering from impairments of hearing and of vision. It has not been educational practice in this country to include sensory disabilities under the general heading of physical handicap. It is recognised, of course, that some hearing and visually impaired children may also be affected by physical disabilities as defined in paragraph 1.2. We decided not to concern ourselves with the special needs of these pupils as they have been the subject of recent investigations by the Departments of Education and Health.

### **Physical Impairment and Educational Handicap**

1.4 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. For example, 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. We make this observation not to minimise the importance of a pupil's physical condition in making arrangements for his education, but rather to correct the all too prevalent assumption that the presence of a physical disability necessitates, in all cases, special educational provision.

1.5 The dangers of classifying handicapped children are well documented in the literature on special education over the past couple of decades. In particular, it has been found that classification devised for administrative, legal and medical reasons are not necessarily useful for educational purposes. As a result there is a definite and persistent movement 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 schools and many children do not now have to be separated from their peers in order to receive special help. There is widespread acceptance among educational authorities that there exists in schools in general a number of pupils, including some physically handicapped, who are educationally retarded, emotionally immature, or socially disadvantaged to a degree which has implications for the organisation, staffing and equipment 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 vary with the nature and degree of his handicap, with the range of special educational services available in the school, with the medical and associated services in his locality, with his level of intellectual and emotional maturity, with the quality of acceptance and support he receives from his immediate family and with the opportunity for socialization, recreation and activity afforded by the neighbourhood in which he lives.

### **The Extent of the Problem**

1.6 It is customary for reports of this kind to provide statistical data on the extent of the problem. The committee did conduct surveys of specific groups of disabled pupils and details of these are provided in the report. Data is also provided on the numbers of children in various types of educational institutions and an estimate is made of the extent of the need for residential facilities. We did not, however, consider that it would be particularly helpful, or indeed possible to provide reliable data on the total number of physically disabled children in the country. One reason for this is that, as we observed in paragraph 1.4, physical disability does not always have educational implications. Secondly, authorities are not always in agreement as to what constitutes physical disability. The information available on some types of disability is not readily amenable to statistical analysis and is not always reliable. Where there is reliable data, as for instance in the case of spina bifida and cerebral palsy, the educational needs of the children concerned are so heterogeneous that global estimates of their incidence are of limited use for educational planning. We do know, for instance, that it is reliably estimated<sup>2</sup> (Cussen 1978) that about 170 children are born each year with cerebral palsy. It is also estimated

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<sup>2</sup>Cussen, G. et. al., Cerebral Palsy: Regional Study. The Irish Medical Journal, Vol. 71. No. 11 pp 568-572, 1978.

by the National Rehabilitation Board that an average of 150 children suffering from spina bifida are identified annually and that about two-thirds of these survive to school-going age. These children, however, have a great variety of learning and other needs and a correspondingly wide range of special educational provision is necessary in order to meet these needs. While the committee did investigate the extent of various forms of physical disability where this was both necessary and feasible, it was concerned primarily in its deliberations with the range and quality of educational services required to meet the needs of physically handicapped children.

## **CHAPTER II**

### **THE EDUCATIONAL NEEDS OF THE PHYSICALLY HANDICAPPED**

2.1 Much of the special educational provision which has been made over the past quarter century, in this country and in others, has been based on the conviction that certain groups of children had identifiable educational needs which could not be adequately met within the resources of the conventional system. In order to meet these needs a wide variety of special educational services was developed. Those who were involved in the initiation and design of these services were especially influenced by the respects in which the needs of handicapped children differed from those of the normal population. An informed awareness of the nature and degree of those differences was an essential prerequisite for the development of services and a wide range of professional disciplines made contributions to an understanding of them. Initially when services were set up for a particular group of handicapped pupils there was a tendency to stress the exceptional characteristics which these children had in common with one another but which differed from those of normal children. There was a further tendency to assume that each child in the group had all or most of the characteristics associated with the group. As special services became more widespread and as professionals working with these children became more skilful at identifying their individual needs it became increasingly apparent that within each category of handicapped children there was a wide range of individual differences. At the same time a similar conclusion was being reached by teachers in ordinary schools in regard to individual differences in normal children. Many educators are now coming to the view that, in highlighting differences, they neglected the many important and fundamental respects in which the needs of all children are the same. Therefore, we recommend to all who are involved in the education of the handicapped the acceptance of the principle that the basic physical, psychological and social needs of all children, both handicapped and non-handicapped are the same.

2.2 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 is not solely, or even primarily, determined by the nature of his physical disability. It is only on the basis of a comprehensive interdisciplinary assessment of every area of his functioning, systematic observation of his behaviour and detailed examination of all the options open to him, that decisions about his educational placement can be made.

2.3 While general statements regarding the educational needs of the physically disabled 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. Such statements are probably of most use when the range and variety of educational provision are being planned at national level; they are much less useful when placement and programming are being discussed in the case of individual children.

### **Intellectual Functioning**

2.4 A significant number of physically disabled pupils function intellectually at or above the normal level and it is necessary to ensure that educational provision takes account of this fact. Nevertheless a larger proportion of physically disabled pupils fall into the dull normal, borderline and mentally retarded ranges of intellectual functioning than is the case with the normal population. While educationalists have general reservations about attaching too much importance to the results of global measures of children's intelligence their caution is especially justified where children with neurological impairment are concerned. Overall measures such as I.Q. can conceal wide variations between discrete areas of functioning in such cases and give limited information on relative strengths and weaknesses. While many of the physically disabled do exhibit deficits in every area of intellectual functioning it is more typical for a pupil to have difficulties in a few areas rather than in overall development. It is this lack of uniformity between different areas of functioning which is a source of perplexity both for teachers and for parents and which highlights the need for accurate and comprehensive assessment of their intellectual functioning. Such assessment is necessary before useful programmes of remediation can be devised.

### **Learning Difficulties**

2.5 As a result of physical, neurological or sensory impairment children may have impaired ability to receive or interpret information about the world around them. In addition they may have, during their early years, either missed, or received only at second hand, many of the physical and social experiences which able-bodied children receive and which are essential for balanced physical, emotional, intellectual and social development. Therefore, those children who have missed



out on the normal experiences of childhood or who have benefited from them only to a limited degree need compensatory education to make up for their disadvantage.

2.6 Many physically disabled children are easily distracted, unable to concentrate for long periods and become physically tired more quickly than their able-bodied peers. They may also be frequently absent from school due to illness and/or hospitalization. It is important that the effects of illness, tiredness and inability to pay attention are minimised and that the communication necessary to facilitate this takes place between medical personnel, teachers and parents.

### **Disorders of Communication**

2.7 The prevalence of speech and language disorders among the physically disabled is well known. The range of individual differences is extremely wide in this area. Some children with cerebral palsy, for instance, have no ability to communicate orally and have to be taught to use mechanical aids. Many others, who can communicate verbally, do so very imperfectly and need intensive individual help if they are to develop clarity, fluency and accuracy of expression. On the other hand some spina bifida children seem to have great facility and self-confidence in oral expression but, on closer examination, do not appear to understand much of what they say.

### **Perceptual Disorders**

2.8 Even where there is no sensory impairment many physically disabled pupils are unable to process and order information which they receive through their senses. Such children find learning tasks requiring discrimination skills particularly difficult and so have trouble in judging distance, size and direction. As a result their ability to explore their environment and to come to accurate conclusions about their activities is impaired. There are now many programmes of remediation which can help children with perceptual disorders and they should be given the benefit of such programmes as early as possible. However, programmes of remediation carried out, even successfully, in a particular area do not always result in corresponding progress in the basic subjects of the curriculum.

### **Motor Co-ordination**

2.9 Many of the physically disabled have problems in motor co-ordination. Those with impairment of the lower limbs have obvious difficulties with the gross movements of walking, running, jumping and these have clear implications for their mobility and rehabilitation. What is not always obvious, however, is the degree to which many of the physically disabled also have disorders of fine motor function. Sometimes this is due to neurological impairment and in other cases it may be due to lack of practice in the use of fine manipulative skills.

## **Personal and Social Adjustment**

2.10 The physically disabled have the same basic emotional needs as the able-bodied; they need security, affection and a sense of achievement as well as opportunities to express themselves, to interact socially and to gain recognition as full members of society. Obviously the limitations to normal living imposed by physical disability are potentially frustrating. The reactions of people in the child's immediate environment to his disability as well as their general attitude to it will heavily influence the child's own reaction to his problem. The cumulative effects of living for long periods under conditions of physical pain and discomfort, of frequent and prolonged periods of illness, some of which involve separation from the family at an early age, can understandably lead to disturbed patterns of behaviour. As the child grows into adolescence, deprivation of social experience and the growing awareness of the restrictions to independent living imposed by disability can easily result in resentment, self-pity and despair. The families of disabled children may also need help in coming to terms with their child's problems. It is essential that there be effective communication between parents and teachers and that this be organised on a systematic basis so that each can contribute to the other's understanding of the child's social and emotional development and that the efforts of one are not being rendered ineffective by the other. The availability of psychological, counselling and, on occasion, medical services is essential both for schools and for families in order to help them to build up the self-concept of the disabled child and generally monitor his personal and social adjustment.

## **Mobility, Accessibility and Transport**

2.11 Many disabled children need to be transported to and from school. In some cases they can avail themselves of scheduled public services and in others they can use ordinary school transport services. A small number need specialised transport and this can be difficult to arrange. Disabled children also have special needs in regard to mobility while at school. In order to permit the disabled to move freely within the school building, certain modifications, such as ramps and handrails, may need to be made. Children in post-primary schools have special needs arising out of the fact that they generally have to move from classroom to classroom more frequently than they did in primary schools and are generally older and consequently more difficult to lift. In many cases also they must move between different floor levels. Furniture and equipment sometimes need adaptation in order that they can be used by the disabled.

## **Incontinence**

2.12 Some physically disabling conditions result in incontinence. The nature and degree of the problem varies from child to child and several different appliances and procedures are used to deal with it.

Nevertheless the management of incontinence is often very difficult in ordinary schools. Special schools generally have staff especially appointed to deal with this problem but the capacity of the ordinary school to cope with a problem so rare in its experience can have a crucial bearing on whether the child attends that school or not. There has been an increase in the numbers of incontinent children attending ordinary schools in recent years due mainly to the developments which have taken place in the medical treatment and management of spina bifida. We believe that incontinence of itself should not prevent any child from attending his local school if that school is able, in all other respects, to meet his educational needs. That is not to say that the presence of an incontinent child in a school does not present a problem for the staff, for the other pupils and for the pupil himself. Some children using wheelchairs or other aids to mobility may also need help with toileting even though they are not incontinent.

### **Medical Needs**

2.13 A small number of children are so physically disabled as to need nursing and therapeutic services<sup>1</sup> on a regular or even on a daily basis. These services need medical supervision and it is also essential to have medical expertise available to advise teachers on the management of some disabled pupils as well as to deal with emergencies when they arise. Such facilities which are most likely to be needed by the more severely disabled and those who are multiply handicapped are invariably available in special schools for the physically handicapped. However, some children who attend ordinary schools may also need these services. Their availability or otherwise is often a very important factor when the question of the educational placement of the physically disabled is being considered.

### **The Organisation of Special Education Services**

2.14 While there is a considerable degree of unanimity in regard to the educational needs of the physically disabled there is often widespread disagreement about the way in which these needs should be met. Special schools have been preferred traditionally for medical and administrative consideration as much as for educational reasons. However, there is a general trend in most western democracies over the past ten years to integrate the handicapped in ordinary schools. A great variety of methods and organisational systems is being developed in the various countries to achieve integration and there is a corresponding variation in the degree of enthusiasm with which they are being adopted by governments, professionals and by parents. We would generally support the trend towards integration and we would endorse the official policy to educate as many as possible of the physically handicapped in ordinary schools.

<sup>1</sup>The term therapeutic services as used in this report refers to services provided by physiotherapists, speech therapists and occupational therapists.

## **Special Schools and Special Education**

2.15 Some parents and educationalists have a preference for special as opposed to ordinary schools when making decisions about the educational placement of the physically disabled. In special schools a wider range of special facilities can be provided than in an ordinary school. These would include a special purpose-built school with various types of accommodation and equipment and special curricular provision at all levels. Classes are invariably much smaller in special schools and teachers can, as a result, give more individual attention to the pupils. The classes can also be organised so as to cater for groups that are relatively homogeneous in terms of age and learning needs. Medical and other support services including nursing, psychology, physiotherapy, speech therapy and occupational therapy can also be provided more easily in special schools. They have a further advantage in that they have specially trained staff with special skills and expertise in dealing with the physically handicapped. Such a concentration of interdisciplinary expertise is especially essential where the severely and multiply disabled are concerned. Transport services devised especially with the needs of the physically handicapped in mind are easier to organise and are less expensive when children attend special schools than when they are integrated in ordinary schools.

2.16 On the other hand it is frequently suggested that it is undesirable to segregate the handicapped from their able-bodied peers and that special schools make the pupils accustomed to an environment which is over-protective and which does not offer any model of normal behaviour or indeed of the real world. Special schools offer limited opportunities for socialization with other children and it is sometimes argued that in such schools there is an emphasis on disability rather than on achievement. Some educationalists are worried about the amount of time spent on therapies of various kinds in special schools for the physically handicapped which inevitably leads to a reduction in the time available for contact with teachers. Since the enrolment in special schools now consists predominantly of multiply handicapped pupils many parents and educators feel that ordinary schools in which there are special education services offer a more challenging environment for children of average or above average ability. There are now many skilled and experienced teachers with special education qualifications in normal schools just as there are still some teachers without qualifications in special education employed in special schools. Furthermore those who favour ordinary rather than special schools are convinced that adequate medical and therapeutic services can, to an increasing extent, be provided to meet the needs of physically disabled pupils in many large provincial towns.

2.17 There is no research evidence in this country on the relative merits of the special education services provided for the physically disabled by special and ordinary schools. We see an important place

for both in the overall national provision. The experience of recent years has suggested that (a) special schools are increasingly catering for the more severely physically disabled and for children who have, in addition, a significant intellectual handicap and (b) that many ordinary schools are able to provide excellent special education services for a considerable number of physically disabled pupils.

### **A Wide Range of Provision**

2.18 It seems reasonably clear that there is no one correct form of special educational provision for physically handicapped children. It is useful to look on a physical disability as a continuum progressing from very slight to very severe and, in the same way, at the educational handicap associated with it as being on a continuum from slight to very severe learning impairment. 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 continua 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 pupils may need no special provision other than transport facilities in order to enable them attend school. For others it may be 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 will need remedial education in addition to their normal tuition while those who are more seriously retarded may need full-time placement in a special class. In the larger urban areas where there are special day schools for the physically handicapped, some children whose condition is such as to necessitate medical or therapeutic services on a daily basis, in addition to intensive special education, will have their needs 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 the local day-school catering for these degrees of handicap. Finally, there is a small number of children who for family and social reasons may require residential placement. Home tuition may be the only educational service feasible for a very small number of seriously handicapped home-bound children.

## **CHAPTER III**

### **THE DEVELOPMENT OF SPECIAL EDUCATION SERVICES FOR THE PHYSICALLY HANDICAPPED: HISTORICAL OVERVIEW**

#### **General Background**

3.1 Special education for the physically handicapped in Ireland is a twentieth century phenomenon. Its development followed the same pattern as that of general education services in so far as voluntary bodies played an important part in its initiation. Another characteristic of the early services was that they were established exclusively in existing hospital institutions. It was not until the middle of this century that the first special day schools for this group were provided outside the hospital setting. It is possible to identify three phases in the development of special educational services for the physically handicapped in Ireland.

#### **3.2 Phase I Orthopaedic Hospital Schools (1900-1935)**

During this phase schools were established in three of the larger orthopaedic hospitals.

#### **Phase II Expansion of Hospital Schools (1935-1960)**

This phase coincided with a period of development of the health services generally and of hospital services in particular. Additional orthopaedic hospitals were established and there was a major programme of hospital building for the treatment of tuberculosis and other chest conditions. Schools were established in many of these new hospitals and it was during this phase that the first concessions in regard to pupil/teacher ratio and curricular modification were introduced.

#### **Phase III Development of Special Education Services (1960-1980)**

This phase is characterised by the rapid growth of special education services, both in ordinary and in special schools, for a wide range of handicapped children. During this period there was an expansion of

special day school provision for the physically disabled and a gradual decline in the enrolment in hospital schools. Educational facilities were provided for the first time in Children's general hospitals and a home tuition scheme was introduced.

### **3.3 Phase I Schools in Orthopaedic Hospitals (1900-1935)**

The first hospital school for the physically handicapped was established in 1911 in the Incorporated Orthopaedic Hospital which was then located in Upper Merrion St., Dublin. This hospital had been founded in 1875 and provided orthopaedic and medical care for children suffering from a variety of physical defects. In 1910 hospital authorities had made a public appeal for the establishment of a system of education for children in hospitals but following investigations carried out by Inspectors of the National Board of Education it was decided that only the Incorporated Orthopaedic Hospital had sufficient children to warrant the establishment of a school. By the year 1914 there were 44 pupils on the roll. The hospital moved to Clontarf in 1941 and the school continued there until it was closed in 1977. The school was conducted according to the regulations for national schools and followed the prescribed programme of instruction. The hours of commencement and termination of the daily instruction were, however, determined by the needs of the hospital administration and, as a result, classes began at 1 p.m. and ended at 5 p.m.

3.4 A school was established at St. Joseph's Orthopaedic Hospital, Coole, Co. Westmeath in 1914. This school remained relatively small but had a staff of five teachers in the 1950's. There has been a steady decline in the number of children in this hospital and it has now been decided to close it.<sup>1</sup> In 1922 a school was opened in St. Mary's Orthopaedic Hospital, Cappagh, Co. Dublin. This hospital had been set up initially as a convalescent home for the Temple St. Children's Hospital. The school established in the hospital grew to be the largest hospital school in the country having an enrolment of 180 in the 1950's. Both these schools followed the national school curriculum initially. However, it became the practice in recent years in Cappagh to prepare pupils of post-primary age for certificate examinations and in Coole to send pupils to local post-primary schools.

### **3.5 Phase II Expansion of Hospital Schools (1935-1960)**

The educational facilities in orthopaedic hospitals were further expanded during this phase. Schools were established in five other orthopaedic hospitals and from 1955 onwards these schools allowed a more favourable pupil teacher ratio than that which operated in ordinary schools. In addition schools were allowed to modify the prescribed curriculum to meet the needs of the children. However

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<sup>1</sup>Closed June, 1981

this period is characterised not so much by the extension and improvement of educational services in orthopaedic hospitals as by the establishment of schools in other types of hospital. This development arose out of the situation brought about by the prevalence of tuberculosis and by the various polio epidemics in the 1940's and early 1950's. The establishment of further educational facilities for children in hospital was a logical consequence of the improvements which were taking place in the health services in order to treat the victims of tuberculosis and poliomyelitis, rheumatic fever, heart defects and other conditions. Schools were established in the following hospitals from 1935 to 1959:

### 3.6 Hospital Schools Opened 1935-1960

Date of Opening	School	Medical Classification	Date of Closure (If closed)
1935	St. Finian's N.S., Peamount Sanatorium, Dublin.	Tuberculosis	1969
1936	The Countess of Wicklow Memorial Hospital School, Wicklow.	Tuberculosis	1952
1945	St. Joseph's N.S., Linden Convalescent Home, Blackrock, Co. Dublin.	Heart Defects and Rheumatic Fever	1969
1951	St. Anthony's Clinic, Herbert Avenue, Merrion, Dublin.	Delicate and Convalescent Children	
1952	St. Gabriel's N.S., Marlfield, Cabinteely, Co. Dublin.	Heart Defects	1968
1952	St. Finbar's Hospital N.S., Cork.	Orthopaedic	
1954	St. Senan's N.S., Foynes, Co. Limerick.	Orthopaedic	1963
1955	St. Patrick's N.S., Western Regional Sanatorium, Galway.	Tuberculosis	
1955	St. Mary's Orthopaedic Hospital, Baldoyle, Co. Dublin.	Mixed Physical Handicaps	
1956	St. Nessan's N.S., Regional Orthopaedic Hospital, Croom, Co. Limerick.	Orthopaedic	1970
1957	St. Mary's Preventorium N.S., Rathfarnham, Co. Dublin.	Chest Diseases	1960
1958	James Connolly Memorial Hospital N.S., Blanchardstown, Co. Dublin.	Tuberculosis and Chest Diseases	1969
1959	Lourdes Orthopaedic Hospital N.S., Kilcreene, Kilkenny.	Orthopaedic	

3.7 By the year 1959 there were sixteen hospital schools in operation. Nine of these were located in Dublin. The majority were small schools, only five having more than fifty pupils on roll. While the schools as a group catered for a wide range of handicaps there was not necessarily a variety of disabling conditions represented in each individual hospital. The work in these schools was often carried out under very difficult circumstances and instruction was frequently interrupted by hospital routine and procedures. The patients were invariably confined to bed and tuition was often given in the wards on an individual basis. Special classroom units were, however, provided



in a number of schools after 1950. Nevertheless, in a large number of cases, the children played, slept and took their meals in the same ward in which they received their schooling. The class groups were heterogeneous in terms of age, intellectual ability and physical disability and were based on considerations of physical accommodation, medical condition and sex rather than on homogeneity of learning needs. In view of these difficulties and the fact that no modifications were allowed to be made to the official school programme until 1947 and that no concessions were made regarding pupil teacher ratio until 1955 the degree of academic success achieved in these schools was considerable.

### 3.8 Phase III Development of Special Education Services (1960-1980)

#### *Advances in Medicine*

Some of the hospital schools were gradually phased out as developments in medical science virtually eradicated tuberculosis and polio and significantly changed the management and treatment of cardiac disease, asthma and other chest conditions. Developments in orthopaedic medicine have, over the years, led to a significant drop in admissions and a reduction in the period of confinement. The majority of cases of congenital hip disorder, for example, are now treated either at birth or in early infancy. This factor has reduced to a significant extent the need for long-term hospitalization during childhood and adolescence. As a result some orthopaedic hospital schools have been closed and others have fewer long-stay patients, as shown in the following table:

**TABLE I**  
**Average Enrolment in Orthopaedic Hospital Schools 1960-80**

School	1960	1965	1970	1975	1980
The Incorporated Orthopaedic Hospital, Clontarf.	83	63	50	7	Closed 1977
St. Joseph's Orthopaedic Hospital, Coole.	96	78	76	58	23
St. Mary's Orthopaedic Hospital, Cappagh.	119	92	80	42	35
St. Finbar's Hospital, Cork.	51	33	21	26	13
St. Mary's Orthopaedic Hospital, Baldoyle.	82	94	92	59	58
St. Nellan's Orthopaedic Hospital, Croom.	30	23	17	(Closed 1970)	
Lourdes Orthopaedic Hospital, Kilcreene.	27	37	24	21	18

3.9 As can be seen from the table there has been a steady decline in the number of children attending the schools in all orthopaedic hospitals since 1960. There has been a gradual change also in the types of handicap which are being catered for in them. The proportion of orthopaedic cases has fallen considerably in all centres. Both Baldoyle and Coole have become residential centres for the physically handicapped of all kinds but especially for those cases who are so severely handicapped that their needs cannot be adequately met in day schools or whose family circumstances are such as to necessitate residential placement. Many of the children at both these centres are there for educational and social reasons rather than for medical treatment. A significant number of the pupils at both schools are multiply handicapped.

### **The Voluntary Bodies**

3.10 It was not until the 1950's, however, that the pattern of the present-day educational provision for the physically handicapped began to emerge. Several factors contributed to the changes that took place in the pattern of special educational provision. In the post-war period as the economies of western countries improved a new awareness was emerging of the needs of a wide range of underprivileged groups. One of the ways in which this awareness was expressed was in the formation of voluntary bodies whose special concern was the welfare of various categories of handicapped children. The objectives of these bodies, which invariably had parents, professionals and prominent public figures among their members, were to make the public aware of the special needs of the handicapped, to urge statutory bodies to acknowledge their responsibilities to the handicapped and co-operate with state and voluntary agencies in setting up new facilities and improving existing services for the handicapped. They were remarkably successful in attaining these objectives and exerted considerable influence over the nature and range of services which were subsequently established.

3.11 The National Association for Cerebral Palsy was founded in 1951 to promote the welfare of those who were suffering from that condition. It began by offering limited medical services on a day care basis. In 1952 the Department of Education had sanctioned a primary school at the premises of the Association in Sandymount. Another school had been recognised in 1955 at a small residential centre which the Association had established at Bray, Co. Wicklow. In 1958 the Association established a third school in conjunction with its clinic in Cork. It is interesting to note that, while the Sandymount and Bray schools admitted initially only children suffering from Cerebral Palsy, the Cork school enrolled children with other physical handicaps from the beginning. The schools in Dublin and Cork have grown significantly and the range of support services which is provided in association with the schools in the areas of medicine, physiotherapy, occu-

pational therapy, speech and vocational training has expanded considerably.

3.12 In 1951 the Central Remedial Clinic was established in Dublin to provide care for the many children and adults suffering from the effects of various poliomyelitis epidemics which had taken place in the late forties. The clinic began by providing physiotherapy for a small number of children. A small school was recognised in 1956 for ten pupils in Goatstown, Co. Dublin. It remained a small school until 1968 when it moved to Clontarf to a new purpose-built facility. It is now the largest school for the physically handicapped in Ireland and offers in addition to education, a comprehensive range of medical and other services to children and adults suffering from physical disabilities. In 1959 the Cork Polio and General After-Care Association, which had been formed the previous year in response to a particularly serious outbreak of polio in Cork, opened its first facility for the care of polio victims. This association has become one of the largest voluntary organisations in the country and, since the decline in the incidence of polio, has concentrated on the development of services for the mentally handicapped.

3.13 The phenomenon of extension of services which were initially intended by voluntary bodies for one category of disabled children to the victims of other disabling conditions has been an important feature of the development of services. With the encouragement of the Department of Education, the National Association for Cerebral Palsy and the Central Remedial Clinic, which began in response to cerebral palsy and polio respectively, now offer services to all categories of the physically disabled. Another voluntary organisation, The National Association for Spina Bifida and Hydrocephalus, became involved in the education of the physically handicapped and in 1978 the Department of Education recognised its school in south west Dublin. This school also caters for handicaps other than spina bifida. In 1977 a school which had been catering for some handicapped children in Limerick was recognised by the Department of Education. The following table shows the enrolment figures in all day schools for the physically handicapped.

**TABLE II**  
**Enrolment in Day Schools for the**  
**Physically Handicapped**

School						Average Enrolment 30/9/80
Sandymount School & Clinic	...	...	...	...	...	111
Central Remedial Clinic	...	...	...	...	...	160
School of the Divine Child, Cork	...	...	...	...	...	79
St. Joseph's School, Limerick	...	...	...	...	...	39
S.N. Mhóchua, Clondalkin	...	...	...	...	...	33
<b>Total</b>	...	...	...	...	...	<b>422</b>

### **Educational Facilities in Children's and other Hospitals**

3.14 At the beginning of the sixties the educational needs of the children who were attending children's hospitals came to the notice both of hospital and educational administrators. While these children did not generally spend long periods in hospital it became apparent that the education of many of them was being interrupted by repeated periods of hospitalization. In order that the educational progress of such children would not be too greatly affected by their illness, schools were established in all the larger children's hospitals. Teachers in hospital schools keep their pupils in touch with the school work in which they were engaged before becoming ill so that, on their return home, they may be able to resume work with their classmates without having to make up too much ground. Part-time tuition can be provided in general hospitals which from time to time have children under treatment for long periods.

### **Home Tuition**

3.15 In the late sixties it came to the notice of the Department of Education that there was a small number of children, who, on account of the nature and severity of their physical handicap or the lack of suitable special education facilities locally, were unable to attend school at all. In order that these children would have the benefit of some minimal degree of education a home tuition scheme was inaugurated in 1969. The number of children involved at the beginning was very small. In the early seventies the scheme was expanded to include children who, although they were able to attend school, nevertheless were absent from school for repeated periods of prolonged illness and hospitalization. The children for whom this service was most frequently provided were those suffering from spina bifida, cerebral palsy and haemophilia. It is felt that this scheme has been very effective in helping children who have been absent from school due to illness to keep up with their studies. As a result of advances in the treatment of spina bifida many children with this condition are living longer and attending their local schools. Some of these, however, are in need of special help at school as a result of the effects of spina bifida on their cognitive and perceptual development. For children in small schools in rural areas where special and remedial education services are not usually available the home tuition scheme helps them to keep pace with their peers and enables them to live at home and attend their local school. Otherwise many of them might have to be placed in a special day or residential school. A total of 93 children are now receiving home tuition. Eleven of these are home-bound and receive no other instruction.

### **General Developments in Special Education**

3.16 The Commission of Inquiry on Mental Handicap which

reported in 1965 also had an influence on educational services for the physically handicapped. Following the recommendations of this Commission special educational services for the mentally handicapped were rapidly and vigorously expanded in the late sixties and early seventies. Provision was made by means of special schools and special classes. Some of those schools and classes have been providing excellent education services for many children with physical disabilities who otherwise would have had to be educated in residential schools. The diagnostic and psychological assessment services which were developed primarily to cater for the needs of the mentally handicapped, were, in many cases, put at the disposal of the physically handicapped and so resulted in bringing about a greater awareness of their learning and placement needs.

### **Teacher Education**

3.17 The establishment of the Postgraduate Diploma course in Special Education in St. Patrick's College in the early sixties made a major contribution to the development of teacher expertise in dealing with the physically handicapped. The graduates of this course later formed the Association of Teachers in Special Education which through its seminars, inservice training courses and professional activities generally has helped to influence the attitudes of their colleagues and the public in relation to the needs of the learning disabled. Further expertise in identifying the educational needs of the physically disabled was developed through the Youth Employment, Placement and Psychological Service of the National Rehabilitation Board.

### **Special Education in the Department of Education**

3.18 In the fifties a Special Education Inspectorate was established in the Department of Education. This development was to have a considerable effect on the development of special education services generally and led to a better understanding within the Department of the educational needs of the handicapped. A Special Education section was subsequently set up in the Department and one of the consequences of this was that the Department began to play a more active and initiating role in the provision of new services and in improving the quality of those already in existence. The Inspectorate through its work in schools and its participation in inservice training courses and curriculum development helped to develop the capacity of schools, both ordinary and special, to deal with the problems of the learning disabled, including the physically handicapped.

### **Developments in Ordinary Schools**

3.19 Perhaps one of the most significant developments which has influenced the educational provision for the physically handicapped has been the change that has taken place in ordinary national schools

over the last decade. The major change has been associated with the introduction of the new curriculum and its emphasis on meeting individual needs in children. Pupil teacher ratios have been significantly reduced over the last ten years and there has been a very considerable expansion in special and remedial classes over the same period. These factors, as well as the provision of audio-visual aids, libraries, improved physical accommodation and transport services, have all greatly enhanced the capacity of the ordinary school to meet the needs of pupils with learning disabilities. For some years now it has been the policy of the Department of Education to educate as many as possible of the physically handicapped in ordinary schools. Informal surveys have suggested that there are considerable numbers of such children in ordinary schools and that many of them are making satisfactory progress in them. The trend to educate the handicapped in ordinary schools is, of course, an international phenomenon and the evidence is that it is influencing both professional and parental attitudes in this country. It is, of course, the more able of the physically handicapped who are attending ordinary schools. A further indication of this trend is that the number of children in the average or above-average range of intelligence who are enrolled in special schools for the physically handicapped has shown a steady decline over the past two decades. The present position in special schools is that approximately 50 per cent of the pupils are functioning intellectually at the level of borderline dull normal/mild mental handicap or lower. This means that, to an increasing extent, special schools for the physically handicapped are gradually approaching the situation where every child enrolled is likely to have a significant intellectual as well as a physical handicap. This development has implications for the curriculum, staffing and equipping of special schools as well as for ordinary schools where, it seems likely, the more intellectually able of the physically handicapped will be educated in future.

### **Post-primary Education**

3.20 Until recently there was no special educational provision for the physically handicapped of post-primary age other than that which was provided in special schools. However, following the 1971 Report of the Working Party, (See paragraph 1.1) special facilities have been provided in three post-primary schools to cater for the educational needs of those physically handicapped pupils who would be unable to attend these schools under the ordinary conditions obtaining in them. The schools concerned are the Comprehensive Schools in Ballymun, and the Community Schools at Ballinteer in Dublin and Mayfield in Cork. Physically handicapped pupils join normal classes for the various subjects and are integrated for social and recreational purpose with their non-handicapped classmates. To cater for their special needs the schools are allowed to appoint a teacher additional to quota. The duties of this teacher are to help individual pupils in areas of

difficulty with their school subjects, to consult and advise teachers on the particular problems of pupils, to consult and advise parents and other professionals dealing with the child and generally to further the integration and acceptance of the physically handicapped pupil in the school. Nursing and care services are provided by the Health Boards and the Department of Education respectively.

## **CHAPTER IV**

### **ASSESSMENT, DIAGNOSTIC AND FAMILY SUPPORT SERVICES**

4.1 There is agreement that all handicapped children should be identified as early as possible so that suitable programmes of intervention can be initiated. Early identification is important on account of the very rapid physical, intellectual and emotional development which takes place during the first years of life. Changes in intellectual development take place at a faster rate between the age of 0 and 4 years than at any subsequent stage and an advanced level of language development has already taken place by the age of 3. If language and intellectual development do not progress in a satisfactory manner during the early years it becomes increasingly difficult to compensate for this in later years.

4.2 Both the quality and range of assessment and diagnostic services have improved significantly in the last decade. In addition a wider range of professional disciplines is involved in their delivery. The more severely physically handicapped are discovered at birth and other disabling conditions come to light during the first months of life through the Child Health and family doctor services. Nevertheless, there is evidence that the educational implications of physical disability, in the case of some children, is not being investigated until they have reached school-going age. This is often too late as a considerable amount of preparatory work has to be done with the child, his family and the school organisation if his entry to school is to be smooth and beneficial. If arrangements are not begun at least one year in advance of school-going age the child's entry to school can be delayed. It also came to the notice of the committee that some children attending school had not been re-assessed nor had their placement been reviewed in any extensive way for several years. There was evidence too that the quality and availability of assessment services varied from area to area and that accurate and up-to-date records were not readily available on the physically handicapped in some Health Board regions. Some of these shortcomings in the services can be attributed to staffing and other problems associated with the re-organisation of the new Community Care areas. Finally, individual cases came to the notice of the committee which gave reason to believe that decisions



on educational placement were unduly influenced by the results of norm referenced global measures of intellectual functioning.

### **Services During the Early Years**

4.3 Parents need much support and advice following the birth of a handicapped child in the family. They need counselling to help them to accept the handicapped child, and guidance on the nature of his condition and its implications for the child and for the family. They also need information and advice on the day to day care and management of the child. During the first years of life they need on-going advice on his physical, intellectual, emotional and social development. A wide variety of personnel, both lay and professional, come in contact with handicapped children in their early years including family and specialist doctors, nurses, social workers, play-groups personnel, psychologists, physiotherapists, occupational therapists and teachers. These are important sources of support and advice for parents and the family. They are also important sources of information on the child and his family which will be useful for assessment, diagnostic treatment and placement purposes.

4.4 Since there is such a large number of disciplines involved in giving services to young handicapped children and their families it is important that the delivery of these services is co-ordinated by one agency and one person. While, generally speaking, the professionals involved have training in recognising handicapping conditions and have an appreciation of their educational and developmental implications they do not always have organised procedures for communicating with one another or a system of recording and pooling their information about individual children. Thus it is not unusual for professionals to give advice to parents in isolation from and with no knowledge of that being given by others. This, as well as being a source of confusion for parents, can lead to advice which is sometimes conflicting. *We recommend that the Director of Community Care should have the responsibility for the delivery of professional services to the physically handicapped child and his family during the first years of life. We also recommend that he appoint one person on his staff to co-ordinate the provision of services to ensure that every essential professional service is made available to the child and his family and that each profession is aware of what the other is doing.* It would seem that the person appointed to do this work should be capable of establishing a good counselling relationship with the family.

4.5 It has been a common practice for several years among the parents of handicapped children of all categories to hold informal meetings where they can share experiences and exchange views and information. At least one of the special centres for the physically handicapped in Dublin organises such meetings of parents regularly and arranges for members of staff to attend. We believe that these

groups are very useful and can be a source of valuable support for parents. Unfortunately such groups are less widespread, but probably more necessary, in rural areas where parents of handicapped children have very little contact with one another and do not have easy access to the advice of professionals. *We recommend that the co-ordinator organise informal discussion groups in each community care area for parents of physically handicapped children and arrange for professionals to attend from time to time.*

4.6 The parents are the most important educational influence on the child during the early years and it is desirable that all information on his medical condition which is relevant for his care and education be made available to parents by the health authorities as early as possible. Counselling and advice regarding the child's education should also be provided for the parents and the question of educational placement should be raised with them and with the appropriate educational agencies well in advance of the expected date of enrolment in school. *We recommend that the Director of Community Care compile a register of all pre-school physically handicapped children in his area and that he arrange for a comprehensive assessment to be made of each child and of his needs. This assessment should have a physical, psychological, social and educational dimension and should involve personnel skilled in these disciplines.* In order that it be effective it is important that parents should make a contribution to it, that it take place over a period of time rather than on an isolated occasion and that specialist help be recruited from outside the area if necessary. This is especially crucial in rural areas where the occurrence of the particular condition may be quite rare and consequently there might be little local expertise available in the assessment of the child's needs. Programmes of treatment and remediation should take account of family background and the services available to the family.

### **Assessment and Educational Placement**

4.7 Consideration of the child's initial educational placement should take place as soon as possible but *we recommend that a case conference should be called before the child has reached the age of 3 years. This conference should include the parents, the Director of Community Care, a psychologist, a social worker, a teacher with expertise in special education and the local District Inspector of schools.* The purpose of this conference would be to discuss the possible educational placements which are available to the child, and to try to come to conclusions about the one that might best meet his needs. The range of options open will vary from area to area but might include a play group, pre-school class attached to a special school, or ordinary school. As a result of this initial conference the parents will be in a better position to come to decisions about eventual placement and the other personnel involved will be able to take up the matter with the appropriate school and prepare the way for the child's entry to

the school system. While it is crucially important to identify special educational needs as early as possible, final decisions about placement, which are sometimes difficult to reverse, especially in the case of special school placement, should not be taken too early.

4.8 Considerable dissatisfaction has been expressed in recent years with traditional diagnostic and assessment procedures used in determining the educational placement for handicapped pupils. This is especially so in the case of the physically handicapped. The knowledge that a child has spina bifida, for example, is of great interest, and indeed, usefulness to the doctor but it is of limited use to the teacher, particularly in the areas of placement and programmes of remediation. Traditional methods of psychological assessment are also coming under close scrutiny, and their usefulness is increasingly being questioned not only by teachers but also by psychologists. Intelligence tests yielding a global I.Q., based largely on the child's verbal and motor skills, have severe limitations when administered to children who are unable to communicate verbally and whose motor skills are severely impaired. Experienced psychologists do, of course, elicit a considerable amount of very valuable information while observing the child perform individual items on an intelligence test but insights on his functioning so gained do not always find their way to the teacher and, even when they do, they are not invariably translated into programmes of remediation. Global measures of the child's performance such as intelligence quotient or social quotient which may be of use in normative studies or for purposes of classification may conceal wide variations between discrete aspects of his functioning which are crucial for educational programming. Tests which have been standardised on the normal population cannot be considered equally suitable for children who have not had the ordinary experiences of childhood. Many physically handicapped children have been denied the variety of experiences essential for intellectual development and their social and emotional development have often been impaired by repeated periods of hospitalization and by stress and anxiety in the home. Therefore, if intelligence tests are used in the assessment of those children they should be seen as an initial step in an assessment process and not an end in themselves.

4.9 There is increasing evidence from research that the observations of multi-disciplinary teams of trained personnel are more effective in identifying the special learning needs of children than any simple test or combination of tests. The result of such systematic observation is also more effective when carried out in an educational rather than in a clinical setting. There is also an increasing tendency to use early education as an opportunity for sustained observation of pupils by teachers and other professionals and for contact with their parents. The literature on learning disability generally is recognising with increasing conviction the contribution which teachers can make to the identification of handicapping conditions. Several studies have found

teachers' predictions of pupils' school achievements to be at least as accurate and sometimes more accurate than those of paediatricians and psychologists. *Therefore we recommend that pre-school assessment classes for physically handicapped pupils between the ages of 3 and 5 years be set up in existing day special schools for the physically handicapped. Where no such schools exist we recommend that such classes be set up in special schools or in selected ordinary schools for the mildly mentally handicapped.* These classes would have three main purposes as follows:

- (i) to assess the special strengths and weaknesses of the pupils with special reference to eventual school placement;
- (ii) to devise and implement programmes of remediation and
- (iii) to prepare the children for entry to school.

4.10 There has been a considerable expansion in recent years of voluntary play groups in local communities for young children. There is evidence also that some physically disabled children are beginning to attend these play groups. We welcome this development and we consider that they can make an important contribution to services for the very young disabled. Some disabled children do not need special therapeutic services on a regular basis and in such cases they can derive considerable benefit from attending local voluntary play groups. Even where they do need regular therapeutic services we see no reason why these cannot be provided either from a local specialised centre or from the local Health Centre. *We recommend that, wherever possible, disabled children should attend local voluntary play-groups and that the necessary medical, therapeutic and other services be provided by the Director of Community Care.*

4.11 Teachers, of course, need extra training if they are to be skilled at observing the behaviour of young handicapped children and at accurately recording what they see. *Therefore we recommend that the pre-school assessment classes referred to above be staffed only by teachers who have completed a diploma course in Special Education.* It is also desirable that they get help and advice from other professionals in drawing up schedules of observations, checklists and informal inventories and that they have regular opportunities of discussing their observations and their implications for remediation and placement with them.

4.12 Generally speaking the assessment services available locally to the Director of Community Care will be sufficient to meet the needs of many children. However, where the child is severely handicapped or has additional disabilities, or has severe disorders of communication, it may be necessary to refer him for further assessment. It will be possible for the Directors of Community Care usually to obtain

these services through one of the clinics specialising in physical handicap. As many of the Directors of Community Care use the psychological assessment facilities of the various mental handicap centres throughout the country it will be convenient for them to use these also for the assessment of the physically handicapped. Some of these clinics will not usually, however, see sufficient cases to be especially skilled in the assessment of children with additional handicaps. *The National Rehabilitation Board, through specialized clinics, has built up a considerable amount of experience in the psychological and general assessment of the physically disabled over the past decade, and therefore, we recommend that this service be used for consultancy purposes wherever the local services are not equipped to deal with particularly complicated cases.*

### **Review of Children who are attending school**

4.13 The placement and progress of all physically handicapped pupils, whether they are in ordinary or in special schools, should be regularly reviewed. Such a review by a multi-disciplinary team should take place annually. Where the child is attending a special school the principal of the school should be responsible for convening the case conference and should arrange for the teacher, the psychologist, the doctor, social worker, district nurse, speech therapist, physiotherapist and any other professional who has a contribution to make to be present. The findings of the case conference should be communicated to the parents by a member of the team. This member should be delegated the duty by the team as a whole. *In order to facilitate the review of the progress of the pupils enrolled in ordinary schools, we recommend that the Director of Community Care should keep a register of all physically handicapped pupils who are enrolled in ordinary schools whether they are in special classes, remedial groups or in ordinary classes. We also recommend that every school in which a physically handicapped pupil is enrolled should keep a detailed record of his progress which would be available for consultation to professionals dealing with the child.* This record would include details regarding his disability, attendance record, class in which he is enrolled, examples of his work, schemes of readers on which he is working and the results of informal standardized attainment and diagnostic tests. It would also have information about his personal and emotional adjustment, his attitude towards school as well as his special interests and hobbies. The record should constitute a comprehensive picture of the child's strengths and weaknesses and of the background factors which influence his progress. *We recommend that at least once a year the District Inspector of schools for the area should, with the Director of Community Care, a psychologist, a social worker or district nurse and the pupil's teacher or class tutor review the placement and progress of each physically handicapped pupil in his district.* The social worker should have discussed the case with the parents before the case-conference so that their views would be

available to the review team. One member should be delegated to carry out any action recommended by the team.

As well as the annual major case-conference a regular review of progress should be carried out at school level. The class teacher will do a considerable amount of this without reference to any member of staff other than the principal teacher. Sometimes she may look for assistance to the remedial teacher or to the teacher of the special class if there are such teachers in the school. The District Inspector of Schools should also discuss the progress of physically handicapped pupils with staff on his visits to schools. *In order to facilitate this we recommend that a list of all such children be kept by the Inspectorate at district level.* Some schools may have the services either of Department of Education psychologists or other psychologists available to them and it will be possible for schools to consult these about their physically disabled pupils.

4.14 We believe that systematic observation and accurate recording are the foundation stones on which good assessment and diagnosis are based. We are also convinced that when these are carried out in the school setting by skilful and sensitive teachers with help from other professions they are more likely to lead to effective programmes of remediation. Therefore we welcome the considerable expansion which has taken place in recent years in remedial and special education services in ordinary and in special schools. The assessment and diagnostic skills of these teachers should be further developed by means of specialized advanced inservice training courses so that they could serve as resource or consultant teachers to other members of staff who have handicapped children in their classes. There is room for improvement in the manner in which professionals communicate with members of their own and of other professions about children with learning disorders. *We recommend, therefore, that Colleges of Education and University Schools of Education include elements on systematic observation and recording of pupil behaviour, and inter-professional communication in their courses of training for teachers at all levels.*

## **CHAPTER V**

### **REVIEW OF EXISTING EDUCATIONAL PROVISION**

#### **Introduction**

5.1 As was pointed out in Par. 2.18 the committee is of the opinion that a range of provision which includes both special and ordinary schools is necessary in order to meet the needs of the disabled. The committee is in agreement with the policy of integrating the disabled with the able-bodied both at school level and in society generally. The trends already evident in that direction should be actively supported and encouraged. The placement of a pupil in a special school constitutes very serious educational intervention and the experience to date, both in this country and in others, is that it is not easily reversed. On the other hand it would seem that the move to integration should be evolutionary rather than revolutionary in nature, should reflect the needs of the disabled rather than those of ideology and should be complementary to existing provision rather than a replacement for it. While there are important arguments of principle in favour of integration the committee is satisfied that a sudden dismantling of segregated provision would not be in the best interests of the disabled. As was observed in Chapter II the range of their educational needs is so wide that it can be met only by a correspondingly wide range of provision. Some of this is best organised in an ordinary school setting and other needs are best met in special schools. It is probable that, in the future, ordinary schools will gradually improve their capacity for meeting the educational needs of the disabled and that special schools may make their own contribution to this group in a different way. For the foreseeable future, however, the committee sees an important place for both types of provision.

#### **I Special Day Schools for the Physically Handicapped**

5.2 It has already been pointed out that the existing special day school provision for the physically handicapped is located entirely in Dublin, Cork and Limerick. The committee is satisfied that in these areas there will continue to be a need for special schools for the following reasons:—

- (a) Many physically disabled pupils have, in addition, a serious

intellectual or other handicap which results in learning disability of such a degree that could not be adequately dealt with in ordinary schools as presently organised;

- (b) Some children are so severely disabled that they are in daily need of therapeutic services and of regular medical supervision of such quality and range as could not reasonably be expected to be provided in ordinary schools;
- (c) There is a need for a small number of centres in which specialized professional expertise in a wide range of disciplines can be provided and developed. This expertise is necessary on a regular or daily basis for some children and for others it is essential for consultative purposes in the areas of diagnosis and assessment. The specialised services developed in these centres can be made available on a consultative basis to professionals working with the disabled in less specialised settings;
- (d) Special schools can also be used for the short-term referral of children whose educational placement and programming are particularly difficult to assess;
- (e) A considerable amount of physical, financial and personnel resources has been invested in special schools in the past two decades. These schools enjoy the confidence and support both of parents and professional educators and the committee feels that they have an important part to play in the general range of educational provision for the physically disabled;
- (f) There are sufficiently large numbers of such children in the cities referred to above to warrant the continued recognition of special day schools.

### **Staffing and Curriculum**

5.3 As has been already observed the proportion of children enrolled in special schools who have a serious intellectual handicap in addition to their physical handicap has increased significantly over the past decade. The main reason for this has been the tendency for the more able pupils to attend ordinary national schools. Another contributory factor has been the growth in the number of spina bifida children of school-going age with severe physical disabilities. The development of the special post-primary schemes in Ballymun and Ballinteer in Dublin and in Mayfield in Cork has resulted in the transfer of many of the more able children from the special schools to these centres when they reach the age of 12-14 years. The result of these developments has been that, over the past decade, the proportion of pupils whose curricular needs are similar to those of children in schools for the mildly mentally handicapped has been steadily increasing. Another small group of children in the special schools has very serious



communication disorders and needs intensive individual attention from the teachers and specialists in remedial linguistics.

### **Curricular Needs of the Older Pupils**

5.4 It must be remembered that the special schools have children up to the age of 18 years. The pupils in the 12 to 18 age-group tend generally to be severely handicapped physically and to have a significant intellectual or other additional handicap. This group has special curricular needs. As part of their curriculum they need special training for employment and the proper use of their leisure time. Nearly all of them have to follow carefully designed and adequately sequenced programmes of training in self-care and social competence aimed at developing skills in independent living. Extra teaching and ancillary staff are necessary in order to draw up and implement such programmes. In this connection the committee made an interim recommendation to the Department of Education that extra teaching staff be sanctioned for these schools to develop and implement instructional programmes in pre-vocational training and in communication skills. This recommendation has been implemented in two of the larger day schools. The Committee welcomes the scheme for the appointment of child care assistants in special schools which was introduced in 1979, by the Minister for Education. We are strongly of the opinion that this scheme will have a beneficial effect on the quality of education provided in all special schools and especially in schools for the physically handicapped. *We recommend that the needs of these schools be examined individually by the Department with a view to providing additional adult help to classroom teachers wherever necessary.* The committee was pleased to learn that some of the special schools are beginning to devise work experience programmes for their older multiply handicapped pupils. Such initiatives deserve support from employers and trade unions and should be seen as part of the school curriculum for these pupils.

### **Accommodation and Equipment**

5.5 Since training in self-care and independent living as well as pre-vocational training have to be provided in special schools, school design and equipment should make provision for such activities. Teaching materials are also essential for these purposes. There is a scheme of grants in operation for the provision of materials and equipment for pre-vocational training in schools for the mentally handicapped. The design of school buildings has improved considerably during the last decade. One of the approaches to design which is being more widely used is that which facilitates co-operative and team teaching. Professionals other than teachers are, to an increasing degree, working in special schools and there is a growing practice, which this committee welcomes, for them to work in classrooms with the teachers for some of their time. We are of the opinion that the

"shared space" approach to school design is one that has considerable potential in fostering and developing inter-disciplinary co-operation in teaching the disabled. *We recommend that (1) all new special school buildings, or extensions to existing ones, should have part of the accommodation designed so as to facilitate co-operative teaching and (2) that the grant scheme in operation for the provision of materials and equipment for pre-vocational training in schools for the mentally handicapped be extended to schools for the physically handicapped.*

### **Advisory and support services**

5.6 The National Rehabilitation Board provides a youth employment service for young disabled school leavers. In delivering this service it makes contact with the pupils some years before they leave school. The Board has psychologists on its staff who provide an assessment and counselling service to the disabled and to their parents, in addition to its youth employment and placement services. While it was not intended that the psychologists of the Board would provide a comprehensive psychological service to special schools they have been providing an excellent service to the two large special day schools for the physically handicapped in Dublin. In the course of their work in these schools and with the physically disabled generally they have acquired considerable expertise in the psychological assessment of this group. They also have cultivated excellent personal and working relationships with both the teaching and the medical staffs of the centres involved. Since the pupils who are attending special schools will generally be the most difficult to place in employment and since many of them have learning and behavioural disorders which are particularly difficult to diagnose and remediate, we think that there is a need in those schools for psychologists who are specialists in the area of physical handicap. It would seem logical that the psychologists of the National Rehabilitation Board, who are already providing a service to the physically handicapped in the context of youth employment and placement in special schools and are providing a specific service in the two largest day schools in Dublin, should provide a similar service to the other special day school in Dublin. The schools in Cork and Limerick have their own special arrangements for psychological services and the psychologists of the National Rehabilitation Board liaise with the personnel involved. *We recommend therefore that the National Rehabilitation Board provide psychological services to the three special day schools in Dublin.* It is clearly not practical for the psychologists of the National Rehabilitation Board to provide services in every school in which there is a physically handicapped pupil enrolled but they do come in contact with many of the physically handicapped pupils attending ordinary schools when these pupils are referred to the special clinics for assessment. It is important that they have opportunities of sharing their knowledge of these children with their colleagues in the Health Services and in the Department of Education. *We recommend therefore that the assess-*

*ment team involved should communicate their knowledge of disabled children in ordinary schools to their colleagues in the Health Services and the Department of Education.*

### **Adequacy of Existing Special Day School Provision in Dublin**

5.7 The large urban areas already served by special schools for the physically handicapped would seem to have sufficient provision of the special school type. A new school has just been completed at Clondalkin and a large extension has recently been provided at the Central Remedial Clinic in Clontarf. A major extension is at an advanced stage of planning for the school at Sandymount run by the National Association for Cerebral Palsy. The Clondalkin school may be able to cater for the needs of those children who need special school placement from the developing areas around Blanchardstown in north-west Dublin. If this is not feasible the needs of the children in these areas might best be met by the establishment of a small unit attached to an ordinary primary school. As there will be a considerable expansion of educational facilities in this area it would be easy to provide the necessary physical accommodation by building a special unit as part of a new primary school.

### **Cork, Limerick, Galway**

5.8 The school in Cork managed by the National Association for Cerebral Palsy would seem to be adequate to meet the needs of the children in the Cork area for the foreseeable future. The school at Limerick is a small one. The experience of the Limerick school and of the demand for special schooling in other urban areas would seem to suggest that a population of 70,000 people within a ten mile radius is the minimum necessary to warrant the establishment of even the smallest special day school for the physically handicapped. The number of children outside such centres who need special schooling is so small that it is impossible to provide for their education in a special day school for the physically handicapped. The Galway school is essentially a hospital school and it would not have sufficient pupils to warrant its continued recognition if it did not cater for the educational needs of the children who are admitted to hospital for medical care. There is however a small number of day pupils attending the school. As there is no other special school for the physically handicapped in the west of Ireland the existing school in the Galway Regional Hospital at Merlin Park might serve as a day school for those children in the immediate area of the city of Galway and as a residential school for other children in the west of Ireland who need special schooling. *We recommend that a survey be conducted of the physically handicapped pupils in the Western Health Board Region to determine the number of children whose educational needs might best be met by attendance at a special school in Galway.*

## II Schools for the Mentally Handicapped

5.9 In rural areas the nearest special school for many disabled children is, and will continue to be, a special school for the mentally handicapped. As a considerable number of the physically disabled also suffer from an intellectual handicap the special schools for the mentally handicapped in local areas should be able to cater for the educational needs of at least some of these. In order to get information on the numbers of physically handicapped enrolled in schools for the mentally handicapped the committee corresponded with the principals of these schools. The principals were asked to give information on the number of children attending their schools who, in addition to their intellectual handicap, were also impaired by a physical handicap such as Cerebral Palsy, Spina Bifida, Muscular Dystrophy, Haemophilia, Congenital Heart Disease, Epilepsy, Chronic Asthma, Scoliosis, Fragilitas Osseum. Children incapacitated as a result of accidents were also to be included. Information was also requested in relation to the number of pupils who were incontinent and the number who were using wheelchairs.

TABLE III

**Physically Handicapped Pupils attending Schools for the Mentally Handicapped**

	Schools for Mildly Handicapped	Schools for Moderately Handicapped
Total Number of P.H. pupils on rolls	533	370
Day Pupils	355	210
Residential Pupils	178	160
Using Wheelchairs	24	31
Incontinent	45	38

5.10 The committee does not wish to attach undue importance to the statistics in Table III as many of the children whom they include suffer from very mild physical disabilities. It is a matter of debate whether epileptics should be considered physically disabled at all. Many of this group are controlled epileptics and their condition would have little or no implication for the routine organisation of learning experience for them. The extent, however, to which the schools are able to accommodate pupils in wheelchairs is encouraging. Whilst some schools had no pupils in wheelchairs one school had five such children. The important conclusion to be drawn from the table is that these schools are able to accommodate a small number of children with severe physical disabilities. The committee is convinced that with some additional personnel and physical resources these schools could adequately cater for most of the physically disabled in their catchment areas who are functioning educationally at a level similar to that of mildly or moderately mentally handicapped pupils. It would be par-

ticularly desirable that this should happen in rural areas where there is no special school for the physically handicapped. Such a development would enable some children to receive special education on a day basis in their own localities and thus reduce the number who need to attend a residential centre.

5.11 One school for the mildly mentally handicapped has made special provision for the physically disabled. Some of these are severely disabled but they attend the classes appropriate to their ages and abilities. Special nursing, physiotherapy and speech therapy services are provided by the local Health Board. The result is that virtually all the physical disabled in the locality who need special education are receiving it on a day basis in their own area. We are convinced that the attitudes of the Principal and staff are of crucial importance if physically handicapped pupils are to be successfully educated in special schools for the mentally handicapped. A large number of these schools do not have any children with severe physical disabilities. This is explained in some cases by inaccessible buildings and by lack of personnel to deal with toileting and other aspects of personal care. Other schools, however, which have services of this kind still had no pupils with severe physical disabilities on rolls. There were still other schools whose design, accommodation and staffing made it very difficult to deal with disabled pupils but whose difficulties were overcome in order to provide education services to the small number of pupils who needed them. There would seem to be *prima facie* evidence, at least, that there is a variation in attitude on the part of those controlling admissions to special schools as to the suitability of such schools for the physically disabled.

5.12 The Committee is of the opinion that special schools for the mildly and moderately mentally handicapped can provide excellent special education services for those physically disabled pupils who have an intellectual handicap similar in degree to the pupils already enrolled in these schools. *We therefore make the following recommendations:*

- (a) *that schools for the mildly and moderately mentally handicapped cater for the educational needs of physically handicapped pupils who are also mildly or moderately mentally handicapped;*
- (b) *that Regional Health Boards provide medical, nursing and therapeutic services in all such schools where there are physically handicapped pupils who need such services;*
- (c) *that an additional child care assistant be sanctioned in every school for the mentally handicapped where there are five or more physically disabled pupils enrolled who need help in the areas of mobility, personal care or communication;*
- (d) *that when decisions regarding the appointment and retention*

*of staff are being made special account be taken of the number of physically disabled pupils enrolled.*

### **III Provision in Ordinary Schools**

#### *Special Classes*

5.13 There are 146 special classes in ordinary primary schools. These classes were established to cater for the educational needs of pupils who are mildly mentally handicapped or are functioning in some important aspects at that level. The Committee made inquiries regarding the extent to which physically disabled pupils were attending such special classes.

**TABLE IV**  
**Physically Handicapped Pupils in Special Classes**

	Dublin	Rest of the Country
Total No. of Special classes	81	65
Total No. of Physically handicapped enrolled	30	77
No. of Pupils using Wheelchairs	2	12
No. of Incontinent Pupils	4	11

As was the case in special schools for the mentally handicapped the pupils in special classes who were classified as physically handicapped suffer generally from impairments of a mild nature. While the number of seriously disabled pupils in the classes is relatively small the number suffering from mild physical impairments is considerable. It is apparent from the above tables that there is a significantly larger number of disabled pupils attending special classes in provincial areas than in Dublin. This is probably explained by the fact that there is considerable special school provision for the physically handicapped in Dublin and that the vast majority of disabled pupils who need special education in the city tend to go to these schools. On the other hand since there are no special day schools outside Dublin for this group other than in Cork and Limerick the special classes in the provincial areas are making an important contribution to the education of the physically disabled.

5.14 The committee is satisfied that special classes offer a very suitable educational environment for some physically disabled children. They have a low pupil teacher ratio and many of them are staffed by teachers with an additional qualification in special education. Some of them have, in provincial areas especially, psychological and other support services available to them. In many cases they get considerable support from local voluntary associations. Well run special classes where children have a comprehensive assessment prior to their placement as well as regular review of their progress can be an important element in the overall national provision.

5.15 There are, on the other hand, many other special classes which do not enjoy these advantages. In some cases children are placed in them following an initial, and sometimes, inadequate assessment and placement is not reviewed for several years. Some special classes have very limited or no psychological services available to them and do not have the support of a voluntary association of parents as is usually the case in special schools. Special classes in the greater Dublin area are particularly disadvantaged in regard to lack of support from voluntary associations. If these classes are to make a significant contribution to the education of the physically disabled and if they have no source of funds other than the Department of Education grants to enable them to provide materials and equipment, then the committee most strongly recommends that these grants should be increased as a matter of urgency. The procedure in operation at present whereby grants are adjusted upwards in line with inflation from time to time does not meet the needs of the situation because the grants were always so low that adjustments of this kind will never bring them to an adequate level. *We recommend therefore that, on establishment, each special class be made a grant of £300 for basic equipment and £150 per year in subsequent years.*

5.16 In order to deal more adequately with the physically disabled these classes need support services. *Therefore we recommend that the Department of Health authorise the provision of part-time child care and therapeutic services wherever necessary and regular medical advice regarding the management of the disabled pupils. Where there are at least five disabled pupils who need help with mobility and personal care enrolled in special classes in a particular school we recommend as in par. 5.12 that the Department of Education sanction the appointment of a child care assistant to the school. We also recommend that the Departments of Education and Health make arrangements for the provision of an adequate psychological service to special classes in ordinary schools.* It has also come to the notice of the committee that the members of the Inspectorate of the Department of Education do not have an opportunity of visiting special classes as often as is desirable to give them the benefit of their advice and support or of organising inservice training for teachers. *Therefore we recommend that the Department of Education increase the Inspection staff so that an adequate service is provided for special classes both at school level and the level of inservice training of teachers.*

### **Survey of Physically Handicapped Pupils in regular classes in Ordinary Schools**

5.17 One of the main concerns of the committee was to investigate the extent to which (a) physically handicapped pupils were not attending school at all and (b) where they were attending ordinary schools to get information on their progress. Inquiries were made on behalf of the committee by the Department of Health in regard to the

number of children of school age who were not attending school. The results of the inquiries revealed that the number was extremely small and there was generally a valid reason for their non-attendance. Some of them were either severely or profoundly mentally handicapped and were awaiting placement in a suitable centre for such children. A small number were in such a poor state of health that attendance at a school of any description would be of little benefit to them.

5.18 The committee also carried out an investigation of the educational progress of physically handicapped pupils attending ordinary schools in the following areas:

Counties Donegal, Leitrim, Cavan, Roscommon, North Tipperary, Waterford and the Cork (South Lee) Community Care Area. Details of the physically disabled pupils living in each area were provided by the Directors of Community Care and Medical Officers of Health. Members of the Inspectorate of Primary Schools, having discussed the matter with the Directors, visited every school in these counties in which there was a physically disabled pupil in attendance. They also carried out investigations in regard to those children who, although of school-going age, were not attending school. The inspectors, having consulted with the principal and staff of each school in question reported under the following headings in the case of each child:

Name, address, date of birth

Type of disability

Class in which child is enrolled

Attendance record and factors which affected attendance

Mobility

Transport

Incontinence

General educational progress

The extent to which the child was availing himself of or needed special education.

5.19 The inquiry concentrated especially on the counties in the north-west because (a) there is no special school for the physically handicapped in the region and (b) because it was a region in which access to special education services would be particularly difficult on account of geographical and demographic considerations. The committee was satisfied that when taken with a number of regions in the south of the country the area covered would be representative of the country as a whole and would give useful information on the educational progress of disabled children attending ordinary schools. Dublin was excluded from the survey because it has a wide variety of special



educational provision for the physically disabled and those attending ordinary schools in Dublin might not be representative of the national situation. The committee would have liked to have included a larger sample in the survey but due to the re-organisation of the Community Care Areas, transfers of staff and other reasons details of the physically disabled in some areas were not readily available. Nevertheless we are satisfied that the sample surveyed does give information which is of value in planning education services for the physically handicapped at national level.

**TABLE V**  
**Physically Handicapped Children in Ordinary Schools**

Community Care Area	Spina Bifida	Cerebral Palsy	Others	Total
Leitrim	1	1	4	6
Donegal	5	6	6	17
Roscommon	3	2	5	10
Cavan	3	0	1	4
Waterford	2	1	2	5
North Tipperary	1	5	9	15
Cork (South Lee)	7	2	7	16
Total	22	17	34	73

5.20 The above table does not include children with impairments of vision or of hearing unless these were accompanied by other physically disabling conditions. Children with speech and articulatory problems are also excluded as well as those children whose disability was of a very mild nature or of little relevance for their education. The heading 'others' covers a wide range of physical disabilities including Muscular Dystrophy, Cystic Fibrosis, Haemophilia, Scolioses, Congenital deformities and accident cases.

5.21 The educational progress of the vast majority of the pupils was reported as satisfactory. Nevertheless there was much evidence that the progress of a considerable number was being adversely affected by their physical disability. In a large number of cases the children were enrolled in a class which was a year or two lower than would be appropriate for their age. The progress of many children, and especially those with spina bifida, was clearly being hampered by poor attendance due to illness and hospitalization. Where, however, the progress of spina bifida children was stated to be satisfactory the statement was invariably qualified with reference to poor progress in mathematics and in handwriting. Similar reference to this phenomenon are frequently made by teachers of spina bifida children in special schools. Nevertheless there was a surprisingly large number of pupils whose teachers reported that they did not need any extra special tuition. In some of these cases special education, either in a special

class or in a remedial setting, was available in the school. Six pupils were receiving remedial help in their own schools and six others were receiving home tuition under the Department of Education scheme. There were three further children who needed home tuition but this was proving difficult to organise. Where home tuition was being provided it seemed to the teachers and to the inspectors to be particularly successful in offsetting the effects of prolonged and frequent absences on the educational progress of the pupils.

5.22 Of the 73 pupils surveyed 26 were using wheelchairs. The presence of one pupil in the school using a wheelchair did not seem to pose particular problems apart from two cases where difficulties were reported with using the toilet. Nineteen of the children were either incontinent or in need of help with toileting. The most prevalent method of dealing with this problem was that the mother came to the school at mid-day and dealt with it or took the child home for lunch. In some other cases the teachers or an older pupil, or a relative who lived near the school helped with the toileting. Transport was not cited as a problem in the great majority of cases. Many of the children were able to walk to schools themselves or were brought by their parents. The attendance of two children was said to be frequently interrupted by lack of transport and reference was made on a few occasions to the fact that children started school at an older age than would be desirable because of transport problems. No reference was made in the reports to the suitability or otherwise of the vehicles in use for transport for the children. One of the more striking aspects of the survey was the small number of children who were attending post-primary schools. Only two pupils were in post-primary education. Three children were identified who had finished primary school and had not gone to a post-primary school; they were 14 and 15 years of age before leaving primary school. The small number of pupils in post-primary schools may be explained by the fact that the survey was based on the records of the Directors of Community Care. Since there is not a Schools Medical service to post-primary schools it is likely that the Health Board records of physically disabled pupils attending these schools are incomplete.

### **Children Suffering from Haemophilia**

5.23 A survey was conducted by the committee in association with the National Haemophilia Service Committee on the educational needs of haemophiliac children. A total of 57 pupils were investigated, 16 of whom were attending post-primary schools. The remaining 41 were attending primary schools. The principal teachers of the schools were asked to complete a questionnaire on each haemophiliac child on rolls. A copy of this questionnaire is included in the Appendices. 48 of the 57 children were reported by the principals to be making satisfactory progress at school. One of the nine who were not making satisfactory progress was suffering from such a severe degree of

haemophilia that he was rarely able to attend school at all. He was totally dependent on ten hours home tuition per week. Three of the others were said to be either "slow" or "weak" at either reading or mathematics. Three of the children whose progress was rated unsatisfactory were in the infant classes and were probably not long enough at school for special additional tuition to be arranged for them either at school or through the home tuition scheme. Where children were not making satisfactory progress it was the opinion of the principals in all cases except one that extra special tuition would meet their needs. The main problem presented by haemophilia in the educational context was its effect on the attendance of the pupils at school. Details of the severe cases of loss of attendance are given in the following table:—

**TABLE VI**  
**Absences of Haemophilic Pupils N=57**

School Year 1978/79

No. of Days Absent	No. of Pupils
20-49	11
50-99	13
100-110	2

Seventeen of the pupils were reported to have a satisfactory attendance record. Some of the pupils whose attendance is not represented in the above table had just begun school and had not been sufficiently long on the roll for the pattern of their attendance to be established. However, even some of these had recorded seven to ten absences in a six-week period. It seems reasonable to assume then that at least half of the population of haemophilic children have a major problem of irregular attendance at school. Their irregular attendance was attributed, in all cases, to their medical condition although, in two cases, the principals thought that their poor attendance was, to some extent, due to overprotectiveness on the part of the parents.

5.24 A total of 45 schools were included in the survey and, of these, 30 had full-time remedial teachers. In view of the poor attendance record of many of the pupils the number who were either preceived to be in need of or actually receiving remedial education was surprisingly small. Home tuition was reported as being effective in the case of those pupils who were receiving it. The medical condition of the pupils did not generally affect participation in the school activities except in the case of physical education and games. Where children attended post-primary schools their medical condition adversely affected their choice of subjects in one case only.

5.25 In the opinion of their teachers the majority of children suffering from haemophilia are making satisfactory progress at school. Most of them also have poor attendance records but this does not always

affect their scholastic progress to the extent that they need remedial education. One explanation for this phenomenon may be that the children are intelligent and highly motivated to the degree that long periods of absence do not adversely affect their progress at school. In this connection eight of the pupils were reported as 'very bright' by their principal teachers while a further twenty-eight were rated as average. It may well be that, even following prolonged periods of absence, their academic progress has not suffered to the extent that they would meet the normal criteria in operation for selecting children for remedial education in their schools. It is difficult to escape the conclusion, however, that even if they do not meet the normal criteria for selection for remedial teaching some, at least, of the pupils would benefit from intensive individual help for a short period after a prolonged period of absences from school. *Therefore we recommend that wherever possible intensive individual help be provided for pupils who return to school after a prolonged period of absence.*

## **General Conclusions**

5.26 The evidence is that ordinary schools can adequately meet the educational needs of some pupils with physical disabilities both of mild and severe degree. The ability of schools to do so depends on the attitudes and professional skills of the staff as well as on the ancillary services made available to them. The presence of physically disabled pupils in the school must be welcomed by the staff rather than forced upon them. Teachers are understandably reluctant to accept some disabled pupils because they do not always have confidence in their own ability to teach them successfully. One reason for this is that some disabled children are unable to respond to the teacher and participate in learning activities in the same way as other children. This does not necessarily mean that they are not benefiting from their school experiences and that learning is not taking place.

5.27 The first sight of a very disabled child can be a visually disturbing experience. If it is proposed to place such a child in an ordinary school the matter should be taken up with the school by a professional, who is well informed about the child's needs, in advance of the date of enrolment. All matters relating to his medical condition which are relevant to his education should be made available to the school with the permission of the parents. The presence of a child in the school who is immobile, incontinent or on medication poses problems for schools and they need help in order to deal with them. They need advice from medical personnel on their management and from other professionals in devising and implementing instructional programmes. The physical accommodation in the school may need adaptation in order to make it accessible although this is not a great problem when children are small and easily lifted. Pupils may need special aids, equipment and seating accommodation while at school and many will also need special transport. Some of them need help with toileting

and other aspects of personal care as well as therapeutic services. It is necessary also to have special additional individual tuition available for those who need it. *We recommend, therefore, that wherever it is proposed to enrol a disabled pupil in an ordinary school the matter should be taken up with the school by a professional who is well informed about the child's needs in advance of the date of enrolment. We also recommend that where a disabled child is attending an ordinary school (a) all matters relating to his medical condition which are relevant to his education be made known to the school with the permission of the parents; (b) advice should be provided by medical personnel on the day to day management of the child in school, (c) the Department of Education should ensure that the school receives professional advice in devising and implementing instructional programmes; (d) additional tuition be provided, if necessary, either through the remedial education services or through the home tuition scheme.*

## **Accessibility**

5.28 Since the physically disabled constitute a very small proportion of the total number of children attending ordinary schools it is clearly neither necessary nor practical to have all the above facilities in every school in the country. *We recommend, however, that all new schools be fully accessible to the disabled.* In the cities and larger provincial towns one way of dealing with the problem of accessibility would be to encourage the physically disabled to attend a designated school which would have these facilities. This school could be specially modified to make it accessible, to have toilets which could be used by pupils in wheelchairs and have a child-care assistant on the staff of the school. The local Regional Health Board could provide the medical and therapeutic services necessary on a part-time basis. *As new schools are now being planned for many suburban areas in cities and in large provincial towns we recommend that the Department of Education should ensure that each school is fully accessible to the disabled and should designate one school in each locality as the school for the disabled who need special ancillary services.* A working party has been established in the Department of Education to draw up minimum design criteria for accessibility which will be applied to all new schools and extensions to existing school buildings. This working party includes architects, inspectors, administrators and a representative of the staff of the National Rehabilitation Board who is a specialist in the area of accessibility.

5.29 In the smaller towns and in schools in rural areas there would rarely be more than one or two physically disabled pupils needing special facilities. *If the school is not already accessible we recommend that the Department of Education allow grants within reasonable limits in order to make it accessible. If the pupil needs help in coping with incontinence and if the school in conjunction with the parents is not able to arrange for such help we recommend that the Director of*

*Community Care for the area be empowered to recruit a suitable person on a part-time basis to do the work. The Director should also provide medical and therapeutic services as necessary.*

#### **IV Post-Primary Education**

##### *The Special Centres*

5.30 The special centres in Dublin and Cork were visited by members of the committee. The following are the numbers of physically disabled pupils enrolled in each school:

Ballymun Comprehensive Schools:	25
Ballinteer Community School:	17
Mayfield Community School:	4

The staffing in each case had been improved by the appointment of a child-care assistant. The committee is satisfied that these schemes have been very effective and that they have demonstrated that pupils with physical disabilities, sometimes of a very severe nature, can be successfully educated in ordinary post-primary schools. The majority of the physically disabled attending these schools are obviously benefiting from the experience, not only in terms of academic achievement, but also in terms of emotional and social development. The degree of success attained by many of the pupils in certificate examinations is very encouraging, as is the number of severely disabled pupils who were successful in craft subjects up to Leaving Certificate level. There is no doubt that the presence of reasonably large numbers of disabled pupils in the school makes great demands on the skill and resourcefulness of the staff and on the co-operation and tolerance of the other pupils. Yet we are assured by the authorities of these schools that, while the projects were not without problems, both staff and pupils have gained by the presence of the disabled in the school.

5.31 It became apparent that some of the pupils needed additional help with their school subjects other than that which could be provided by the resource teacher. As a result of an interim recommendation made by the committee additional tutorial hours were made available by the Department of Education to those pupils who needed them. The committee is satisfied that the most flexible method of doing this in future is through the home tuition scheme. For purposes of this scheme it is not essential that the additional tuition be provided in the pupil's home.

5.32 Representations were made to the committee regarding the need for psychological and counselling services in these schools. The observation was made that the presence of physically disabled pupils in the schools, especially where there was a large number of such pupils, puts a great strain on the services that were already available

for the rest of the pupils in the school. The result of this was, in one school at least, that whatever limited psychological services were available to the school were being exclusively taken up by the physically disabled leaving other pupils in the school without services. *We recommend that adequate psychological and counselling services be made available by the Department of Education to the three schools in which the special schemes are in operation.*

5.33 Discussions with the staffs of the schools revealed that it was difficult, if not impossible, for the physically disabled to participate in after-school activities on account of transport problems and because these children generally live much further away from the school than the rest of the pupils. The physically disabled also suffered from the disadvantage that invariably their friends in their own localities were not attending the same schools as they were. The result of this is that many of the physically disabled do not participate as fully as would be desirable in after-school activities either in the school or in their own localities. *We recommend that the Youth and Sport Section of the Department of Education and Comhairle le Leas Oige ensure that physically disabled young people have an opportunity of participating in youth activities organised in local communities.*

5.34 During discussions with the staffs of post-primary schools it emerged that schools would welcome advice from medical and therapeutic personnel on the day to day management of physically disabled pupils in a school setting. Many of the staff indicated that they had a very inadequate knowledge of the nature of the disabilities from which their pupils suffered. They further indicated that they would welcome guidance from specialists in these disciplines on the kind of activities in which the pupils could engage without putting their health and physical condition at risk. The activities with which they were especially concerned were in the areas of physical education, games, craft subjects and leisure activities in general. *We recommend that a series of one day seminars be organised in the special post-primary centres at which doctors and therapists have an opportunity of discussing with teachers the nature of various types of physical disabilities and the implications of these for the management of the pupils at school.*

### **Post-Primary Schools Without Special Facilities**

5.35 The committee was pleased to learn of other schools which had a small number of severely physically disabled pupils in attendance. The cases which came to the notice of the committee were almost invariably attending community, comprehensive or vocational schools. These schools are generally single-storey buildings which are accessible to the physically disabled. They also have remedial education and counselling services available and they offer a wider range of subjects and are generally better equipped to deal with exceptional children than many of the more traditional secondary schools. The

committee is aware of cases, however, where quite severely disabled non-ambulant pupils are attending secondary schools which are very inaccessible and in which the pupils are carried from one floor to another by the other pupils and by the staff. The investigations of the committee revealed that in nearly every case in which a severely disabled pupil was attending an ordinary post-primary school his attendance was made possible by very favourable attitudes on the part of the principal and members of the staff. One school in Dublin had eight disabled pupils in attendance. Some of these were non-ambulant and needed help with toileting, personal care and mobility. This was possible in the school in question because the parents' association had provided, out of their own resources, a nurse for the school. The committee believes that many schools would be willing to accept disabled pupils if they had assistance of this kind.

### **Extension of the Special Schemes**

5.36 The experience of the existing special centres would seem to suggest that it is unlikely that there would be a sufficiently large number of physically handicapped pupils in any area outside Dublin and Cork to warrant the establishment of further centres on the same model. However, a considerable number of new community and vocational schools has been built in various cities and provincial towns throughout the country over the last decade. In the larger urban areas where there is a number of post-primary schools we recommend that one of them be specially equipped to cater for the needs of the physically disabled. The facilities should include toilets, a room for therapeutic and medical treatment and a "home-base" to be used by the pupils for study when they are not in class. *We recommend that a child-care assistant, additional tuition, psychological, counselling and transport services be provided by the Department of Education. Whatever medical or therapeutic services are required should be provided by the Director of Community Care. These schools would be 'designated' schools for the physically handicapped in the large provincial towns.*

5.37 *In areas outside the cities and larger towns we recommend that the Department of Education sanction the appointment of a child-care assistant in any post-primary school in which there is a small number of physically disabled pupils who need help with personal care and mobility. They could also help with games and assist individual disabled pupils to use electric typewriters and other aids to communication and learning. The home tuition scheme should be used to provide supplementary tuition where necessary. Where the pupils need therapeutic services or medical supervision these should be provided by the Regional Health Boards.*

### **Teacher Education and Inservice Training**

5.38 Since the physically disabled are now attending all types of



school it is essential that all teachers have some knowledge of their learning needs. *Therefore we recommend that all courses of pre-service training for teachers, both primary and post-primary, should include an element on the education of the physically disabled.* The committee does not consider that all teachers need specialist training in special education in order to make a useful contribution to the education of the physically handicapped. Many are already doing this without such training. What many teachers need are awareness and sensitisation courses aimed at attitude formation rather than courses which impart specific skills in teaching the disabled. The committee is convinced that many specialist teachers of Art, Woodwork, Metalwork, Reading, Drama, Physical Education, Music, Domestic Science can make valuable contributions to the development and implementation of educational programmes for the physically handicapped without any additional specialist training. We believe that a much larger number of teachers in primary and post-primary schools can do this if they are given the encouragement and the opportunity. *Therefore we recommend that the Department of Education organise seminars and courses aimed at increasing the awareness of all teachers of the learning needs of the physically disabled and at demonstrating the contribution that all teachers can make to meeting these needs.* We recommend in Chapter IV that the Inspector of Schools for the area should arrange for a review of the progress and placement of each child annually. *In addition we recommend that the Divisional Inspector organise seminars and inservice training courses for the teachers in his Division who have physically disabled pupils in their classes.* The Director of Community Care will usually be able to assist in providing suitable medical personnel to speak at these courses. The inspector will be able to recruit specialist teachers of the handicapped as well as educational psychologists to assist him in running courses on programmes and methods of instruction for the teachers of the disabled. It will probably be convenient to organise some of these courses in the existing special schools for the physically handicapped.

5.39 There will continue to be a need for teachers with special qualifications in the education of the physically handicapped. The Committee considers that the existing arrangements for the Diploma in Special Education whereby teachers of the physically handicapped receive their special training with teachers of other types of handicap are satisfactory. Similarly it is felt that the existing courses for remedial teachers, both primary and post-primary, can also meet the needs of those remedial teachers who have physically handicapped pupils with special learning disabilities.

### **Certificate Examinations**

5.40 The Department of Education has, for the past number of years, made special arrangements for various categories of handicapped students who are sitting for certificate examinations in post-

primary schools. A working party has been appointed in the Department to review these arrangements and to make recommendations on any changes that may seem necessary.

### **Third-level Education**

5.41 Some disabled students have, in common with their able-bodied peers, the ability and the aspiration to attend third-level educational institutions. It is only for the more intellectually able, however, that this is a realistic aspiration. Some disabled students have special difficulties in gaining entry to third-level colleges. Many of them, on account of their physical disabilities, have to follow a restricted curriculum in second-level education and, as a result, may have difficulty in meeting the specific academic requirements for entry to third-level education. It is fully appreciated that institutions of higher education must have certain entry requirements and they need evidence of the ability of prospective students to follow their courses. The disabled themselves would not wish concessions to be made to them which would lower the standard or the standing of their qualifications. Nevertheless it is felt that some disabled students who would have the ability to follow third level courses successfully do not gain access to these courses. The committee feels that if a physically disabled student does not meet the normal entry requirements for third-level education, each case be reviewed by a small committee established specifically for this purpose. It may be possible to allow a qualification in a non-obligatory subject to compensate for a lack of qualification in an obligatory subject. Similarly it may be feasible to make some concession for mature age as many disabled students take longer to progress through primary and second-level education than the able-bodied on account of illness and hospitalization. *We recommend that third-level educational authorities be flexible in decision-making on the entry qualifications of the disabled to third level colleges and that where a candidate for entry fails to meet the required criteria, each case be considered individually.*

5.42 Disabled students often have additional expenses in availing themselves of third-level education for a variety of reasons. Because of their lack of mobility they often have to be very selective in their choice of living accommodation. They usually have to provide their own motorised transport as, generally speaking, public transport services do not meet their needs. In addition they have to buy a wider range of text-books because they usually cannot use the college library facilities as freely as able-bodied students and must do most of their private study at home. *We recommend, therefore, that the Department of Education in the administration of the third-level student grant scheme allow higher income limits in determining eligibility for grants where the physically disabled are concerned than those in operation for the able-bodied.*

## CHAPTER VI

### Residential Centres

#### Review of Existing Provision

6.1 There are three centres which offer educational and other services on a long term residential basis to physically handicapped pupils:

*Number of Pupils in residence (Nov. 1979)*

St. Mary's, Baldoyle, Co. Dublin	...	...	...	...	...	51
St. Joseph's, Coole, Co. Westmeath	...	...	...	...	...	33
Marino Clinic, Bray, Co. Wicklow	...	...	...	...	...	14

In addition to these there are 181 physically handicapped pupils in residential special schools for the mildly mentally handicapped and 159 pupils in residential schools for the moderately mentally handicapped. In most cases, however, their physical disabilities are of a mild nature. Further details of the pupils in the three main residential centres are given in the following tables:

**TABLE VII**  
**Pupils in Residential Centres**

							<i>No. of Pupils</i>
1	<i>Age-grouping</i>						
	4-7 years	...	...	...	...	...	26
	8-12 years	...	...	...	...	...	41
	13-17 years	...	...	...	...	...	31
2	<i>Level of Intellectual Functioning</i>						
	Normal Intelligence	...	...	...	...	...	23
	Slow Learners	...	...	...	...	...	23
	Mild Mental Handicap	...	...	...	...	...	39
	Moderate Mental Handicap	...	...	...	...	...	13
3	<i>Medical Classification</i>						
	Spina Bifida	...	...	...	...	...	27
	Cerebral Palsy	...	...	...	...	...	37
	Muscular Dystrophy	...	...	...	...	...	5
	Miscellaneous	...	...	...	...	...	29
4	<i>Duration of stay in Residence</i>						
	Up to 3 years	...	...	...	...	...	63
	4-9 years	...	...	...	...	...	24
	10 years +	...	...	...	...	...	11
5	<i>Geographical Distribution</i>						
	Dublin	...	...	...	...	...	25
	Rest of Leinster	...	...	...	...	...	38
	Cavan/Monaghan/Donegal	...	...	...	...	...	5
	Connaught	...	...	...	...	...	10
	Munster	...	...	...	...	...	20

6.2 As can be seen from the above figures the ages of the children are distributed evenly over the school going age-groups. In regard to intellectual functioning only about 25 per cent of the pupils are of normal intelligence and approximately 50 per cent of them are functioning at the level of mental handicap either of mild or of moderate degree. Children suffering from cerebral palsy make up the largest single category in the three schools and they are closely followed in terms of numbers by children suffering from spina bifida. These two categories between them account for two-thirds of the total enrolment in the three schools.

6.3 In regard to duration of stay it can be seen that 63 pupils of the total of 98 enrolled had spent three years or less in residence by November, 1979. As the majority of these pupils are under twelve years of age it is reasonable to expect that they will spend much longer than three years in residence. An examination of the older pupils gives a better picture of the true situation in regard to duration of residential placement. Of the 31 children in the 13-17 age group eleven had spent ten years or more in residence; one of these had, in 1979, been 14 years and another 15 years in residence at the same centre. Ten of the pupils, while residing at the local hospital, went out to the local post-primary schools each day.

6.4 There is increasing evidence that a considerable number of the pupils are being placed in residence for educational and social reasons rather than for medical treatment. Fourteen of the total number of these pupils were in the care of the Health Boards and did not have parents with whom they could be placed. A number of the other pupils, while they did have parents, could not be placed at home for a variety of social and family reasons. A significant number of the remainder were placed in residence because it was felt that no suitable educational services were available within easy reach of their parents' homes.

6.5 The committee is satisfied that the educational services provided in the residential centres are generally satisfactory and sometimes of a very high standard indeed. However, we are not convinced that the duration of stay need be as long as it has been for some pupils and that the quality of life of the children after school hours could not be significantly improved. There is evidence that the placement of some of the children does not come up for regular serious review. There was, in some cases, a disturbing lack of knowledge among the personnel in the residential centres of the special educational services which were available in the children's home areas. There was a tendency to assume that the local facilities had not improved since the child had initially been placed in residence which was often ten or twelve years previously. We are satisfied that some of the pupils in residential centres could be placed in local special schools for the

mentally handicapped, or in special classes in ordinary schools. We see no valid reason why some, at least, of those children who are able to go out to local post-primary schools could not equally well attend post-primary schools in their own localities. It must be remembered that the enrolment in all residential centres has been falling steadily for some years to the extent that one centre has recently closed. It is understandable that, in these circumstances, the staffs of the centres involved would not take up the question of replacement of some of the children as energetically as might be desirable. It must be added also that the education and health authorities involved were not as persistent as they might have been in arranging placement locally and in providing special facilities, some of which would be very inexpensive and easy to organise, in local schools both ordinary and special.

6.6 The committee is also satisfied that the staff of all the residential centres have tried to make the lives of the children as pleasant as possible and to compensate for their separation from their families. However, the basic problem of trying to devise, in a hospital setting, living conditions which are similar to those obtaining in a normal family still remains. The organisation of a quality of life which has the characteristics of that of a good home is virtually impossible in institutions which have been designed, staffed and organised with hospital routines and procedures in mind. The young people in these hospitals are not ill in the conventional sense of that word and their needs are fundamentally different from those of short-term patients. For many of these children the residential centre serves as a substitute home and has to fulfil all the needs which this role implies.

### **Needs of Children in Residential Care**

6.7 Children in residential care need the opportunity of developing an emotional attachment to parent figures who will provide them with security, warmth and affection. They need the companionship of a sister/brother relationship as well as an opportunity of participating in the experiences normally associated with childhood and family life. Disabled children in residence are at a dual disadvantage with their peers; they are separated from their immediate families and they also suffer from a physical, and frequently, from an intellectual handicap as well. The result of this disadvantage needs to be offset by a programme of compensatory stimulation and involvement. Their environment must be enriched not only by physical and material things but also by the opportunity to develop significant lasting relationships with other children and with adults. They need personal possessions, privacy and opportunities to express their individuality through choice of dress, hobbies, leisure and sporting activities. Opportunities to meet other children and to explore the environment outside the school must be provided through visits to shops and places of cultural, recreational and sporting interest. Finally, if, for one reason or another children have to be placed in residence it is desirable

that they maintain as much contact as possible with their families. Where children are unable to do this there should be residential accommodation at the centre where parents and other members of the family could stay when visiting their children. The holidays of the staff and school holidays should be arranged so that there is an extended break at mid-term. We do not think that the wide range of needs outlined above can reasonably be expected to be provided in an institution designed, staffed and managed on hospital lines.

### **Extent of Need for Residential Placement**

6.8 The committee was unable to estimate with any great degree of accuracy the exact extent to which residential accommodation is necessary on a long term basis. The experience of the last decade has been that it has been declining due to the following reasons:—

- (i) the growth of day facilities both in special schools for the physically handicapped and for the mentally handicapped;
- (ii) the expansion of special education facilities in ordinary primary and post-primary schools;
- (iii) advances in medical treatment which have virtually eradicated some disabling conditions and reduced the need for prolonged hospitalization in the treatment of others;
- (iv) the reluctance of parents to send their children away from home and the general trend to integrate the handicapped with able-bodied children.

6.9 The trend towards the reduction of the number of children needing residential placement may of course be reversed in the future by changes in attitude both of professionals and parents and by developments in medicine. If the number of one-parent families increases and there is a continued tendency for young married women to go into full-time employment it may well be that there would be a growth in demand for residential placement of handicapped children. Developments in medicine may increase the life-span of some children who at present die before reaching school age. The effects of these phenomena on the need for residential placement are impossible to quantify. It is felt, however, that some residential accommodation is necessary in the range of overall provision for the following groups:—

- (i) children whose families are unable for a variety of reasons to care adequately for a disabled child at home;
- (ii) children living in rural areas where there are no suitable special educational or medical facilities within easy reach of their homes;
- (iii) children who need short-term residential placement in a specialised centre for diagnostic and assessment purposes;

- (iv) children who have no parents and are in the care of the Regional Health Boards.

### **Nature and Location of Residential Accommodation**

6.10 We think that the number of children in these categories is unlikely to exceed 100 for the foreseeable future. The nature and location of accessible residential accommodation pose a more important question. In order to meet the wide range of needs outlined in Paragraphs 6.6 and 6.7 we think that accessible residential accommodation based on the house parent/family unit model is the most appropriate. Each unit should accommodate a small number of children and should be staffed by house parents with a professional qualification in child care. In order that the residents of these units would live in physical conditions which are similar to those enjoyed by other young people and in order to facilitate the highest possible degree of social integration it is essential that the accommodation be provided in ordinary suburban housing estates rather than in the grounds of existing school or hospital institutions. The quality of accommodation provided in residential homes for other categories of children in care by the Department of Education has improved considerably in recent years and the experience thus gained by the Department would be valuable in providing similar services for the disabled. Since the main reason for the establishment of such facilities is to provide educational services to the disabled it seems reasonable that the responsibility for the provision, funding and supervision of the accommodation should rest with the Department of Education. *We recommend, therefore*

- (a) that accommodation based on a house parent/family unit model be provided for physically disabled children and adolescents who need long-term residential placements;*
- (b) that each residence has accommodation for a small number of children and be staffed by house parents with a professional qualification in child care;*
- (c) that such accessible residences be provided in ordinary bungalow type houses in suburban areas rather than in the grounds of schools or hospitals;*
- (d) that the Department of Education be responsible for the provision, funding and supervision of the residences.*

6.11 *The committee recommends that a significant proportion of the residential accommodation proposed in the last paragraph should be located in Dublin for the following reasons:—*

- (a) the majority of the disabled children already in residence come from Dublin and the rest of Leinster;*
- (b) there is a number of special centres offering a comprehensive*

range of services to the physically handicapped already in Dublin;

- (c) there is a variety of general medical and hospital facilities in Dublin which are regularly used by the disabled from all over the country.

*In order that the children in residence can avail of the educational and other services being provided in the specialized centres we recommend that residential units be located convenient to these centres. So that children from areas outside Dublin would not have long distances to travel home either for holidays or for week-end visits and in order that their parents could visit them more regularly we recommend that need for the provision of small units in Cork, Limerick and Galway also be investigated. These units should be located convenient to the existing special schools in those cities. It is possible that if such units were provided some of the children need only remain in residence for four or five nights per week.*



## **CHAPTER VII**

### **TRANSPORT**

#### **Introduction**

7.1 Availability of suitable transport is of crucial importance if the physically disabled are to gain access to schools. Many of them are unable to walk to school or use public transport like other children and, as a result, special transport arrangements have to be made for them. While there are numerous difficulties in making such arrangements for all who need them we feel that it is important to point out that a denial of transport services to the physically handicapped amounts effectively to a denial of access to the school system.

#### **School Transport Services: General Provisions**

- 7.2 (i) transport services for the physically handicapped are part of the general school transport service which is organised by C.I.E. as agent of the Minister for Education under regulations drawn up by his Department in accordance with his policy and general directions regarding eligibility of pupils.
- (ii) transport to schools, both primary and post-primary is provided for eligible children either (a) on scheduled public bus and train services or (b) on special services exclusive to school children. Some of those special services are operated directly by C.I.E. and others are contracted out to private operators.
- (iii) the overall administration of the schools transport service is carried out by the school transport section of the Department of Education. Special services for the handicapped are administered by the Special Education section of the Department in liaison with the school transport section.

#### **Transport Services for Handicapped Children**

7.3 A wide range of services is represented in the total provision including public scheduled services, school services operated directly by C.I.E. and those contracted out to private operators. The services to special schools are particularly complex, serving, as they do, a number of special categories including mentally and physically handicapped, visually and hearing impaired and emotionally disturbed

children. Handicapped children travel on public scheduled services and on ordinary school transport services whenever these are suitable. Special services are provided to special schools. It is not the policy of the Department to provide a door to door service for every child and some children may be expected to meet the bus at a convenient pick-up point. In the arranging of pick-up points the child's handicap and family circumstances are taken into consideration. Efforts are made to organise transport so that the duration of the journey to and from school is no longer than one hour. Provision is made for children in residential schools to travel home regularly. There are some limitations to free transport both for normal and handicapped children. On account of the relatively small number of handicapped pupils needing transport and their geographical distribution over a wide catchment area a free transport service is not guaranteed to every handicapped pupil. While the limitations to the provision of services in the case of normal children relate to a minimum number of eligible children, limits are set, in the case of the handicapped, with reference to the cost per week per child. These cost limitations are revised annually by the Department. Where there is no scheduled or special transport in existence and where the cost limitations prevent the establishment of a service the Department may make an annual grant to the parents of a handicapped child who make private arrangements for his transport to school. At present this grant ranges from £150 to £300.

### **Inadequacies in School Transport Services**

7.4 Several representations made to the committee identified inadequacies in existing school transport services for the physically disabled as follows:—

- (i) there is a small number of children for whom transport is not being provided for one reason or another. In some cases it is not considered feasible on account of distance and in other cases it is not provided because it would exceed existing cost limits;
- (ii) in some cases unreasonable delays are being experienced between the date of application for transport and the date of its provision. This results in children not receiving education as early as is necessary;
- (iii) some vehicles being used for transporting the disabled are said to be unsuitable;
- (iv) no provision is made in the school transport services for escorts to assist with boarding and alighting from buses or for supervision of pupils in transit;
- (v) no transport services are provided for out of school activities.

## **General Principles**

7.5 The committee is not unaware of the difficulties involved in providing a national transport service for a relatively small group with very special needs who are sparsely distributed over a wide geographical area. We are also aware that there are financial, technical and administrative considerations involved in which the Committee has limited expertise. Nevertheless we would wish to point out that the fact that transport services are either difficult to arrange or very expensive does not render them any less essential. *Therefore we recommend that the provision of special transport services for the physically disabled should be based on the following considerations:—*

- (a) special transport services are essential for many disabled pupils if they are to attend school; in such cases a denial of transport service amounts effectively to a denial of educational opportunity;*
- (b) transport services of all kinds are now very expensive, those for the handicapped are especially costly. While those who organise special transport services should, quite properly, endeavour to do so as effectively and economically as possible it is felt that financial considerations should not finally determine whether or not an individual pupil receives services which are essential for him to attend school;*
- (c) whatever system is adopted should leave room for flexibility and discretion to those administering it to meet special needs in individual cases;*
- (d) as public resources are limited it is important that only those who really need special services should receive them. Therefore, applications for special transport should not be made either by individuals or associations for trivial reasons. Special services should be provided only on the basis of a recommendation from an independent medical authority. The Director of Community Care is, in the opinion of the Committee, the most suitable person to make the recommendation.*

## **Children who have no Services**

7.6 The number of children for whom no service is being provided for reasons of distance or of cost is quite small but the committee is aware of five such cases. It is appreciated that the provision of a special transport service for one child can be quite expensive. No child should have to be placed in residence for reasons of costs of daily transport to school. In arriving at decisions in individual cases regard should be had to the high cost of residential placement. The committee considers that the annual grant which the Department may provide could help with this problem if (a) the grants were sufficiently large and (b) if they were administered more flexibly. It seems to the

committee that the amounts of the grants are fixed quite arbitrarily and without reference to existing costs. *We therefore recommend that the amount of the grant paid to parents should be related to the average cost of transporting one child on a special existing service in an area which is similar to the one in which the child resides both geographically and demographically.* This grant should be seen as catering for the needs of those pupils who are so disabled and whose family circumstances are such that without special transport the child would be unable to attend school.

### **Delays in Providing Transport**

7.7 The committee is satisfied that transport and education authorities do not always have control over some of the important factors involved in the provision of transport services and that the officers concerned often go to great personal trouble to solve difficult problems. It is also appreciated that some delays are inevitable in setting up services to meet the special needs of individual children. Nevertheless we are convinced that unwarranted delays take place in the arrangement of special transport services and *we recommend that a special transport division be established within the Special Education Section of the Department of Education which would have one named official with special responsibility for arranging transport for the physically disabled.* The workload of this official should be so arranged that he/she can deal with each case expeditiously.

### **Unsuitable Vehicles**

7.8 The committee was informed that discussions have taken place between the education and transport authorities on this question and that it has not been found possible to provide specially designed vehicles either by Coras Iompair Eireann or by their subcontractors. One of the reasons advanced for this is that special adaptations made to vehicles to meet the needs of the disabled limit the uses to which they can be put for transporting the able-bodied. We are not convinced that such major modifications are required as would limit the use of vehicles for other purposes and we are of the opinion that relatively modest adaptations could go a long way towards dealing with the problem. *We recommend, therefore, that the problem of suitability of public school transport vehicles for the disabled be investigated by a working party which would have representatives of the disabled, the automotive industry and the engineering profession as well as those of the transport and education authorities.*

### **Escorts on School Buses**

7.9 The committee is of the opinion that an adult is necessary, in addition to the driver, on all transport services to special schools for the physically handicapped. Such an escort could help with lifting the

pupils on and off the bus, deal with problems of illness, safety and discipline and generally supervise the pupils during their journey to and from school. *We recommend, therefore, that escorts be provided on all buses used exclusively for the transport of physically handicapped pupils, and/or on buses in which there is a number of physically handicapped pupils as well as other pupils.*

### **Transport Services for out-of-school activities**

7.10 Since many of the handicapped have limited opportunities for the exploration of their environment and for participating in the normal experiences of childhood and adolescence it is important that they participate in extra curricular activities organised by the school. In order to do this transport services are essential. (See Par. 5.33). In order to provide these services special schools and the post-primary schools which have special facilities for the physically handicapped need funds. *We recommend, therefore, that an annual grant-in-aid be made available to these schools to cover the transport costs of out-of-school activities.*

### **General Recommendations on Transport**

7.11 Several agencies, both private and statutory, are involved in providing transport for the physically disabled and for the handicapped generally. Some of these services are used for health purposes, others are provided for schools and still others are organised in the context of training workshops and sheltered employment. The public agencies involved include the Departments of Health and Education, The Regional Health Boards and Coras Iompair Eireann. The private agencies include voluntary bodies and private transport contractors. *We recommend that the Ministers of Education, Health and Transport appoint a Working Party to make a comprehensive examination of the question of transport services for the handicapped in order to ascertain whether these services could be provided more efficiently and more economically through closer co-operation between the agencies concerned and possibly through the creation of new structures through which these services could be delivered.* The Committee understands that a working party has recently been commissioned by the National Rehabilitation Board to examine the whole question of transport for the disabled. *We recommend that the Minister for Education seek the views of this Working Party on the issues raised in this paragraph and in paragraph 7.8 prior to establishing a joint committee to examine the question of transport services for the handicapped.*

*Signed:*

T. A. Ó Cúilleanáin, (Chairman)  
T. M. Gregg  
K. Ryan  
T. Kilraine  
T. Fitzgerald

S. Ó Fiachra  
T. Ó Cuanaigh  
M. McGuirk (Secretary)

August, 1981.

## **APPENDIX I**

### **The Department of Education. Special Education Section. To the Principal ..... School.**

The Advisory Committee on the education of the Physically Handicapped in association with the National Haemophilia Service Committee is conducting a survey of the educational needs of haemophiliac children. It is understood that the child/children named below is/are a pupil in your School. The Committee referred to above would be most grateful if you would kindly complete the enclosed questionnaire in respect of each haemophiliac child/children attending your School and return it to the Department of Education before 30/9/80. As the number of such children in the country is very small it is vital that we get a response from each School in which haemophiliac children are enrolled. We have received the permission of the parents to approach you in respect of this/those child/children. You have the assurance both of the Advisory Committee on the education of the Physically Handicapped and of the National Haemophilia Service Committee that your replies to the questionnaire will be treated in the strictest confidence.

Department of Education,  
Special Education Section,  
Marlborough Street,  
Dublin 1.

Sec. Advisory Committee on  
Education of Physically  
Handicapped.

### **Questionnaire**

1. Name of Pupil.
2. Date of Birth.
3. School Address (and Roll No. if National School).
4. Class (or year if in post-primary school).
5. If post-primary school give details of subjects he is taking.
6. Did his medical condition affect his choice of subject? (e.g. Woodwork, Metalwork, Physical Education).
7. Is the pupil in a special class?
8. Is he receiving remedial education?
9. Is he receiving Home Tuition?  
(If so how many hours per week?).

10. How does the pupil travel to school?  
(on foot, parent's car, public or school transport, bicycle).
11. Distance from pupil's home to school (approx.).
12. Has the pupil attended school regularly over the past 2 years?
13. If not please give details of the number of days he was absent during the following periods:—

1/9/78-30/6/79

1/9/79-31/3/80

14. Did the pupil have extended periods of absence from school before 1/9/78?

It may be necessary for Principals of Post-primary Schools to consult with the Principal of the pupil's primary school before answering the questions relating to school attendance.

15. If the pupil's attendance has been irregular what are the main reasons? (e.g. frequent illness related to medical condition, poor general health, lack of transport, lack of mobility, long distance from school).
16. How would you rate his general level of intelligence, (e.g. very bright, average, dull-normal).
17. Is the pupil's general educational progress satisfactory? If not please give particulars. (Please quote results of standardised tests or of state examinations if available).
18. Does the pupil need any special educational help which the school is unable to provide? Please give details.
19. Are there any special education services in your school? (special class, remedial teacher).
20. Are there any special education services in schools in the locality?
21. Is the pupil generally well-adjusted and happy at school?
22. To what extent does he participate in sporting, recreational leisure and social activities at school?
23. Any other comments which you think are relevant to his educational welfare.

## Appendix II

*List of persons who as representatives of organisations or in their personal capacity gave oral evidence, submitted memoranda or letters or assisted the Committee in some other manner.*

C. C. Ó Caoimh	Chairman, Department of Education Working Party on Facilities for Handicapped Students taking State Exams.
Dr. B. Barry Dr. K. Murphy Dr. K. Quinn	Directors of Community Care and Area Medical Officers
Mr. B. Scully	Irish Association for Spina Bifida and Hydrocephalus
Dr. B. Malone Dr. D. Faughnan	Irish Wheelchair Association
Mr. P. Shallow	National Association for Cerebral Palsy
Miss A. Ni Tighearnaigh Mr. T. Jordan	National Association of Teachers in Special Education
Miss A. Lyons Ms. N. O'Doherty Ms. T. Mannion	National Rehabilitation Board
Miss C. Garvey Mr. P. Quinn	Psychological Society of Ireland
Miss D. Walsh	Resource Teacher, Ballinteer Community School

### The National Haemophilia Service Committee

The Principals and Staffs of the following Special Schools for the Physically Handicapped visited by members of the Committee:—



School of the Divine Child,  
Ballintemple,  
Cork.

Central Remedial Clinic School,  
Clontarf,  
Dublin 3.

Sandymount School and Clinic,  
Sandymount Avenue,  
Dublin 4.

Scoil Mochú, a,  
Clondalkin,  
Co. Dublin.

St. Gabriels Special School,  
Limerick.

Marino Clinic Special School,  
Bray,  
Co. Wicklow.

St. Joseph's Hospital School,  
Coole,  
Co. Westmeath.

St. Mary's Orthopaedic Hospital,  
Baldoye,  
Co. Dublin.

St. Mary's Hospital School,  
Cappagh,  
Dublin 11.

\*Ballinteer Community School,  
Dublin.

\*Mayfield Community School,  
Cork.

\*Ballymun Comprehensive School,  
Dublin.

\*Post-Primary schools with special facilities for physically handicapped students.

## **APPENDIX III**

### **SUMMARY OF RECOMMENDATIONS CONTAINED IN THE REPORT**

#### **CHAPTER IV**

##### **Assessment, Diagnostic and Family Support Services**

1. That the Director of Community Care should have the responsibility for the delivery of professional services to the physically handicapped child and his family during the first years of life. (Par. 4.4.)
2. That the Director of Community Care appoint one person on his staff to co-ordinate the provision of services to ensure that every essential professional service is made available to the child and his family and that each profession is aware of what the other is doing. (Par. 4.4.)
3. That the co-ordinator organise informal discussion groups in each Community Care area for parents of physically handicapped children and arrange for professionals to attend from time to time. (Par. 4.5.)
4. That the Director of Community Care compile a register of all pre-school physically handicapped children in his area and that he arrange for a comprehensive assessment to be made of each child and of his needs. This assessment should have a physical, psychological, social and educational dimension and should involve personnel skilled in these disciplines. (Par. 4.6.)
5. That the Director of Community Care should arrange a case conference to consider the initial educational placement of each physically handicapped child before the child has reached the age of three years. (Par. 4.7.)
6. That pre-school assessment classes for physically handicapped pupils between the ages of 3 and 5 years be set up in existing special schools for the physically handicapped, in schools for the mildly mentally handicapped or in selected ordinary schools. (Par. 4.9.)
7. That the pre-school assessment classes referred to above be

staffed only by teachers who have completed a diploma course in Special Education. (Par. 4.11.)

8. That wherever possible physically disabled children should attend local voluntary play-groups and that the necessary medical, therapeutic and other services be provided by the Director of Community Care. (Par. 4.10.)

9. That the assessment services of the National Rehabilitation Board be used for consultancy purposes wherever local services are not equipped to deal with particularly complicated cases. (Par. 4.12.)

10. That the Director of Community Care keep a record of all the physically disabled pupils enrolled in ordinary schools. (Par. 4.13.)

11. That every school in which a physically handicapped pupil is enrolled keep a detailed record of his progress. (Par. 4.13.)

12. That at least once a year the District Inspector of Schools should with the Director of Community Care, a psychologist, a social worker or district nurse and the pupil's teacher or class tutor review the placement and progress of each physically handicapped pupil in his district. (Par. 4.13.)

13. That a list of all physically handicapped pupils attending ordinary schools be kept by the Inspectorate at District level. (Par. 4.13.)

14. That the Colleges of Education and University Schools of Education include elements on systematic observation and recording of pupil behaviour, and inter-professional communication in their courses of training for teachers at all levels. (Par. 4.14.)

## **CHAPTER V**

### **Review of Existing Educational Provision**

15. That the needs of the special schools for the physically handicapped be examined individually by the Department of Education with a view to providing additional help to classroom teachers wherever necessary. (Par. 5.4.)

16. That (a) all new special school buildings, or extensions to existing ones, should have part of the accommodation designed so as to facilitate co-operative teaching and (b) the grant scheme in operation for the provision of materials and equipment for prevocational training

in schools for the mentally handicapped be extended to schools for the physically handicapped. (Par. 5.5.)

17. That the National Rehabilitation Board provide psychological services to the three special day schools in Dublin. (Par. 5.6.)

18. That the team involved communicate their knowledge of children in ordinary schools to their colleagues in the Health Services and in the Department of Education. (Par. 5.6.)

19. That a survey be conducted of the physically handicapped pupils in the Western Health Board Region to determine the number of children whose educational needs might best be met by attendance at a special school in Galway. (Par. 5.8.)

20. That schools for the mildly and moderately mentally handicapped cater for the educational needs of physically handicapped pupils who are also mildly or moderately mentally handicapped. (Par. 5.12.)

21. That Regional Health Boards provide medical, nursing, speech therapy and physiotherapy services in all such schools where there are physically handicapped pupils who need such services. (Par. 5.12.)

22. That an additional child care assistant be sanctioned in every school for the mentally handicapped where there are five or more physically disabled pupils enrolled who need help in the areas of mobility, personal care or communication. (Par. 5.12.)

23. That when decisions regarding the appointment and retention of staff are being made special account be taken of the number of physically disabled pupils enrolled. (Par. 5.12.)

24. That, on establishment, each special class be made a grant of £300 for basic equipment and £150 per year in subsequent years. (Par. 5.15.)

25. That the Department of Health authorise the provision of part-time child care and therapeutic services to physically disabled pupils in special classes wherever necessary and regular medical advice regarding the management of such pupils. (Par. 5.16.)

26. That the Department of Education sanction the appointment of a child care assistant to any school in which there is a special class with five disabled pupils who need help with mobility and personal care. (Par. 5.16.)

27. That the Departments of Education and Health make arrange-

ments for the provision of an adequate psychological service to special classes in ordinary schools. (Par. 5.16.)

28. That the Department of Education increase the Inspection staff so that an adequate service is provided for special classes both at school level and the level of inservice training. (Par. 5.16.)

29. That, wherever possible, intensive individual help be provided for pupils who return to school after a prolonged period of absence. (Par. 5.25.)

30. That whenever it is proposed to enrol a disabled pupil in an ordinary school the matter be taken up with the school in advance of the date of enrolment by a professional who is well informed about the child's needs. (Par. 5.27.)

31. That where a disabled pupil is attending an ordinary school:—

- (a) all matters relating to his medical condition which are relevant to his education be made known to the school with his parents' permission;
- (b) advice be provided by medical personnel on the day to day management of the child in school;
- (c) the Department of Education should ensure that the school receives professional advice in devising and implementing instructional programmes;
- (d) additional tuition be provided if necessary either through the remedial education services or the home tuition scheme. (Par. 5.27.)
- (e) if the school is not already accessible the Department of Education allow grants within reasonable limits in order to make it accessible. (Par. 5.29.)
- (f) if the school, in conjunction with the parents, is not able to arrange for help in dealing with incontinence the Director of Community Care be empowered to recruit a suitable person on a part-time basis for this work. (Par. 5.29.)
- (g) the Director of Community Care provide medical and therapeutic services as necessary. (Par. 5.29.)

32. That all new schools be fully accessible to the disabled. (Par. 5.28.)

33. That in suburban areas in cities and large towns the Department

of Education ensure that one new school is fully accessible to the disabled and specially equipped to be the designated school for the disabled who need special ancillary services. (Par. 5.28.)

34. That adequate psychological and counselling services be made available in the three post-primary schools in which the special schemes are in operation. (Par. 5.32.)

35. That the Youth and Sport section of the Department of Education and Comhairle le Leas Óige ensure that physically disabled young people have an opportunity of participating in youth activities organised in local communities. (Par. 5.33.)

36. That a series of one-day seminars be organised in the special post-primary centres at which doctors and therapists have an opportunity of discussing with teachers the nature of various types of physical disabilities and the implications of these for the management of the pupils at school. (Par. 5.34.)

37. That in the larger urban areas where there is a number of post-primary schools one of them be specially equipped to cater for the needs of the physically disabled and that a child care assistant, additional tuition, psychological, counselling and transport services be provided by the Department of Education. (Par. 5.36.)

38. That whatever medical and therapeutic services are required be provided by the Director of Community Care. (Par. 5.36.)

39. That in areas outside the cities and large towns the Department sanction the appointment of a child care assistant in any post-primary school in which there is a small number of physically disabled pupils who need help with personal care and mobility. (Par. 5.37.)

40. That all courses of pre-service training for teachers, both primary and post-primary, include an element on the education of the physically disabled. (Par. 5.38.)

41. That the Department of Education organise seminars and courses aimed at increasing the awareness of all teachers of the learning needs of the physically disabled and at demonstrating the contribution that all teachers can make to meeting these needs. (Par. 5.38.)

42. That the Divisional Inspector of Schools organise seminars and inservice training courses for the teachers in his Division who have physically disabled pupils in their classes. (Par. 5.38.)

43. That third-level educational authorities be flexible in decision-making on the entry qualifications of the disabled to third-level

colleges and that where a candidate for entry fails to meet the required criteria each case be considered individually. (Par. 5.41.)

44. That in the administration of the third-level student grant scheme the Department of Education allow higher income limits in determining eligibility for grants where the physically disabled are concerned than those in operation for the able-bodied. (Par. 5.42.)

## **CHAPTER VI**

### **Residential Centres**

45 That accommodation based on a house parent/family unit model be provided for physically disabled children and adolescents who need long-term residential placement. (Par. 6.10.)

46. That each residence has accommodation for a small number of children and be staffed by house parents with a professional qualification in child care. (Par. 6.10.)

47 That such accessible residences be provided in ordinary bungalow type houses in suburban areas rather than in the grounds of schools or hospitals. (Par. 6.10.)

48 That the Department of Education be responsible for the provision, funding and supervision of the residences. (Par. 6.10.)

49 That a significant proportion of the proposed residential accommodation be located in Dublin convenient to existing special centres for the physically handicapped. (Par. 6.11.)

50 That the need for the provision of residential units in Cork, Limerick and Galway be investigated. (Par. 6.11.)

## **CHAPTER VII**

### **Transport**

51 That the provision of special transport services for the physically disabled should be based on the following considerations:—

- (a) Special transport services are essential for many disabled pupils if they are to attend school; in such cases a denial of

transport services amounts effectively to a denial of educational opportunity;

- (b) Transport services of all kinds are now very expensive; those for the handicapped are especially costly. While those who organise special transport services should, quite properly, endeavour to do so as efficiently and economically as possible it is felt that financial considerations should not finally determine whether or not an individual pupil receives services which are essential for him to attend school;
- (c) Whatever system is adopted should leave room for flexibility and discretion to those administering it to meet special needs in individual cases;
- (d) As public resources are limited it is important that only those who really need special services should receive them. Therefore, applications for special transport should not be made either by individuals or associations for trivial reasons. Special services should be provided only on the basis of a recommendation from an independent medical authority. The Director of Community Care is, in the opinion of the Committee, the most suitable person to make the recommendation. (Par. 7.5)

52 That the amount of the grant paid to parents should be related to the average cost of transporting one child on a special existing service in an area which is similar to the one in which the child resides both geographically and demographically. (Par. 7.6.)

53 That a special transport division be established within the Special Education Section of the Department of Education which would have one named official with special responsibility for arranging transport for the physically disabled. (Par. 7.7.)

54 That the problem of suitability of public school transport vehicles for the disabled be investigated by a working party which would have representatives of the disabled, the automotive industry and the engineering profession as well as those of the transport and education authorities. (Par. 7.8.)

55 That escorts be provided on all buses used exclusively for the transport of physically handicapped pupils and on buses on which there is a number of physically handicapped pupils as well as other pupils. (Par. 7.9.)

56 That an annual grant-in-aid be made available to schools to cover the transport costs of out-of-school activities. (Par. 7.10.)

57 That the Ministers of Education, Health and Transport appoint



a Working Party to make a comprehensive examination of the question of transport services for the handicapped in order to ascertain whether these services could be provided more efficiently and more economically through closer co-operation between the agencies concerned and possibly through the creation of new structures through which these services could be delivered. (Par.7.11)

58 That the Minister for Education seek the views of this Working Party on the issues raised in this paragraph and in paragraph 7.8 prior to establishing a joint committee to examine the question of transport services for the handicapped. (Par. 7.11.)

Wt.—134458. 2,500. 2/82 Cahill (853) Spl.