

## THE FUTURE OF SPECIAL EDUCATION IN THE LOW-INCOME COUNTRIES

Not more than 2 per cent of recognisably handicapped children in developing Commonwealth countries attend schools at present. Few governments have found it possible to regard special educational provision for the handicapped as more than peripheral to their overall development plans. Superficially this attitude seems to have justification, for resources are limited and claims numerous. It may be questioned, however, whether many authorities responsible for the planning and financing of education appreciate the extent of the problem. The Isle of Wight survey in England indicated that approximately 16 per cent of all children could benefit from special educational treatment for a longer or shorter period (1). Although the causes and pattern of handicap in the developing countries may be quite distinct from those in England, there is no reason to assume that the overall incidence in the poorer countries will be any lower.

More handicapped children die in infancy in the developing countries than in the richer countries. The percentage of handicapped children in the poorer countries, however, is kept relatively high because of the numbers who contract diseases and handicapping conditions later in childhood. Over all children in the emergent countries hangs the threat of malnutrition, to the extent that almost all handicapped children in these areas may be considered to be multiple handicapped - by their obvious defect, by malaria and by malnutrition. The advance of medical care implies a greater survival rate of multiple handicapped children so that it is reasonable to assume that the dimension of the problem for developing countries is likely to be aggravated in the future.

It is frequently overlooked that the gradations of handicap are continuous from the mildest to the most severe.

To some extent we are all handicapped in that none is perfect in all respects.

Many mildly handicapped children pass unrecognised into the schools, many drop out before completing the course. Were appropriate facilities available, were suitable forms of diagnosis and assessment determined, the benefit to both schools and children could well prove a greater economy in the long term than the initial outlay.

### Special education and international agencies

The attitude of international agencies to special education reflects its indeterminate place in the overall field of education. There is some justification, perhaps, for Unesco grouping it together with work against discrimination in education, the democratisation of education and the education of women and girls under the general heading of The Right to Education, although one effect is to cut this section away from the total picture of a comprehensive educational service for all members of the community. More difficult to defend is the classification of special education by the International Bureau for Education as an "auxiliary service," or that by the Asian Institute of Educational Planning and Administration as a "special problem" (a category which also includes girl's education and teaching aids). If governments are to be persuaded to accept special education as an integral

part of their education systems then the major international agencies should set the example by integrating this area into the normal divisions of their administration. Particular care should be taken to advocate the case for special education as an integral part of the educational system.

### The changing role of voluntary agencies

In most developing countries such special facilities as exist are supplied in large measure by agencies other than the national government. As the administration of ordinary schools passes increasingly into the hands of central and local government it may well be that the pioneering traditions of the voluntary agencies could usefully be concentrated upon developing the area of special education. This approach would at once provide a valuable supplement to the governmental sector and lay the foundations for the eventual incorporation of special education into the general system. The extent of the role of voluntary agencies in developing countries should not be over-estimated, however, for the state of the economy in these countries is such that voluntary effort, even with the best intentions of the people, is unlikely to be able to take a major element of responsibility. The pattern of the richest countries cannot be replicated for some time. In these countries, large-scale voluntary participation still remains essential to the provision of facilities for the handicapped, parents and social service organisations both acting directly in creating and administering special units and schools and also maintaining constant pressures on the authorities for adequate official support and participation.

### General considerations

No one pattern of development can be evolved to serve all developing countries of the Commonwealth, varying as they do in size, population, financial resources and stage of educational development. Sufficient common features, however, remain to make possible useful general indications.

### Surveys

While short-term action should not be delayed in the face of undoubted urgent need, efficient longer-term planning depends on the accumulation of a sufficient quantity of reliable data on the incidence and distribution of the various forms of handicap. Surveys are needed to establish the pattern of need and the extent of existing provision, but such surveys should not be devised on too ambitious a scale. Little purpose is served by conducting a meticulous survey in order accurately to determine the dimensions of a problem when resources will not be available to support a subsequent remedial programme. Initially, surveys carried out by teachers and students will be adequate in extent and depth. Eventually, the aim should be to introduce a full system of "at risk" registers to ensure identification at the earliest possible stage. This will probably best be implemented by working outwards into the countryside from the main population centres.

### Pre-school activities

Authorities, both educational and medical, stress the importance of early diagnosis, assessment and treatment of handicap. In the circumstances of most developing countries this will remain an ideal unlikely to be realised for an indefinite period. Pre-school clinics and nursery classes exist already in some countries, such as Kenya and Uganda, but their establishment can in every case be attributed to the efforts of small groups of individuals or

voluntary organisations (for example the Round Table Polio Clinic in Kampala). The realistic approach to this situation requires the most effective deployment of very limited resources, possibly by the setting-up of urban and rural polyclinics to which are attached paramedical staff additionally trained in basic diagnostic techniques. Simple remedial work for mildly handicapped children could thus be made possible at an early stage. Essentially, handicapped children need help in learning to live with their handicap. The aim of the medical worker and teacher should be what has been termed "planned dependence." This involves assisting the child to develop to the full those abilities which he has, and to encourage his family and peers to provide the necessary compensation for those abilities which he can never have.

### Teaching and other staff

Very few developing countries can afford to employ a high ratio of well-qualified and experienced teachers. Education already accounts for up to one third of all annual recurrent revenue in most of the countries concerned, and this with about half the teaching force untrained or of low quality. Yet useful work with handicapped children depends largely on the expertise of the teacher. This may well mean an arbitrary limitation on the number of handicapped children accepted into the educational system so that standards may be maintained. Specialist teachers need to be attracted and held in this sector of education by the existence of a permanent career structure, additional payments for extra qualifications, and the enhancement of their professional status through recognition of their particular form of service. Professional bodies designed to link all those working in special education and to encourage research and development would also add to the prestige of teachers. In-service and sandwich refresher courses can play a useful role both in keeping teachers up to date with developments and also inspiring a sense of continuing purpose and community among the profession.

The additional costs involved in providing a highly qualified teaching force for handicapped children could be offset in part by the engagement of a range of auxiliary staff and teaching aides. The principle of employing a limited number of highly qualified specialists supported by para-professional staff could well act as a pilot scheme from which to assess the possibility of extending the system to the general educational scene. Supporting paramedical staff, too, could work both with handicapped children and in the local health service. Simple diagnosis and treatment could be undertaken by staff of the calibre of the Rural Medical Officers proposed for Northern Nigeria some years ago (2); the establishment of cadres approximating to the Chinese "peasant doctor" could probably be investigated further to advantage. Multi-purpose nurses and social workers (on the lines suggested by the Commonwealth Conference on Education in Rural Areas (3)), sharing a common basic course of training with village teachers and agricultural extension workers could fill a vital role. Such multipurpose workers are already being produced at the Pan-African Institute for Development's "Ecole des Cadres" in the Cameroons. Anglophone countries might usefully consider how this training might be adapted to their purposes. These specialist "animateurs", trained to local involvement and local leadership can fulfil a function which includes the care of handicapped children but which also ranges wider. Such an approach may also have a beneficial effect on public opinion.

In addition to the production of specialist teachers and supporting staff, all teachers should be given some basic knowledge of the problems relating to handicapped children. The front-line operator in the educational system will continue to be the village teacher, and it is on him that the burden

of the work will fall for some time to come. Once a programme of special education is introduced, the village teacher will be responsible for identifying the handicapped children in his area. Many such teachers will have to accept handicapped children in integrated classes, and work in co-operation with visiting specialists. It is, therefore, largely upon the village teacher, often working in isolation from professional advice, that the fundamental part of the programme for handicapped children will depend. The Association for Special Education in England has for some time been advocating that all teachers in their training should become acquainted with the basics of special education, and this seems to be even more desirable in the context of the developing countries. All teachers should learn to recognise the manifestations of the most usual handicaps which they are likely to encounter, and have some knowledge of the most frequent causes. Initial progress will have been achieved if children with limited sight can be moved nearer to the teacher or into a better light, if children with limited hearing are addressed distinctly, and if slow learners are encouraged rather than being continually failed and made to repeat work in the same conditions as before. Such simple improvements depend solely on guidance being given to co-ordinating teachers as to how to make the best of prevailing circumstances, but could be a valuable contribution to the education of handicapped children.

### Schools and curriculum

Practical considerations will require that provision for handicapped children in developing countries should be made as economically as possible in terms of buildings, equipment and staff. This points towards the greatest degree of integration into ordinary classes or association with ordinary schools. Some residential special schools on the traditional pattern will be required where low incidences of severe handicap, sparse population or poor communications make any other form of provision impossible. Some handicaps, too, can best be dealt with in residential schools, namely profound deafness, severe mental handicap, and handicaps resulting from infectious diseases. Even where residential schools are the best form of educational provision, consideration should be given to the possibility of children attending as weekly boarders or, at most, termly boarders. The more developed countries are not alone in experiencing parents and guardians who are willing to pay fees in order to send handicapped children to residential establishments and so dispose of an embarrassing presence. Every effort should be made to maintain constant links with the home so that children are not totally abandoned into the care of the school. Put at its lowest level, this link gives hope for the eventual re-integration of the child into his community.

Teaching other than in special schools or hospital classes can best be organised in conjunction with ordinary schools. Some children may be fully integrated into ordinary classes, probably with the regular support of visiting specialist teachers based on resource centres; this system will work best at levels above primary, when the handicapped child has acquired some facility in mobility and communication. Special units or annexes associated with ordinary schools and staffed by specialists represent probably the most economic and efficient means of accommodating handicapped children at primary level. In some areas, mobile remedial units might be feasible. The problems of poor staff and large unselected classes in primary schools will continue to exist and units and annexes should be constructed as far as possible at the better schools.

A strong case exists for the establishment of "centres of excellence", selected schools given preferential help to reach the highest possible

standards. This approach is sometimes opposed on the grounds that special advantages should not be given to a few children at the expense of others. In the context of the developing countries this argument does not seem valid; not all children (and even more so, not all handicapped children) can be accepted into the educational system, so those who do gain places are already privileged. This is not used as an argument to stop other education activities. In the same way, centres of excellence can serve as examples, research centres and experimental units, to the eventual benefit of all.

### The role of parents

In conjunction with public enlightenment campaigns it may prove possible in favourable circumstances to draw parents into direct responsibility for some parts of the education of their handicapped children. Many parents have indicated their sense of responsibility for these children, together with a lack of knowledge of how to help them. Now that transistor radios are available to almost every compound, programmes could be produced for visually handicapped and physically handicapped children who have been unable to find school places. (Much of the content of these programmes could be common material for use by normal children who have never attended school or who have dropped out). The effectiveness of such series would depend to some extent on the literacy of the parents, but the knowledge that they could subsequently help their children could provide the motivation for a functional literacy campaign among the parents. Supplementary printed material and radio courses linked to correspondence schools would reinforce the programmes. It might even be possible to arrange for periodic "live" courses of the type organised in England in the National Extension College. Home education, too, could be linked in to the local school if this latter were organised as a community centre, serving the needs of the locality in a large number of different ways.

The disadvantage of basing education on the home would be the saddling of parents with an additional burden, when the care of a handicapped child poses such problems in any case. The provision of a parents' relief service (where the extended family does not function in this way) might be a function of community service volunteers, of unemployed school leavers, or of service clubs. Parents will frequently accept the heaviest of burdens if they have the prospect of short reliefs at regular intervals.

The object of education for the handicapped child should be to enable him to fit into his own community as unobtrusively and effectively as possible. For this reason his educational experiences should be designed to compensate for what he loses as a result of his handicap and also give him the broad coverage afforded to his normal peers. The emphasis should lie on developing the child's capabilities and not on regretting the limitations imposed by his handicap. The curriculum for each handicapped child should be as demanding as he can reasonably accept. On no account should it be reduced in breadth or depth or diluted to such a degree that the child loses the challenge to persevere. Children, handicapped or normal, tend to live down to their teachers' expectations. The degree of adaptation of the curriculum will depend on the individual child; skilled teachers should be allowed the widest discretion in their approach.

The handicapped child needs more support than most of his normal contemporaries in his out of school activities. These may vary from provision such as a "sheltered" farm for severely mentally handicapped children (4) to meeting places on the lines of the British "Gateway" clubs (5) to

facilitate the mixing in informal surroundings of handicapped and normal children. As adolescence and the termination of formal schooling approach the links with the child's community must be strengthened to avoid as far as possible an unsettling break at this stage. As for the normal child, education for the handicapped young person should be viewed as a continuing process, in the manner advocated by O.E.C.D. as "recurrent education". Here again, if the school acts as the community centre, the conditions will be appropriate for the handicapped person to develop at his own pace unencumbered by the approach of an arbitrarily designated leaving age.

### Buildings and equipment

Flexibility should be the essential feature of buildings designed for handicapped children. Assuming that physical features have been suitably designed (in terms of such items as ramps, handrails, door spaces, toilet facilities and furniture) the essential overall approach should be of buildings for small units. The between-wars approach of large schools and hospitals is now replaced by the principle of designing as far as possible "home units". Large institutions need to be broken down into units meaningful to the child. (One factor which may have contributed to the large hospital idea is that nurses are usually cheaper to employ than teachers, so that handicapped children in large hospitals make least financial claim on the community.)

Modular and prefabricated buildings probably offer most scope to the developing countries and can also offer maximum economy. Rooms provided on the Mexican rural school principle, or similarly designed using local materials such as wood, mean that facilities can be quickly erected and can also be easily moved to alternative sites if the pattern of need changes. So many developing countries have found themselves with expensive permanent buildings in the wrong places. Special education, starting essentially from scratch, can at least avoid this error. Where distances and roads make it feasible, mobile resource rooms and classrooms for handicapped children might be provided on the lines of Ontario's remedial reading trailer (language teaching material and other specialised equipment installed in a trailer manned by expert consultants (6)) or Liverpool's educational priority area "playmobile" (an old bus converted to provide travelling play centre for pre-school age children (7)).

Equipment for handicapped children needs to be appropriate, plentiful and cheap. Its main functions are to facilitate mobility and communication and to promote learning. Where equipment has to be imported from more developed countries, governments should ensure that the free flow of items is unrestricted by import taxes and facilitated by preferential postal rates. (For historical reasons the blind enjoy more privileges than other handicapped persons in these ways. This anomaly should be remedied, by the extension of the privilege to all handicaps). Local equipment can often be designed in conjunction with university departments and manufactured centrally by prison labour or in sheltered workshops employing handicapped school leavers. For some purposes regional workshops might be established, as, for example, for the large-scale manufacture of Braille reading material.

### Preparation for employment

"Rehabilitation" is hardly an appropriate term to apply to handicapped school leavers; "preparation for employment" is perhaps more appropriate. The problems of finding employment are very difficult in many places and will grow worse. 173 million additional young people in the Asian

region alone will be seeking employment by 1980 (8). The Indian government has considered reserving a certain number of posts for the handicapped, but it is doubtful if this will remain practical politics as pressures increase from the healthy unemployed. Fortunately, alternatives exist. In the first place, a certain number of the handicapped will succeed in self-employment, running small-scale enterprises and workshops in such trades as shoemaking, leatherwork and tourist craft-work. Others may find security in sheltered workshops or protected employment, such as the Ethiopian umbrella factory sponsored by I.L.O. Other workshops could concentrate on the production of prosthetics and orthotics, and on toys and educational materials. While much of the output could serve the special schools there is no reason why many other schools should not draw their supplies from these sources. For their own continuance, and for the self-satisfaction of those employed in them, such workshops should be as fully competitive as possible in the commercial world. Finally, the world-wide drift to the towns may be used to the advantage of the handicapped. The building-up of the rural areas will depend to no small extent on the availability of services to make the farmer's life agreeable and profitable. The handicapped youngster may well find openings in the local co-operative office, farmers' association, local transport office, local store, or other similar activities. Supported by continuing care (another possible contribution by voluntary agencies and service clubs) many of the handicapped may in these ways be able to live both independent and satisfying lives, requiring little in the way of special consideration. They may well contribute valuably to the development of their countries.

#### Public enlightenment

The work of special education can go forward effectively only if prevailing attitudes towards handicap can be made more positive and more understanding. The continuous grading from what is accepted as normal to what is considered as handicap needs to be publicised, so that there may be general awareness that handicapped persons do not constitute a separate species. Emphasis should be laid on the essential normality of most handicapped persons, showing, for example, that up to 97 per cent of the handicapped can be rehabilitated to take a full part in the life of the community (9). Parents need to be encouraged to bring their handicapped children forward for treatment and to accept them as participating members of the family. The best advertisement for treatment is the evidence of successful treatment; activities such as the eye clinics organised in India and elsewhere by the Royal Commonwealth Society for the Blind show dramatic and immediate results in terms of sight restored. The benefits of treatment should be continuously and widely publicised by the most direct means available.

The mass media have an important part to play in two ways. Firstly, radio, newspapers and television can do much to reduce the ignorance which causes much handicap in the developing countries. Information about hygiene and diet can be extended to mass audiences to supplement field operations by extension workers and "animateurs". This preventive function should be supplemented by programmes designed to influence attitudes towards the existing handicapped. Programmes on the pattern of the "Radio Doctor" can explain symptoms and causes of handicap; more general programmes can be directed towards the elimination of the "ghetto mentality" of many handicapped young people and encourage participation in group activities. Youth clubs, community centres, and other means permitting informal association of the handicapped and the normal should be promoted; the link between such groups could well be through a centrally organised radio, television or newspaper "club".

## The role of national governments

Most governments in Commonwealth developing countries have accepted responsibility in principle for the education and care of handicapped children and young persons, but have been unable to allocate funds on a scale commensurate with the need. In these circumstances national governments could best view their role as that of co-ordination and guidance, helping voluntary organisations and providing an overall development policy.

A realistic appraisal should be made of the resources which may become available in each country, from government, private and external sources. It has, for example, been suggested that educational provision for handicapped children should keep pace with that for normal children, so that if 40 per cent of normal children of a particular age-group are in school then provision should also be made for 40 per cent of handicapped children. This apparently reasonable case, however, can be interpreted as laying claim to a disproportionate share of available funds. It must be acknowledged that to provide education and training for handicapped children and young people usually costs more than for normal children. To make provision, therefore, for the same percentages of handicapped and normal children would imply the allocation of a greater proportionate sum for the handicapped than for the normal. A more realistic approach would be to seek for the education of handicapped children funds based on the unit costs of education for normal children. Thus, if 40 per cent of normal children are in primary schools a per capita annual cost of, say, \$25, then funds should be sought for the education of handicapped children at the rate of \$25 multiplied by a figure equal to 40 per cent of the known handicapped children. This would mean educational provision (if made on conventional lines) for fewer than 40 per cent of the handicapped children, but the allocation of public funds could be defended as equitable.

Such an approach implies the need for a single government department accepting overall responsibility for all aspects of the care and education of handicapped children, and acting as a co-ordinating agency for activities outside its professional competence. This department should be the Education Department. Co-operation and co-ordinating of government involvement can be ensured by the institution of an inter-Ministerial Committee, such as exists in Malaysia. Represented on the Committee should be those departments responsible for agriculture, health, information, labour, community development and social welfare.

## Government and voluntary organisations

The operation of an inter-Ministerial Committee could be made most efficient were it able to deal directly with a co-ordinating body representative of all forms of handicap, a National Council for the Handicapped, such as that formed recently in Sierra Leone. An extensive reconsideration of the pre-conceptions and traditions in activities on behalf of the handicapped is implied in this suggestion. Organisations representative of one type of handicap or based on a particular religious grouping are not yet all prepared to co-operate within national or regional bodies. Such bodies, however, have the support of major international organisations working in the field, such as I.L.O. Objections to such co-operation are based with some justification on grounds such as the anticipated difficulty in ensuring continued voluntary support for such a general organisation when donors tend to ally themselves with a particular society or denomination. There is, too, the fear that those suffering from certain handicaps may not be given their full share of the



available provision as a result of negotiations undertaken by a larger group. The blind, especially, fear being left behind in these circumstances because they are "too difficult". Finally, a strong doubt about the desirability of a comprehensive organisation centres on the possibility that such alliances will confirm public opinion in regarding the handicapped as a distinct and separate community within the nation. This would militate against the ultimate aim of all provision for the handicapped, which is to minimise differences and strive for the maximum degree of integration into the normal community. Nevertheless, despite these understandable objections and apprehensions, present circumstances in the developing countries make it plain that a combined approach to government has more prospect of success than a multiplicity of appeals from disparate groups.

The role of inter-Ministerial Committees and National Councils would centre on the production of a guiding policy, to agree on financing arrangements, and to promote to the maximum degree possible the interests of all handicapped children. Overall planning by this joint consultative body would include the disposal of aid funds for special education, the allocation of overseas training places and consideration of employment possibilities for handicapped school leavers. Strategies for the utilisation of funds will be determined by a consideration of essential questions: the disposition and conduct of pilot schemes, the relative involvement in rural and in urban areas, the appropriate amount of concentration on specific age groups, the production of projections of anticipated needs for staff, schools and training centres, the balance of special schools and integrated education. The basis for decisions in all these areas should be the principle that the handicapped should be allowed to participate as fully as possible in helping themselves and each other.

#### The role of voluntary organisations

Governments will continue to rely heavily on the co-operation of voluntary organisations in the field of special education and rehabilitation. Certain activities will remain largely the responsibility of voluntary bodies, and a number of new areas offer themselves for these organisations to investigate and expand. Voluntary organisations include churches, missions, service clubs, charities and voluntary bodies. Their role will change as governments take over general policy control but will remain vital nonetheless. Besides participating in National Councils these organisations should be able to expand in activities which governments cannot undertake but which are basic to the success of special education; pre-school activities and vocational training. The Commonwealth Youth Exchange Council has already advocated the inclusion of handicapped young people in exchange programmes (10), so emphasising the normality of the handicapped, an essential function. Voluntary organisations, too, will remain a vital source of funds and practical assistance for special education.

#### Research and planning for special education

Research and evaluation are needed in a number of fields related to special education if realistic plans are to be made. Research should include, for example, the effect on traditional family structures of the presence of a handicapped child, and the effect on a handicapped child of the disintegration of traditional family ties in many countries. Evaluation of the effectiveness of different types of existing provision should be undertaken. Particular attention should be paid to following up handicapped school leavers in an attempt to identify factors contributing to later success or failure in their

lives in an open community. Reports of success could usefully be circulated widely as part of the campaign of public enlightenment about the potentialities of many among the handicapped. Other matters for research might include the development for each area of locally valid and reliable systems of diagnosis and assessment of handicapped children, and investigations into the most effective use of the available mass media in the special education programme.

In planning the future development of special education in a developing country the emphasis should be strongly on realism. It should first be established how far those working in the field of education and training for the handicapped are responding effectively to the existing situation. If success to date has been so limited that, for example, in the developing countries of the Commonwealth fewer than 2 per cent of the known blind children are in school, it is apparent that a full reappraisal of the approach to special education and training is overdue. The scale of the overall education problem in developing countries has only recently been fully recognised and present governments with formidable problems. In these circumstances the handicapped must be prepared to compromise in their requests for education; they must learn to accept the possible rather than wait for the ideal. The choice open to the handicapped in the developing countries is not between the ideal and something less, it is between what is possible politically and financially, and nothing at all.

Despite limited resources, planning should envisage adequate financial support for such developments as are undertaken. The principle should be that of maintaining standards in which effective work can be carried on rather than attempting to cover the whole handicapped community in the shortest possible time. As has been indicated elsewhere in this work, the inculcation of confidence in the value of special education is an important aspect of the provision. It should not, therefore, prejudice its case by proliferating low-quality institutions. Priorities should be established and will probably include the provision of more training places for specialist staff. If it is politically feasible this could be carried out most economically on a regional basis in view of the modest numbers which can be absorbed in any one country. Other priorities may cover the location of services in centres of population and initial concentration on provision for the less severely handicapped. The voluntary organisations could be encouraged to concentrate their efforts in the fields of prevention, nutrition education, family planning programmes, pre-school provision, vocational training, and pilot schemes in anticipation of the growth in numbers of the multiply handicapped. All planning should be subject to regular review and if possible programmes should be financed on a rolling budget to allow for maximum flexibility.

Planning should take into account the desirability of convincing governments that funds devoted to special education bring some return to the community at large. Some reservations must be expressed here as to whether the present policies of Unesco in this field are well advised. On numerous occasions Unesco spokesmen have emphasised the saving to governments of rehabilitated handicapped persons in terms of social security benefits unpaid (11). This carries little weight in the developing countries where no such benefits exist. Rather should planners concentrate on the "earnings foregone" argument, showing that the handicapped frequently cost other members of their family or community money in terms of earnings foregone while the handicapped person is cared for or supervised. In addition the positive potential contribution of the rehabilitated handicapped person should be stressed. Handicapped young men and women, trained and independent, can contribute materially to the development of their country,

especially in roles such as servicing rural activities, which do not attract ordinary young people. It is, therefore, to their country's economic advantage to allocate public funds to them. (The United States Department of Labour estimates that 100,000 rehabilitated handicapped persons add a minimum of \$500 million to that country's gross national product (12)).

### Information exchange

Too often do government agencies, voluntary organisations and international bodies work in isolation from each other, concentrating on particular geographical areas or specific types of handicap or limited ranges of professional responsibility. Within each country the suggested Inter-Ministerial Committee and National Council for the Handicapped will help to break down the barriers and help all concerned to appreciate the overall national picture. More is needed. Information exchange on a regional or international basis should be promoted more effectively. At present, information is circulated from many sources but not on a world-wide basis covering all aspects of special education and training. What developing countries need to know is what has been tried and found successful or unsuccessful elsewhere. (The development of a vocabulary for the admission of failure without loss of face would be valuable). Adoption may not always be possible but adaptation may. Existing clearing-houses should be publicised further and supplemented by a Commonwealth clearing house for special education, deriving its material from publications and contacts with the widest range of countries and organisations. A Commonwealth journal of special education could be designed specifically for developing countries and provide regular information on developments, projects, research trends and innovations. Occasional publications associated with the journal could deal with specific aspects or problems. Such publications would not duplicate present activities of any other body. The Fifth Commonwealth Education Conference, meeting at Canberra in February 1971, accepted the desirability of information and experience exchange, and the formation of inter-Ministerial Committees and of National and Regional Councils for the Handicapped (13).

### Proposals for the immediate future

The longer the delay before policy is determined, plans formulated and action started, the more intractable will the problem appear. As school-age populations continue to expand faster than national resources, the limited funds available for the handicapped will increasingly seem so inadequate in the face of apparent needs as to make their allocation appear futile. Before this point is reached governments should be encouraged to make a commitment to special education, by reaffirming (or acceding for the first time to) the Declaration of Human Rights (14), and the Declaration of the Rights of the Child (15).

Governments may determine policy in several different ways. One or two smaller countries, such as Cyprus, Malta or Singapore, might work towards full provision for the handicapped and establish model systems upon the experience of which other Commonwealth members might draw. Other governments, in conjunction with universities and research institutes, might develop special education as a pilot activity from which material of general relevance might be fed back to the benefit of the main education system.

In the developing country even the handicapped child is a survivor from the high infant mortality rate and deserves better than he gets today. Economic considerations as much as humanitarian demands call for the provision of special educational and training facilities, although it must be recognised that special education cannot claim unduly high priority. Delaying action only widens the gap between the handicapped and the normal, and the problem will not disappear merely because it is disregarded. The beginning of the Second Development Decade seems to provide an appropriate point for governments of developing countries to reconsider their involvement in the care, education and training of their growing population of handicapped young citizens. Realistic policies can do much directly, by making provision for the handicapped, and indirectly, through the consequential effect of such programmes on public opinion and the stimulus to voluntary activity. The size of the problem should not be allowed to act as a deterrent:

"It is better to light a little candle than curse  
the darkness."

## Notes and References

1. Rutter, M., Tizard, J. and Whitmore, K. Education, Health and Behaviour, London, Longmans, 1970.
2. The Kane Medical School, established in 1953, was designed to give a four-year post-secondary course leading to an intermediate medical qualification. In the event, the few students who graduated proceeded to complete full medical studies.
3. Education in Rural Areas, London, Commonwealth Secretariat, 1970.
4. The National Society for Mentally Handicapped Children, based in London, has established a Rural Training Unit at Lufton Manor in Somerset, supported by Local Authorities, the National Farmers' Union and the Ministry of Agriculture, Fisheries and Food.
5. The Federation of Gateway Clubs, established in 1966 by the National Society for Mentally Handicapped Children, now has more than 100 affiliated clubs, at which normal and mentally handicapped young people come together. The Elfrida Rathbone Society organises youth clubs for educationally handicapped school children.
6. Rachlis, L. News Release 365-6407, Ontario Department of Education Information Services, 25 February 1969.
7. Cubitt, K. "A playgroup in a pensioned-off bus", The Times Educational Supplement, 18 November 1970.
8. ILO "World and Regional estimates and projections of labour force 1950-2000" (James and Ypsilantis), UN Inter-regional seminar on long-term economic projections for the whole world economy, Denmark, 1966. The increases in the labour force are given as 128 million from 1960 to 1970 and a further 173 million from 1970 to 1980.
9. Villeneuve, P. Education for Handicapped Children? Paris, Unesco, 1970.
10. Exchanges have already taken place of physically handicapped young people between England and Malta; further exchanges are planned of deaf young people between Britain and Canada and Britain and Cyprus.
11. See, for example, Report of the Seminar on Special Education for Handicapped Children, Denmark, 20 August-27 September 1968, Paris, Unesco, 1968, p. 36.
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15. Chanlett, E. and Morier, G.M. "Declaration of the Rights of the Child", International Child Welfare Review, Vol. XXII, No. 1, December 1968, pp. 4-8.