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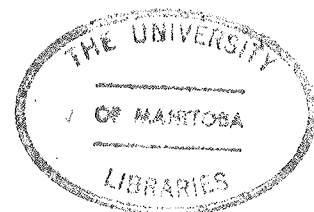
Faculty of Graduate Studies
School of Social Work

SOCIAL POLICY AND LEARNING DISABILITIES:
MANITOBA AND ONTARIO

BY

Gary H. Hansen

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A thesis submitted to the Faculty of Graduate Studies of
the University of Manitoba in partial fulfillment of the requirements
of the degree of

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Dedication

I would like to dedicate this thesis to my father, Arne Hansen who died unexpectedly as I was about to begin writing this thesis. What he gave me I cannot put into words. I learned from him something of what it means to face life and its challenges.

I would also like to dedicate this thesis to my dear wife, Muriel and son Christian, whose love, encouragement and patience were greatly appreciated. I am afraid they had to put up with a rather cantankerous individual at times.

Acknowledgements

I would like to thank Dennis Brackin, my Thesis Advisor, for the many hours that he spent helping me to come to a better understanding of what constitutes 'reality'. He gently encouraged and/or pointed me in directions that were worthy of exploration. He encouraged me to seek clarity of thought and expression to the degree that it is practicable or possible. Thank you Dennis.

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Abstract

This thesis explores the problematic nature of a particular deviant categorization - learning disabilities and how Manitoba and Ontario have attempted to address the issues involved with a "failure to learn" through their various educational policies.

The paper is divided into two sections. The first section involves a literature review and a critical examination of the theoretical, the practical and the ideological currents which are prevalent within the field of learning disabilities specifically and within the context of education generally.

The second section deals with the specific social policies that have been devised within the separate educational jurisdictions of Manitoba and Ontario as a way of addressing the deviant categorization of learning disabilities. The period involved in this examination is from about the mid 1960's to the early 1980's.

A conceptual-analytical framework is utilized which postulates firstly that education functions as an agent of socialization and social control. Secondly, it is postulated that there are two quite different views as to the cause and/or nature of deviance - as individual pathology or as a socially defined and constructed phenomenon.

This examination revealed that the learning disabilities

paradigm is rather contentious conceptually and also that its efficacy in a practical interventive sense is open to question. It was also found that Ontario accepted utilized the dominant individual pathology perspective in its policy formulations. Manitoba, on the other hand attempts to utilize a wider interactional perspective in recognition that Learning Disability, in large part, is a socially constructed phenomenon. However, it was recognized that in Manitoba it is quite probable that the professional diagnostic and remedial tools utilized by educators generally enforce a certain orthodoxy - that of the individual pathology model.

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Section I

Deviant roles are social constructs which are parts of a society's organization of beliefs and understandings about itself and the larger world. Whilst disruptive, problematic or bizarre behaviour would exist without these constructs, collective acts of interpretation give deviancy a peculiar clarity and concreteness of expression. In their joint effort to understand and sustain social life, men designate certain phenomena as deviant and endow them with special properties. These designations serve to explain, separate and justify particular activities. They impose an order on what might otherwise be an inchoate world. (p.26, Rock 1973)

CHAPTER I

INTRODUCTION

Learning disabilities as a specific societal-educational concern, and as a larger sociological phenomenon, have been and continue to be problematic for educators, other concerned professionals, parents and most importantly for the individuals so labelled.

The purpose of this paper is to explore the problem of "learning disabilities". The primary intent is not to examine the influences and processes that have caused it to come to be viewed as a new deviance category. Rather the main intent is to explore and examine the relevant characteristics of the learning disabilities paradigm and subsequently to examine how Manitoba and Ontario have chosen to deal with this problem of a "failure to learn" in their educational policies.

It is also problematic in an institutional sense - what are its ramifications not only for educators, but for child welfare, corrections, the family and various other agencies in the mental health - social work field.

The learning disability 'problem' has been described as "of sufficient severity to impair seriously the overall learning experiences of these students and their ultimate usefulness

and adaptability to modern society." (Yahraes and Prestwich 1976)

The CELDIC Report (1970) entitled "One Million Children" also pointed to the continuing failure of society's institutions to adequately address 'learning problems' and 'school failure' and the long-term negative effects that this has on individual children, their families and on society as a whole. Similarly, Bryant (1978) has described learning disabilities as a serious mental health problem which adversely affects the quality of life, not only for the individual but for his family and ultimately the community.

Associations for children with Learning Disabilities have sprung up across Canada and the United States during the past two decades. These organizations function both in an educative and supportive role to parents whose children are experiencing learning disabilities and also as advocates and lobbyists in their attempts to influence social policy and obtain adequate and appropriate programs and services. Journals dealing specifically with learning disabilities are also published on a regular basis for parents and professionals.

It is readily apparent that learning disability is viewed as a social problem of a serious nature by a segment of the population within the North American and specifically Canadian contexts; by professionals, by parents, by governments and by the educational hierarchy.

With this growth in awareness has come substantial growth in research, in programs and in expertise. However, McIntyre et al (1980) observes that: "Its growth has been accompanied by difficulties in arriving at a general consensus regarding definition, etiology, diagnostic procedures and measures, treatments and programs." (p.7)

As Ysseldyke and Algozzine (1982) point out, accurate diagnosis depends upon the specification of characteristics or definition of what constitutes a learning disability. What constitutes a learning disability? The National Advisory Committee on Handicapped Children (1968) outlined a definition which has been and continues to be very influential in terms of perceptions and practices around learning disabilities. This definition reads:

Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage.

In the United States the nature and extent of the perceived problem has been recognized and acknowledged through the passage of legislation whereby the LD classification has been included within the categorical educational system as a specific type of

handicap. The above definition almost to the letter, became the 'official' definition at the federal level under the Education for All Handicapped Children Act of 1975. Provisions for funding to the individual states and the establishment of programs is dependent on the acceptance of a specific, though general definition and conception of the problem as well as the establishment of specific diagnostic protocols. This has made for a fairly unified approach within the educational field to the problem of LD. Ontario is in the process of implementing a similar system based on a similar conception of the problem and how it should be dealt with. (Bill 82 1980)

While learning disability is viewed as a problem with which society must deal, the very concept itself as well as the diagnostic-intervention paradigms are also viewed as being somewhat problematical in and of themselves. The literature when reviewed, reveals that a consensus on a functional definition is non-existent. As pointed out above, much debate, concern and confusion has been evidenced and continues to be exhibited around the appropriateness of the learning disability label because of problems with definition, establishing cause, with the types and the effectiveness of interventions and with prognosis, not to mention the negative consequences that the label may have for children. In actual practice great disparity has been evidenced between jurisdictions as to the above.

There are problems in the rather imprecise nature of the definition and in the terms subsumed under learning disabilities. There are problems with the notions of who is to be included and therefore who is to be excluded. There are problems with the fact that children who are labelled as learning disabled are primarily test identified. The rather imprecise nature of the tests currently available and most often used, as well as substantial problems with their reliability and validity, make it difficult to make adequate distinctions between 'deviant' and 'normal'. There are also problems as to the efficacy of remedial techniques and their application to specific disabilities. Thus the issues of definition, diagnosis, intervention and hence of prognosis remain problematic in a theoretical and practical sense.

All of these developments have been very influential on the Canadian scene because of our penchant for the borrowing and importation of educational ideologies, theories, technologies and techniques from the United States. This is evident in the growth and influence of the Canadian Association for Children with Learning Disabilities (CACLD) and its various provincial chapters. They possess a perception of the problem and espouse solutions which have been greatly influenced or borrowed from the mainstream American experience. Canadian research and writing in the area of LD and education in general

is also greatly influenced by the United States as is evidenced in the references cited and bibliographies used as sources of information and points of reference. Thus the American experience has been held up as an example and has provided the theoretical and ideological basis for both lobbying efforts and reform movements within and outside of the educational hierarchy.

However, the ambiguity, confusion and uncertainty within the LD rubric that has been in evidence since the beginning, and the subsequent attempts to define LD as a social problem, have also had an impact on the shaping of educational policy in the various Canadian jurisdictions. Ontario and Manitoba for example, address the problems of 'failure to learn' and learning disabilities through policy initiatives that are somewhat different.

A major task of this paper therefore, is to examine and compare the policy initiatives that have been developed in Manitoba and Ontario as a means of addressing the social-educational problem of learning disabilities.

Warham (1970) defines social policy simply as the generalized concept of ways of dealing with a collective social problem. Since social policy is an action and change process concerned with means and ends, with actions directed at achieving certain objectives, all within the context of values, perceptions and ideologies, it is understandable that there are bound to be

differences in perceptions as to the ends themselves and the methods utilized in achieving them. This is true particularly within the area of learning disabilities where there are obvious differences of perception and perspective as to the nature of the problem, and where there are semantic differences as well as differences of understanding and arriving at common meanings and practices.

How these issues have been and are reflected in social policy formulations is the central concern of this paper. For the purposes of this examination, the paper has been divided into two major sections. The first section involves a literature review and a critical examination of the theoretical, the practical and the ideological currents which are prevalent within the context of education generally and within the field of learning disabilities specifically. It also involves a critical examination of the broad ideological stances and value systems that are central to the welfare state and which form the context within which the educational system operates. This generally includes the period from the end of The Second World War to the present. The second section deals with a comparison of the specific social policies which have been developed in Manitoba and Ontario as a way of addressing the social problem - learning disability. The period from the late 1960's to the present is most central to these explorations.

A conceptual-analytical framework or model is utilized in examining and interpreting the information in both of the above mentioned sections. It postulates firstly, that education generally and special education particularly, is to a very great extent, an institution of socialization and social control, and secondly that there are two basically divergent views of deviance or abnormality - as individual pathology or, as a socially defined and constructed phenomenon where cause is viewed as being for the most part, outside of the individual.

That education is an institution of socialization and social control is generally acknowledged in the literature as a legitimate function of the educational hierarchy. That it operates to provide basic skills and instill basic values that are important in the economic, social and political life of our community is also viewed as a valid endeavour.

However issues of socialization and social control take on a new meaning, when the educational system per se, is seen to perpetuate and/or create inequalities and the differential treatment of individuals which negatively effect life chances. This has been the case during the past twenty years whereby the development of special education programs have had, as a specific purpose, the mandate to address issues of inequality through efforts to increase the equality of educational opportunity. These issues are certainly dealt with by both Manitoba and Ontario whereby initiatives to deal with 'learning disabilities'

are an attempt to increase the equality of educational opportunity for a specific group.

The political economy perspective would argue with some justification, that the educational system in fact, replicates, strengthens and legitimizes the inequalities of the existing social system and thereby is serving the interests of the dominant order and the preservation of the status quo.

The fact that education generally is 'compulsory' points to the issue of social control. The reasons behind the need for a compulsory system, which was instituted in most North American jurisdictions during the late nineteenth and early twentieth centuries, have been variously stated as: education is good and desirable in and of itself; it is an economic investment; and as an antidote against pathological social conditions and the possibility of social upheaval and/or political unrest. (Ford 1982; Pike 1980; Platt 1977) Obviously these forces have had a continuing and often pervasive effect which must be kept in mind when one reviews the policy initiatives discussed later in this paper. While they are often implicitly stated, they are also stated or translated into the modern context almost unaltered.

From this 'antidote perspective' has grown the belief in and application of the therapeutic ideology (Wood 1974) and the use of the medical or treatment model as a way of perceiving and intervening on individual and social problems. It was very

evident in the literature reviewed that the medical model - individual pathology perspective is the dominant model utilized in the field of special education and with learning disabilities. It is viewed as very controlling by many because by its very nature, it focuses on individual pathology and the individual nature of a problem through its reliance on a diagnostic - intervention - treatment paradigm. In this sense it centres on individual problems thereby 'blaming' the individual. While blaming the individual may be less stigmatizing attention may be diverted from the broader issues of cause as found in structural inequality and/or the negative or problematic nature of interactions and environments. It thereby attempts to eliminate, adjust and/or normalize behaviours to make the individual adapt to existing situations rather than viewing the situation as in need of change. In this sense individual functioning is enhanced. The push is to normalize individuals.

The normal-abnormal or deviant dichotomy also serves a controlling and socializing function as Ford et al (1982) points out: "(the) process of defining, identifying, explaining and responding to deviant or abnormal behaviour is the vital reference point against which normality itself is defined." (p.1)

The clinical model (a refinement of the medical model) within the therapeutic ideology and the technology that has grown up to support it, is the predominant manner in which learning disabilities are perceived. This certainly is reflected in

the policy initiatives and programs which have been developed in Ontario during the past several years.

While it appears that Manitoba has taken a somewhat broader stance with regards to the problem of LD, the educational technology that is available dictates to a degree the acceptance and use of the paradigms inherent in the clinical perspective and thereby may preclude, to a degree a wider more radical perception of the problem.

The issues involved in the social control aspects of education are obscure and are often camouflaged in the positive statements about the objectives and benefits of programs designed as solutions to problems. However, the negative counterpoints must also be kept in mind, particularly in terms of stated objectives and hidden agendas and particularly in light of the often uncritical acceptance of solutions and the "misuse of analogies models and paradigms" which may gloss over and divert public and professional attention, thereby failing to address the broader issues of inequality and failure. (Ford et.al. 1982)

Basically there are two rather dichotomous approaches to the problem of deviance generally and to learning disabilities and the failure to learn specifically. There are many perspectives within each of these areas as well as overlap that must be kept in mind.

The first general perspective sees the problem of learning

disability as being basically intrinsic to the individual in that etiology or cause has been perceived as damage to, or a malfunction of the brain the associated neurological pathways and/or the psychological processes. Children have been variously labelled as having perceptual motor disorders, hyperactivity, brain damage, minimal brain dysfunction, dyslexia and psychoneurological learning disabilities just to name a few. (Ross 1977) More recently the cause has been seen to be in perceptual processing deficits. This has been viewed as the inability or difficulty in utilizing and comprehending verbal and non-verbal communication skills in both the academic and social senses. (Ross 1977)

While environmental or interactional factors are excluded, as the cause is seen within the child, nevertheless, such variables as poor teaching, class setting, home life, system demands, motivations etc., are all viewed as being only compounding and confounding agents; as causal only in a secondary sense. Thus the problem of learning disabilities from within this viewpoint, in terms of cause, diagnosis and intervention, is perceived as within the context of the medical model and therapeutic ideology as mentioned above.

The second perspective tends to see the preoccupation with the definition 'learning disability' and the individual pathology approach as a trap which takes a limited view and is therefore

open to erroneous assumptions as to the nature and causes of learning problems and how they should be intervened upon.

This perspective may be generally and loosely called the interactional-transactional, labelling perspective. While the possibility of a link between something being inherently wrong within the child is certainly not dismissed, it is viewed as often being grossly exaggerated and/or misleading. Instead it would be stressed that a person's success or failure is more a function of interactions between intrinsic strengths and weaknesses motivations etc., and the larger environmental, situational and interactional factors to be found in the classroom, the school, the home, and society generally.

The act of defining or labelling some one individual or class of individuals as deviant or abnormal - i.e. learning disabled, mentally retarded, hearing impaired, etc. - is the result of a social process. Deviance or abnormality is a social construction brought about through a process of social definition and reaction.

As Erikson (1962) points out: "the critical variable is the social audience...since it is the audience which eventually decides whether or not any given action or actions will become a visible case of deviation." (p.308)

The social audience, for any number of reasons and motivations involving values and moral issues, system demands and a range of economic, political and social consideration, choose to

define a phenomenon or act(s) as somehow problematic. Schur (1980) points out that deviance situations "develop through interactions between the supposed deviators on the one hand, and those who seek to impose deviantizing conceptions and processes on the other." He also points out that it is an emergent process in that "deviance does not so much inhere in any given set of circumstances as it emerges or is actualized." (p.11) It may therefore involve a process which is not easily discernable given the possible complexities involved.

Lemert's (1967) concepts of primary and secondary deviance are very important in understanding the social processes inferred in the above. "Primary deviance is assumed to rise in a wide variety of social, cultural and psychological contexts." (p.17) The source is not as important as the possible social consequences of the application of a deviant designation or label; of how the individual is viewed by the social audience. Lemert (1967) points out that if nothing much happens as a consequence of some act or behaviour then the impact of the deviant act fades. Thus deviant acts of this order tend to be handled in a variety of ways. They may be ignored, rationalized away or denied. They may be normalized where the deviance is perceived as normal variation or through nominal controls which do not seriously impede the social functioning of the individual. (p.40) Secondary deviance on the other hand refers to:

...a special class of socially defined responses which people make to problems created by the societal reaction to their deviance. These problems are essentially moral problems which revolve around stigmatization, punishment, segregation and social control. Their general effect is to differentiate the symbolic and interactional environment to which the person responds so that early or adult socialization is categorically affected. They become central facts of existence for those experiencing them, altering psychic structure producing specialized organization of social roles and self regarding attitudes. (p.40, Lemert 1967)

As a result, the individual is effectively stamped as deviant or abnormal in some manner as might occur in the case of someone labelled as learning disabled. The label makes a difference in social relations not only for the person so labelled but for others; those who do the labelling and others who come to know of it in a public sense.

Thus deviance as social process is dependent on the social context, on labels and stereotypical images being conferred by significant others and the subsequent action-reaction interplay. It is also dependent on and a reflection of rule, value and norm violation, on the boundaries established by which we define the parameters of normality and hence of abnormality. It is dependent on the differential distribution of power in society and hence of control both in a formal and informal sense as found in our personal constructs and in the larger social contexts of systems and institutions. In short, and particularly with

reference to learning disabilities, the idea that the responsibility for school failure rests solely within the child is rejected. It is largely from within this perspective that the writer views the LD phenomenon.

These two views, particularly the first (individual pathology) have had a great impact on the development of the learning disabilities field in both a theoretical and actual, practical sense in terms of delivery systems and diagnostic-intervention paradigms as they have been implemented mainly in the United States. The majority of professionals working in the field of LD are in the main, supportive of the individual pathology perspective. (Tucker et.al. 1983)

A critical examination of the generally accepted concepts involved in the definition of LD, as well as the concepts and accepted processes involved in how and through the use of what methodology an individual comes to be identified as such, points to this general acceptance and use.

Ontario seems to have adopted this same paradigm as a policy stance and a generalized way of perceiving and dealing with a segment of the school population who experience school failure.

The second view (LD as a socially defined phenomenon) has been most influential in its critical analysis of the theoretical constructs of research and the practical applications of the dominant intrinsic perspective.

It has also pointed out a very key issue which revolves around what Schur (1980) refers to as "the selective and routinized intervention that characterizes much deviance processing and the fact that these tendencies are often grounded in and facilitated through the stereotypes or 'typifications' held and developed by control agents." (p.20)

An awareness of this in the realm of theory and critical viewpoint has led to a significant reaction against categorical systems in education which depend on handicap classifications, specific etiologies and/or prescriptions, and hence to a movement towards a more non-categorical approach which relies less on labels being applied and more on addressing individual needs through understanding process and adjusting environments.

To what degree it has impacted on shaping policy and program considerations is not easily determined. That its main purpose has been to point to weaknesses in the dominant position and to suggest a much less restricted perception of social problems is readily apparent. Implied in its theoretical constructs and the examination of a wide range of variables, is the assumption that, because of a wider perspective, interventions will change and that wider questions of basic inequalities within the human social context will also be recognized and addressed.

Manitoba, in contrast to Ontario, has demonstrated a wariness of adopting the individual pathology stance and a categorical system that necessitates the labelling of children. This

may stem in part from the acceptance of a 'deviance as social process' viewpoint and the emphasis which is placed on interactional considerations. Given the adverse affects of labeling and the self-fulfilling prophecy on the achievements of children in conjunction with the weaknesses that are apparent in the definition and the diagnostic-intervention system, they seem to have opted for a wider conception of school failure.

In both instances, the perceptions and practices which Manitoba and Ontario have developed are to a degree determined by the current level of educational technology and the limits which this imposes. They are also limited by the wider considerations of social contexts - by economic constraints and by political constraints.

In the following pages the writer is therefore attempting to outline the problematic nature of a particular social problem - learning disability and the resulting policy in two Canadian jurisdictions.

It is a basic assumption that man in society attempts to explain, justify and control human behaviour in its many forms. It is also assumed that we, as human beings, often know relatively little about the processes involved in these attempts and that what we do think we know is often very superficial and contentiously viewed.

It is hoped that this paper adds "a little something" to the understanding of the processes involved in our attempts at con-

ceptualizing and dealing with what has been called 'learning disabilities'.

CHAPTER II

RESEARCH METHODOLOGY

The focus of this paper is the development in a sociological and historical sense of social policy formulations and positions in the area of learning disabilities specifically as it relates to education policy. Within this context it is essential that an examination be undertaken of learning disabilities as it is critically discussed in the professional literature. In addition it involves a comparison of specific educational policy formulations and positions as they have been developed in Manitoba and Ontario. The paper has been divided into two sections for the purposes of this analysis. (See Appendix F for additional explanation as to the research methodology used.)

The first section involves a literature review and a critical examination and evaluation of the theoretical, the research and the ideological currents within which learning disabilities have developed. This centres on the nature and variety of theoretical perspectives as to the etiology or cause(s) of learning disabilities and how these have developed and changed. The investigation of analogies, models and paradigms within which LD is viewed and intervened upon is also a necessary concern. Of particular interest is the medical model and the clinical perspective. How LD is defined and diagnosed as an outgrowth of the above is also an important consideration in examining the

policies directed at the remediation of this problem. The problematic nature of definition and the diagnostic and treatment paradigms used must also be understood in light of the often contentious nature of the views surrounding learning disabilities.

The literature on the sociology of deviance was also reviewed particularly to gain an understanding of the various perspectives as to how abnormality and/or deviance is defined and how identified problems have been and are dealt with in the larger society.

The growth and nature of the welfare state its basic tenets, beliefs and ideologies were explored and considered, particularly the nature of its relationship to education and how the development of ideas policies and programs in education are a reflection of these beliefs and ideology.

Also involved in the above review was an examination of issues in social policy. Issues inherent in these discussions generally centred on the complexity involved in what is generally viewed as a social process; a process which involves considerations of constraints imposed by time, money, politics, morals, values, etc. These constraints impact on both objectives and the means utilized to achieve social policy objectives no less so in education than in any other of our political, economic and social endeavours.

Through this critical literature review of LD, deviance, the welfare state and social policy, a framework is established and a context set whereby an analysis can be made of Manitoba and Ontario's policies towards learning disabilities.

The second section of this paper undertakes the comparison of provincial education policies in Manitoba and Ontario as they relate to learning disabilities. It is postulated that by comparing Manitoba with Ontario, that differences (however small) in perspective and view as to cause, definition and remediation of learning disabilities will be illustrated which reflect the deviance as individual pathology versus the social creation and process dichotomy. It is further postulated that Ontario's policies generally reflect the former view while Manitoba's policy is more a reflection of the latter.

In examining the policies which Manitoba has developed to deal with issues of failure to learn and learning disabilities, relevant information has been gathered from a variety of sources.

First of all the area of government legislation and regulation was explored. This area outlines both the general mandates as to the provision of services for whom and by whom, and as such the general intent of government policy. They give focus to the problem and some indication as to how it is to be handled.

Another important aspect which often gives further clarity to the above and is necessary in the implementation of policy initiatives is the whole area of funding and what procedures

and requirements are stipulated. Do, for example, funding procedures help or hinder policy intent and if so what changes need to be instituted? One of the most oft cited concerns expressed by those involved in the funding process has had to do with the need for adequate funding to support proposed changes and to meet the intent of government policy.

The annual reports issued by the Department of Education were also useful sources of information in terms of a philosophy and the direction of policy in a general and a specific sense.

Relevant correspondence between the Minister of Education and/or his department and various organizations also contributed to understanding the intent of policy generally or in clarifying issues that might be unclear or seemingly contradictory. The publication of several reports by the Minister of Education's Advisory Committee on Bill 58 and the 1981 Report of the Advisory Committee on Special Education also was useful in that they clarified issues and reflected the views of a substantial cross-section of the relevant communities involved in education. Their impact on government policy is fairly evident in some areas.

Various other sources such as departmental guidelines, discussion papers and research projects were also explored. Little is to be found in the policy initiatives as formulated and developed in Manitoba that speaks directly to the issue of learning disability as a specific handicapping entity or condi-

tion. In part this reflects on awareness of the problematic nature of the definitional diagnostic intervention paradigm that is evident in the literature and in the United States experience. It also reflects a realization of the possible negative effects of labelling and the adoption of basically a non-categorical system of service delivery and the philosophy and principles of 'mainstreaming' and 'the least restrictive environment' as educational objectives.

Policy initiatives as developed by government through study, discussion and bills presented etc., are a reflection of a consultative process that involves other interested and involved parties. Government is often reacting to needs that have been identified, presented or advocated for by a variety of concerned parties. They very seldom initiate programs on their own, out of the blue so to speak, rather it is a process of something becoming defined as problematic and/or needful of attention which requires that it be addressed in a public way. In this sense groups which have a direct or perceived interest, often act as advocates, catalysts and reactive agents which prompt, change and help shape policy initiatives. It is therefore important to examine the positions of a variety of groups as they address the issues of learning disabilities and/or special education needs generally.

Consumer groups such as The Manitoba Association for Children with Learning Disabilities, (MACLD) and the Canadian

Council for Exceptional Children (CEC) are important in that they have had an impact and influence on developments in the area of special education. Since its inception MACLD has been very involved in the presentation of briefs which reflected their perspectives and position with regards to meeting the needs of the LD population, and in advocating for change. They were also very clearly in the arena in terms of the critical analysis of proposed changes in legislation or program delivery that have occurred.

Calls for change to meet a combination of individual needs and/or system needs have also been advocated for and advanced by organizations such as the Manitoba Association of School Trustees (MAST) and the Manitoba Teacher's Society (MTS). Both these groups are directly affected by government policies and changes in legislation and regulation, in funding systems, etc., as these changes effect the educational programming aspects of service delivery. Involved are a host of variables which range from staffing considerations, teacher expertise, to supplies and space.

Both of the above mentioned organizations present yearly briefs that lay out their concerns and recommendations. They also analyze and study proposed changes, their ramifications and strengths and weakness. The MTS for example, has compiled and presented several studies as to the nature and extent of special education programming in the Province of Manitoba. All

of the above mentioned sources provide a fairly comprehensive view as to the nature of policy developments as they effect the learning disability population both in terms of content and process.

Ontario's situation is somewhat different from Manitoba's in that it has developed policies over the past decade that deal specifically with an entity labelled learning disability. Thus the issue of LD is much more directly addressed in many ways.

Basically the same approach was used as was utilized with Manitoba. The exploration of legislation and regulation as to policy intent and the nature of the mandate was important. The annual reports of the Ministry of Education also revealed insights and further clarification particularly as it revealed philosophy direction and a chronology of changes.

The use of letters of memorandum, circulars, etc., as a means of clarifying and expanding policy as it related to LD was also useful in that they often further outlined procedures and qualifications to be applied in the area of definition and diagnosis by school districts throughout the province. Statistical information as published by the Ministry of Education was also revealing in that it points to policy content and direction as it relates to specific programs and the numbers of children served, costs, etc.

Positions taken by consumer and advocacy groups such as

the CEC and OACLD were also examined particularly in their attempts to push for a mandatory categorical system of identification and service delivery and their critical analysis of existing programs and proposed changes. Similarly information that originated with the various teacher organizations in Ontario was also examined.

Much of the above information was put into perspective through the discussions which the writer held with various people from the Manitoba Department of Education, MAST, MTS, MACLD, and selected Directors of Special Education from school divisions within Manitoba. This not only helped to put Manitoba's policies into perspective but also those developed in Ontario.

The comparison between Manitoba and Ontario carried out within the context of several broad categories, not to be seen as discrete variable, but rather as an organizational framework within which the analytical task can be performed. As policy formulation is an ongoing process of more or less continuous response and adaptation to new information needs and economic, political and social constraints, the myriad of variables involved must be viewed as inextricably linked in interactional movement. (Rein 1976) This must be kept in mind when viewing the rather artificially discrete divisions used in this analysis. These categories are as follows:

- 1) The theoretical rationale and philosophy on which the policy positions and statements of intent may be based. This involves the apparent theory and research base from which such rationales may be drawn.
- 2) Legislation and regulations which outline the parameters of the problem as well as the general intent and direction of social involvement and how the problem is going to be addressed.
- 3) Funding procedures and provisions.
- 4) The definitions which are utilized. As there are variations in definitions within the literature on LD, and since these variations and how they are interpreted may reflect divergent views, the diagnostic-intervention paradigms that necessarily follow, may also be conceptually constructed quite differently. They may also be a reflection of different views as to the nature and extent of deviance and abnormality. It must also be pointed out that differences in definition may not necessarily mean differences in diagnosis or intervention or in terms of outcome.
- 5) The diagnostic perspectives and processes used. This would be indicative of a view toward deviance to a degree at least. Perhaps this indication is a matter of emphasis in that the process may be viewed as a

continuum from a limited and restricted consideration of variables to an approach that considers a wide range of interacting variables.

- 6) Suggested methods of intervention - i.e., the Cascade Model, special class model.
- 7) The various influences and contributions of the advocate - consumer movement, and relevant professional organizations as mentioned in the preceding pages.

CHAPTER III

PERSPECTIVES ON LEARNING DISABILITIES

How then has a 'social problem' such as learning disability come to be identified and defined? Some understanding of its theoretical-conceptual development and history is necessary. While the discovery of 'learning disabilities' is fairly recent, Ross (1977) points out that we can assume that some children have experienced learning difficulties since the introduction of formal education and that they met various fates depending on contemporary wisdom. They may have been dismissed as dumb, disruptive, lazy or lacking in the will to learn; the underlying assumption being that there is something wrong with the child and that somehow one must try and straighten the child out. He further states that:

"From dunce and dullard and dobt, we gradually developed more sophisticated sounding terms, some with graeco-latin pretensions. Underachievement, perceptual motor disorders, psycholinguistic retardation, perceptual handicap, hyperactivity, hyperkinesis, hypermobility, distractibility, impulsivity, dyslexia, dyscalculia, brain injury, minimal brain dysfunction and psychoneurological learning disabilities have all had their day or still have currency." (p.4-5, Ross 1977)

The above mentioned labels point to the origins from whence they came. Professionals from many disciplines including educa-

tion, medicine, psychology, neurology, speech and language therapy, physical therapy and psychiatry have all been involved in the fields development. The labels are largely descriptive and purport to name a cause or symptomology which can be generally viewed as a malfunction within the child such as damage to the brain and/or the associated neurological pathways or to the psychological processes. Wong (1979) points out that these theories have tended to be unidimensional and they seem to reflect the professional background of the theorists.

A conceptualization of the phenomenon that is somewhat broader has been advocated by theorists who posit that unidimensional conceptions of LD are much too narrow and incomplete given its apparent heterogeneity. They advocate instead an interactional model "that conceptualizes learning disabilities as an interaction between organismic variables and situational or instructional variables." (p.587, Wong 1979)

The term learning disabilities emerged from a perceived need to identify and serve students who experience or exhibit learning problems and continuous school failure despite evidence that their basic intellectual, sensory and motoric abilities are approximately normal.

Clements (1966) in a review of the literature, identified about 100 characteristics or symptoms generally associated with learning disabilities. Pannbacker (1968), in a survey of the literature from 1934 to 1968, identified about 92 various terms

which were used to refer to the learning disabled child. Cruickshank (1972) noted that more than 40 terms have been variously used to refer to essentially the same phenomenon. As we shall see, LD is an area of much confusion, disagreement and variation from both a theoretical and practical viewpoint.

As has been noted in other areas of human endeavour, the initial search for causal explanations of newly observed phenomena (deviance) tend to be towards a single all encompassing explanation. This search as it continues, tends to move towards a wider focus on multicausal explanations and hence perceptions of the 'problem' become more complex. This has certainly been the case with learning disabilities.

Mercer (1979) outlines four phases in the historical development of learning disabilities concepts, from the antecedent concepts that were the precursors of the LD rubric, to those holding currency at the present time. He outlines these as a) the brain-injury phase; b) the minimal brain dysfunction phase; c) the learning disability phase; and currently, d) the refinement phase. (p.38) These phases are not mutually exclusive, as all of the first three - the concepts involved and the various perspectives, have carried over into the refinement phase. It is not within the scope of this paper to describe the historical development in any detail other than to make some key remarks and observations involving the various phases.¹

¹see Wiederholt 1974 and Hallahan and Cruickshank 1978 for a more complete treatment.

From a number of studies and through the work of several individuals (Goldstein 1936, 1939; Werner and Strauss 1940; Lehtinen and Strauss 1947; Strauss and Kephart 1955; Cruickshank 1961) the concepts of brain damage and brain dysfunction emerged. The population that were investigated by these early researchers into this area evolved from brain injured adults to brain injured and retarded children to children of normal intelligence. (Mercer 1979)

However, attempts to directly link learning disabilities in a very generic sense, with brain damage or dysfunction were, and continue to be, very difficult to establish. Ross (1977) points to studies which compared known brain damaged children with learning disabled youngsters and concluded that "brain damaged children perform in ways that are quite unlike those shown by the learning disabled." (p.45) Stevens and Birch (1957) also pointed to several objections which made brain damage somewhat unacceptable aside from the fact it seemed to stress a condition of permanence and hence was very threatening to parents. They point out that it was largely cause oriented and not related to behavioural aspects. It could apply to a wide range of conditions - i.e., cerebral palsy, epilepsy, mental retardation, - and as such, was of little value as a means of classifying, describing or teaching children. In other words it was a catchall and hence somewhat useless in planning educational interventions particularly as one of the most common character-

istics shared by virtually all of the populations of such children, was and is, academic retardation.

Due to the inability to prove, or adequately substantiate a brain damage - learning disability link, and because of the objections mentioned above, the terminology shifted to minimal brain dysfunction syndrome, a term coined by Clements and Peters (1962) in an article "Minimal Brain Dysfunction in the School-aged Child".

"Clements and Peters were striving to make further and more subtle extrapolations from the primary point of reference bequeathed to them from the 1940's, that is the 'brain damage behaviour syndrome'." (p.224, Denckla 1978) Clements pointed to ten characteristics of learning disabilities about which McIntosh and Dunn (1973) state in retrospect that "it would be difficult to find a child who did not possess some of the qualities listed by Clements. Thus the minimal brain dysfunction label also became somewhat of a catch all." (p.536)

Ross (1977) also points to this problem of meaninglessness when he states that:

"Minimal, because it can't be demonstrated; dysfunction, because it says nothing about the structure of the brain only that the brain is not working right; syndrome, because there is supposed to be a cluster of problems or symptoms that go together and form the learning disability entity." (p.48)

Again, because of difficulties in proving the assertion of causality and because of the large number of possible symptoms allegedly within this syndrome, questions were raised. Problems that had been raised previously with the brain damage syndrome remained, particularly its lack of usefulness in planning educational interventions.

At the same time that Clements (1962) coined the term MBD, Kirk (1962) used the term learning disabilities for the first time. It began to be recognized as a substitute term for MBD, perceptually handicapped, brain injury, etc. (Kirk and Kirk 1983)

However the 1966 Task Force sponsored by the United States government and authored by Clements (1966) put forth the first definition proposed at the national level in the United States.

MBD was defined as:

"children of near average, average or above average general intelligence with certain learning or behavioural disabilities ranging from mild to severe, which are associated with deviation of function of the central nervous system." (p.9-10, Clements 1966)

It must also be noted that the term learning disabilities appeared in parenthesis after MBD and was considered synonymous with MBD. (Denckla 1978) Bryan and Bryan (1980) concur. MBD or minimal brain dysfunction is a term whose meaning is very close to that of learning disabilities. They point out that the terms are often used synonymously and distinctions in their definitions "have not yet been demonstrated" empirically. (p.457)

However the MBD term did not gain wide acceptance at a national level in the United States nor in Canada perhaps for many of the reasons as mentioned previously.

In 1969 a definition (as previously quoted in the Introduction) was presented to the United States Congress by the National Advisory Committee on Handicapped Children. This definition served as the basis of the 1969 U.S. Federal Learning Disabilities Act (PL 91-230) and later in 1975 was included with substantially the same meaning in Public Law 94-142. (You will note that the terms brain injury and minimal brain dysfunction MBD are subsumed under the term LD.)

"The term 'children with specific learning disabilities' means those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorders may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance or environmental, cultural or economic disadvantage."
(Federal Register 1977)

Despite various attempts to refine the definition during the mid 1970's, including a 1976 request by the United States Congress to the Office of Education, the definition used in Public Law 94-142 still stands as government policy. (Kirk and Kirk 1983)

This definition has also been influential on the Canadian scene in that the concepts in the definition and service parameters have been influential, if not always overtly in terms of provincial educational policies, then perhaps in a more covert sense in the implicit definitions individuals use in daily educational practices. The various branches of the Canadian Association for Children With Learning Disabilities certainly have accepted it as has been evidenced in their lobbying efforts. (See Appendix E for CACLD definition)

As a result of this definition and its placement in the public educational domain and its controversial but widespread acceptance:

"The most critical evolutionary change was the shift from a definition of cerebral malfunction as minimal cerebral dysfunction - (MBD) - to a definition that made no reference to organic etiology. Nevertheless, both definitions perpetuated the assumption that the locus of damage or dysfunction was internal to the child." (p.34, Bryan and Bryan 1975)

The purpose of this shift in emphasis which demphasized organic pathology, was in part, a reflection of the move toward an educational perspective and the need for educational interventions in terms of a diagnostic protocol and remedial-compensatory paradigm. The hidden assumption remained, however, that organic pathology was an essential etiological factor.

Both views (MBD and LD) continue to hold currency however. While one is subsumed under the other, (brain damage or MBD

under LD) it should also be noted that recently:

"The National Joint Committee on Learning Disabilities in the U.S. (NJCLD) in their formulations of a new definition which promises to shape future practices, have taken a 'dramatic swing back to the approach taken earlier in the field' namely that these disorders are taken to be intrinsic to the individual and presumed to be due to central nervous system dysfunction." (p.22, McLoughlin and Netick 1983)

Since the establishment in the United States of mandatory educational provisions for LD children, and its inclusion as a category of handicap under PL 91-230 and PL 94-142, educational needs and general strategies for defining, diagnosing and intervening with LD children have become the central concern. One might also infer that the shift which the Bryans (1975) refer to in the above quote also signifies, in part, a shift from a medical-causal orientation to a more central concern with the educational implications of the problem.

This has led to what some have identified as a shift in emphasis from a medical model to an educational model of conceptualization and intervention. This model focuses on, and deals with the dynamics of learning and with addressing problems of skill deficits and deficiencies through compensatory programs and remedial technique. (Mercer 1979)

This emphasis has not impeded the search for etiological explanation but rather has focused on the educational implications

and how to address them in a specific sense. Perceptions as to cause will necessarily have implications for interventional methodologies.

In this sense, the distinction between the various opinions, theories and perspectives (often advanced as objective definition) that have been offered as explanation as to why some children do not function adequately on academic tasks, is often not easy to make. All are concerned with cause, intervention and technique, and concepts, etc. often overlap. Perspectives are not easily categorized or necessarily mutually exclusive. This, as well as the rather general nature of the definition in use, the increasing recognition of the heterogeneity and perceived complexity of the LD rubric has led to some confusion, disagreement and even outright calls for its abandonment as a useful category in education. (Tucker et.al. 1983)

In the contemporary sphere these theories and perspectives can be grouped into three basic categories as to the perceived cause of the dysfunction and nature of the problem. They are the a)psycho-physiological dysfunctions, b)psychological perceptual-information processing deficits and what may be loosely called c)the interactional perspective.

While these perspectives often cut across areas of specific professional expertise, they remain anchored in specific spheres of professional operation. Hence the psycho-physiological per-

spective has been very much influenced by medicine. The psychological information processing and interactional perspectives demonstrate educational concerns.

Epstein et.al. (1980) points out that within the psychophysiological perspectives, dysfunctions and disorders in the ability to learn originate with a biological dysfunction. The locus of the dysfunction will vary depending on the theorist but include such perspectives as central nervous system disorders and dysfunction (Clements 1962; Gaddes 1980; Johnson and Myklebust 1967; Cruickshank 1980; Denkla 1978; Okrzut and Hynd 1983; Hartlage and Telzrow 1983); disorders of the metabolic processes (Wender 1976, 1971 Adler 1979); and allergic reactions to a variety of ingested substances (Feingold 1976, 1975; Mayron 1979, 1978).

Smith observes that "the earliest and most persistent explanation of LD is that poor school performance and symptoms of impulsivity and hyperactivity can be traced to specific organic injury or abnormality in the brain." (p.60) While the nomenclature has changed from brain damage to MBD to neuropsychological dysfunction and perceptual process dysfunction, the essential focus has remained on brain abnormality as a source of the problem. The theory postulates that some form of trauma impacts on the central nervous system in that subtle deviations may arise from "genetic factors, perinatal brain insults and illnesses and injuries sustained during the years critical for the development

and maturation of those parts of the nervous system having to do with perception, language, inhibition of impulses and motor control." (p.185, Clements and Peters 1962) Thus it is postulated that these dysfunctions may cause disruptions in learning involving any of the sensory modalities or perceptual processes. (Cruickshank 1983) A basic assumption within this approach is that since all learning is neurological, involving the central nervous system and the perceptual processes and since damage or insult may result in learning problems it may also be assumed that failure to learn may indicate a neurological dysfunction.

Hartlage and Telzrow (1983) point to this relationship between learning disabilities and specific processing deficits with specific underlying neuropsychological dysfunction. They state that:

"discrete subtypes of learning disabilities (eg., auditory-phonetic and visual-spatial) are associated with functional differences in the integrity of the neuropsychological systems subserving these processing strategies. (Broder 1971; Geschwind 1979; Hartlage 1981) Furthermore, the functional integrity of the biologic processes underlying these cognitive strategies can be revealed through careful neuropsychological assessment." (p.522)

The attempt therefore has been to link damage or dysfunction (through 'hard' or 'soft' signs) of the brain to learning problems in a specific sense. Thompson et.al. (1980) points out that little is known about the cerebral status of children with MBD. Much of the information obtained has been indirect "in

that inferences have been made about cerebral status from behavioural, neurologic and electroencephalographic changes." (p.48)

Much is inferred from, or determined by 'soft' neurological signs described as subtle, mild, equivocal or minimal deviations from normal responses and as such do not point directly to brain dysfunction per se but are the result of clinical interpretation. Wong (1979) points out that this type of subjective inference may render the reliability of such measures as suspect.

Cole (1978) in a review of the literature and research on testing pointed to the poor validity of neurological examinations and assessments made by electroencephalograms. Satz and Fletcher (1980), in summarizing the research on the neurological basis of LD state that:

The vast majority of children who are labelled MBD have no consistent evidence of soft neurological signs, perinatal complications or electroencephalographic abnormalities...There are many severely brain injured children who show no evidence of academic difficulty nor behavioural impulse problems. (p.674)

More recent research and writing in the field of neuropsychology posits that problems with inference and interpretation of data has been replaced with a certain "definiteness in diagnosis". (Cruickshank 1983; Gaddes 1980, 1983; Obrzut and Hynd 1983; Hartlage and Telzrow 1983; Fisk and Rourke 1983)

Cruickshank (1983) states that:

"The continuing developments in computerized axial tomography (the CAT scan), in positron-emission tomography (the PET scan), in nuclear magnetic resonance (NMR) and a variety of other devices now available, take inference out of the picture." (p.28)

Improvement and development in tests used in neuropsychological assessments of children as reported by Obrzut and Hynd (1983) and Gaddes (1980) has also greatly contributed to this trend toward attempting definitivity of diagnosis.

Thompson et.al. (1980) in a study of 44 children diagnosed as MBD with specific learning disabilities, concluded that the CAT scan is not a good predictor of MBD or LD. The tests referred to by Obrzut and Hynd (1983) - (Halstead Neuropsychological Test Battery for Children, Reitan Indiana Neuropsychological Test Battery for Children. Luria-Nebraska Neuropsychological Battery for Children) remain somewhat problematic in terms of their ability to definitively discern LD. They are interpretive. (p.518)

It is also assumed that the "neuropsychological dysfunction concept of learning disabilities can be translated almost directly into an educational regimen." (p.28, Cruickshank 1983; Hartlage et.al. 1983; Gaddes 1981; Fostig and Maslow 1979) Mercer (1979) points out that various approaches have been proposed and utilized based on a number of conceptions such as cerebral dominance and brain laterality. The neural retraining approach which has been widely advocated and used, is based on

the "premise that one can retrain, reprogram or in some way improve the functioning of the CNS through specific selected activities." Educational therapies based on this premise - i.e., patterning and sensory-integrative therapy - have proven to be less than effective. (Mercer 1979, p.134-136)

While Hartlage et.al. 1983 points out (as discussed elsewhere in this paper) that attempts in the past to match learner characteristics with specific teaching approaches have been largely unsuccessful, he does however point out that evidence is now coming to light as to the efficacy of a strength - matched teaching approach based on a neuropsychological assessment.

In such an approach, neuropsychological test data are analyzed to derive a profile of the learner's neuropsychological strengths and weaknesses. This model presumes that neurological strengths represent the individual most expedient and efficient means of processing information in ways which compliment intraindividual preference. It is hypothesized that educational benefits will result. (p.524)

Closely interrelated with the above approach in a theoretical and practical sense are the perspectives and views that have cause to be associated with perceptual-information processing dysfunctions.

While the underlying problems in learning have generally been viewed as sensori-motor and psychological in origin caused by a variety of variables of a psycho-physiological nature, more recently the neuropsychological explanations have come to the

fore. Epstein (1980) observes that the neuropsychological and perceptual-information processing deficit positions are now very much interrelated. It is posited that the etiological root of specific deficits can be attributed to an underlying psychoneurological dysfunction. While the research impetus and proponents of the neuropsychological perspective have come from medicine and neuropsychology, the proponents of the perceptual processing dysfunction viewpoint are "more often psychologists and educators." (p.63, Smith 1982) The emphasis has been primarily centred on developing educational interventions and techniques which address the problems of failure to learn more directly.

Those who adhere to process dysfunction conceptions of 'failure to learn', believe that the problem is to be found in the areas of sensory acuity, response capabilities or internal processes, either viewed separately, but most often as being interconnected and interdependent.

The processes of perception, information processing and cognition are most often viewed as hierarchically organized.

Wong (1979) points out that:

"the proponents assume that learning of all types has a sensorimotor foundation and it progresses in stages from basic perceptual-motor learning to the establishment of sensory integrations and to higher order cognitive functioning. Thus a sequential and hierarchical ordering of percepts is implied."
(p.590)

Any disturbance in these processes or stages will result in an attenuated ability and poor school performance. It is also assumed that the individual possesses a general intellectual ability plus many separate abilities and that:

There is variability among these separate abilities within the individual so that rote memory, for example, is very good but his abstract reasoning ability is poor; or his auditory discrimination is low but his visual processing ability is good, independent of his general intellectual functioning. (Smith 1982, p.62)

As a result, LD and the deficits experienced have been explained as a deficiency with a single process or factor. Thus it has been postulated that deficits may be experienced in visual perception (Frostig 1964; Johnson and Myklebust 1967), auditory perception (Wepman 1960), perceptual-motor functioning (Kephart 1971) and psycholinguistic functioning (Kirk 1971; McCarthy and Kirk 1961).

The above approaches try to identify weaknesses and strengths in the various functions deemed important to learning and to design instructional and training programs based on diagnosis. It is assumed that discrete abilities (and hence dysfunctions) can be discerned through the use of appropriately designed tests. Problematic behaviour or perceptual processing difficulties can therefore be inferred from failure to perform adequately or to the norms as set out in specific tests or subtests. However, it

is difficult to specify in an accurate fashion the nature of the relationship that exists between skills measured on tests, performance and underlying perceptual processing deficits. (Torgesen 1979) Because the constructs are inferential there are obvious problems with measurement when attempts are made to apply the process oriented approach to the diagnosis and treatment of LD. (Wong 1979)

Torgesen (1979) points out that poor performance as measured by one test does not justify one to assume that this indicates a deficit in a given psychological process. Neither does the results obtained from several tests, given the general similarity between tests and their rather incestuous relationships whereby reliability is often established solely by between test comparisons. (Cole 1978)

As well, the process of measurement and testing does not provide for the systematic elimination of alternative interpretive hypotheses. (Torgesen 1979) Smith (1982) points out that "there are myriad positive signs, but not one negative sign, i.e., not one litmus test that tells that a particular child is not learning disabled." (p.85) Indeed it would appear that the category is so broad in terms of the various measures and processes used to test for learning disability that anyone could be potentially considered LD and further, that there is no way to prove that someone is not LD.

Nevertheless various remedial and compensatory techniques and training programs within a diagnostic-prescriptive approach have been advocated. It is believed necessary to remediate or compensate for diagnosed disorders and/or dysfunctions before a child can be expected to profit from further instruction.

Hammill and his colleagues, however, failed to find any demonstrable efficacy in the utilization of the various perceptual-processing training techniques advocated and used as a means of addressing problems of failure to learn as experienced by LD students. (Larsen and Hammill 1975; Hammill and Larsen 1974; Hammill and Wiederholt 1973)

Hartlage (1983) further points out that both Arter and Jenkins' (1977) and Traver and Dawson's (1978) reviews "of intervention approaches designed to match modality strengths and compatible instructional strategies, concluded that the evidence for the validity of such an approach simply did not exist." (p.521)

Cronbach and Snow (1977) report little evidence for a link between learner characteristics and teaching approaches.

In summation, Ysseldyke and Algozzine (1982) state that:

"To date, there is little empirical support for the contentions that 1) specific processes and/or abilities exist, 2) specific processes and/or ability deficits can be reliably and validly assessed, 3) specific processes and/or abilities can be trained, and 4) specific processes and/or abilities are relevant to instructional success." (Ysseldyke. 1978)

Yet as Aster and Jenkins (1979) reported, educators still are trained extensively in diagnostic-prescriptive teaching from an ability training viewpoint. They are still taught that the majority of academic problems are caused by process-ability deficits; they still try to diagnose ability strengths and weaknesses; and they still believe in the efficacy of ability identification and ability training. (p.173)

The two general perspectives as discussed above are generally representative of mainstream thought in terms of learning disabilities. Within each there continues to be disagreement, variation and overlap. However, the emphasis remains on the "child's equipment for learning and refers only minimally to specific tasks that must be learned" (Torgesen 1979), or to environments and situational variables.

Similarly several other viewpoints see cause as being primarily due to psychophysiological variables. However, intervention strategies that result from these perspectives can only indirectly be viewed as impacting on education.

Wender (1971), for example in his book entitled "Minimal Brain Dysfunction in Children" was "motivated by the desire to find a single underlying biochemical abnormality common to the diverse behavioural manifestations subsumed under MBD." (p.227, Denckla 1978) Denckla also observes that because Wender was a psychiatrist, he gave little attention to the educational aspect of the phenomenon or the neuropsychological correlates. His focus instead was on a unitary biochemical explanation and

the consequent belief that the syndrome was insensitive to conditioning techniques, particularly with hyperactive children. As yet there has been no confirmation of any biochemical deficiency in any learning disabled child. (Denckla 1978)

His approach was perhaps illustrative of the over-identification of the hyperactivity syndrome with MBD-LD rather than as a subtype. Distractability, overactivity and attentional deficits pose problems of control for teachers and parents which adversely affect learning environments. Because they are readily apparent and more problematic in an immediate behavioural sense, much attention has focused on this characteristic of LD. (Stewart 1976)

This, compiled with a belief in the chemical nature of the problem and the over-identification of hyperactivity with LD led to a primary approach to dealing with a diagnosis of MBD-LD - that being a pharmacological one. Children are medicated to change their levels of body chemicals. (Algozzine and Algozzine 1978) Thus psychotropic drugs are used to suppress or remove problematic behaviours. Educationally, medication may make the child more amenable and accessible to educational and counselling therapies.

Kavale (1982) points out that between 800,000 and 700,000 school children receive stimulant drugs in the United States to control hyperactivity (HA) and LD. The pharmacological approach,

however, remains a very polarized issue. Kavale points out that the medical profession considers stimulant drugs to be an efficacious treatment for HA-MBD. As an educational intervention, Kavale in a review of 135 studies examining the educational efficacy of stimulant drug treatment for HA-MBD, found it to be effective.

Those who oppose the use of medication express concern in two areas. Firstly, the research shows drug therapy to be ineffective in producing educational gains - particularly long term gains. (Stewart 1976) Oman (1980) in a review of studies investigating drug effectiveness, reports that evidence attesting to educational gains was found to be negligible. Secondly, the use of drugs is opposed because it is morally, politically and ideologically unacceptable. It is, for example, seen as a broad form of social control in the larger societal sense (Conrad and Schneider 1981; Schrag and Divoky 1975) and as a specific means of controlling problematic behaviours in specific classroom settings (Rappoport and Repa 1971; Fadd 1970). Problems with the misdiagnosis of hyperactivity-MBD and inappropriate medication and the deleterious side effects such as increased heart rate, blood pressure and decreases in growth patterns are also cited as reasons for not using drugs to address the HA-MBD phenomenon. (Walden and Thompson 1981)

The efficacy of drug therapy as an educational intervention

with HA-MBD remains somewhat ambiguous and Gadow (1983) points out that "the number of pertinent subject, task, treatment and setting variables is so great that a definitive answer with regard to the relationship between pharmacotherapy and academic performance is anything but close at hand." (p.290)

Mayron (1978) in a biochemical approach points to several ecological factors which may negatively impact on the learning abilities of children and cause behavioural problems. Chronic anxiety, malnutrition, toxicity allergy, electromagnetic radiation or technical pollution are generally seen to react with the individual in such a way as to effect biochemical changes. These changes act through the endocrine pathways to "effect behavioural changes which include hyperactivity and exclude learning receptivity." (p.41)

Mayron (1979) expands on allergy or immunologic sensitivity as a cause of HA-LD. The process is the result of allergens - food or chemical - entering the circulatory system. These allergens may react with or shock any organ or tissue in the body. When the brain is affected the resultant effects are learning and behaviour problems. It is postulated that through their detection and control, learning will be enhanced.

Feingold (1976, 1975) advances the same basic thesis that HD-LD are the result of allergic reaction to ingested substances found primarily in the diet and that diet, therefore, effects behaviour and learning. Through the elimination of artificial

food colourings, flavours, and salicylates from the diet, it is held that improvements in behaviour and learning will result. Crook (1980) also postulates that what a child eats can make him "dull, stupid or hyperactive".

Mattes (1983) in a review of controlled studies, found that as an educational intervention, the results indicated the Feingold diet was probably not effective except with a small number of children. Positive results were very inconsistent. Kavale and Forness's (1983) review of similar studies came to the same conclusion and stated that the Feingold hypothesis and diet modification should be questioned as efficacious treatment.

Adler (1979) along a line similar to Mayron and Feingold, advocates megavitamin and/or nutritional therapy for LD children. However, rather than cause being the result of invading allergens, it is seen in the unique unmet biochemical requirements of an individual. The assumption is that unmet biochemical requirements or deficits cause learning problems because of resulting biochemical and metabolic deficiencies. This may be rectified, it is postulated by trying to determine optional nutritional requirements. However, the Committee on Nutrition (1976) of the American Academy of Pediatrics concluded that mega vitamin therapy was not justified as an effective treatment for HA-MBD.

Brenner (1982) in a review of controlled studies with long term follow-up also concluded that this type of therapy was not effective. He concludes that the somewhat ambivalent results demonstrated, are probably because the HA-MBD-LD syndrome is

multifactoral.

All of the above perspectives as to cause and approaches to intervention have demonstrated an ambivalence and/or lack of efficacy towards the problem of learning disability. Wong (1979) advances that this is because of preponderance of single factor or unidimensional conceptions of LD which result in it being viewed in a narrow and isolated context, often defined by the skill under examination - i.e., reading, or language - or by professional area of expertise. This lack of efficacy has come about because of the conceptual inadequacy and methodological problems in theory, research and in intervention strategies.

The interactionist perspective is an attempt to address these conceptual problems and practical issues by advocating a much wider focus. Interactional perspectives are generally based on the assumption that:

Learning problems inhere in the circumstances of the environment in which children function, not in the children. Any child may have a learning problem depending on the environment, conversely any handicapped child may become able or more able, if the environment is structured to make him so. (Thorne 1973, p.543)

Dypedagogia (Cohen 1971; Floyd 1975) typifies a somewhat narrow view which postulates that a child's failure to learn basic educational skills is attributable to defects in the education that a pupil has been exposed to, especially teaching disabilities. These factors in the child's environment contri-

bute to negative learning experiences, motivation problems and the non acquisitions of necessary skills. Similarly the concept of mismatch as advanced by Ziegler (1981) postulates that individuals function best in settings where there is a complimentary match and compatibility between "expectations of, and stimuli presented by the environment and the particular capacities and needs of the individual." (p.391) A mismatch may lead to problematic situations developing. We must look beyond neuropsychiatric causes etc., to situational variables as well. In this sense one can moderate or "modulate the tendency of studies of children to reify deficits as in the child." (p.391)

In a similar vein the direct instruction or behavioural approach is not overly concerned with cause but rather is based on the belief that exceptionality (LD) may "result from either experience deficits or an interaction between experience deficits and process dysfunctions." (p.173, Ysseldyke and Algozzine 1982) The emphasis is on instruction and the nature of the skills or tasks to be taught or which are problematic. Torgesen (1979) for example, advocates that the identification of the processes responsible for poor learning should start with the analysis of tasks rather than with the child. Thus the important variables are to be found in the social and academic environments and specific behaviours are the most effective point of inter-

vention. (Epstein et.al. 1980)

Gardner (1977) sums up the behavioural approach's central concerns:

The behavioural approach does not attempt to "cure" the child since no assumption is made that there are some "central" or "core" etiologic factors which, if changed or eliminated, would reciprocally alleviate a range of symptomatic learning and behaviour difficulties. Rather, a direct attempt is made to change those learning, behavioural, and environmental features involved in and which comprise, the child's difficulties. The behavioural approach, as noted, assumes that all consistent learning and behaviour characteristics of children, appropriate and inappropriate, are the end results, (symptoms if you wish) of a history of experience and of a contemporary set of conditions as these have and do interact with specific physical and psychological characteristics. (p.186)

Ysseldyke and Mirkin (1981) and Ysseldyke and Shinn (1981) in reviews of research, reported that instruction based on direct instruction (behavioural) is for the most part successful.

Quay (1973) points to two 'sociological' causes of failure to learn as being experiential defects - caused by adverse life experiences, and experiential deficits - because of disadvantage and/or deprivation and the limited acquisition of necessary school skills. These types of 'social' causes traditionally have been excluded from LD conceptions and definitions because of the basic view that deficits in learning are the result of dysfunctional internal processes within the individual. There are problems with separating or distinguishing between these

two groups in terms of what is the 'a priori' cause. The interactionists would argue that they are not logically mutually exclusive nor is the connection between what is perceived as an inherent problem and LD direct and easily determined.

Colbert et al (1982) for example, postulates that LD may be a symptom of childhood depression rather than childhood depression being a symptom of LD. In this case educational intervention may be misguided and ineffective. Rather intervention must be directed at other pertinent areas in the child's environment.

Frisch and Rhoads (1982) and Money (1982) attribute child abuse and neglect as being a substantial cause of learning disabilities. Money, for example, points out that:

"there is a syndrome, namely abuse dwarfism (also known as psychological dwarfism), in which growth in stature and pubertal physique, growth in intelligence and growth and maturation of behaviour all are retarded and even permanently impaired in response to child abuse and neglect." (p.579)

Sarason and Doris (1979) point out that heredity and environment are never dichotomous, that they interact with each other. They maintain that a problem arises when we most often look at the impact of heredity on environments rather than environment on heredity. In this sense problems and deviance are as much a social creation - i.e. in the eye of the beholder - and as such, as much a function of reactions to behaviours or

perceived behaviours thought to be problematic to a person or a system, as it is to the behaviour in and of itself.

Adelman and Taylor (1977) point to the negative and often destructive aspects of the education system and to the fact that it tends to be reactive not proactive in attempting solutions to problems. They also postulate the view that "many problems in learning and behaviour can be seen as reactions to settings which do not deal effectively with the person's motivational and developmental status." (p.523)

Ross (1976, 1977) would agree that failures that are often perceived as symptomatic of LD might more logically be viewed as the mismatch of developmental maturity and readiness with the academic and other system demands of the school setting. Zeigler (1981) posits three stages of a reactive adaptation by children experiencing learning problems because of this type of mismatch - a) withdrawal or active response, b) disengagement, and c) defensiveness.

Therefore there exists the need to consider and examine the designation of the LD label as a negative imputation on individuals who the educational or larger social system has failed to accommodate in some way, particularly in light of the fact that diagnostic assessment procedures focus on the ability of the student and not on the appropriateness of the educational environment, (McIntyre 1980) nor on the process of

diagnosis and intervention itself.

Reger (1974, 1979) views the problem as the child being defined as different and being labelled within a certain social context. He states that this is not necessarily due to differences in the child but due to attitudes, expectations, curriculum, professional sophistication, parental involvement, funding and service requirements. Labels are generally seen as a basis for classification and therefore as a necessary tool for the allocation of resources and treatment. Thus it is based on a belief that labels are mutually exclusive, that they accurately reflect the nature of the problem and that the differentiation which is involved, will bring about the therapeutic interventions which are both viable and good.

However, it has been widely reported in the literature that labelling often fails to lead to the desired differential treatment. A second question has also been raised, namely that:

"Does the label influence or generate perceptions and behaviours which do more harm than good for the child?"

In answering their own question, the authors state that labels have come to be viewed as harmful:

When a child's perceptions and behaviours, as well as those of others, are altered by labelling in a manner which results in restricting the social, emotional and/or academic growth of the child. (p.288-289, Algozzine and Mercer 1980)

While extensive reviews of the effects of labelling show somewhat equivocal results, nevertheless it does indicate that children labelled as LD have more negative feeling about themselves, are more readily stigmatized and rejected and that labels serve as expectancy generating stimuli that bias and affect teacher and child expectations as to academic achievement. (Richy and Ysseldyke 1983; Algozzine and Mercer 1980)

Given the negative effects of labels and the problematic nature of a diagnostic-testing paradigm, the interactional perspective advocates a much broader approach than those based on individual pathology and often unidimensional concepts of LD.

There have been calls for the development of non-discriminatory tests, testing procedures and assessment practices. This would also involve a more rigid monitoring of tests used and less reliance on standardized instruments. (Kratochwill et.al. 1980) It is also advocated that a non-categorical system of educational service delivery become the norm whereby individual needs and idiosyncratic learning behaviours can be dealt with and met. (Ysseldyke and Algozzine 1982) There is also the need to explore and understand the role of professionals and other system variables as creators of the phenomenon LD.

Most writers in the field of LD recognize the possibility of the interactional nature of problems presented by LD children. However, they are viewed primarily as being compounding factors

which impact on the basic intrinsic impairment to make it worse or to confound the etiological quest. In this sense they are viewed as secondary and have been given little serious consideration in terms of research. To the interactionist perspective they are essential considerations if one is to understand the problem in its total context. Blatt (1982) portrays the problem in the following manner:

'Everyone' knows that children do not learn in a vacuum, that for the most part they are not taught by a tutor separated from the social-psychological facts of a classroom, a community, a family and the interaction of all those phenomena. Notwithstanding, psychologists (and teachers) study learning as if it invariably takes place when the single rat is in the maze, or the single child is in the laboratory. (p.52)

The interactional perspective is not another attempt to define absolutely LD nor does it function to provide specific remedies for the "single rat in the maze". Rather it provides first and foremost an analytic function, a way of examining a problem and in addition, provides a framework and a context within which to view the phenomenon. Out of this it is hoped would come a better understanding and a multitude of methods and techniques, etc. which would prove useful and beneficial in helping all children to learn.

Two distinct ways of viewing the learning disability phenomenon are quite apparent in the above discussion - as individual pathology or as the result of a process - a process

grounded in a social context. That the individual pathology viewpoint has been most influential is a well recognized fact. That this should be the case is the source of much disagreement and controversy in the field of learning disabilities and special education.

CHAPTER IV

LEARNING DISABILITIES AS A SOCIAL PROBLEM

The creation of a new category to explain and deal with 'school failure' has created problems even though its prime function was and still is viewed as a means of bringing resources to bear. Cruickshank (1977) states that "it has become categorized as one aspect of childhood deviance in ways which most of us hoped would never happen." (p.64) As a category of deviance, those so classified are subjected to rituals which may be both stigmatizing and status degrading. As to disability or handicap, individuals so labelled are also viewed within the context of stereotypical images - those of dependence and inadequacy. That learning disabilities are viewed as deviant is exemplified by the constant reference to it as such in the literature. That it is becoming recognized as a general social problem is also more evident as was pointed out in the introduction, not just for children and adolescents, but for adults as well.

In light of the often contentious views as to etiology and the general parameters of the problem in terms of symptomology and characteristics as well as the recognition of the heterogeneous nature of the population, it is little wonder that notions of LD as a social problem have expanded. Given its non-

specificity there is the danger of using the label to explain an ever widening circle of problems as being the result of possessing this disability. The literature would indicate that this in fact certainly appears to be the case.

That it has come to be viewed as a larger problem is based on two assumptions common in the literature as to the problematic nature of handicaps generally, namely that a handicap is a problem in and of itself and secondly, that it is problem producing for both the individual and society.

For parents, the educational system and society in general, health and normality are very salient ideals. They are reflective of general attitudes and values of society towards handicap and deviance in that normality and health are preferred and accepted while handicap and deviance carry varying degrees of stigma and unacceptance.

Inextricably tied up in these beliefs and values are concepts of success and failure, particularly as they relate to education and possible futures. Educational success is very much viewed as both an indicator of, and necessary to, future life success in a system that stresses competition, individuality and independence.

The potential problems that might occur during passage through various life stages because of MBD or perceptual processing deficits may be many. The effects that a variety of com-

pounding and secondary conditions might have in conjunction with the lack of educational attainment, may also be many and varied.

Juvenile delinquency, adult crime, unemployment, family breakdown, alcoholism, etc., are all seen as potential threats to the individual and to society in terms of disruptions and damage to harmonious family life, productive economic activity and responsible citizenship. The occurrence of these problems in society result in increased social costs in a financial sense, in the fostering of the dependence on the state for a variety of provisions, not to mention the waste of human potential.

While there is little hard research to substantiate this problem potential, it is a common assumption by many in the field of learning disability. This may be fostered in part by an assumption central to the individual pathology viewpoint and the medical-clinical perspective, namely that "an untreated pathology may worsen and eventually lead to death." (p.96, Mercer 1979) Analogously it is assumed that by not addressing and treating the problem adequately and/or at an early enough stage that the problems are going to be compounded and become more serious as time progresses.

This assumption is very evident in the literature on LD that is discussed in the following pages as is the predominant view of LD as individual pathology.

Wender (1971) noted that the learning disabilities syndrome is one of the most common problems found in children being served by mental health professionals. It seems that those labelled as learning disabled are often referred for treatment because of low self-esteem, behaviour problems and parent-child difficulties that may develop as a result of learning problems. Research has revealed that children labelled as LD are generally viewed by teachers and peers in a more negative fashion than their normal counterparts. Foster, Schmidt and Sabatino (1976) in a controlled study of teacher expectancies towards LD children, found that children so labelled were rated significantly more negatively. They concluded that the academic labels generated negative expectancies which affect objective observations of behaviour.

In the classroom it has been demonstrated that the low rated and learning disabled pupils received a significantly greater amount of negative criticism. (Lyon 1977, Bryan 1978, Chapman et.al., 1979)

It has been noted that children with psychoeducational or functional impairments (LD) were ranked least acceptable when compared with other children suffering either sensori-motor or organic impairments. (Kyppy and Kodera, 1979) Sociometric studies reveal that learning disabled children are viewed much more negatively than their normal counterparts. (Scranton and Ryckman 1979) The classmates of learning disabled children are

also more likely to attribute negative (e.g., dirty, worried, etc.) rather than positive personal characteristics to them. (Bryan, et.al., 1976) Bryan and Perlmutter (1979) also found that LD children were more likely to be devalued, than their normal peers, by adults watching videotapes of their interactions. Children who have been labelled LD have been found to have fairly low concepts of self and have been variously described as isolated and lonely. (Rikner 1978; Bruninks 1978) Thus, much of the research to date depicts the LD child as less popular, less socially skilled and more isolated than his normal peers.

These negative characteristics are often attributed directly to a learning disability to the child's inability to adequately process and understand social cues and contexts. This is because of perceptual processing deficits that effect social learning and the acquisition of social skills. (Kronick 1981; Bryan and Bryan 1980)

However, negative reactions to these children by significant others within the context of school and home also is indicative of a social process of reaction to labels and/or characteristics and behaviours that demonstrate a failure to meet the system's expectations. Altered views as a result of label application may foster stereotyped negative images of LD children, 'generate negative expectancies', and self-fulfilling prophecies. That LD

cannot be looked on only as a problem that involves individual pathology but that it must also be viewed as the creation of a social process within a context that is fairly specific and interactional, is quite evident. Whether the primary cause is to be found in perceptual processing deficits, (academic or social) in psychoneurological dysfunctions, or in the failure of the 'environment' and 'system' to meet individual need - children experience additional problems often viewed as of a secondary nature.

While it is generally held that LD is a problem intrinsic to the individual, it is also generally held that behavioural and emotional problems are often concomitant to or symptomatic of LD. (Clements 1966; Bryan and Bryan 1975; Mercer 1979) Problems of this nature are often noted in the children prior to school entrance by their parents. They may view them as different somehow - in terms of developmental signposts or in exhibiting behavioural problems or hyperactivity. These problems may be exacerbated upon school entry. Many of the problems only develop upon school entry and/or with continued school failure. Obviously problems with learning don't stop at the school door. Many home and family problems can become evidenced as a result of having to deal with a 'disability'. Much has been written that speaks of the "tyrant in the house" (Anderson, 1980) and of dealing with the hard to handle child, his frustrations and

the effects on the family. The literature on families of the handicapped suggests that siblings have a great potential for being adversely affected. (Kew 1975) Siblings of the handicapped often have great difficulty accepting disproportionate time and money spent on the child who has come to represent the family's problem. (Bryant 1978)

Haufrecht and Mitchell (1978) have come to recognize that learning problems (LD) are often a cause of anxiety within the family context either in a primary sense or as a secondary confounding agent. The learning problem may be a cause of family dysfunction or the family dysfunction may itself exacerbate a learning problem. The authors state that: "a child whose learning dysfunction is not recognized or treated early is bound to develop a complex of psychological and learning difficulties which become intertwined with the original deficit." (p.580) They further assert that parents by denial displace their own problems onto the learning disorder of the family member, thereby compounding the problem. Yet the specific effects, or even just the negative effects in general, of the handicap on siblings and parents is open to question in that much of the information in the studies which show this are based on subjective observations and interpretations based on selective populations. (Vasey 1975; Darling 1979; Barsch 1968)

Common themes in the literature on families with disabled members have to do with problems of acceptance, guilt and mal-

adjustment. Parents are often viewed as denying the existence of handicap, of feeling guilty; that they are the ones somehow who are responsible for the disability or for an inability to deal with it adequately. They may be guilty of ambivalence in expressions of feelings - i.e., hostility, love, - and actions towards the child resulting in alternating exaggerated patterns of over-protection, over-indulgence and/or rigid authoritarianism. (Trevino 1979)

These problems not only effect individuals but the family as a functioning unit. (Kew 1975; Kronick 1981) In this sense it is also assumed that parents of children with learning disabilities have a fairly high rate of separation and divorce as a result of increased stress and conflict. (Bryant 1978; Kronick 1981)

These views have been generally transferred from the literature of the effects of handicaps generally on families and their functioning. Most often it is from the professional viewpoint. Very little research has been done on the specific effects of LD on the family situation.

Gliedman and Roth (1980) point out the dynamics of the professional - parent-family-patient interactions which shape perceptions and behaviours and concludes that these interactions are often much more important considerations than the impact of the handicap itself.

Voysey (1975) attempts to put the belief in 'handicap as problem producing' into perspective when she states:

Studies which ignore parent's attempts to (find an orderly definition) concluded that family life was uniquely disrupted by the advent of a disabled child; whilst in those which examined the process through which parents came to define their child as disabled, family life appeared to be continuous with its existing style and structure. (p.96)

While no clear relationship between learning disabilities and juvenile delinquency has yet been established, it appears that those who experience learning problems tend to have substantially more problems with the juvenile authorities. Berman (1975, 1974) and Berman and Siegel (1976) in their studies found support for the notion that learning or skill deficiencies are a basic etiological element in a significant number of delinquents. They also found the adaptive abilities and learning skills to be significantly lower than a non-delinquent control group. However, Lane (1980) in reporting on other studies, states that "evidence does not indicate that LD children are significantly more delinquent than normal children, which would be expected if learning disabilities were a primary causal factor of juvenile delinquency." Rather, while behaviours and rates of police pickup appears to be similar "a larger portion of the LD juvenile delinquents are adjudicated." (p.430)

It has been speculated that this differential treatment

occurs because of an inherent perceptual processing deficit within the individual which impairs his understanding and ability to act in the social sphere. This inability to exhibit appropriate social behaviours during the judicial adjudication process somehow affects the outcome negatively. Whether this differential treatment is due to LD specifically or to school failure, attitude or class variables generally it is evident that how the individual is perceived by significant others within a system context is of importance in the differential treatment of juvenile delinquent offenders.

Whatever the cause or however strong the link, the popular conception or assumption among many seems to be that a causal link is there between characteristics inherent in the individual and delinquent or criminal behaviour.

More recently attention has begun to focus on the problems experienced by the adult learning disabled. Out of the glare of the education system the individual's disability may become 'truly hidden'. He might experience a variety of problems with daily functioning but the cause is not as easily identified. Many choose to keep it secret and find ways of coping.

However, problems with securing and keeping employment, with alcoholism and with dysfunctioning families are reported. (Fenkowsky et.al. 1975; Rawson 1978; McGlannan 1977) Horn et.al. (1983) points out in an examination of long-term follow-up studies of learning disabled individuals, the very mixed, ambiguous and

inconsistent results as to outcome. He also pointed to the fact that few studies have followed the LD population past young adulthood. This knowledge gap is rather significant in light of the negative assumptions often made in this regard. In this sense the problems experienced are somewhat obscure and ill defined. However, the change as to the nature of the problems experienced is an interesting phenomenon in and of itself.

While the student remains within a system of social control such as education, which shapes, determines and defines the nature of the problem, the designation 'learning disabled' remains a central fact of life. It determines who he is and how he is to be perceived and dealt with in the context of a system's goals and objectives. From the interactionist viewpoint these are key elements within the social processes involved in the formation of deviance.

The LD designation may be readily transferred to other problem types in terms of it being an etiological explanation. Thus LD may also come to be viewed as a major causal factor in exhibited emotional and behaviour problems, within dysfunctional families and in the area of juvenile delinquency as pointed out earlier.

However, once outside the dominant system of social control as when one reaches school leaving age and/or adulthood the LD designation may disappear or become hidden from view. The problem type may also change. Problems of individual dysfunction

may become defined in terms of alcoholism, unemployment or criminal behaviour.

This certainly points to the social processes involved in determining what behaviour is to be viewed as deviant. The demands and expectations of the new adult system shape, determine and define problems in a context that is different from that of the schools.

As a young adult, however, the LD student may remain in the gripe of an educational perspective as to the nature and definition of the problem. This is so in the area of post secondary education. Because of failure academically, and/or enrollment in terminal programs during elementary and high school, many find themselves cut off from continuing their education because they don't meet entrance requirements, or because special provisions are not made for LD students in most universities or colleges. When they do gain admission they may experience many problems of a social and academic nature. (Dexter 1982; Barbaro 1982; Vogel 1982)

Of fairly recent interest has been the growing concern that "perceptual processing deficits", as well as affecting academic learning, also affect social learning and the acquisition of social skills. Due to deficits in one or more aspects of information processing, behaviours can result which are perceived as strange or different from normal. Resulting communication problems may effect employment and family relations.

These deficits and the resulting social inadequacies or socially inappropriate behaviours, have been advanced as perhaps reasons for the behavioural problems of LD children (Kronick 1981; Osman 1982; Axebrod 1982) why adolescents became involved with juvenile authorities, (Lane 1980) and why adults experience problems in the workplace and at colleges and universities.

Kronick (1978) points out, "In terms of total life functioning, social ineptitude tends to be far more disabling than academic dysfunction." (p.11) The need for social skills training has been recognized by many as being of equal importance to academic remediation. Kronick (1981) views attention to the social development of LD children, particularly within the context of the family and concurrent with the school program as being essential if future and lifelong problems are to be avoided.

It is rather obvious that whatever the etiological nature of learning disabilities and the associated failure and social problems generated, the consequences may be many and varied.

Bryant (1978) states that:

No one will disagree that the feelings of failure breeds many other feelings - feelings of self-doubt, and uncertainty of guilt and shame, of resentment and the rush to blame, of rage and despair, of deep inadequacy and worthlessness and of a general inability to cope adequately, sometimes even minimally with the demands of life in our society. Whether in individuals or in families, these are not feelings that make for optimal mental health. (p.9)

The above quote very succinctly demonstrates the view that is prevalent in the literature; that the problem is centred in the individual as individual pathology. Tied in very closely with this viewpoint is the belief that unless the problem is addressed both individually, by addressing individual need, and in the larger collective social sense through the creation of programs to address this generalized individual need, that there will be significant negative implications for individuals and society.

As the writer has tried to point out in the above pages, much of the evidence cited to support the individual pathology viewpoint of learning disability as a social problem can also be utilized to demonstrate a broader conceptualization of the problem. It may be viewed as the result of a social process and a social construction that attempts to define and classify 'failure to learn' as a specific handicapping entity. This social process takes place within the context of social expectations, and concepts of normality-abnormality. Therefore, it also involves values and moral issues all within the context of broader social, economic and political considerations.

However, as we shall see in the next chapter, the individual pathology viewpoint is but a reflection of a generalized way, not only of looking at a problem, but also of diagnosing it and intervening to effect change. Through the application of the medical-clinical model, one paradigm has become the

dominant arbiter of reality; of the nature and extent of the problem as well as how it should be handled and dealt with.

CHAPTER V

PROBLEMS OF THE THERAPEUTIC IDEOLOGY

Sarason and Doris (1979) in writing on the development of special education, note two developments within social policy that created problems within the educational delivery system and for those receiving the service. These two developments were the compulsory forced attendance of all children within a given age range and the lock-step progression of pupils through an age-class graded system.

These changes came about "for a number of reasons involving child welfare, the politics of labour and industrial relations and the presumed curative effects of education for social problems." (Sarason and Doris 1979, p.137) For many, and from a number of different perspectives, these changes were perceived as a way of controlling, subtly coercing and shaping the population into the acceptance of values, norms and the ideology of the dominant order. They were perceived as ways of meeting the needs of the population.

Consequently the compulsory attendance laws kept children in school who otherwise may have dropped out, or never attended in the first place. These changes also meant that not all children would be able to keep up. Children whose behaviour was in

some manner problematic were bound to cause difficulty for the system. Adjustments made by the educational system utilized grade retention and/or exclusion provisions as a means of dealing with those perceived as not being able to benefit. Increasingly medicine, then psychology became involved in the process of differentiation, identification and in some cases, treatment of those unable or unwilling to cope. Ford et.al. (1982) points out that the "principal professional influences upon the development of special services for disruptive pupils came from doctors and psychologists." (p.37) While the influence of medicine in the educational setting declined as the 20th century progressed, its influence in terms of the perspective and manner of intervention upon problems of abnormality and deviance remained. This is evidenced in the use of the medical model within a generalized therapeutic ideology. Central to these conceptions is the assumption that the source of the deviant behaviour is to be found within the individual and that cause may be centred in the dysfunction of the biological, physiological or psychological spheres.

The medical model, therefore, as a way of perceiving problems, derives its stances from medicine and the manner in which disease is diagnosed and treated. It revolves around a conception of abnormality similar to that which medicine has of disease whereby the process of disease or illness tends to destroy

the biological integrity of the organism or to interfere with its healthy functioning. The disease or illness is generally identified or diagnosed by a specific symptomology. Through intervention and treatment a cure is effected. (Mercer 1979)

In its application to social problems the medical model is applied in an analagous fashion in that it adopts the conceptual apparatus of medicine - symptoms, syndrome, diagnosis, etiology, pathology, therapy and cure. (Ford et.al. 1982)

In the above sense the medical model

...is a way of looking at the problems of social/behavioural deviance/abnormality so that they can be identified as a form of illness...This approach enables everyone involved to focus their attention upon the individual bearer or sufferer of the illness in an attempt to alleviate the symptoms and remedy the disease. (Ford et.al. 1982, p.35)

Within this framework normal tends to be a residual category. People are viewed as being primarily not healthy.

Persons are labelled by what is wrong with them and not what is right. In addition the medical model focuses on biological explanations, and biological functions deemed important are those intrinsic to the patient. Pathology now becomes an integral part of the person. (Bryan and Bryan 1975, p.22)

It is also assumed that if left unattended, the 'disease' or problem is likely to get worse and cause permanent damage.

Mercer (1979) also contends that the medical model views pathological conditions as not the result of learning or social

variables and therefore that sociocultural characteristics of individuals are irrelevant in the making of a diagnosis. Ford (1982) however, contends that the medical model has had a much wider application. The origin of the maladjustment is not important for he points out that many perspectives have utilized it in their approach to problems including the behavioural, ecological, sociological and the psycho-neurological, etc. Ford states that irrespective of the viewpoint adopted the effect of using the model is to concentrate the discussion of cause, symptom and treatment upon individual examples (p.36) and hence all too often upon individual pathology.

Wood (1974) views the medical or sickness model as part and parcel of a general therapeutic ideology in which blame is transferred and moral indignation around a problem is avoided. It is an attempt to lessen the stigmatizing or inferiorization process involved in being labelled deviant.

As a dominant and influential model for dealing with problems of abnormality and deviance generally it will also be, because of this prominence, very influential in shaping the perceptions and views of any new area of problematic behaviour that comes to public attention. Consequently new definitions which provide conceptual models for understanding conditions may be shaped and influenced by the medical model.

This is certainly the case with learning disabilities. For

the medical model with its assumptions about individual pathology has established itself as the dominant perspective and modality within which LD is viewed and treated.

That the medical model as a perspective has been important in the continuing development of the LD field is easily recognized. The principal causes are viewed primarily as being the result of psycho-physiological dysfunction biological and/or as the result of deficits in the psychological processes - all of which are very much intrinsic to the individual and which fosters a view of individual pathology. Diagnosis is based on a symptomology which an individual is discerned to be exhibiting and treatment is prescribed to cure the problem which if left unattended could become very severe and impede healthy development and the ability to function productively within society.

In the area of special education, within which learning disabilities are generally placed, the medical model has been extended somewhat, particularly by the tools and techniques used to establish a diagnosis. The statistical or psychometric model provides the information on which decisions as to normality-abnormality can be made. The origins of this model are to be found in the works of Binet and Simon on intelligence testing, the original purpose of which was to provide a means of diagnosing and differentiating children who posed problems for schools. Subsequent developments have provided an ever widening array of tests and devices which seek to measure an ever widening

array of behavioural variables.

Central to this model is a conception of normal. Normal is based on the statistical concept of the normal curve in that both ends of the curve (representative of a normal distribution of particular characteristics in a population) are viewed as abnormal (measured by standard deviations above or below the norm) while the middle where the largest percentage falls would be considered normal. Most tests in use today are said to be normed often to age and grade.

Many of the tests would be used solely for the detection of abnormality or weakness, particularly when the prime motivation and reason for using the various instruments is to determine why a child is experiencing problems. In addition "tests are given to determine the status of some function or trait of importance to the person or society, to describe and define socially valued characteristics. Evaluations of abnormality become impossible to avoid." (Bryan and Bryan 1975, p.29) Abnormality only makes sense when viewed in the context of an individual both in terms of the motivations for giving the test and in terms of applying the results.

The two models (medical and statistical) have been fused into what Mercer (1973) has labelled the clinical perspective. The psychometric model is used to diagnose or define the problems' existence by establishing a symptomology and to point to treatment or therapy possibilities in light of this information.

The medical model is used to give general direction and form to the diagnostic intervention paradigm.

Test results which reflect undesirable characteristics may then be viewed as "symptomatic of some undesirable physiological malfunction." (Bryan and Bryan 1975, p.29) These techniques further focus the problem as being within the individual and the belief in its pathological nature.

In the above sense, the recognition of LD depends on an inference made by a clinician based on an interpretation of test scores or patterns of test scores generally derived from a battery of tests. While the tests themselves are reflections of social constructs - i.e. what was chosen as important variables are necessarily based on social perceptions - so too is the process of interpreting results.

As Smith (1982) points out:

Particular configurations of high or low scores on tests are supposed to indicate the existence of an underlying neurological or perceptual impairment. The clinical diagnosis thus derived by the test scores is designed to lead to a 'prescription' of educational or psychological treatments to remedy or compensate for the impairment discovered in the child. (p.87)

Central to the success of the analogous application of the medical model to learning disabilities in conjunction with the clinical perspective is the need to establish clear and positive links between intervention/treatment and prognosis/cure as Smith alludes to above. Without this link there is a problem with the

paradigm which further compounds the problematic nature of the LD rubric.

Through the use of a variety of compensatory and/or remedial techniques such as diagnostic-prescriptive teaching, or of matching modality strengths or weaknesses with comparable teaching strategies, etc., attempts have been made to establish the efficacy of a treatment-prognosis link.

However as MacIntyre (1980) points out "there is little consistent evidence that any clear link has been found between our present teaching procedures, any specific etiology and learning outcomes." (p.19)

Wade (1983) in a review of studies which dealt with the long term follow-up of LD people, reported the generally negative, pessimistic nature of prognosis and outcome.

Hartlage et.al. (1983) writes that Cronbach and Snow (1977), in their review of 500 studies of aptitude-treatment studies, found little evidence of a link for the systematic interactions between learner characteristics and teaching approaches.

Hartlage et.al. (1983) further points out that both Orter and Jenkins' (1977) and Traver and Dawson's reviews "of intervention approaches designed to match modality strengths and compatible instructional strategies, concluded that the evidence for the validity of such an approach simply did not exist." (p.521) Ysseldyke and Algozzine (1982) also point out that these are the generally acknowledged facts within the LD community.

Perhaps this should be of little surprise given the confusion and uncertainty as to definition and the nature and extent of the characteristics and symptomology of 'specific' learning disabilities. It certainly points to the lack of effectiveness of the medical model, particularly in the links between diagnosis, treatment and cure.

Another general weakness within the clinical model is the over-reliance of information derived from tests, tests which by-in-large often have serious problems with their general unreliability and lack of validity (discussed more fully in the following chapter). (McIntyre 1980; Cole 1978) The unreliability of information may produce diagnosis and placement decisions which are not at all accurate but may be spurious in terms of an individual potential and performance or in terms of measuring particular skills or characteristics. Results may also be spurious because of choice of tests used.

Sadler (1981) in reviewing studies utilizing a clinical perspective outlined several problems inherent in its use. These include: severe limitations as to the amount of information that can be understood and remembered by those making decisions; first impressions carry undue weight as to final decisions; information that is more readily available tends to be more influential; conflicting information is ignored; unreliable data is given equal importance; there is an insensitivity to

the concept of normal and the variability of human characteristics; an over-reliance in psychometric information; and in addition a general misconception or misunderstanding of the concept randomness, an over interpretation of correlations and the habit of mistaking correlations for causation. It would seem that the clinical perspective is subject to the vagaries of values and moral choices on both an individual basis and a larger system basis.

While there are obvious problems within the process in terms of instruments used and interpretations made, which limits the effectiveness of the clinical model it is also limited and somewhat ineffective because it doesn't take into account a wider range of interactional and environmental variables as they impact on school failure and learning disabilities.

Variables such as teacher expertise, motivations and relationships with students, the motivations of specific children within the context of the larger educational setting and/or specific test-assessment situations, the home environment and family dynamics as well as the nature of home-school-student interactions and how these impinge on or contribute to a child's learning would not be forthcoming. Neither would they take into account a wide range of important system characteristics that might include definitions used, both in a formal sense and those that are implicit, the availability and degree of expertise, tests used, availability of programs and their nature as well as

parental pressure.

Ultimately children may therefore be defined labelled and placed in a differential manner. This process may result in placement and treatment that is inappropriate and damaging. As such this goes against the purpose of defining and labelling a child which can only be viewed as 'good' when it addresses the problem in a positive manner.

Perhaps by attempting to define and legitimize learning disability as an objective entity, an individual pathological condition of admittedly varied form, we have failed to understand and examine why we have chosen to define it first of all as a problem and secondly why in this particular way.

Cole (1978) points to a possible answer in his observations which are similar to Wood's (1974) comments about the rationale of 'individual pathology' and 'treatment' within the therapeutic ideology. Wood points out that one can readily argue that through individual treatment, individual need is met and the unique person is respected. Individual change and adaptation avoids more deep social change and consequently preserves the status quo. Cole similarly states that:

By positing biological basis for learning problems, the responsibility for failure is taken from the schools, communities and other institutions and is put squarely on the back, or rather within the head, of the child. Thus, the classification plays its political role, moving the focus away from

the general educational process, away from the need to change institutions, away from the need to rectify social conditions affecting the child... (p.333)

By focusing on individual 'therapy' the deviant is helped to adjust to established patterns of institutional conduct.

Similarly, but also in a more direct fashion, Schrag and Divoky (1975) in their book 'The Myth of the Hyperactive Child' posit that the diagnostic system (medical model-clinical model), tests utilized and interventions suggested serve as ideological instruments of social control.

(They) enhance the mystical powers ascribed to the tester, the therapist and the institution. They tend, among other things to confirm institutional legitimacy by reinforcing the corresponding illusion that there are legitimate, universally accepted norms underlying the practice. The teacher may be capricious, brutal and stupid, but if you test the child with the most difficulties for MBD(LD), or if you test all children, you reinforce the assumption that the teacher, the school and the system are functioning properly...As long as the ideology focuses on diagnosis and treatment it tends to confirm the belief that the system can know and do things which the individual cannot know or do for himself. The individual who fails or cannot adjust requires further treatment. (p.38)

Thus the medical model-clinical perspective as a social process in and of itself has an impact and is influential in the social processes involved in the wider conception and application of an "emergent" deviance designation.

CHAPTER VI

LEARNING DISABILITY: AN EXAMPLE OF DEVIANCE AS A SOCIAL PROCESS

The way a 'new' social problem such as learning disability comes to be viewed - in terms of definition, diagnosis and intervention - is going to be compatible with the dominant ideological perspectives within which many of society's problematic behaviours are already viewed and treated. The way new problems are formally defined is going to be compatible with the requirements of the broad "in use" perspectives. In this sense definitions are shaped by existant social constructs.

Definitions may be therefore, neither 'objective' nor 'scientific' particularly when they are a reflection of a 'clinical perspective' as outlined earlier, that is somewhat problematic in and of itself.

The function of definitions in special and remedial education is to provide a conceptual model for understanding the condition(s) created by the act of defining. In addition, definitions provide the basis from which identification practices evolve... (and hence, in the case of LD, the basis for inclusion or exclusion of individuals from the delivery of services). The meanings of the terms we use to refer to those categories... depend on the people who use the term... (Hence) learning disabilities and other similar categories are simply terms we use to

refer to concepts that we have constructed in order to confirm that individuals in our society differ from each other. They are theoretical attributes we assign to justify our belief that an individual is different. (p.42, Ysseldyke and Algozzine 1982)

What the authors are attempting to point out, is a failure to recognize that as a deviant categorization, learning disability is not some kind of objective and immutable entity which can be objectively "identified" and intervened upon. Rather it is the result of a social process, a process of social definition and reaction out of which deviance situations arise. As Becker (1963) points out "deviance is not a quality of the act the person commits but rather a consequence of the application by others of rules and sanctions to an 'offender'." (p.9) How the audience defines inappropriate and appropriate behaviours within a context of the values and norms of a particular system therefore becomes a central concern in and of itself.

Schur (1980) states that "it is through social definitions, responses and policies that particular behaviours, conditions and individuals acquire their deviantness." (p.9) With this in mind, the realization "that our definitions at best are arbitrary attempts to objectify social, political and moral constructs" (Ysseldyke and Algozzine 1982, p.46) raises questions about attempts in the field of LD to objectify LD as a specific entity possessed by a person, as well as specific identification practices.

The discussion which follows points out that the definition which attempts to characterize LD as individual pathology, and objectively given is in fact very much the result of the needs and values, the social, political and moral constructs, of parents and the educational hierarchy and of a particular way of viewing social problems.

There are basically two types of definitions in special education within which learning disability must be placed: the objective ones which have a more or less objective sensory base (blindness, deafness); and the subjective type which are completely subjectively derived (LD, emotionally disturbed). The learning disability definitions are of the second type. However, there has been much effort in the field of LD to give what is a subjective phenomenon the appearance of having an objective basis. This is evidenced in the various perspectives discussed elsewhere in this paper and in the research efforts designed to discover etiological considerations, general characteristics and symptomatic behaviours. Through the use of the psychometric-statistical model within the clinical perspective, as discussed in the previous chapter, the attempts have been made to objectify and put into a 'scientific' framework both the process of discovery and diagnosis and the entity itself.

A pathological entity found in the individual's biological or psychological realm of functioning is supposedly much easier

to confirm and deal with through the use of objective, scientific technique. Problems can be dealt with by "professionals" who possess the "expertise" to both diagnose and treat it on a one to one basis.

As has already been noted, there is much disagreement as to the etiological base, specific characteristics and symptomology and there is at best a fair degree of ambiguity to be found in the evidence presently available. Much of this ambiguity and confusion has to do with the failure to recognize adequately the degree to which the definitional and diagnostic attributes of this phenomenon are social constructions and influenced by social processes.

Smith (1982) points out that the experts have had difficulties with three issues: "whether learning disabilities represent problems of deficit or development, whether they are single or multiple syndromes - whether learning disabled children are only quantitatively not qualitatively different from normal children." (p.69) The emphasis has been largely on individual pathology. These three issues have also confounded research efforts and subsequent attempts to further clarify definitional issues. Research findings have also been confounded by a lack of control on such variables as intelligence, socio-economic status, class, sex, age, severity of disability etc. Most importantly, the studies have often confounded the disorder with the identifica-

tion of the disorder. (Smith 1982) This, in effect, tends to produce a tautological explanation whereby the disorder is said to exist because diagnostic evidence points to its existence; they explain things by using their existence as evidence. Thus failure to learn is explained by LD. Proof of the existence of LD is evidenced in the failure to learn.

While research has failed to validate the entity "learning disability" as well as many of the test and measures that point to or indicate its existence, this does not necessarily mean that it does not exist. While this indeed may be the case, it may also mean that present research and diagnostic identification techniques are not adequate for finding it.

It may also mean that conceptions of the problem, which in reality form the basis for research, may be misdirected, incomplete or overly narrow. By assuming a rather narrow etiology such as brain damage or dysfunction, perceptual processing dysfunctions, etc., many important variables which impact on and determine the nature of learning may be missed.

To assume that a myriad of social, structural systems and interpersonal variables have no impact on the nature of an individual's learning experiences, not just in a secondary sense, but also in a primary sense, is to ignore or misunderstand the importance of man's social nature. For example, how does a system such as education come to define and process a child

that is 'different', for what reasons and to what ends?

It would seem that the social nature of the act of defining has been ignored, or at least not recognized as an important variable to the extent that perhaps it should and that subsequently, attempts to objectify a largely subjective definition has led to much of the confusion and disagreement.

Within our understanding of social policies that have arisen around LD (particularly in the United States) there are and continue to be semantic differences, differences of understanding common meanings and of contexts. There are differences in value bases, of personal needs, of community needs, political needs and the needs dictated by ideology all of which form the context within which we interpret and understand the phenomenon.

There are obviously very real constraints on understanding due to the social complexity of the phenomenon, its heterogeneous nature and the number of considerations that could or should be made when a course of action is being considered. Amongst all this confusion and disagreement, there are several points as to the criteria of the definition on which there is substantial, general agreement.

The two major criterion which are most often viewed as being of importance when attempting to define LD are the exclusion principle as found in the official United States' definition as quoted earlier, and the concept of a discrepancy between per-

formance and expectancy, which, while not directly stated, is a central assumption to the whole notion of learning disabilities. Both characteristics of the definition also assume that the problem is intrinsic to the individual.

In the first instance, the very act of defining tells us what to exclude as well as what to include. This aspect of defining LD is very much grounded in value considerations and moral issues. Social choices are made as to the relevant characteristics that will define the parameters of the problem.

The primary method of defining LD is by exclusion; by stating what it is not. This is so because it is very difficult to specify what it in fact is, due to the heterogeneous nature of the phenomenon, the failure of certain students to acquire academic skills and their subsequent exclusion from the mainstream.

As the definition indicates, historically various handicaps have also been generally viewed as being mutually exclusive. This has largely been due to the influence of the medical model and the belief that specific 'disease' entities have symptomologies that are particular only to that entity. A further assumption posits that specific 'disease' entities require specific intervention techniques or cures. Thus the attempts to separate LD from other handicapping conditions.

In many definitions of LD, the exclusion principle is

either stated directly or in an implied form. Thus if a child is not poor, blind, mentally retarded or suffering a hearing or motor handicap, is of average or above in intelligence and is experiencing a learning difficulty, he may be considered learning disabled.

While the possibility is admitted to (a recent phenomenon) that the mentally retarded, behaviourally disordered and other handicapped persons may have a learning disability, the point must be made clear that a learning disability can never be said to be caused by other handicapping conditions. (McLoughlin and Nelick 1983) It remains inherent in the individual. The assumption built into the exclusion clauses that either

"below average intelligence, cultural deprivation or other handicapping conditions are labels or categories which take precedence over 'learning disabilities' and works to exclude the former groups from the latter and suggests that one can only have one of these problems. In the extreme, this type of definition would inevitably produce learning disability classes composed only of children of average intelligence from middle class families who are not doing well in school." (p.134, McIntyre et.al 1980)

As the above quote alludes to, the definition potentially serves to limit attention to the middle and upper middle class. (Cole 1978) One may therefore assume a political function - (or at least suspect it) in the exclusion clause.

Smith and Polloway (1979) point out that children from

the lower socio-economic classes have an increased chance of being identified as retarded while children from higher socio-economic classes are more likely to be labelled as learning disabled. Kealy and McLeod (1976) also noted this tendency in the diagnostic statistics and considered it the reflection of a class bias which is built into the definition and reflects a process of social construction.

Frame et.al. (1984) in a study which examined diagnostic and prescriptive bias in school psychologists' reports of learning disabled children noted that upper SES (socio-economic status) children were labelled as learning disabled more frequently than were the low SES children. In the study the simulated low SES black children tended to be classified as not eligible for special education much more often than either the white or upper class black children.

Some believe that the exclusion principle in fact acts as an inclusion device, an attempt to include by way of remedial and compensatory programming, children from the middle and upper middle class backgrounds who have experienced a lack of academic success in the 'normal' educational sense. (McIntyre et.al. 1980) By creating another category and having children labelled as such, access is obtained to resources and programming which normally would not be available. Yet they remain separate from

inferior types.

Foster et.al. (1976) also points out that the label learning disability may be more preferable than other disabilities or deviant designations, "presumably because it is a less stigmatizing label, stressing normal or above normal intelligence." (p.59) Bartel and Guskin (1980) state that studies report most parents of children diagnosed as mildly retarded, rated their children as normal or above in intelligence. Given that the line between mild mental retardation and learning disability is rather fuzzy and given that the latter is perhaps less stigmatizing and a more hopeful and positive designation, it is little wonder that it is preferable. Lerner (1971) observed that parents whose children were experiencing problems with learning welcomed the LD designation and were largely responsible for its impetus, growth and acceptance. This is perhaps, also reflected in what has been called the epidemic of learning disabilities among middle class children. (Ross 1977, p.43)

Ross (1976) speculates that it may be because the middle and upper middle class have higher aspirations for their children, have more resources with which to seek outside help and alternative diagnosis and with which to bring pressure to bear in a political and moral sense.

It is obvious that the above considerations point to the social process involved in the formation of the definition and how they reflect the social, political and moral constructs and

inherent values of those doing the defining.

The terms used to describe what learning disability is - i.e. psychological processes, perceptual functioning, MBD, dyslexia, aphasia, etc. - are also problematic. Larsen et.al. (1976) points to a certain ambiguity when he states that "these frequently used terms have a tendency to be all encompassing. It would be possible to say that all children with a learning difficulty have processing and/or perceptual deficiencies. To do so, however, negates the meaning of the terms and limits their use in a definition." (p.84)

Further to this, Coles (1978) suggests that specific terms such as dyslexia, MBD, etc., are no more precisely defined than the term learning disability. This vagueness of definition and terminology poses problems for diagnosis and intervention in terms of the dangers of wide variability of interpretation and subsequent action taken. Adelman and Taylor (1977) see problems inherent in this lack of clarity also. "It is very easy, especially with youngsters who are labelled as problems, to interpret all negative and deficient facets of behaviour as a reflection of some disorder within the person." (p.455) This is certainly reflected in the second criteria also.

The second criteria generally viewed as being within the broad definitional context, has to do with what is called the discrepancy concept. There are generally two assertions impli-

cit in this concept.

One asserts that the individual is of average or above average intelligence. Cruickshank (1980) points out that this is both a fallacious and illogical assumption in that anyone regardless of intelligence could conceivably suffer from a learning disability, at least in the way it is generally perceived. One does not logically preclude the other. Rather it seems to be a reflection of a desire and an attempt to put distance between and/or disassociate certain children from more socially stigmatizing handicapping conditions as discussed above.

The second assertion which seems to be widely held, has to do with the belief that if there is a significant discrepancy between the level at which a child is functioning (achievement) and his potential for achievement (I.Q.) then this discrepancy may signify a learning disability. (Kirk and Gallagher 1972; McIntosh and Dunn 1973; Bateman 1964)

If this concept is not directly stated in a definition, - that there is a discrepancy between performance and expectancy - then it is implied, for without this underlying assumption the whole working notion of 'learning disability' would collapse. (McLeod 1983)

Howard and Orlansky (1980) point to the central importance of this concept. They state that:

In reviewing any list of characteristics you must remember that the single, common characteristic of children with learning disabilities is a specific and significant achievement deficiency in the presence of adequate overall intelligence. (p.83)

Ross (1977) points to the very serious problems inherent in attempting to define operationalize and measure the conceptually abstract terms, significant, potential and achievement within the concept of learning.

A child's potential is largely defined by performance on intelligence tests of various kinds and performance is supposedly assessed by scores from achievement and diagnostic tests. There are, however, problems within this seemingly straight forward procedure. Ross (1977) points to the dangers inherent in the use of such tests in attempting to measure learning.

What a child has learned may not be reflected on the achievement tests. Such failure to substantiate learning that has occurred would result in a spurious discrepancy between intelligence test scores and the achievement test scores.
(p.42)

The same may be said of intelligence test scores which are used to measure potential. A child's 'intelligence' may not be reflected in I.Q. test scores. Gould (1981) and Vroom (1980) amongst others, view with scepticism first the logic behind the concepts involved in the construction of intelligence tests and secondly their widespread use as indicators of potential ability or 'intelligence'.

The relationship between I.Q. test scores and learning capacity is not well established. Lerner (1976) states that many authorities now severely attack the concept I.Q. and mental age as accurate indicies of intelligence. It is also well known that individual I.Q. scores can change quite substantially over time.

Larsen et.al. (1976), MacIntyre et.al. (1980), Cole (1978), Hammill and Larsen (1974), Larsen and Hammill (1975), Lumsden (1978), Shepard (1979) and Ysseldyke (1979), all point out the problems of reliability and validity inherent in the measurement devices most often used in the definitional-diagnostic process.

Smith (1982) points to examples which illustrate this criticism:

"in recent review, psychometricians have condemned tests used to recognize learning disabilities. Some tests were condemned because of low reliability. The Detroit Test of Learning Apptitude have subtest reliabilities so low that the flip of a coin might be as good a way to determine if a child has auditory problems. Some were condemned on the basis of poor validity, e.g., that patterns of subtests on the Fostig Developmental Test of Visual Perception failed to correlate with reading performance." (p.91)

Lumsden for example, (1978) states that, "the Illinois Test of Psycholinguistic Abilities should never have been published; at least in its present form...It is as if the A.P.A. (American Psychological Association) standards had never been written." (Smith 1982, p.91)

Given the widely recognized problems with the tests and diagnostic instruments that might be used in establishing either potential or achievement, one must question the professional's ability to establish a discrepancy between performance and expectancy. Particularly as Sadler (1981) points to the problems inherent in the clinical model (as discussed previously). Many of the points he discusses as being problematic, relate to problems inherent in the tests themselves or in the interpretation of test results and what the results actually mean.

While modern diagnostic and clinical techniques generally advocate the examination of a wide range of variables in the process of diagnosis, etc. - variables such as home life, peer functioning, health, classroom environment, - in addition to those tapped by psychometric testing, Smith (1982) and McIntyre, et.al. (1980) both point to the almost singular reliance on test results in the decision making process as to whether one is learning disabled or not.

Using the discrepancy between ability and achievement as a sign of learning disabilities also fails to consider alternative causes. The procedures can also be manipulated, for example, by the choice of tests or by the competence of the tester. The discrepancy might also be attributable to chance alone.

A child's performance on tests, whether they be for the purpose of measuring achievement or potential, may also be quite variable depending on a number of factors external to the test

themselves. Discrepancies could result from such things as frequent absences from school, frequent school changes, from poor teaching or lack of effort on the student's part. The atmosphere of the testing situation and the nature of the child-tester interactions, the child's motivations in terms of perceived consequences or rewards and a variety of other factors, are all variables which may positively or negatively effect test results. (Bryan and Bryan 1975) Some of these variables singularly or in combination may also be the cause of the underlying disturbance.

Closely related to the notion of discrepancy is the concept of intraindividual differences as first advanced by Kirk et.al. (1968). Within this view "academic performance is said to be the product of general ability plus a number of discrete abilities such as memory, language, reasoning and perceptual processing." (Smith 1982, p.88) Further "in this model it is assumed that in normal children all these discrete abilities will develop at the same rate. But a child whose discrete abilities are not approximately equal is suspected of having learning disabilities.

Learning disabilities are determined or at least recognized by the scatter effect on test profiles (e.g., IPTA) in that the child may score high in some skill areas but low in others. This approach is also subject to the same criticisms as mentioned

above - i.e., poor test construction, problems with reliability and validity, etc. and with the interpretation of test results. While one should be able to differentiate between the LD population and the normal population, it is generally conceded that this is seldom the case. (Mercer 1979)

Thus those ultimately labelled LD may constitute a group of children that is quite heterogeneous in nature, designated as learning disabled by a definition that is ambiguous and by a diagnostic process that is subject to the impact of a range of confounding variables. The results may oft times be the result of anything but an objective, scientific paradigm as is frequently assumed by those espousing an individual pathology approach.

The surveys and research of Kirk and Elkins (1975), Torgesen and Dice (1980) and Mann (1983), "confirm the professionally embarrassing Humpty Dumpty nature of learning disability definitions in practice". (p.23, McLeod 1983) That political, economic and social considerations play an important part in how the problem is defined, diagnosed and dealt with is quite evident. Smith (1982) in speaking of the ambiguities and vagaries involved sums it up this way:

The technical problems of measurement and controversies in the diagnosis of learning disabilities are acute. When it confronts the test scores and symptoms of a referred child and tries to match these with the definitions of learning disabilities, the

school staffing committee is faced with the equivalent of a Rorschach ink blot. All the social, legal and economic needs of the committee are projected onto this ambiguous stimulus. The resulting decisions are sometimes irrelevant to the needs of the child. Each model of recognizing learning disabilities is plagued with errors and controversy. Yet clinicians devote more and more time and energy to diagnosis, looking for explanations that prove to be illusive and hiding scientism behind a mask of medicine and science. (p.94)

CHAPTER VII

LEARNING DISABILITIES IN CONTEXT

There are obviously many issues relating to the various concepts and perspectives as to what constitutes a learning disability and how best to deal with the failure to learn, particularly in the educational sphere. Many of these issues have been discussed in the previous pages and chapters.

How learning disability has come to be defined as a social problem, how it has been defined as a specific handicapping entity, diagnosed and intervened upon, remains problematic and subject to a certain amount of ambiguity, some disagreement and confusion.

It must also be understood that the perspectives and paradigms used are a reflection of policy developments and implementation as well as research and theory anchored in the context of an emergent history. As such they have been shaped by the social, political, philosophical and ideological pressures and stances apparent in the larger society and those reflected in the educational system generally. The perspectives and paradigms used and the knowledge and expertise available are also influential in the shaping of stances taken.

The policies that have been developed in the separate

jurisdictions of Manitoba and Ontario reflect developments in the field of learning disabilities generally. They also reflect the beliefs, knowledge ideologies and values that are current and/or prevalent in the society as a whole.

Since the end of the Second World War, we have seen the advent and continuing development of the welfare state. During this time there has been considerable economic expansion, population growth, massive and rapid developments in science and technology and an unprecedented involvement of the state in the provision of services to its citizens. Expansion of educational services is but one example.

The welfare state has traditionally been viewed as having as its goals the satisfaction of human needs and the improvement of human welfare. Public involvement and responsibility is both expected and deemed necessary in such areas as health, education and social security; (Gough 1979) the state must intervene on behalf of its citizens to "smooth out" the vagaries of the economic and social order.

Equality has long been a central concept in the motivations of the welfare state. It has become a basic tenet of the dominant ideology and has come to be interpreted as equality of opportunity. In this sense equality of opportunity generally means the opportunity to compete for education, commodities, jobs and income, etc. (Moscovitch 1981)

At the root of this notion is the belief that all people should be provided with opportunity equal to their abilities and irrespective of origins, locality, sex, race, etc. The function of the welfare state is therefore to provide services, programs and financial assistance that intercede to make life chances 'more' equal. Inequalities are opposed because they are seen as an affront to the basic principles of justice and humanity, and/or because pronounced inequalities may lead to crime, apathy and other social disorders which threaten the status quo.

Central to the rise of the welfare state and the concept of equality of opportunity has been the development and acceptance of a therapeutic ideology. (Woods 1974) It is assumed that the larger social problems as well as those of an individual nature, when examined and understood in the light of "science" and "reason" can be effectively intervened upon, treated and cured. This ideology provides the underlying theme which ties together the notions of equality and the intercession by the state to solve problems of inequality, with a concept of equality of opportunity as a notion for achieving more equality of conditions.

It is not surprising then to find that equality of educational opportunity and the therapeutic ideology have long been motivating principles in the provision of educational services. Fleming (1974) believes that it is responsible for, or has pro-

vided the justification for much of the development in modern education, particularly the developments in special education.

Following World War II, there began a rapid expansion in the educational services provided to the general public. The Organization for Economic Co-operation and Development's Report (1976) states that:

"until the late 1940's, Canada could be counted as one of the less developed educationally of the great democracies. Today it is numbered clearly amongst the educational leaders, certainly as far as quantitative development is concerned." (p.9)

This growth was certainly in response to an expanding population of school-age children, increased demand due to the public's belief in education as both an equalizer and as a means of social mobility, and the realization by government, as alluded to in the Marsh Report (1943), that education could be utilized to increase individual opportunity and individual economic advantage, thus ensuring a measure of social stability. In a collective sense it was believed that an increase in the equality of educational opportunity would translate into an increase in the life chances for all. (Pike 1980)

The idea that education could be used as a weapon to decrease social inequality (while certainly not new) came to be reflected in the theory of human capital. Simply stated it means that the more highly educated the people, the more productive your economy is going to be. As Pike (1980) points out

"further economic growth depended mainly on technical innovation, and in turn technical innovation was seen as a product of highly skilled and qualified brain power." (p.126) The message for society was, invest in education; for the individual it was invest in yourself through education. Education became, and remains in the view of many, not just a matter of economic survival, but also both a sign of success and an important avenue for achieving upward mobility.

Its impact (human capital theory) was greatly felt because as Pike (1980) points out, "it welded very neatly with the moral tenets of the liberal notion of equality of opportunity" and also fit with the liberal ideology of one's rise and/or position in the educational, social, economic and political spheres as being due to merit. In addition the more educated and skilled the population, the less marginal and burdensome they would be to the public purse. Education would bring a certain immunity from the vagaries of the system. In this light, increased expenditures for educational programs were and are not only seen as contributing to the productivity of society, but also are viewed "as necessary to secure social stability. The funds serve to reduce deviancy and protect economic and social stability." (Armitage 1975, p.6)

Thus the provision of equal educational opportunity was absolutely essential to the human capital theory. It was also

viewed as a means of equalizing disadvantage due to a number of variables such as class, environments, and circumstance, and hence, of equalizing a much broader range of social opportunity. (Fleming 1974) The provisions for equality of educational opportunity by making educational facilities and services accessible to everyone has been viewed as the first of three phases in educational development in Canada by the Organization for Economic Co-operation and Development's Report (1976).

The first phase has been referred to by Pike (1980) as the 'passive' liberal version of educational reform. By providing everyone with a chance to attend school - particularly in terms of the provision of more facilities and therefore access - it was felt that the equality of opportunity issue was being addressed. However, the hope that equal access to education would reduce failure and drop outs, as well as inequalities and injustices in the larger social system, were not realized.

The provision of the same opportunity to all in terms of access failed to recognize that the system was not addressing issues of varying individual potentials and needs, differences in culture, economic and social backgrounds, the existence of handicap and the existing discriminatory patterns in society generally.

Obviously many did not succeed in traditional programs and wider access to similar programs did not in itself guarantee

equality of educational opportunity. In this sense the schools failed to educate significant numbers of students and at the same time a significant number of students failed to profit sufficiently from the programs offered.

The second phase was an attempt to address this two edged problem and saw the advent of remedial and compensatory measures. Through these measures the complex issues of failure and continued inequalities were to be addressed. It came to be understood that equality of educational opportunity was not as straight forward as it appeared; that everyone was not equal prior to school entry was recognized as was inequality of outcome.

The introduction of compensatory and remedial programming under the general rubric of 'special education' as a device to further ensure equality of opportunity - i.e., special programs and classes for those failing and/or experiencing learning problems, for the handicapped, practice oriented courses and pre-school education - failed to live up to expectations, nor did they eliminate or reduce the "many-sided forms of disadvantage." (OECD 1976)

This led to a move, or at least an attempt (still in progress) in phase three "to overcome the important external causes of school failure by providing within the school an array of specific social, health and welfare measures." (OECD 1976, p.39) At the same time there was the growing awareness that the

right to equality of educational opportunity should not be restricted to childhood and youth but should be lifelong. An important precondition of this type of education system is that it no longer possesses those institutional characteristics that are closed and/or dead end. It also, by implication avoids writing people off as failures. (OECD 1976)

Pike refers to this as the active stance (as seen in the last two phases) of the liberal version of equality of educational opportunity that is quite in keeping with the ideology of the welfare state. Thus the active stance pursued through direct intervention and special programs, a policy of helping individuals to become more equal. Whether the problem was viewed as internal to the child or external in the sense of structural inequality was unimportant. Attempts to address these issues remain somewhat problematic. As a means of addressing the larger issues of general social inequality there is evidence to suggest that more "equality of educational opportunity" has not reduced the many sided forms of disadvantage and inequality existant in society. (Hunter 1981)

During this period we have witnessed the rise of access to education generally followed by the implementation of special services of a remedial and/or compensatory nature for the disadvantaged, the handicapped and other children with problems. For example, the concept of learning disability and its designa-

tion as a specific handicapping condition, is a result of specific efforts to deal with the substantial numbers of children failing in the educational system. By providing extra 'special' services to help them overcome a disadvantaged position vis-a-vis normal children, it is believed that their educational opportunity is advanced, they are made more equal and thus are better equipped to compete in the educational system and in mainstream society.

However, there are problems obviously with attempts to define and implement programs etc., that are based on such contentious concepts as equality, equality of opportunity and of outcome. (Fleming 1976)

For example, one meaning of equality may find expression in efforts directed at a reduction of factors that provide for the construction of differential categories or types of disability or dysfunction. Others may view the construction of categories and types as necessary for the allocation of resources and the effective provision of special services needed to address a particular problem.

There is also the question of who gets what, and how much. Can one deliberately create inequality in attempts to address issues of inequality? For example, it was recognized that to address the issues surrounding equality of educational opportunity by providing equal access was not enough but that additional resources would have to be made available to some members

of society on an unequal basis in order to make them more able to compete on an equal footing.

Other meanings may be found in efforts to have society and its institutions (education) enabling or assisting individuals to attain their limits of potential. However, concepts and meanings of human potential, need, and opportunity are both multiple and non-specific based on values in the context of a perspective tied to time and place. There is also the problem of selectivity - what problems are to be addressed, what talents are to be developed, to what extent and where - and how they impact on any conception of equality of opportunity. Implied in the above are neither conceptions of right or wrong but rather of choices. Obviously all these considerations overlap and all cannot be answered or even addressed given the limited capacities within a particular social context. (Fleming 1976)

Limited capacities extend to knowledge and expertise, resource allocation, time, values and objectives as well as the functional nature of the education system. As a result, inequality-equality, and issues that arise around equality of educational opportunity, pose problems involving the concepts of 'more' or 'less' or as Rein (1976) points out:

"inequality has always existed in some form, to some degree in every society and the question is not does it exist, but rather what conditions and/or interventions, etc., bring about more or less."
(p117)

Policy considerations and implementations therefore, may be predicted on any number of beliefs, perspectives and nuances of meaning involving the above concepts. The concepts of equality and equality of educational opportunity adopted or used would be influenced by and would influence in turn, the interpretation of available knowledge and expertise and how this can be translated into interventions and perceptual paradigms.

The dominant conceptual framework which has been utilized in efforts by the education system to implement more equality of educational opportunity, has been one which assumes the individual intrinsic nature of problems and the belief in the necessity of individual remediation, training or other compensatory efforts to help the individual to adjust.

Problems with this approach (in relation to LD), with defining and classifying perceived problem types and with providing effective diagnostic and intervention services also exist as has been pointed out in the preceding chapters. Many of the concepts and definitions involved in dealing with the exceptionality LD, are of a rather imprecise nature, subject to the vagaries of clinical interpretation, values and political considerations.

Inherent in the concepts of compensatory programs and remediation and the belief that the locus of the problem is within the child, is the intent to fix him and make him better able to compete. This approach is attempted with a wide range

of problem types of which LD is but one. It is also utilized with problems that are generally viewed as social in origin - i.e., deprivation and poverty which cause deficiency and/or deficits - by what Ryan (1976) outlines as a process of "blaming the victim".

Central to the rectification of disability and dysfunction as being within the child, is the belief in being able to create more equality of educational opportunity through compensatory and remedial programs within the context of the therapeutic ideology and the rise of a rationale of treatment. There are problems, however, with conceptualizing the problem in this manner as Wood (1974) observes:

With the individualized treatment one can readily argue that the unique person is respected; his particular needs discovered; empathy at least, if not sympathetic understanding becomes the basis for dealing with people who have problems. Furthermore, by comparison with strategies for changing social conditions, controlling deviants by changing them (therapy) avoids more serious threats to vested interests. One does not have to reform least of all radically change the system...Rather therapy helps the deviant to adjust to institutional patterns of conduct. (p.146)

Given that this perspective remains very influential, attempts at addressing a social problem like learning disability through social policy formulations are very likely to be directed at minimizing, eliminating and/or normalizing behaviours thought to be problematic. By adapting individuals or 'classes' of indi-

viduals to the larger system in this manner, chances of adequate functioning are enhanced. However as Woods points out other problems or causes may be ignored. The failure of the dominant definition-diagnostic intervention paradigm to produce efficacious results with LD children as is evidenced in the literature, may be the result of a failure to examine the problem in a broad enough context. Important variables in the environment, in situations and in transactions which take place and which impact directly on learning, may not be given enough significance or may not be considered relevant at all.

It has been advanced, therefore, that the problems which children experience in terms of learning disabilities may be interpreted and understood in the context of a much wider range of variables. They may be viewed as the result of interactions and transactions between individuals and their idiosyncratic nature and situational, environmental and structural variables.

Thus the interactional approach attempts a broad perspective and understanding which views deviance and social problems generally and LD particularly, as phenomena which are largely created within a social context. Learning disability for example, rather than being necessarily intrinsic to the individual, is created within the context of a society, the nature of the relationships therein and how and what we decide to designate as deviant, dysfunctional and/or abnormal. It is a process

that is tied to time, place and our norms and values.

The social audience 'creates' and impacts on the problem because it decides which behaviours or situations are problematic and/or threatening in the context of boundaries, power relationships, and institutional arrangements and needs. It is an emergent process involving moral stratification which often intersects with other dimensions of the stratification order such as economic class, race, age, sex, etc. (Schur 1980)

Each of the views as mentioned above are not mutually exclusive but rather may be viewed as on a continuum. At one end would be found a single factor explanation and a uni-dimensional conception of the problem of LD involving an individual pathology viewpoint (biophysiological, psychological). As one moves along the continuum perceptions of the problem of LD become more complex, the heterogeneity of the phenomenon is recognized, cause is viewed as multifactoral and the conception of the problem stresses the interactional nature of the relationship between individuals and their total environment. Involved in each are different ways of perceiving and defining the problem. This, in turn, has implications for how the problem is diagnosed and how interventions should be carried out.

It must also be kept in mind that what the espousal of equality of educational opportunity has fostered is a strong belief in the ability of education to address issues of inequality not just in the educational sphere but also in the

larger society through the reform and/or expansion of educational practice. How the problem is perceived is going to determine where one looks for cause/explanation as well as what educational practices can best be utilized to deal with the problem in the context of increasing the equality of educational opportunity - i.e., does one choose a categorical system as a way of providing service to reduce inequality or does one utilize a non-categorical system because it is perceived to be a better vehicle for reducing inequality. As such the concepts of equality-inequality and equality of educational opportunity are rather imprecise and open to a range of interpretations and nuance of meaning. As such there is the potential for conflict and ambiguity when attempts are made to translate perceptions into practices.

Attempts, therefore, to address the problem of "failure to learn" through social policy formulations may be many and varied. (This is perhaps attested to by the 'Humpty-Dumpty' nature of learning disability practices observed in jurisdictions across the United States.)

The above discussion speaks to the intricacies, the paradoxes and the ambiguities which are inherent within human interactions in a social, institutional context and in the constructs devised to give order, meaning and continuity to our existence. These factors obviously impact on policy considerations and choices made.

It is one thing to give descriptions of social problems, to assume that they are accurate and plan for change on a macro and/or micro level. It is quite another however to understand all the variables involved in the creation of the problem and to analyze and prepare strategies and interventions that will effect meaningful change, meaningful in the sense that it is what the child needs and not just a "symbolic rather than substantive change." (Hasenfeld 1980, p.511)

The examination of the specific policy initiatives that have taken place in Manitoba and Ontario and which are to be discussed in the following pages, attempts an understanding and consideration of the problematic nature of learning disability and its conceptual, theoretical and practical contexts.

Section II

(A) disabling characteristic of professional definitions of need is the professional practice of placing the perceived deficiency in the client. While most modernized professionals will agree that individual problems develop in a socio-economic-political context, their common remedial practice isolates the individual from the context. The effect of this individualization leads the professional to distort even his own contextual understanding. Because his remedial tools and techniques are usually limited to individualized interaction, the interpretation of the need necessarily becomes individualized. The tool defines the problem rather than the problem defining the tool. (pp.78-79, John McKnight in Ivan Illich et al, The Disabling Professions, 1977)

CHAPTER VIII

LEARNING DISABILITIES AND SOCIAL POLICY

Introduction

Prior to the 1970's special segregated classrooms and/or facilities were developed to accommodate children who for a variety of reasons - be it failure in the regular classroom, behaviour and emotional problems or because of physical or mental handicaps - were excluded from the mainstream of regular education.

Exclusion was also the fate suffered by some where alternatives were severely limited or non-existent. Often the only alternative was nothing, with the result that children were effectively excluded from public education. Too often what was made available was determined by the perceived nature of the problem or handicap rather than the abilities of the child or his specific educational needs. Labels as to the type of handicap were often assumed to be synonymous with individual need. Programs, or the possibility of alternatives were limited by the dominant perspectives as to the function of the schools and the nature of abnormality and how it should be dealt with.

The function of the school system was to prepare the young to live in and contribute to society through a socialization process that involved: 1) basic skill acquisition; 2) social

development in the moral, political, ethical and interpersonal sense; and 3) the channeling of individuals toward future economic roles. The needs of the system became very much personified in the differential treatment of students through a process of allocating and sorting based on their ability to function in the above spheres. (King 1975)

Generally this was done within a system that was compulsory and hierarchically organized on the basis of age and grade and that emphasized uniformity. That some students would not be able to cope, or effectively compete, posed problems for the system not to mention the students. Those who differed greatly from the mold of uniformity were often harmed by the limiting or denying of the benefits of schooling. For the school system it became a matter of how to deal with the range of problems presented by individual variation and disability.

Over the years various models and methods of intervention have been attempted. Ysseldyke and Algozzine (1982) list the traditional methods that schools have used in dealing with abnormality and the perceived inability of specific groups of students to benefit from mainstream education. These include inaction, exclusion, ability grouping and special education. The growth in special education was largely the result of the failure of the first three to resolve the issues. Exclusiveness and separateness became the dominant themes as services in special

education developed. The progressive trends in education were predominantly in the direction of establishing special classes and services which, while they often functioned as part of the educational system, remained largely segregated outside of the mainstream environment.

The predominant perspectives as to the nature of abnormality and how it should be dealt with developed within the medical model and a belief in a world of discrete problem types and categories. The practices which evolved were based on assumptions that a child's specific problem could be identified and explained on the basis of symptoms manifested, with specific symptom clusters indicating the type of disability. The diagnosis usually involved inferences about the cause(s) of observed behaviours and predictions about the course of the problem or disease (prognosis). There was assumed a discernable relationship between cause, symptoms and prognosis and that this relationship was predictable and established. From this it was postulated that specific problem types require special interventions, strategies and techniques in order that a cure could be affected.

It seemed logical that students with similar problems such as visual impairment, deafness or mental retardation could be treated most effectively if grouped together. On the basis of such assumptions separate classes were established. Thus utilizing 'normative' strategies on specific problem types as exper-

enced by groupings of these children was perceived to be both necessary and efficacious from an administrative, communication and research point of view. (Grossman 1973)

This, coupled with an increasing awareness and belief in the need to make some students more equal through the provision of special programs, led to the separateness and exclusion of special education from the mainstream. It also led to the exclusion of specific problem types from each other. Ford et.al. (1982) sums up the process in this way:

There have been equivalent accommodations within the system to cater for the needs of particular special groups. These special groups have been children who for one reason or another were thought either incapable of benefitting from the mainstream of educational provision or actually likely to impair its effectiveness for other pupils by being a drain on material resources and teacher time. (p.34)

In light of the above discussion the normative belief generally held, was that ordinary schools or classes could not educate the handicapped child. "Special educators" and those agencies and individuals concerned with the various disabling conditions - for almost half a century - called for the establishment of special classes and special schools. The common orthodoxy perceived problem types as specific and discrete entities centred in the child.

Approaching the 1970's special education philosophies as they had been practiced for many years began to come under

critical scrutiny from within and outside of education.

The efficacy of special classes, of exclusion and separateness and of labelling as a way of dealing with special needs children was increasingly being questioned. The notions of 'special needs' and 'equality of educational opportunity came to take on a new meaning - a meaning shaped by concepts such as mainstreaming, the least restrictive environment, appropriate educational programs and individual need.

However, change is a process grounded in time. The philosophies, perspectives and practices which had been in use for many years continued and still continue to interact with and shape the new perspectives. They also continue to exert their influences on the educational scene in the way in which abnormality and exceptionality are dealt with.

Our examination of social policy in Manitoba and Ontario as it relates to learning disabilities begins during this period of change.

CHAPTER IX

MANITOBA: LEARNING DISABILITIES AND SOCIAL POLICY

In Manitoba, as in most other North American jurisdictions there developed and evolved a system of special education which involved special and separate schools - i.e. deaf, blind - and the involvement of private agencies outside of the educational system proper - as well as special classes and programs within schools which variously attempted to address the needs of exceptional children.

In Manitoba prior to the 1970's regulations under the Public Schools Act allowed for special grants to school divisions for the purpose of setting up special classes and programs for the mentally retarded, the physically handicapped, the emotionally disturbed, the visual and hearing impaired and for slow learners. Learning disability was not recognized as a specific categorical entity.

These special class categories were based on a traditional medical model approach and classification system. To receive services, individuals had to be certified and designated as eligible for special class placement by qualified clinical personnel as authorized by the Department of Health and Public Welfare. Financial support was granted to school divisions on the basis of the certified children being placed full time in special class environments with minimum and maximum enrolment numbers (10-15).

Teachers' salaries, maintenance, administration and supply grants were paid by the provincial government to school divisions who set up such programs. (Manitoba Regulations 74/58) Ballance and Kendall (1969) report that this grant system had the effect of "making the operational grants for special education approximately twice as large as regular grants when considered on a per capita basis." (p.4)

These services were not mandatory in any sense except in the case of the mentally retarded and only then after 1967. Under legislation of July 1967, the responsibility for the education of all mentally retarded children was assumed by the public school authorities. (Statutes of Manitoba 1966, C50, S.13e)

School divisions were not required by legislation to provide special classes. While they may have been encouraged it remained a discretionary, voluntary choice to be decided by each school division. Thus there was no guarantee that all who needed special services would receive it. The extent to which special classes were developed would have depended on the willingness and resource capabilities of specific boards as well as on perceived needs. Obviously the ability to set up special classes was not as easily done by the smaller or more isolated boards with relatively fewer needy students and/or specialized resources and expertise.

While mandatory attendance under the Attendance Act was

required, children could be exempted because of "sickness or other unavoidable cause" (i.e. this left open the possibility of exclusion because of lack of progress, behaviour problems, no suitable program, etc.) (Revised Statutes of Manitoba 1954, C234) There was no guarantee of service let alone appropriate service that addressed individual need either in legislation or regulation.

Those who might now be perceived as learning disabled, as well as being found in the regular class system and experiencing problems, may also have been variously included in special classes for the mentally retarded, the emotionally disturbed or slow learners. (This was in fact the position taken by MACLD in their lobbying efforts of the late sixties.)

While the mandatory legislation of 1967 for the education of the mentally retarded was firmly anchored in a belief and commitment to a categorical-special class approach to special education, the introduction of the resource teacher program in 1970 signaled a change in direction for special education in Manitoba and the beginning of a change process that is not yet complete.

Regulations under the Public Schools Act set up categories of personnel having relevance to special education, - i.e. co-ordinator of special services, counsellor resource teachers, special class teachers and school psychologists. The numbers

of each type allowed were based on average student enrolments. Boards could use the grants to address their own individual priorities in terms of special needs.

In effect this meant that the categorical system of funding was replaced by a block grant system for special education programs. This allowed more flexibility for school divisions as funding was no longer based on minimum or maximum numbers of students necessary to form special classes. Two or more school divisions could also get together to provide special services by sharing their resources and personnel. (Manitoba Regulations 143/70) This was in fact the culmination of a process that had begun a few years previous whereby the Department of Education had been urging school divisions to keep more special education students in their age level classes with the assistance of the resource teacher rather than having them registered in special classes. Increased demand on the resource teachers, thus experienced by divisions, prompted calls by the Manitoba Association of School Trustees (MAST) at their annual general meeting of 1969 for a non-categorical system of funding to meet the increased need.

While some special classes would be maintained as per the old categorical system, the resource teacher program was an attempt to maintain children in the regular class environment who were experiencing learning problems. It was the beginning of a

strong reaction against the conventional wisdom that lay behind the categorical-special class system. In this sense it was an attempt to reduce the use of special segregated classes as a way of dealing with differentness and generally to increase the options open to the system - to make its services more comprehensive, - to keep children in the mainstream. It was the beginning of a shift in emphasis from a focus on the 'handicap' to a focus on the child.

It was also an attempt to deal with a "new" group of students coming to be viewed as problematic - those students who were 'learning disabled'. The Learning Disabilities Act of 1969 had just been passed by the United States Congress. Prior to and following its enactment there had been increased interest and activity demonstrated by the professional and consumer communities. The phenomenon of Learning Disabilities was increasingly coming to the public's attention as an explanation for much school failure - particularly for those students who exhibited a discrepancy between potential and achievement.

During this period the Manitoba Association for Children with Learning Disabilities (MACLD) also actively lobbied for similar changes in Manitoba and for the recognition of Learning Disabilities as a specific handicapping condition. They also pointed out the need for appropriate educational programming guaranteed through mandatory legislation. They believed that

many Learning Disabled children were going unrecognized and consequently were receiving inadequate or unappropriate help, whether it be in the regular classroom or in a special class placement. They felt that all too often Learning Disabled children were inappropriately placed with other types of handicapped children whose problems were quite different and who had different needs.

The position was advanced that many of these learning disabled children could be maintained in the regular classroom with appropriate help and expertise. It was generally acknowledged that these lobbying efforts were instrumental in bringing the resource teacher program into being. (This was confirmed by the writer in conversations with various officials of MAST, MTS and the Department of Education.) The use of resource teachers as a means of keeping children in the regular classroom was also a trend which was developing across North America.

The following quote outlines how the resource teacher program was envisaged and who it was designed to serve.

The prime purpose of a resource teacher program is to enable children with learning disabilities to receive assistance in terms of revising teaching methodologies and classroom arrangements so that they may progress adequately, personally, socially and educationally without being removed from the mainstream of the educational system. (Special Education Newsletter, Manitoba Department of Education 1976)

Similarly, Cenerini (1980) points out that the resource teacher

role was visualized as one of diagnosis and program planning for children experiencing a "specific learning disability", the purpose being to better enable classroom teachers to adequately and appropriately accommodate the learning disabled in the regular classroom.

These roles were based on the belief that the resource teacher should possess specific competencies - mainly in the area of educational diagnosis and prescription. Underlying this belief were a number of assumptions.

A central assumption was "that children with specific learning disabilities could be neatly categorized" (p.70 Cenerini, 1980). It would seem that there was a general acceptance of a conception and definition of Learning Disabilities as exemplified by the United States legislation of 1969 and the definition advanced therein. A similar definition was advanced by MACLD.

As a result learning disabilities were viewed collectively as a specific classificatory and definitional entity which could be readily diagnosed. It was also assumed that specific prescriptions could be made which were capable of remediating or curing the problem. It was held that a diagnostic prescriptive remedial model should be utilized to address need.

Generally speaking these above mentioned assumptions were based on the belief that there had been established a strong, positive and predictable relationship between definition-

diagnosis and intervention prognosis insofar as the category of learning disability was concerned. It was further assumed that the skill, knowledge and technology was available to ensure that Learning Disabilities' children could be dealt with effectively.

However, by the late 60's and early 70's, as Manitoba was in the process of introducing the resource teacher program, and the United States Government was entering the field through its 1969 legislation, it became apparent that the earlier optimism and certainty about cause(s) and remediation(s) of Learning Disabilities had dissipated. Grossman (1978) observes that:

Neither the medical nor the educational model or any other of a dozen rival schools within each camp, had been able to demonstrate the clear superiority of its position, and thus its definition of the problem. (p.122)

The efficacy of the Learning Disabilities rubric was seriously being questioned. Because of this, the original view of learning disability was altered and modified substantially during subsequent years. Cenerini (1980) states that:

Through the seventies educators have more seriously considered the question "How do children learn?" and "What prevents children from learning?" There has been a growing awareness of the learning process in which children are viewed more in terms of their learning abilities and less in terms of their learning disabilities. In short, the total learning process - involving the

intellectual, affective and physiological dimensions of the person is receiving increasing emphasis. (p.70)

As we have seen, succeeding years and further research, along with repeated attempts at refinement of definition would not tend to clarify the issues surrounding Learning Disabilities or make the designation any less problematic.

The introduction of the mandatory provisions for the mentally retarded, the resource teacher program and the changes in funding to allow more flexibility were indicative of the changes in educational philosophy and practice that were stirring in North America, particularly in the area of special education; the need to make services for special needs children mandatory through legislation and a belief in keeping these children in situations that were as close to "normal" as possible.

A new advocacy had emerged partly out of the social and political turmoil of the 1960's which sounded the alarm at the rather large numbers of children who were suffering variously from the effects of racism, poverty, inadequate educational opportunity, poor dietary and health care and the staggering incidence of child abuse and neglect that increasingly were coming to light.

The CELDIC Report (1970) the Coleman Report (1966) and the Hall Dennis Report (1968) all in their own fashion, confirmed these trends and pointed out the failure of the system to address the needs of the whole child in a way that was appropriate,

or to address the larger issues of inequality and lack of opportunity. The evidence suggested that our institutionalized system for dealing with children and youth often promoted their fractionalization and segregation and hence conditions of inequality. The whole child was being ignored to the detriment of the child and ultimately society in both a present and future sense. Accordingly, the assumption was that if these needs were not adequately addressed the costs and waste of human potential would be exceedingly great and would lead to a compounding of the problems at a later time.

The need was perceived to reorganize service delivery models and perspectives, etc., so that all children could be more fully integrated into the mainstream of society. In the educational field this was viewed as a need to increase and change the conceptions of what was meant by equality of educational opportunity. Through the provision of a range of services which would encourage both integration and normalization. (i.e. Phase three in the OECD Report 1976)

Ballance and Kendall (1969) in a report on legislation and service provision for handicapped children as it stood in Canada at that time, pushed for mandatory provision and explicit ways of dealing with exceptionality so that the rights of exceptional children to receive education suited to their needs be ensured. Ballance, Kendall and Saywell (1972) in a supple-

mentary report written for the Council for Exceptional Children reaffirmed this position as did the CEC's (1974) publication "A Matter of Principle".

During this period 1970-1975 the Manitoba Department of Education attempted to promote a discussion of educational futures with the publication of "Reference Paper on Selected Topics in Education" and the formation of the Inter-Departmental Working Group on the Education of Children and Youth With Special Needs. This group produced documents entitled "Survey of Specialized Services Associated with the Manitoba School System" (1975) and "Working Papers on Educational Alternatives and Legislation" (1975).

Together these documents pointed to the need and desire for change and the directions that might be taken. It was also a reaction to and a confirmation of what was actually happening across North America and in Manitoba - that boards of education, etc. were more and more taking on the responsibility for the education of handicapped children. More children with a broader range of disabilities and capabilities necessitated that a range of services be developed that were both practical and appropriate to their often diverse needs.

The efficacy of the special class model of special education was also being called into question by research which demonstrated that regular class placement was at least as efficacious in the academic achievement attained by handicapped

students as was special class placement. Thus much of the research current at the time led many to the conclusion that students with many different types of handicaps may be more successfully placed in environments closer to the mainstream.

The negative effects of labelling and stereotyping that resulted in special class placement were seen to be impediments to a greater realization of individual potential. Labelling was increasingly being viewed as having a detrimental effect on the student's self-concept as well as on the concepts significant others had of him. This often resulted in a self-fulfilling prophecy with negative results. This also led to an understanding or an awareness that the 'treatment' a student received was often based on his label and not necessarily on his need. It was beginning to emerge both in Canada and in the United States in particular, that special education classes were becoming the dumping ground of the "socially and culturally deprived children". It was assumed that this would also be the case in Manitoba.

While litigation was not used in Canada to resolve educational problems, civil suits and litigation in the United States did influence and contributed to changing attitudes and practices in Canada. Decisions in the United States courts concluded that separate facilities, programs and diagnostic tests used were often discriminatory on the basis of race and/or

socio-economic status; that there was a need for a range of alternatives which would allow children with learning problems and handicaps to be educated in the least restrictive environment as close to the mainstream as possible; and that all handicapped children had the right to an appropriate, free public education. (Mercer, 1979; Howard and Orlansky, 1980)

All of this contributed to a growing awareness of the handicapped generally. Evolving perspectives and policies regarding the handicapped were changing from ones which fostered dependence to stances which encouraged "independence, self actualization and the ability to produce and consume products and services". (Horne 1981, p.47) This involved a push for normalization and at a younger age.

The above considerations obviously impacted on the school situation. The school was viewed as a logical place wherein to address the problems of inequality through fostering more equality of educational opportunity for the handicapped.

As a result, there was an increasing awareness and push to remove and/or modify programs and practices which fostered separateness and exclusion or restricted educational opportunity. There was the recognition that a broader range of facilities and programs were necessary if individual needs were to be addressed within the context of more equality of educational opportunity.

The new advocacy called into question many of the assumptions that lay behind "special education" and how best to meet the special needs of children. The efficacy of the LD rubric as it was generally perceived was openly questioned as were the generally held practices and assumptions of special education which fostered separateness and exclusion. The various educational reports mentioned above pointed to a variety of causes of educational failure and the lack of qualitative holistic approaches. The dangers of labelling and of self fulfilling prophecy were becoming more apparent and there was an increasing demand that government take more responsibility in ensuring through legislation, that every child's educational needs be met as close to the mainstream and in the least restrictive environment as possible.

The Government of Manitoba in its beginning attempts to respond to these currents of thought and demands for change, introduced Bill 58 in 1975. A key section (465(22)) sought to make provision of special programs mandatory. Section 465(22) read:

Every school board shall provide or make provision for the education of all resident persons who have the right to attend school and who require special programs for their education.

The sole difference between Bill 58 and existing legisla-

tion was the substitution of the mandatory "shall provide" for the permissive "may provide". However, the intent of the legislation was somewhat broader. The intent was to make the provision of educational services broadly inclusive and in line with the emerging philosophy of mainstreaming and the least restrictive environment. (Appendix A)

The original statement of intent by the Minister of Education outlines the government's position in this regard:

To the maximum extent practicable, handicapped children shall be educated along with children who do not have handicaps and shall attend regular classes. Physical, and Mental impediments to normal functioning of handicapped children in the regular school environment shall be overcome by the provision of special aids and services rather than by separate schooling for the handicapped. Special classes, separate schooling or other removal of handicapped children from the regular educational environment shall occur only when and to the extent that the nature of severity of the handicap is such that education in regular classes, even with the use of supplementary aids and services cannot be accomplished satisfactorily. (p.2, The First Report of the Minister of Education's Advisory Committee on Bill 58 1977)

The above statement clearly indicates a philosophy and policy stance that students with special needs are to be mainstreamed - that is places as close as possible to the regular classroom

situation. Thus it requires a range of placement options so that a child would be placed in a situation that is 'least restrictive' in terms of his needs and what the placement can offer.

Support documents to Bill 58 - (Working Papers on Educational Alternatives and Legislation 1975) - more fully outlined the motivations and philosophy behind the changes and the direction that the government intended to take. This document rejected the categorical-special class approach and opted for a non-categorical approach, a process that had begun with the adoption of the resource teacher program. This rejection was justified by the emerging evidence as to the lack of efficacy of the special class model and the changing beliefs as to the directions that should be taken as outlined above. The perceived deleterious effects of diagnosis and labelling were also an important consideration in this change.

Diagnosis of children with special needs and the resultant 'labelling' in diagnostic categories often has deleterious effects on the child. (Johnson 1969; Lilly, 1970) Diagnosis usually involves inferences about etiology (causes) of observed behaviour and predictions about the cause of a 'disease' (prognosis). Labelling results from the diagnosis often becomes self-fulfilling prophecy - partially through the lowering of expectations. Diagnosis, particularly early identification, should be emphasized only when there is a clearly established relationship between the diagnosis and prognosis and when there are known means (programs, services) to alter that relationship. (p.16, Working Papers on Educational Alternatives and Legislation 1975)

The intent was to develop a system that was not dependent on labelling children in a practical everyday teaching sense or

as a means of providing resources or as a way of becoming eligible for resource allocation or special help.

A system or model which could be utilized in the actual implementation of these precepts into practice - i.e. a non-categorical approach, mainstreaming and the least restrictive environment - was the "Cascade Model" as developed by Reynold. (Appendix B) His model proposed a range of alternatives which varied from the regular class to institutional care, alternatives which would place children in the least restrictive environment - the environment that was as close to the regular class as possible and where the child could experience success. The Cascade Model was utilized by the Inter-Departmental Working Group (1975) as a point of departure from which to elaborate on and demonstrate the existence of a workable and practical range of alternatives.

The importance and influence of this model on educational thinking remains central not only in the Province of Manitoba but throughout North America as even a cursory examination of the literature in the field of education points out. In Manitoba all the major players in the educational field have endorsed the use of this model as has been indicated in the various reports, briefs and papers that have been presented by the Department of Education, MTS, MAST and MACLD. For example, the Minister of Education's Advisory Committee on Bill 58 in their reports of 1977 and 1979 recommended its utilization and adoption as did the Advisory Committee on Special Education in their report of

1981. That it has been viewed as an essential tool to be utilized in realizing the intent of government policy is obvious, particularly in the context of mainstreaming and meeting individual need. As a functional organizational model its strength lies in its ability to accommodate a wide range of views and practices.

For those who view children's failure within the school system as the result of a social process - i.e., how we came to define certain behaviours or lack of behaviours as problematic - a process that must take into account individuals and contexts and the interactions that occur, the Cascade Model provides a logical framework for broadening the approaches taken. It allows one to get past the perspective that relies on categorizing, diagnosing and remediation as exemplified in the individual pathology approach.

However, the Cascade Model (Appendix B) is not synonymous with, nor necessarily an extension of the 'social process' approach as discussed above. Ontario, which takes the view of learning disability as individual pathology also utilizes the Cascade Model in its approach to service delivery.

Bill 58 and the directions it intended to follow were welcomed by the various interest groups concerned with special education, groups such as MAST, MTS and MACLD. MAST and MTS certainly supported the government in its opting for a non-categorical system and the belief in the dangers of labelling. Both groups

also supported the notions of mainstreaming and the least restrictive environment and the utilization of the Cascade Model. MACLD also perceived that these measures would be beneficial. From their point of view the mandatory nature of Bill 58 was most important in that school divisions would now be required to provide services and programs to all children who have special educational needs including those with learning disabilities. As they state, however,

"this section (465(22)) only partially deals with the educational inadequacies for children with special needs, as it does not provide for educational programs appropriate to one's individual needs, which will give the individual the potential to fully develop his or her abilities. Nor does it provide that children with special needs be integrated into regular classes, as far as is possible." (p.52, MACLD 1976a)

In this context MACLD felt that more comprehensive educational legislation was in order which would ensure appropriate education, etc. These would include the requirements of proper screening and diagnosis and placement of special needs children, as well as procedures to ensure natural justice and due process for review by committees of children's educational programs. (MACLD 1976b) MACLD's position was predicated on the view that Learning Disabilities could be accurately diagnosed and remediated - that there was a strong verifiable link between definition-diagnosis - and intervention prognosis.

The Inter-Departmental Working Group (1975) had also made

similar recommendations to the government. (These recommendations were again put forth by the Ministers of Education's Advisory Committee on Bill 58 in their reports of 1977 and 1979.) However, the Working Group, as previously pointed out, warned against the use of specific diagnostic constructs when there is no clearly established link between diagnosis and prognosis. In addition, the problem of defining "individual need" and "appropriate education" were and continue to be, problematic because of their rather subjective nature.

However, all these groups were aware, as was the government, that while intent is fine, if it is to be effectively implemented then adequate time is required. The Inter-Departmental Working Group (1975) pointed out that in reference to other jurisdictions and other pieces of legislation it had been found that "in general, enactment of mandatory legislation without adequate lead time for planning has not been effective." (p.3)

It was therefore recognized that time was required to plan and carry out an assessment of need and of existing programs. Work also had to be done to develop acceptance of the ideas of mainstreaming and the least restrictive environment amongst the teaching profession and parents. Substantive changes in attitude, perspectives and practices would have to be made by some. It was generally understood that the intent of the legislation would require professional development, retraining and the additional development of expertise in the areas of diagnosis and

specialized teaching techniques. Existing regulations guidelines, etc. would also have to be brought into line with the intent of Bill 58.

While Bill 58 provided the mandate it also required that sufficient provincial resources be made available to assure that the stated intent became the norm for all students in Manitoba. Funding procedures and provisions would have to be adequate and in line with policy intent. The need for adequate funding to ensure effective service delivery was perceived as the single most important factor by all concerned.

Consequent to these considerations Section 465(22) of Bill 58 was not proclaimed with the other provisions. Adequate time for the planning and implementation was to be given and section 465(22) proclaimed when some of the concerns mentioned above had been dealt with and it was deemed appropriate and opportune.

With this in mind the Government appointed an Advisory Committee on Bill 58 made up of a number of representatives from a variety of public and private agencies. The Advisory Committee was to assist in planning to propose ways in which to make the mandatory legislation effective, and to suggest when it should be proclaimed.

"The First Report of the Minister of Education's Advisory Committee on Bill 58" (1977) advised that September of 1980 would be an appropriate date for the proclamation of section

465(22). A further recommendation - amongst several - was that a comprehensive review of existing programs in special education be carried out.

In 1978 the "Special Education Review" was completed by the Department of Education and revealed an apparent variety and inconsistency in approaches to special needs children across the province. Of particular interest to this paper was the lack of any attempt to gather information as to the numbers of learning disabled students in the province or the number or nature of programs designed to serve them. The following reasons were given as to why the Learning Disability category was not included in the survey.

Because definitions and diagnostic procedures vary widely, the Survey Manual did not include specific questions which dealt with this area. Children with a diagnosis of learning disability are generally accommodated in regular education with some support from the resource teacher program. (p.16)

This was indicative of a shift in thinking within the Department of Education which had assumed in its earlier conceptualization of the resource teacher program that children with "specific learning disabilities" could be neatly categorized: that Learning Disabilities was a problem found within children. As Cenerini (1980) points out: "In subsequent years these assumptions were reviewed in the light of developments in the field." (p.70)

The Special Education Review (1978) pointed out the basic shift in perspective that had taken place as to Learning Disability being a viable category of handicap. The Review quite bluntly and pointedly acknowledged the problematic nature of the Learning Disability category.

Definitions of the category 'learning disability' are many and vary significantly. A considerable overlap appears to exist between a diagnosis of 'specific learning disability' and other categories such as emotional disturbance. (p.15)

The review also recognized the problematic nature of incidence and prevalence rates and the wide variety of diagnostic procedures and instruments used as further complicating a very non specific conception of the problem of "failure to learn".

However, the Special Education Review (1978), also determined that because school divisions were spending block grant funds on their own priorities, the resource teacher program was not being utilized as it was obviously intended. The report states:

"the greater portion of resource teacher time is spent on activities related to individual and small group remediation rather than in assisting regular classroom teachers with accommodating students with less severe learning difficulties."
(p.56)

They also concluded that:

All students within the special education population compete for program dollars within the non-categorical funding system. In this context, students with severe to extreme low incidence-high cost handicaps have their program needs met at a more adequate level than those students with high incidence-low cost handicaps who are placed in regular education. (p.58)

Funding during this period had continued with the block grant system implemented with the resource teacher program in 1970 (Manitoba Regulations 143/70) and updated in 1977 (Manitoba Regulations 170/77). At this time categorical grants for the Educable Mentally Handicapped and the Occupational Entrance programs were dropped and they became part of the non-categorical block funding system - i.e., the resource teacher program. This also reflected a commitment to a non-labelling, non-categorical approach. The resource teacher program had been expanded to take in a wider range of problematic behaviours. No longer did it deal exclusively with the learning disabled. Learning disability as such was becoming a much wider and more generic concept particularly in the context of the resource teacher program.

It was partly because of this that school divisions were often forced to divert non-categorical grant resources to the more handicapped smaller groups which resulted in the completion for special education program dollars as mentioned above. (Advisory Committee's Report 1979)

Special grants were also allocated in 1976-77 (484,000); 1977-78 (705,000); and 1978-79 (300,000) to be used by school

divisions to initiate programs for special needs children and to support long term planning in this area. (Annual Reports 1976-79)

Because of the perceived need for a higher level of funding and a more appropriate method, the "Special Education Review" (1978) recommended funding procedures based on a two tiered grant system which visualized a split between low incidence-high cost handicaps and high incidence-low cost handicaps. (Appendix C for further explanation) In effect there would be two categories. In both services would be delivered based on need and/or the severity of the need, which would allow for the direction of money and resources in a more equitable fashion. It was therefore recommended that categorical grants for students with low incidence-high cost handicapping conditions be granted on the basis of individual need subject to appropriate programming and the approval of the Department of Education.

They also recommended the continuation of the non-categorical block grant system for high incidence-low cost handicapping conditions as found in the resource teacher program. (Manitoba Regulations 170/77)

The authors of the "Second Report of the Minister of Education's Advisory Committee on Bill 58" (1979) supported this concept and recommended that section 465(22) and the specific intent of this section as outlined by the Minister of Education

in 1975 "be included explicitly in the new school act, to have effect concurrently with the implementation of the two tiered grant system". (p.8)

The Advisory Committee pointed out the advantage and usefulness of the distinction in funding between high and low incidence types. They also sounded a warning:

"Clearly this framework has practical value but will always require humane and flexible interpretation. For example, some physically normal children are so emotionally disturbed as to require support settings equivalent in cost to those for severely physically handicapped children. Therefore the point at which a categorical grant is allowed must be a judgment made almost on a case-by-case basis...

Viewed as an administrative mechanism the categorical grant has laudatory control qualities in that it specifies clearly its intended target. If poorly understood, however, it can lead...to 'labelling' in order to get a child the service he needs." (p.6, 7)

They also recommended the issuance of guidelines to ensue proper program development and utilization of funds and in addition to make grants conditional on the actual provision of appropriate services.

Given the problems with funding that were being experienced, the provincial government allocated \$300,000 in special grants for the year 1978-79 to be used as continuing support for the development of special needs programs. This support was to be based on the principle of high cost funding for low incidence

handicaps as outlined above. Funding was subject to specific proposals being approved by the Department of Education.

In the spring of 1979 the government (now Conservative) introduced Bill 22 as an attempt to address the issue of ensuring mandatory rights to education for the educationally handicapped. Section 41(5) was designed to replace Section 465(22) of Bill 58.

This new section proposed mandatory provisions but with limitations in that there was included a new phrase "as far as is possible and practicable". In effect this placed limitations and discretion on what could be considered mandatory. This phrase, it was feared, would give school districts the discretion to determine when the education of a specific child was possible or practical. The possibility of exclusion would be very real and was rightly viewed as a backward step and an alteration of the original intent of Bill 58. Both MACLD and CEC opposed the changes and voiced the objections in submissions to the governments standing Committee in Elections and Legislation. Bill 22 was subsequently withdrawn.

Bill 31 was introduced and proclaimed in 1980 and it resolved the issue of mandatory provision of educational services that had been previously raised by Bill 58 and Bill 22. Section 41(4) of Bill 31 reads:

"Every school board shall provide or make provision for education in Grades 1 to 12 inclusive, for all resident persons who have the right to attend school."

This section and section 259 which outlines the right to attend school, in conjunction with the compulsory attendance requirements placed the onus on the boards of education to provide mandatory services to children with special needs in that it was broadly inclusive of all children.

While Bill 31 received general support, it was criticized on a number of points. MACLD for example, pointed out that an obligation to provide service does not mean that this will translate into the provision of an 'appropriate' education. Bill 31 did not address the issues of proper screening, diagnosis and placement or review procedures to ensure natural justice and due process that had been previously raised and recommended for inclusion by MACLD, the Inter-Departmental Working Group or by the Advisory Committee reports of 1977 or 1979.

It was also pointed out that given the government's intent of providing educational services to these with special needs as close to the mainstream and in the least restrictive environment possible, they also had the responsibility of providing adequate resources and funding assistance. While additional funds had been allocated over the years since the introduction of Bill 58, to encourage school divisions to initiate programs and planning in the area of special needs, the block grant non-categorical system was still the major source of funds although low incidence-high cost funding had begun in 1978 on an ad hoc

basis. This system was viewed by virtually all concerned parties as being inequitable in its allocation practices and insufficient as to the level of funding. (MTS 1981, MAST, MACLD, Special Education Review 1978; Advisory Committee Report 1979)

In 1981 the Minister of Education introduced the Education Support Program which was designed to revamp the way education generally was financed within the province. The financing of special education followed the recommendations made by the Department of Education in the Special Education Review of 1978 - i.e., the two tiered system involving both categorical and block grant funding, a system which it has been pointed out, the government had tentatively committed itself to in 1978.

The new financing system was intended to continue and make possible the philosophy of keeping children in the mainstream and/or in the least restrictive environment possible. By providing funding procedures and dividing them into two categories, it was felt that the Department could more appropriately direct financial resources towards meeting the needs of two broad types of students - those who needed minimal support or changes to their learning environments and those who needed substantially more.

Manitoba Regulations 166/81 and later Manitoba Regulations 146/83 gave definition to the new system of financing. The high

incidence-low cost category would continue with non-categorical block funding based on a set ratio between student enrolment and the number of specialists a division would be eligible for. The resource teacher program remained the central provision for the delivery of services to these students.

The low incidence-high cost categorical grants were perceived to be based not on a handicapping condition per se, but rather on the perceived level of support that a child might need to ensure an appropriate education. This category was further divided into two levels with specific dollar values attached to each level. Again whether one qualified for level I or level II assistance was based on perceived need. Low incidence level I assistance is based on:

...the need for individualized small groups instruction and/or additional individual support in the classroom for the major portion of the school day because of the nature of the students' handicap.

Low incidence level II funding

...is based on the need for individual instruction for the major portion of the school day because of the nature of the students' handicap. (p.1, Appendix C)

The types of handicapping conditions that would or could be considered under each level of funding were also outlined. (Manitoba Regulations 166/81) "Guidelines for Application for Low Incidence Support for School Divisions/Districts" as issued by the Department of Education (1981) further delineated the

types of handicapping conditions that may be considered along with their definitions. Learning disabilities were included as one type or example of a handicapping condition under level I. The very severely learning disabled individual is defined as:

The child whose performance is grossly below that expected on the basis of intelligence or learning potential. These very severe academic difficulties will prohibit functioning in a regular classroom without highly intensive individualized input. (p.3, Appendix C)

The definition was not intended to be viewed or utilized in any definitive manner. Rather it was intended to cover a range of learning problems that would not necessarily be included in the more "objective" handicapping conditions as mentioned in the guidelines. In this sense it was to have a very broad generic application. (This was confirmed by the writer in discussions with Mr. Hugo Stephan of the Department of Education - Child Development and Support Services.)

The definition includes two criteria. First there must be a discrepancy between achievement and perceived potential. This characteristic of LD is one of the few that is generally accepted and agreed upon by these in the field and in its simplest form simply points to school failure or a difficulty with academic achievement as being problematic. There is no attempt to describe the nature or degree of the discrepancy nor to make etiological inferences. There is no mention of specific sub-types

nor is there included a delineation of specific academic problem areas. In this sense the definition is open to a wide range of interpretations as to what may be included or considered a learning disability.

A more important consideration within the definition is the attempt to address individual need in terms of the amount of individualized help that would be needed to maintain the student within a regular class setting or as close to it as is possible and/or appropriate.

The inclusion of categorical types and definitions in the regulations and guidelines led to some confusion amongst school divisions. They felt that there was a certain ambiguity between the government's commitment to a non-labelling approach to special needs students and the seeming intent of Manitoba Regulations 166/81 and the 1981 Guidelines, which could be interpreted as making the provision of funding dependent on first being diagnosed and defined as having a specific handicapping condition.

In 1981 MAST asked the Minister of Education to clarify the intent of the low incidence-high cost grant structure and whether it was designed to promote integration or segregation. They stated that:

"a further concern with respect to the new financing plan is that special needs students are required to be categorized or labelled in order to determine their particular level of funding. We would hope that some method of funding could be developed without identifying particular handicaps of the students and placing them in a particular category of special needs students."

The Department of Education attempted to express the intent more clearly and to remove any misconceptions. It was pointed out by Maureen Hemphill, the Minister of Education, in a letter to all school divisions, that labelling remained a negative process to be avoided in the school system and that the definitions and categories outlined in the Guidelines (1981) and in the regulations (Manitoba Regulations 166/81) were meant only as a guide to the types of problems to be considered, - a type of 'common language' so to speak. She states that:

"The identification of student's learning conditions can become a negative process. The handicapping conditions listed in the regulations of the Public Schools Act are intended to serve as examples of the severe disabilities experienced by children who require considerable modifications or supports to their programs. It is not necessary to attach such labels to individual students for funding purposes. It is essential to determine the level of need presented by the student and to plan and implement the program modifications which will meet that need."
(Appendix D)

This letter confirmed the non-categorical nature and direction of the government's policies towards special needs students, (non-categorical in the sense that funding or service delivery is not dependent upon first being diagnosed as having a specific disability or handicapping condition).

This letter also reconfirmed the stance of the Government of Manitoba with respect to children with special needs as being one which guaranteed the right to an appropriate educational program.

Since each child in the Province has the right to develop to the fullest extent possible as a confident and valued member of our society, there is a responsibility for the provincial government and those who provide educational services in the public school system to ensure that the child has an equal opportunity to receive a meaningful and appropriate educational program. (Appendix D)

This stance is further envisaged as taking place within a system that utilizes the concepts of mainstreaming, the least restrictive environment and a "cascade of services" to ensure that the intent of government policy and responsibility is met with each individual special needs child.

Educational policy in Manitoba during the period under discussion as far as it relates to learning disability has undergone changes to be sure. It has evolved from stances and practices which demonstrated an acceptance of Learning Disability as a specific type of handicapping condition - one which was readily identifiable and could be effectively intervened upon with specific remedial techniques.

With the development of a non-categorical, non-labelling perspective government educational policies have sought to foster a system which does not rely on the designation of specific labels as being necessary in the provision of appropriate services. Because of this perspective, in conjunction with generally recognized heterogeneity of the designation Learning Disabilities and the problematic nature of intervention paradigms, learning dis-

ability has come to be viewed in a most generic and broad sense. As a useful definitional and practical designation LD has been largely rejected and ignored in terms of specific policy formulations.

Manitoba began the decade of the seventies with educational policies which fostered a categorical-special class approach to meeting what were viewed as special needs. With the introduction of the resource teacher program in the early seventies "specific learning disabilities" were effectively recognized as a new category of handicap. A mounting disenchantment with the categorical-special class approach and the attendant clinical paradigm led many in education to advocate for change. This was particularly so in the case of learning disability which had come to be viewed by many as a rather subjective, non specific label. Many within the province advocated for changing from a categorical approach to a non-categorical, non-labelling model.

The Cascade Model with the attending concepts of mainstreaming and the least restrictive environment came to be viewed as the conceptual vehicles for putting a non-categorical approach into practice.

First Bill 58 (1975) and then Bill 31 (1980) provided the basis for this with the provision that educational opportunity be extended to all children. Increasingly, the various funding practices ostensibly came to be viewed as the vehicle for provid-

ing appropriate service to specific children according to their degree of special need, not because of the type of handicap they possessed. This would apply to children facing any variety of learning problems that resulted in a "failure to learn".

In this context the learning disability label has become, on the policy level at least, rather unimportant. Those who traditionally might have been labelled as LD are now viewed as part of a larger body of children experiencing problems with learning. Theoretically at least, the need for such a non specific label and category as learning disability would be unnecessary.

Ontario on the other hand, as we shall see, has developed policies for dealing with "failure to learn" and learning disability which are very specific.

CHAPTER X

ONTARIO: LEARNING DISABILITY AND SOCIAL POLICY

As Ontario approached the 1970's, the manner in which exceptionality and/or abnormality were addressed within the educational hierarchy also reflected the common orthodoxies of the times - the philosophy, assumptions and practices that viewed handicap primarily from a medical perspective and that classified children according to rather rigid diagnostic categories and problem types.

As in Manitoba, the educational establishment adhered to a special education model that relied primarily on separateness and exclusion through the use of special classes and/or separate facilities as a means of addressing the issues and practical problems raised by deviation from the 'mold of uniformity'.¹

Special education was viewed primarily as being synonymous with special classes. Children were diagnosed and labelled for special class placement. Ballance and Kendall (1969) observed this perception in their examination of the larger Canadian scene. They stated that: "Special education has come to be identified with special classes and not with children with

¹The various reports of the Minister of Education during the period 1964-1971 demonstrate that special classes and/or schools was the only way in which specific categories of disability-exceptionality were addressed, - e.g. 1967. 1900 special classes covering 15 areas of specific handicaps.

special needs." (p.54) Addressing individual need was viewed as being synonymous with placing a child in a special class.

In Ontario during the period 1964 - 1980 the Department of Education (later referred to as the Ministry), relied on general provisions in legislation and regulation rather than on specific mandatory requirements in the provision of services to children who experienced problems in the educational system.

The Schools Administration Act provided that school boards could establish and conduct classes for those students viewed as exceptional and who were "unable to take proper advantage of the elementary or secondary school courses". (Statutes of Ontario, 1966, C140)

Under Ontario Regulation 123/64 enabling provisions had been further delineated so that special classes

...may be established for the blind, the visually handicapped, the emotionally disturbed, the gifted, the neurologically impaired, the educable retarded, the deaf and the hard of hearing, the physically disabled and unspecified others with health problems.

These provisions were only "enabling" in that they established a framework which allowed and/or encouraged school boards to establish programs and provide services for handicapped children. It was not mandatory for them to do so. While the Department provided that they could, they also stipulated that the "provision of special education classes is the responsibility of boards and part of the normal school program". (Ministers Report

1969) The actual provision of services was up to the local authorities.

While educational attendance was compulsory and children had the right to attend school, they could also be exempted or excluded if they were unable by "reason of physical or mental defect to profit by instruction". (Revised Statutes of Ontario 1960, C330) This in fact gave school boards the option of excluding children where special classes were either overtaxed or non-existent or for any number of discretionary reasons.

While students and parents had obligations and duties under the various acts and regulations, school boards were under no legal obligation to provide for the appropriate education of exceptional children. Many boards did, however, attempt to address the increasing demands for the placement and education of exceptional students, as is indicated in the statistics previously cited.

In 1964 what is now called learning disability was addressed for the first time. Under Ontario Regulation 123/64 special classes could be established for the neurologically impaired. This category included those children who were clinically diagnosed as such and typically included students suffering from aphasia and perceptual handicaps. (Ballance and Kendall 1969) Both are included as specific types of LD under present day conceptualizations and definitions of learning disabilities as utilized by Ontario and other jurisdictions.

At this time (1964) learning disability as a label had only recently been coined and was not the accepted label for the phenomenon of "failure to learn in spite of average or above average intelligence". The label neurologically impaired reflected the predominant view as to etiology - i.e. brain injury and minimal brain dysfunction - which inferred directly or indirectly that the course of the problem was the direct result of injury or insult to the brain or the central nervous system.

Twenty-one classes for the neurologically impaired were established in 1964. By 1970 this number had risen to 242. (Report of the Minister of Education 1972) This trend was a reflection of the expansion of special education services in terms of more services for existing categories and also the inclusion of new categories. In this sense it was also a reflection of the growing awareness of learning disability as a source of school failure and as a specific handicapping entity.

The lobbying efforts of the ACLD in the United States and more specifically the OACLD in Ontario, undoubtedly contributed much to this conceptualization and the official acceptance of learning disability (neurologically impaired). In fact the OACLD co-sponsored with the Department of Education a week-long teacher and parent training program in 1965 and again in 1966. (Reports of the Minister of Education 1964-65, 1965-66)

Funding for special classes was provided to local school boards based on the establishment of special education classes as set out by the Department in Regulation 123/64. This document limited the size of classes for the neurologically impaired to 8 students. Admission was gained by a diagnostic process that involved an intellectual and medical assessment by duly recognized personnel. General legislative grants allowed for the hiring of special teachers for the above mentioned special classes. Funding was therefore to be based on special classrooms in actual operation. (Ontario Regulation 16/64; General Legislative Grants 1965) If a school board chose to implement special classes or programs, it was required to adhere to Regulation 123/64 to obtain funding. In this sense it precluded the formation of alternative programs in the sense that provincial funding would not be available. Special classes were the accepted orthodoxy.

Regulation 191 issued in 1970 further clarified the types of special education classes and programs that could be established with the approval of the Ministry of Education. The special class approach was reaffirmed. Section 43(c) stated with reference to the learning disabled that the special provisions may be:

"classes for children clinically diagnosed as neurologically impaired, including perceptually handicapped children who are unable to profit from regular classroom programs but who may profit from special classroom instruction."

Regulation 191 also outlined the admission protocol and procedures that were to be used to determine neurological impairment of students and their eligibility for special class placement. If school boards were desirous of setting up special classes they were required to establish a board of admissions. This board consisted of a principal, a legally qualified medical practitioner and a school superintendent who were required to make recommendations as to a student's entry into a special class situation. In this sense, entry was predicated on the child being classified as belonging to one of the several categories of handicap as mentioned in Regulation 191.

Before the board of admissions could make such a recommendation it was required to obtain evidence that the pupil had had an individual intellectual assessment "conducted by a person who is considered competent to do so by the school superintendent concerned", and a medical examination. A review of a student's progress was required every two years. It also continued the stipulation of an eight pupil maximum in classes for the neurologically impaired.

The obvious assumptions behind the regulations as outlined above was that the neurologically impaired (LD) category was a specific identifiable handicapping classification that could be accurately diagnosed. This was to be done primarily through an intellectual assessment that would presumably point to a

discrepancy between potential and achievement and a medical assessment which would determine the degree of brain dysfunction and/or neurological impairment.

The presence of a medical practitioner on the admissions board demonstrates the importance and influence of the medical perspective in the interpretation and understanding of disability and deviation from the mold of uniformity. Obviously the medical model in the narrower sense, as discussed previously in this paper had not yet given way to an educational perspective on special education.

It is quite apparent that the prevalent perception as to what constituted a learning disability and how it could be determined had been accepted and incorporated into the educational perspective. It is also apparent that, like Manitoba and the initial assumptions that lay behind the resource teacher program, - Ontario also believed that LD could be neatly categorized and labelled. That as a specific entity it could be diagnosed with prescriptions made that would remediate or 'cure' the problem.

In the late 1960's and early 1970's Ontario was subjected to the same broad influences as mentioned with regards to Manitoba. The basic thrust of these influences was the questioning and/or rejection of the special class model of special education and the conditions of exclusion and segregation that went along with

it. The efficacy of diagnostic labelling and their potential for exerting a negative influence on the education of children was also being questioned by a significant portion of the educational community.

The Hall-Denis Report (1968) that had been commissioned by the Ontario Department of Education, recommended that every individual have equal access to the learning experience best suited to his needs and that this was the responsibility of every school authority to provide a child centred learning continuum. Thus the focus was showing signs of shifting from special classes and programs to the specific needs of individual exceptional children and the provision of a range of alternatives.

The CELDIC Report (1970) - a report described by Karagianis and Nesbitt (1979) "as an international document which had a profound influence in shaping and determining the direction of special education both in and outside Canada" (p.176 Goguen 1980) - described children's need for comprehensive, co-ordinated services in the area of education, health and welfare. It envisaged a move away from labels, segregation and a view of children's problems as being primarily individual pathology. It recommended the avoidance of labels and stigma often associated with special class placement.

As a result of these influences, a negative reaction to special class placement took place in Ontario in the early 1970's as it did in Manitoba and elsewhere during the same period. The

movement was toward concepts of integration and mainstreaming and a belief that children could best be served by dealing with them in a situation or context that was as normal as possible. For example there was a significant drop in the number of special classes for the neurologically impaired between 1970 and 1971 - from 242 to 163. (Report of the Ministry of Education 1972)

The following quote is indicative of this shift in stance taken by the Department of Education.

"Emphasis should be placed on trying to keep handicapped children in regular classrooms...Special education classes should be a resource to the general classroom teacher to provide special services for the benefit of the child that needs such services." (Ontario Department of Education, New Dimensions, 1971)

The Report of the Minister of Education (1971) also reflects on this emerging philosophy and the shift of a policy stance towards special education.

School boards are being encouraged to develop programs and services that concentrate on the individual child and his educational needs rather than place undue emphasis on his handicap. It is hoped that with flexible approaches...Special Education will be removed from its rather isolated category into a naturally integrated aspect of the total educational program. (p.5)

As a result of this change in direction the Special Education Branch within the Department of Education was abolished ostensibly because "Special education should be a part of, not apart from, general education." (Ontario Department of Educa-

tion: New Dimensions, Vol. 6, No. 4, Dec. 1971)

However, it was soon realized that the simple abolition of a branch of a department would not necessarily aid in the establishment of a range of alternatives or a shift in emphasis from diagnosis and labelling for placement to addressing the question of individual needs of exceptional students.

The Special Services Branch was re-established in 1974 with the realization that variations in educational needs require special attention and specialized programs particularly in light of the stated goal to achieve both quality and equality of educational opportunity for all. (Report of the Minister 1974-75)

This shift in perspective was similar to that which took place in Manitoba. It reflected an awareness that special classes did not necessarily equal special education. It also recognized that special class placement did not necessarily address the educational needs of individual students. The emerging prevalence and acceptance of the ideas of integration and mainstreaming into the regular educational environment was also evident.

As well, during this period, there was a shift from the acceptance and use of the traditional medically oriented classifications which resulted in the labelling and placement of students without addressing educational needs, to an educational model which attempted this task. (The Ontario Ministry of Education in 1976b)

It was further pointed out in "Education of Exceptional Children" (1976) that there were further problems with the use of medical labels.

They (medical labels) direct attention to the disabilities rather than the capabilities of the exceptional child. Within any group there will be deviations from the expected pattern. Several conditions...may result in very similar symptoms. (p.7)

Because of the problems of overlap of symptomologies and the non-discreteness of labels used, the Ministry recommended the adopting of five broad areas of exceptionality under which more specific discrete types would be found. Learning disabilities - perceptual handicaps, neurological impairment - were included under "communication exceptionalities". The focus remained on individual pathology.

In line with the changing philosophy and practices as mentioned above there also came the suggestion for the establishment of a more comprehensive system of early identification and diagnosis of learning disability. Through diagnosis and assessment the emphasis was hoped to change from only placement to placement within the context of the child's needs in terms of specific educational objectives. While the diagnostic-assessment procedures were envisaged as being wide ranging in terms of the variables examined, the primary focus was on formal testing and on finding out about the nature of a problem that was intrinsic to the individual. The model remained a diagnostic-

prescriptive one.

A further pre-requisite of this approach was the need for the establishment of a range of alternatives. Ontario - as had Manitoba - recommended that the local boards adopt a range of alternatives as outlined by Reynolds in his "Cascade Model". (Appendix B) The purpose of this model was to keep students as close to the educational mainstream as possible. (Ontario Ministry of Education 1976) Within this context, the Ministry (1976) suggested three levels of service which would be available for the learning disabled. First would be regular class placement with additional support services that would vary depending on the child. Second, would come the use of special learning centres which would enable the student to attend the centre for part of each day for specialized help yet allow him to remain in the regular class for the balance of the day. The third type of placement would be in a special class environment which would provide relatively small homogeneous groups for instruction and interaction.

The individual needs of children were becoming more important in that the attempt was to shift the focus from labelling for placement in special classes to determining individual need and developing suitable programs. While there was an attempt to de-emphasize labelling there was no basic shift as to individual, intrinsic nature of the child's problem. Exceptional students were still viewed as those whose abilities differ from

other students and who therefore require modifications in curriculum or other services. (Ministry of Education 1976)

The changes that were advocated by the Ministry, however, remained within the existing context of legislation, regulations and funding procedures which promoted assessment for the purpose of labelling and placement.

Under Regulation 191 the admissions board's primary goal was to assess children for the purposes of placement. If the goal of assessment and placement was to recommend and ensure the appropriate and effective placement of children so as to address individual educational needs, the individual approach as set out in Regulation 191 was rather inadequate since it failed to account for the child's educational potential or provide or plan for an effective intervention. Keeton (1980) illustrates the problematic nature of this situation:

"Boards reported that their Admissions Committees...made decisions about placement in 82% of the cases considered, but established educational goals in only 26% of cases. One board even reported that 400 children were 'assessed' for placement during its annual half-day meeting largely on the basis of single I.Q. scores." (p.82)

The Variable Percentage Grant Plan which had been introduced in 1969 was designed to combine the concepts of local responsibility (financial) and yet provide for the equality of educational opportunity. The attempt was to address the problems posed for the delivery of special educational programming by

regional variation and hence disparities in the ability of local boards to raise appropriate funds. (Report of the Minister of Education Ontario 1974) Under this new approach special education grants were, for the most part, integrated into the overall grant structure. This was to allow school boards to set their own priorities as to the nature and extent of programming for exceptional children.

The cost of providing special education programs and services were to be based on a combination of a specific amount for special education within set grant ceilings (based on a maximum expenditure per pupil generally) and the use of a system of weighting factors which attempted to take into account the costs related to variations in per pupil spending which could occur due to varying local needs and circumstances. (There was allowed a set ratio of special education teachers per 1000 student population. The weighting system allowed for a higher ratio of special education teachers per 1000 students.) It was recognized that the provision of special educational services created additional extraordinary expenditures of which the government would assume a substantial share provided they were for approved programs and costs - i.e. Regulation 191/70. (Minister's Report 1974)

In effect this meant that funding was largely based on students being labelled and placed within specific classifications

of exceptionality and placed in special classes or programs if boards were to receive funding and/or reimbursement over normal ceilings.

In this context - under Ontario Regulations 191/70 and the Variable Percentage Grant Plan - local boards were allowed and even encouraged to set up special education programs for those types of handicapping conditions that were officially recognized. Government grants to individual boards were thus meant to ensure that each student in the province would have access to educational opportunities on a relatively equal basis. As we have seen it did not ensure the appropriateness of the placement or of the program.

This basic system of funding would continue up to 1982 with slight variation. Grant levels and weighting factor information would vary somewhat on a year to year basis, but the basic direction and formula remained the same. (See General Legislative Grants and Weighting Information 1970-1982)

In conjunction with Regulation 191 which continued the focus on assessment for the purpose of placement in a special class or program, the funding procedures also continued to promote categorical placements contrary to the stated intention of the Ministry of Education to focus on individual needs and a range of educational alternatives and not on medical labels and isolated and segregated placements. (Ministry of Education Pamphlet #75-76/5202, 1975; Education of Exceptional Children 1976)

While there was an awareness of the dangers of labelling and special class placement demonstrated by the government in terms of statements made, etc., there was little change in actual government policies to back up these views, particularly as it related to learning disabilities.

Keeton (1980) in reflecting on the special education system as found in Ontario during the mid to latter 1970's states that:

"The Ontario school system continues to use assessment for the purpose of labelling children. This is not entirely the fault of the educators, however, since the funding system of special education established by the Ministry of Education, promotes categorical placement by returning funds to boards through weighting factors based on special education class size. In order to meet the Ministry's requirements boards have to use assessment procedures which assign the child to a diagnostic category and special education class." (p.82)

In 1974 the Provincial Government revised and consolidated a number of acts concerning education into the Provincial Education Act. The impact on special education and learning disability specifically was negligible.

Under the new act the status quo, as established in 1964 (Ontario Regulation 123/64) and 1970 (Ontario Regulation 191/70), continued. Exceptional/special needs children continued to have no legal rights to an education which was appropriate to meeting individual needs. While the North American move was towards the provision of mandatory services as espoused by CACLD, MACLD,

OACLD and CEC, Ontario only transferred the 'enabling' aspects of special education from the regulations to the new Education Act. The legislation remained 'enabling' in that it allowed and even encouraged boards to make provisions for special education programming - "a board may...establish special education programs to provide special education services for children who require such services". (Sect. 147, 40, Education Act 1974) However, boards of education were not required to do so. It also remained the case that if a child was deemed unable to learn or to benefit from instruction and programming that he could be excluded. Boards which set up special education programs had to continue to abide by the rules and procedures as outlined in Regulation 191.

During the mid 1970's pressures were mounting to provide a wider range of services for exceptional children within the context of mandatory legislation. Enabling legislation was seen as being ineffective by many in that school boards were failing to provide enough and/or adequate services.

The CEC in its 1974 publication "A Matter of Principle" continued its efforts to have Canadian jurisdictions adopt mandatory provisions to ensure the provision of appropriate educational services to all children. They, as did other consumer organizations, advocated that to meet individual need, programs and services had to be based on a range of alternatives or a

cascade of services - i.e. Reynold's Cascade Model - which allowed the child to be placed in the least restrictive environment. They also called for procedures to be established to ensure early detection and diagnosis of specific problems; the setting up of advisory committees to ensure natural justice and fair and equitable review of individual cases.

Impetus was given to these arguments in a moral and practical sense by the implementation of Public Law 94-142 which was passed by the United States Congress in 1975. Manitoba's declared intention of putting into place mandatory provisions through Bill 58/75 also exerted pressures on Ontario.

The American legislation guaranteed that all children "shall" have a free and appropriate education made available to them. Goguen (1980) refers to this as a zero reject policy in the sense that:

...mandatory legislation assures that he will not be excluded from educational institutions because of failure to meet the educational goals of the school, and that the educational programs and related services will be provided to meet his educational needs.
(p.181)

OACLD was also pushing for mandatory legislation and the adoption of a specific perspective towards LD similar to that adopted and put into practice by P.L. 94-142 in United States jurisdictions. (Briefs of 1977 and 1978)

Keeton (1980) points out that as a result of these pressures

and a growing awareness of the issues of special education and mandatory service provision a

...long standing debate in the Ontario Legislative came to a head. It concerned the fact that Ontario school boards are permitted but not required to provide special education programs...In December 1977, a private member's bill (was) introduced before the house which, if adopted, would have made education a mandatory requirement in Ontario. (pp.78-79)

Keeton also observed that the fact that this bill received 2nd reading prompted the government to begin to introduce changes in the Education Act and regulations to make special education a mandatory provision.

While enabling legislation and/or regulations had been in place in Ontario since the mid 60's, Keeton (1980) points out, however, that approximately 1/5 of the school boards in Ontario had not elected to offer special education programs despite the financial incentives offered by the Ministry. She also states that:

"Those boards which did have programs were entitled to claim a substantial refund for their expenses through the funding programs set up by the Ministry. Yet even by July 1979 only 12 boards in Ontario had taken full advantage of these special education weighting factors to claim a maximum rebate."
(p.79)

A survey of 104 boards (Keeton 1979) also "indicated that there was anything but consistently adequate policies and programs for exceptional children across the province." (p.79, Keeton 1980)

The OACLD in a brief presented to the Ministry of Education (1978) and based on a province wide assessment of services offered to the learning disabled, observed that there was a great disparity between the various boards and the extent and nature of services offered. They flatly stated that the intention of the government to equalize opportunity across the province had not been met. For example:

The Ottawa Secondary School Board of Education with a total enrolment of 24,731 providing special education services to 1157 learning disabled students and the Etobicoke Secondary Board with a total enrolment of 21,420 but serving only 15 learning disabled children. (p.7)

MacIntyre et.al. (1980) found similar occurrences and also that definitions, assessment criteria and diagnostic procedures used in the assessment and placement of learning disabled children by the various boards in Ontario were subject to wide variation. Obviously the enabling provisions were not working adequately to ensure that the Ministry of Education's policy intentions be carried out with consistency. This variation, as MacIntyre et.al. (1980) observed was also due to the heterogeneity of the LD population, the definitions used, and problems inherent in the diagnostic clinical model (as pointed out in previous chapters).

In 1978 Regulation 191/70 was replaced by Ontario Regulation 704/78. This marked the beginning of more specificity as

to the policies and practices that marked special education - particularly in the area of learning disability. It was also recognition of the need to bring the old regulations, etc. more into line with current educational thinking and Ministry policy as it had developed in the 1970's.

The old 'board of admissions' under Regulation 191 was replaced with the Special Education Program Placement and Review Committee which was responsible to consider each child referred and to make decisions about special class placements based on a health assessment and a psychological assessment. They were also required to make yearly evaluations of each program placement and to consult with pupils and parents. The committee, therefore, remained essentially concerned with placement. They were not required to provide educational direction.

Section 32(1) also established a "withdrawal program" which was envisaged as "a program of specialized instruction for exceptional students who otherwise attend regular classes". This was in fact a formalization of the use of special learning centres which the Ministry had suggested in their 1976 handbook "Education of Exceptional Children". The intent was to keep students in the regular mainstream as much as possible by stipulating that specialized instruction was to take no more than half of classroom time. In some ways this was similar to the resource teacher program as it developed in Manitoba. It was designed to deal with a range of presenting problems and to keep

the student in the least restrictive environment. It was also not necessary for these students to be assessed or placed by the Review Committee thus allowing a range of flexibility.

Under Regulation 704/78 the neurologically impaired label was subsumed under the educationally more acceptable label of learning disability. In addition the stipulation that special classes would be restricted to 8 LD students was retained.

In conjunction with Regulation 704/78 the Ministry of Education issued Memorandum 14/78-79 entitled "The Education of Students with Learning Disabilities" which specifically defined and outlined the definitional, diagnostic and programming directions the Ministry desired boards to adhere to. While the memorandum was prepared to assist school boards in making appropriate provisions for LD students and there was the expectation that school boards would cooperate and follow its lead, it was in no way mandatory.

Memorandum 14/78-79 was important because of the pivotal role it played. While LD and neurological impairment had been long recognized by the educational hierarchy in Ontario as a specific handicapping entity, this is the first time that the Ministry had chosen a specific perspective and outlined it fairly clearly and concisely.

The memorandum points to two general overviews as found in

the literature as to what constitutes a learning disability

- 1) Individuals having specific and significant organically based disorders in receptive, integrative and/or expressive processes.
- 2) Individuals having no known organically-based information-processing disorder. The learning disability may be essentially the result of primary emotional disturbance in a pupil arising from innate or environmental deficiencies.

The latter conceptualization or a combination of the two is rejected in favour of the former which views the problem of LD as organically based and solely within the child. This is obviously a continuation of the belief in and acceptance of neurological impairment as a major etiological factor. Learning Disability as the result of an interactional process is rejected. It is assumed that cause can be readily determined, that social and environmental factors can be easily separated. Hence the Ministry defined LD as:

Disorders in one or more of the processes involved in understanding or using symbols or spoken language. The disorders result in a significant discrepancy between academic achievement and assessed intellectual ability, with deficits in at least one of the following areas:

- receptive language (i.e. listening, reading)
- language processing (i.e. thinking, conceptualizing, integrating)
- expressive language (i.e. talking, spelling, writing) and
- mathematical computations

Such deficits became evident in both academic and social situations. The definition does not include children who have learning problems which are primarily the result of impairment of vision or hearing; motor handicaps; mental retardation; primary emotional disturbance; or environmental, cultural, or economic disadvantage. (p.2-3)

This definition adhered to the mainstream conceptualization of the problem - first that the problem is viewed as residing solely in the child, second, that it is discrete and excludes other types of disabilities or problems and thirdly, that the LD child is one who experiences a discrepancy between potential and achievement. There is also an attempt to operationalize the concept of LD and place it in the context of the educational environment by identifying various process areas deemed important to successful educational functioning.

There are several assumptions which underly this perception. It is assumed that discrete abilities - and hence dysfunctions - can be discerned through the use of appropriately designed tests and assessment procedures. It is also assumed that by identifying the weaknesses and strengths in the various functions deemed important to learning, that appropriate instructional and training programs and techniques could be used to remediate the problematic behaviours. The diagnostic-remedial-prescriptive approach is very evident in the memorandum.

The importance of diagnosis and assessment is pointed out. It is suggested that specific diagnostic procedures be used for

determining LD. These procedures would include the use of a wide range of tests and assessments - i.e., health, psychological, intellectual, academic, behavioural. As well it would involve the assessment of the development and integration of auditory, visual, kinesthetic and motor functioning.

Under the diagnostic-remedial approach it is assumed that the assessment results will not only pin point or identify the specific learning problem, but also that the results will dictate the most effective program of intervention.

It is of paramount importance that the findings of psychological, educational and medical reports be translated into instructional expectations and strategies to meet the needs of each student.
(Memorandum 14/78-79)

The critical assumptions made about the character and nature of learning disability within the educational context was that there was a direct and positive relationship between identification-diagnosis and intervention-prognosis or as Ysseldyke and Algozzine (1982) point out that: 1) specific processes and/or abilities exist; 2) specific processes and/or ability deficits can be reliably and validly assessed; 3) specific processes and/or abilities can be trained; and 4) specific processes and/or abilities are relevant to instructional success. Little attention is given to environmental or situational variables in this approach except where they would exclude the student from the LD rubric.

Memorandum 14/1978-79 also set out three general levels of severity of LD (mild, moderate and severe) and made a connection between the level of severity and the type of placement.

It was assumed that the greater the degree of severity of LD, the greater would be the need to place the child in a more, rather than less restrictive environment. It was advanced that mild forms of LD may be best served within the regular class environment utilizing the expertise of resource teachers. Moderate forms of LD may require assistance outside the classroom on a part-time basis and in the form of individual and/or small group assistance. Students with severe forms of LD may usually require a special class placement assigned specifically for LD children. This arrangement fit neatly in with the range of placement alternatives that had been suggested in Regulation 704/78.

At approximately the same time that Memorandum 14 was issued the Minister of Education also announced the establishment of residential demonstration schools for students with severe learning disabilities. (Memorandum December 27/78) Two such schools were put into operation. They were designed for those LD students who required a restrictive, specialized residential setting. Part of its function was also seen as providing a setting for in-service teacher education in specialized instructional techniques.

While these moves by the Ministry to specifically delineate the LD phenomenon and outline diagnostic and service directions was done within the context of enabling legislation it was not long before they became mandatory.

Under Bill 82 entitled the Education Amendment Act of 1982 Section (2) specified that:

The Minister shall ensure that all exceptional children in Ontario have available to them in accordance with this Act and the regulations appropriate special education programs and special education services.

Bill 82 put into legislation those perspectives and practices towards LD which it had previously suggested local boards adopt.

Programs for exceptional children were to be fully in place by September of 1985. All Boards of Education were required to submit plans of development and organization under Regulation 274/81. Regulation 554/81 necessitated local boards set up Special Education Identification Placement and Review Committee (IPRC) to be responsible for assessments and placement. Provisions for the review and possible appeal of placement decisions were also put in place.

Bill 82 also required school boards to implement procedures to ensure the early and ongoing identification of the learning abilities and needs of exceptional students as had been previously set out in Memorandum 15:1978-79.

Section 2(b) of the Act also stipulated that the Minister shall:

"...in respect of special education programs and services, define exceptionalities of pupils and prescribe classes, groups or categories of exceptional pupils and require boards to employ such definitions or use such prescriptions as established under this clause."

In the area of learning disability the Ministry advanced a definition which was to be used by all boards. The definition prescribed was essentially the same as the one suggested in Memorandum 14/78-79 and quoted above except that a further section was added which states that learning disabilities:

"...may be associated with one or more of the conditions diagnosed as
(i) a perceptual handicap;
(ii) a brain injury;
(iii) minimal brain dysfunction;
(iv) dyslexia; or
(v) developmental aphasia."
(Memorandum 8/82)

This appears to be an attempt to give the appearance of more specificity particularly in terms of etiology. The emphasis was to be on the neurological nature of the problems as they are experienced by LD children.

The early screening and diagnostic procedures remained essentially the same in Memorandum 8/82 as they had been in Memorandum 15/1978-79 and Memorandum 14:78/79.

The diagnostic procedures basically recommend a process of multifactoral testing and assessment. This typically involves the assessment and evaluation of learning disabled children with a variety of test instruments and observation procedures. For

the purposes of educational placement it is seen to be necessary in that it helps prevent the possibility of misdiagnosis and misplacing a student as the result of one test score.¹

A further intent was seen to be to translate the findings into instructional expectations and strategies to assist teachers to meet the needs of each student.

The implied intent was the continuation of a diagnostic-remedial-prescriptive approach to the phenomenon of learning disabilities that was viewed as individual pathology. The attempt was to meet the individual needs of learning disabled students in the least restrictive environment possible through the use of a range of alternatives.

The use of specific categories and definitions of handicapping conditions was a switch back to the use of labels and diagnostic categories in the provision of services from the position taken in the early and mid 70's that rejected the labelling approach. The stance taken by the Ministry with the passage of Bill 82 and the adoption of the LD category was reflective of the belief as expressed by Ballance, Kendall and Saywell (1972) that:

It is hard to conceive of a firm legislative basis for special education or an effective administrative machinery for implementing

¹Smith (1982) points out that despite the use of multifactorial testing for precisely this reason, diagnostic and placement decisions are often made on the basis of a few discrete pieces of information - often a single test score.

legislation, which does not in some way clearly and restrictively define the children for whom special services are sought. (p.28)

Initially the funding provisions and procedures did not change with the introduction and passage of Bill 82 and the mandatory provision that special education services be provided to all students. The basic system of funding that had been in place throughout the 1970's continued.

A new approach was adopted in 1982 which did not tie funding per se to the identification of specific types of handicapping conditions or the formation of special classes and/or programs as had previously been the case. (Report of the Minister of Education 1982)

Under the new system the Ministry initiated a funding model which ensured a fixed amount of dollars for special education based on the number of students enrolled by each board. The Ministry was essentially taking a hands-off approach with local boards.

Under this system of general "fixed" levels of special education funding there were three components. All students enrolled including special needs students became eligible for a specified per pupil amount recognized for grant purposes. Secondly, there was to be included within the regular per pupil amount recognized for grant purposes - in recognition of the additional expenses incurred because of special education pro-

gramming - an additional special education program equivalent of 2 teachers per 1000 pupils enrolled (2.5 at secondary level). In addition a fixed per pupil amount based on enrolment was provided and to be adjusted on a yearly basis. (Ontario Ministry of Education, Feb. 1/84)

This fixed funding approach and the new model attempted to take into account the existence of differing levels of service offered by the Boards across the province. The level of services offered obviously depended on the needs identified in their specific localities. Also some would offer a wide range of services and others, none. In the cases where Boards had ignored the development of special education programs and services under the 'enabling' phase of government policy, many were now faced with large outlays of resources for the creation of mandatory services. Under the new 'fixed pot' large spending sprees by local boards could be avoided, particularly in times of restraint.

In this sense all school boards would be treated the same by allocating funds on a total student population basis. Under Ontario Regulation 274/81 each board had been required to submit plans for the development of special education services. Specific programming decisions, however, were to be left up to the local boards.

While funding now would not in itself shape the nature of the services provided to the special needs students as it had in the past under the old funding mechanisms (assessment for the sake of placement) it need not alter that old approach. How specific Boards choose to set up their programs may well include such a categorical approach. (While funding may not directly "cause" or reinforce the practice of labelling for service, other aspects of the mandatory provisions as found in legislation, regulation and various memorandum may.)

The fact that the mandatory legislation provides that Boards be required to use definitions and diagnostic approaches as outlined by the Ministry (Sec. 2(b) Bill 82) could further this end. In the case of learning disability the diagnostic-remedial approach remains central to the official stance as taken by the government in Memorandums 14/78-79 and 8/82.

The IPRC process utilized by local authorities are in effect obliged to diagnose, assess and place learning disabled students because they have been identified and labelled as learning disabled. By setting out specific definitions of handicapping conditions it may be hard to avoid labelling students and utilizing a categorical system.

Ontario has moved from the special class model of special education to an approach which attempts to foster and utilize a cascade or range of services. Appropriate educational service

is no longer viewed as being the same as simple placement in a specialized setting. Individual needs may be many and varied thus necessitating a range of services and alternatives. While the perspectives and methods and techniques have changed as to how to assess and remediate learning problems - the essential focus - particularly in the case of LD - has remained unaltered. In the case of LD the learning problems are seen to reside solely in the child in the form of one or more deficiencies or disabilities. The belief that specific learning disabilities can be adequately discerned through diagnostic testing, and can be adequately remediated through specialized technique has also remained constant. These developments have been much different from those that have evolved in Manitoba.

CHAPTER XI
DISCUSSION AND CONCLUSIONS

It is quite apparent that Manitoba and Ontario have taken very different approaches to learning disabilities - approaches that are based on differing assumptions and perspectives as to the nature of Learning Disabilities as a specific type of handicapping disability and how it should be dealt with.

In Manitoba the policies developed to deal with learning disabilities can only be viewed in the context of the philosophy and policies which have been developed to deal with the educational needs of exceptional children generally. The lack of a specific policy towards Learning Disabilities as it is generally perceived is a policy stance in and of itself - a stance which has a definite rationale.

The policies which Ontario has developed towards the learning disabled, while very definitely and specifically outlined, must also be viewed within the context of policies developed for exceptional children generally. It is however based on a very different rationale.

In both jurisdictions policies towards special needs children have developed and changed over the years. These changes are both a reflection of and reflected in the altered views of equality and equality of educational opportunity as outlined by

the OECD Report (1976) and by Fleming (1974) and Pike (1980) as discussed earlier. These changes are also attempts to exert and/or maintain social control by attempting to address demands for change and more services as these altered perceptions of equality have demanded. This has been done by devising paradigms and practices which attempt to minimize, eliminate or normalize deviant behaviours such as learning disabilities. They are also the result of changes and developments which have occurred in the way we have come to perceive human rights, impairment, disability and finally the determination of handicap.

The manner of dealing with disability, handicap, school failure and the issue of more equality of educational opportunity has changed from a reliance on exclusion and separateness through special class placement and/or separate facilities, to methods and organizing principles which emphasize and are based on conceptions of normalization, integration, mainstreaming in the least restrictive environment and an appropriate education based on individual need. This has occurred in both Manitoba and Ontario to varying degrees. None of the above can be definitively defined nor is there a right way or a wrong way of addressing the issues raised. This is not to say that separateness and special classes and/or facilities are no longer in use - for they are and quite legitimately - but rather to emphasize a context in which assumptions, motivations and

perceptions have been somewhat altered.

There are obviously a myriad of possible ways in which the educational institutions may adopt these new and/or altered perceptions in terms of meeting the changing expectations and needs of a variety of constituents and jurisdictions. These adaptations further influence the way "special needs" are perceived and acted upon.

One common adaptation has been to utilize and extend the categorical system of special education that is dependent on traditional classifications of the handicapped and to view it now within the context of a cascade of alternatives and a mainstreaming philosophy. The old system is simply expanded in terms of classifications and programs offered. This is essentially what Ontario has done.

A child's needs are still assessed and determined within the context of being diagnosed and labelled as belonging to a specific category such as mentally retarded, emotionally disturbed or learning disabled. The purpose is to identify and sometimes bring together children with the same condition or abnormality - to abet the delivery to such children of an appropriate education in the least restrictive environment. The primary philosophy advanced is one which utilizes a diagnostic-prescriptive, remedial model and is based on the following goals and assumptions common to the individual pathology approach.

Its goal is to diagnose a deficiency in a child so that a classroom placement can be recommended in which a special education program or service can correct or compensate for the deficiency. An assessment report which is based on this model offers a diagnostic label or category to explain the child's failure to learn. (p.80 Keeton, 1980)

The assumptions of this model as discussed in Section I of this paper are that it is deficiency based in that learning problems are intrinsic to the child; it is remedial in that assessment identifies the deficiency or disability so that appropriate program placement can be made for specific types of remediation; it is diagnostic in that norm referenced, standardized achievement and psychological tests are utilized in the diagnostic assessment procedures. (Keeton 1980)

There is also the assumption present that if the "problem" is not dealt with or attended to quickly, opportunely and appropriately that it will become even more problematic as time progresses with generally negative consequences for the life chances of the individual and for society as a whole.

The child becomes eligible for special education resources only by being identified, for example, as learning disabled according to a specific definition and diagnostic protocol. Through the diagnostic testing procedure and the clinical perspective an underachieving student is assessed to see if he can be assigned "blame" for his problem by being shown to have something

called a learning disability. If the tests are negative - i.e. demonstrating no learning disability, - the student is not learning disabled and may not be eligible for special education resources. If it is deemed his fault he gets benefits, if not, he is denied them. (Richardson 1981)

While he may be denied services as a learning disabled student it is quite possible that specialized services could be supplied under another category of handicap. It may be that educational interventions are carried out through "resource" help for educational problems that are not linked to learning disabilities. As has been noted elsewhere in this paper, there are many variables and/or social processes which can influence the clinical diagnostic process. Children can be differentially diagnosed according to class, or socio-economic status, race and sex for example. The system is very much dependent on the assumption that there is a demonstrated relationship between definition-diagnosis and intervention-prognosis that is well established, positive and predictable.

In terms of learning disability, this has essentially been Ontario's position since 1964 when special classes for the neurologically impaired were first introduced under Ontario Regulation 123/64. While there have been changes over the years, they have not been substantive in either perspective or practices.

Initially the failure to learn was attributed to neurologi-

cal impairment and minimal brain dysfunction. The etiology was basically understood from a medical viewpoint. For educators, special classes for these children were the order of the day. Entry was gained by being designated neurologically impaired by a medical practitioner. In the special class setting children with the similar problems of Learning Disabilities were to be taught and their problems or deficits remediated.

Over the years there have been refinements in the way in which learning disabilities have been viewed, diagnosed and remediated. The move has been towards attempting to achieve more specificity and supposedly a greater degree of scientific objectiveness in the areas of definition, diagnosis and remediation. Since Learning Disabilities was essentially a problem found in the educational realm, the underlying etiology and medical orientation shifted to one which more accurately reflected the needs of the educational organizations. This was done by interpreting Learning Disabilities in terms of those processes important to learning - i.e. perceptual processes and psychological aspects generally and the need to understand these problems and tie them to specific learning modalities and/or objectives - i.e., auditory, visual, mathematics, spelling, reading. The interactional processes involved in the enterprise of education generally or in the educating of a specific child are not considered of primary importance except how they may impact on a child's learning after the fact.

Ontario memorandums 14/78-79, December 27/78 and later Bill 82, were attempts to bring government policy towards Learning Disabilities more into line with what was happening in other jurisdictions, particularly in the United States and to reflect the above mentioned changes.

Learning disability as individual pathology was reaffirmed as being the official perspective of the Ministry of Education. Neurological impairments and the medical perspective was incorporated into the broader educational perspective that defined Learning Disabilities in terms of significant organically based disorders in the receptive, integrative and/or expressive processes. It was quite expressly stated that Learning Disabilities was not the result of emotional disturbance, innate deficiencies or negative environmental factors. Inherent in this stance is a belief in the clinical model and a diagnostic methodology which relies primarily on psychometric testing and its ability to differentiate between the various types of deviant or abnormal presenting behaviours.

This position is a very traditional one where the emphasis has been on the so called organicity of Learning Disabilities versus the impact and often damaging consequences of environmental factors and/or interactional mismanagement. The implication has been that deviations in behaviour and the way we treat them can and should be handled differently. However, experience would seem to indicate, in terms of actual practice

and classroom management, that this perspective as a basis for organization and intervention is ineffective to a fair degree.

The official recognition and definition of Learning Disabilities in terms of legislation and regulation was an attempt to impose some order and consistency on the educational community in terms of perspectives and practices. Initially this was attempted through a permissive system and finally through mandatory legislation under Bill 82.

The position taken was that learning disabilities could be readily and consistently diagnosed using a clinical model and a diagnostic methodology which relied on psychometric testing. It is also assumed that Learning Disabilities could be readily differentiated from underachievement, or failure to learn due to innate disabilities or negative environmental factors.

These changes were also demonstrative of a need and a desire to attempt to address questions of equality of educational opportunity, the lack of specific programs for Learning Disabilities children throughout the province and the disparity between programs that did exist, as to their quality and ability to meet the needs of Learning Disabilities children in an appropriate fashion.

Research and surveys demonstrated an obvious disparity between school districts as to programs offered, to whom and

of what quality. There were also questions as to how children were diagnosed, the nature of how decisions were arrived at and how these decisions were translated into specific and appropriate placements. McIntyre, et.al. (1980) and Keeton (1979) pointed out the variability in the above activities as they occurred across the province.

These questions were also tied in with the need to equitably determine how learning disabled children could or should fit into a cascade of services that were organized hierarchically according to severity. The less severe the learning disability the closer the placement to the mainstream. The more severe the diagnosis the more closed, restricted and specialized the educational environment.

In Ontario, research pointed out, as it had in other jurisdictions that there were many problems with the definition used, the diagnostic procedures and the interventions that were set out to deal with the learning disabled population in a consistent fashion. Despite a specific definition set out by the Ministry of Education it would seem that a variety of perceptions are utilized depending on the various boards of education and individual practitioner. In the reality of everyday practice it has been pointed out that the diagnostic procedures used and how they were interpreted could vary substantially between districts. (McIntyre et.al. 1980)

Despite the above mentioned inconsistencies which point to the problematic nature of the diagnostic and intervention practices - (similar problems are pointed out in the literature as a result of research into the practical applications in a number of educational jurisdictions) - Ontario has chosen over the past fifteen years to continue to support the individual pathology, diagnostic-remedial perspective and model as a means of determining who has the problem and who should receive the specialized services that have been developed.

It is obvious that within the Ontario context the efficacy of the model has been accepted in terms of its ability to identify learning disabled children accurately and to provide educational services which appropriately address the educational needs of individual students.

Assessment procedures are organized to develop a diagnosis and to enable educators to respond with a program or programs for similarly labelled children. Within any grouping of learning disabled children one might find a wide range of variability in presenting problems. The possible combinations are infinite. Ontario has tried to address this by providing a range of alternatives. However, given the alternative of inclusion in a larger "normal" groups where specific handicapping conditions are not delineated, the heterogeneity would be even greater. The problems for meeting individual needs would possibly be greater.

As Lieberman (1980) points out:

The counter argument is dropping all labels in favour of "children who need special education". This grand experiment is doomed to failure. The heterogeneity of traditional groupings is wide and difficult enough to deal with without compounding the situation by cross categorical grouping. (p.15)

While this may be in part, the rationale behind Ontario's stance, serious questions have been raised as to whether or not it is efficacious as a general approach. Does the use of the clinical model and a reliance on psychometric testing accurately identify and label all learning disabled children. There is the possibility of the over identification of learning disabilities - of identifying and labelling children because of spurious test results or other errors in the clinical process. There is also the possibility of failure to identify learning disabilities for many of the same reasons.

There remains the question as to whether or not individualizing children's educational programming has been seriously attempted. Perhaps the lack of efficacy of many Learning Disabilities interventions and programs in terms of learning outcomes has been the failure to individualize appropriately. It may be that strategies and interventions designed for individualized instruction have been utilized in a normative fashion. (Blatt 1982) Ontario, in its Memorandum 14/78-79, for example, has attempted to address this aspect by pointing out the importance of translating clinical-diagnostic data into child specific

behavioural objectives and instructional expectations.

There is also the question that the label learning disabled may have a negative impact on the child's school career. There is evidence which suggests that there is, in fact, a negative impact in terms of creating a negative self-image, in evoking a self-fulfilling prophecy and in terms of the negative stereotypical image that others came to have of an individual so designated. Perhaps the assumption that by defining a child who is experiencing a "failure to learn" he is removed from the possibility of a more negative designation and given a label which explains his problems, removes blame and stigma and brings resources to bear to help alleviate the symptoms. This is an arguable point. By focussing on symptoms and giving them the "scientific", "objective" name learning disability the attempt to remove stigma may have the opposite effect.

Also by focussing on the symptomatic behaviour associated with Learning Disabilities and applying the label, it is quite conceivable that we are ignoring the possibility that the exhibited behaviours are not symptoms of a learning disability per se but rather are symptoms of an individual's adaptations to a social situation and the interactions that take place therein. As Woods (1974) pointed out, by dealing with the individual symptoms we are attempting to alleviate, eliminate or adapt the individual to the demands of the system.

Through remedial efforts aimed at the specific problem of

Learning Disabilities we may be supporting existing social and political arrangements and system needs and fail to see the collective individual problems as a comment on the nature and functioning of the present system.

Manitoba has chosen and adopted a stance towards special needs and learning disability that is dependent on a philosophy and system which attempts to address the issues involved in providing appropriate services for special needs children by utilizing a non-labelling, non-categorical approach. The emphasis and underlying assumptions are somewhat different than is the case in Ontario.

Such an approach is not based on a traditional classification of the handicapped - i.e. learning disabled - in the sense that the provision of resources would not be dependent on the child first being identified and labelled as belonging to a specific category of handicap. Rather it would be based on individual need and the fact that the child is exhibiting problems with learning within his school - social environment. The intent of a general non-categorical approach such as this "is to describe rather than label and accept rather than stigmatize". (p.14 Lieberman 1980) It is also designed to examine, understand and bring resources to bear on any number of inter-related problem areas.

In Manitoba, the rationale for developing the system along

these lines can be partly found in the "Working Papers on Educational Alternatives and Legislation" (1975) and the rejection of diagnostic categories, the negative effects of labelling and special class placement and the problematic nature of the less than predictable relationship between cause-definition-diagnosis and intervention-prognosis as demonstrated within several handicapping categories - particularly that of learning disability. (as outlined in Section 1 of this paper)

The Working Papers (1975) as well as the Report of the Advisory Committee on Special Education (1981) both point out - in light of the above - that the process of assessment and diagnosis should not be directed towards the identification of underlying pathology and the use of labels but rather the main emphasis should be on identifying immediate needs in the context of behavioural objectives. Attention is directed towards outlining a learning program which will develop the child's skills and then to develop a placement situation wherein such a program can be most readily implemented.

The goals and assumptions of such an approach would differ from the categorical-diagnostic prescriptive remedial approach. It would focus and concentrate more on the child's current educational standing and the desire to have the child "progress developmentally from his current stage in the continuum of knowledge and skill to the next stage". (p.81 Keeton 1980)

An understanding of the processes involved in the inter-

actions of situational, environmental, structural and specific individual developmental factors is very necessary in this context. These factors are more likely to be taken into account in the process of establishing and attempting to meet individual needs and in the planning of programs when the focus of the problem shifts from being exclusively centered as "within the child" - as individual pathology, - to understanding the child in the larger context. Here any number of variables both internal and external to the child interact to determine where he is at. Symptomatic behaviours are not necessarily a reflection of specific internal problems but rather may be viewed as adaptations to a social situation, - i.e. demands of the educational system.

How much current educational practices in Manitoba extend to include this wider conceptualization, remains open to question and further investigation. It is not at all obvious that these perspectives have been translated into the practices of specific districts, school and teachers generally.

This approach evolved during the 1970's. During the mid 60's to early 70's Manitoba was very much into the special class - categorical system of special education. Learning disabilities were not recognized until the advent of the resource teacher program. Cenerini (1980) has pointed out that the rationale behind the resource teacher program during its first few years of operation was based on the belief that Learning Disabilities

was a discrete handicapping disability which could be diagnosed and intervened upon effectively by utilizing a remedial approach. This was similar to Ontario's view.

However, it is apparent that with the realization that the Learning Disabilities rubric was not as discrete an entity or as efficacious as first thought in terms of identifying and dealing with failure to learn, that educational policy would change. This is particularly so when viewed in conjunction with the rejection of the special class model and the use of categories and labels that was also becoming a force in educational thinking.

Succeeding years and further research, along with repeated attempts at refinement of definition, have not clarified the issues surrounding Learning Disabilities or made the designation any less problematic. The problematic nature of the learning disability rubric is still to be found in the following areas; a lack of exactness of definition and/or agreement as to the same; the heterogeneity of characteristics, symptomology and hence of presenting problems; questionable reliability and validity of the various tests and diagnostic devices used in the assessment process; the subjectivity of the "objective" clinical process; the negative effects of labels; a wide discrepancy in incidence and prevalence rates and the lack of a firm basis in research; and finally the lack of demonstrated efficacy in the relationship between diagnosis of a specific

learning disability and any number of the various remedial technique.

The general intent of government policy in Manitoba then has been to develop an educational system through mandatory legislation and regulation that would be all inclusive with the aim of ensuring that every child, including those with special needs, would receive an appropriate education. This is seen as taking place in the least restrictive environment and as close to the mainstream as possible.

Ontario would have the same objective and policy stance. However, the use of a categorical system within this context would be the method used to deal with the problematic behaviours of learning disabilities. Manitoba has attempted to develop a system that does not rely on categories and separateness. Separateness and labelling are viewed as having a negative impact on learning and the system generally.

Within this context it is hardly surprising that Learning disabilities as it is popularly perceived and defined in the literature and in legislation (Ontario, United States) has been more or less rejected as a specific handicapping category by those formulating educational policy in Manitoba.

Learning disability as generally defined and understood is viewed as an individual intrinsic problem. It is generally defined by what it is not. It is assumed to have a psycho-neurological etiology. What has developed in Manitoba it would

seem has been the acceptance and utilization of the designation Learning Disabilities in a much more generic sense. It is viewed as a very broad general category signifying a range of problems associated with a lack of academic success and implying no specific etiological-diagnostic-remediation link. In this sense it has no practical value because of its lack of specificity except that it denotes a "failure to learn".

Given the admitted heterogeneity of the Learning Disabilities rubric, this is a very logical position to take. Within the context of a government policy the intent of which has been to establish and foster mandatory provisions (Bills 58, 22, 31) that are broadly inclusive and which rejects labelling and separateness in favour of integration, mainstreaming and a non-categorical approach, it is logical to expect the rejection of a specific category of handicap - particularly one such as Learning Disabilities that is somewhat "subjective" and has been demonstrated to be less than efficacious.

Given the problematic nature of the category and the learning disability rubric generally and the continued development of a commitment to a non-labelling, non-categorical approach, it is understandable that a somewhat more generic conception of learning disability should come about. For example the resource teacher program has become more all inclusive to the point where it now deals with a wide range of handicapping educational concerns which might be termed learning disabilities or at the

very least viewed as 'learning problems'. It is very clearly reflected that there has been no attempt to separate or categorize admission to the resource teacher program on the basis of a specific definition or diagnostic procedure.

The inclusion of a very general definition in the 1981 Guidelines for Application for Low Incidence Support for School Divisions/Districts with reference to the low incidence-high cost funding for special needs, also demonstrates a very broad conceptualization of the problem of Learning Disabilities. The definition does nothing more than refer to a discrepancy between achievement and potential - a situation that could exist for any number of reasons and which one would expect to see if there was a problem with learning. As the Minister of Education points out the definition is to be used only as a guide, as an example of a general problem area not as a definitive entity or qualifying category for service delivery.

The funding procedures which have been implemented to ensure the appropriate education of special needs children, first under the block grant system as seen in the resource teacher program and more recently under the two tiered system as found in the Education Support Program (1981) - i.e. high incidence-low cost and low incidence-high cost handicaps have been designed to support the government's philosophy and policy stances and has attempted to avoid labelling children and categorizing them according to handicaps.

Block grants are provided to maintain students in the regular classroom with resource teacher input and assistance (high incidence-low cost). This program is designed to address a variety of problem types and a range of student educational difficulties. It is designed to give flexibility as to how individual need is met.

The intent of the categorical grants in the area of high cost funding for low incidence handicap is to provide individual funding for appropriate programming necessary to meet specific individual needs. The focus is not on diagnosis and labelling for placement but rather on the assessment and planning of an appropriate program for the specific individual based on that individual's specific educational needs. It is designed to direct resources to where they are needed and to provide a range of services that would enhance or enable the child to be provided with an appropriate education in the least restrictive environment.

The funding system for special education as has been established by the Department of Education attempts to promote non-categorical placement without the use of specific handicapping labels by providing funds through block grants and through the application of individual grants to address individual problems.

This two tiered system of funding and the guidelines associated with determining low incidence-high cost status is not without its problems. The need for common language, for a generally accepted understanding of a variety of conditions

would be essential and cannot be avoided if any sense is to be made of the system conceptually or administratively. Whatever the approach taken, we still end up with words that convey specific ideas and ultimately generally stereotypical notions about groups of children. To what extent do these generalized notions translate into labels and act as gatekeepers in determining who does or does not obtain services is open to question?

Because the broad government policies fail to define or recognize learning disability as a specific handicapping entity in the generally accepted sense, it follows that a specific diagnostic protocol would be both unnecessary from a broad policy perspective and therefore would be non-existent. Given the non-categorical and non-labelling perspectives advanced there would be no need for a diagnostic label or category where attention may be directed primarily toward diagnosis and placement. The focus of assessment is rather upon programming to meet individual need not for labelling and not for placement in a specific program where it is assumed individual need would be met. The intent of assessment is to contribute to the learning process not to give boundaries to the categories into which children could be placed.

The fact that the policy stance of the government has been to meet individual need through appropriate placements and educational programming, implies and necessitates a process of

determining need and subsequently matching need to interventions and educational programming. Implied in this stance is the assumption that need may be variously determined and can be met through a range of alternatives and interventions and that prognosis will be positive.

In the above sense individual need and appropriate education are understood in the context of "where the child is at". The focus is on developing a program that will develop the child's skills. Remediation is not the only issue. Environments might need changing in the educational setting. The nature of the interactions between the relevant people in the child's environment may also be important. This may be in a very primary sense - perhaps as being part of the 'cause' of a learning problem or, secondarily, as having an impact on learning. The intent is to individualize a child's educational experience as much as possible.

While this may be the general intent as suggested by government policy, it does not preclude the possibility that a specific diagnostic-remedial model could be used which attempts to define learning disabilities as a specific categorical type of handicap, one which makes etiological inferences and hence views the problem of failure to learn as individual pathology.

Because of the funding apparatus in place at the provincial level and the absence of a specific policy towards Learning Disabilities in terms of a recognition of a specific definition

and diagnostic process, it is quite possible that the Department of Education and/or school districts could use paradigms and perspectives like this for their own programming purposes and resource allocation arrangements.

This was certainly alluded to at the Annual General Meeting of MAST in 1982 wherein the funding apparatus was viewed as promoting segregation by labelling and isolating students. For funding purposes individual students would often be pathologically described. This would be a prerequisite in any system that attempts to provide service by defining some students as "special needs students" and hence as different from the normal in a negative sense.

Students that present problems for the system because of their differences have traditionally been described by what is wrong with them - i.e., pathological characteristics. To suppose that the generalized labels that have grown up around these deviant learning characteristics will disappear and play no part in the allocation of funding is perhaps naive.

While these determinations are far beyond the scope of this paper, it must be recognized that what takes place in the everyday practice of teachers, clinicians and administrators is certainly going to impact on, shape and help determine the outcome of policy initiatives and intent.

The 1981 Report of the Advisory Committee on Special Education in commenting on the school system's response to the student

with special learning needs, alludes to the problems inherent in everyday educational practice and perspective. These everyday perspectives and practices may mitigate against the intent of the broad non-categorical policies of the government as outlined in the above pages. The following quote also demonstrates how "school failure" is in part created by these same perspectives, practices and processes that are put in place to deal with problematic children; that problems with learning are often the result of a process that in part may be responsible for the creation of or the maintenance of the deviant behaviours.

The educational system as a whole, sometimes fails to take responsibility for the part it plays in producing failure and/or behavioural problems of students. The system has developed administrative, diagnostic and programming patterns which often portray student problems as being caused by inherent characteristics of the student or the students' environment outside of school...(This) may cause students to be perceived as deviant or handicapped... Diagnostic and testing practices tend to focus on and hence may accentuate behavioural lags and disabilities. They describe the limits of the child and, in many instances, do not provide an overall picture of his capabilities, thus limiting the ability of the teacher to set and pursue realistic objectives in all areas of training and personal development.

The failure of education to base instructional processes on precise specifications of objectives and outcomes and to adequately document student mastery of these outcomes creates a learning environment which will not meet the learning requirements for certain students and will lead to failure. (p.15)

In Manitoba it has been the policy intent of the government that the concepts and practices of special education towards the learning disabled be viewed and utilized within a generic framework.

It is assumed that special needs will be presented by almost all students at some point in their school career. While special needs may differ in a qualitative and quantitative sense and therefore in the need for resource allocation, they do not differ in the necessity for individualized responses to idiosyncratic need. Creating specific categories based on types of handicap or disability does not take into account the wide range of interacting variables which either "cause" or negatively impact on individual learning situations. Viewing the problem as individual pathology prevents a wider conceptualization of these problems.

In Manitoba the Department of Education has attempted to provide for a service delivery model which addresses this individual need through providing a continuum of services that can be tailored to individual needs of students at any time in their school career. It is within this context that government policies attempt to address the needs of these students who may be considered "learning disabled".

At the same time it must be recognized that the educational hierarchy in Manitoba would continue to be very much influenced by the current orthodoxies. In the case of Learning Disabilities

the predominant perspective is that learning disability is an individual problem that can be discerned and diagnosed utilizing the clinical model and that remediation can take place. This is a very influential perspective which is transferred and translated into the repertoires and practice skills of teachers, psychologists, social workers, psychologists and doctors as they interact with children as representatives of the educational hierarchy.

As the above guide illustrates, the impact of such perspectives and practices as part of a larger social process (education) impacts on and further shapes the policies of the government and of the various Boards of Education.

Conclusions

This paper has attempted to explore two basic conceptions of deviance in the specific context of learning disabilities and the failure to learn. The first perspective views the disability as being child-centred or within the individual. The second views the learning disability designation as more the result of a social process than as a discrete handicapping entity. In this sense a person's success or failure is more the function of interactions between intrinsic strengths, weaknesses, motivations and the larger environmental, situational and interactional factors that are inherent in the classroom, the home, and in society and its structures within which we conduct and attempt

to control human affairs. The focus is on the situation rather than on personality.

Both may be viewed on a continuum with individual pathology at one end and the process approach at the other. They are not necessarily divergent but involve a broadening out from the former to the latter.

Individual pathology as an approach, attempts to bring in more specificity and scientific objectiveness in their desire to understand a specific phenomenon - Learning Disabilities. As Rein (1976) points out this type of approach attempts to separate fact or objective reality from the subjective nature of human endeavours and values. Thus the attempt is to discover etiology - to attribute Learning Disabilities to specific scientific "causes" - and subsequently to attempt cures by utilizing specialized techniques and interventions.

The social process approach also denotes a way of looking at the problem of learning disabilities but from a wider point of view. The notion is rejected that facts and values can be readily separated. Deviant categories or labels such as Learning Disabilities are grounded in a social process that "creates" the designation to suit its purposes. Deviance as social process is therefore dependent on the social context, on the norms and values that inhere therein and on the labels and stereotypical images conferred by significant others and the subsequent action-reaction interplay that occurs. It is dependent on power

differentially distributed and is centred in issues involving social control in a formal and informal sense. One must look beyond the individual child and his behaviour. As Compher (1982) points out: "...it is important to look not only at the child's actions but also at the behaviours and relationships of the adult actors in the system, especially the parents and helping professionals who relate to the child." (p.415)

The manner in which significant others view the problem of learning disability from both a practical and/or professional point of view in terms of etiological and intervention considerations would undoubtedly influence these interactions.

While internal factors may have a profound impact on the child, it is also important to understand and consider the dynamics and influences of the interactional nature of human experience. The interactional perspective has pointed out how the various systems of helping professionals may effectively differentiate, select and promote youth for deviant careers through a socially conferred status - i.e., learning disabilities. The effects of labels, the dynamics and impact of the self fulfilling prophecy all point to how a "problem" or conception of a particular behaviour or symptomology as being deviant, may exacerbate or prolong difficulties or perhaps "cause" them in the first instance. The development of vested interests in the area of a specific disability - i.e., professional groups, parent and consumer groups, private companies -

may also tend to perpetuate or further define and delineate the problem, as might political considerations.

Manitoba through a certain realization of how deviant designations are created has rejected the view that learning disability is "objectively given". Rather they have opted to view it in a much wider framework - one which recognizes how Learning Disabilities has been "subjectively created". That children experience learning problems because of intrinsic organic damage or dysfunction is not ignored or denied. A wider understanding is sought - the attempt is to understand the child in the context of his total environment and to avoid 'creating' or exacerbating problems experienced with learning. How well this is carried out or achieved in the context of everyday educational practice and the learning outcomes of individual children is a point difficult to determine and certainly is open to question.

Ontario has consistently utilized an approach which views 'learning disability' as objectively given. The problem is centered in the child and the attempt is to remediate the learning problems experienced. Other problems in the child's environment are either viewed as being caused by the learning disability or interacting with the specific learning problem to create and complicate the initial, primary difficulty. How successful day to day practice can be in understanding, separating, and intervening on the primary and secondary nature of a

child's problems remains open to question.

In many ways both Ontario and Manitoba attempt to bring resources to bear on problems that initially at least, present as problems with learning or as "learning disabilities". Both attempt to address individual need and seek to enhance the educational opportunities of special needs children. It would appear that both jurisdictions place much emphasis on individualizing educational experiences - to help the child adjust through an appropriate educational experience. Both have attempted through policy formulations to deal with a perennial problem, that of the emphasis often being on diagnosis and assessment rather than actual treatment or specific educational programming.

The assumption is that the child must be assisted in changing and adapting to the demands and expectations of the larger system. This is a legitimate and realistic expectation. However, in determining what that need is in terms of "appropriate" and "individual" it may be that the needs of the child become overly identified, if not synonymous with the needs of the educational system and the larger society.

The current orthodoxy and support technology, in terms of testing and diagnostic tools fosters and encourages the view of learning problems being the result of individual pathology in that they purport to identify important learner characteristics and consequently individual deficits and weaknesses.

Because of this it is difficult not to see deviation as anything but an individual problem. Often the clinical process only confirms that a child who is experiencing a problem is experiencing a problem. If we assume discrete problem types and subtypes and place our emphasis on finding them in all likelihood we will find them.

The prevalent orientation in assessment is basically one designed to find out what is wrong with students. Generally speaking school personnel have developed a rather massive systematized structure to support the identification of handicaps, disabilities, disorders and dysfunctions in students. Whether this is used to support a categorical system as with Learning Disabilities in Ontario or a non-categorical, non-labelling system as encouraged in Manitoba, the important consideration is that for some special need students being different is seen as a problem. Other considerations or explanations may not be adequately explored or even considered. Generally speaking the differences among individuals as generally defined by the clinical assessment process are not the reason children are not learning in school. They are but merely symptoms that we have chosen to analyze and to develop substantial services around.

In this regard many of the differences between Manitoba and Ontario's approaches may be quite superficial rather than substantive. Despite this, Manitoba, to a degree at least has at-

tempted to foster an extended or more involved conception of learning disability and for that matter of special needs generally. If there is a problem with learning, it may well be the result not only of individual pathology, but of a complex web of processes and interactions that occur when a child is expected to function within a certain set of parameters. It is considered that exhibited, problematic behaviours may be a reaction to a situation rather than an inherent problem. It may be because we have chosen to define a particular set of individual characteristics as problematic. A strictly educational intervention may be quite incomplete or totally misguided in that a whole range of variables may be ignored, misunderstood or missed altogether. In this sense interventions have the potential to be at very least neutral. They also have the potential to be rather damaging, either through a failure to recognize the "true" problem and to intervene appropriately or because interventions attempted may have a negative impact in and of themselves.

If one takes a wider perspective the potential is there to intervene on a wider range of variables that may impact on the learning situation. This can be done in an individual sense. The aim may also be to intervene on general system characteristics which are generally seen as problematic to target groups of pupils experiencing problems.

The view that any particular intervenor or helper takes

towards "learning disabilities" and related social problems will certainly effect practice modalities used and specific interventions chosen. Is learning disability, in fact, an intrinsic characteristic of an individual or is it much more of the result of a social process, a result of the interactional nature of the relationship between individuals and individuals and total environments?

It is an important area for critical examination and understanding because the definitional diagnostic and interventive perspectives remain somewhat problematic and controversial.

We must not just accept another deviant categorization uncritically without an examination and understanding of the processes involved in its creation as a category and in the approaches and methods utilized in diagnosis and intervention. What we perceive of as individual need or pathological function may be something else entirely or it may be more a reflection of system needs. How are these aspects intertwined?

Uncritical acceptance may exacerbate a negative situation and prevent the conceptualization of new or creative approaches and interventions. It may prevent need changes in the way education is largely structured and organized around normative technique as it is applied to groups of children who are expected to successfully negotiate their way through a lock step curriculum organized into ten month hierarchical steps. It may prevent the individualization of our educational systems

whereby all children are viewed as special with very idiosyncratic learning needs and capabilities. Uncritical acceptance may prevent us from effectively advocating for children in this context.

Hopefully a critical understanding leads to a broader, more complete understanding and an increase in the knowledge which predicates and guides practice and the way we interact with children who are experiencing "learning disabilities". Hopefully a critical understanding would also lead us to question how we define the problem itself and for what reasons. McKnight has some interesting observations in this regard:

The complex professional remedial tools have come to justify the professional power to define the need - to decide not only the appropriate remedy but the definition of the problem itself. Increasingly professionals assume that in order to deal with deficiency, they must have the prerogative to decide what is deficient. There is no greater power than the right to define the question. From the right flows a set of necessary answers. If the services can effectively assert the right to define the appropriate question, he has the power to determine the need of his neighbour rather than meeting his neighbour's need. (p.85 Illich et.al., 1977)

APPENDICES

APPENDIX A

MAINSTREAMING

A. Definition

The Council for Exceptional Children developed a concise definition of mainstreaming which states:

"Mainstreaming is a belief which involves an educational placement procedure and process for exceptional children, based on the conviction that each such child should be educated in the least restrictive environment in which his educational and related needs can be satisfactorily provided. This concept recognizes that exceptional children have a wide range of special educational needs, varying greatly in intensity and duration; that there is a recognized continuum of educational settings which may, at a given time, be appropriate for an individual child's needs; that to the maximum extent appropriate, exceptional children should be educated with non-exceptional children; and that special classes, separate schooling, or other removal of an exceptional child from education with non-exceptional children should occur only when the intensity of the child's special education and related needs is such that they cannot be satisfied in an environment including non-exceptional children, even with the provision of supplementary aids and services." (1976 C.E.C. International Conference, Chicago - April 4-9)

B. Least Restrictive Environment

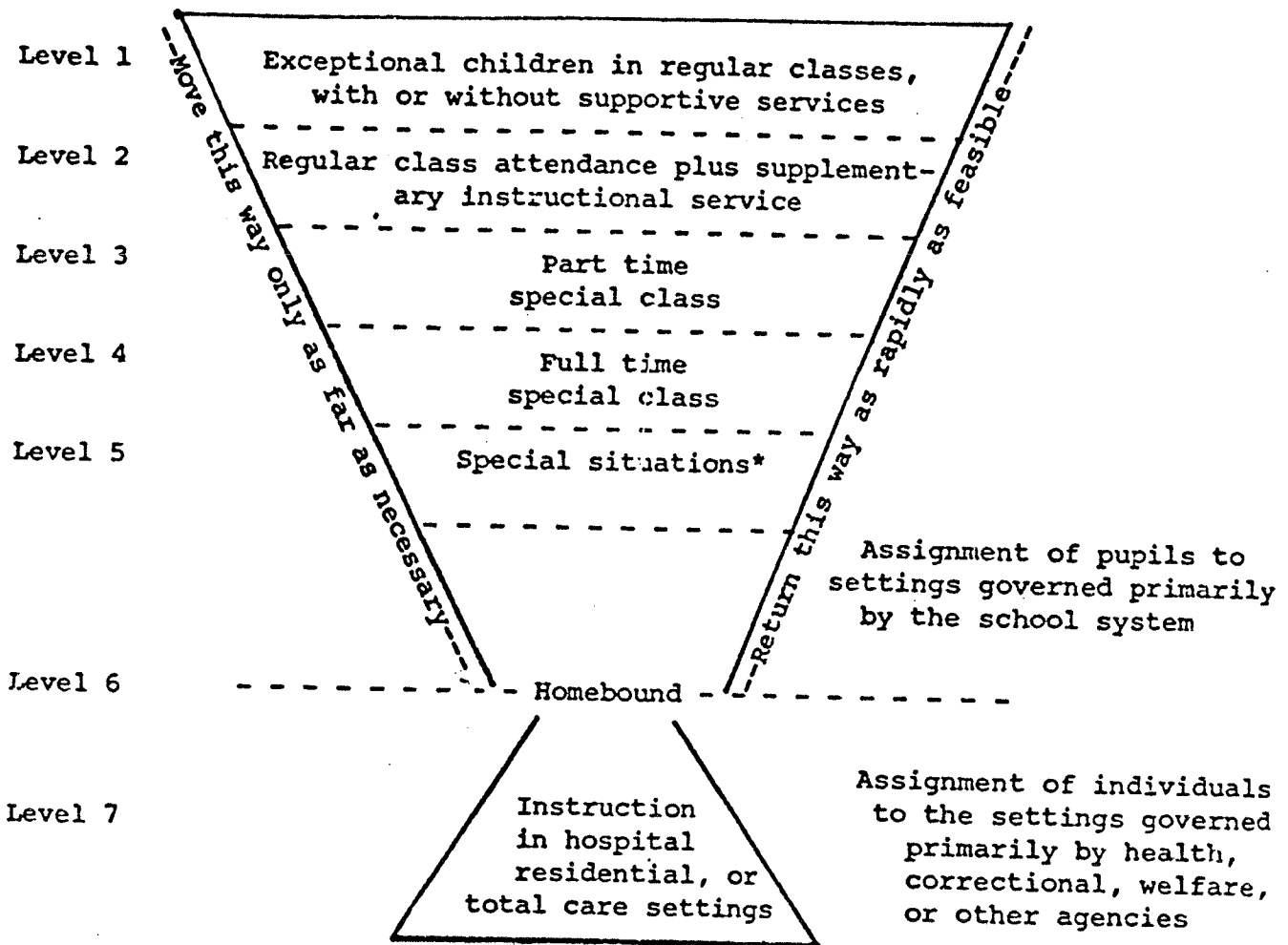
"Historically, handicapped pupils were pulled out of regular classrooms and placed in self-contained classes. The least restrictive principle stops this 'all or nothing' approach to placement and stresses the need for using a continuum of services sensitive to diverse needs." (p.320 Mercer 1979)

Similarly the 'least restrictive alternative' is defined in the following as

"For any child, the educational setting in which he or she can succeed which is most like the regular classroom." (p.442, Heword and Orlansky 1980)

APPENDIX B

Figure 6: Cascade of Special Education Service Model



*Special schools in public school systems

NOTE: The burden of proof for downward movement of a student must rest with the school division which must show that it is not feasible to provide adequate instruction at a higher level.

The cascade system of special education service. Source: "Special Education as Developmental Capital" by E.N. Deno. Exceptional Children, 1970, 37 (3), 239-237, 235. Copyrighted by The Council for Exceptional Children.

APPENDIX C

DEPARTMENT OF EDUCATION

GUIDELINES FOR APPLICATION FOR LOW INCIDENCE SUPPORT
FOR SCHOOL DIVISIONS/DISTRICTS

Low Incidence Support funding is available for students with severe handicaps who require extensive modifications in educational programming which are beyond the scope of support for high incidence handicaps.

Low Incidence I

Criteria for eligibility for funding at the Low Incidence I level generally is based on the need for individualized small group instruction and/or additional individual support in the classroom for the major portion of the school day because of the nature of the student's handicap. The following handicapping conditions are considered for Low Incidence I Support:

Trainable Mentally Handicapped
Moderate Multi-Handicapped
Severely Physically Handicapped
Severely Hearing Impaired
Severely Visually Impaired
Very Severely Learning Disabled
Very Severely Emotionally Disturbed
Other special conditions can be considered.

Low Incidence II

Criteria for eligibility for funding at the Low Incidence II level generally is based on the need for individual instruction for the major portion of the school day because of the nature of the student's handicap. The following handicapping conditions are considered for Low Incidence II Support:

Severely Multi-Handicapped
Severely Psychotic and/or Autistic
Profoundly Deaf
Other special conditions can be considered.

DEFINITIONS

The definitions below are provided as a guide to assist school divisions/districts in the initial selection of students for Low Incidence Support funding. The Child Development and Support Services branch will determine final eligibility in consultation with school division personnel.

Level 1

1. Trainable Mentally Handicapped

The child who has an intelligence quotient which is less than 50 (± 5) as a result of a valid intelligence test administered by a qualified person. The child must have a very significant deficit in adaptive behavior and require intensive special educational programming for a major portion of the school day.

2. Moderate Multi-Handicapped

The child who presents more than one syndrome at a time. Taken together, the handicapping conditions present a serious adjustment difficulty for the student in the school and the child requires intensive special educational measures in order to benefit from a school program.

3. Severely Physically Handicapped

The child who, as a result of an accident, illness, injury to the nervous system, congenital deficiency or malformation, suffers from a severe physical handicap and requires intensive special educational measures and/or physical rehabilitation.

4. Severely Hearing Impaired

The child who, on the strength of an audiological examination, is found to have a severe or profound hearing impairment. Additional assessment have identified a severe delay in language, speech and academic functioning which requires intensive remediation and special programming in the above stated areas.

5. Severely Visually Impaired

A child will be considered severely visually impaired if, after all possible visual correction, he requires special materials and services, but is able to use visual media (including print) as his primary method of learning. In order to become eligible for Low Incidence Support funding, the visually handicapped child requires very intensive special education measures which are directly related to the visual handicap. In some cases, this may apply to the integrated braille-using blind student who requires intensive input in addition to the services provided by the Department.

6. Very Severely Learning Disabled

The child whose performance in reading, language and/or mathematics is grossly below that expected on the basis of intelligence or learning potential. These very severe academic difficulties will prohibit functioning in a regular classroom without highly intensive individualized input.

7. Very Severely Emotionally Disturbed

The child who, as a result of an appropriate assessment, shows very severe emotional and social behavioral problems which are incompatible with the numbers and standards of regular school groups. These difficulties do not appear to be caused by inappropriate school expectations. The student requires an intensive specific program to ameliorate the emotional and educational problem.

Level II

1. Severely Multi-Handicapped

The child who has a combination of severe handicaps which produce very severe multiple learning, development and/or behavioral problems. The child will have a severe mental handicap, compounded by a severe physical handicap to the extent that he/she can not respond to the usual instructional methods provided in special education programs for the mentally or physically handicapped; or, if not retarded, will

have two or more severe physical impairments. As a consequence of the severe multi-handicaps, the child requires intensive and continuous assistance and/or supervision on an individual basis.

2. Severely Psychotic and/or Autistic

This category includes a variety of extreme chronic deviant behaviors ranging from impulsive and aggressive to depressive and withdrawn which are frequently beyond control. The child displays highly deviant school behavior which necessitates placement in a special highly intensive therapeutic and educational program setting.

3. Profoundly Deaf

The child who has a profound hearing loss as measured by an audiological examination. The hearing loss is so severe that it has impeded the development of speech and language. The child requires a highly specialized program of instruction utilizing alternate methods of communication.

4. Other Special Conditions

APPENDIX D



MINISTER OF EDUCATION

WINNIPEG
R3C 0V8

May 18, 1983

TO: CHAIRPERSONS
SUPERINTENDENTS
SECRETARY-TREASURERS
SPECIAL EDUCATION CO-ORDINATORS

I recently advised school divisions and districts of funding associated with the 1983 Education Support Program. A significant increase has been provided for special needs programs. This increase is an indication of this government's commitment to providing greater opportunities for those with the greatest need.

I indicated that I would clarify provincial expectations with respect to the application of special needs support. This letter addresses that issue.

The stance of the Government of Manitoba with respect to children with special needs is the following:

Since each child in the Province has the right to develop to the fullest extent possible as a confident and valued member of our society, there is a responsibility for the provincial government and those who provide educational services in the public school system to ensure that the child with special needs has an equal opportunity to receive a meaningful and appropriate educational program.

To provide a child with an appropriate program, we believe the child is best placed where her/his total needs are met as completely as possible. For a large proportion of children with special needs, this goal is best accomplished by placement within the regular program stream. Social interaction with other students in a normal environment is a vital part of the educational curriculum. For many of these children, it is necessary to provide additional supports in order for them to benefit fully from their experiences in the regular classroom.

My Department recognizes that special supports to maintain children appropriately in the regular classroom requires the application of resources in a manner which is not uniform for all students. Learning conditions vary from student to student and the assignment of resources should be appropriate to the assessed needs of each student.

Through the effective use of resource teachers and other specialist personnel, most of the students with special needs in a division - those whose difficulties tend to be on the mild and moderate side of the continuum - can be accommodated in the mainstream of education and can receive the most appropriate education in that setting. School divisions have a large degree of flexibility to employ qualified personnel who will develop appropriate programs to meet the needs of their students. This largely non-categorical financial support from the Department encourages the formation of a network of comprehensive services in the division for this purpose. The Department's special funding mechanisms are meant to maximize both the decision-making process at the local level and the provision of real and adequate supports to the individual child with special needs.

A small proportion of the student population has exceptional needs which are so significant that a higher level of resources is necessary because of the extensive nature of the program modifications required. These students have need of highly individualized programs. Low enrollment class groupings could be suitable for those scheduled portions of the timetable involving instruction in which individual attention is vital. However, the segregation of students in special class groupings should not become locked into the entire scope of the timetable. Efforts should be made to ensure that the learning experiences of these students benefit from social interaction with all of the students in the school.

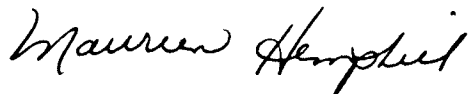
The identification of students' learning conditions can become a negative process. The handicapping conditions listed in the regulations of the Public Schools Act are intended to serve "as examples" of the severe disabilities experienced by children who require considerable modifications or supports to their program. It is not necessary to attach such labels to individual students for funding purposes. It is essential to determine the level of need presented by the student and to plan and implement the program modification which will meet that need.

Whether the child is placed in an educational program which ranges from a specialized setting to the regular classroom is not a criterion which should be used either by my Department or by school divisions to determine eligibility for low-incidence funding. We believe that the child with severe difficulties should be placed in the least restrictive setting which may well be in the regular classroom.

My government places great emphasis on the continued development of a comprehensive service delivery system to meet the needs of children with special needs. The increasing involvement of parents, community groups and other government departments through co-operation with board members, administrators and teachers in the public school system will further this development. To facilitate such involvement I urge school divisions and districts to make information describing special education programs and related services available to the community.

I would welcome further input in the area of special needs from you and I urge you to continue communicating with us on this very important matter.

Yours sincerely,

A handwritten signature in cursive script that reads "Maureen Hemphill". The signature is written in dark ink and is positioned above the typed name.

Maureen Hemphill

The Canadian Association
for Children and Adults
with Learning Disabilities



L'Association canadienne
pour enfants et adulte
ayant des troubles d'apprentissage

Maison Kildare House, 323 Chapel, Ottawa, Ontario K1N 7Z2 (613) 238-5721

DEFINITION OF LEARNING DISABILITIES

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"Learning disabilities is a generic term that refers to a heterogeneous group of disorders due to identifiable or inferred central nervous system dysfunction. Such disorders may be manifested by delays in early development and/or difficulties in any of the following areas: attention, memory, reasoning, coordination, communicating, reading, writing, spelling, calculation, social competence, and emotional maturation.

"Learning disabilities are intrinsic to the individual, and may affect learning and behaviour in any individual, including those with potentially average, average, or above average intelligence.

"Learning disabilities are not due primarily to visual, hearing, or motor handicaps; to mental retardation, emotional disturbance, or environmental disadvantage; although they may occur concurrently with any of these.

"Learning disabilities may arise from genetic variations, biochemical factors, events in the pre to pre-natal period, or any other subsequent events resulting in neurological impairment."

Approved by the Board of Directors
Canadian Association for Children
and Adults with Learning Disabilities

October 18, 1981

Moncton, New Brunswick

APPENDIX F

Research Methodology

The research process began with defining what a learning disability was and how it came to be. This was determined by a research process that examined, in a historical and sociological sense, the roots of the phenomenon and the process involved in the evolution of the dominant concepts. It was determined through this process that a generalized widely accepted definition was in use throughout North America. The research process involved a library survey of the relevant literature on LD as well as an examination of specific pieces of legislation in both Canada and the United States. It also involved an examination of the various reports and briefs that have been generated by consumer groups such as the various chapters of the ACLD and the CEC.

Once a general definition was established, it then became necessary to attempt a critical understanding of the critical concepts involved in it and how the definition has been operationalized. This was done within the general approaches and concepts utilized in special education. This was done through a review of the literature and through personal experience as a professional in the educational field.

The research and general literature on LD was generally surveyed in an attempt to come to an understanding of what was involved in the operationalizing process and what the wide range of experiences indicated in terms of efficacy and/or problematic

areas. This was done by a process of selecting particularly germane articles and general writings.

Within this operationalization process it was necessary to critically examine three areas. Firstly, an examination of the processes, techniques and tools involved in diagnosing LD was made. This required looking at the whole area of psychometric testing including the rationale for the use of tests, issues involving validity and reliability, as well as the whole process of interpretation of results. It also required a critical examination of the wider use of the multifactoral testing and assessment procedures generally ascribed to and in widespread use. A critical examination of the literature on testing and assessment, particularly as it relates to special education generally, and LD specifically, was necessary to the above.

Secondly, the writer examined the many and various remedial and/or compensatory techniques that have been used to intervene on LD. This was done by examining the research and descriptive literature in attempting to come to an understanding of their relative effectiveness.

Thirdly, it was necessary to examine the general impact and effectiveness of generalized approaches and the efficacy of the general paradigm set up to deal with a specific concept of LD.

The above research acted as a conceptual springboard

within which the policies developed in Ontario and Manitoba could be examined. The writer began by examining in a historical sense the developments in education in both provinces. The annual reports of the departments of education were examined as an initial reference point. From these annual reports, key references to a variety of concepts, pieces of legislation, specific research and/or reports were obtained. Primary sources were then sought and examined where possible and practicable. Secondary sources which commented directly on the educational scene in both provinces were also examined. It was also necessary to communicate with a number of people as to what were the important and germane events, reports, legislation, and research, etc. and where this information might be obtained.

These people were also very helpful in clarifying and interpreting information and in assisting me to place things within the context of the actual reality of the day to day operation of an educational system. These people were variously located with the Ministry or Department of Education in Ontario and Manitoba, within MAST, MTS, MACLD, OACLD, CACLD or a number of school boards in Manitoba and Ontario.

As pointed out in Chapter II, the information gathered through the above research process was then examined and interpreted within the framework of a specific conceptual model.

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