Dissertation Abstract.

Name: Majella Ginnane.
Dissertation Title: "The Integration of the Physically Handicapped Student into Mainstream Education - An Art Teachers Perspective."

Faculty: Education.
Date: June 1995.

As the title suggests this Dissertation is about the Integration of the Physically Handicapped into mainstream education. My main aim in this Dissertation is not to glorify Integration but instead to offer an insight into this option which I feel the educators of the future will find themselves faced with.

Chapter One acts as an insight into the gradual development of the Education services for the Disabled. It outlines the early work of Voluntary Bodies, and the establishment of the Special Education Inspectorate. It then goes on to look at the practical considerations which are essential to any Integration programme. I choose to examine Integration programmes already in action in Britian, and in the Scandinavian countries in order to compile these "practical considerations.

Chapter Two looks at first at the Education System in Ireland , and then goes onto explore an Integration programme already in action. Ballinteer Community School was the basis of my study from this point on.

Chapter Three looks at the importance of personal appearance and the adolescent. This chapter places an emphasis on the links between appearance and self-concept and self-esteem.

Chapter Four examines art as a subject and inturn its role in the curriculum. The second half of this chapter offers an insight into teaching art to the disabled child. In order to make this section more valuable to the art teacher I decided to explore the various art elements which I encountered during my teaching under three main headings; 1. Desired Cognitions, 2. Desired Skills and Abilities, 3. Suggested Approaches.

Chapter Five discusses the importance of the teacher in the future if Integration is to come about. This chapter also offers the reader my own point of view on the subject.

Dissertation Abstract.

Name: Majella Ginnane.
Dissertation Title: "The Integration of the Physically Handicapped Student into Mainstream Education - An Art Teachers Perspective."

Faculty: Education.
Date: June 1995.

As the title suggests this Dissertation is about the Integration of the Physically Handicapped into mainstream education. My main aim in this Dissertation is not to glorify integration but instead to offer an insight into this option which I feel the educators of the future will find themselves faced with.

Chapter One acts as an insight into the gradual development of the Education services for the Disabled. It outlines the early work of Voluntary Bodies, and the establishment of the Special Education Inspectorate. It then goes on to look at the practical considerations which are essential to any integration programme. I choose to examine integration programmes already in action in Britian and in the Scandinavian countries in order to compile these "practical considerations".

Chapter Two looks at first at the Education System in Ireland, and then goes onto explore an integration programme already in action. Ballinteer Community School was the basis of my study from this point on.

Chapter Three looks at the importance of personal appearance and the adolescent. This chapter places an emphasis on the links between appearance and self-concept and self-esteem.

Chapter Four examines art as a subject and inturn its role in the curriculum. The second half of this chapter offers an insight into teaching art to the disabled child. In order to make this section more valuable to the art teacher I decided to explore the various art elements which I encountered during my teaching under three main headings; 1. Desired Cognitions, 2. Desired Skills and Abilities, 3. Suggested Approaches.

Chapter Five discusses the importance of the teacher in the future if Integration is to come about. This chapter also offers the reader my own point of view on the subject.

COLAISTE NAISIUNTA EALAINE IS DEARTH.
NATIONAL COLLEGE OF ART AND DESIGN

FACULTY OF EDUCATION

THE INTEGRATION OF THE PHYSICALLY HANDICAPPED STUDENT INTO

MAINSTREAM EDUCATION

- AN ART TEACHERS PERSPECTIVE

A dissertation submitted to the Faculty of Education

in

Candidacy for the

B.A. DEGREE IN ART AND DESIGN EDUCATION

by

Majella M. Ginnane

TABLE OF CONTENTS

CHAPTER 1 -INTEGRATION AND THE PHYSICALLY HANDICAPPED CHILD A REVIEW OF THE LITERATURE

(ii)

(iv)

(ii)   Changes in Learning Environment

(iii)   Schemes of Work

APPENDICES

LIST OF FIGURES

ILLUSTRATIONS/PLATE

ACKNOWLEDGMENTS

INTRODUCTION

I first became interested in this topic of integration when a close member of my own family was born with Spina Bifida and was diagnosed later as having Hydrocephalus (fluid on the brain). After almost ten serious operations within the first three years of her life, she intellectually appeared no different than any of her peers. Living in a rural area, her choice of schooling was limited, so she began primary education in her local national school. This made me question the availability of secondary provision for students with a disability. Coincidentally during my third year of teaching practice I found myself in one of the two secondary schools in Dublin who have made provision for students with a disability. This provided me with a concrete way of studying integration at work. I aim in this dissertation, to look at integration at work, both in this country and abroad. I also want to look at the effects of integration on the student with and without a disability. Finally I want to outline a teaching package for the art teacher, who is conscientious in their work, and wants to develop a teaching strategy which benefits all.

CHAPTER 1

INTEGRATION AND THE PHYSICALLY HANDICAPPED CHILD
A REVIEW OF THE LITERATURE

Terminology

"Physical Handicap", what exactly does this term mean ? In 1981, a survey conducted by the Market Research Bureau of Ireland, revealed that people were very confused in their ideas about "disability" and "handicap"[1] . So before I continue, I feel that I should define three terms which come under the heading "physical handicap", and which will be in continuous use throughout this dissertation;

Disability :   the loss or reduction of functional ability.

Handicap :   the restriction of ability caused by disability.

Impairment :   lacking part or all of two limbs, or having a weakened limb, organ or mechanism of the body.[2]

The next term we need to examine is the term which itself defines this project; "integration". Tony Booth offers the explanation which I find most relevant. In his book, <u>Integrating Special Education</u>[3], he suggests that "integration" "is most commonly applied to the bringing of handicapped children into ordinary schools".[4] In the past "integration" was seen as an alternative to the handicapped child's education, but why should this have been so ? The main aim of integration is to enable children with special needs to maximise their opportunities, potential and personal fulfilment in their family life, in school and in the wider community.[5]

1

How different is this from the "general aim of education" which according to the National Council for Curriculum and Assessment is to "contribute towards the development of all aspects of the individual", including aesthetic, creative, critical, cultural, emotional, intellectual, moral, physical, political, social and spiritual development for personal and family life, for working life, for living in the community and for leisure."[6]

The Development Of Education Services For The Disabled

Before we look at education for persons with disability in the present, or even make suggestions for education in the future, we must first look at such education in the past. Education in the past was difficult for many, and provision for the physically disabled was no different. 1911, saw the setting up of the first hospital schools[7]. These schools were set up in orthopaedic hospitals and followed the regulations for National Schools. During the years 1935 to 1960, there was an expansion of the earlier services, which meant the setting up of schools in non-orthopaedic hospitals. These years saw an increase in numbers within the handicapped population[8], and these schools dealt mainly with polio and tuberculosis sufferers as well as children with rheumatic fever and heart defects[9]. However, it must be remembered that the foundation of new schools is not synonymous with better quality services. It was not until the fifties that real breakthroughs were made for the education of the handicapped. In 1950, special classroom units were provided[10], and in 1955 national schools were allowed a lower pupil teacher ratio, than ordinary national schools[11]. The last thirty years have seen the extension in range and improvement of special education services. These improvements are mainly effected by :- (i) the work of voluntary bodies, (ii) advances in medical treatment, (iii) the work of the Special Education Inspectorate.

(i)   *The Work of Voluntary Bodies*

The 1950's was the setting up of voluntary groups for the physically handicapped. These groups comprised of : interested parents, professionals, public figures. Their main aims were ; (i) "to educate the

public as to the needs of the physically handicapped and (ii) "to urge the government to accept its responsibilities to provide for the handicapped".[12]

(ii)   Advances in Medical Treatment

Thanks to the huge advances in medical treatment and research, there has almost been a total eradication of debilitating diseases like Poliomyelitis and Tuberculosis. Developments have lead to treatments which do not require hospitalisation. These treatments in turn lead to an increase in the survival rate of the multiply handicapped.

(iii)   The Establishment of the Special Education Inspectorate

The Inspectorate was developed in the Department of Education in the 1950's and it was quickly followed by the establishment of a special education section. These new establishments gave the Department of Education a better understanding of the needs of the disabled. It began to initiate new services and upgrade the existing ones. This very important work has influenced curriculum development, teacher education and the ability of schools, both ordinary and special, to cater for the handicapped.

When speaking about integration, we must realise that integration is **not** for everyone. My aim in this project is **not** to glorify integration but instead, I wish to identify another worthwhile option for today's educational system. As a second level teacher myself, I felt it more beneficial to confine my study specifically to the second level provisions for the handicapped. While, there are no post-primary schools exclusively for

the physically disabled, there are three day schools which offer a range of special services

(i)   Ballinteer Community School, South Dublin;

(ii)   Ballymun Comprehensive School, North Dublin;

(iii) Mayfield Community School, Cork[13].

These three schools are excellent examples of "integration" at work.

As the Action for Mobility policy statement observes:

> The commitment of the Irish Government to a policy of integrated education cannot be faulted however the successful integration of disabled people into mainstream education will not happen overnight nor will it happen without resources and radical changes in the present system[14]

Perhaps if we need "radical changes in the present system" as suggested by the voluntary organisation Action for Mobility, we should look to other countries who have wide scale integration schemes already in progress. Sweden and the other Scandinavian countries are good examples of countries where such integration schemes have been carried out. These countries provide us with information as to what approaches yield the best results and also the problems encountered. As the disability arts activist Paddy Masefield suggests:, it is "society which disables the disabled"[15], in this country. It is my belief too that so often it is the simple practicalities which prevent schools from integrating physically handicapped pupils.

Practical Considerations

From my research to date I have found the following to be among the most important practicalities which we need to look at when designing an integration programme.

(i)   School buildings and design;

(ii)   Educational Aids;

(iii) Transport;

(iv)   Child care assistants;

(v)   Medical support services;

(vi)   Home and support (school) services;

(vii) Teacher support.

(i)   School buildings and design.

This is perhaps the most obvious problem and in turn the easiest to be solved. Attention must be paid to the provision of ramps next to stairways, to appropriate door widths, and to special toilet facilities. These provisions are mandatory in Swedish public buildings, so all new and old schools are forced to comply. In Sweden, for schools with more than one storey, lifts are installed, even if only for one pupil[16] with a disability. In Ireland, many schools need great modification. Physiotherapy and rest rooms also need to be provided.

(ii)   Educational Aids

Both Denmark and Sweden, have national centres for the distribution of educational aids.[17] Specialists from these centres travel around to both ordinary and special schools to demonstrate their use to pupils and teachers alike. They also monitor their effectiveness, through returned visits.[18] There is also a similar centre in London which distributes both educational and physical aids.[19] Together with the afore mentioned

services, schools need special desks, lower door handles and coat racks, typewriters, tape recorders and equipment to aid mobility.

(iii) Transport

In Sweden physically handicapped children are entitled to free transport[20]. Taxis are used most often, but minibuses are employed if larger numbers require transport.

(iv) Child Care Assistants

Personal assistants help to alleviate the anxiety felt by schools and their teachers. The qualifications of these assistants vary enormously as do the hours they work. In Sweden, a group of eight to ten disabled children share two assistants, i.e. one care assistant and one pedagogic assistant[21]. In Denmark, two classes share one assistant. Their duties may vary from toileting, transporting and supervising to helping in the class work of the child[22].

(v) Medical Support Services

The medical and therapeutic needs of the physically handicapped school child are met in different ways in the Scandinavian countries. In Sweden, therapy is administered at home and at school: in this way the therapist can see the child's home and meet with the child's parents and family[23]. In Denmark however, no such system is available but similar to Ireland a district nurse pays regular visits to the home of the student.[24]

(vi) Home and School Support

For this complex subject, Sweden again provides us with a model to examine. The urban Swedish model is based on a central bureau with resident and mobile therapists, a team of social workers and a full-time

psychologist. This team, along with a consultant paediatrician carry out assessments and through case conferences decide on school placement. The bureau also provides a lecturing service to ordinary teachers with physically handicapped children in their classes[25]. Denmark offers us a more rural model to examine. Their system is referred to as the "County-Team" system. The main aim of this team is to provide comprehensive support services based on the public health nurse[26] and the county-team. The county-team, is made up of a family doctor, medical specialists, social worker and school psychologists.[27] In Norway, a process of decentralisation, resulted in the establishment of seven regional centres for medical and educational care. The placement of these centres is not based on population distribution. It is the aim of each of these centres to serve an area within one hour travelling time. These centres each have a school psychologist, physiotherapist, a speech therapist, a social worker and three to five consultant teachers. There is also a hostel attached to each centre in order to accommodate pupils from very peripheral areas[28].

(vii) Teacher Support

It is vital that ordinary teachers and principals co-operate and are enthusiastic for integration to work. Although personal assistants, special equipment and facilities are of enormous help to the teacher, they must be accompanied by advisory services. In Denmark, there is an inspector of special education with a team of six consultants to assist teachers[29]. In Sweden, all children are tested and those needing extra help are catered for by a school clinic[30].

It is my belief that it is not the aim of integration to fit the handicapped into the present system but to develop a new system more applicable to all

children. The "Action for Mobility" group in their "Policy of Integration" document re-inforce this idea when they define integration; "as the principle of educating people with and without disabilities together ..... "[31]. We must consider the curriculum and broaden it to allow for self-fulfilment by developing physical, emotional and intellectual potentialities. Perhaps subjects like interpersonal relationships, household management, use of public services, should be included in the curriculum for secondary schools.

It is not sufficient simply to make curricular and material provision in order to ensure that integration will be successful. No matter where you place a disabled child, if her peers do not accept her she will be isolated. Like any adolescent child group acceptance is extremely important, "but group acceptance is more important" to the handicapped child "because her disease makes her feel different."[32] Through my reading I have identified three important factors which I believe the disabled child requires for good adjustment;

(i)   An enthusiastic, a persistent and resilient character;

(ii)   Special training in the use of necessary aids from an early age;

(iii)   The support of concerned parents and family.

Reading literature, talking facts and figures are all irrelevant if you forget that the child is the centre of all education, and equally so "all children must be valued as complex and unique individuals"[33]. More importantly we should remember that "whatever the age or condition each student is an individual, not a disease"[34]. In this the first chapter we have looked at the theories of integration. In the coming few chapters we will take a more personalised view of integration, and examine one integration programme, and the effects it has on a particular group of children.

FOOTNOTES : CHAPTER ONE

1. Philip James, Kelly, "Integrated Education for the Disabled" (Dublin , 1984), p.18.

   This survey was conducted by the Market Research Bureau of Ireland, on a national sample of 758 adults at the beginning of November 1981.

2. Philip, James, Kelly, Ibid., p 2.

3. Tony, Booth, "Integrated Special Education" in <u>Integrating Special Education</u>, eds. T. Booth, & P. Potts, (Oxford : Basil Blackwell, 1983) p.5.

4. Tony, Booth, Ibid., p.1.

5. Ibid., p. 62.

6. National Council for Curriculum and Assessment, <u>Art, Craft, Design - Guidelines for Teachers</u>, (Dublin : NCCA, 1987,) p.3

7. Committee appointed by John Bruton, T.D., Parliamentary Secretary to the Minister for Education, <u>The Education of Physically Handicapped Children</u>, (Dublin : The Stationery Office, 1985) p. 13.

8. Ibid., p. 12.

   There was an increase in the handicapped population due to poliomyelitis epidemic during the 1940's and 1950's. There was also a prevalance of tuberculosis at this time.

9. Ibid.,

10. Ibid., p. 16

11. Ibid., p. 17.

12. Cerebral Palsy Ireland, "Cerebral Palsy Ireland", (Dublin: CPI, 1990), p. 1.

Cerebral Palsy Ireland was founded in 1948, in Dublin, to provide the special facilities that are essential for the treatment of children with Cerebral Palsy. In 1951, the growing association moved to Sandymount Avenue, operating with a Medical Director and a part-time physiotherapist.

13. Cerebral Palsy Ireland, Schooling for a Child with a Physical Disability, (Dublin : CPI, 1990), p.2.

14. Action for Mobility, Policy of Integration, (Dublin : AFM, 1993), p. 14.

15. City Arts Centre, National Rehabilitation Board : Arts & Disability Conference, ed. Philip Boxberger, (Dublin : NRB, 1995), p. 11.
This quotation was taken from the Keynote Address presented to the conference, which was held in the Royal Hospital Kilmainham on Friday 18th November, 1994. This impressive Address was presented by Mr. Paddy Masefield. Mr. Masefield, has spent most of his working life as a theatre director, playwright and arts consultant. He contracted ME in 1986. Now a disability arts activist, he is vice-chair of the Arts Council of England's Arts and Disability Monitoring Committee, a member of the National Disability Forum (GB) and a member of the Employment Initiative for Disabled People in the arts industry.

16. Commission of the European Communities, Implementation for the Programme for Integration in Education within the Context of the Helios Programme (1988-1991), - Texts of the Reports Presented by the Member States, (Brussels: E.C. Commission, 1993), p. 104.

17. Ibid., p. 102.

18. Ibid.

19. Ibid., p. 523.

20. Philip James Kelly, "Integrated Education for the Disabled", p. 26.

21. Ibid.

22. Commission of the European Communities, <u>Implementation for the Programme for Integration in Education within the Context of the Helios Programme</u>, p. 107.

23. Ibid., pp. 108-9.

24. Ibid., p. 281.

25. P.J. Kelly, "Integrated Education for the Disabled", p. 27

26. Commission of the European Communities, <u>Implementation for the Programme for Integration in Education within the Context of the Helios Programme</u>, p. 106.

   The public health nurse is seen as a very important individual. She is seen as a neutral person by parents. She has the best knowledge of family and child and the local health services. She can also prepare the family for meeting specialists.

27. Ibid., p. 106

28. HELIOS, <u>Integration at Work : The First European Community Conference on Handicap and Education, Rotterdam, 1989</u> (Rotterdam : Pedologisch Instituut Rotterdam, 1989), p. 72.

29. Commission of the European Communities, <u>Implementation for the Programme for Integration in Education within the Context of the Helios Programme</u>, p. 100.

30. HELIOS, <u>Integration at Work</u>, p. 72.

31. Action for Mobility, <u>Policy on Integration,</u> p. 14.

32. Cystic Fibrosis Association of Ireland, <u>A Teacher's Guide to Cystic Fibrosis</u>, (Dublin : Health Education Bureau, 1988), p. 5.

33. Cerebral Palsy Ireland, <u>Schooling for a Child with a Physical Disability</u> (Dublin : CPI, 1989), p. 2.

34. Cystic Fibrosis Association of Ireland, <u>A Teacher's Guide to Cystic Fibrosis</u>, p. 2.

CHAPTER 2

IRELAND : INTEGRATION AT WORK

The Education System in Ireland

At present, education provision for pupils with special needs is made in both special and ordinary schools. In Ireland there is a total of one hundred and seventeen special schools, which have between them about eight thousand pupils enrolled[12]. There are also, in addition one thousand eight hundred pupils with various types of physical, sensorial, mental and linguistic disabilities enrolled in special classes in ordinary schools[13]. When I speak of physically handicapped students in the Irish educational system, I speak of ; "pupils with conditions such as cerebral palsy, spina bifida, haemophilia, muscular dystrophy, epilepsy, asthma, and brittle bones."[14] The majority of such children attend mainstream classes in ordinary schools, while a minority of about four hundred and sixty are at present being taught in seven special schools in the three major centres of population; Limerick, Cork and Dublin[15]. The Ireland L.M.A. for Educational Integration was proposed by the Department for Education in a Memorandum to the European Commission dated 26.6.88[16]. It now comprises eleven centres chosen in order to be properly representative of the various forms of integrated provision presently being made in Ireland[17]. The LMA includes primary schools, secondary schools, a special school and a third level college. These centres cater for a range of pupils with disabilities such as mental handicap, physical handicap, learning and visual impairment and language disorder.

As of December 1991 centres were operating in:-

1. Bishopstown Community School, Cork - arrangement for pupils with hearing impairment;

2. Rosmini Community School, Drumcondra, Dublin 9 - arrangement for pupils with visual impairment and physical disabilities;

3. Ballinteer Community School, Dublin 16 - arrangement for pupils with physical disabilities;

4. St. Patrick's Primary School, Drumcondra, Dublin 9 - arrangements for pupils with language impairments and others with mild mental handicap;

5. Holy Child Primary School, Ballycane, Naas, County Kildare - arrangements for pupils with mild mental handicap;

6/7. Presentation Convent Primary School/St. Patrick's (Boy's) N.S., Bandon, County Cork -arrangements for pupils with moderate and with mild mental handicap;

8/9. Presentation Convent Primary School, Michelstown/Christian Brothers' Primary School, Michelstown, County Cork - arrangements for pupils with mild mental handicap;

10. The Central Remedial Clinic, Clontarf, Dublin 3. Comprehensive facilities for children with physical disabilities and microelectronics assessement centre for pupils from ordinary and special schools;

11. Thomond College, University of Limerick. Teacher Education College for teachers of practical subjects, with an element on meeting the special needs of pupils with disabilities.[18]

As already mentioned the Irish LMA embraced eleven centres throughout the country, so within this dissertation it would be impossible, and meaningless, to attempt to compile a composite assessment referring to

all these centres. I have chosen however to carry our my research in Ballinteer Community School. Over the next few pages I will go through the basic structure behind the integration programme in Ballinteer Community School.

<u>Integration Study : Ballinteer Community School</u>

I have chosen to look at the integration programme in Ballinteer under two main headings, namely 1. Organisation of Teaching and Life at School; and 2. Instruments of Integration.

1. *Organisation of Teaching and Life at School*

(a)   Progress of the handicapped student

For every student in the school, the administrative authorities are the Board, the Principal, the Vice-Principal, the Dean and the Tutor. Pupils come to this school from a large catchement area, and come from ordinary primary schools or from special primary schools for the disabled. [see Fig. 2.1 over the page] Decisions on course-work are based partially on entrance tests which are compulsory to all, but more specifically on the recommendation of special school teachers.[19] A Guidance Service is provided courtesy of the National Rehabilitation Board[20], which complements the work done by the resident guidance counsellor. The educational program for each disabled student is tailored to suit their own needs. The education programme includes both physical and academic needs. This specific tailoring results in academic advancement in the ordinary environment. A special environment is provided for advancement in practical subjects and independent living.

Figure 2.1

Feeder Schools to Ballinteer Community School

Number of Students

National Association for Cerebral Palsy, Sandymount
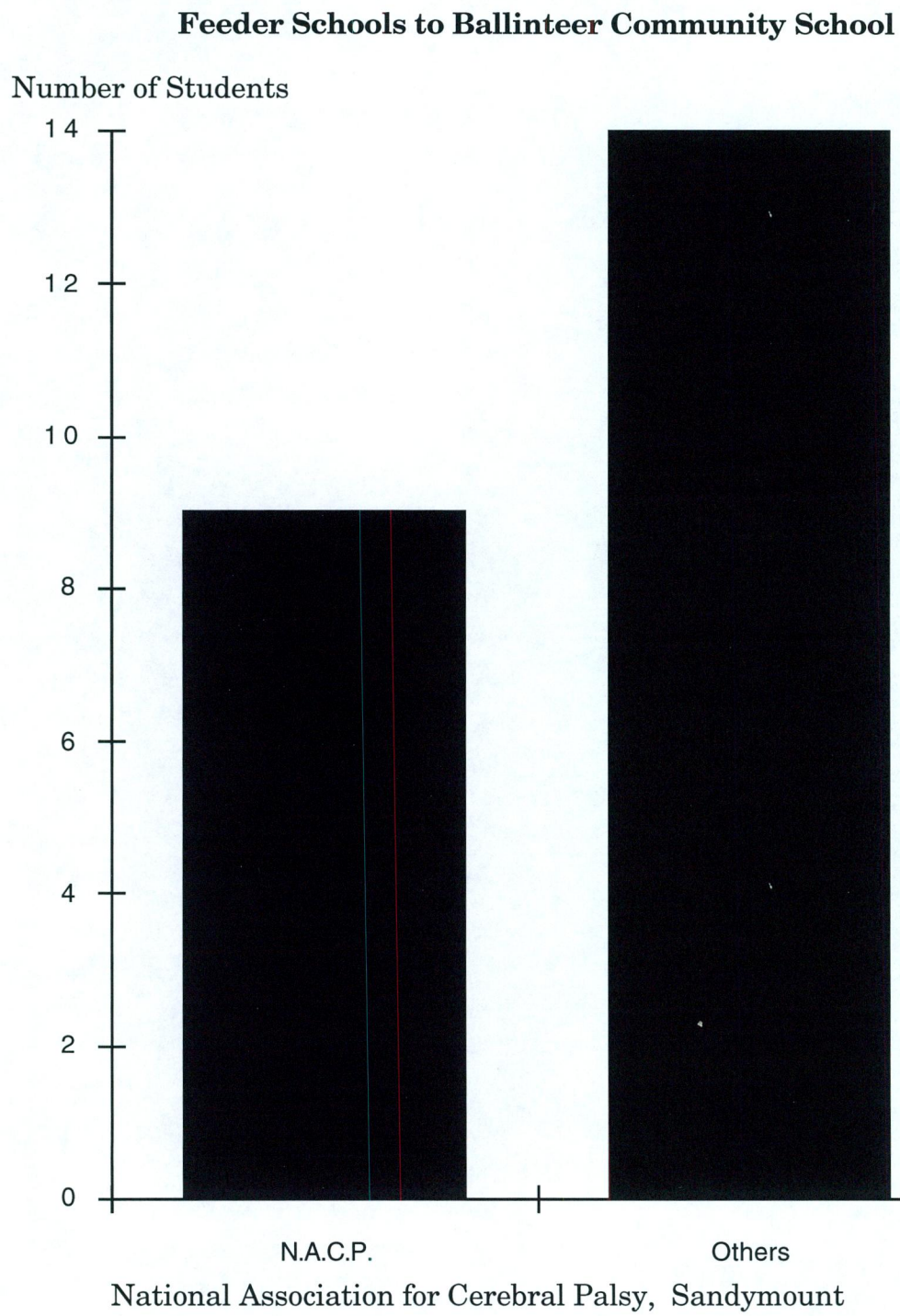
(b)   Special Provision

The main aim of this programme is "the integration of disabled students at second level[20], which is of course in accordance with the Department of Education policy. A review of every students progress' is regularly carried out by the resource teacher.[22] The school also has additional support staff, which includes two resource teachers, two nursing aides' and one childcare worker. It is important to note that each 'disabled' student is of "sufficient intelligence to succeed at second level education".[23] The largest categories of disabilities are Cerebral Palsy and Spina Bifida, but students also suffer from progressive disabilities, such as Muscular Dystrophy and Friedriechs Ataxia. There are also a number of students who have Cystic Fibrosis and Haemophilia. [See Table 2.2, below showing exact numbers of students and particular disabilities].

Figure 2.2 19

Students and their Disability

Numbers of Pupils

Bar chart showing numbers of pupils by disability:
- Haemophilia: 2
- Cerebral Palsy: 7
- Spina Bifida: 6
- Freidrichs Attaxia: 1
- Muscular Dystrophy: 2
- Miotubular Myopothy: 1
- Brittle Bones: 1
- Spinal Injuries: 1
- Head Injury: 1
- Tumour on spinal cord: 1
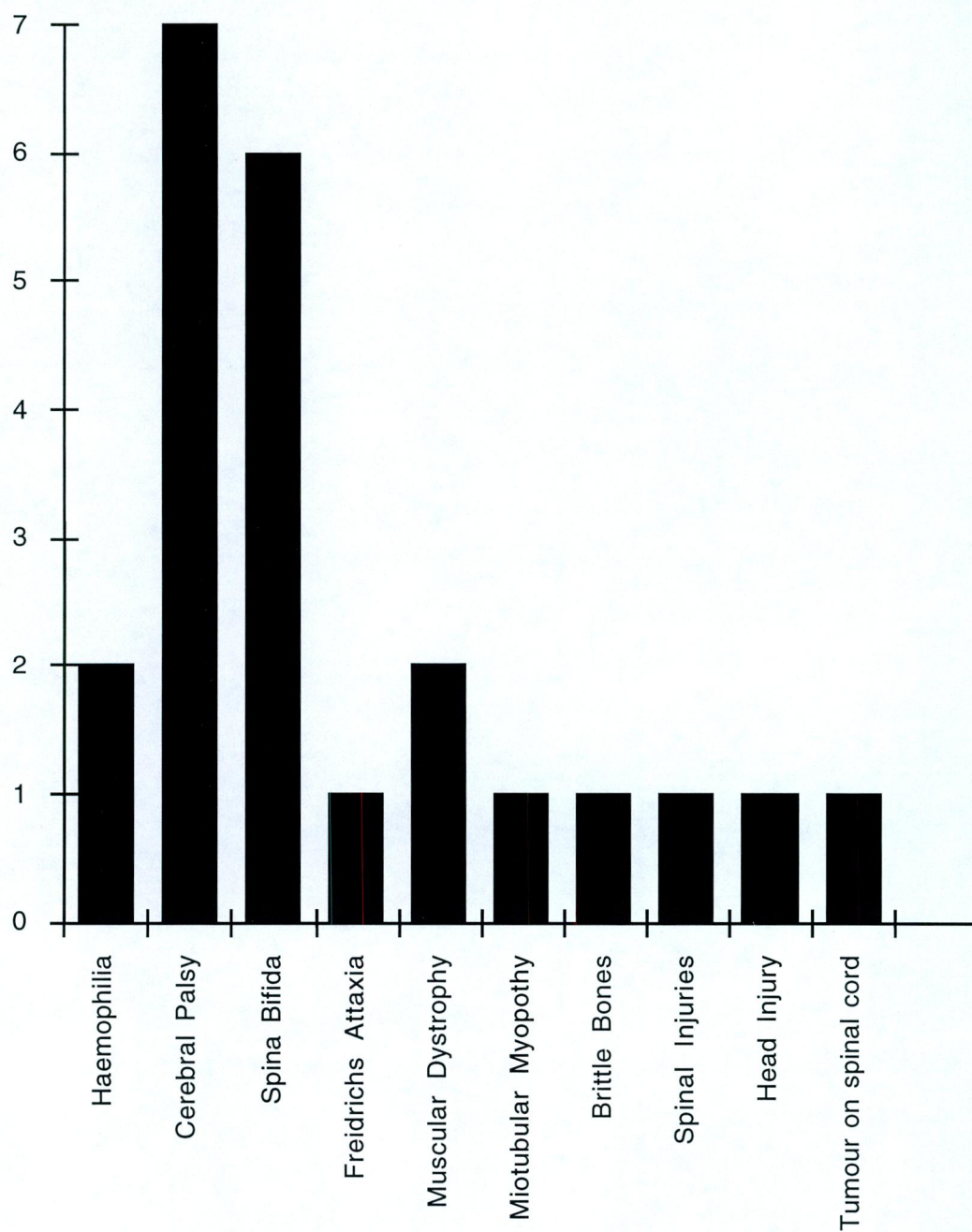
(c)   The Teaching Environment

The curriculum in Ballinteer is not specially adapted for disabled students. "Students may be advised to work towards certain more wordy exam questions as opposed to map reading for example, or diagrammatic questions if their disability constrains them."[24]   There are no organisational adaptations, as all rooms are suitable. The student is evaluated in three ways, through (i) assessments biyearly of effort and conduct, (ii) house exams bi-yearly, (ii) state exams. Evaluation of course content and teaching methodology is done by teaching staff on an ongoing basis. Frequently methodology is modified by Resource Teachers and by subject teachers to suit individual disabled students where necessary, New technology is widely used in the school to give disabled students independence "and to make their lives easier while integrating them".[25] Within school hours special aids such a word-processors, paint and drawing programmes for personal computers and special drawing boards are provided. Outside school, word-processors or electric typewriters are provided by the Health Board. [see plate 1]

PLATE 1

This photograph shows one of the personal computers available to the students.

(d)   Life at School

Architectural barriers in Ballinteer Community School are overcome by the single storey school but the school is spread between two buildings which is a huge disadvantage in bad weather. Special adaptations have been made in the Home Economics, kitchen and practical rooms for use by wheelchair pupils. School transport is provided by the Department of Education both morning and evening, through a private transport company. [see plate 2] Leisure activities are provided in school time by the childcare worker. [see plate 3] Sadly however, these are not available outside of school hours because transport is not available. School attendance for disabled students is as required of all second level students in Ireland.[26] Parents are not required to participate in school activities but are, as with any other student, in frequent contact with Resource Teachers.

2.   *Instruments of Integration*

(a)   Teacher Education

In Ballinteer Community School as in all second level schools in Ireland, the minimum initial training consists of a basic university degree followed by a higher diploma in Education for teachers, or equivalent[27] The following are the qualifications of the two resource teachers in Ballinteer Community School :

> Teacher A   - B.A. (Maths and History) and H.Dip. Ed.
>
> Teacher B   - B.A. (English and History) and B.Soc.Sc
> (Social Work) and H.Dip. Ed.[28]

Neither resource teacher has done a special education training course. There has been no special training provided for the general body of teachers <u>but</u> support and advice are available from Resource Teachers

who, in turn are in constant contact with the various government and private organisations associated with the disabled. Teacher B, "has also participated in a Study Visit (HELIOS) to Swansea, Wales in September 1991.[29]

(b) Support Service

The following support services are available in school:-

(i) For all students

1. Guidance Counsellor
2. Chaplaincy Services
3. Nurses Aides/Sick Bay
4. Prefects and Class Captains
5. Class Tutor for Each Class
6. Dean for each year group.

(ii) For handicapped students   All the support services above **and**

7. Two Resource teachers
8. One Child Care Worker
9. Twelve hours teaching in **small groups** (weekly from specialised subject teachers)

Outside the school environment, the support services include liaison with the National Rehabilitation Board Services, e.g. with Psychologists and Youth Placement Officers and with any other agencies with family involvement (where relevant).[30]

(c) Teachers and Parents

A close liaison is maintained between parents and Resource Teachers on an individual basis.

PLATE 2

This plate shows the students boarding the bus in the morning in order to get to school. This bus service travels to each students home in order to take them and bring them home from school

PLATE 3

This plate shows the resource area exclusive to students with disability.

PLATE 4

Another view of the resource area.
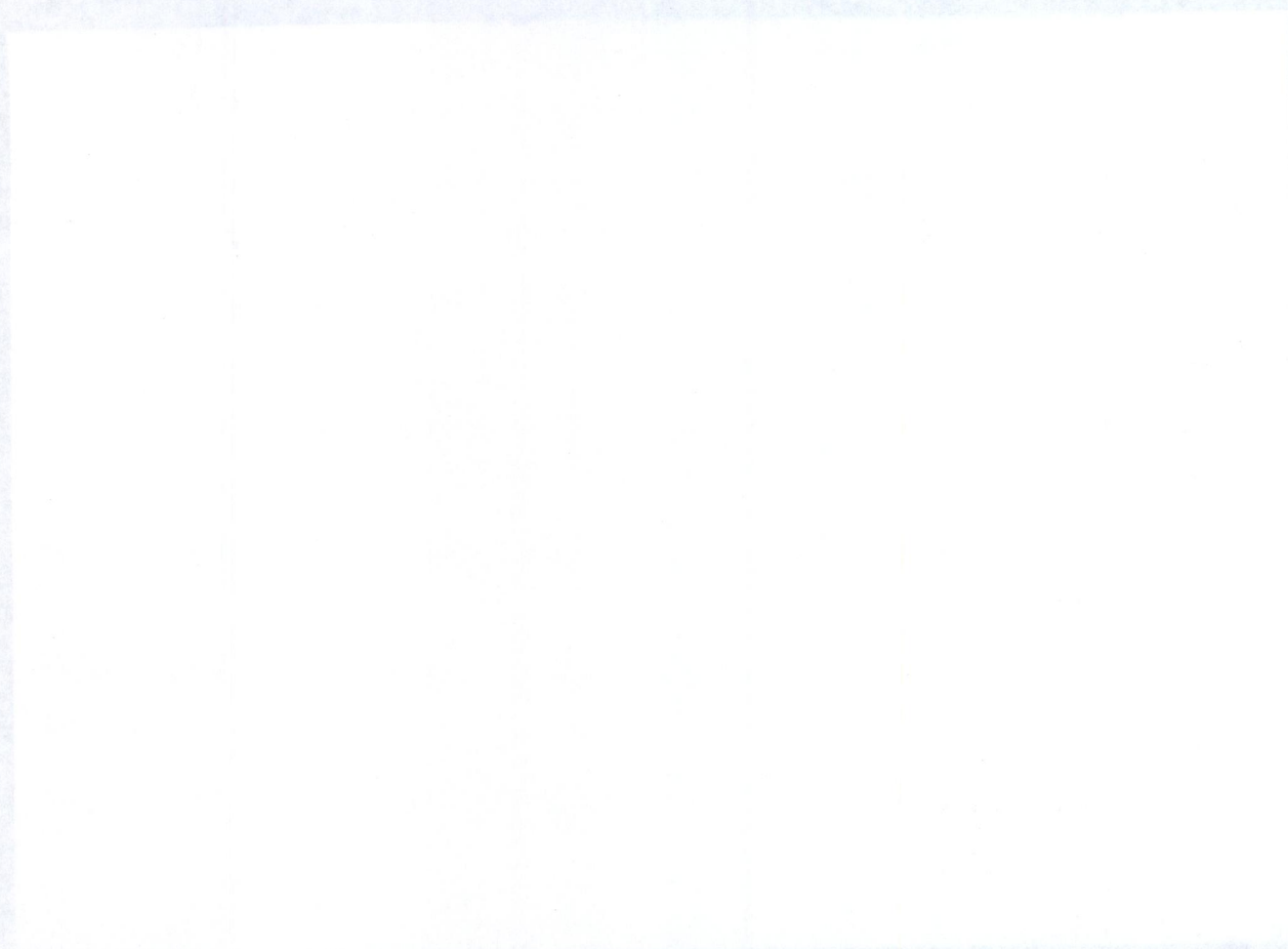
FOOTNOTES : CHAPTER TWO

1. Commission of the European Communities, <u>Implementation for the Programme for Integration in Education within the Context of the Helios Programme (1988-1991) - Texts of the Reports Presented by the Member States</u> , (Brussels, E.C. Commission, 1993), p. 267.

2. Ibid.

3. Ibid.

4. Ibid.

5. Ibid.

6. Ibid.

7. Ibid.

8. Ibid.

9. Ibid.

10. Ibid.

11. Ibid.

12. Ibid., p.270.

13. Ibid., p.270.

14. Ibid., p.272.

15. Ibid., p.273.

16. Ibid.

17. Ibid., pp. 275/6.

18. Ibid., p.291.

19. Ibid.

20. Ibid.

21. Ibid.

22. Ibid.

23. Ibid., p. 291.

24. Ibid., p. 292.

25. Ibid.

26. Ibid., p. 293.

27. Ibid.

28. Ibid.

29. Ibid., p. 294.

30. Ibid.

CHAPTER 3

APPEARANCE AND THE ADOLESCENT

In western culture people are almost obsessed with their bodies. In my view they do not just want to be healthy and strong, they want to be beautiful - well formed and attractive to others. In fact, some people seem to be more concerned about the impression their bodies make than they are about their own well-being. They may even endanger their health in an effort to become more physically alluring, going on crash diets or spending hours in the sun in order to get a tan. If, we were to be honest, there is a little bit of the "obsessed" in all of us. The adolescent, is one group where appearance is fundamental to their life, and even to their view of life.

During adolescence, a great emphasis is placed on the physical qualities of the individual.[1] During this time, a feeling that physically, the adolescent is not the norm, can have considerable effects on the development of a person's overall self-concept.[2] In adolescent society, greater body size offers avenues of prestige and power for the male; some of which are socially acceptable e.g. sports and some which would be deemed anti-social e.g. gang fights[3]. Equally so, the female faces fears in the development of her breast size, her height, and her weight[4]. The adolescent longs for peer acceptance, for it is during these years that the adolescent needs and wants to 'fit in'[5]. He is filled with confusion; his voice begins to change, the Adam's apple grows, and a trace of fuzz appears on his face. With both sexes there are skin changes, and it is not unusual for body parts to grow at different rates[6]. All these changes are of concern to these youngsters and obviously have an effect upon how they

view themselves in relation to their peers and the expected norms of the rest of society.[7]

Self-Esteem - What is it ?

What is self-esteem ? We all have our own idea of what we mean by this term. In any discussion it is likely that the terms identified by Lawrence; self-concept, ideal self and self image come into play.[8] So what in turn do these terms mean ?

Self-concept

Firstly, self concept "is best defined as the sum total of an individuals mental and physical characteristics and his/her evaluation of them"[9]. Lawrence, suggests that self concept, has "three aspects: the cognitive (thinking); the affective (feeling) and the behavioural (action)"[10]. In effect, "self concept" acts as an umbrella term because "subsumed beneath the 'self' there are three aspects : self-image; ideal self and self-esteem"[11].

Self-Concept As An Umbrella Term

SELF-CONCEPT

| ———————— | ——————— |

SELF-IMAGE   IDEAL SELF

(What the person is)   (What the person

                                                   would like to be)

SELF-ESTEEM

(What the person feels about discrepancy between what he/she is

and what he/she would like to be)
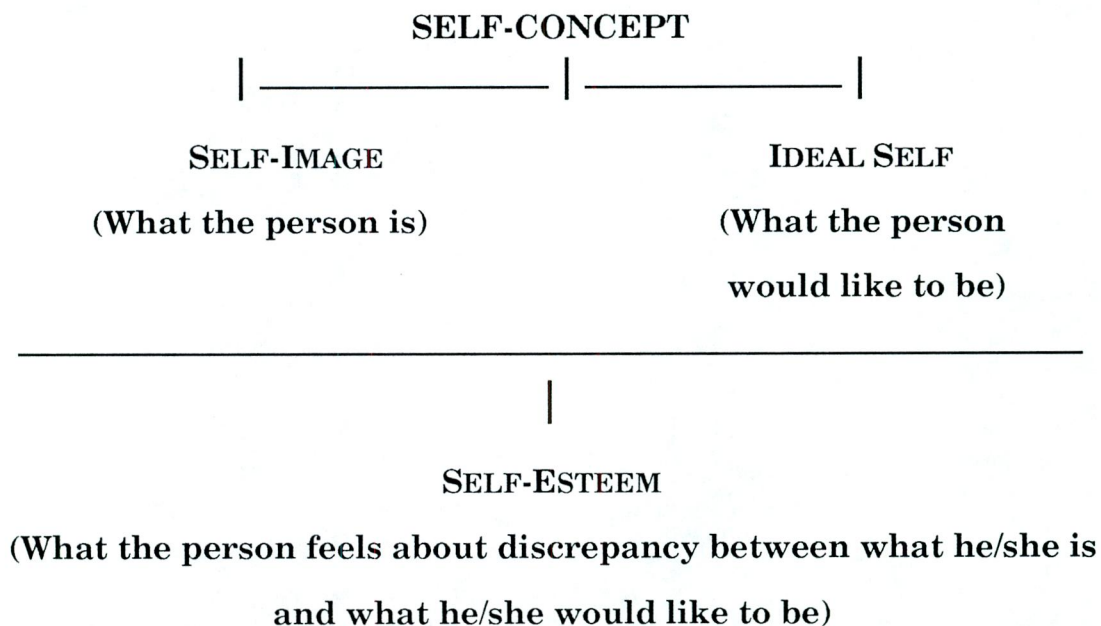
FIG. 3.1

To further understand the term 'self-concept' we must further understand the three terms; self-image, ideal self and finally self-esteem.

Self-Image:-

Lawrence simply put "Self-image as the individual's awareness of his/her mental and physical characteristics".[12] As I have already mentioned, with particular reference to the adolescent, the earliest impressions of self-image are mainly concepts of body-image.[13]

Ideal-Self:-

As well as learning about self-image the child "is learning that there are ideal characteristics he/she should possess"[14] and that "there are ideal standards of behaviour and also particular skills which are valued"[15]. Again, we must remind ourselves that body-image is one of the earliest impressions of the ideal self[16]. The child frequently comparing him/herself with others. These type of peer comparisons are particularly powerful at adolescence.[17] The influence of the media also becomes a significant factor during the adolescent years, with various advertising and show-business personalities providing models of aspiration.[18]

Self-Esteem:-

"Self-esteem is the individual's evaluation of the discrepancy between self-image and ideal self".[19]

Now that we have gone through the various facets of the self-concept, we can begin to look at its formation, and in particular its formation with regards to the "body-image".

Disability, Handicap and the Self-Concept

One of the first aspects which seriously affects the child's view of herself "would appear to be her body image"[20]. Adults frequently draw attention to an individuals size, other physical attributes and sex role. The wearing of glasses, a freckled face or being overweight can be magnified subjectively by some as gross self defects, "leading to dissatisfaction and low self-esteem".[21] In effect, because the physical component is such an important factor in the development of the individual, "it could be argued that physical handicap probably affects self-concept formation most profoundly".[22] The primary means of learning in the early years of life is action.[23] It stands to reason then that "limited physical functioning can retard self-concept formation"[24]. Lawrence goes on to give us a more tangible example to portray this;

> Children with cerebral palsy may not have the muscular strength to creep, or may not be able to control the movement of their legs well enought to walk. They may have to .... wait for someone to move them. .... Because of these physical limitations the young cerebral palsied child may have a serious handicap in learning about their world, in developing a sense of mastery over it, in human interaction and in understanding what is self and what is not self.[25]

As we already discussed in the earlier stages of this chapter, the society into which the physically handicapped child is born, is obsessed with physical fitness and the beautiful body images which are reflected in the press and other media. Individuals want to be outstanding in all developmental tasks, they too want to be "serviceable and attractive, have material success, have sporting attainment and intellectual achievement all which are signs of personal worth"[26]. Such an appearance and achievement-orientated norm is "not a good reference point for self-

conception"[27] for the physically handicapped. The physically handicapped individual is lacking these socially admired qualities. The stigma and the use of social norm as an anchoring point for self-conception may create three possible impacts on self-concept formation.

Firstly, handicapped individuals "may have greater difficulty facing the socially accepted points of reference because they are different from other non-handicapped people"[28]. Because of their disability they cannot grow up with the "expectations based on what the average people around them do and work to achieve"[29] and "they have few norms to guide them". [30]

Some handicapped children are brought up with "unrealistic aspirations"[31]. Although it is natural and extremely positive that parents and teachers are optimistic and encouraging, they must remember the realities of a disability.

Very often a negative self-concept has resulted from 'the sick, incompetent and unproductive label being given to the physically handicapped person"[32]. All of the above points combined lead to "feelings of inadequacy, uncertainty, low self-esteem and anxiety"[33] which in turn may lead to "poor adjustment and a negative self concept"[34]. In the process of forming the self-concept, "inferiority and anxiety may create a devaluation effect"[35]. Lawrence goes on to say that "there may be at least three adverse responses to inferiority and anxiety."[36]

1. *"Mourning"*, refers to the sadness experienced and "results from the lack or loss of functional skills.[37]

2. *"Devaluation"*, the second one, is a process by "which the disabled see themselves as more handicapped than they actually are."[38]

3. ***"Spreading",*** the last response, "refers to those who see their disability expanding from the original source to the whole body".[39]

For me as **the teacher**, some understanding of how self-awareness develops, and the factors that influence it are crucial. The research evidence clearly demonstrates; "educational success depends to a great extent on the view an individual has of themselves"[40]. While this may be true, it still must be remembered that this "view" is not inborn, "but is acquired through experience, in particular perhaps through watching how other people react, and listening to opinions passed by others".[41] Some basic ground rules appear consistently through a wide variety of self-concept research. These would suggest that, to ensure the development of positive self-concepts in children, the following approaches might usefully be adopted;

(a) Provide opportunity for success and ensure that the tasks and demands placed on a child are suitable to her potential i.e., there is likely to be a successful outcome and realistic acceptance of ability.

(b) Show interest in and unconditional acceptance of the child e.g. smile, greet, talk to, listen to etc.

(c) Do not emphasise failings and short-comings but concentrate on positive facets.

(d) Do not be too critical or cynical but provide encouragement.

(e) Make any necessary criticism specific to the context rather than let it become a criticism of the whole person so that the person fails on a particular task. Reject the bad behaviour not the whole person.

(f) Prevent a fear of trying through fear of failing.

(g) Be pleased with a worthwhile attempt and give credit for trying. Praise children realistically.

(h)   Make children feel responsible beings.

(i)   Make children feel they are competent.

(j)   Teach children to set themselves realistic goals.

(k)   Teach children to evaluate themselves realistically.[42]

FOOTNOTES : CHAPTER THREE

1. Robert B. Burns, "Self-Concept Development", in <u>Child Development : A Text for the Caring Professionals</u>, (Kent : Croom Helm, 1986), p. 201.

2. Ibid.

3. Ibid.

4. Ibid.

5. Victor Lowenfeld, W.Lambert Brittain, <u>Creative & Mental Growth</u>, 7th ed., (New York: Collier, Macmillian, 1992,) p. 78.

6. Ibid., p. 80.

7. Ibid.

8. Denis Lawrence, <u>Enhancing Self Esteem in the Classroom</u>, (London: P. Chatman Publishing, 1988) p. 1.

9. Ibid.

10. Ibid.

11. Ibid., p. 2.

12. Ibid., p. 3.

13. Ibid.

14. Ibid., p. 4.

15. Ibid.

16. Ibid.

17. Ibid.

18. Ibid.

19. Ibid.

20. Burns, <u>Child Development</u>, p. 200

21. Ibid., p. 208

22. B. Lawrence, "Self-concept Formation and Physical Handicap : some educational implications for integration", in <u>Disability, Handicap & Society</u>, Vol. 6, No. 2, (2, 1991), p. 139.

23. Ibid., p. 140.

24. Ibid.

25. Ibid., pp. 139-140.

26. Ibid., p. 140.

27. Ibid.

28. Ibid.

29. Ibid., pp. 140-141.

30. Ibid., p. 141.

31. Ibid.

32. Ibid.

33. Ibid.

34. Ibid.

35. Ibid., p. 142.

36. Ibid.

37. Ibid.

38. Ibid.

39. Ibid.

40. Ibid., p. 143.

41. Ibid.

42. These headings are based both on my reading of Lawrence and on my own teaching to date.

CHAPTER 4

PHILOSOPHY

A philosophy of art education is founded upon ;the contributions of many disciplines and is built with principles gained from artists, educators, psychologists, sociologists, anthropologists and others. In our democracy, educators believe that to improve the quality of living, on art education which provides opportunities for development of humanistic and aesthetic values is essential for all .... Historically, it is well recognised that integral personal growth is not possible without the humanities.[1]

Art and Atypical Children

People are unique, with their own creative potentials, their own precepts, images and their own experiences, and their own particular paths of development. For younger children the stimulus to art is their lives, their homes, neighbourhoods and schools.[2] Their art is naturally independent of adult conventions. For handicapped children who are impaired physically and/or have difficulty in thinking imaginatively and independently, their expressions may be limited and maturation delayed.[3] To ensure the realisation of these childrens' potentials, art expression should continue to give form to the depths of all their experiences, thoughts and feelings. It is my belief that a blend of empathy, suggestion and discrete instruction, children can be guided to discover themselves while uncovering their personal symbols, media and techniques. Children's personal patterns of growth; intellectual, emotional, social, perceptual, conceptual, physical, aesthetic, creative, etc., will determine their art.[4] Therefore, motivation and evaluation should be individualised continuous and educationally valid. It is very important that every possible assistance must be provided so that atypical children can gain confidence in their own abilities to create.

Art as Curriculum

Throughout school life, in all learning areas the arts are engaged to educate the senses. Reciprocally, the visual arts stimulate the total sensory life. Because perception in the handicapped child is often distorted or limited, the ability to abstract is severely, if not completely, reduced.[15] Therefore, and art programme should be designed in such a way that it begins at the concrete and practical level to present and to reinforce basic concepts before progressing into the abstract. The broad scope of visual and motor activities in the area of art can enhance body perception, thinking, and manual dexterity.[6] The education task is not exhausted by any one programme. By their complementary functions and co-operative activities, all programmes contribute to the education of the total person.

Having now looked at the basic philosophy behind Art as the educator, the next section will provide us with a more specific insight into this.

Introduction to Case Study Group

In order to gain a fuller knowledge of working with a disability it was imperative for me to have at least the minimum of contact with the physically handicapped in the classroom situation. Although, I was at present teaching for two double classes and one single, I was unlucky in the sense that I did not have any physically handicapped students in any of my classes. The free time available to both me and the students was very limited. In structured time I was able to have one forty minute class, on Thursday evenings. During this time, I was to have four students, who were termed physically handicapped for one reason or another.

This group of students was made up of two boys and two girls. In the interest of these students anonymity, and privacy I will refer to them as letters rather than individuals.

Student A This young girl is a third year student in Ballinteer Community School. Her date of birth is the 7th of February 1978. Although she is a Spina Bifida sufferer, she is not confined to a wheelchair. (See fig 4.1 and fig 4.2) Her manual dexterity, although slightly limited, is equally on par with any other student her age.

Wheelchair Users in Ballinteer Community School

Number of Pupils

NOTE * : One student in this third year group, uses a scooter. She refuses the use of a wheelchair but finds the distance between classes to be too taxing.
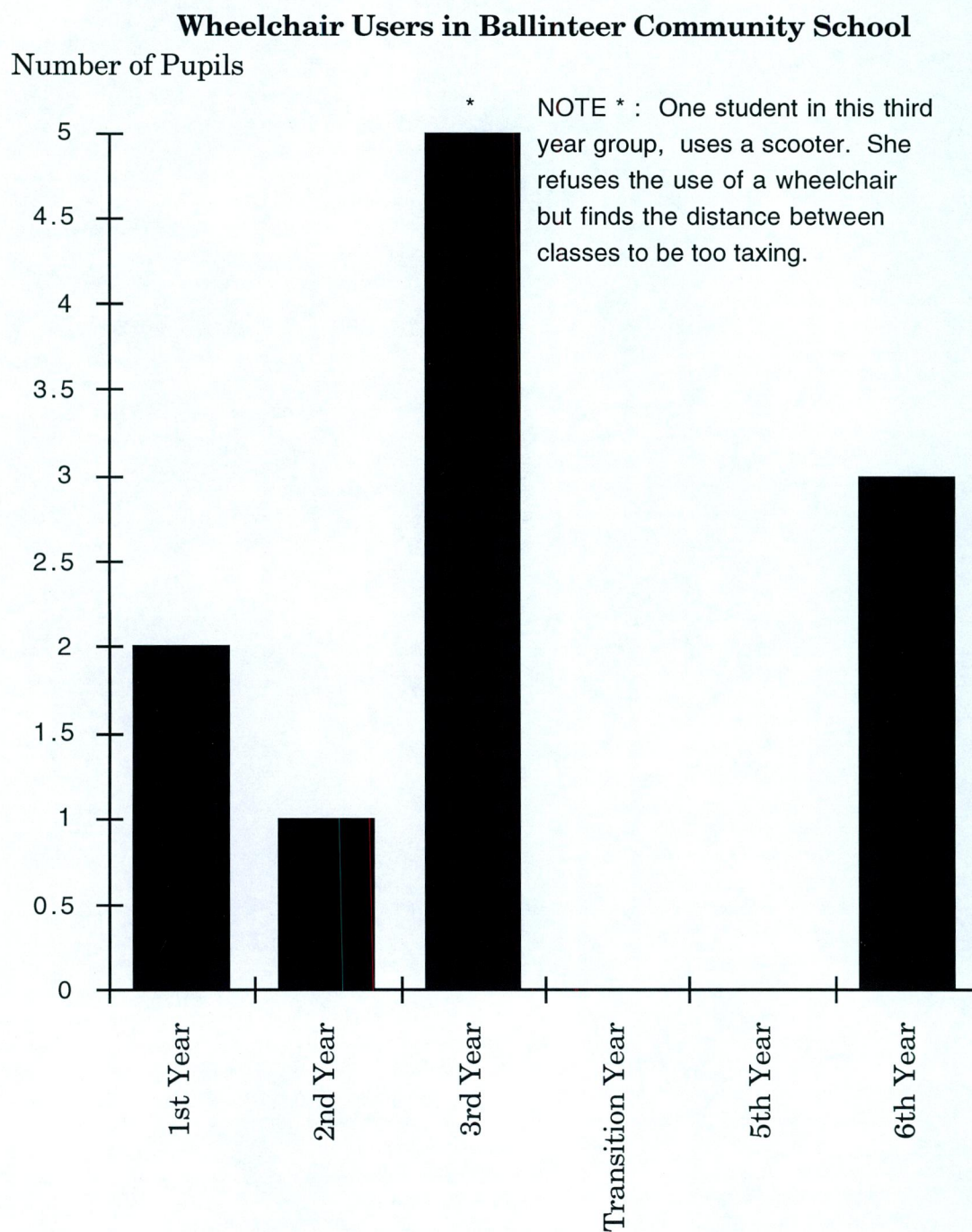
Student B: Student B is another third year student, a male whose date of birth is 19th January 1977. He too suffers from Spina Bifida, but does not suffer from Hydrocephalus.[7] He is confined to a wheelchair as his lower limbs are affected. He was described to me by his form teacher as a young man who is "quite intelligent", who is a "good worker" and "a very pleasant boy". His manual dexterity is quite good.

Student C: Student C is also a third year student. His is much younger than the aforementioned third year students as his date of birth is the 3rd of March 1979. Student C suffers from Cerebral Palsy. He is however confined to a wheelchair, because of an acute knee tendon problem. He has had several operations on his knees without success. He is described by his teacher as an "intelligent boy" who is "potential honours standard but tends to be lazy".

Student D: Student D is a first year student in Ballinteer school. She is the youngest in this group and her date of birth is 10th February 1982. She is a paraplegic due to a tumour on the spinal cord. Again, her manual dexterity is fine.

These students have come from varying backgrounds. They have come from two alternatives of feeder schools. Two have come from schooling at the National Association for Cerebral Palsy, in Sandymount. While Student C and Student D have come from local primary schools. Out of a total of twenty three students termed as having a disability in Ballinteer Community School, nine have gone to a special primary school; National

Association for Cerebral Palsy in Sandymount, while the remaining fourteen students went to local national schools. (see fig. 2.1)

Rather, than descrive in detail the art project I went through with this group, If feel it would be more beneficial to outline what I have learnt from this experience in a more general context. Over the next half of this chapter I propose to do this.

General Objectives

Before I go on to give a breakdown of the various art elements and principles, I feel it important to firstly look at the general objectives of art education.[8]

The objectives of art education, in general, are the objectives of art for the student with a disability. The cognitive and affective and psychosomator domains (reflecting Bloom's 1964 Taxonomies of the cognitive and affective domains) can be considered by teachers planning art activities in special education.

Cognitive Domain, includes behaviours and goals relating to knowledge and the development of intellectual abilities. Objectives include:

- Active use of the student's intellect by :
    - encouraging choices,
    - carrying out personal ideas,
    - application of knowledge,
    - gathering specific facts,
    - developing procedures,
    - evaluations by students,
    - using a variety of resources.[9]

- Encouragement of creative responses by the student by :
    - problem solving,
    - investigation,
    - elaboration of ideas,
    - opportunity of spontaneity,
    - making choices.[10]

Affective Domain concerns itself with objectives that deal with interests, values, attitudes, emotions and appreciations.[11] Objectives include:

- Involvement in the students emotions by:
    - realising concrete experiences,
    - using personal experiences,
    - projecting body images,
    - communicating personally,
    - developing self image,
    - acquiring self respect,
    - evaluation of self.[12]

- Enrichment of the students aesthetic response by:
    - appreciation of nature and environment,
    - expression of inner experiences,
    - verbal impression of aesthetic experiences,
    - experience with a variety of visual and tactile materials,
    - participation in kinaesthetic art activities.

Psychomotor Domain, involves the manipulative and motor skills. The objective includes:

- Development of the students physical skills :
    - full involvement in a variety of art materials,
    - skilful use of tools,
    - manipulation of tools and materials.[13]

In planning an educationally relevant art programme for the physically disabled, consideration <u>should</u> be given to the aforementioned three areas; Cognitive, Psychomotor, and Affective Domains, as the necessary ingredients of the total art experience. I believe, that it is a culmination of these domains which produces a piece of art work which makes a personal visual statement, unique to every student.

Planning a Meaningful Art Education Module/Programme

There is no one way to develop a cohesive art programme for the physically handicapped child, no more than there is no one way to develop any education programme. As, I have already mentioned, teaching art to the physically handicapped follows regular art teaching principles, with necessary adaptations to meet the unique needs of these students. Please refer to figure 4.2, over the page.

Figure 4.2

Simplified Art Education Flow Chart[14]

```
┌─────────────────────────────────────┐
│         WHO AM I TEACHING  ?         │
│         (THE ATYPICAL CHILD)         │
└─────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐
│          WHAT IS REQUIRED  ?         │
│             (ART NEEDS)              │
└─────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐
│         WHERE ARE THEY NOW  ?        │
│        (ART READINESS LEVEL)         │
└─────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐
│       WHERE SHOULD I TAKE THEM  ?    │
│ (OVERALL GOALS AND SPECIFIC OBJECTIVES) │
└─────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐
│        HOW DO WE GET THERE  ?        │
│       (LEARNING WITH METHOD)         │
└─────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐
│       WHAT DID THEY LEARN  ?         │
│           (ART OUTCOMES)             │
└─────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐
│        DID I GET THEM THERE  ?       │
│          (RE-EVALUATION)             │
└─────────────────────────────────────┘
```

(The "DID I GET THEM THERE? (RE-EVALUATION)" box loops back to the "WHAT IS REQUIRED? (ART NEEDS)" box.)
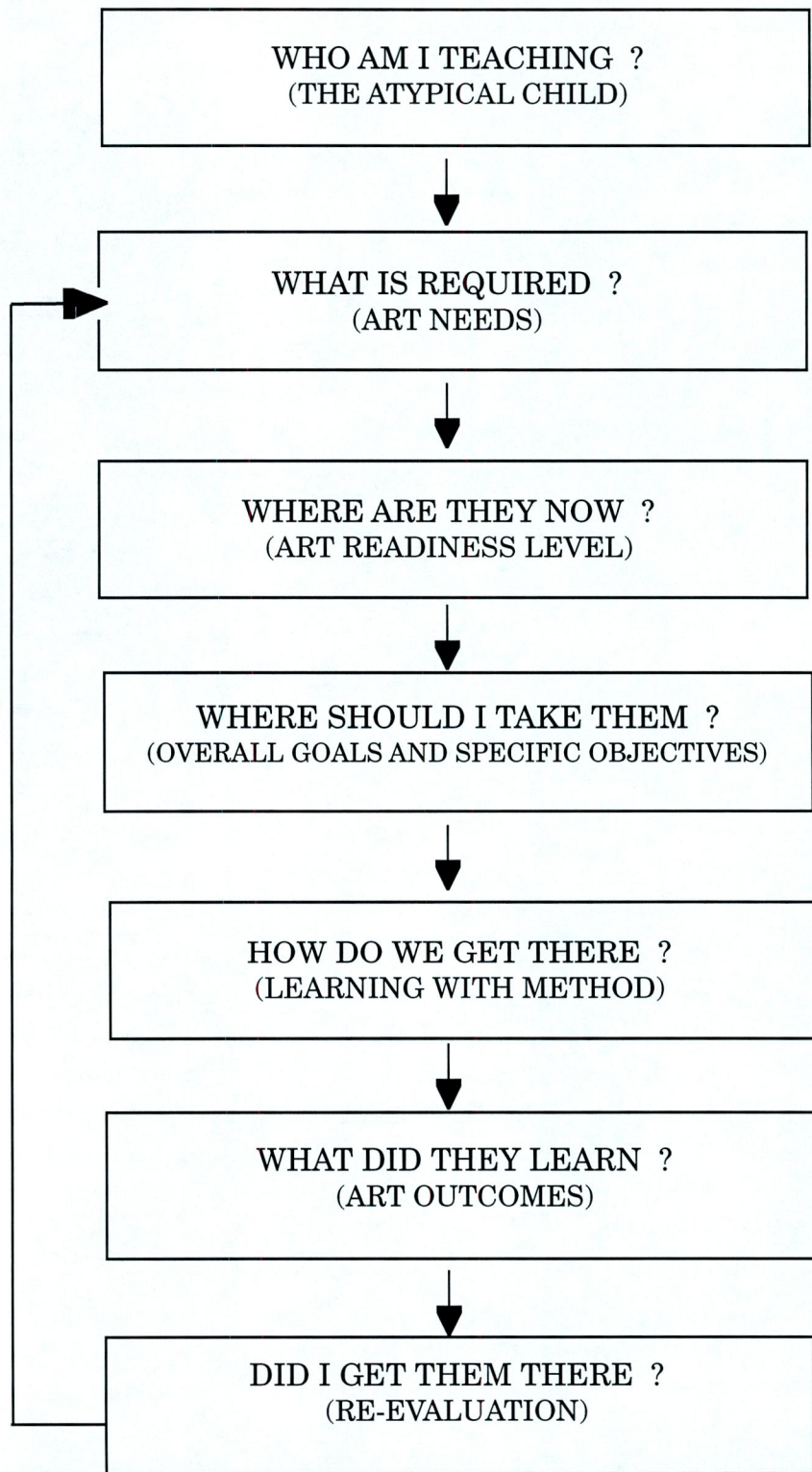
Who am I teaching ? Where are they now ?

As with all teaching, you start with the basic ingredient; the disabled child. I found it useful to compile a student profile on each of the four students we have already spoken about. These were complied on a very basic level with their relevant resource tutor. See appendix.

Where should I take them ?

The teacher starts programming with the needs and readiness level of the student. It is at this point that the teacher determines where to begin and formulates initial overall goals and objectives, in order to both meet with the needs of the curriculum and with the developmental needs of the students. The developmental needs of the students could include; fine motor skills, basic art education, perceptual and conceptual skills, good work habits and self actualisation. It is the methods, tools and project adjustments, approaches and the length of time spent on developing art skills and concepts, and the degree of proficiency gained in art activities which are the KEY VARIABLES in the Special Education Art Curricula.[15]

Evaluation - What did they learn ?

The art curriculum for any student is on-going and ever changing. Therefore, it is extremely important to determine student progress through continual student evaluation, re-evaluation, and self-evaluation. It should be noted again that student progress, at its best, is not always continual; sometimes a child retrogresses, remains the same or progresses very slowly in one area, while no significant progress occurs in other areas. At best, progress is uneven and unpredictable.[16] These changes or lack of might be due to factors external to the art programme, such as change of medication, pressure from home or unhappy home

environment, recent illness, puberty problems that they do not fully understand.[17] However, lack of student progress could also mean that the programme lacks sufficient stimulation, that the tasks are too difficult or concepts are too abstract, that the periods are too lengthy and the students are fatigued, or they have lost interest due to a short attention span. Future art goals and new art activities can be selected more easily when the student progress (or lack of) is evaluated, measured and recorded by the art teacher. (see appendix) At this point now after I have worked with and evaluated the disabled students, I feel that I would be much more compodent in the future at creating an art programme, for these very students. Of course, we must not forget that in addition to student evaluation depicting progress, accountability and rationale for the art programme, the teacher is simultaneously evaluating the effectiveness of his/her own programme, in order to know where to alter repeat or add new concepts.

Art Elements and Principles

The art elements and principles, lines, colour, space, texture, form, movement, design, balance, and rhythm permeate the entire special education curriculum, whether it be for academic readiness or for artistic creative endeavours.[18] All art experience involve the correlated use of art elements and principles. The art elements are the basic parts out of which the visual art organisation is created. These parts are in turn arranged by the individual to form some kind of personal statement. It was one of my main aims that the disabled students, who understand and use these art elements and principles in artistic concepts and activities, will, through understanding and performance transfer these cognitions into other academic areas. In addition it was a further aim that they would have an understanding self, environment, and their relationship to the environment. I feel it would be more relevant if, rather than go through my exact lesson, I will develop by individual art elements and principles, definitions, descriptions, growth expectations, desired cognitions, desired skills and abilities, and suggested teaching approaches specifically for the physically handicapped. I aim to do this so that meaningful, thorough and efficient, educationally relevant art experiences can be taught to these young people.

LINE

Line is the creation of all art. Art often begins with lines. They begin with a single dot or point and can stretch to eternity. There are many types of lines, such as rough lines, even lines, raised lines, thick lines, curved lines, straight lines, inverted lines, long or short lines, etc. Lines express emotions and mood (angry harsh lines, soft quite lines). Lines create shapes when they touch each other and enclose space. Lines depict

light and shadow. The variations of line are multitudinous. Through the use of line, students can relate what they personally think see and feel.[19] I found through both my teaching and reading that many problems occur for many handicapped children when learning about lines. These problems will be discussed as applicable to the physically handicapped. I am very aware that there are so many different types of physical handicaps. Within the confines of this dissertation I can not really speak about all these types of physical disabilities. To be more specific at this point I will speak about children who are orthopaedically handicapped.[20]

These students, if they have no additional handicaps, generally have normal intelligence and are capable of learning everything that the non-handicapped students learn. Their problems generally do not lie in the cognitive/perception areas but in motor and visual application or verbal comprehension difficulties.[21] By the end of any art programme the teachers desired cognitions could include some of the following:-

Desired Cognitions

- An ability to make linear discriminations, e.g. straight, curved, zig-zag, thick/thin, soft/hard, broken.
- To develop an understanding of size differences, e.g. long, longer, longest, shorter, shortest, dot.
- To know the position of line in space, e.g. above/below, before/behind, side, top/bottom, inner/outer.
- Lines are used in two and three dimensional art activities and can be created with different media.
- Lines form patterns, design, letters, numerals, sentences, mathematical, symbols and shapes.

- Lines are found in everything; people, nature, man-made objects, animals, the environment we live in.

- Lines express emotion and create mood and character, e.g. happy, sad, angry, quiet, bold.

Desired Skills and Abilities (Psychomotor)

Along with desired cognitions, the art teacher should include desired skills in their main course.

- Control tools and materials to create lines.

- Use lines in two and three dimensional activities.

- Ability to apply the aforementioned cognitions to other art and academic experience.

- Develop a linear vocabulary.[22]

Suggested Approaches

During my own teaching, I found the following approaches to be most helpful.

1. To overcome rigidity of line and small, tight expressions, give students fluid art materials e.g. paint with large brushes, sponges, use finger paints, and non-toxic markers.

2. Always, adjust and choose tools and materials for easy handling sturdiness.

3. Shaking hands can be slowed down and some control gained by drawing lines into styrofoam meat cartons, flat plasticine, or modelling clay, or moist plaster.

4. An alternative to using scissors is tearing.

SPACE

In art, students work with both two dimensional and three dimensional space. Within these two, all objects exist. Space can be seen and touched in positive space or outlined as in negative space. The degree and rate of student progress will be in proportion to the severity of retardation. Some students will never achieve more than a rudimentary understanding and use of space.

Desired Cognitions

- Knows self-positioning in space.
- To develop an understanding of body parts and their relationships.
- To develop an understanding of depth, distance, direction.
- To understand that space can be "open" or "closed".
- To recognise that space separates letters and words.

Desired Skills and Abilities

Among the desired skills and abilities which the teacher would aspire for would include;

- An ability to apply the aforementioned cognitions to the students daily environment and life tasks.
- When drawing; to acquire the ability to indicate direction and distance through use of one or more "ground" lines, and to be able to recognise that large objects are near, while smaller objects are further away.
- To acquire an ability to orient themselves in space and make spatial judgments.
- To acquire an ability to judge distance of space for hand-eye co-ordination to manipulate tools and materials.[23]

Suggested Approaches

I found the following approaches to be most useful when in the classroom myself.

1.   Introduce one spatial concept at a time with many different repeated types of experiences until learned.

2.   Use a multi-sensory approach;

   •   viewing the same object from various angles and positions in space

   •   frequent observations and discussions about space differences in the environment.

   •   feeling depth and height of different objects, including different thickness of wood, cardboard, and solid forms.

   •   giving oral directions when collecting and distributing art media.

3.   Develop drawing and painting and painting through establishing top and bottom, then proceeding to near and far; later including middle, beside, behind.

4.   Develop the concept of behind and in front of by for example having students overlap flat shapes on a flat surface.

5.   Introduce the understanding of open and closed space, (positive and negative) by such means as:

   •   putting hands in an empty box, then fill the box with sand.

   •   cutting silhouette object from middle of paper. In empty area is the negative, closed space; while the area around the object is open, the positive space.

COLOUR

We live in a world of colour. Every object has a colour and from these colours we receive emotional as well as visual reactions. "The study of colour, its physical properties and its emotional impact, is imperative if the child is to see through perceptive eyes and consciously use colour in a personal and considered way."[24] At secondary level, the student will learn all the colour concepts that the non-handicapped learner does. Although, the rate of progress may vary with each student, it doesn't appear to make a significant difference in the overall learning and understanding of colour concepts. I found that for those students whose arms or hands are palsied, spastic, crippled, missing, in a wheel chair, difficulties will occur in the doing or performance of colour experiences. These students would have mobility, manipulative and pressure problems in handling hard coloured media. I found that soft, easily manipulated colour materials (e.g. thickened paints and soft fat coloured chalks) worked far better. Hard colour pigment materials, such as coloured pencils and crayons which require pressure, especially on the downward strokes, should be avoided.

FORM

"The visual appearance of the object drawn or made in the form."[26] In my experience orthopaedically handicapped students, have normal intelligence and are able to make appropriate form and shape discriminations and relationships. The physical aspects of handling very large forms may be affected by certain disabilities. If enough attention is given to necessary adjustments and alterations of materials and tools.

Desired Cognitions

The teachers desired cognitions should include:-

- to acquire the knowledge of basic geometric shapes.

- to acquire the ability to discriminate between shape which is two dimensional and form which is three dimensional.

- to develop an awareness of body parts and their relationships to each other.[27]

Desired Skills and Abilities

- to acquire an ability to manipulate tools and materials in art,

- to acquire an ability to represent the human figure in art work,

- to be able to create the illusion of form in two dimensional art i.e. drawing and painting.

Suggested Approaches.

I found the following approaches useful when exploring form in the classroom:-

1.   Use a size and weight of materials in three dimensional structures which are compatible with the students strength, handling, and reach capacity.

2.   Use of a vise or clamp to hold the material in place is useful when carving.

3.   The use of large paper to provide ample drawing area is important for those who need a large area to work in.

4.   For students who need to overcome grip control difficulties, cotton batting taped around the handles of drawing and painting tools is very useful.

5.   To achieve depth of form in drawing and painting the use of collages or reliefs with tactile media is extremely effective.

6.   In order to develop the body imagery awareness, the teacher should use a sensory approach: use mirror, feel body parts, observe pictures of people and photographs of self and family.

TEXTURE

In general, there are two types of texture; those that are implied, simulated and essentially visual textures and those that are real and can be felt tactually.[28] Psychologists, learning theorists, and learning specialists state that; "handicapped students learn optimally through the sensory sense of touch and intuitive feelings".[29] Therefore, the art element of TEXTURE , both visual and tactile, becomes an extremely important catalyst of any art programme. The only difficulty I encountered in the classroom was that some of the students may have problems actually feeling differences of textures due to a loss of sensitivity in their fingers. If this occurs, the teacher should stress the visual textural differences. I also found that the use of pre-cut textures was easier for them to handle due to motor and co-ordination problems.

RHYTHM AND MOVEMENT

Rhythm and movement are often considered as one of the main principles of design. "In art work, it is used to establish unity, pattern, centre of interest, and action."[30] Before students can establish rhythm and movement in art, they must first develop a sense of movement and rhythm in themselves and recognise movement in their environment. With handicapped students, movement and rhythm must be carefully developed and continually reinforced until awareness and the ability to make

rhythmic movements and sounds are developed. I found that this was a difficult concept for some students to comprehend, because orthopaedically handicapped students tend to be more stationery than other students. They are more stationery because of crippled or absent limbs. Some beneficial kinetic art experiences include sponge painting; finger painting, using bound objects to draw with.

FOOTNOTES : CHAPTER FOUR

1. Art Educator of New Jersey, <u>Art in Special Education: Educating the Handicapped through Art</u>, (New Jersey: Art Educators of New Jersey, 1984), chpt. 1, p. 7.

2. Ibid.

3. Ibid.

4. Ibid.

5. Ibid., p. 2.

6. Ibid.

7. Zaidee Lindsay, <u>Art and the Handicapped Child</u>, (London: Studio Vista, 1972), p. 34. Hydrocephalus is the condition where an abnormal accumulation of fluid in the cerebral ventricles or subarachnoid space of the brain.

8. Art Educators of New Jersey, <u>Art in Special Education</u>, chpt.3., p.1.

9. Ibid.

10. Ibid.

11. Ibid.

12. Ibid.

13. Ibid.

14. Ibid., chpt. 3., p.2.

15. Ibid., chpt. 3., p. 7.

16. Ibid.

17. Ibid.

18. Ibid., chpt.4., p.1.

19. Ibid., chpt., p.1.

20. Ibid., chpt.2., p.6.

Definition of Orthopedically Handicapped; That child who, because of malformation, malfunction, or loss of bones, muscle or body tissue, needs a special eductional programme, special equipment, or special facilities to permit normal learning processes to function. Learning experiences will occur on a very individual basis. Disability may prevent, or at least limit, learning experiences which unimpaired children master quickly. They may suffer pain and fatigue.

21.   Ibid., chpt. 4., p.5.

22.   Ibid., chpt 4., pp.1-46.

These desired cognitions are based on my own teaching experience and on the reading of the aforementioned, Art in Special Education

23.   Ibid.

24.   Ibid., chpt 4., p.19.

25.   Ibid., chpt 4., pp.22-23.

26.   Ibid., chpt 4., p. 24.

27.   Ibid., chpt 4., p. 30.

28.   Clodagh Holohan, Maureen Roche, Art, Craft, Design, (Dublin, Gill & Macmillan, 1993), pp.80-90.

29.   Art Educators of New Jersey, Art in Special Education, chpt. 4., p. 33.

30.   Ibid., Chapt 4., p. 39.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Role of the Teacher

The question as to the teachers' role in integrating pupils with special needs can be answered in at least three ways. One short answer is that the teachers' role is <u>crucial</u>. As the only professionals with the legitimate right to teach pupils at school, any policy of integration must succeed or fail, depending upon the teachers' actions and intentions. Secondly, in the sense that there always have been pupils with special needs in mainstream classrooms, the teachers' role is to continue to recognise and provide for such needs, though more recently, additionally to provide for a wider range of learner needs. In other words, at secondary school, what a teacher is asked to be is a good 'subject' teacher. In attaining this goal, the class teacher is also being asked to extend her/his range of professional contacts and interactions to include not only pupils, but also parents, as well as colleagues and other professionals. In a third sense, teachers have been asked to take on roles that are new and different. Thus, the posts of special needs co-ordinator or Learning Support Teacher or of 'curriculum leader' as required for implementation of the National Curriculum, involve taking on a specialist role.[1] Such posts carry with them additional duties and responsibilities, duties and responsibilities which are different in kind from those of a class or 'subject teacher'.

Development of Necessary Skills

In order to bring about appropriate change, teachers with curriculum responsibilities have to develop three kinds of knowledge, understanding and skills:

1.   Knowledge and understanding of effective assessment of learner needs, of teaching - learning processes, of the principles of curriculum provision, and in some cases, of parental and multi-professional co-operation, in relation to the full range of "individual learner needs."

2.   Specific skills in assessment, strategies for teaching and curriculum design and delivery to pupils with the full range of "individual learner needs".

3.   Generic skills necessary to change attitudes, to encourage confidence, competence and a sense of self-efficacy among colleagues, and to encourage co-operation with parents, employers and the community, and with other professionals who work with young people.[2]

Thus the interpersonal skills of being able to get on with other adults, of team building, of managing meetings, and of effective leadership are crucially important areas of competence for teachers in their specialist role.

Changes in Learning Environment.

Changes need to be brought about too, in the classrooms. The classroom/learning environment should be filled with and atmosphere of encouragement, acceptance, respect for achievements and sensitivity to the individuals needs. Classroom layout and appearance should stimulate

pupil-teacher interaction. There should also be easy access to resources and flexible grouping of pupils. Management of pupil behaviour, could be made easier through a whole-school approach to discipline. Co-operative learning among all pupils should be encouraged. There should be good communication and co-operation among staff and with governors. Combined, all these changes will not just make school easier for the student with special needs, but for the every student, and indeed every teacher.

Schemes of Work

In relation to schemes of work, the following questions are very important to ask:

1. Do the schemes of work set out the aims and objectives for the curriculum area in question ?

2. Can task and activities for any one achievement level be chosen and presented to enable children with a wide range of attainments to experience success ? For instance, emphasis can be placed on oral rather than written work ....

3. Can activities be matched to pupils' differing paces and styles of learning, interests capabilities and previous experience; can time and order of priority be allocated accordingly ?

4. Can the activities be broken down into series of small achievable steps for pupils who have marked learning difficulties ?

5.   Will the activities stretch pupils of whom too little may have been expected in the past ? The pupils are likely to include some with physical, sensory or other impairments who are high attainers.

6.   Will the purpose of the activities and the means of achieving them be understood and welcomed by pupils with learning difficulties ?

7.   Are cross-curricular themes, including personal and social education, running through the programme of study in foundation subjects ?

8.   Do the schemes refer to material resources, and to their financial implications ?[3]

What is clear, then, is the significant effect that teachers have already had in enabling and facilitating the integration of a wider range of pupils into 'mainstream' schools or units associated with such schools. What is also clear is that, whilst teachers have received a measure of support through 'official' structures, the bulk of the credit for success must be attributed to the teachers themselves. In other words, "expertise already present in school, perhaps in a dormant or nascent state"[4] has been encouraged and allowed to develop, with the success in providing for individual learner needs that is evident in many, many schools. The time is right, then, for teachers to take stock of what they have achieved, and to recognise both their achievements and areas in which with external and self-help, they can further achieve the goal of ensuring greater equality of opportunity for all pupils.

Before I began this dissertation, if I were to be honest I would have been a member of the "easy way out" school of thought. Selfishly I would have seen integrated education as being a difficult situation for all involved. I saw it as having little if any advantages and being plagued with disadvantages. As you can probably pre-empt, my views have changed. During this dissertation, I have tried to present a balanced view of a teacher who is involved in an integration programme, however, I have to admit that I believe integration is the future. The new sense of achievement that the physically disabled child introduces into the classroom is almost uncanny. The complete ease and feeling of worthwhile which I felt while teaching and interacting with the young students with a physical disability, was totally due to their own sense of self worth and hope for the future. I cannot conclusively conclude that integration into a 'normal' secondary school has provided this for these students. I can only offer my experiences as some sort of conclusive evidence that yes indeed the integration of the physically handicapped into mainstream education <u>can</u> only be a <u>positive</u> move. I am not admitting that is an easy move, quite to the contrary, but I do know that it is an extremely positive experience for all involved.

FOOTNOTES : CHAPTER FIVE

1. Dr. John Alban Metcalfe, "The Changing Role of the Teacher in Integrating Children with Special Needs", <u>REACH Journal</u>, Vol. 4 No. 2 (1990/91):99.

2. R.J. Campabell, "Developing the Primary School Curriculum", <u>REACH Journal</u>, Vol. 4 No.2 (1990/91):101.

3. Dr. Metcalfe, <u>REACH Journal</u>, pp 104-105. These hugely important questions are based on both Dr. Metcalfe's writings and on my own teaching experience, thus far.

4. Ibid., p. 106

APPENDIX A

QUESTIONNAIRE NUMBER ONE

ABOUT MYSELF
Fill in these gaps first

A. I am a _____
          (write BOY or GIRL)

B. I am _____
          (write how old you are in years)

Thank you. Now for every question draw a ring round the words that best describe how you think or what you do.

This is an example
I eat chips for tea: always   usually   half of   only   never
                                                    the time   occasionally

Jane has chips every Saturday teatime so she circled -   only
                                                             occasionally

Peter has chips every teatime except Sunday and Monday
so he circled -   usually.

No do the rest for yourself.

•   Be honest !
•   Nobody will know what YOU circled.
•   You need not put your name on the sheets unless you want to.
•   Thank you for your help.

ABOUT MYSELF
1. My teacher ignores me   always   usually   half of   only   never
                                                            the time   occasionally

2. In school I am treated   always   usually   half of   only   never
   the same as everyone else   the time   occasionally

3. I like playing with a group of friends rather than on my own	always	usually	half of the time	only occasionally	never
4. I work hard in lessons	always	usually	half of the time	only occasionally	never
5. I am bored when I am at home	always	usually	half of the time	only occasionally	never
6. I do different work from other children	always	usually	half of the time	only occasionally	never
7. Other people get me into trouble	always	usually	half of the time	only occasionally	never
8. My teacher makes me work hard	always	usually	half of the time	only occasionally	never
9. I like getting my marks back from tests or exams	always	usually	half of the time	only occasionally	never
10 My teacher lets me jobs in the classroom	always	usually	half of the time	only occasionally	never
11 I need a lot of held in lessons	always	usually	half of the time	only occasionally	never
12 I get bored at playtime me work hard	always	usually	half of the time	only occasionally	never
13 My friends and I look after each other	always	usually	half of the time	only occasionally	never
14 My parents say I work hard	always	usually	half of the time	only occasionally	never
15 I get other people into trouble	always	usually	half of the time	only occasionally	never

16 I do interesting things in my spare time	always	usually	half of the time	only occasionally	never
17 Tests and exams are boring	always	usually	half of the time	only occasionally	never
18 I enjoy lessons	always	usually	half of the time	only occasionally	never
19 My parents tell me I am good at things	always	usually	half of the time	only occasionally	never
20 I get into trouble	always	usually	half of the time	only occasionally	never
21 My teacher makes me feel stupid	always	usually	half of the time	only occasionally	never
22 I enjoy having tests	always	usually	half of the time	only occasionally	never
23 People are unkind to me	always	usually	half of the time	only occasionally	never
24 I am one of the last to be chosen for games	always	usually	half of the time	only occasionally	never
25 I do bad work when we have tests or exams	always	usually	half of the time	only occasionally	never
26 I can do things as well as other children in my class	always	usually	half of the time	only occasionally	never
27 My parents help me with my school work	always	usually	half of the time	only occasionally	never
28 My friends all like to be with me	always	usually	half of the time	only occasionally	never

29 I hate it when my parents come to school	always	usually	half of the time	only occasionally	never
30 I keep up with the rest of my class in lessons	always	usually	half of the time	only occasionally	never
31 Tests make me learn better	always	usually	half of the time	only occasionally	never
32 My friend ask me to play with them	always	usually	half of the time	only occasionally	never
33 My teacher gives me low marks	always	usually	half of the time	only occasionally	never
34 I feel left out of things at school	always	usually	half of the time	only occasionally	never
35 I keep away from trouble at school	always	usually	half of the time	only occasionally	never
36 I get low marks in tests	always	usually	half of the time	only occasionally	never
37 My friends are good to me	always	usually	half of the time	only occasionally	never
38 I am a trouble maker at school	always	usually	half of the time	only occasionally	never
39 I join in with what the class is doing	always	usually	half of the time	only occasionally	never
40 My parents show me a way from my teacher and it mixes me up.	always	usually	half of the time	only occasionally	never

41 My teacher listens to what I have to say	always	usually	half of the time	only occasionally	never
42 People tease me at school	always	usually	half of the time	only occasionally	never
43 I find learning difficult	always	usually	half of the time	only occasionally	never
44 I am well behaved at school	always	usually	half of the time	only occasionally	never

APPENDIX B

QUESTIONNAIRE NUMBER TWO

- Please tick the relevant column when answering the question
- Be honest !
- <u>Nobody</u> will know what you ticked.

		Yes	**No**	**Don't know**

1. Do you think that your parents usually like to hear about your ideas?

2. Do you often feel lonely at school?

3 Do other students often get fed up with you and stop being friends with you ?

4. Do you like outdoor games ?

5. Do you think that other students often dislike you ?

6. When you have to say things in front of teachers, do you usually feel shy ?

7. Do you like writing stories or doing creative writing ?

8. Do you often feel sad because you have nobody to talk to at school ?

9. Are you good at mathematics ?

10. Are there lots of things about yourself you would like to change ?

11. When you have to say things in front of other students, do you usually feel foolish ?

12. Do you find it difficult to do things like woodwork or knitting ?

13. When you want to tell a teacher something do you usually feel foolish ?

14. Do you often have to find new friends because your old friends prefer others to you ?

15. Do you usually feel foolish when you talk to your parents ?

16. Do other people often think that you tell lies ?

- Thank you for your help.

APPENDIX C

BALLINTEER COMMUNITY SCHOOL

Art, Craft & Design Department

_____

Dear Parent,

     My name is Majella Ginnane, and I am presently a final year student at the National College of Art & Design. As part of the requirement for this course I have been teaching art and design as well as art history at second level for the part three years (on a part-time basis).

     At the moment I am also working on my dissertation which is based on **'integration'** , and its effect on both students and teachers. As part of my study, I am planning a short art module to take place on Thursday afternoons the 26th of January and 2nd of February.

     I would really appreciate the help and participation of your child in this module. If there are any questions or comments that you would like to make, I would be delighted to hear from you either at the school on Thursdays on at home at 295 3163 (after 7.30 p.m.)

     Thanking you in advance,

                    Yours sincerely,

_____

STUDENTS NAME : ——————————

I give my permission to my son/daughter to take part in the art module.

PARENTS SIGNATURE : ——————————

DATE : ——————————

APPENDIX D

'MYSELF' project - Ballinteer Community School

Miss Ginnane

Art, Craft, Design Department

_____

Dear Student,
    For Thursday, could you please bring in the following;

1.   Photographs of yourself, at any age.

2.   Photographs/drawings/rubbings/magazine cut-outs of objects that are special to you e.g. (favourite T.V. show, music, book, artist, food, animal etc.)

3.   Photographs or illustrations of any type, of your family and close friends.

4.   Photographs of your family pet, or of any animal you have a special bond with.

Please feel free to bring in any object that you feel describes you better.

APPENDIX E

'MYSELF' project - Ballinteer Community School

Miss Ginnane

Art, Craft, Design Department

_____

Week 1   The way i look

Introduce project about faces, self portraits, dress, posture and the way we look. Faces are unique and are used for recognition and displaying emotion.

Questionnaire The way i look

1.   Describe your face as you see it in the mirror.
2.   What colour eyes have you got ?
3.   Have you a pale, dark or rosy skin ? Is there anything else you can say about your complexion ?
4.   What is the colour and length of you hair ?
5.   What colour are your eyes ? Are they large or small ? How close together are they ? Measure them.
6.   Are your front teeth even ? Have you any missing ? How would you describe their colour ?
7.   Do you usually look happy or sad ?
8.   Are you tall or short ?
9.   What is your main distinguishing feature ?
10.   Are you an outgoing person (an extrovert) or are you a person who prefers staying on your own (an introvert) ?
11.   Have you many close friends ?
12.   Are you a likeable friend/person ?
13.   Are you a trustworthy person ?
14.   What are your favourite clothes; rocker,. punk, casual, sporty, smart, rave ?
15.   What is your favourite past-time or hobby.

If you were to chose ONE word to describe yourself, what would that word be ?

If you were to choose ONE emotion what would it be ?

If you were to choose ONE colour to describe yourself what would it be ?

APPENDIX F

STUDENT PROFILE

STUDENT _____   **DISABILITY** _____

ADDRESS _____   **DATE OF BIRTH** _____

PROBLEMS	PHYSICAL	VISION	AUDIO	OTHERS

ACADEMIC LEVEL

WHEELCHAIR USER   YES ☐   NO ☐

SELECTED BIBLIOGRAPHY

Art Educators of New Jersey, _Art in Special Education - Educating the Handicapped through Art_. New Jersey : Art Educators of New Jersey, 1984.

Brennan, Wilfred K; _Curriculum for Special Needs_, Buckingham : Open University, 1985.

Lowenfeld, V., W. Lambert Brittain, _Creative and Mental Growth_. 7th ed. London : Collier, Macmillian, 1982.

Burns, Robert B., _Child Development : A Text for the Caring Professionals_. Kent : Croom Helm, 1986.

Cohen, Alan; Cohen, Louis., (ed), _Special Educational Need in the Ordinary School - A Sourcebook for Teachers_, London : Harper & Row, 1986.

Commission of the European Communities, _Implementation for the Programme for Integration in Education within the Context of the Helios Programme (1988-1991) - Texts of the Reports Presented by the Member States_, Brussels : E.C. Commission, 1993.

Cox, Maureen V., _Childrens Drawings of the Human Figure_. Hove : Lawerence Erlbaum Associates, 1993.

Hallahan, Daniel P., Kauffman, James H. _Exceptional Children - Introduction to Special Education_. London : Prentice-Hall, 1986.

Lansdown, Richard; Child Development - Made Simple. London : Heinemann, 1984.

Lawrence, Denis; Enhancing Self Esteem in the Classroom. London : P. Chatman, 1988.

Lindsay, Zaidee; Art and the Handicapped Child. London : Studio Vista, 1972.

Struiksma, Chris; Meijer, Frans; (eds.) Integration at Work - the First European Community Conference on Handicap and Education. Rotterdam : Pedologisch Instituut Rotterdam, 1989.

Wade, Barnie; Moore, Maggie; Experiencing Special Education. Buckingham : Open University, 1993.

Payne, Patton, Kauffman, Brown, Payne, Exceptional Children in Focus. 3rd ed. Ohio : Charles E. Merrill, 1993.

Kellmer Pringle, Mia; The Needs of Children. 3rd ed. London : Routledge, 1992.

Booth, Tony; Swann, Will; Including Pupils with Disabilities. Philadelphia : Open University, 1988.

Cain, Jr. E.J., Taber, F.M.; Educating Disabled People for the 21st Century. Boston : College - Hill, 1987.

Santrock, Yussen; Child Development - An Introduction. 3rd ed. Iowa : William C. Brown, 1987.

Twomey, Esther; <u>MS News</u>. Dublin : The Multiple Sclerosis Society of Ireland, 1994.

White, Murray; <u>Self Esteem : Its meaning and Value in Schools</u>. Cambridge: Daniels Publishing, 1992.

Woods, Maureen (ed.); <u>Disability News</u>. Scotland : Disability Scotland, 1994.

ARTICLES IN JOURNALS AND PERIODICALS

Cooney, Tom; *"Equality and the Right to Integrated Education."* The Irish Psychologist 21(1, 1994) : 5 - 6.

Hegarty, Séamus; *"Determining the Success of Educational Integration."* The Irish Journal of Psychology 9(2, 1988) : 361-372.

Irwin, Donna ; *"Integrated Education - The Practical Problems, One Teachers Experience".* Disability Today 2(1, 1988): 25.

Lawless, Angela ; and Colfer, John; *"Integration : Attitudes and Experiences of Primary School Teachers."* REACH Journal 4 (1, 1990) : 7 - 11.

Lawrence, B.; *"Self-Concept Formation and Physical Handicap: some educational implications for integration."* Disability, Handicap and Society 6 (2, 1991) : 139-146.

Dr. Metcalfe, John Alban *"The Changing Role of the Teacher in Integrating Children with Special Needs."* REACH Journal 4 (2, 1990/1991), 99 - 106.

Saunders, John; *"Community Integration - Myth or Reality ?"* REACH Journal 4 (2, 1990/1991) : 73-80.

Shoesmith, Sharon; *"Integrating and Whole School Policies for Special Educational Needs."* REACH Journal 4 (2, 1990/199) : 91 - 97.

Stancic, Vladimir ; "*Some subjective and objective prerequisites to educational integration of handicapped children.*" International Journal of Rehabilitation Research 7(3, 1984) : 273 - 282.

Steenkeste, F., Lesage, J.C., Dhelin, G., Moschetto, Y.; "*Delayed Recording to facilitate the educational integration of people with disabilities.*" International Journal of Rehability Research 16 (3, 1993) : 239 - 244.

Ware, Jean; "*Interactions Between Pupils with Severe Learning Difficulties and Non-Handicapped Peers.*" REACH Journal 4 (1, 1990) : 44 - 48.

OTHER SOURCES

City Arts Centre, National Rehabilitation Board, Arts & Disability Conference", Dublin : National Rehabilitation Board, 1995.

Commission for the Status of Women, "Widening the Circle, A Submission to the Commission on the Status of People with Disabilities," Dublin : Commission for the Status of Women, 1994.

Cystic Fibrosis Association of Ireland, "Conquer Cystic Fibrosis". Dublin : Cystic Fibrosis Association of Ireland, 1987.

Cystic Fibrosis Trust, Cystic Fibrosis and School : A guide for teachers and parents. Kent: Research Support Education, 1994.

The Irish Association of Drama, Art and Music Therapists, "A Guide to Drama, Art and Music Therapy in Ireland." Dublin : The Irish Association of Drama, Art and Music Therapists, 1993.

Irish Association for Spina Bifida and Hydrocephalus, "Communication Through Technology for the Physically Disabled Conference Report". Dublin : AID, 1986.

Rehabilitation Institute, "Art Access Programme". Dublin : Rehabilitation Institute, 1994.

The Education of Physically Handicapped Children, Report of a Committee Appointed by John Bruton, T.D., Parliamentary Secretary to the Minister for Education. Dublin : The Stationery Office, 1984.