

5. TOTALS — SUM OF ALL AGES

	Mean Score - All Ages	within total group		between age groups	
		M	s.d.	M	s.d.
Spelling	79.65	13.84	81.10	3.60	
Reading	91.90	20.37	93.45	3.01	
Arithmetic	75.77	7.68	76.38	1.36	

COMMENT ON WARNOCK

1. Some reactions of an educational psychologist

by JACK WRIGHT

I would like to draw attention to two aspects of the Report. On the one hand to consider some general features, including its underlying philosophy, and on the other hand the implications of the Report for the work of educational psychologists.

Some general considerations

Educational psychologists, through working in child guidance clinics as well as in schools, become aware of the importance of mental health as an overriding or master goal in a hierarchy of aims and objectives. This involves the satisfaction of personal needs (emotional as well as intellectual) and the development of satisfactory relationships with other people. The recent Green Paper, in listing the aims of education, is quite specific in its reference to the development of better personal relationships. The Warnock report seems to over-emphasise knowledge and achievement of independence. Yet many people would maintain that difficulties in adjustment to others pose the main problems in our society today rather than deficiencies in knowledge and skills.

The concept of a child acquiring knowledge and achieving independence is rightly seen as part of a process in which education makes its contribution. There is, therefore, an emphasis on partnership with the parents. The more global aim of 'mental health' would imply not only partnership with parents as an essential aspect of helping children with difficulties but partnership with Health Service and Social Services staff. Partnership implies a contribution to each other's aims and objectives as well as looking at what Health and Social Services might contribute to help Education reach its goal. The practical suggestions about how this might be better achieved, in the useful chapter on co-ordination of services, are therefore especially welcome.

The departure from the concept of handicap to one of needs and therefore educational needs, is sound psychology. The recommendation that special education should permeate all types of

school and that almost all of it would take place in ordinary schools is the vital one. It has always been possible for a great deal of special education to occur in ordinary schools. In practice, however, many local authorities viewed special education as primarily that which occurred in special schools and seemed very reluctant to accept the notion that there could be even more special education to be carried out in the ordinary school. The changes implied on the wider Warnock concept would be considerable. The Education Officer in charge of special education would have a role in ordinary schools as well as co-ordinating work for special schools: there would be a sub-committee for special education (in this broad sense) ensuring the effective development of the basic concepts behind Warnock, that of finding out children who have special needs, assessing these and making sure there is adequate provision to meet them.

The emphasis on extending provision to pre-school children is one that has long been stressed by psychologists, doctors and others who, working with pre-school children, saw how important it was that some of them should have early help to overcome difficulties. Pioneering in this, of course, has been the need to help children with hearing problems when language is being developed. The widening of this practice by giving early support for other difficulties is one that should have enormous benefit to children. It is important to realise that this will not necessarily reduce the amount of intervention at later stages as the studies that Tom Payne and myself have been making of the Portsmouth Service indicate. Children referred early usually have very severe handicaps and need continuous monitoring and intervention on their behalf right up to the time that they are school-leavers and even after. Another very welcome recommendation, therefore, is that there should be continued input of special education for young people from 16-19.

The need to promote in-service training for teachers in making special provision is one that fits

in very well with the psychologists' aims to pass more skills on to those in face to face work with children. When children encounter difficulties the teacher who is helping him becomes as much a psychologist as he is teacher. A teacher teaching English Literature to able Six-formers may well be more of an English specialist than a psychologist but a teacher helping a child overcome reading difficulties is more of a psychologist than he is a specialist English teacher. It is because of the importance of psychological processes in education such as learning that I would argue that a psychologist who trains first in education is not really training for a totally different profession and then moving on to another profession of Educational Psychology. Clinical psychologists, when reporting on the treatment they use, claim to use a "learning" rather than "medical" model, i.e. an educational one.

Special implications for educational psychologists

It is important to appreciate that what the Report says about the school psychological service is in connection with special education. It is recognised that the service has other significant contributions in education. This is why it is included in Chapter 14 rather than in the previous chapter, which deals with special education in the schools. The early services were concerned with the backward child, the maladjusted and the delinquent but also with other matters such as selection for various types of school. Special education deals with the first group. The latter, with the disappearance of the 11+, is now a matter of educational guidance. Recent concern over standards and the setting up of the national assessment and performance unit indicates that here is a field in general education where educational psychologists have a considerable input. They also have an input into ordinary schools as these are essentially dealing with the process of learning, which is one of the major concerns of psychology as a science.

One of the most debated recommendations may be that on ratio. It is suggested that there should be one psychologist to every 5,000 of the child population from birth to 19. This in effect will triple the service. The work that Tom Payne and myself carried out looking at the needs of a service, using diary analyses and studying what actually was achieved with a good ratio suggested that something like 1 : 5,000 school population was needed to meet the needs of teachers and pupils, to carry out the assessment contribution as recommended in Circular 2/75, to provide input into in-service training and to make contributions to policy considerations. We did not take into account a greatly expanded post-school population or a

greatly expanded pre-school intervention as did Warnock. Critics may say that the Warnock recommendations are impossible and unrealistic. Unusually, however, the Report included a consideration of Scottish education. Here a better ratio than this has already been achieved. There has not been, as far as I am aware, any indication that Scotland is economically more advantaged than England, and therefore in a better position to afford more services such as those provided by psychologists. The economic argument that this is unrealistic can hardly stand up in the face of this evidence. It might be more important to consider whether or not we can possibly achieve the numbers required. There has been a great expansion of students studying psychology and an increase in the number of psychologists entering the teaching profession. Therefore, there may well be a reasonable pool on which to base any expanded training. The introduction of the B.P.S. Diploma and the fact that there are now plenty of senior psychologists with sufficient experience to supervise in-service training could lead to a fairly rapid expansion of training facilities without running the risk of repeating the difficulties experienced in teacher training, in which Colleges have had to be closed down through the diminished need for training resources. Once numbers become adequate it would be easy to rely entirely on University training without producing redundancy problems.

Much is said in the Report on the role of the psychologist within special education. It stresses that the psychologist is concerned with children with emotional or behavioural disorders. "In our view Psychologists working where necessary with Psychiatrists and Social Workers should remain foremost in helping teachers to deal with emotional and behavioural problems when they occurred in school". The Court Report had used the terminology "psychiatric disorder" for these conditions although it pointed out that this by no means implied that the disorders had to be dealt with by psychiatrists.

The educational psychologist would seem to have three roles in the discovery and assessment of special needs. The first, which is helping teachers develop school-based assessment at stages 1-3, is in line with the increasing tendency for psychologists to hand on skills and expertise to those working directly with children. This was, of course, suggested also in the Circular on Child Guidance (Circular 3/74). It implies a very considerable role for a psychologist in in-service training, particularly in the field of helping teachers to improve in observation techniques and assessment procedures. They also are to have a special role in assessment at stages 4 and 5, which involve multidisciplinary

teams. The central team concept that was behind child guidance, is stressed in the Report. There will be several types of team requiring (as the Circular on Child Guidance outlined) a network arrangement and facilities for co-operation at various levels. A problem that may cause concern could be one of a child passing through various stages when he ought to proceed immediately to one of the multi-disciplinary team assessments at stage 4 or 5. This can be safeguarded effectively if psychologists are regular visitors to schools, discussing children's needs with the advisory teachers and class teachers. In this way those for whom rapid referral to an assessment team is needed can be quickly identified without having to go through the intermediary stages. There will also be a role for the psychologist in helping with the monitoring of age groups, with screening processes and indeed with epidemiological studies of handicap in their area.

The relationship of the psychologist with the LEA advisers may cause some psychologists concern. It is suggested that advisers are to be concerned with the quality of special education and aspects such as curriculum development, the professional development of teachers, together with providing some special teaching. Psychologists, the Report suggests, are: concerned with the needs of the individual and concerned with support for schools and parents to prevent development of significant learning and behavioural difficulties; should be involved in the assessment and formulation of programmes. Warnock thinks that the two Services which overlap need to be carried out by different people and that the Chief Educational Psychologist should not be responsible for special education. I think this sharing of responsibilities does mean that the psychologists can have more time available for psychological activities. This is very desirable. However, psychologists who detect children with different needs have a keen interest in seeing that adequate provision is made and therefore welcome the opportunity to have an input in the advisory team so as to influence growth of provision, and to help plan to meet needs. They are also very keen indeed on looking at the environments in which the children live and which may themselves contribute to a child's difficulty. They would welcome, therefore, involvement in curriculum development and organisation of schools, not as their major concern, as this will be the responsibility of teachers and the advisers in special education, but as psychologists who know what the needs of children are because of their continued study of the individuals. It is important, therefore, that they should be seen as having a real advisory role as well as the individual role which is their basic concern.

The suggestion of joint appointments with University departments to undertake research is admirable. It is very difficult indeed for psychologists to become involved in research, bearing in mind the very considerable demands made upon them in work on behalf of children in schools, in clinics and so on. The only way in which research can be really stimulated and developed is to have posts within an authority which are specifically designed to meet this need.

The recommendations on post training, particularly to help psychologists specialise in certain areas of learning difficulty or behavioural difficulty is also one that will earn warm support from all. What may indeed evolve is perhaps some modular arrangement whereby such further study added to the basic training and the first degree can lead to Ph.D. status. This is becoming increasingly important as professionally trained psychologists appear to be at a disadvantage both on the Continent and in the U.S.A., where their equivalents, with similar kinds of training, are Ph.Ds. This primarily is because the system of awarding doctorates in this country is for a research degree, not as it is, for example, in other countries in Europe, a combination of professional training and academic first degree work.

The Report has not considered the problem of the relationship between clinical psychologists working with children and educational psychologists. The suggestion of overlapping syllabuses and shared training is a sensible one. The Health Service will continue to need psychologists to meet its demands in respect of both children and adults. An immediate aim, therefore, is for the two professional groups to work together to reduce unnecessary overlap, whilst respecting the specific roles that each has to play.

The most important question for E.P.s to ask is, "Will psychologists be able to make a more effective contribution to child development in our schools?" The answer to this must be a clear "Yes" both in terms of numbers and of a widening role with plenty of scope for initiative. The desirability of the Service becoming statutory should be seen in this light. If numbers are adequate statutory requirement will be most welcome. If numbers are inadequate then the statutory demands can limit developments and width of contribution. All, however, would agree with an implication of a statutory role and that is that all E.P.s appointed should be fully qualified.