

Disability in Cross-National Perspective : A Comparison of Public Policies and Educational Practices Between the United States and the United Kingdom

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Depending upon different views in defining human disability — historical, medical, cultural, and socio-political views — there have been various definitions and classifications on disability. In addition, public policies and educational practices for individuals with disabilities are not identical among different countries. Government decisions are part of public manifestation of the intentions of the people in a country. In many cases, the written public policies, such as laws and regulations, represent the values and opinions of the majority in a society. In this review of literature, the author compared the policies and practices of special education services to students with disabilities in the United States and in the United Kingdom. The reason that the author chose these two countries are: (a) their relatively long histories of interventions for the disabled; (b) the influence of Judeo-Christian ideology in disability policy; (c) each country's relatively longer history of democratic government which has enabled the decision-making processes based on the opinions of the majority; and (d) their pragmatic educational approaches in the use of limited human and material resources. Yet, there seemed to have some differences in public policies and educational practices between the two countries. The historical developments of public policies on special education, educational practices, and a comparative analysis of the education for the disabled between the two countries were also discussed in detail.

Key Words: disability policy, special education law, comparative analysis

. INTRODUCTION

A. Views on Disability

There are approximately 600 million disabled people worldwide. According to the United Nations (1986), about 450 million people of the world's population develop a physical or mental limitation at some time in their life cycle. A great number of these people are children, due to hunger, malnutrition, or lack of adequate health care. Who are the disabled? To answer this question, it has to be considered that there have been various definitions and classifications on disability. The term *disabled* (or *handicapped*) is so weighted with cultural connotations that it is almost meaningless except within the context of a particular society at a specific time (Taylor & Taylor, 1966). The cultural factors significantly determine the social construction of disability. Depending on the society, the disabled may be seen as unfortunate people needing services or social menaces needing control (Barton, 1993). Stone (1981), for example, classified disability into abnormalities, impairments, function losses, and economic losses. However, this classification seems to be a combination of physical and mental conditions of individuals with disabilities and the effects of disabilities on the personal and social lives of the disabled. According to the other literature reviewed by the author, there are at least four views in defining disability — (a) historical view, (b) medical model, (c) cultural model, and (d) socio-political view.

1. Historical View

For a long period in human history, disability was regarded as a “personal tragedy” (Barton, 1993). Disabled people, thus, have been seen as objects of pity or those in need of charity. At the same time, they were subject to discriminatory public policies and practices in a society. Coupled with the different myths on disability, from a divine curse on an individual to a medium to the spiritual worlds, a variety of individual responses to the disabled has been observed.

2. Medical Model

According to medical model, disability can be subdivided into disease, impairment, disability, and handicap. *Disease* is an active pathology within the body; whereas, *impairment* is an anatomical malstructure or dysfunction. *Disability* is “a lack of ability on the part of the individual to perform physical or mental activities” (Barton, 1993) or “an innate dysfunction of individuals” (Peters, 1993). *Handicap* can be defined as an inability to perform according to societal norms or expectations.

One of the problems with this model is an inconsistent classification of disability among societies. A great deal of confusion arises regarding incidence and prevalence of disability due to the disagreement on definitions of a disability (Peters, 1993). In other words, while the norms of *normality* are determined by each social context, the category of disability is based on the medical conditions or functional impairments. The category of learning disability is an obvious example. Whereas the variations of the learning disabled are observed in the United States (U. S.), there is no concept of learning disability in certain Asian countries.

3. Cultural Model

According to Pope & Tarlov (1991), disability is “the expression of a physical or a mental limitation in a social context—the gap between a person’s capabilities and the demands of the environment” (As quoted in Peters, 1993). Disability is not only a biological condition of an individual but also the social ramification of the condition. This model implies that optimal treatment of the disabled may not be found in a label, but an analysis of child-environment interaction pattern will reduce the barrier that a disabled child experience in the environment (Peters, 1993).

4. Socio-Political View

Barton (1993) also acknowledged the significance of cultural factors in the social construction of categories. Depending on the societies where the disabled belong to, they may be seen as unfortunate people needing services, members of an under-privileged mi-

nority, or social menaces needing control. He viewed disability as a social restriction and a form of oppression. The disabled are thus defined as “heterogeneous groups who experience different levels of discrimination” (Barton, 1993). Being disabled entails social and economic hardships as well as assaults upon self-identity and emotional well-being.

There has been a gradual shift of paradigms in perceiving disability from the historical view to the socio-political one. The traditional views, which include a historical and a medical models, have focused on the disabled individuals, not on the context of the society. The attention was on the “inability” of those with disabilities, based on what they are *not* (Peters, 1993). Only “able-bodiedness” was the acceptable criterion of “normality” (Barton, 1993). Some of the problems with these models include (a) imposing a presumption of biological inferiority upon disabled persons and (b) regarding intervention services to the disabled as charities, not as rights of the disabled. On the other hand, those with the cultural and the socio-political views take into account social responses to the disabled. They assume that disability is constructed not only from the inability of an individual but also from the failure of a structured social environment. There are the values attached to the disabling condition and, thus, disability is a product of the socio-political phenomena of each society (see Table 1). According to these models, disability is a form of social oppression and the disabled are defined as “heterogeneous groups who experience different levels of discrimination” (Barton, 1993).

Table 1. Views on Disability

	Traditional Views	Cultural/Socio-Political Views
Definition	An innate dysfunction of individuals	The expression of a physical or mental limitation in a social context—the gap between a person’s capabilities and the demands of the environment
Assumption	Disability is a biological condition.	Disability is societally constructed (i.e., a social ramification of the condition).
Implications	Inconsistent classification among countries, causing great confusion regarding incidence and prevalence of disability.	Optimal treatment will be found in an analysis of children-environment interaction pattern.

B. Cultural Paradigms of Disability and Education

Peters (1993) proposed an analytical model of cultural paradigms of disability and education in terms of educational practices, socio-political structures, and cultural ideologies of the societies to which the disabled belong. The provisions of educational services to the disabled are based on the stated policies of a society (see Table 2). These social policies, such as the laws, court decision, or other governmental decision, are manifestations of the values of the majority of a society. Thus, Peters strongly argues that the whole structure of a society should be examined for a better understanding of educational practices for the disabled.

Table 2. Cultural Paradigms of Disability and Education

Paradigm	Assumption	Educational Goal	Consequences
<i>Medical</i>	Innately different individual	Prescription and treatment	Segregated school environment
<i>Social</i>	Deviation from the norm	Remediation services	Denied self-determination
<i>Political</i>	An oppressed minority	Integration into the mainstream	Full participation and extended rights
<i>Pluralistic</i>	Relativity to cultural values	Recognized differences	Value of diversity; but, communication of shared values?

By assuming the cultural and the socio-political view as the same and following Peters' analytical model of disability and education (Barton, 1993; Peters, 1993), the author compared the public policies and educational practices for the disabled students in the U.S. and the United Kingdom (U.K.). The reason that the author chose these two countries are: (a) their relatively long histories of the interventions for the disabled; (b) the influence of Judeo-Christian ideology in disability policy; (c) each country's relatively longer history of democratic government which has enabled the decision-making processes based on the opinions of the majority; and (d) their pragmatic educational approaches in the use of limited human and material resources. Yet, there seemed to have been some differences

in public policies and educational practices between the two countries.

A historical overview of public policies on the disabled in each country will be presented. Then, the author will focus on the educational practices for the disabled based on these national policies. The goals for this study include (a) identification of social values and cultural ideology on disability and education of each country; (b) decision-making processes in public policies; and (c) optimal educational practices for the disabled in each society.

. DISABILITY AND EDUCATION IN THE UNITED STATES

A. Historical Overview

Special education in the 20th-century United States can be characterized as de-institutionalization, mainstreaming, and disability rights movement. When the eugenics movement began to wane early 1920s in America, many people with mental retardation or other disabilities were deinstitutionalized. Many of those with severe disabilities also moved from the state and other government institutions to the facilities in the communities.

When the civil rights movement started in the 1960s, school segregation practice based on the races began to diminish. At the same time, equal opportunities in education to the children with disabilities were also demanded through numerous litigations. Persistent advocacy for equal opportunity and equal quality of education to the children with disabilities opened the doors of public education. Finally, all the children with disabilities were allowed to have appropriate educational services in the least restricted environment when Public Law 94-142, the Education of All Handicapped Act, was passed in 1975.

There has also been some backlash against the disability rights movement in 1970s. The economy was prospering under the Reagan administration, but the federal government did not take any initiative to pass a special legislation for the people in need due to their disabling conditions. The administration even tried to cut the budget for imple-

menting PL 94- 142, but the Congress blocked the attempt. This backlash seemed to have its origin in the general public who did not want to pay all the cost of the benefits for the disabled. However, the disability rights were eventually expanded through the passage of the Americans with Disabilities Act and the amendment to the Education of All Handicapped Children Act in early 1990s. The reauthorization of the latter law specifically recognized the special needs of infants and toddlers with disabilities.

B. Public Policies on Disability

In PL 94- 142 of 1975, a free appropriate public education (FAPE) was guaranteed to all students with disabilities in America. The law provided federal money to state and local education agencies to help them educate students from age three to twenty-one. The state and local agencies, however, must agree to comply with the federal law or else they will not receive the federal money. When PL 94- 142 was reauthorized as the Individuals with Disabilities Education Act (IDEA) in 1990, the recipients of the services were expanded to the babies with disabilities at birth until age three.

IDEA defines special education as specially designed instruction to meet the unique needs of a student with a disability. The instruction is free, provided in various settings, and includes related services. The six principles governing special education in IDEA are as follows:

- a. Zero Reject: a rule excluding not any student
- b. Nondiscriminatory Evaluation: a rule requiring schools to evaluate students fairly to determine if they have a disability and, if so, what kind and how extensive a disability they have
- c. Appropriate Education: a rule requiring schools to provide individually tailored education for each student based on the evaluation and augmented by related or supplementary services
- d. Least Restrictive Environment: a rule requiring schools to educate students with disabilities with nondisabled students to the maximum extent appropriate for the students with disabilities
- e. Procedural Due Process: a rule providing safeguards for students against schools'

actions, including a right to sue in court

- f. Parental and Student Participation: a rule requiring schools to collaborate with parents and adolescent students in designing and carrying out special education programs (Turnbull et al., 1995)

C. Educational Practices

For a long time, the American schools have practiced discrimination related to disabilities through either exclusion of disabled students from school altogether or classification of nondisabled students as the disabled. IDEA specifically prohibits these practices with the nondiscriminatory evaluation requirement in it. It gives specific rights to students and sets out a general principle for schools to follow. The school usually applies this principle by employing four steps of student evaluation — screening, pre-referral, referral, and nondiscriminatory evaluation procedures. In this phase of assessment, schools always need to acquire parental consent on the intentions of the school to the children.

The key to an appropriate special education is *individualization*. The current educational law directs special and general educators to develop and carry out an individually tailored education program. This basic plan is called an individualized education plan (IEP), whose main components are evaluation information, curriculum, placement, and related services. IDEA does not require parents consent for an IEP; however, it does require schools to invite parents to participate in IEP conferences. If a parent does not want to participate in the IEP meeting, the school staff still must have one because the school may not serve a disabled student without an IEP. If the parents and the school disagree about the content of the IEP, they have to resolve their conflict through the due process procedure, which includes litigation at the court.

In implementing IEP, the placement of the students is often an issue. As inclusion became a topic of the 1990s among educational professionals, many approaches have been tried. Cooperative learning was one of the examples in this trend. The stated benefits of cooperative learning include (a) positive interdependence, (b) face-to-face interaction, (c) individual accountability, and (d) interpersonal skills among the participants (Turnbull et al., 1995).

D. Current Issues

The law sets one kind of standard—a legal one—but the profession of special education sets another standard—an educational standard of good practice. To the American teachers and parents of the disabled, the law creates a framework of rights and duties. The disabled children have rights, and educators have duties. The issues of educational equality in American special education today is not that of an equal access to regular educational settings, but the appropriateness of the services by the school system to the children with disabilities. However, the cost of these services has to be paid by the public funds, i.e., taxes. There lies a conflict between the rights of the disabled and the cost to the general public. If the law is a product of power struggle over limited resources in a society, the future of special education services in the U.S. is dependent upon the successful negotiation between the general public and the disabled minority.

As medical technology continues to advance, the incidence of the disabled people will also increase. The quality of services for the children in special needs will be improved by the development of adaptive devices and multidisciplinary approaches for the special services only if the majority agrees to do so. The services to the people with disabilities need money, which will entail increased tax or adjustment of the federal and state budgets. The shaky economy in the U. S. will raise a serious question on the appropriateness of the special education services, i.e., the cost efficiency of the education to the children with disabilities. The issues may be the conflict between the disability rights and the cost of individualized instruction to meet the special needs of mainstreamed students in the regular classroom settings.

. DISABILITY AND EDUCATION IN THE UNITED KINGDOM

British education is under the control and direction of the Secretary of State for Education and Science. Local education authorities (LEA) are responsible for the provision of education but the Secretary, with the services of about 500 inspectors of schools, is

responsible for seeing that these educational provisions are made adequately and efficiently, and that the policies of the government are being carried out.

A. Historical Development of Special Education

Voluntary organizations were pioneers in the provision of special education for disabled children. They established the first schools for the blind and deaf in the late eighteenth century—for the blind in Liverpool in 1790, and for the deaf in London in 1792. Specific governmental provisions for the education of disabled children, however, came late in the nineteenth century. It was not until 1893 that the Elementary Education Act required school boards to enable blind and deaf children to receive education either by establishing a special school or by contribution to an existing school. Later in 1899, the mentally and physically disabled and epileptic children were added to receive educational services by local school authorities.

Before the passage of the Education Act of 1944, provisions for handicapped children varied greatly. Although local authorities were obliged to provide special education only for children who were blind, deaf, epileptic, or mentally deficient, most local education authorities added other categories to this list, and pioneered in providing for other groups of disabled children. Some children with disabilities received excellent education, but in the case of a particular child this privilege depended on such factors as the region where he lived, the quality of the program developed by the local education authority, and the traditions and vigor of the local volunteer societies (Taylor & Taylor, 1966). A major change found in the 1944 Act was the classification of handicaps in terms of educability and the elimination of the certification requirement. Before 1944 there was no alternative for handicapped children but to be admitted to special school. The 1944 Act brought them for the first time into the general framework of education, and made it a duty for the local education authority to provide for them, as for other children, an education suited to their ages, abilities and aptitudes.

If integration means placing “children with a range of disabilities in regular classrooms” (Fulcher, 1989), the integration practices in the U. K. started since the passage of the 1970 Education Act. Though a gradual move of severely educationally subnormals

(ESNS) from segregated settings to regular classrooms took place even prior to the recommendations by the 1978 Warnock Report, it was limited only to comprehensive schools, not to grammar schools. This integration practice is slightly different from that in the U. S. First, integration of the disabled students was recommended as a national policy in the 1970 Education Act, but it might not be feasible at the local levels without the initiatives of LEAs and educational professionals. Second, the decision on placement of disabled students was mainly made by the professionals. Parents were encouraged to participate in the decision-making process; however, parental appeal against the school decision was only through the educational authorities, not the outside judicial systems.

B. The Warnock Report and Education Laws

In 1974, the U. K. government appointed a committee, chaired by Warnock, to review educational provisions in her country. It was the first committee of inquiry into the “education of handicapped children and young people” (Barton, 1993). In 1978, the Committee finalized its report. The features of the Report are as follows:

- a. It challenged “medical notions” of handicap and emphasized the importance of social context and resources in the provision of special education services, not medical treatment.
- b. It confirmed the perspective that the purpose and goals of education for all children are the same. Education was thus viewed as a matter of right not charity.
- c. It emphasized the centrality of service provision and the role of multidisciplinary teams in this process. The notion of *special educational needs* was applied in this recommendation.
- d. Parents were recommended to be regarded as partners in educational decisions of the disabled pupils and students (Fulcher, 1989).

The subsequent legislation — the 1981 Education Act — was a significant event in the general process of services and policy development for the students with disabilities.

However, it did not appropriately reveal the recommendations of the Report. The Act acknowledged the special educational needs of the disabled, but it did not attempt to change the existing practices of special education at the national level. As for the government, a belief in the importance of competition and consumer choice by the general public legitimized the demands for segregation of the disabled students from regular education settings. Two implications with this governmental approach include: (a) questions of social justice and educational equity became marginated and (b) children with special education needs were not viewed politically significant (Barton, 1993). Many independent organizations for the disabled have raised issues against this governmental delay in policy making for the disabled.

The enactment of the Education Reform Act in 1988 publicly assured that provisions of special services to the disabled children and youths is an integral part of an equal opportunities of all students in U. K. It provided a basis for the identification and provision of special services to the students in need. However, some major criticisms were raised against the 1988 Act, which include the following:

- a. It follows a medical model of disability, though the Warnock Report had recommended the inclusion of social context in defining and planning services to the disabled.
- b. No financial support from the government for making the law feasible at local school districts.
- c. No mandatory integration requirement of the disabled students into the regular schools: Placement of the students with special needs is contingent on the decisions by the health and education professionals.
- d. No political interference in the curriculum: The programming of the special educations is on each local education authority.
- e. No legal apparatus for the parents to appeal outside the education authorities, regarding the placement of their children with disability

C. National and Local Policies on Special Education

The social concepts on disability and special education might be revealed in the

speculations of the laws on education and their applications at the local school levels. The U. K. government interventions on the education of the disabled, however, have been following those from voluntary civilian activities. The national policy on the disabled in the U. K. has evolved in response to the changing concepts of the responsibility society must assume for its members, especially the disabled, and has been reflected in the laws and procedures that determine selection for special education (Taylor & Taylor, 1966). Thus, the history of the education legislation in the U. K. was a manifestation of the governmental effort to maintain a balance between educational equality of all students and social efficiency of the nation as a whole.

Some characteristics of special education laws in the U. K. include the following:

- a. The Education Laws follow the medical models in classification of disabilities. Though the 1978 Warnock Report recommended the consideration of social context of disability, the 1981 Education Act did not acknowledge it.
- b. There is a tendency to move away from the use of the term *educationally sub-normal* and to use another term that includes a larger group. For example, many legal terms use students with *special services*, rather than the handicapped students.

D. Educational Practices

In England and Wales, there are 104 local educational authorities (LEAs) that work as bumpers between the national education policy and school practices at local levels. Each LEA maintains the diversity and localization of educational policy and practices by controlling employees and recipients of services (Fulcher, 1989). Due to this relatively high autonomy exercised by each LEA, there has been a wide range of practices regarding special education needs of the students. However, most LEAs followed the three procedures of (a) ascertainment, (b) placement, and (c) parental involvement in providing special education services to the students in need.

1. Ascertainment

The term “ascertainment” refers to the discovery, classification, and referral of a handicapped child. In addition to the provision of education for children in general, the 1944 Education Act specified that one of the responsibilities of the local education authority is to determine which children in the area require special education treatment and to provide it where necessary (Taylor & Taylor, 1966). Ascertainment thus means a distinction between the normal child attending regular schools and the educationally subnormal who are capable of benefiting from education but who need some kind of special educational treatment. Ascertainment also means a distinction between the educationally subnormal receiving some kind of education and the mentally subnormal judged incapable of benefiting from education in school. The handicapped pupils are defined according to the ten categories of handicaps, following the 1953 regulations from the Ministry of Education. However, there is no legal category of the multiply handicapped.

2. Placement

Special education is available in a variety of contexts: (a) regular classes in ordinary schools; (b) special classes in ordinary schools; (c) day special schools; (d) residential special schools; (e) hospital classes; (f) home instruction; and (g) some further education and higher education in programs provided for youth in general. As of 1966, there were 760 maintained (i. e., publicly established and supported) special schools providing for approximately 65,000 pupils including over 3,000 in schools in hospitals (Taylor & Taylor, 1966). There were also 122 non-maintained (or private) special schools providing for about 9,000 handicapped children whose fees were paid in full by local education authorities.

Segregated school practices in the U. K. have been advocated due to the reasons of (a) the disabled needing protection, (b) the presumed qualities of the “special” teachers, (c) curriculum components of the special schools, and (d) administrative efficiency (Barton, 1993). However, some criticisms on the increased segregation of the disabled in the U. K. include screening procedures focusing on the difficulties of children rather on those of teachers and the increased attention on children with disabilities rather on school

curricular or educational services (Fulcher, 1989).

3. Parental involvement

There is a close cooperation among the professionals involved, such as a health agency and an educational agency. However, the participation of the parents in the decision-making process for educational placement is limited. The local education authority is empowered by law to mandate special education for a child even against the wished of the parents when it seems necessary (Taylor & Taylor, 1966).

Parents may appeal to the Minister of Education against the following types of decision made by the local education authority:

- a. That their child should be classified as a handicapped pupil.
- b. That their child should be classified as unsuitable for education in school rather than as educationally subnormal.
- c. That their child should be sent to a particular school.
- d. That their child cannot withdraw from a particular special school.

When parents appeal against a local education authority decision that their child be classified as unsuitable for education in school, they must do so within three weeks of receiving notice of the education authority's intention to report their child to the local health authority. They may also request the local education authority to review the decision, but no earlier than a year after the decision was made and no oftener than once in each succeeding year.

The main features of British special education practices can be summarized as follows:

- a. The inclusion of the disabled children is possible in regular school programs, but it does not exclude the placement of the ascertained students at segregated special schools. However, the specialized assignment of pupils with certain disabilities has been greatly reduced.
- b. It is more difficult to integrate the students with disabilities at secondary school

levels, due to their rigidity of curricula and competitiveness of regular education, especially in grammar schools. Integration into comprehensive schools are thus encouraged because there are more prevocational courses available and less emphasis on purely academic learning.

- c. Parents can participate in the school decision-making processes as “partners;” however, parent rights are relatively limited against the decisions by educational professionals. Parents are principally allowed to fully participate in these practices; however, when the parents do not agree with the professional decision, parents can only appeal to the education systems, not to the court.

. DISCUSSION

Education is the door to opportunity (Peters, 1993). Schooling is a system of social practice which contributes not only to upward social mobility of some students but also to the maintenance of social inequality (Barton, 1993). Many scholars argue that the students with disabilities who have access to schools are often disadvantaged in education. For example, educational inequality in segregated placement has been the key issue of litigations in the U. S. during the two decades before the enactment of PL 94-142 in 1975.

Education and disability are “socially constructed and historically mediated processes” (Peters, 1993, p. 61). While the education itself is under massive changes, yet the educational serviced in the U. S. and the U. K. do not keep up the pace with the general education reform movements. Different from the other third-world countries, the two countries do not have multiple barriers to education for people with disabilities such as poverty, shortage of qualified personnel, ignorance, or primitive attitudes and beliefs to the disabled. However, other external forces, emergence of industrial capitalism and introduction of mass compulsory school (Barton, 1993), contributed the development of special education in the two countries. The following is a comparative analysis in special education between the two.

A. Comparative Analysis

The special education services in America have followed many windings through the history of U. S. policies and educational services. The civil-rights movement in the 1960s gave a significant impact in changing the concept of providing educational and other related services to the disabled students. Once the public policies on the disabled students were finalized through legislation, the government had to be involved in the execution of the law through financial support to the educational agencies. The concept of American democracy and the disability services as human rights have become the foundations of American special education.

Whereas, the British educational service provisions to the disabled were initiated by the civilian volunteers whose spirits were supported by the relatively generous public school participations, even without legal requirements from the government. Thus, the legislation on special education might be a confirmation of the practices at the local levels, rather than a directive on the services to the disabled.

The second characteristic in the U. K. special education is found in the conflict between professionalization and democracy. The educational professionals wield the power from the determination of the needs of special needs, placement, and types of education. Parents of the disabled pupils, however, perceive reception of special education services as a product of negotiation, not a right. Some parents are reluctant to admit even to themselves that their child may be mentally handicapped by bringing him to the attention of the proper authorities. At the same time, the legitimacy of the professional decision-makings on special education practices has been questioned by many scholars, in terms of validity of assessment, teacher abilities, and curriculum components (Taylor & Taylor, 1966).

Finally, coexistence of integration and segregation based on the types of disability and elimination of sharp distinction between the educable and trainable groups in regular classrooms have been observed. More special schools have become available as the special needs of the students were defined more broadly. Diversity in the types of special services and the need of early intervention have been acknowledged by the educational professionals. In addition, the increasing emphasis has been given to opportunities for

further education of disabled youths beyond the secondary level, for example, in the forms of evening classes or one day off a week for study.

Taylor and Taylor (1966) identified the driving forces for recognition of the needs of disabled children and development of special education programs in the U. K. as follows:

- a. Vigorous parental efforts to insure proper care for their children;
- b. Neat organization patterns;
- c. Fund-raising requirements;
- d. The vested interests of long-term officers of voluntary societies;
- e. Staff members of special schools.

When we compare the systems of special education in two countries, the U. S. and the U. K., there are some similarities with noticeable differences. The similarities include: (a) The awareness that the disabled child is first of all a child with the same needs as other children; (b) the move toward integration rather than increased specialization of interest in handicapped groups; (c) recognition of the importance of programmed learning (or Individualized Education Plan in the U. S.) for as an effective teaching tool; (d) development of an increasing range of materials suitable for inclusion in programs; and (e) the special education better selected and prepared than ever before.

The differences are not that many in kinds but reveal some significant cultural values behind them. First, the impact of governmental intervention on the education of the disabled is more effective in the U. S. by allowing civil suits against the school practices and providing financial support from federal government to local schools. In the U. S., educational equality means a right of the disabled; whereas, in the U. K., it is a product of negotiation between the interest of the whole nation and the needs of the disabled students. Thus, educational equality in the U.K. is dependent on the welfare of the whole society and mainly decided by the educational professionals.

Whereas the two countries are heading to the ultimate integration of the disabled in educational settings and society, there are some philosophical differences in the placement of the students in educational settings. In the U. S., the least restrictive educational environment for each student in special education needs is determined by the individualized

education plan meeting; however, the placement of the students with disabilities is mainly decided by the health and educational professionals in the U. K. As a result, segregated schools in the U. S. are perceived as symbols of violating educational equality, but the special schools and the placement of the students with special needs in such an environment are largely legitimized in the U. K. When special education in the U. S. is characterized as individual rights, educational equality, and democracy, that in the U. K. is described as social welfare, pragmatism, and professionalization.

B. Disability and Education in Social Context

Education and disability are “socially constructed and historically mediated processes” (Peters, 1993, p. 61), and recovering from the consequences of disability rests with a society’s response to disabling condition of the individuals in the society. The major purposes of special education services in the two countries include (Taylor & Taylor, 1966):

- a. Appropriate medical and educational treatment which are needed to help the child to achieve maximum use of his physical and mental capacities;
- b. The resultant development of physical and emotional independence;
- c. The development of self-understanding and self-acceptance, with a sense of personal worth;
- d. The development of socially acceptable behavior;
- e. The cultivation of a variety of leisure-time skills and interests for the enrichment of the youngster’s entire life;
- f. Aid in selecting a future vocation or profession based on a preliminary assessment of interest and abilities.

The two countries presented here are well advanced in the provision of special education to the students in needs. Many countries in the world even do not acknowledge the urgent and, even, basic needs of the disabled. The numbers of the disabled are increasing faster than before.

For an advancement of the welfare of the disabled worldwide, we need to recognize the needs of the disabled in a society. In addition, the early provision of services to the disabled may be a valuable investment for their productive lives in later years. The disabled, then, are not social burdens but valuable human capitals. We do not exist in a social vacuum. The burden of the disabled is ultimately connected to the welfare of the whole society. At the same time, we should not focus on the cost of society in intervention services to the disabled but “the cost to society in terms of lost economic production and other societal contributions” (Peters, 1993). We also need an expansion of programs for better adjustment of the population in the society. Diverse program options may enable progressive integration of the disabled into the society with maximum chances of consumer options (Taylor & Taylor, 1966). The real outcomes of social intervention to the disabled (Barton, 1993) can be measured by the maximum integration of the disabled in the community with appropriate roles in it.

Government decisions are part of public manifestation of the intentions of the people in a country (Barton, 1993). In many cases, the written public policies — such as laws and regulations — represent the values and opinions of the majority in a society. As long as the government represents the opinions and values of the majority, it is merely a tool for oppression to the minority groups in a society. Thus the decision-making process at government level is a question of power and control of human and material resources in an overall social context. The government does not and should not always work for the majority of the society. When the government does not make an effort to intervene for the welfare of the minority, a systematic, long-term educational services to the disabled might not be feasible, either.

REFERENCES

- Barton, L. (1993). Disability and education: Some observations on England and Wales. In S. J. Peters (Ed.), *Education and disability in cross-cultural perspective*. New York: Grand Publishing.
- Crichton, G. (1981). Development of rehabilitation policies in Britain, Canada and Australia: A com-

- parison. In N. E. Albrecht (Ed.), *Cross national rehabilitation policies*. London: Sage.
- Fulcher, G. (1989). *Disabling policies: A comparative approach to education, policy, and disability*. New York: Falmer Press.
- Lascarides, V. C. (1992). United States contribution to children's rights: An overview of the 20th century. *International Journal of Early Childhood*, 24(2), 41-44.
- Peters, S. J. (1993). Disabled people or disabling society? In S. J. Peters (Ed.), *Education and disability in cross-cultural perspective*. New York: Grand Publishing.
- Stone, G. (1981). The definition & determination of disability in public programs. In N. E. Albrecht (Ed.), *Cross national rehabilitation policies*. London: Sage.
- Taylor, W. W. & Taylor, I. W. (1966). Educational services. In W. W. Taylor & I. W. Taylor (Eds.), *Services for handicapped youth in England and Wales*. Albany, NY: Argus-Greenwood.
- Turnbull, A. P., Turnbull, H. R., Shank, M. & Leal, D. (1995). *Exceptional lives: Special education in today's schools*. Englewood Cliffs, NJ: Prentice-Hall.
- United Nations (1986). *Disability: Situation, strategies and policies: United nations decade of disabled persons, 1983-1992*. New York: Author.

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