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ABSTRACT

This monograph examines the term "full inclusion" as it pertains to students with severe disabilities; reviews the historical, legal, and policy bases for various models and systems; and considers the implications for policy change of various aspects of full inclusion models. An introductory section identifies key principles of most full inclusion models, including: (1) "home school" placement, (2) natural proportion of disability at the school site, (3) zero-rejection/heterogeneous grouping, (4) age-appropriate and grade-appropriate classroom placements, (5) strong site-based coordination and management, and (6) use of cooperative learning and peer instructional models in the regular education system. The second section looks at the legal and policy basis for full inclusion models and considers such issues as educational goals for students with severe disabilities, extension of the inclusion principle to placement, the consequences of educational isolation, and the meaning of adult status. The third section discusses policy implications of each of the key principles of full inclusion models. The paper concludes that the leading edge of special education policy and programmatic reform for students with severe disabilities involves "full inclusion" models of school organization and the return of categorical programs to the regular school and classroom. A convergence of trends in both special and general education reform movements is seen. (Contains 80 references.) (DB)

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Policy Implications of Emergent Full Inclusion Models for the Education of Students with Severe Disabilities

I. Introduction

Our intent in this chapter is first to delineate what is meant by the term "full inclusion" in contemporary systems for the education of students with disabilities, including those with severe disabilities; second, to examine the historical, legal, and policy bases for the evolution of these models and systems; and third, to examine the implications for policy change of various aspects of full inclusion models as these are increasingly emerging on the American educational scene.

It is safe to say that the current programmatic thrust for the organization and delivery of education to students with severe disabilities is toward what is increasingly coming to be called "full inclusion" models (i.e., Biklen, 1988; Sailor, Anderson, Halvorsen, Doering, Filler, & Goetz, 1989; Thousand & Villa, 1989). Full inclusion in this context means an extension of the integration imperative (Gilhool, 1989) implicit in the Least Restrictive Environment (LRE) principle contained in the language of PL 94-142 to full participation of all students with disabilities in the social milieux of the regular classroom, particularly in the preschool and elementary years.

The key, underlying principles of most full inclusion models are (a) "home school" placement, (b) natural proportion of disability at the school site, (c) zero-rejection/heterogeneous grouping, (d) age- and grade-appropriate school and classroom placements, (e) strong site-based coordination and management, and (f) use of cooperative learning and peer instructional models in the regular education instructional systems.

Within the emerging full-inclusion models, there are conceptual differences of opinion as to the optimum amount of time that students with severe disabilities would typically spend in the regular classroom context (e.g., Brown, Long, Udvari-Soiner, Davis et al., 1989; Brown, Long, Udvari-Solner, Schwartz et al., 1989). In the Comprehensive Local School (CLS) model (Sailor, Anderson et al., 1989), for example, full inclusion in regular groupings is called for at the day care and preschool age and in regular kindergarten classrooms, regardless of the extent and type of disability a given child possesses. Later on, in elementary grades, the child is assigned to the regular classroom but may spend time out of class, in resource environments (for all kids) and in other school and community environments when there is no opportunity for peer interaction to occur in the regular classroom. In this model, utilization of cooperative learning strategies (i.e., Johnson & Johnson, 1987; Slavin, 1983) and peer instructional models (i.e., Lipsky & Gartner, 1989a,) facilitate more full inclusion in the regular classroom, whereas whole class instructional delivery mitigates against it.

In the CLS model, skill development is somewhat emphasized relative to sustained friendship development and social immersion, such as implicit in the "circle of friends" conceptual model (Snow, 1989). In the CLS system, students with severe disabilities (beginning in about the fifth grade) spend increasing amounts of time undergoing instruction outside of the regular classroom context in "community intensive" instruction in a variety of community work, recreation, domestic, and typical living situations. This out-of-classroom skill instruction intensifies throughout high school until a coordinated transition occurs from school to the postschool provider system. The underlying philosophy of skill instruction is geared to the principle of full integration in the postschool years. It is argued that full integration can only be achieved in the world of paid employment, so efforts are made to assure that students with severe disabilities will exit high school with the full integration in the postschool years. It is argued that full integration can only be achieved in the world of paid employment, so efforts are made to assure that students with severe disabilities will exit high school with the maximum amount of domestic, community living, and vocational skill development that will sustain them in integrated and supported work and living circumstances in the postschool years (Sailor, Gerry, & Wilson, in press).

At the other end of the current spectrum of full inclusion models, the system developed by Marsha Forest and her colleagues (Snow, 1989) calls for a greater amount of time in the regular classroom for students at the upper grade levels . Forest and her colleagues (Forest & Lusthaus, 1989) believe that the critical factors that ensure successful integration in the postschool years have more to do with sustained friendships, dignity, respect from one's peers, and social communicative development than with skill instruction. Thus, this model is based on a full, regular classroom experience with only limited "pull out" at all ages.

Interestingly, there is evidence for successful postschool outcomes for both approaches (i.e., Sailor, Gerry, & Wilson, in press), although the emergent data base is quite small and does not permit inferences based on relative efficacy of any particular approach that has emerged to date.

<u>Home School</u>. The first of the basic assumptions of full inclusion models presumes that all children (except those who opt for private school or those who are served at home or in other nonpublic school settings) will go to their home school. Home school is defined as the school the child would attend if nondisabled. In typical American school organization

configurations, the home school is one of three types: neighborhood school, transportation school, and increasingly, "school of choice."

Neighborhood school is, of the three types, the most desirable where it exists because of the short transportation time usually involved in getting to it (with the exception of some rural areas) and because of the likelihood of continuous, sustained friendships through the school years. Hasazi, Gordon, and Roe (1985), among others, have presented compelling evidence that the social network that sustains a child with disabilities through the school year may play a critical role in the later procurement of paid employment following the school years.

Transportation schools tend to be associated with urban and suburban areas and are usually established to accomplish a representational ethnic balance in the schools or to enable communities to specialize in certain grade configurations. For example, where several small-sized school districts are in close proximity to one another, one district may elect to provide only elementary-level education in its schools and serve all the districts at this level. Another district would serve middle- or junior-high school students, and the third would be designated a high-school district. An obvious disadvantage of this system is the increased transportation time often needed in cross-district busing systems.

Schools of choice are presently a high policy priority of the Bush administration in its efforts to introduce an agenda for school reform. It is as yet too early to evaluate the effects of school choice models on full inclusion systems, but there are some obvious problems for full inclusion that require careful attention. First is the problem of building a sustained social nexus that will have longitudinal significance for a student with severe disabilities.

Friends made in elementary school may well choose a range of options for middle school, and so on. Another problem has to do with the tendency to identify particular schools as having better special education programs or as being particularly desirable for children of certain disability categories. The former mitigates against the basic assumption of natural proportion of disability (in the district at large) represented at any single school site. The latter works against the principle of heterogeneous grouping across disability categories. Full inclusion models in districts that offer school choice as an option are likely to succeed as a function of the extent to which special education support services are equivalent across school sites and to the extent that many students choose the "neighborhood" school across the various grade configuration options.

Where a school district operates a special school for children with disabilities, or groups children categorically at selected school sites, a full inclusion system cannot be said to be operative.

Natural Proportion at the School Site. Typically in American school districts, the incidence of disability, that is, the number of children with IEPs relative to the total nonspecial education child count, is about 10% (Lipsky & Gartner, 1989a). In any particular school site in a full inclusion model, the percentage of special education pupils will not exceed the district-wide proportion. Similarly, if the regular education classroom size at the school is 25, no more than two or three pupils would have IEPs. Certainly no more than one pupil in a classroom would be expected to have severe disabilities (an incidence rate of typically 1% of the total child count). Natural proportion in the classroom helps to promote full inclusion, acceptance, and the establishment of friendships by regular education peers by reducing the perceived disparity between special and nonspecial education pupils (Halvorsen & Sailor, 1990).

The CLS model recommends, on the basis of existing research, one exception to the natural proportion principle in full inclusion systems, and that is for students whose primary disability is deafness/hard of hearing. There is evidence that these students benefit socially from immersion in a "microcommunity" that is fluid in manual communication . A "deaf enclave" school (Sailor et al., 1989) can be established at each grade configuration pattern (elementary, middle, etc.) within the district such that a greater than natural proportion of students with deafness would attend that school. To be successful in a full inclusion system, deaf enclave schools should offer deaf "homeroom" experiences for a part of each school day, should provide interpreters for deaf students in regular classrooms, and should require competence in manual signing as a "second language" for the hearing student population at the school. Families of children with deafness in a full inclusion district should have the option of placement in the home school or the deaf enclave school as alternatives to sending their children away to state residential schools for the deaf in order to get adequate services.

<u>Zero Rejection and Heterogeneous Grouping at the School Site</u>. Schools that operate a full inclusion system do not screen out or group children separately on the basis of disability category. Such a school accepts all students, including those with the most severe disabilities (Sailor, Gee, Graham, & Goetz, 1988). If a disproportionate number of children within a particular disability category attend the home school, then it is because factors endemic to the community at large are contributing to the relative incidence of that disability or because of coincidence, but not a result of

categorical selection or placement factors. Obviously the skills of school special education and regular education full-time staff must become increasingly generic over time to meet the needs of heterogeneously grouped children. Itinerant support services can also be assigned by the district to particular schools to better meet the needs of students requiring very specialized attention, such as students with blindness or students who are severely, physically, and/or intellectually disabled.

Special education teachers in these schools must necessarily become specialists in team-teaching, school inservice training, and other consultation models in order to implement a full inclusion model successfully.

Age and Grade-Appropriate Schools and Classroom Placements. Schools operating full inclusion systems regard special education pupils as having chronological age-appropriate service needs rather than academic level or mental-age driven service needs. Regular classroom placements at the school site are consistent, for special education students, with the age configurations of the classroom grade levels. Placement of adolescents at a K-5 school or preschoolers at a high-school site would not occur at a full inclusion school. The reasons for this principle have not only to do with acceptance by peers and the nurturance of sustained friendships, but also have to do with the nature of the curriculum models that are prevalent in the education of students with severe disabilities. The concept of "partial participation," for example, in age-appropriate activities in natural environments is one example of such a curricular strategy (i.e., Falvey, 1989).

Site-based Management and Coordination of Revenues and Resources. Categorical programs, including special education, are typically administered in one of two diverse ways in most American school districts (Skrtic, 1988). The prevalent administrative model, until recently, has been district central office administration for categorical programs and school-based administration of resources to the general education program. Under central office administration of special education resources, the result is often a parallel "second system" of education operative in the district, with teachers and other personnel reporting to district-level supervisors and not the school site administrator (except for special, disability-only schools). Planning for allocation of resources to special education programs, even those at regular school sites, under this organizational structure, are conducted by central office special education administrators, and are unlikely to involve the principal (or other school site administrator) in any significant fashion.

The "second system" model for categorical resource management has come under heavy criticism in recent school reform literature (i.e., Lipsky & Gartner, 1989; Skrtic, 1988). Skrtic (1988), for example, has argued that schools cannot effectively meet the needs of a more diverse student population characteristic of America in the present decade unless they evolve organizationally from their traditional structure as "bureaucracies" to a more community-involved structure, such as that which he calls an "adhocracy."

Recent trends in school organizational reform have begun to emerge in this more "adhocratic" fashion, with particular emphasis on a strong site-based administrator who plans for and administers programs for all of the children at the school, including those designated within specialized categorical programs (e.g., compensatory education, bilingual programs, gifted and talented programs, special education, etc.).

Strong, site-based resource coordinating models are facilitative of and tend to be associated with full inclusion models. In California, for example, recent passage of a school-based coordination act (AB 777) by the state legislature has enhanced efforts by school principals to gain greater access to funds and resources needed to better plan for meeting the diverse needs of a wide range of students at the school, including those with special education needs. Under models of this type, site administrators often utilize resource management teams at the school site, made up of parents as well as school staff (certificated and noncertificated) to formulate resource plans that include attention to all of the specialized needs of students in categorical programs at the school. The resource plan for the school is then used as a basis for negotiating with the central district office for resources under the various categorical programs to implement the plan. Such resource management plans can very from school year to school year as a function of changes in the makeup of the student body with respect to special needs.

The actual utilization of personnel, supplies, and equipment under the various categorical programs then becomes the responsibility of the school site administrator who coordinates, supervises, and evaluates all school-assigned personnel, and oversees all resources. Special educators and other categorical personnel have to surrender some traditional "turf" under this model (within the constraints of federal and state law), but gain the ability to implement a full inclusion model for their pupils under such a system. Obviously, principals or other site administrators must undergo specialized training to fulfill a changed responsibility in the administration of categorical programs.

Cooperative Learning Groups and Peer Instruction in the Regular Program. Another emergent aspect of general education reform that directly benefits full inclusion systems is the rapidly expanding trend toward utilization of a variety of cooperative group learning strategies (i.e., Johnson & Johnson, 1976, and Slavin, 1983), and peer instruction methods (Fogarty & Wang, 1982; Wang, 1989).

Many of the innovative educational practices that have emerged in the past decade and have been positively linked to favorable outcomes with children who have severe disabilities can be fully and fluidly implemented in the regular classroom when cooperative learning and peer instruction procedures are being correctly implemented in the regular program. Some of these innovations include use of adaptive devices for partial participation (Campbell & Bailey chapter, this book); use of assistive communication devices and procedures (Alwell, Hunt, Goetz, & Sailor, 1989; Hunt, Alwell, & Goetz, 1988; Mirenda, Williams, & Iacono chapter, this book); use of functional academic curricular adaptations (Falvey, 1989), and use of peer tutorial/special friends programs (Sailor et al., 1989).

On the other hand, where instruction in the regular classroom is heavily reliant on whole class instructional models, opportunities for participation by students with severe disabilities (and, for that matter, all students) are greatly restricted, particularly in grade levels above the first and second grades. Solutions to this problem, such as the provision of special education teaching assistants to work with one or two children in the back of the room during "front-end delivery" sessions, can be as isolating for the child with disabilities as if instruction were occurring in a special school. If disruption of the regular class is a consequence of this activity, such an "inclusion" model could actually work against the social and communicative development of the child with disabilities by fostering negative attitudes on the part of the regular classmates.

II. The Legal and Policy Basis for the Emergence of Full Inclusion Models

Evaluation of Educational Goals for Students with Severe Disabilities.

"Severe disability" in the present context means severe levels of intellectual (or cognitive) disability, which may be accompanied by other disabilities, as well as medical or physical limitations (Sailor, Gee et al., 1988). Under the "zero exclusion" principle (i.e., Sailor et al., 1989), no person would be so significantly disabled as to not be included in the definition, for educational purposes; but persons with a broad range of emergent skills in areas typically regarded as academic, such as literacy and numeracy, would likely not be considered as "severely handicapped" under the U.S. Department of Education definition (Sailor, Gee, et al., 1988).

Ferguson (1987) provides a useful and thorough history of educational efforts extended to people with severe disabilities. She reasons that the process of inclusion as an educational philosophy applicable to this population had its origins in the emergent developmental disabilities models of the 1950s. California, for example, took the pioneering step of creating public school classes for "trainable" mentally retarded students as an outgrowth of pressures brought to bear by various parents' organizations (Rothstein, 1953). Many educators of the period, however, argued that public education, when applied to this population was a wasted resource (i.e., Cruickshank & Johnson, 1958; Kirk & Johnson, 1951).

By the 1970s, according to Ferguson (1987) and Stainback, Stainback, and Bunch (1989), the trend toward educational inclusion of students with severe disabilities was firmly caught up in the civil rights movement that was shaping the country's social policy on a number of fronts.

> While the details of discrimination might differ, the process and language of empowerment easily translated from race to gender, class, disability, or sexual preference. Self-help and support groups, followed by personal and local advocacy and, eventually, systems advocacy, produced major shifts in both public policy and social practice. (Ferguson, 1987, p. 25)

With the passage of PL 94-142 in 1974, students with severe disabilities found their way into public education by inclusion in several of the special education service categories that defined the implementation of the law across the various states. By 1975, the question was no longer whether to include children with severe disabilities in public education, but had shifted significantly to the question of <u>where</u> they should be educated.

<u>The Inclusion Principle Extended to Placement</u>. PL 94-142 requires that handicapped children must, to the maximum extent appropriate to their needs, be educated with children who are not handicapped [34 C.F.R. 300.550(b)(1)]. Removal of a handicapped child from the regular educational environment may occur only when the nature or severity of the child's handicap is such that education in regular classes cannot be achieved satisfactorily, even with the use of supplementary aides and services [34 C.F.R. 300.500 (b)(2)].

Persons with severe disabilities have historically been excluded from active participation in the social, economic, and political mainstream of American Society (National Council on Disabilities, 1986). The productivity of a large segment of our citizens has been restricted and even precluded; their talents, skills, and contributions ignored or undervalued by our social, economic, and political institutions (Gerry & McWhorter, in press). The inequity and injustice in our treatment of persons with disabilities have compromised the basic principles and integrity of our national heritage.

While policy-makers have begun to come to grips with the various programmatic legacies of past attitudes and policies toward persons with disabilities, even a cursory review of the circumstances still surrounding disabilities in America confirms the continued existence of profound social and economic inequities that they created. This pattern is especially true for persons with more severe and challenging disabilities. Rather than adopting common social policy goals for all Americans whether or not disabled, a separate American social policy toward persons with disabilities that is both paternalistic and failure-oriented emerged during the first two centuries of this nation's history. The history of American social policy toward persons with severe disabilities and their families appears centered around three interconnected tenets: (a) dehumanization, (b) an inferior social and legal status, and (c) mandatory segregation.

The principle of "dehumanization" required that each individual in society be viewed in "relational" rather than "holistic" terms. Within this context, persons with "handicaps" are seen not as whole and intact persons, but rather as "defective" or "subhuman" creatures whose difficulties or "handicaps" are internal, created by the innate disabilities of the individual and not a matter of interpretation within a context of societal attitudes and responses. As a direct consequence of this principle, social and economic institutions, such as schools, vocational training programs, unions, and employers, have been conditioned to view every person with a challenging disability (e.g., student, trainee, member, employee) as "uneducable," "untrainable," "unemployable," and generally unable! These views, of course, also served to relieve the various social and economic institutions of American society of any responsibility to create educational, training, employment, and other "community" environments that maximized rather than minimized each person's inherent possibilities.

Following logically from the "dehumanization" of people with disabilities, such persons were assigned a special social and legal status that automatically placed them on a different footing than all other citizens with respect to law, government agencies, and other political, social, and economic institutions. One of the most important consequences of the imposition of this separate and inferior status was systematic exclusion (usually created through the enactment of "special" laws pertaining only to persons with disabilities) from many of the basic educational, social, and health programs designed to serve the general population. A similar, dual legislative approach has also characterized the evolution of discrete housing, transportation, and employment and training programs for individuals with disabilities and their families. Persons with disabilities were, and still are, the only class of American citizens (other than convicted felons) who are routinely and categorically deprived by state law of important civil liberties, including the right to marry, the right to procreate, and the right to contract.

As "special" laws (as described above) were enacted to first classify and label and then to confine the treatment of persons with disabilities within residential care facilities, special schools, special transportation systems, adult day care centers, and "sheltered" workshops, a series of rigidly segregated social and economic institutions for persons with severe disabilities was created and expanded.

The basic tenets of this separate social policy for Americans with disabilities have influenced the design and operation of Federal programs which, in turn, have minimized the social and economic opportunities for persons with disabilities and squandered their productive energies and talents. A common social policy for persons with and without disabilities has slowly emerged over the last decade. (Gartner & Lipsky, 1987; Gerry, 1988; Gerry & McWhorter, in press; Hahn, 1989; Noble, 1988; Sailor et al., 1989).

The Broader Context of American Social Policy. A careful review of the history of this country, its beginnings at the Constitutional Convention, its reunification following the Civil War, and its revitalization following the Great Depression, leads inevitably to the identification of several clear American social policy goals as viewed from the societal or community perspective. These community goals include (a)maximize economic, social, cultural, and political productivity of all citizens; (b) maximize the choices for personal freedom and independence (interdependence) of all citizens; (c) assure the integration and participation of all citizens within the social, economic, and political fabric of American communities; (d) ensure fairness and equity (justice) within the operation of the social, economic, and political institutions of the society, and (e) provide citizen access in governmental decision-making to the smallest unit of government consistent with fairness and equity goals.

The cultural, religious, and moral history of this country, its early role as a haven from religious persecution, its focus on individual liberty and economic opportunity, its support of universal education and adoption of universal suffrage, and its commitment to social justice and fairness, have also led inevitably to the evolution of several clear American social policy goals as viewed from the individual perspective. These individual goals include maximizing the opportunities and choices realistically available to each individual with respect to (a) personal autonomy, independence, self-respect, and freedom from caretakers; (b) economic self-sufficiency, through sustained, integrated, and compensated employment; (c) social integration and participation, and (d) lifestyles inclusive of full family and peer association.

Together, these community and individual goals form the basic framework of an evolving American social policy for citizens of any color, either gender, any age, or with any type of disability. In 1983, President Reagan expressed concern about the negative consequences for persons with disabilities of the patchwork nature of Federal disability policies and programs, the fact that many programs often overlap or work at cross-purposes, and the absence of effective program integration and coordination. (Reagan, 1983). Citing the "traditional values of self-reliance, human dignity, and independence" (Reagan, 1983), the President called for new strategies to achieve "equal opportunity, equal access, and greater economic independence ... within the context of family and community."

Earlier in 1989, the U.S. Department of Education reported the following national pattern of educational placements during the 1986-87 school year for children with disabilities between the ages of six and seventeen. These placement figures are presented in Table 1.

Insert Table 1 about here

Although a body of significant professional literature has developed concerning least restrictive environment issues, current data indicated little change over time in the use of various settings nationally (Danielson & Bellamy, 1988).

Educational Isolation and Its Consequences. The chronic educational isolation of children with disabilities (as well as other categorical groups of children) within the American educational system has had several adverse consequences for the children, their parents, their teachers, and for the system itself. First, categorical educational isolation of children is by its nature predicated on systems of classification and labeling. Labeling, in turn, fuels stigmatization of the isolated children by promoting stereotypical thinking and a depersonalization that is inherently incompatible with the concept of free appropriate public education. Moreover, stigmatization, as the Supreme Court of the United States noted in Brown v. Board of Education of Topeka, Kansas (1954) victimizes children.

Educational isolation often has a serious adverse impact on the self-concept of children. As the Brown Court concluded in one of its most eloquent passages, forced educational isolation has an adverse affect on the "hearts and minds of children," to use the Court's words, "in many ways that are unlikely to be undone." (Brown v. Board of Education of Topeka, Kansas, 1954, 347:473). Experience strongly supports the Supreme Court's assessment that the enforced isolation of children leads to the development of negative self-concept (Brown v. Board of Education, 1954). Perhaps the greatest tragedy of all is not the denial of educational opportunities to handicapped children and children in other minority groups, but the fact that over the years those children and their families were made to believe that educational failure was the fault of the children (Fine, 1983; 1987).

This pathologizing of children and their families is a central feature of a child-deficiency model of education, which asserts that if something is going wrong in the educational environment, it must be the child's fault (Fine, 1983). From this viewpoint, the task of the school psychologist is to explain the failure of the educational progress in terms of a child "deficiency" (Council of Chief State School Officers, 1987). The net effect of this process is to convince parents and children that they, indeed, do not have the educational abilities or developmental potential necessary to succeed (Comer, 1987). Unlike stigmatization, the effects of isolation on self-concept are subtler in terms of measurement and are probably more profound in terms of impact. In this way, the issues of self-concept and isolation appear inextricably intertwined.

Educational isolation also appears to have a more immediate and direct impact on learning and educational development of the isolated children, whether handicapped, educationally disadvantaged, or non-English speaking. Educational research demonstrates that children learn most from each other (Gartner & Lipsky, 1987; Hilliard, 1987) and that the best teachers not only understand this phenomenon, but use it in a catalytic way to assist children to learn from their total environment. Accordingly, there are significant learning advantages to heterogeneous environments. If the children in a classroom have different backgrounds, bring different experiences and skills, understand different cultures, and speak in different languages, this heterogeneity should create a richer community for learning. Children with different skills can teach each other and learn from each other.

Another consequence of educational isolation is the reduction of educational time-on-task through the use of the "pull-out" or a "resource room" model of education. Educational time on task matters (National Commission on Excellence in Education, 1983), i.e., the more time a child spends with a particular task the more likely the child is to master it. However, children who are "pulled out" often spend no more time on the task for which they are "pulled out" (e.g., reading) than would have been spent if they stayed in the original environment. Most of the "pullout" strategies now utilized in public education are substitutional rather than supplementary in nature, i.e., nothing is, in fact, added to the overall instruction that the child receives. Indeed, the children "left behind" are afforded a lower teacher/pupil ratio, increased attention from the regular classroom teacher, and greater continuity of instruction because the same teacher is providing the instruction.

Educational isolation frequently leads to an adverse impact on teacher expectations with respect to the educational development of children. Certainly if a child is stigmatized, labeled, and then ultimately removed from the regular classroom, there is a greater likelihood that teacher expectations with respect to that child will be lower. The truth of this observation has been demonstrated repeatedly in studies measuring the impact of teacher expectations on the actual learning of children. An important by-product of isolated education and decreased teacher expectations is the deceleration of curriculum used with the isolated child (Levin, 1986). While educational isolation is almost invariably justified as being a way to accelerate the educational development of the children who are being isolated, the curriculum that is actually used is almost always decelerated. In other words, there is a paradox between removing children from the regular educational environment to "speed up" their educational development and then providing an educational curriculum that immediately slows down their educational development (Levin, 1986).

The curricular deceleration linked to educational isolation actually represents a serious violation of the principle of placement in the LRE. If the purpose of the standard is to demonstrate that it is the nature and extent of a child's handicap (and not other factors) that have resulted in the educational achievement being lower than expected, then there must not be other factors that have produced or significantly contributed to the failure to achieve education satisfactorily. Under the statute, isolation is not a valid approach t improve instruction. Thus, if you isolate a child and then change the curriculum, you are conceding that the curriculum used in the current placement is not appropriate. The appropriate response would thus be to change the curriculum (via the IEP) and leave the child in the current placement. In other words, under PL 94-142, the change in educational placement of a child from a less restrictive setting to a more restrictive setting must not be accompanied by a change in instructional approach or curricula or a decrease in teacher/pupil ratio, because all of those changes could have been made within the current environment.

Another type of negative impact of educational isolation on the learning and educational development of children stems from the significant reduction in instructional flexibility which often creates the impetus for educational isolation. Educational isolation results from the application of a kind of "pegboard" model of education in which the peg represents the child and the square, round, and rectangular holes in the board represent the current program options. If the child-peg doesn't happen to "fit" any of the program shapes, there are, of course, two possibilities: One of the shapes can be changed to fit the child, or an effort can be made to change the shape of the child to fit one of the options.

Children, of course, rarely come in neatly categorized shapes but really are irregular, even uniquely irregular. As a result, the misfit between the shapes of the regular education pegboard often leads to unnecessary educational isolation. For example, experience has shown that substantial numbers of young people who are marginally adequate learners may become "learning disabled" because of inadequate remediation within the regular class (i.e., the absence of appropriate instructional techniques and program options) rather than as the result of any innate characteristics (U.S. Department of Education, 1987, p. 135).

In fact, substantial numbers of young people assigned to one category (e.g., seriously emotionally disturbed) may require instructional services though "categorically" appropriate for a different group of students (e.g., learning disabled), and vice versa. Self-contained categorical classrooms often operate on the assumption that students within the same category have similar instructional needs despite the fact that,in many cases, the only common characteristic has been the inappropriateness of traditional instructional efforts. Indeed, what these children actually have in common, over and above a label, is the lack of a suitable educational environment anywhere else within the school system. PL 94-142, of course, demands the opposite choice by school systems: the shapes in the pegboard must be expanded to fit the child, not vice versa. In this way, educational isolation is closely tied to inflexible programming. (Council of Chief State School Officers, 1987) [3]

Educational isolation also has profound adverse effects on educational outcomes and on the ability of young persons with severe disabilities to make a successful transition from school to gainful employment. If school success is measured at all in "outcome" goals (e.g., college admission, gainful employment), then schools must be concerned with the types of skills that a child must develop while in elementary and secondary schools in order to achieve them. For example, experience demonstrates that there is a big difference between work skills and job skills. "Work skills" have to do with those communication and social skills that permit effective functioning in any environment in which work is going on. In contrast, "job skills" are a much more limited set of skills that relate to a particular set of tasks, such as running a machine or creating a box. Work skills, in the final analysis, depend crucially on social skills and social communication skills. As discussed earlier, educational research over the last two decades has demonstrated repeatedly that children learn from other children at least as much as they do from teachers, particularly with respect to age-appropriate behavior and basic social and decision-making skills. Thus, the instructional isolation of moderately and severely handicapped children also greatly impedes the acquisition and maintenance of the social interaction skills, self-advocacy, and decision-making capabilities and other functional skills crucial to the subsequent transition of these young persons to an integrated employment setting and residential setting. It is difficult to understand how one could develop these types of work skills in educational isolation, even if handicapped children view pictures of nonhandicapped peers through slides or films!

The presence of children with severe behavioral problems in the regular classroom may require (and probably in most instances does require) increased staffing of the classroom at least for some initial period of time following placement. Experience with these children, however, belies the rationale for educational segregation. Children enrolled in self-contained classrooms composed solely of children with severe behavioral problems do learn many new behavior aberrations from each other, demonstrating the dubious wisdom of depriving children with significant behavior problems of role models (Gerry, 1987b; Sailor & Guess, 1983).

Finally, educational isolation also directly affects the cost and financing of education. Continued, unnecessary educational isolation is expensive, both in principle and in practice (Piuma, 1989). Despite this economic reality, a majority of the states have managed to create financing systems that make it appear less expensive to local school systems. These "incentives" for isolation have reversed and terribly distorted the actual cost of isolation. About forty states actually make it cheaper for a local school system to place a child in a residential program than to provide direct services to the child within the local school system, despite the fact that the total cost of such a placement (including the state share) may be ten times as expensive. In fact, for every $100,000 spent by public schools for residential placement, less than $25,000 is spent on direct service of any sort (including health, counseling, recreation, etc) (Research for Better Schools, 1983). In other words, 85% of these funds support custodial, rather than educational costs. In fact, of the 15% spent on direct services, no more than a third (or 5%) is spent on educational services. This amount is usually significantly lower than the average amount the public school system could have spent to provide education to the same children within the district.

Full Inclusion and Social Policy. It is clear that the inclusion of children with severe (or, for that matter, any) disabilities within compulsory public education programs has presented a much less formidable set of resistances and problems in the United States than has the inclusion of these children in the regular classroom for that education. Lipsky and Gartner (1989a, pp. 3-24), citing analyses of the Tenth Annual Report to Congress (1988), noted that in the 1985-86 school year, only about 25% of all special education students received their education in the regular classroom full time. Another 25% received their education, for the most part, in wholly separate classes or schools. Most surprising of all, however, was the finding that the placement figures for the 1985-86 school year showed essentially no change from the pattern of a decade later (1970-76 school year). (See also Danielson & Bellamy, 1989).

In a recent survey of several states on the placement of students with severe disabilities, Haring, Farron-Davis, Karasoff, Zeph, Goetz, and Sailor (1990) found that the physical presence of these students on regular school campuses occurs at a rate generally below 50% of the total of those enrolled in educational programs. Of students with severe disabilities who are educated at regular school campuses, full-time regular classroom placement occurs at practically a zero rate, even for younger aged students. Attempts on the part of parent organizations, often working in concert with special education professionals and advocacy organizations, have been met with significant resistance in obtaining regular school and/or classroom placements for severely disabled children (Gilhool, 1989).

The reasons for this seemingly "discriminatory" attitude toward people with severe disabilities can probably be traced to a conflict of two divergent social policy trends in educational philosophy. First, there is a strong current under way within the world community of disabled people toward greater equity and integration within all aspects of life, including education (Dybwad, 1974; Wolfensberger, 1972). This trend began in earnest in the 1960s with the independent living movement and has stood since then in sharp contradistinction to the more protective and sheltering ethic that had determined prior policy and services to people with disabilities. The trend toward greater integration and mainstreaming consistent with the independent living ethic has, however, occurred simultaneously with another significant movement in education toward greater specialization and compartmentalization in the delivery of services to students with special needs (Hahn, 1989; Lipsky & Gartner, 1989b). At a time when parents of children with disabilities are seeking full participation of their children in the mainstream consistent with their civil rights, with all requisite services to be applied in that setting, they are encountering schools that are in the process of evolving ever more specialized separate services systems for students who are different. Just as teachers and administrators become more inclined to remove 'troublesome" children from the regular classroom, in accordance with the achievement test-driven criteria for school success, they find themselves encountering increasing determination from the parents of children with disabilities to keep their children in the regular classroom. The result is a conflict of social policy. The conflict has been intensely experienced in the community of families with a learning disabled child (e.g., Gartner & Lipsky, 1987; Wang, Reynolds, & Walberg, 1987; 1988), and is now being experienced in the community of families with a severely disabled child (Biklen, 1989; Stainback, Stainback, & Bunch, 1989).

From the educator's point of view, the resolution of conflict in social policy must occur in a direction that holds the greatest promise for measurable outcomes for the child resulting from the educational process. If greater integration and mainstreaming for students with severe disabilities means more effectively learned skills and the likelihood of an enriched quality of life as an adult (e.g., Piuma, 1989), then further segregation and compartmentalized services should be strongly avoided in the educational community.

Any effort to provide reliable data on comparative educational systems or models requires examples of the models to be in place in order to provide a basis for contrasting studies. A number of professionals advocated intensively in the second half of the 1970s to ensure that parents seeking integrated placements for their disabled children would have such options available to them (Stainback, Stainback, & Bunch, 1989). Chief among these "professor advocates" was and continues to be Lou Brown of the University of Wisconsin (Brown et al., 1989a, b). Brown, a prolific writer and distinguished lecturer, has become a familiar figure within education in a very wide-ranging, geographical area, including most of the U.S. and Canada, parts of Australia, and much of Western Europe. Working in concert with The Association for Persons with Severe Handicaps (TASH), the professional-parent advocacy organization for people with severe disabilities (which he played an important role in starting), Brown has succeeded in helping to establish a number of demonstration sites where highly integrated educational programs can be found, even for students with even the most severe disabilities (e.g., Sailor, Gee, Goetz, & Graham, 1988) are fully included can be found. Chief among these, of course, is his own university community of Madison, Wisconsin. Careful documentation of this operation of these programs and, anecdotally, their benefits through extensive publications (Brown et al., 1990) and audio-visual presentations, have brought the possibilities offered by such programs to the attention of many parents and professionals in a large part of the world. Brown's incessant "barnstorming" in the grand tradition of his predecessors Nicholas Hobbes (1975) and Burton Blatt (1969) has ensured that even in a time of strong tendencies in education to "provide separately" for students with disabilities, examples of integrated education would exist for all to see and to compare.

Entering the decade of the 90s, goals for the education of students with severe disabilities have seemingly come full swing to embrace the ethic of independent living. As Ferguson (1987) puts it:

> With the renewed emphasis on integration, a clearer vision of students' futures began to emerge. Severely handicapped adults would live in small community-based environments like group homes and supportive apartments. They would use generic community services and environments like public transportation, shopping areas, and recreational facilities. And they would work at regular community jobs for wages. Integrated educations should lead to integrated future lives. (p. 81)

Adult Status in the United States. "Adult status" has been defined as the acquisition of the skills, abilities, and opportunities to make meaningful choices regarding personal autonomy and independence, economic self-sufficiency and productivity, social integration and participation, and family and peer relationships (OECD, 1986). In a special international symposium convened in Sweden (OECD, 1988) to discuss "adult status," this definition was refined to include four discrete elements of adulthood: (a) self-esteem and identity, (b) independence and autonomy, (c) meaningful work, and (d) interdependence.

"Self-esteem" involves an individual's sense of well-being or capacity to feel good about oneself. Positive self-esteem is usually manifested by the capacities both to love and be loved and to identify and accept differences and "flaws" within oneself. "Identity," which is an important aspect of self-esteem, is evidenced by the capacity of an individual to maintain a continual sense of "self" despite inner and outer changes in the course of life. Identity is formed through a two-stage process in which psychological and sociological aspects are interwoven. The first stage of this process, which is often referred to as "primary socialization," occurs early in life as the child constructs a basic sense of self and of the outside world based on parental perceptions and attitudes. The second stage, often referred to as "secondary socialization," is the ongoing process by which a child acquires knowledge and skills specific to several different roles (e.g., sibling, playmate, pupil, employee) within the social world. An important aspect of secondary socialization is the ability to choose when and under what circumstances to express feelings.

For all children, the construction of "identity" begins at birth, but the positive primary socialization of a child with disabilities is frequently disturbed or disrupted by problems in the child/parent relationship, which are in turn produced by attitudes toward disability outside of the family. Physicians can reinforce the guilt, fear, or shame experienced by many parents upon the birth of a disabled infant, or they can provide support and information to bring about positive changes in parental attitudes (Gerry, 1985). For example, the use of the labeling and classificatory approach of the medical model of disability does not promote subjective comprehension by the parents of each individual child, but rather tends to simplify and objectify clients for operational reasons, often creating a negative stereotype of the disabled child, and "ambivalence" (e.g., love, hate) between mother and child, and parents. Major problems in primary socialization of infants and young children with disabilities have been linked to these behaviors.

Secondary socialization of a child with disabilities is also directly impeded by overprotective parental attitudes. In this context, the psychological evolution of a child is seriously compromised by the child's passivity (i.e., inability to participate actively) in early relationships with its mother and the parent's refusal to permit the child any significant measure of autonomy in the outside world. Both the labeling process and the visibility of the signs of the child's impairment (visible directly or through nonconforming communication or socialization patterns) induces others to construct and impose on the disabled child a negative identity or self-concept. The social development of disabled children differs from other children because of the continual conflict between the family reality (i.e., social learning based on evidence of equality of treatment in an essentially just world) and extrinsic reality (i.e., stereotypical treatment in an unjust world).

Specific failures in the adaptation of children with disabilities directly related to the damage to self-esteem and identity described above include: (1) learning problems, usually associated with the child's inability to cope with even transitory failure (i.e., the child gives up quickly); (2) social and psychological problems stemming from inhibition; (3) behavior or "character" problems, usually associated with aggressive and provocative behavior; and (4) direct, prolonged, and outwardly expressed emotional suffering, usually due to separation from loved ones.

The "eternal child" myth of disability described above has legitimized the creation and maintenance of a variety of segregated institutions for children and adults with disabilities. Children with disabilities who are institutionalized experience even more damage to self-esteem because of the impact of the "cared-for" institutional ethos on the child in need of autonomy. In most institutional settings, "caretakers" assume the role of parents or other family members, and the disabled person remains in a "child" status regardless of changes in age. During adolescence, this damage to self-esteem becomes critically important as young persons try out new roles while still being able to revert to old ones. Inevitably, during this period, uncontrollable and risky behaviors are necessary precursors to maturation and creativity. Because of both the primary and secondary socialization of children with disabilities with overprotective and/or over-indulgent parents, substantial numbers of young persons with disabilities are, in fact, never permitted to be "adolescent." Without adolescence, adult status is not and cannot be achieved.

The concept of "independence and autonomy" embraces the areas of privacy and personal dignity, separation from parents, freedom from caretakers, and personal empowerment and choice. In practice, persons with disabilities confined in institutional settings have been routinely denied the privacy afforded to others. When asked to voice their major complaints about institutional treatment, disabled persons frequently place the invasion of privacy at the top of the list. The degree of separation from parents, both physical and emotional that young persons with disabilities achieve, is, in practice, strongly linked to parental confidence and attitudes manifested in support (i.e., acceptance) or resistance (i.e., overprotectiveness). For some disabled persons, separation from parents may consist mostly of the sharing of decision-making power through concurrent rather than substituted consent.

Independence has been traditionally used to describe two quite separate aspects of adult status: freedom from caretakers or self-help capacity, and empowerment (or the ability to make and enforce basic choices about one's life). Both aspects form an important part of adult status, but in practice, service providers have most frequently used the first meaning and persons with disabilities the second. In reality, no one is truly "independent" of all others; thus, "independence" is rarely a measure of the nature, degree, and voluntariness of "dependence." "Empowerment" carries with it a range of civil liberties (i.e., the rights, privileges, and responsibilities of an adult) that frequently have been abridged for persons with disabilities, including the right to contract, the right to procreate, and parenthood. "Choice" describes the freedom to engage in any activity and to be responsible for it, and it is premised on the assumption that persons with disabilities can be afforded the right to direct consent.

Employment is the major proof of adult status and of active participation in our society. In addition, work fulfills several important psychological functions, including (1) a sense of positive personal identity, which enhances self-esteem, dignity, responsibility, and a sense of acceptance; (2) the opportunity to make an active contribution to the community; (3) social contacts and interaction, and the potential for companionship; (4) a structure and regular routine for the day, and (5) an opportunity for secondary socialization.

One of the hallmarks of adult status in our society is the establishment of a variety of interdependent relationships, including a wide range of family support structures, socialization with peers, sexual relationships, and marriage. Social integration is a very important function in identity formation. Social participation and the sense of "belonging" to a group enables young persons to internalize social values and norms and to develop assertive peer group behavior. Peer groups often provide a derived status for members and serve as an important structure for the development of role-taking skills. Sexual identity is an important aspect of adult status in our culture and is frequently denied to persons with disabilities. Marriage and family are not only the outer signs of adult status, but also represent "normality" in the psycho-social context.

In practice, forced "dependency" is usually justified through one or a combination of the following bases: (1) <u>the Medical/Pathological approach</u>, in which disabled persons are viewed as pathetic victims of a personal tragedy who are properly regarded as "burdens of charity" who should passively accept social discrimination; (2) <u>the Economic Approach</u>, in which persons with disabilities are excluded from the workforce because of perceived unproductiveness, and ignored or discounted as economically valuable "consumers" of goods and services; (3) <u>the Professional Approach</u>, in which economic, legal, and career structures are used to invest "professionals" with the power to distribute scarce resources to their <u>de facto</u> wards; and (4) <u>the Political Approach</u>, in which "disability" is characterized as a set of administrative problems to be solved by administrators, rather than as a human rights issue in which one group of persons are being prevented from exercising the rights routinely afforded to others.

A structure for examining the relative distribution of power (or control) over the provision of services or benefits to an individual might examine nine basic questions:

1. Is assistance provided when the service provider perceives it to be needed, when it is desired by the individual, or when both occur?

2. Who selects the individual who will actually provide the service or assistance?

3. Who frames the questions to be decided about service provision?

4. Is jargon used in the discussion of services? If so, who has mastery of the jargon?

5. Do decisions regarding service needs and arrangements depend on information about the individual, service eligibility standards, service options, or other factors? If so, who has control over this information? Who has free access to it?

6. Who determines and controls the environment in which services are provided?

7. Who schedules and, if necessary, reschedules services?

8. Who sets the service goals and priorities?

9. Who determines if services are effectively provided? Is payment for services based on customer (client) satisfaction?

In order to restore the self-esteem of disabled persons, a redesigned service and benefit system is necessary to ensure an active role for the disabled persons. An active role was understood to be one in which the disabled "client" would be provided full access to all information pertinent to major decisions affecting the client. Based on such information, the disabled client would then, to the greatest extent possible, exercise "choice and control" over both the framing of the decision and the content of the decision.

In order to bring about a redefinition of the client role, several interrelated actions must be taken, including: (1) the redesign of service decision-making structures and procedures; (2) the articulation of individual "rights" to choice and control over major decisions; (3) the development of decision-making and self-advocacy skills; and (4) the elimination of stigmatizing and disempowering categorical labels. Accordingly, a redefinition of client roles necessarily requires a redefinition of "professional" roles.

Economic Impact of Past and Present Disability Policies. Over 500,000 persons under age 21 and 1.2 million persons under age 35 (with moderate and severe disabilities) receive benefits under the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), which are administered by the Social Security Administration and under related Medicaid and Medicare programs (Health Care Financing Administration, 1988). The SSDI population is rapidly changing: over 33% of the persons newly entering SSDI during the last five years have been 35 years or younger, and have mental impairments. The rate of persons leaving SSI or SSDI benefit status each year to enter the work force (i.e., over $300 per month) is less than one-half of 1% (Social Security Administration, 1988). Over 35% of families of youth with disabilities report annual household incomes of less than $12,000; 33% have annual incomes of less than $25,000; 53% of families receive benefits from some public benefit program (e.g., Food Stamps (24%); Medicaid or Medicare (36%); SSI (14%); SSDI (10%), Aid to Families with Dependent Children (12%) (Griss, 1989).

The Federal-State Vocational Rehabilitation system (established under Title I of The Rehabilitation Act of 1973) is unable to assist persons with moderate and severe disabilities to enter and to sustain gainful employment. Despite statutory priority, the effectiveness of vocational rehabilitation programs for clients with severe disabilities has actually decreased during the last decade (Social Security Administration, 1988). In fact, fewer than 2% of all SSI and SSDI applicants and beneficiaries ever receive vocational rehabilitation services as a result of the referral system established by the Social Security Administration.

We are literally squandering billions of dollars on life-long, total dependency because of our inability to spend a fragment of that total amount to improve the quality of education. This extravagance is now and will be "coming home to roost" most vividly in the next 15-20 years, as the labor force availability in the U.S. shrinks and the demand for new employees rises. We will confront a generation of young people with disabilities who are systematically unprepared for the demands of integrated, competitive employment. SSI and SSDI beneficiaries receive cash assistance at subpoverty levels, but average yearly expenditures (Federal and state) for cash and medical assistance to SSDI clients is over $15,000. The current long-term risk exposure (i.e., expenditures plus lost minimum revenues) for SSI and SSDI populations under age 35 exceeds $1 trillion, without adjustment for inflation. A serious threat to the integrity of the Social Security Trust Fund will be posed if the current level of unemployment among SSI and SSDI beneficiaries continues. By the year 2010, there will be a maximum of slightly more than two wage-earners for every old-age beneficiary. Based on the changing demography of the population, one of these wage-earners will have to come from groups now structurally unemployed, i.e., racial minority, disabled, or elderly.

<u>Administration of Federal Disability Programs</u>. Over 45 separate Federal programs directly benefit disabled persons. Several other large Federal programs support the provision of generic services to a general service population, which includes disabled persons but within which the number of disabled persons actually served or otherwise directly benefitting, is not ascertainable. (National Council on Disabilities , 1986).

Six Cabinet agencies and six independent agencies administer all but five of these Federal disability programs, which are identified by the National Council on Disabilities (NCD) and may be grouped within the following program design categories, as shown in Table 2.

Insert Table 2 about here.

The administrative structures of these programs may be grouped into three basic types: (1) programs directly administered by an Executive Branch agency with services provided by that agency; (2) programs directly administered by an Executive Branch agency with services provided by State and/or local agencies, and (3) programs administered by a State agency with services provided by public agencies or a combination of public and private agencies and organizations.

In many instances, the structure and organization of service providers at the state and local level is permitted to vary from state to state, but Congress has increasingly prescribed that a single state agency (or "lead" agency) be designed by the Governor or State legislature for purposes of state administration of a particular Federal disability program, e.g., Medicaid, PL 94-142. This single state agency is expected to provide "general supervision" over all program operations within the state and act as a single point of accountability for the Executive Branch agency funding the program.

Clients of Federal disability programs currently experience at least four distinct types of problems that directly impair the effectiveness of Federally supported service and benefit programs: (1) services and benefits needed by clients to attain program goals are unavailable (OSERS, 1988); (2)

needed services and benefits while potentially available are, in fact, inaccessible; (3) needed services and benefits provided to clients are frequently delayed or inappropriately interrupted or terminated; and (4) clients are strongly discouraged from seeking needed benefits and services.

These four types of client service problems appear to stem from five major factors that characterize the operation of Federal disability programs at the client service and state levels: (1) the lack of clarity in defining program goals and agency responsibilities; (2) the absence of any client-centered, cross-cutting accountability to ensure the provision of appropriate services; (3) the administrative difficulties of identifying, combining, and utilizing funds appropriated under different Federal programs to provide needed services; (4) the absence of client involvement in defining goals and in planning and evaluating services; and (5) the dispersal and lack of coordination of management responsibilities and control of resources at the local and state levels.

Two major characteristics of the current structure and operation of Federal disability programs within the Executive Branch appear to contribute directly and significantly to the ineffectiveness of current programs at the client service level. First, management responsibility is dispersed among many Federal agencies, with the attendant problems of program goal and priority conflicts, program design and financing gaps and inconsistencies, and the absence of any overall accountability to the President, program clients, and the service delivery system. Second, there is no effective coordination among Federal disability programs (as a group) and important Federal "generic" service and benefit programs, such as those generally concerned with housing, transportation, and banking that directly affect persons with disabilities as part of a larger service population.

The Role of Litigation in Current Social Policy

The Council of Chief State School Officers (CCSSO) reported in 1987 an analysis of the key policy issues affecting school children with special needs and those "at risk" for special educational services (CCSSO, 1987). Table 3 illustrates these "barriers" to an appropriate education, and presents some suggested policy-level strategies to overcome them.

Insert Table 3 about here

Since most of these barriers have to do with"equal access"to education in integrated circumstances, we review here the most significant court decisions that bear on the provision of education in the least restrictive environment for students with severe disabilities.

Gilhool (1989) argues that Brown v. Board of Education (1954), in establishing the applicability of the principle of equal citizenship guaranteed by the Fourteenth Amendment to the Constitution, set the legislative agenda for all efforts by persons with disabilities to seek greater access in public education through litigation. Gilhool argues that the courts have, in effect, established an "integration imperative" in four significant decisions:

1. New York State Association for Retarded Children v. Carey (612 F. 2d 644, 2d Cir. 1979).
2. Roncker v. Walter (700 F. 2d 1058, 6th Cir. 1983).
3. Campbell v. Talladega County Board of Education (518 F. Supp. 47, 55, N.D. Ala. 1981).
4. PARC II (C. A. No. 71-42, 3d Cir. June 14, 1983).

In N.Y.S.A.R.C., an effort by New York City School District to segregate 48 children who had been residents of the Willowbrook state institution and who were carriers of Hepatitis B, was denied by the Second Circuit Court of Appeals. In Roncker v. Walter, an Ohio parent successfully challenged the state's decision to place her severely disabled child in the segregated "County Board" operated school. In this case, the Court argued that if practices that define a segregated facility as a superior setting can be duplicated in an integrated setting, then placement in the segregated setting would be inappropriate under PL 94-142.

In Campbell v. Talladega, the Court argued that segregated placement deprived Joseph Campbell of the day-to-day challenges needed to test and develop his strengths and abilities. Simply providing a nurturant and peaceful environment does not constitute education, no matter what services are provided in such a restrictive setting.

In the PARC II case, a class action suit brought by the Association for Retarded Citizens, the judge overruled the argument that integrated services constituted an unrealistic "state of the art" rather than the typical practices of other urban school districts, and that integrated settings should be the standard for a definition of "appropriate education."

These "landmark" cases clearly serve to establish not only the right to integrated education for all persons with disabilities, including those with severe disabilities, but also to establish the principle that education is a dynamic, changing process, and that whatever can be established legally as state-of-the-art in the process at a given moment in history should define the appropriateness standard in those individuals' right to a free, public education. If full inclusion models are emerging as the state of the art in the 1990s, then it can be anticipated that legal challenges to the necessity of offering models of this type will fail in the nation's courts. As Harlan Hahn points out, this emerging state of the art may well include a substantial measure of school organizational efforts to reduce discrimination against people with disabilities based upon their physical removal from mainstream society and their identification as an "undesirable" subgroup (Hahn, 1987; 1988a, b; 1989).

III. Policy Implications of Key Aspects of Full Inclusion Models

Home-school Placement. There is presently wide variability in patterns in the placement of children with disabilities from state to state (Danielson & Bellamy, 1988; Haring, Farron Davis, & Sailor, 1989). In some states, placement of children with particular types of disabilities into disability-specific, special schools appears to be a matter of state policy. In other states, placement appears to be the decision of a local district or intermediate entity. In all cases, the issue of disability category represents the most formidable of the barriers to home-school placement identified in Table 3.

Current educational practice suggests that school services endemic to the needs of children with various types of disability are organized more for administrative convenience than for programmatic need. If therapists, nurses, teachers with specialized skills, and so on, are needed to serve children with physical disabilities, for example, then it is convenient to cluster all such services at a particular site and group the children there. This practice is widespread, even in the face of a substantial data base that indicates such separate grouping strategies are programmatically inferior on a wide range of educational outcomes (Sailor et al., 1989).

The alternative is to make all such specialized services "itinerant," and spread them around various schools as dictated by the population characteristics at each school. "Bus therapists, not kids." Resistance to home-school placement of such children often takes the form of fear of rising costs, although to date, all cost-comparative reports of different service models have failed to indicate increased expenses from home-school placement (i.e., Piuma, 1989), and in some cases, have indicated possible cost reductions may be anticipated in some areas (Slavin, 1989). We suggest that state and local policy directives may be needed to stimulate some movement toward the establishment of home-school models. The state of California, for example, is using the policy statement on Least Restrictive Environment that was recently passed by the California State Board of Education in 1986 as one of the bases for its education reform initiative (Winget, 1990). Relying on an incentive system to generate local-level activity toward a full inclusion, home-school service system, the California State Department of Education is establishing a cash grant system of up to $10,000 per school site for the first 100 schools that implement the education reform package.

<u>Natural Proportion.</u> The placement of children at home-school sites and in regular classrooms in accordance with the natural proportion of disability in the district at large is affected by two significant policy issues. One is the mechanism for allocation of categorical resources. Regular teachers are reluctant to accept special education children into the regular classroom (having succeeded over the years in getting them out) without having extra resources, including, in some cases, reduced class size for so doing. In any consortium of districts, there are usually school districts that are more willing to "take back" children with exceptional needs than are others within the consortium. The temptation in these cases is to overly impact any one district with a disproportionately high number of special education students. The net effect of disproportionate grouping is often segregation within the regular school sites, a factor that works against the

establishment of full inclusion models (Sailor et al., 1989). Similarly, within regular schools it may be expected that some teachers will be more willing to accept special education children in the regular classroom than will others. Again, the temptation to over-populate a particular class with children who have disabilities becomes great, with the resulting consequences of decreased integration within the class and reduced positive outcomes associated with full inclusion.

The second policy issue of significance has to do with the special problem posed by the disability category, "deafness and hard of hearing," which we have already discussed. There are no indications, in our opinion, that the special circumstances affecting placement of students who are deaf and hard of hearing in disproportionate clusters also hold validity for other disability categories.

We would suggest that policy initiatives on the issue of natural proportion are likely to be necessary at the state, intermediate, local, and school site levels, and should take the form of "one for all and all for one." If one district in a consortium is planning to phase into a full inclusion model, then all districts in the consortium will need to follow suit if the consortium is to continue to exist. At the school site, all teachers will need to "buy in" at the outset for the model to succeed. Creative use of discretionary funds at each level of governance can often facilitate such a "buy-in."

Zero Rejection and Heterogeneous Grouping. The most significant policy issue affecting the heterogeneous grouping of students at a school site in a full inclusion model is categorical training and certification of teaching staff. Special education has managed to become so specialized that one can now find teachers who feel qualified to teach only students who happen to be blind, and in many states, can find a legal endorsement for their particular "disability" in the state's certification standards.

Major changes will need to occur in the manner in which teachers are trained, the nature of the specialized skills that they acquire through training, and the standards by which they are certified to teach in order to facilitate the emergence of full inclusion models on a large scale. To briefly summarize a complex set of recommendations, at least the following directions are implied.

1. Regular teachers at both the elementary and secondary levels need more extensive preparation in systems to effectively retain and instruct special education children in the regular classroom.

2. Special education teachers need to become much more generic in the range of their competencies and teaching experiences.

3. Certification standards will be needed that enable teachers to fluidly expand their range of capabilities under different service configurations.

All teachers should at the outset be competent regular education teachers and be duly certified by state procedures. In order to provide fully integrated students with programs to meet their needs utilizing qualified personnel, special education competencies need to become an integral part of teacher training programs at three different levels. First, the regular education training curriculum should include components that will familiarize teachers with the full inclusion model, with the concomitant skills built into the program in areas such as curriculum and instructional learning strategies, cooperative learning, parent relationships, reading and language development, curriculum-based computer software applications, adapted learning environments, typical and atypical development, and individualized educational plans. A more advanced set of competencies within these areas are necessary for special education teachers working within a full inclusion model. Some of these competencies could be included within the regular/special education training sequences offered at most universities. Other competencies may be attained through an inservice development process, and some others may be gained through experiences in an internship or practicum setting. These competencies may become a separate endorsement on an existing state regular education credential or define a special education credential, depending on the points of view of state certification boards of commissions.

A third tier of specific competencies would be included in specializations in areas of severe, multiple disability; sensory impairment, or communicative disorder and emotional/behavioral or learning disabilities, and would provide an itinerant resource to particular classrooms and schools as needed. These teachers would have specialized certification in addition to their generic special education credentials. Each of these specialists will have undergone a comprehensive categorical training program and be able to deal with problems of students and families on a micro as well as a macro level. As an example, an itinerant resource specialist in sensory impairment should be able to develop a workable mobility program that incorporates the family as home trainers in a sequenced process that leads to as much self-sufficiency as possible on the part of the student with severe and multiple disabilities.

Finally, a fourth tier of competencies to be incorporated should comprise the training of master specialists. These personnel would serve as integration resources at the elementary school level and as transition specialists at the secondary level. This highest degree of specialization is needed to assist schools in the development of resource management plans, transition plans, etc., that define the full implementation of an inclusive school model (e.g., Sailor et al., 1989). The regular education teacher would require an expanded level of competencies in order to more effectively utilize and benefit from access to the special education resources in the regular classroom.

Age- and Grade-Appropriate Placements. Policy issues bearing on this requirement are similar to the home school and natural proportion issues above. The selection of particular school sites for placement is currently often determined by transportation and accessibility. Full inclusion at the school site implies full inclusion in transportation. If special equipment is used to transport special education children, then the dual systems need to be merged (integrated) in order to permit a full inclusion model across a district or consortium of districts. Wheelchair-lift vans, for example, might pick up nondisabled children as well as those with physical disabilities. New school buses would need to be equipped with wheelchair lift and lock mechanisms, and older equipment may need to be retro-fitted.

Similar issues surround school site accessibility. Older district policy may have called for certain schools to be made accessible to disabled students, but not others. A full inclusion model implies full accessibility at all schools.

Site-based Coordination and Management. The allocation of categorical resources within a school district is a major policy issue. Typical "parallel system" models have all categorical resources planned and allocated at the district central office. School principals rarely are involved in the process and often know relatively little about the nature of resources available through special education, gifted and talented, bilingual, Chapter 1, and other categorical programs. In a full inclusion model, the principal is fully knowledgeable about all of these programs and is responsible for procuring and coordinating the resources at the school site to most effectively meet the needs of all children at the school. State and local level policy decisions are necessary and resources need to be provided to upgrade the skills and abilities of school site administrators to fulfill these functions. Categorical resource coordination may also require new state law or amended regulations in order to protect the special population safeguards that categorical programs, such as special education, have built into them in federal statute.

Effective Schools Instructional Models. The decision to move into full inclusion models implies training of teachers in areas other than special education. Research in mainstreaming is increasingly suggestive that classroom organizational systems play an important role in determining educational outcomes for all children, particularly at the elementary level (e.g., Slavin, 1987; 1989; Wang, 1989).

Organization of instruction into cooperative learning group formats for at least some of the instructional day appears at present to facilitate the full inclusion of students with severe disabilities into regular classroom activities, particularly when augmented with peer instruction methods, functional academics (Thousand & Villa, 1989), augmentative communication systems (Mirenda, Williams, & Iacono chapter, this book), etc.

On the basis of the scant evidence that exists to date, it would appear that full inclusion models provide a nice fit with the current focus on "effective schools" reform efforts in instructional design. In this case, policy objectives accompanying educational reform in general education match policy objectives in emerging special education reform as well. Full inclusion and the concept of the comprehensive school may present the new decade with an idea whose time has come.

IV. Conclusion

We have argued in this chapter that the leading edge of special education policy and programmatic reform as it involves students with severe disabilities (and all other disabilities, as well) can best be described in the context of emergent "full inclusion" models of school organization. Such full inclusion models, which primarily involve the return of "second system" categorical programs to the regular school and classroom, represent a logical extension into the future of historically patterned legal and policy interpretations of the Education of the Handicapped Act and its position in the American educational system, particularly in the context of civil rights interpretations.

Full inclusion models are characterized by a focus on "home school," wherein all students attend the school they would attend if nondisabled; natural proportion of disability represented in schools and in classrooms; heterogeneous grouping of students at the school site, including students with the most severe disabilities; age-appropriate, grade-level placements of students with disabilities; the presence of strong site-based coordination and management, and employment of effective schools, research-based instructional and classroom organizational models, including cooperative group learning and peer instructional methods.

It is suggested that there exists, at present, a convergence of trends in both special and general education reform movements that define comprehensive local schools.

FOOTNOTES

[3] The report of the Council of Chief State School Officers (1987) cites the need for an expanded, regular classroom-based, continuum of services as a crucial ingredient in achieving effective educational programs for all "at risk" students. The accomplishment of this objective, in turn, depends on the development and implementation of classroom, grade, and building level organizational structures and instructional strategies that enable teachers and administrators to provide both individualized and small-group instruction to children with similar needs, regardless of category, within the context of the general educational classroom.

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Table 1

National Pattern of Educational Placements, Ages 6-16

1986-87 School Year

Placement	*Number*	*Percentage of All Special Education Placements*	*Rate per Million*
Regular class	1,041,967	27.2	25,081
Resource room	1,643,914	42.8	39,570
Separate class	935,991	24.4	22,530
Separate school facility	149,003	3.9	3,587
Residential facility	30,043	0.8	723
Homebound/hospital	27,765	0.7	668
Correctional facility	8,920	0.2	215
TOTAL	3,837,603	100.0	92,374

(U.S. Department of Education, 1987; Appendix A, Table AF3)

Table 2

Categories of Federal Disability Program Designs

DIRECT SERVICE	CASH BENEFIT, SUBSIDY, INSURANCE, & LOANS	RESEARCH & DEMONSTRATION	ADVOCACY & ENFORCEMENT
Education of the Handicapped Act (EHA) (including state-operated and state-supported schools Deaf-Blind Centers Vocational Rehabilitation Housing for the Handicapped Vocational Education Centers for Independent Living (CIL) Secondary Education & Transitional Services for Handicapped Youth Books for the Blind and Physically Disabled	Social Security Disability Insurance (SSDI) Supplemental Security Income (SSI) Medicaid Medicare Veterans Compensation and Pensions Special Benefits for Disabled Coal Miners Lower Income Housing Assistance Social Insurance for Railroad Workers Disabled Veterans Housing	National Institute of Disability Research & Rehabilitation (NIDRR) EHA Innovation & Development Media Services and Captioned Films Special Studies and Early Childhood Innovative Programs for Severely Handicapped Children Postsecondary Education Programs for Handicapped Persons Rehabilitation Service Projects Developmental Disabilities (University Affiliated Programs - UAP)	Developmental Disabilities (Protection & Advocacy) Architectural and Transportation Barriers Compliance Board President's Committee on Mental Retardation (PCMR) National Council on Disability (NCD) President's Commission on the Handicapped

Table 3

Strategies to Overcome Barriers to Integration

BARRIER	*TYPES OF STRATEGIES*
Limitations on the number of students who can receive a particular service	State and local policy documents to clarify current requirements; development of administrative procedures and inservice training
Limitations on the number of students who can be served by a particular teacher	Development of multiple program funding standards and procedures; modifications to current record-keeping procedures
Limitations on the types of services a teacher may provide	State Education Agency (SEA) policy guidance on the scope of teacher-provided instruction; revision of state and/or local Individualized Educational Plan (IEP) procedures

Table 3 (continued)

BARRIER	*TYPES OF STRATEGIES*
Limitations on student access to "categorical" services	Issuance of SEA policy guidance on students with multi-categorical needs; revision of state and local IEP procedures and other eligibility standards
Incentives and rewards for instructional segregation by category	Modifications of state special education regulations and financing systems; issuance of SEA and/or Local Education Agency (LEA) policy guidance regarding location of services funded by other programs
Absence of incentives for teachers to serve children with more diverse educational needs	Modifications of state special education and general aid financing systems
Limitations on the use of materials and equipment	Issuance of SEA policy guidance under different Federal and state programs; design new LEA administrative and record-keeping procedures and surplus property strategies

Table 3 (continued)

BARRIER	***TYPES OF STRATEGIES***
Disincentives to the closing/integration of segregated facilities	Modifications to SEA policies on the recovery of capital costs and issuance of SEA policy guidance on the use of state or federally funded facilities