

THE BULLETIN

OF THE

ROYAL COLLEGE OF PSYCHIATRISTS

THE COLLEGE

THE WARNOCK REPORT

Comments on the Report of the Committee of Enquiry into the Education of Handicapped Children and Young People—'Special Educational Needs'. (Summary)

These comments were drafted by a Working Party from the Child Psychiatry and Mental Deficiency Sections.

The Committee of Enquiry's terms of reference were: 'to review educational provision in England, Scotland and Wales for children and young people handicapped by disabilities of body and mind, taking account of the medical aspects of their needs together with arrangements to prepare them for entry into employment, to consider the most effective use of resources for these purposes and to make recommendations.'

The Working Party welcomed the Report as a positive step towards the provision of better educa-

tion for the young handicapped child. However, because of the very wide remit of the Committee, the main focus of the Report is on the organizational aspects of services in general rather than on specific clinical or educational issues. We recognized that the representation of the medical professions on the Committee was necessarily limited and that a considerable burden of representation had been carried out by our medical colleagues; in particular our psychiatric colleague, Professor Philip Graham.

We felt strongly that the correct emphasis had been placed in the Report upon three areas of educational need, firstly increased provision for the under-fives, secondly, concentration on the 16 plus age group,

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Please note: There will be no issue of the Bulletin in August.

particularly with their difficulties in the important phase of transfer from school to a working environment, and thirdly, the area of teacher support and training.

The Report argues that the present statutory concept of special educational treatment based upon defined categories of handicap is no longer satisfactory. It proposes instead a new concept of special educational need, encompassing the whole range and variety of additional help, including that now described as remedial.

As up to 1 in 5 children will require some form of special educational provision in this wider sense the Report recommends that the planning services for children and young people should be based upon this assumption with special arrangements for children with severe complex long-term disabilities. There is, however, a danger that there may be a diffusion of existing financial resources to cover this wider range of facilities unless adequate additional resources are made available. Our specific fear was that children who are now receiving special education may suffer if the resources available to them under the present system are diffused unduly.

Against this background of the wider concept of special education the Committee has made specific recommendations regarding the prompt detection of children's disabilities and the assessment of their special educational needs, and a systematic maintenance of school records with a revised assessment procedure. The Working Party was particularly sceptical of the many proposed administrative developments suggested in the Report, particularly because of our natural apprehension about the difficulties of record keeping and the problem of confidentiality. We felt strongly that there could be a danger that excessive administrative control in this area would block the early, speedy and efficient referral of children with educational needs to appropriate medical specialists.

The Report discusses the special educational needs of very young children. It stresses the importance of early detection of needs and of early educational provision and calls for improved information and advisory services for parents, including the designation of a 'named person' to be the point of contact. The concept of the named person as being a representative of the family and child's needs within the community has gained considerable attention. We felt very strongly that in the early life of the child the role of the general practitioner and health visitor should have had primary consideration as a 'named person'. We also felt that the general practitioner, paediatrician or psychiatrist involved could provide an important component of continuity from childhood

through to adulthood for many of the families.

A comprehensive specialist peripatetic teaching service is proposed, together with greatly expanded provision of nursery facilities and playgroups. We clearly supported the need for educational provision for the under-fives and felt that if possible these educational resources should be concentrated in 'normal' schools through the development of special groups for children with special educational needs.

The Warnock Committee affirms its support for the development of common educational provision for all children, and emphasizes the needs for an integrated educational programme for children within 'normal' schools as well as special schools. We accepted the principle that most of the needs of the handicapped pupils should be met within 'normal' schools and that these schools should be encouraged to develop a wide range of facilities. They should increase their expertise in the fields of recognition, assessment and management of handicapped pupils within special classes and special units.

The Report envisages a continuing place for special schools and identifies new functions for them through the provision of specialist centres for the rare and more complex disabilities of children. We feel strongly that there will always be a need for 'special' schools both day and residential. We would hope through our recommendations to support the public and independent special schools in their continuing role of innovation and the development of new ideas.

The Report places great emphasis upon the involvement of parents as partners and upon the needs of parents for a range of information, advice, support and relief. We strongly endorse this, but have some reservation about parents' rights to have direct access to their child's records. There should always be a very flexible approach to the provision of resources for children and their families with special educational needs, which should be based on the needs of the child and his family rather than upon strict administrative guidelines. Even by the age of five the child and his family may not have fully accepted their status as being considered a 'handicapped family' and may have difficulty in accepting special educational help.

The Report places special emphasis upon the multi-professional re-assessment of the individual's special needs at the important stage of transition from school to adult life. Specific recommendations are made about the increased need for career teachers and career officers and for general improvements in the field of further education to help the handicapped pupil. The Committee stresses that the quality of special education is critically dependent upon the attitudes, experience and skill of all teachers. All teachers must be aware of their part in recognizing

children with special educational needs and of the range of various forms of special educational provision and of specialist advisory services available. Specific proposals are made for improvement in training for teachers, together with the provision of a unified advisory and support service within every local educational authority area. With a falling school population and increasing special education provision in ordinary schools it should be possible to organize a considerable redistribution of educational resources to meet these specific needs.

We feel that the Report quite correctly envisages that there should be particular improvements in educational training programmes and a greater involvement of special educational staff with supporting community agencies, including psychiatric, psychological and social work input to the schools.

The Report suggests that the communication of information between and within different professions is often inadequate and needs to be improved. We felt, however, that too much attention has been paid to the patterns of formal communication; good communication in this field must be based primarily upon good personal contact.

In summary, the College Working Party welcomed and supported the recommendations, having specific

reservations about the financial implications concerned, the problems of administrative over-control and the difficulties associated with confidentiality and the dissemination of information and inter-professional communication. We were particularly concerned to try and ensure that in the future there would always be a smooth referral of children with specific educational needs to appropriate medical specialists.

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Chairman of the Working Party

References

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2. Comments on the Report of the Committee of Enquiry into the Education of Handicapped Children and Young People—the Warnock Report. Royal College of Psychiatrists, ESCC 2/79.
3. Comments on the Report of the Committee of Enquiry into the Education of Handicapped Children and Young People (The Warnock Report) 1979. Child Psychiatry Section of the Scottish Division, Royal College of Psychiatrists.
4. *Special Educational Needs. A Consultative Document*. Department of Education and Science and Welsh Office, 1979.

COLLEGE NEWS

THE SECTIONS

Reports to the March meeting of Council show that the Specialist Sections are particularly active in discussing administrative and political questions, although they also organize occasional scientific meetings. Thus *Child and Adolescent Psychiatry* has had working parties considering guidelines on the adoption service, on the training of the general psychiatrist in child psychiatry, and on medical manpower. It has contributed to advice on obscenity and film censorship, corporal punishment in schools, infanticide, mental handicap and on the Court and Warnock reports. Its most recent meeting this year was on 'The Troubled Child in Ordinary School'.

The *Psychotherapy Section* arranged training seminars in Leicester in May and June last year, and holds monthly meetings in London: 'The degree of skill in psychotherapy necessary for every psychiatrist' (Dr

I. S. Kreeger); 'Transference—its place in play and theatre' (Dr J. Pedder); 'The psychosomatic syndrome, a failed attempt at self-healing' (Dr M. Tonnesman) are among the most recent.

Forensic Psychiatry has a working party on forensic psychiatry and the prison medical service, and is preparing evidence for the Royal Commission on Criminal Procedure. Last year it held a symposium on Regional Secure Units.

Psychiatry of Old Age has met quarterly, both for discussion of such questions as the establishment of senior registrar posts in the speciality, policy issues in residential care and a view of the DHSS document *A Happier Old Age*; and for the reading of papers—on 'The supporters of confined elderly persons in the community', and 'Development of psychogeriatric provision for the Mental Aftercare Association'.

Mental Deficiency has a working party on recruit-