WORLD HEALTH ORGANIZATION
REGIONAL OFFICE
FOR THE EASTERN MEDITERRANEAN

ORGANISATION MONDIALE DE LA SANTE
BUREAU REGIONAL
POUR LA MEDITERRANEE ORIENTALE

SEMINAR ON SCHOOL HEALTH SERVICES
Baghdad, 16 - 21 March 1974

EM/SEM.SCHL.HLTH.SERV/7b
27 February 1974
ENGLISH ONLY

THE HANDICAPPED SCHOOL CHILDREN AND THEIR MANAGEMENT

by

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1. Definition

Handicapped children are those with behavioural, emotional, intellectual or physical defects or disorders, singly or in combination, that retard their development and their educational and social progress. Emotional and behavioural disturbances, language and speech disorders, hearing and visual defects, and other physical disabilities comprise the main categories of handicap in children, but many of them have more than one disability and many are educationally sub-normal.

2. Changing pattern of disability in children

Many of the communicable and other diseases that once killed or disabled large numbers of children annually in developed countries have been eliminated or controlled, with the result that in these countries handicapping conditions in children are now mainly congenital in origin or are disorders of behaviour. This pattern is now also emerging in the developing countries.

3. Preventable causes of handicap

As recently as 1941, it was first recorded that if a woman developed rubella in the early months of her pregnancy, her baby might be born with defective hearing, heart, sight or intelligence or with a combination of defects. If one comparatively mild disease can do this, why not others?

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It is less than twenty years since it was found that if a woman took thalidomide in the early weeks of her pregnancy her baby might be born with severe limb and other deformities. If one drug can do this, why not others? At present, we simply do not know. More is being discovered about genetic defects; and techniques for pre-natal diagnosis of handicapping conditions are also being developed.

In many countries of the world there is still much preventable handicap; common examples are: blindness and partial-sightedness from trachoma or vitamin A deficiency; paralysis from poliomyelitis; severe heart disease from rheumatic fever; partial-hearing from chronic otitis media.

4. Prevalence of handicapped children

In these countries there are few reliable national statistics on the incidence or prevalence of handicapping disabilities in children; often, also, physically handicapped young children who attend hospitals are not followed-up and are not reported to maternity and child health or school health departments, due largely to staff shortages.

5. Variations in criteria used

In many countries, including more developed ones, there is considerable variation in the criteria adopted to determine what degree of defect or disorder constitutes a handicap - this point was emphasized in a WHO report[1], published in 1967. Where, for example, is the dividing line between blindness and severe partial-sightedness; between deafness and severe partial-hearing; between educational subnormality and severe subnormality; between tolerable "normal" behaviour and maladjustment, or between maladjustment and delinquency? The intelligence and personality of a child, the encouragement and support he receives from his family and teachers, and his social circumstances all materially affect his own attitude to his disability and his performance.

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[1] Working Group on the Early Detection and Treatment of Handicapping Defects in Young Children. WHO (1967) Copenhagen.

6. Need for early ascertainment and education

If handicapped children, particularly those born deaf, are to derive maximum benefit from their education and treatment, they should be identified early in life. Early ascertainment and diagnosis are mainly the responsibility of the health service, but assessment, which ought to be a continuing process throughout school life, is the joint responsibility of the health and education services. Medical investigation and treatment are the responsibility of the health authorities, but educational placement is that of the education authorities. It is essential, therefore, that, right from the start, there should be close consultation and collaboration between the health and education authorities and, with the parents, in the management of handicapped children.

In countries with much poverty, unemployment, malnutrition, poor environmental conditions, widespread communicable diseases, with many children of school age not attending school, attending irregularly or leaving before completing the elementary school course, with overcrowded classes in schools, and with serious shortages of trained staff and of aids, appliances and equipment of all kinds, it is understandable that a low priority is often given to health and education provision for handicapped children. Even so, in many developing countries a start with special education has been made, but, unfortunately, quite often with little consultation between the education and school health services.

A handicapped child is a normal child with disabilities of greater or less degree who has the same fundamental human needs as non-handicapped boys and girls. Wherever practicable they should be educated with their non-handicapped peers. On grounds of cost alone, day schools are preferable to residential schools; residential schools are expensive but are necessary for a minority of handicapped children.

Some handicapped children are so disabled that they require family or community support throughout their lives. All the others need vocational guidance, and some of them need special training and sheltered employment. None of this is easy to provide in any country, least of all in developing ones.

7. Aids and appliances and their limitations

Many aids and appliances for physically handicapped children are costly and require good maintenance and repair services to keep them serviceable. Especially in developing countries they are frequently too expensive for education and health departments' budgets. However, with ingenuity (a commodity that is not lacking in any country) simpler aids can often be made locally to increase the mobility of physically disabled boys and girls.

So, too, with much of the modern electronic equipment for children with defective hearing. Audiometers, hearing aids, and speech trainers are relatively expensive, and are dependent on an easily accessible maintenance and repair service if they are to continue to function properly. If an audiometer, for example, is not serviced and re-calibrated periodically it can quickly become very inaccurate.

Individually hearing aids are invaluable for partially-hearing children, but are much less so for pre-lingually deaf boys and girls. Indeed, professional opinion in western countries with long experience of the use of hearing aids in the education of deaf children is sharply divided on whether the "oral method" (including auditory training and an individual hearing aid from early childhood) requires to be supplemented by finger-spelling and/or signing. What is not in dispute in these countries is that a substantial proportion of pre-lingually deaf children taught with all the help that modern electronic equipment can give, but not by finger spelling or signing, still leave school, after twelve or more years of special education, with very limited language and speech that is, for all practicable purposes, unintelligible; on leaving school, apart from writing, their main means of communication with their hearing fellows is through an interpreter; with their deaf companions they use signs freely - signs that they learnt almost haphazardly.

Thus, school doctors - especially those in developing countries - should be cautious when advising educational colleagues on the educational and social benefits likely to be obtained by pre-lingually deaf children from hearing aids.

8. Priority of provision for handicapped school children

In countries where many children of school age do not attend school, particularly those where fewer than half do so, and where financial resources are meagre, it is perhaps difficult to justify expenditure on the education of severely handicapped children. Yet, unless an attempt is made to find out their number, the nature and severity of their handicap, and what happens to them during their childhood and later years, a community will not be able to assess properly what provision it should aim to make for them.

Inevitably, the ascertainment of handicapped children will become an increasing responsibility of the school health services everywhere and, if ascertainment and assessment are to be effective there must be close cooperation between the school health, maternal and child health, hospital and education services.

The wide variations in the proportion of school children ascertained as handicapped, and in the facilities for special education made for them in different countries, are discussed briefly in the paper on Evaluation and Research in School Health.