

MODERATE LEARNING DIFFICULTIES

UNIT 10

HISTORY, CLASSIFICATION AND TERMINOLOGY OF MLD

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LEARNING OUTCOMES

Teachers will:

- Understand reasons for the complexities of the category of MLD
- Extend your knowledge and understanding of medical/individual and social perspectives about the causes of MLD, so that you can view low attainment holistically
- Extend your knowledge and understanding of different ways of categorising MLD and what this means for making professional decisions about provision and identification.

ONLINE RESOURCES

The content and tasks throughout these PDFs are supported by online resources that are designed to facilitate and supplement your training experience.

Links to these are signposted where appropriate. The resources use graphics and interactive elements to:

- Highlight salient points
- Provide at-a-glance content summaries
- Introduce further points of interest
- Offer visual context
- Break down and clearly present the different stages and elements of processes, tasks, practices, and theories

The online resources offer great benefits, both for concurrent use alongside the PDFs, or as post-reading revision and planning aids.

Please note that the resources cannot be used in isolation without referencing the PDFs. Their purpose is to complement and support your training process, rather than lead it.

You should complete any learning or teaching tasks and additional reading detailed in this PDF to make full use of the Advanced training materials for autism; dyslexia;

speech, language and communication; emotional, social and behavioural difficulties; moderate learning difficulties.

To find out more about the resources, how they work, and how they can enhance your training, visit the homepage at: www.education.gov.uk/lamb

The first resource for this unit can be found here:
www.education.gov.uk/lamb/mld/history-classification-terminology/intro

BRIEFING

INTRODUCTION TO HISTORY, CLASSIFICATION AND TERMINOLOGY OF MLD

As specialist teachers you will be explaining and giving advice to other teachers about how to understand the difficulties experienced by children who are not making progress across subject areas, including how to support children who have been identified with MLD, how to support children who are not making good progress but have not been identified, and when to consider seeking assessment and identification and/or special schooling through outside agencies. On the surface MLD may seem a straightforward concern but in fact it involves complexity and paradox which a century of educational practice and debate has not been able to resolve. By reading about historical processes of seeking support for these children and the inherent conceptual conflicts, you will develop an understanding of the complexity of the issues involved which will support the professional decisions you make in supporting pupils with MLD yourself or in consultation with colleagues.

The history of the category of MLD demonstrates an ongoing attempt to make sense of complex and varied social and/or within-pupil factors that mean particular children have difficulty learning in education, and how these children might best be educated. Examples of contradiction/complexity include:

- The fact that pupils with MLD tend to be identified only after attendance at school suggests that it is the educational context that highlights their difficulties; however, some children, such as those with Down Syndrome, clearly have organic impairments. This question, of whether the difficulty lies within the educational environment or the child, leads to complexities in identification. Identification in the latter case is more straightforward, but the former case is fraught by difficulties regarding cut-off points and criteria. Should identification be based on low attainment levels, and if so, on which subjects should this be based and at what level should identification occur; or should more clearly demarcated assessments, such as cognitive ability scores (e.g. IQ), be used for identification? If the latter is adopted, what of the limitations and questions regarding the validity of such scores?

- Issues of stigma and lack of pedagogy and curricula specific to supporting this group raises questions about the value of identification, but these pupils do potentially benefit from additional support; so how can they receive it if their needs are not identified? If additional support is not provided and they are educated similarly to pupils with average attainment, is this not tantamount to treating their educational needs as less important than other pupils'? At the same time, do the differing needs of pupils with MLD prevent effective teaching for pupils with average or above-average attainment?
- Are the educational needs of pupils with MLD met best in special schools or specialised classes, where teachers can focus on their particular needs, or does such separation compound stigma and prevent inclusive socialisation?

TASK 1

READING, SUMMARY AND CRITICAL SYNTHESIS: HISTORY OF MLD

Please read Chapter 2 pp 10 - 38 in Norwich, B & Kelly, N (2005) *Moderate learning difficulties and the future of inclusion*. London: Routledge.

This reading discusses the different models used to describe MLD and espouses an interdisciplinary, multi level and interactive framework. The article goes onto emphasise the importance of looking at inclusion from the child's perspective.

On writing frame 1.1 below record a timeline in response to this excerpt. Pay particular attention to the social and political reasons prompting legislation, and the way different legislation attempts to address conflicts and complexities of the category of MLD as mentioned above. Are you aware of any parallel issues in current legislation?

See online resource:

www.education.gov.uk/lamb/mld/history-classification-terminology/history

Writing frame 1:1 Timeline of the history of MLD

Time	Summary and critical synthesis
1880: Royal Commissions	
1889: The Egerton Commission	
1898: Dept Committee on Defective and Epileptic Children	
1913: The Board of Education	
1921: Burt	
1929: The Wood Committee	
1936: HMI/Chief Medical Officer	
1944: Education Act	
1978: Warnock Report	
1981: Education Act	
1994: SEN Code of Practice	

BRIEFING

COMPARING MEDICAL (OR INDIVIDUAL) AND SOCIAL MODELS OF DISABILITY

As mentioned above, there are two modes from which low attainment in pupils is commonly regarded; as an inadequacy within the child or an inadequacy within the environment. Roughly, the medical or individual model corresponds to the former view, and the social model of disability to the latter. Sometimes, educational rhetoric makes its case from one position or another; the child is understood to be 'slow' – or the school or home environment inadequate. Each position has strengths, but viewing only one or the other brings limitations. Focusing only on the child's difficulty can encourage low expectations. Focusing only on structures and institutional practice in education can neglect to account for diversity. In working as a specialist teacher, you will need to understand and be aware of both perspectives, evaluating each child in their context as a whole, open to possibilities of relationship and impact between child and environment, and be drawing attention to neglected aspects of the child and/or their learning environment in your work with colleagues.

TASK 2

READING, SUMMARY AND CRITICAL SYNTHESIS: SOCIAL AND MEDICAL MODELS OF DISABILITY

Please read Chapter 1 pp 6 - 7 in Norwich, B & Kelly, N (2005) *Moderate learning difficulties and the future of inclusion*. London: Routledge.

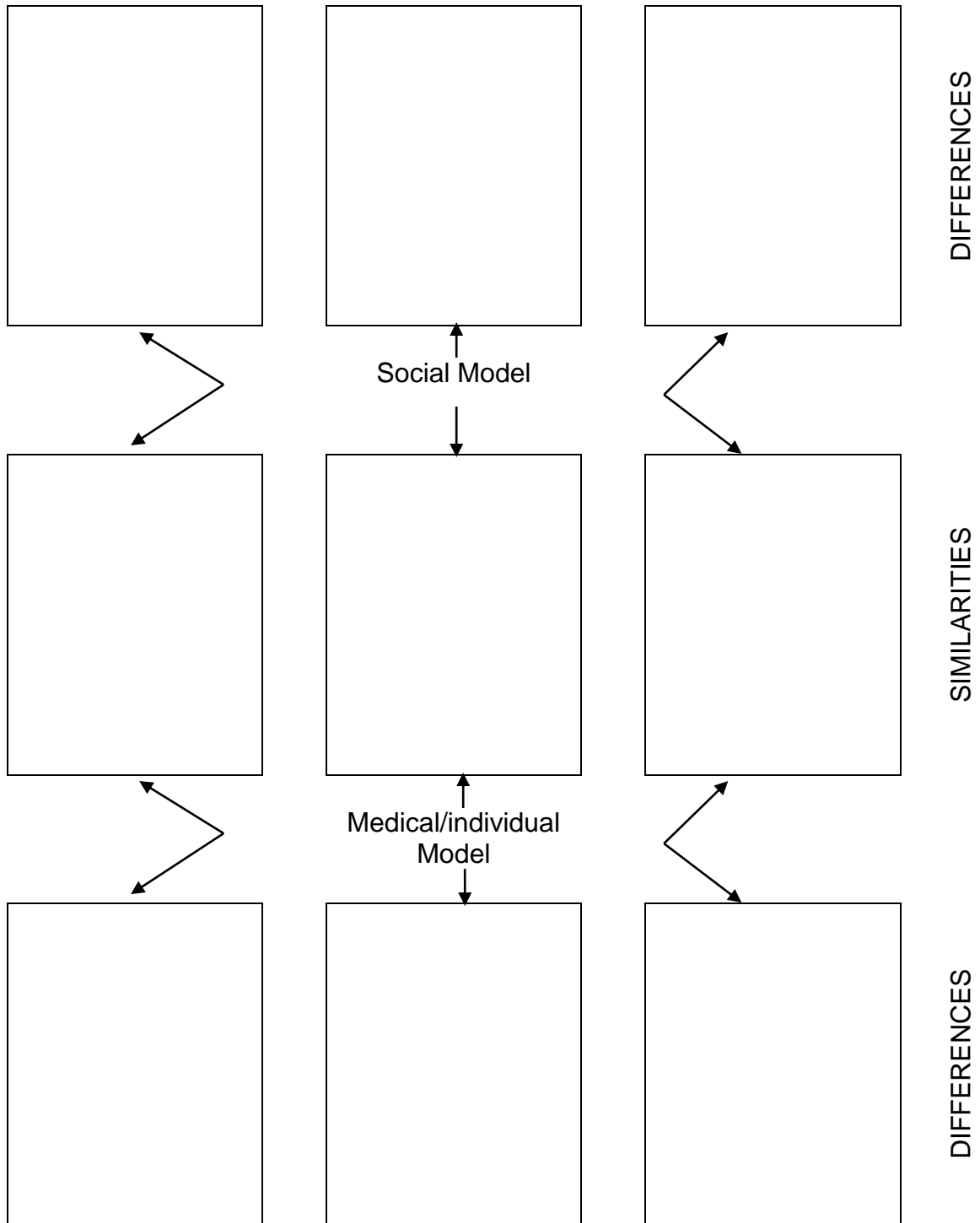
This reading discusses the different models used to describe MLD and espouses an interdisciplinary, multi level and interactive framework. The article goes onto emphasise the importance of looking at inclusion from the child's perspective.

On writing frame 2.2 below compare medical and social models based on the reading excerpt and from your professional experience; think of examples of medical/individual perspectives, social perspectives, and the interaction of these. Focus on the medical/individual model and try excluding social perspectives and vice versa. What is the impact on the child's learning?

See online resource:

www.education.gov.uk/lamb/mld/history-classification-terminology/medical-social-models

Writing frame 2.2. Comparison of social vs. medical/individual models of disability



BRIEFING

COMPLEXITIES OF CATEGORISATION AND IMPACT ON EDUCATION

Those responsible for determining definitions of MLD, such as the UK government, psychological associations and the World Health Organisation (WHO), have responded in different ways to the complexities we have been referring to in this unit over the category of MLD. Differences in approach revolve around:

- Use of cognitive abilities testing and/or attainment compared to peers to guide cut-off points
- Reference to behaviour (e.g. self-esteem, social and living skills) to compensate for the narrowness and/or inadequacies of cognitive abilities/attainment cut-offs
- Reference to disadvantage in acknowledgment of difficulties in education linked to social issues

In England, the SEN Code of Practice (2001) follows recommendations originating in the Warnock Report (DES 1978), that categories should be dropped in favour of responding individually to the specific educational needs of pupils. However, this guideline is given alongside reference to categories, e.g. 'Children who demonstrate features of moderate, severe or profound learning difficulties or specific learning difficulties, such as dyslexia or dyspraxia, require specific programmes to aid progress in cognition and learning' (p86). In addition, the school census requires disclosure of information about pupils with SEN on the basis of categories (DfES 2003). As a specialist teacher you will be required to navigate issues of identification with reference to pupil provision, the census, and referral for statutory assessment. Issues of whether or not to identify, what kind of provision should be made for children, and where they should receive such provision can all three be understood in terms of dilemmas. Tension between seeing difference as 'less than', 'not-as-good', and problems caused by ignoring difference like inappropriate education, mean that both approaches involve negative risk. In the tasks below you will explore various approaches to defining MLD and consider dilemmas of difference; this will broaden your knowledge of different aspects of MLD to help you balance and prioritise your decision-making process when faced with questions of identification for individual pupils.

See online resource:

www.education.gov.uk/lamb/mld/history-classification-terminology/identification

TASK 3

READING, SUMMARY AND CRITICAL SYNTHESIS: COMPLEXITIES OF CATEGORISATION AND IMPACT ON EDUCATION

Please read the following excerpts:

- 1) Norwich & Kelly (2005), pp 10-19, 27-38
- 2) WHO ICD (2007) Chapter 5: Mental and behavioural disorders F70-F79
- 3) DSM-IV-TR (2000) Mental Retardation, pp 41-49
- 4) DSM-V (in publication)

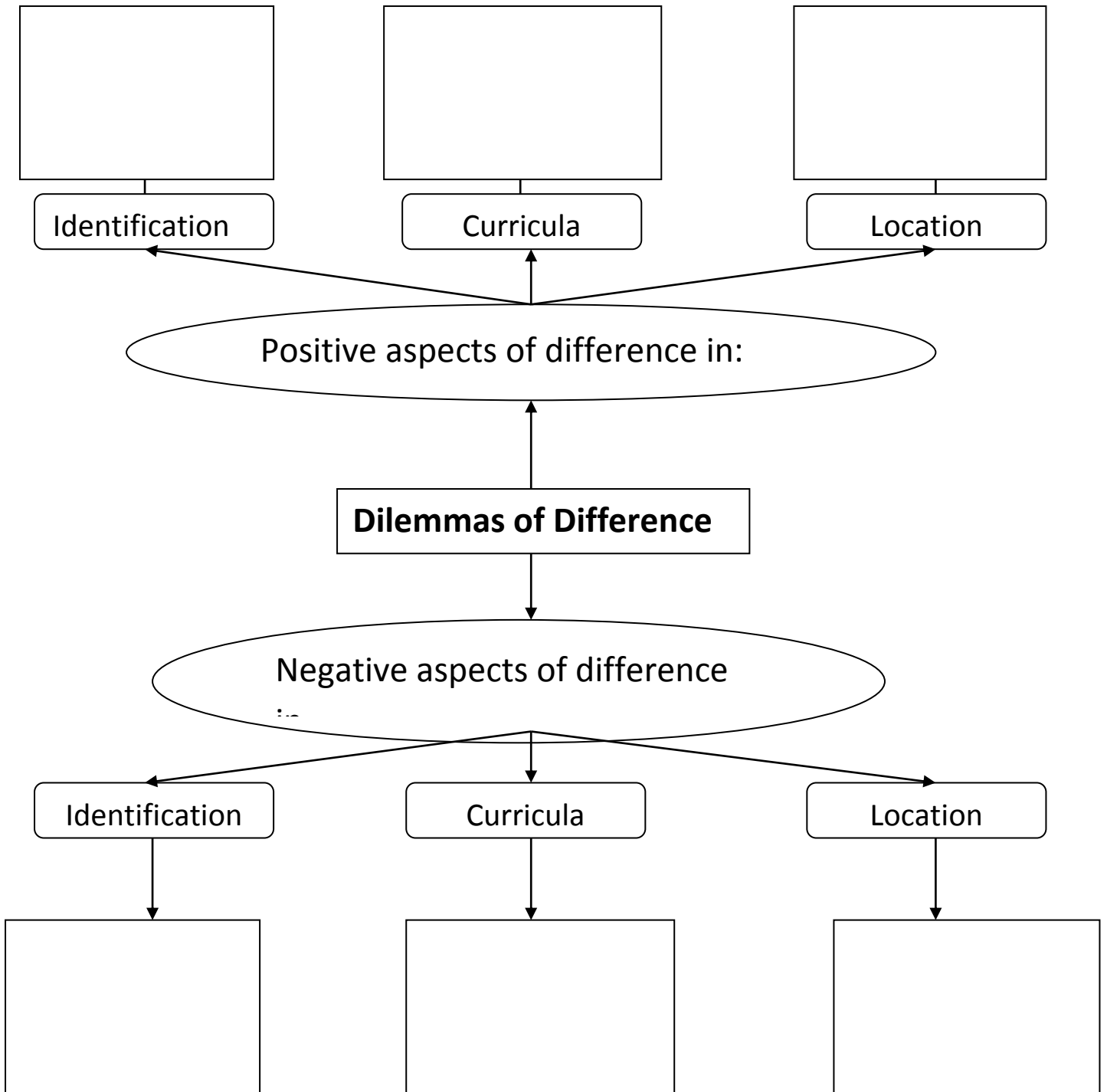
On writing frame 1.3 below, compare key points in relation to definitions of MLD. In each box record a specific criterion used for identification, and consider strengths and weaknesses of the different approaches. How does the definition of MLD used for the school census (DfES 2003) compare to other approaches to definition?

On writing frame 1.4 below, compile a mind map representing dilemmas of difference resulting from the application of the category of MLD. Drawing on your professional experience, record positive and negative aspects of identifying and applying the MLD category.

Writing frame 1.3. Compare key points about different categorisations of MLD/special educational needs

DSM-IV-TR (MR)	DSM-V (Intellectual Developmental Disorder)	WHO-ICD (MR)	DfES 2003 (MLD)	OECD categories A, B, C (Special Needs Education)

Writing frame 1.4. Create a mindmap depicting dilemmas of difference that arise in the application of the MLD category



REFERENCES

Copeland, I (2002) *The Backward Pupil over a Cycle of a Century*. Leicestershire: Upfront Publishing

DES (1978) *Warnock Committee Report*. London: HMSO.

DfES (2001) *Special Educational Needs: Code of Practice*. London: DfES.

DfES (2003) *Data collection by type of special educational needs*. London: DfES.

Diagnostic and Statistical Manual of Mental Disorders (in publication) V, Intellectual Developmental Disorder, Washington DC: American Psychological Association.

<http://www.dsm5.org/Pages/RecentUpdates.aspx>

Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-Text Revision (2000), Mental Retardation, Washington DC: American Psychological Association,

41-49. <http://www.uptodate.com/contents/intellectual-disability-mental-retardation-in-children-definition-causes-and-diagnosis>

Norwich, B & Kelly, N (2005) *Moderate Learning Difficulties and the Future of Inclusion*, London: RoutledgeFarmer

Tomlinson, S (1982) *A sociology of special education*. London: Routledge, Kegan and Paul

WHO International Classification of Diseases (ICD) (2007) Chapter 5: Mental and behavioural disorders F70-F79; World Health Organisation,

<http://apps.who.int/classifications/apps/icd/icd10online/>