4. SPECIAL EDUCATION AND STREAMING

David Clandfield

The streaming mechanisms used in Special Education are different from the regular forms of streaming described so far. In this context, intricate processes designate children as having special needs prior to any school intervention. For the most part, these processes brand them as being at risk of failure in school in the absence of any specialized intervention. One of the outcomes of the identification of these special needs is placement in a special class or even a special school, but such a placement is not required for identification to have a similar effect to streaming. For one thing, there are many less formal examples of specialized programming both outside and within a classroom in the company of unlabeled peers, and these act as less obtrusive forms of streaming. More to the point, the label itself and the increasing recourse to special interventions through the assignment of Individual Education Plans (IEPs) without labels seem to be just as effective, if not more so, in steering and narrowing expectations, options and outcomes as regular streaming.

In this chapter, we begin with the troubling questions of definition as well as some of the theorization of Special Needs and how these have changed since the first edition of *Stacking the Deck*. A brief history of Special Education follows in order to flesh out these definitions and theories and explain what is happening now. We then focus in on the labelling and streaming processes themselves to show how they serve in part to reproduce inequalities of class, race and gender, while aiming or claiming to do the opposite. These processes include classification, the use of various specialized sciences, a complex sequence of decision-

making stages, and outcomes in terms of placement and program adjustments. The chief sources of data used in the report are those from the Ministry that have been reported in successive editions of *Special Education in Ontario Schools* (Bennett *et al.*, 2008 and 2013), the Special Education Plans submitted annually by all the anglophone School Boards in Ontario, and the remarkable work of the Research Division in Ontario's largest board, the Toronto District School Board (TDSB), especially by Rob Brown and Gillian Parekh from 2010 to 2013.

Underlying all these processes, there is the deeper reality of the designation of disability as a separating condition at all. If we want to halt the use of disability labels to consolidate streams that repeat cycles of class, racial and gender disadvantage and discrimination, we should also want prevent the use of disability as a category that re-inforces disadvantage and discrimination for anyone.

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The use of the terms Special Needs and Special Education themselves implies that they are distinct from regular education, abnormal in some way. It is very easy to think of them as leading to the accommodation of various kinds of disabilities, something that characterizes a humanitarian society in which all are included and all can prosper. But as we reach into sociological definitions and then the history of Special Education, we find a more complex reality. That is where we begin.

1. The sociology and politics of Special Education

The theory of normative and non-normative conditions

In the first edition of *Stacking the Deck*, we used Sally Tomlinson's analysis of Special Education from her sociological research in Great Britain (Tomlinson, 1982) as a starting definition. We described two distinctive types of special education classes or categories that she proposed as the basis for analysis:

> First, there are those, which deal with students who are truly handicapped in such a way that few would deny that special services are appropriate. In this group [Tomlinson] included, for example,

> blind children, those with significant or total hearing loss, those who are severely physically handicapped, and those who are seriously or profoundly retarded. She called this a "normative" group, because children were diagnosed and placed in these programmes on the basis of norms or criteria that were objectively developed and universally applied. (In making these distinctions, Tomlinson did not argue that such children should necessarily be excluded from regular classrooms.)
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> By contrast, Tomlinson used the term 'non-normative' for classrooms and programmes of children diagnosed and placed not on the basis of universally agreed-upon physical criteria, but rather on the basis of observations and evaluations of their classroom behaviour, in some cases supplemented by psychological reports and standardized "aptitude" or "intelligence" tests. This second group contained students labeled as "behavioural," "slow learners," "learning disabled," "overemotional," minimal brain dysfunctional,' 'attention deficit disorder,"and so forth.
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> In comparing these two groups in England, Tomlinson noted two disturbing facts. First, she found three times as many special-education students in non-normative programmes as in normative classes. Second, and perhaps even more disturbing, while the numbers of students in the normative group were proportionate to the numbers of families of all racial, ethnic and various class backgrounds, students in the non-normative special-education programmes came overwhelmingly from working-class and ethnic minority families. (Curtis, Livingstone & Smaller, 1992)

This normative/non-normative distinction works to show how streaming through Special Education operates along class and race lines. But this binary model, however, does not really capture what has happened since then. The boundaries between medically-diagnosed mental disorders and educational exceptionalities qualifying for special educational measures have been progressively blurred, both by the medical (mainly psychiatric) professions and educational psychologists. Some non-normative categories have explicitly excluded from consideration students whose class and ethnocultural background is thought to be a better reason for their difficulties in school than a clinically de-

fined condition. So Tomlinson's binary model is not as clear as it might have been two decades or more ago. The blurring of the distinction is keenly felt in the spectrum of conditions accommodated under such labels as learning disability, intellectual disabilities, behaviour or autism.

More seriously, the effect of this model is to focus attention on those categories of exceptionality that open themselves to discrimination along race, class and gender lines. The risk is that the equity issues associated with the labelling and placement of students designated as having disabilities or exceptional characteristics that do not reinforce class, race and gender disparities may disappear from view.

Disability, difficulty and disadvantage

As a new millennium dawned, the OECD began comparing funding regimes for Special Education across nations. Faced with a varied package of measures to accommodate different kinds of special needs, it abandoned Tomlinson's binary model in favour of three kinds of special needs. These were Disabilities, Difficulties and Disadvantages. They were presented in two mid-decade studies in which slight but significant differences can be detected (OECD, 2004; OECD, 2007).

Disabilities in both studies align with Tomlinson's normative category, referring to conditions that are "(t)ypically considered in medical terms to be organic disorders attributable to organic pathologies (e.g. in relation to sensory, motor or neurological defects)." In the 2004 study of *Equity in Education*, the OECD also pointed out the "(t)hese conditions affect students from all social classes and occupations." In the 2007 cross-national policy analysis, the reference to social class was dropped.

The non-normative category was displaced by two categories and included far more students. In both reports, **Disadvantages** included the "educational needs of students, which are considered to arise primarily from socio-economic, cultural and/or linguistic factors," while the 2004 definition of **Difficulties** captured the leftovers, the "educational needs of students who have difficulties in learning" that didn't fit into the other two definitions.

In 2004, the "educational needs" of poor and working-class students as well as ethnocultural and linguistic minorities were separated from other special needs, at least for the purpose of

disentangling specialized funding streams for public education. The various compensatory education grants — the one in Ontario is currently called the Learning Opportunities Grant — could now be placed alongside spending on the Special Education populations in countries that had developed programs and funding streams for them. Populations targeted by Special Education had joined the broader Special Needs spectrum, now in upper case.

This did not take the question of overrepresentation or disproportionality out of Special Education policy analysis. Separate funds may target the needs of disadvantaged students as distinct from those for students designated with disabilities or exceptionalities, but that did not end social stratification in the narrower field of Special Education. Ontario's Learning Opportunities Grants have not led to greater social equity in the labeling and streaming practices of Special Education as this chapter will show.

Three years later, in its 2007 cross-national policy analysis, the OECD dropped its "left-overs" definition of **Difficulties**. Distinctness from other categories was no longer the sole defining characteristic. Students with difficulties were to be those

> …with behavioural or emotional disorders, or specific difficulties in learning. The educational need is considered to arise primarily from problems in the interaction between the student and the educational context. (OECD, 2007)

This version of the category does not exclude those whose educational difficulties could be thought to spring from disadvantage. Those difficulties were now to be attributed to a mismatch between the individual student and "the educational context" (i.e. schooling). The mismatch would account for behavioural disorders or learning difficulties. It does not say where change has to occur to remedy this mismatch, but it is not hard to guess.

These programs rest on the deficit theory that we described in Chapter One (pp. 28-30). It locates the problem and the challenge within the individual learner. The response is treatment to bring all those who deviate from narrowly defined norms into line with expectations. Deviation from these norms is a risk for a finely ordered society. The advent of risk into the calculus of special needs is the key

that locks Special Education and its streaming effects into the neo-liberal policies of human capital production as the following section will now argue.

"Students at risk" and the neo-liberal imagination

The analysis of educational risk, most famously articulated in *A Nation At Risk* (1983), from the Reagan years in the U.S., focuses on the failure of many students to achieve success through graduation from secondary school. Failure to graduate is failure to reach the sanctioned norms of learning for a successful entry into a stratified labour market, whether immediately following compulsory school attendance years or after an extended education. Success and failure in these terms were linked to the competitiveness of the nation conceived along neo-liberal lines. Educational failure coincided with the failure to provide the human capital needed in a market economy. The neo-liberal world view, in its efforts to avert this failure, borrowed the concepts and vocabulary circulating in the worlds of private insurance, investment banking, and corporate planning (Berthelot, 2009).

At the same time, the invention of the term "students at risk" soothingly appears to soften the stigmatizing effects of earlier names for unsuccessful learners. As Lindsay Kerr put it in a recent doctoral thesis,

> The slippage of risk from the nation to education coincides with the replacement of earlier derogatory terms (such as delinquents, dropouts, deviants, or disadvantaged students) by students "at risk." The shift in terminology, on the one hand, continues to carry earlier connotations of deviance and danger, but on the other, lends a deceptively beneficent connotation of "vulnerability" in which elitist concessions to frailty invoke paternalistic protection…. (Kerr, 2011)

The psycho-medical classifications of disability used in the sociological analysis of an earlier generation were thus incorporated into a neo-liberal economic analysis. All Special Needs programming requires the prior identification of inherent deviation from learning norms. Managing this risk to human capital development is a subset of economic development. The representation by class, gender, race or ethno-linguistic grouping may vary in extent from one kind of Special

Need or category of Special Education to another. The determination of special need as a risk factor is an artifact of human judgment, whether by specialized professionals or not. But once a decision is made to designate students as "at risk," any demographic imbalances or invidious social discrimination implied in that original selection carry over into everything the school system does to manage it. As a result, students "at risk" are placed apart from peers deemed to be free from risk, sometimes in the physical locations they occupy, but also in the minds of those asked to educate them. Moreover, if the risk is considered inherent, as a disability or exceptionality usually is, the imbalances and discrimination once incurred are likely to continue.[1]

These variations in perspective, with their varying degrees of emphasis on medical diagnosis, equity and economic value, have emerged from the very specific history of Special Education, with all its ironies and contradictions.

2. A short history of streaming through Special Education

2.1. Emancipation and containment

The politics of Special Education debates are complicated by two opposing impulses that governed its origins towards the end of the European Enlightenment in the eighteenth century. They continued with its development through the nineteenth and first half of the twentieth centuries, as more and more countries legislated compulsory education for all children.

The first impulse opened up access to organized learning for children once identified as "handicapped", who would otherwise have been abandoned in an unaccommodating classroom in a regular school or excluded from school altogether, even from the mainstream of society. This is an emancipatory impulse, based on the conviction that schooling offers a negotiable gateway to self-fulfilling participation in society even for its most marginalized members. The institutional recognition and accommodation of difference conforms to a universalizing principle of human rights. Pioneers of progressive education (Decroly, Montessori, Bakule, Makarenko) spent part of their careers teaching children then called "defective" or "retarded", as well as other categories of abandoned children such as residents of orphanages (Pestalozzi, Paul Robin,

Janusz Korczak), or victims of war and oppression (Célestin Freinet and Korczak again). In the early forms of education for children with special needs and conditions, educators deliberately removed themselves from the prejudices and constraints of the conforming public system. Their solution was the refuge-community, often co-operative and organic within itself. It provided a framework for the freedom of individual children to develop in the company of other children who were subject to exclusion on similar grounds. These schools protected the children from society's prejudices.

We can trace the institutional origins of special schools in Ontario to the same time. The first one opened in Toronto for the deaf in 1858 and for the blind in 1872. Residential schools opened in Belleville for the deaf in 1870, in Brantford for the blind in 1872, and in Orillia for the developmentally disabled in 1876 (Bennett *et al.*, 2013, p.3). Although these Ontario educators may not have achieved the same stature and reputation as their European counterparts, they were taking the first steps away from abandonment. At the same time, it must be recognized that some of these schools were enacting a conflicting impulse as disposal sites for the embarrassing children of society's elites.

This conflicting impulse is that of control — the channelling of young people deemed ill-adjusted to the norms of school life or society generally. Compulsory universal education in the course of the nineteenth century brought with it the challenge of coping with the nonconforming or unreceptive young. Some forms of nonconformity were labeled as handicaps and disabilities that needed specialized treatment in specialized locations. From this perspective, treatment and containment were the solutions. The available model was the re-adaptive and isolating institution, such as the hospital, the asylum and the House of Industry. It placed restrictions on freedom and, in doing so, aimed to protect society from such children.

In the early 20th century, the sinister side of this approach was expressed in the eugenics movement, which, through the newly-formed Canadian National Committee on Mental Hygiene in 1918, lobbied the government for institutions that would segregate the "feeble-minded" children of "degenerate stock." The culmination of such efforts was reached later in Alberta with the Sexual Sterilization Act that remained in effect from 1928 to 1972. A recent thesis has documented the central

role played by eugenicists in the establishment of Special Education Classes in Toronto in the decades leading to the 1930s (Ellis, 2011).

Both these impulses, the emancipatory and the restrictive, lie at the origins of Special Education. While the more extreme forms that they sometimes took may have now abated in Canada at least, the less aggressive manifestations are constantly at work in the education of children deemed to be exceptional or to have special needs. The segregation or labelling of exceptional children for special attention is seen as both the antidote to abandonment, a way of providing access to curriculum in the jargon of today (i.e. emancipation), and the means to control deviance (i.e. containment), a way to prevent disruptions in the smoothly functioning classroom. When such differentiation narrows the future options and prospects of marginalized populations, the same issues of exclusion and social justice recur in Special Needs education that we see elsewhere in this book. Some are related to the subsets of class, race and gender. That is our focus here. But disability as a basis for any form of exclusion is an overarching consideration also. This is what makes an equity-based analysis of Special Education so complex, the embedding of one form of discrimination within another. This complexity is rendered more impenetrable to the general public by the presence of the specialized fields of science, both pathological and developmental.

2.2. The interactions with science

From its beginnings over two hundred years ago, leadership in the education of those children who were described as handicapped came from physicians such as Itard and Séguin in France, and in the subsequent century from scientists in the related disciplines of psychology, genetics, and neurology.[2] Again, both impulses were visibly at work. From the interventions of scientists came such emancipatory outcomes of scientific observation as support for child-centred pedagogies, comprehensive schooling, and early childhood education.[3] But along with these came restrictive outcomes such as isolation in special schools and classes, and more extreme doctrines such as eugenics and the widespread use of medication.

The classification and diagnosis of mental disease may have been standardized in the course of the 19th century, but its current

manifestation can be traced back to 1949 when mental disorders were added to the sixth edition of the *International Classification of Diseases*, which had just come under the aegis of the World Health Organization. At the same time, U.S. psychiatrists returning from active medical duties with the Armed Forces in WWII brought with them a new set of clinical categories they intended to apply uniformly. The result was the publication by the American Psychiatric Association (APA) of its own *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1952. This publication has undergone multiple revisions and its fifth edition, DSM-5, was published in May of 2013.

For a medical manual, the various editions of DSM have stirred a remarkable degree of political controversy. Until 1973, for example, the manuals included homosexuality as a defined mental disorder, and even as late as DSM-IV-TR (2000) it still included "persistent and marked distress about sexual orientation" as a Sexual Disorder (APA, 2000).

More generally, the whole enterprise of establishing boundaries between normality and abnormality on the basis of observed behaviour and professional consensus rather than physiological or neurological data has left it open to the charge of pathologizing the world we live in. The critical objection is that everyday life is being increasingly subjected to professional scrutiny and control, and deviation from a narrowing sense of acceptability is deemed to arise from disorders located within individuals that require diagnosis and treatment. Although the DSM manuals limit themselves to labels and descriptors, they are intricately connected to psychiatric treatment and the prescription of medications. For an absolutely devastating denunciation of the encroachment of mental disorder diagnosis into everyday life, this author recommends watching an online video of a speech at the University of Toronto for TV Ontario by psychiatrist Allen J. Francis on the Overdiagnosis of Mental Illness in 2012 (http://ww3.tvo.org/video/177352/allen-j-frances-overdiagnosis-mental-illness).

This process lies at the heart of Special Education, too. Ever since the 1970s, the overlap of psychiatric and educational assessment has grown persistently. Many of the DSM disorders coincide with the Special Education exceptionalities listed by the Ontario Ministry of Education. School boards in Ontario refer to DSM-IV directly in their Special Education Plans (see p. 150 below and note 18, p.182). Many of the concerns with DSM-IV and DSM-5 are identical with those of Special

Education: the pathologizing of everyday life, the adverse effects of labelling, misdiagnosis and overdiagnosis, biases with respect to class, race and gender, displacement of social problems to the individual, and professional boundary control with its tendency to undervalue the knowledge of laypersons, including parents and students.

Although the biological and psychological sciences have had a significant impact upon the education of the young, another form of science has assumed an even greater and perhaps decisive role. That is the science of measurement, the systematic application of statistical calculations to human characteristics on a grand scale.

Once again we must acknowledge that this innovation has been aligned with the emancipatory impulse as an effort to free educational assessment from the vagaries and prejudices of the examiner. Standardization is a way to bypass individual judgement, with all its potential for unexamined prejudices. Harry Smaller remembers a Black student explaining to a teacher education class that these tests were the only hope for minorities in the face of teacher bias.

In the early twentieth century, French psychologist Alfred Binet worked with Théodore Simon to develop an intelligence scale with test items that would match an individual child's own mental age with norms empirically derived from a large sample of children year by year. Children with "retarded" development, i.e. children whose demonstration of intelligence fell below what was expected for their age, could then receive extra help and attention. As a developmental psychologist, Binet was seen at the time as an integral part of the various progressive educational movements of the early twentieth century.[4] What Binet brought was a vigorous rebuttal of the 19th century pseudoscience of craniometry, measuring brain size and cranial shapes in order to distinguish criminal and cretinous types by their appearance alone (Blum, 1978; Gould, 1981).

But this new science of measurement demonstrated its restrictive force through the imposition of norms upon disparate populations. In this way the history of measurement evolved hand in hand with that of psychiatry. This restrictive outcome was not Alfred Binet's original goal, since he believed that the child's environment was critically important and that mental capacity might actually change as that environment changed. But when the Binet-Simon scale based on children's age, first published in French over a number of years from 1905 to 1911,

was translated into English and crossed the Atlantic, the idea of using a simple formula to convert this into a number seemed irresistible (Blum, 1978).[5] It was only four years earlier that Charles Spearman first published his theory of a general factor of intelligence, an allegedly innate condition that could be statistically derived from results on a whole battery of tests (Spearman, 1904).

The product of the formula was the Intelligence Quotient (IQ). The U.S. version of the Binet-Simon scale would eventually come to be the Stanford-Binet test after its first publication by a Stanford University psychologist in 1916. Binet scales were used in intelligence and achievement tests around the time of the First World War for the screening of immigrants at Ellis Island for mental disorders (Gould, 1981, pp. 165-171) and for the mental testing of prospective recruits to the U.S. Army (*ibid.* pp.192-195). A simple score on the I.Q. Scale appealed to the same desire for metric simplicity that had in an earlier and quite different era embraced phrenology and craniometry. This would be adopted by prominent members of the Eugenics movement as a ready-made index for use in the claim that intelligence was hereditary. The "feeble-minded" and the "extremely gifted" could now be identified early and measures adopted to separate those who would weaken the gene pool from those could enrich it (Siegler, 1992; Boake, 2002; Ellis, 2011).

The increasing interventions by various sciences in the early twentieth century meant that responsibility for judgements about the learning capacity and needs of a substantial number of students would no longer rest solely with the teacher, who spent her days in the classroom with them, and the parents who raised them. Much of it would pass to the specializing scientist supported by graduated test data. Cold hard numbers, reducible to one number, could define mental capacity as a constant, embedded in heredity, and serve as the basis for segregated education. Although eugenics as a driving force for Special Education in Ontario may have begun to fade during the 1920s, the reliance on testing data did not (Ellis, 2011).

2.3. The social justice dimension

The new science of intelligence measurement made its entry into public education systems in Western Europe and North America in the first decade of the 20th century. Almost immediately, Binet and

others began to recognize that working-class children and children of ethnocultural minorities were present in far greater numbers in the "sub-normal" population than their percentage in the population as a whole. Binet attributed this at least in part to the impoverished living conditions and low education levels of the parents of the children in the Parisian working-class district of Belleville where he conducted his early intelligence testing.

By the time intelligence scales had crossed the Atlantic and been adopted as evidence of innate intelligence by eugenicists in the second decade, the response to the finding changed. As long as a low IQ could be thought of as a product of the children's environment, poverty relief strategies and remedial education could logically provide a response. Children whose development had been delayed would be helped to catch up with their developing peers. In time, subsidized school meals programs and even the provision of free milk could be seen as helpful. But once it was thought that low intelligence was innate, that the measured evidence for it was fixed in a single number derived from a single test, remedial education could yield ground to an education tailored to the reduced expectations for such children. Segregation through streaming could now claim a basis in science.

This is exactly what happened in Toronto in the course of the 1920s. "Sub-normal" children were to be educated in auxiliary classes within elementary schools and in the junior vocational schools that followed these. Jason Ellis's research into the class and ethnoracial backgrounds of students in three elementary schools over a twenty-year period showed that the auxiliary classes were dominated by students from poor and working-class backgrounds on the one hand and by Italian, Chinese and Roma (then called "Gipsy") children on the other (Ellis, 2011).

Acknowledging the need to accommodate differences that arose from intellectual disabilities was an important step along the road to emancipation for such individuals within the broader society. But, as we shall see in this chapter, the reproduction of social inequality through the separation of poor, racialized children into special classes and the application of a range of labels connoting measurable deficiencies has proceeded throughout the century following the first Special Education initiatives in public education. As these initiatives eventually evolved into a law guaranteeing access to these services as though this were a matter of human rights, nothing seemed to halt this.

2.4. Mandatory Special Education: accommodation and marginalization for all?

Special Education spread slowly and unevenly through Ontario between the wars. Eventually, the Hope Commission, which did its work from 1945 to 1950, would recommend full support by government. The Commission recognized that many "handicapped" children were not in school. Some school boards had been offering special classes, ever since the Auxiliary Classes Act made this possible in 1914, and indeed by the end of the Great War in 1918, there were 17,000 children registered in them. However, the responsibility for enrolling children in such classes did not rest with the education system but with their families. And so the Hope Commission included in its "practicable" response to the growing awareness of the diversity of children's intellectual development and right to education, the recommendation that

> markedly atypical children *must* receive special educational treatment in schools and classes separate from those of the regular school system. There must also be remedial instruction in the classroom or, if need be, temporarily in special groups, in order that an unnecessarily fine classification of pupils may be avoided. (Emphasis added; Ontario Ministry of Education, 1950, pages 77-78)

Special Education was to be arranged as a streamed continuum of services, extending from complete segregation by school or by classroom to in-class groupings or remedial instruction in the regular classroom. This system of cascading placements is essentially the one in place today. Until the 1940s, boards were within their rights to exclude students with profound handicaps from school altogether, and so Hope was proposing a clear, if modest, move towards the integration of all children into the public system regardless of their condition.

At the same time, it has to be remembered that, between the 1940s and 1985 (when Bill 82 was implemented), for students with an IQ under 50, the classes did not need to be taught in schools. Although they received public funding, the school boards did not have to operate the classes anywhere on board property. Many classes were organized and run by parent groups themselves. Kirkland Lake in 1947 was the

first board to open a provincial day class, followed two years later by Toronto. But it would only be in 1969 that boards began operating classes for the "mentally retarded" in any numbers. This had become the case when this author joined the Toronto Board of Education (TBE) as a School Trustee in 1980. Two programs operated as self-contained classes, one for the "Educably Retarded" (originally IQ 50-70) run by the TBE and one for the "Trainably Retarded" (originally IQ under 50) run by the regional Metropolitan Toronto School Board in special schools. These had already undergone name changes in the effort to escape or conceal the stigma that came to be associated with them. Educably Retarded programs had been euphemistically named "Opportunity Classes" before being reclassified with the blandest of names as Special Programs-Primary, Junior, and Senior.

That year (1980) saw the passage of Bill 82, a series of amendments to the Ontario Education Act. They mandated almost all Special Education as a responsibility of school boards, requiring that identified children be taught in schools in all jurisdictions. The only exception would be a handful of residential schools operated by the province. Bill 82 drew its inspiration from legislation passed into law in the U.S. in 1975, the Education of All Handicapped Children Act, sometimes called Public Law 94-142. This U.S. law had defined and named the range of exceptionalities that made up the spectrum of Special Education populations. It laid out the range of placements and services that public funds would support. It provided a detailed quasi-judicial process for the identification, placement and review of children subsequently deemed to be exceptional. And it described a document called the Individual Education Plan (IEP) that would provide a framework for the modified learning and accommodations that each identified child would receive as a result. Bill 82 essentially enshrined that same model of policies and procedures in the Ontario school system.

To be sure, both in Ontario and south of the border, the model has subsequently undergone many changes in its vocabulary and definitions, its placement choices, its processes, and the orientation of the Individual Education Plans that informed the prescribed treatment program. In this respect, Special Education has also reflected the evolution of the DSM in its classifications of mental disorders. But the overall framework is still intact and can be studied for both the emancipatory and restrictive impacts of a detailed labelling and

streaming regime. It has shaped much of the politics of schooling in North America with well-documented negative effects on the education of children from poor, racialized backgrounds, as well as children whose differences have been essentialized as disabilities, as a pretext for either exclusion or equally invidious forms of "othering."

In recent years, partly as a response to legal decisions in the U.S. and partly as a response to pressure from equity-seeking parent groups, the emphasis in public policy has been on increasing inclusion; that is to say the placement of exceptional pupils in "regular" classes alongside non-exceptional pupils of the same age with accommodations that recognize their particular needs.

Any emancipatory value of inclusion in the early 21st century has been complicated by the demands of the neo-liberal ascendancy. The reduction of public expenditures by ministries and local boards began under Peterson and Rae (Gagnon and Rath, 1991; Clandfield, 1993) but galloped ahead under Harris and did not significantly slow down under McGuinty's Liberals. The monitoring of student performance by standardized measures followed the Rae government's Royal Commission on Learning (1995), which had been given the mandate to begin this process when established in May 1993. The centralized regulation of all processes and provisions accompanied the assault of the Harris Government on school boards in the late 1990s.

The result has been the development of a competitive rush by families to achieve advantage through access to certain specialized programs and by schools to improve their ranking in the test score tables that emerge from EQAO results (see previous chapters).

In this rush, more privileged families have developed powerful associations to retain the option of special treatment in small segregated classes (e.g. Learning Disabilities Association of Ontario and the Association for Bright Children), in contrast to those that tend to prefer more regular classroom placements with accommodations (e.g. Down Syndrome Association of Ontario, Autism Ontario, and Community Living Ontario). In the shadow of this organized competition for improved prospects are the children of poor and racialized families who discover that the labeling and streaming system of Special Education and Special Needs does not seem to be improving their prospects at all. These families do not have the same resources to take on the tightly controlled regime of sorting and sidelining that they

experience, although this does not mean that there is no resistance to it.[6]

The publicly-funded schools, now caught within a competitive ethos arising from high-stakes standardized testing and the publication of school test scores, are subject to the demands of monitored compliance and continuous improvement. The pressure to raise test scores and move up the ladder of performing schools means that a substantial amount of energy is directed to this end. A new role for Special Education under neo-liberalism has been embedded within the provisions of the Individual Education Plan (IEP), as we shall see later. But IEPs were originally assigned after the student had been assessed and declared exceptional by means of a complex sifting and decision-making process. We shall need to examine this process before showing how it has been progressively by-passed to the detriment of the underprivileged and increasingly voiceless segments of our society.

3. The prevalence and classification of exceptionality

3.1. How many children are in Special Education?

In the first edition of *Stacking the Deck*, available data had shown a fourfold increase in the number of elementary students in Special Education from the era of the Hope Commission Report (1955) to the time of full implementation of Bill 82 in 1987. By that time, 27,493 or 4.2% of all elementary students had been identified as "exceptional" and were receiving Special Education assistance of one kind or another. Lest that should seem like a modest number of students singled out as having difficulties in "regular" school programs, a further group of students in "Remedial and Speech Correction" programs was reported by the Ministry of Education. This group brought the numbers of elementary school students receiving special assistance up by another 81,203 to 108,696, i.e. 16.4% or about one in six of the elementary school population. It is important to keep this particular "Remedial and Speech Correction" group in mind, unidentified with any single exceptionality and yet receiving specialized help. As Special Education evolved, that unidentified group would eventually be absorbed.

So what has happened to the enrolments of exceptional students in the intervening decades?

Table 4.1 Students identified as exceptional in Ontario, 2009-10

	Elementary	Secondary	All Special Education
2009-10 identified	94,364	98,166	192,530
2009-10 % of all	7.74%	14.36%	9.94%

Source: Ministry of Education, as quoted in Bennett *et al.*, 2013, in Tables 3B, 3C.

For elementary schools, the proportion of identified students has doubled from just over the 4% reported in *Stacking the Deck* to almost 8% by 2009-10. The secondary figures have gone up one and a half times from about 10% reported in *Stacking the Deck* to just under 15% in the same period. The percentages are higher in secondary schools because many students in the elementary panel are not identified in the lower grades. Indeed, research at the TDSB shows that 40% of all new exceptionality identifications occur in Grades 5-8 (Brown/Parekh, 2010, p.15). As this book was going to press, TDSB Research reports that the proportion of students identified with Special Education Needs in Ontario had reached 13.7% (Brown *et al.*, 2013, p. 3)

These proportions are not identical in all school boards. Five school boards have reported figures in their most recently posted annual Special Education Plans:

Table 4.2 Percentage of students identified as exceptional by selected Ontario school boards

Halton DSB (2011-12)	9.6%
Hastings Prince Edward DSB (2011-12)	10.9%
Peterborough Victoria … CDSB (2011-12)	12.5%
Eastern Ontario, i.e. CDSBEO (2011-12)	16.0%
Ontario (2012-13)	**9.1%**
Toronto DSB (2012-13)	8.8%
Greater Toronto Area (GTA) not TDSB (2012-13)	10.1%
Outside GTA (2012-13)	8.7%

Sources: Special Education Plans for each District School Board (DSB) or Catholic District School Board (CDSB) as posted on each one's respective website, latest information available; and for TDSB, the GTA and outside the GTA, Brown *et al.*, 2013.

However, since the year 2000, a growing number of students have received IEPs and Special Education Services without being

"identified" with an exceptionality through the IPRC process, of which more later. This number swells the ranks of pupils receiving Special Education services considerably. We may think of them as comparable with (though certainly not the same as) the "Remedial and Speech Correction" group mentioned in our 1992 edition. The new figures represent what we would now call Ontario's Special Needs population.

Table 4.3 Students with Special Needs in Ontario 2001-02, 2005-06 and 2007-08

	Elementary	Secondary	All Special Education
2001-02 Special Needs	176,352	100,506	276,858
2001-02 % of all	13.36%	14.89%	13.88%
2005-06 Special Needs	175,587	115,138	290,725
2005-06 % of all	12.64%	16.13%	13.82%
2009-10 Special Needs	176,228	130,792	307,020
2009-10 % of all	14.46%	19.13%	13.80%
2012-13 Special Needs	N.A.	N.A.	306,115
2012-13 % of all	N.A.	N.A.	15.2%

Source: Ministry of Education, as quoted in Bennett *et al.*, 2008, in Tables 3B, 3C, 4A; and Brown *et al.*, 2013, Table 1.

These may be compared to those of three Boards that included the non-identified Special Education figures in their Special Education Plans.

Table 4.4 Special Needs Students as % of all students in selected school boards

Ontario (2012-13)	**15.2%**
Toronto DSB (2012-13)	16.8%
Halton DSB (2011-12)	16.4%
Eastern Ontario CDSB (2011-12)	30.2%

Sources: Special Education Plans for each District School Board (DSB) or Catholic District School Board (CDSB) as posted on each respective website, latest available, and Brown *et al.*, 2013, Table 1.

These figures include all exceptionalities. It is time to see whether the prevalence has increased for all categories uniformly.

3.2. What kinds of exceptionalities are there?

The Ontario Ministry of Education classifies exceptionalities for Special Education purposes in four broad categories, three of which include more specific ones:

- Behaviour
- Communication (Autism, Deaf, Language Impairment, Speech, Learning Disability)
- Intellectual (Giftedness, Mild Intellectual Disability, Developmental Disability)
- Physical (Physical Disability, Blind and Low Vision)

To these the composite rubric of Multiple Exceptionalities is added.

In a preliminary analysis, we shall briefly adopt for comparative purposes the Tomlinson binary model of normative and non-normative categories, after moving what we now call Mild Intellectual Disabilities to the non-normative group.

Table 4.5 Students identified by exceptionality, Ontario,1988-89 and 2009-10, as % of all students identified as exceptional

Normative	**1988-89**	**%**	**2012-13**	**%**
Autistic	393	0.4%	17,275	9.4%
Deaf and Hard of Hearing	1,517	1.7%	2,114	1.2%
Speech and Language Impaired	689	0.8%	9,879	5.4%
Physical Disability	983	1.1%	2,592	1.4%
Developmental Disability	not included		9,222	5.0%
Other (Blind, Multiple, etc.)	3.576	3.4%	11,451	6.2%
Subtotal	**7,158**	**8.0%**	**52,533**	**28.6%**
Non-normative				
Behaviour	8,714	9.72%	8,576	4.7%
Mild Intellectual Disability	11,943	13.32%	15,951	8.7%
Learning Disability	43,334	48.34%	77,698	42.3%
Giftedness	18,494	20.63%	28,860	15.7%
Subtotal	**82,485**	**92.1%**	**131,085**	**71.4%**

Sources: Ministry of Education, cited in *Stacking the Deck*, p.56; Brown *et al.*, 2013, Table 2.

In *Stacking the Deck (STD)*, we remarked that Tomlinson's division was born out in Ontario. The four non-normative exceptionalities massively outnumbered the normative ones, more than tenfold. In 2012-13 the ratio has sunk to about three to one. Is the balance shifting back towards the normative? Even when we factor in the non-inclusion of Developmentally Disabled in *STD* and the significant rise of Autism over the two decades, it may look like it. However, Special Education services are now extended to students with unidentified exceptionalities. Once these are added to the non-normative group, the percentages change markedly. Note the variations among the three reporting boards:

Table 4.7 Percentages of Special Needs students with normative and non-normative exceptionalities in Ontario and selected school boards (latest available data)

	Normative	Non-Normative plus Unidentified
Toronto DSB (2012-13)	6.0%	94.0%
Halton DSB (2011-12)	10.6%	89.4%
Ontario (2012-13)	16.2%	82.8%
Eastern Ontario CDSB (2011-12)	19.7%	80.3%

Sources: Special Education Plans for each District School Board (DSB) or Catholic District School Board (CDSB) as posted on each respective website, latest available, and Brown *et al.*, 2013, extrapolated from Table 2.

So in fact, the ratio of the so-called normative to non-normative exceptionalities has remained pretty much the same from the late 1980s to now. Now that the comparison between the previous edition and this one is complete, we shall now drop the normative/non-normative distinction.

It is time to look at the demographic composition of exceptional students. In *Stacking the Deck*, we quoted data from both research studies and the Every Student Surveys at the old Toronto Board of Education (TBE) that showed that 4.1% of all students from the families of unskilled workers were in special classes for slow learners in 1970, while only 0.2% of students from families of professionals were. In other words, students from the poor and working class were 20 times more likely to end up in the slow learners' classes. In 1980, a Toronto Grade 8 study showed that 11.5% low-SES students were in these special classes but only 3.1% of high-SES students (STD, p. 59).

So what has happened since then?

Again we only have data for one Board, this time the amalgamated TDSB, much larger than the old TBE. Data are not available for Ontario, but we shall see a little later that the ministry does not expect it to be any different throughout the province.

The most recent study on the demographic characteristics of students in Special Education in the TDSB was published in December 2010 (Brown and Parekh, 2010). It provided data related to income levels for the different non-gifted exceptionalities for the 2009-10 student population:

Table 4.8 Key non-Gifted Exceptionalities and Neighbourhood Income, TDSB, 2009-10

	Autism	Deaf HH	LD	Language	MID	DD	Physical	Behavior
Lowest	9.5%	7.6%	9.7%	17.1%	16.3%	12.8%	11.7%	17.1%
2	7.7%	13.5%	8.9%	11.0%	14.9%	9.6%	8.1%	13.4%
3	9.2%	14.5%	8.3%	12.2%	12.2%	13.3%	7.4%	13.1%
4	9.8%	7.6%	9.3%	10.3%	11.4%	11.5%	12.0%	11.0%
5	9.4%	12.7%	10.7%	10.6%	11.6%	11.5%	12.0%	9.3%
6	9.8%	9.5%	10.1%	12.2%	9.3%	9.8%	11.7%	8.6%
7	12.6%	9.8%	10.6%	12.2%	9.1%	9.8%	9.6%	11.5%
8	10.5%	6.9%	10.25%	7.2%	7.5%	9.1%	8.4%	7.6%
9	11.5%	9.8%	11.7%	3.8%	5.3%	8.1%	11.0%	5.4%
Highest	10.0%	8.0%	10.4%	3.4%	2.5%	4.4%	8.1%	3.1%

Source: Brown/Parekh, 2010, Table 5, p.19

A perfect fit of income groups to exceptionalities would produce 10% in each cell. The greatest discrepancies between the lowest and highest deciles occur for Language Impairment (17.1% and 3.4%), Mild Intellectual Disability (16.3% and 2.5%) and Behavioural (17.1% and 3.1%). The figures become starker still when we isolate these three exceptionalities and take only the bottom three deciles (30%) and the top three (30%) for neighbourhood income.

Table 4.9 Select Exceptionalities by Broad Neighbourhood Income Bands, TDSB, 2009-10

	Language Impairment	Mild Intellectual Disability	Behaviour
Lowest 30% income	40.3%	43.4%	43.6%
Highest 30% income	14.4%	15.3%	16.1%

Source: Brown/Parekh, *loc.cit*.

In all these cases, we must remember that the figures show overrepresentation. There are far more poorer students in Language Impairment, MID and Behavioural than we would expect from a random distribution and far fewer students from wealthier neighbourhoods. Even so, we should also recognize that some students from every income range do end up in every category.

As for race and special needs designation, the Brown/Parekh report shows data from the 2006 Student Census for students enrolled in Grades 7 to 10. So we do not have the system-wide view that we had for family income, but the figures present just as stark a picture for race as the earlier ones did for income.

Here the figures are for Non-Gifted Exceptionalities. They are not broken into the smaller categories. They are taken from a census in which 54,721 students self-identified by race. Recent immigrants have been excluded from the count since they may have been deemed ineligible for Special Needs status. Although these are not system-wide data, more than 90% of the numbers across the Board were from those categories that provide evidence of disproportionality by socio-economic status. We can take them as a pretty good guide.

Table 4.10 Select Exceptionalities by Self-Declared Race

Self-declared Racial Groups	Population in Survey	% of total enrolment	% non-Gifted
Unknown	120	0.2%	0.3%
Aboriginal	177	0.3%	0.9%
Black	7,882	**14.4%**	**22.2%**
East Asian	8,102	14.8%	6.3%
Latin	1,017	1.9%	2.6%
Middle East	2,077	3.8%	3.7%
Mixed	3,574	6.5%	7.5%
South Asian	10,120	18.5%	10.5%
SE Asian	2,168	4.0%	2.8%
White	19,475	**35.6%**	**43.2%**
TOTAL	54,721	100.0%	100.0%

Source: Brown/Parekh, 2010, Table 9, p.36.

The figures as presented in the Brown/Parekh report do not allow for the same kinds of calculation used in STD for the whole system. But they do suggest that while the White and Black students are the most disproportionately overrepresented racial groups in the Non-Gifted exceptionalities identified, the Black students are more so than the White students. Viewed in isolation, these figures may not allow firm conclusions about systemic racial bias, but once we see them alongside our findings in Chapters 1 and 5, there can be little doubt.[7] We would need to control for social class and gender in each racial group for that to emerge more clearly. And to account for the under-representation of the Asian groups, we would also need to control for another predictor of educational advancement — parental education — since immigration policy has favoured the highly educated and the wealthier applicants from Asia.

In order to complete our understanding of inequalities of identification by class and race, we must look at other categories of Special Needs students, including those identified as Gifted, and those with an IEP who did not go through the formal identification process.

3.3 Learning Disability (LD)

As we have already seen, Learning Disabilities (LD) now constitute the Special Education exceptionality with the largest number of students of *all* the exceptionalities. In 2012-13 across Ontario, this amounted to 42% of all exceptional students (Brown *et al.*, 2013). But unlike Language Impairment, Mild Intellectual Disability and Behavioural, LD does not show the same disproportionality by class and race. The Brown/Parekh Report for 2010 shows the following distributions for the top and bottom deciles at the TDSB, followed by the top three and bottom three deciles of neighbourhood income levels:

Table 4.11 Students with LD by Neighbourhood Income Level Band, TDSB, 2012-13

Neighbourhood Income Levels	Learning Disability
Lowest 10% income	9.7%
Highest 10% income	10.4%
Lowest 30% income	26.9%
Highest 30% income	32.3%

Source: Brown/Parekh, 2010, Table 5.

The difference is not great but the figures do confirm overrepresentation of children from upper-income neighbourhoods in the LD category, regardless of subsequent placement.

Part of the explanation is found in the history of LD, or more specifically, the history of its definitions. These evolved on both sides of the U.S./Canada border from 1975 onward with the passage of legislation in Washington and Ontario. The new laws regulated the definition and means for identifying LD. Before then, conditions that interfered with the normal acquisition of reading, writing and mathematical skills (dyslexia, dysgraphia, dyscalculia) were often called *perceptual* handicaps. The programs dealing with a constellation of these learning difficulties had the revealing name Rehabilitation "O" — the "O" standing for Organic (Toronto Board of Education, 1982). As they merged into the Learning Disability exceptionality for Special Education purposes, important characteristics were transferred into the definition and new ones added.

Firstly, we should note the adoption of the term "Disability" in English-speaking North America. In the UK, France, and elsewhere in Europe, the preferred term was Learning Difficulty, as recognized in the OECD categories of Special Needs referred to above. The distinction is important. Difficulties are implicitly remediable, responsive to "Rehabilitation." Disabilities require accommodation, since remedy is presumed not to be available. A learning difficulty can be overcome; a learning disability is life-long (LDAO, s.d.).[8] The former is like a mild fear of water for someone who would like to learn to swim; the latter is like paraplegia for someone who would like to learn to swim. The difference may appear subtle, but it does count when barrier-free entitlements are sought within a human rights framework.

Secondly, a lot of care was taken to distinguish these learning disabilities from "mental retardation" or "slow learners," that is, intellectual disabilities. The difficulties encountered as a result of the learning disability did not by definition extend to all or even most cognitive functioning. You could be really smart but still have a tendency to confuse similar symbols on a page. Disentangling them from each other took longer, but not the understanding of the meaning and argument behind them. Nowadays we would think of this as a neurological condition or a case of "inefficient processing" in computer parlance. Different teaching techniques and adaptive technologies may improve the situation, but the pre-eminent accommodation is extra time on task — a vital consideration in such timed activities as tests and examinations.

The definition of LD then was based on a distinction between reasoning and communication. The assessment process consisted in a comparison between the result of an individual IQ test of powers of inference, logical progression and other reasoning processes, and the results on achievement tests measuring performance on specific reading, writing and/or mathematical tasks. If there was a discrepancy between the cognitive potential implied by the IQ and the actual achievement in the recognition and manipulation of symbols — if the child was smart but found it hard to read, write or calculate — then Learning Disability was the finding. This discrepancy model proved to be very controversial.

Thirdly, a huge debate swirled around the causes of Learning Disabilities as they began to achieve recognition. The range of medical explanations, direct or indirect, was enormous. They included genetic

transmission, hypoglycemia, lymphatic disorders, brain lesions, eye disorders, vitamin deficiencies, food additives, lead poisoning, low-level radiation, and fetal alcohol syndrome. Medical explanations came with both medical and pseudo-medical remedies, from megavitamin doses and dietary modifications to hot castor-oil poultices and balance-beam exercises (Toronto Board of Education, 1982). But the dominant one was hyperactivity. The prevailing medical treatment for hyperactivity, from 1960 on, has been the prescribed use of the stimulant drug methylphenidate, most commonly known as Ritalin. As successive editions of DSM refined the definition of hyperactivity into ADHD, its diagnosis took off, especially in the 1990s, and the prescription of methylphenidate reached epidemic proportions, particularly in the U.S. But we need to remember that LD has long been enveloped in the complexities of psychiatric diagnosis and big pharmaceutical companies (Sulzbacher, 1975, Silver, 1981).

While the debate over causes raged, certain possible causes or predispositions were explicitly ruled out. If the poor achievement of otherwise bright students could be explained by a disadvantaged background (i.e. poverty) or by linguistic and ethnocultural difference, then LD was ruled out. The disadvantaged children could be accommodated in classes and programs designed for slow or behaviourally disturbed learners, for all or part of the day, and the evidence strongly suggests that they were. LD came to be viewed as the special education exceptionality for children of wealthier neighbourhoods. The programs were located first and foremost in their schools and the demographic distribution was correspondingly skewed. Middle-class and upper-class students were significantly overrepresented. This was certainly the case for the old Perceptual Classes as shown by the Toronto Board of Education's Every Student Survey of 1975 (Toronto Board of Education, 1983). Then, a study of students entering the Toronto Board's self-contained LD classes in 1981-82 suggested that as LD classes spread to more schools in the system, the composition of the students also changed and that working-class students were accounting for almost half of this new LD population (Winter *et al.*, 1983). At first this seems anomalous, since recent data show that the upper income skew has clearly returned to LD since then. But there are grounds to be cautious in interpreting these data.[9]

In this context, we are entitled to ask what happened to the exclusion clause in the definition. The U.S. government's definition of LD continued to exclude socially and environmentally disadvantaged children, while Ontario changed direction and dropped this exclusion in 1981 when it revised its definitions after adopting Bill 82 (Clandfield, 2012). To understand this difference, we can compare the exclusionary clause of the influential advocacy groups for Learning Disabilities on both sides of the border:

The U.S.-based Learning Disabilities Association is quite specific.

> Learning disabilities should not be confused with learning problems that are primarily the result of environmental, cultural or economic disadvantages.[10]

Its Canadian counterpart is more nuanced in its view, ruling out disadvantage as a cause but not as an exacerbating factor:

> These disorders are not due primarily to socio-economic factors, cultural or linguistic differences, lack of motivation or ineffective teaching, although these factors may further complicate the challenges faced by individuals with learning disabilities.[11]

As a result of this, we might then expect the overrepresentation of children from wealthier backgrounds in LD to have gone away in Ontario. But it has not. If LD had become a receptacle for children doing badly in school from poor and racialized families, then we would expect it to have been reflected more clearly in the figures from the Brown/Parekh study. So are the students from these backgrounds being left unidentified or are they being singled out in some other way? The answer lies in the growing numbers of students who receive IEPs without identification (see below pp. 152-7).

Income level is by no means the only disproportionality. Where race is concerned, White students in the 2006 census of students in Grades 7-10 at the TDSB amounted to 32% of the population but 50% of the LD group. No other racial groups of any significant size were overrepresented. The explanation for this lies in the discounting of cultural and linguistic difference in the LD definition. For gender, however, a large disparity is observed and has been recognized from the beginning:

Table 4.12 Students with Learning Disabilities by Gender, TDSB, 2009-10

Gender	% of Total Enrolment	% LD
Female	48.0%	33.7%
Male	52.0%	67.3%

Source: Brown/Parekh, 2010, Table 4, p. 12.

This is by no means a Toronto phenomenon. Indeed, DSM-5 identifies the gender ratio for Specific Learning Disorder as 2:1 in favour of males, the same as TDSB, and discards any notion that this is due to ascertainment bias and definitional or measurement variation (p.73), another way of referring to prejudices and confusion among the clinicians. That denial is interesting because the earlier DSM-IV-TR had attributed the male bias of 4:1 in what it called Reading Disorder to just these biases. The proportions are also similar for Attention-Deficit/ Hyperactivity Disorder or ADHD (DSM-5, p. 63), a condition that often overlaps with LD. The research consensus in this case seems to be that the LD skew comes from referral bias. Boys encountering academic difficulties are more likely to act out negatively and express themselves in physical and verbal outbursts, while most girls are socialized to remain silent and are more likely to be at risk of depression, a condition where females outnumber males. So teachers are more likely to refer the rambunctious boys than the demure girls.[12] Further ethnographic study would be needed to show just how referral bias works in classroom settings and its consequences for both boys and girls. But once that particular bias is understood, for gender, race or class, it does not really matter how scientific and bias-free all the specialized assessments are. The demographic distribution has already been skewed before it begins.

3.4. The rapid rise of autism

Autism is another exceptionality whose prevalence in Special Education is on the rise, especially in the last decade and a half.

Prevalence statistics in Ontario from 2005-06 to 2009-10 show an increase of pupils being identified with Autism of about 43% at the elementary level and a giddy 156% at the secondary level and

since 2009-10, the overall rates have risen by another 32% (Bennett *et al.*, 2013; Brown *et al.*, 2013). Indeed, since 1998-99, the prevalence of Autism among children in Ontario's publicly-funded schools has tripled.[13] All of this occurred in a system with declining enrolment. Where does this increase come from?

Once again, the American Psychiatric Association may have had a role to play in this. Changes to the equivalent category of Pervasive Developmental Disorders in DSM-IV-TR (pp. 69-84) expanded the range of conditions associated with Autism and by DSM-5 (pp. 50-59) was grouping them under the rubric Autism Spectrum Disorder (ASD). From 2000 to 2012, the reported prevalence for Autism in the U.S. rose from **5** cases per 10,000 individuals of all ages to **100** cases per 10,000 individuals. For children enrolled in Ontario publicly funded schools in 2012-13, the prevalence appears to be about **93** per 10,000 (Brown *et al.*). Whether this comes from differences in diagnostic methodology and referral practices or from a rise in the frequency of this disorder, it is difficult for a layperson to discern with any certainty. But there is a mounting concern that this marks a trend towards an encroachment of mental disorder diagnoses into more and more of the population. That concern is coming from the profession itself, spearheaded by Allen J. Frances, the leader of the DSM-IV editorial team:

> The diagnosis of Autism is already badly muddled. There has been a forty-fold increase in rates in just 20 years. Some of this is due to the introduction of Asperger's in DSM-IV, some to improved case finding and reduced stigma, but a significant portion comes from loose and inaccurate diagnosis. DSM-5 turns the current confusion into a complete Babel. The impossibly vague and confusing DSM-5 definition of Autism Spectrum Disorder (ASD) is essentially useless for clinical or research purposes and is not a trustworthy guide for determining school services. (Frances, 2013)

However, as with LD, there is no evidence that students of poor and racialized backgrounds are overrepresented among students diagnosed with ASD. Once again, the reverse is true, if anything. The Brown/Parekh data for the TDSB show the following distributions for the top and bottom deciles, followed by the top three and bottom three deciles of neighbourhood income levels:

Table 4.13 Students with Autism by Neighbourhood Income Level Band, TDSB, 2009-10

Neighbourhood Income Levels	Autism
Lowest 10% income	9.5%
Highest 10% income	11.5%
Lowest 30% income	26.4%
Highest 30% income	32.0%

Source: Brown/Parekh, *loc.cit*.

The skew towards the wealthier neighbourhoods is almost identical with that of LD. Most studies that have found and commented on this skew have agreed that this is not borne out epidemiologically. Over time a consensus has emerged that the skew reflects "factors affecting referral and diagnosis" and "differential access to paediatric and developmental services." (Ritvo *et al.*, 1971, Wing, 1980, Thomas *et al.*, 2012).

The TDSB figures show a much greater disparity between male and female students with autism than for those with LD.

Table 4.14 Students with autism by Gender, TDSB, 2009-10

Gender	% of Total Enrolment	% Autism
Female	48.0%	16.8%
Male	52.0%	84.2%

Source: Brown/Parekh 2010, Table 4, p. 12.

The four to one ratio is also noted in the psychiatric literature, where it excites the comment that "females tend to be more likely to show accompanying intellectual impairments, suggesting that girls without accompanying intellectual impairments or language delays may go unrecognized, perhaps because of subtler manifestation of social and communication difficulties" (DSM-5, p.57). In other words, if there are no intellectual impairments, females are less likely to be diagnosed as autistic, because their passivity may be thought of as "normal" in females.

Both LD and autism, then, are marked by the overrepresentation of White, high-SES boys. Privileged families are more likely to seek out a diagnosis for poor performance by their intelligent child, especially if it is accompanied by rebellious "boyish" behaviour. As a result,

they gain access to the treatment, curriculum modifications and accommodations that promise their children the likelihood of a better educational outcome. LD and ASD do not have the same level of stigma associated with intellectual disabilities and behavioural disturbance, categories where poorer and racialized children are overrepresented. To be sure, this effect may have been exaggerated in the case of LD by the explicit or implicit exclusion of low-SES and racial minority children in the definition. But these programs show tendencies not boundaries. They are not blatant examples of class-based stratification that favours upper-income levels. For that, we should turn to programs for Giftedness.

3.5. Giftedness: the top stream

The TDSB data show that the prevalence of several exceptionalities increased in the five years from 2005-06 to 2009-10 inclusively (Brown/Parekh, 2010). This occurred despite a decline in overall enrolment of somewhat more than 5%. But the figures in the report draw attention to each exceptionality as a percentage of all exceptionalities only. A starker picture is painted when the change for each exceptionality is compared with what the number would have been if the decline in overall enrolment were reflected in that category.

Table 4.15. Percentage Change in Number of Students by Selected Exceptionality, TDSB, 2005-06 to 2009-10, expected vs. actual

	2005-06 actual	2009-10 expected	2009-10 actual	% raw increase	% adjusted increase
Learning Disability	8,436	8,002	9,054	7%	**13%**
Gifted	3,689	3,499	5,296	44%	**51%**
Behavioural	1,020	968	1,235	21%	**28%**
Autism	930	882	1,376	48%	**56%**

Source: Brown/Parekh, extrapolated from Table 3, page 11.

Although Autism registered the highest percentage increases, what makes Gifted stand out is the much larger base figure in 2005-06. There is no sudden demographic change in the population of Toronto to

explain this huge leap. One explanation provided to the author by TDSB officials lay in the consequences of amalgamation of six smaller public Boards of Education into the TDSB in 1998. Different cut-off scores on the IQ tests had been used in the area boards for the identification of Giftedness. They were subsequently re-aligned into one standard by adopting the lower score, hence the increase in prevalence. As a result, the prevalence of children identified as Gifted rose from 1.3% to 2% of the total TDSB enrolment. At an Inner City Advisory Committee meeting in 2011, TDSB officials were quick to point out that this kept the TDSB well within the norms of Gifted prevalence. In a similar five-year period (from 2006-07 on), the prevalence of Giftedness in Ontario rose from 1.2% to 1.5% (Ministry figures published in Auditor-General Reports). In the five other Boards whose most recently published Special Education plans included data on exceptionalities — public boards in Algoma and Halton; Catholic boards in East Ontario, London, and the Peterborough region — the prevalence varies between 0.3% and 2.5% (the latter being Halton for reasons spelt out below p.149). The advocacy and research groups that support giftedness claim the percentages should be much higher, with the most widely cited definition of Giftedness suggesting 10% (Gagné, 1998; Bélanger and Gagné, 2006).

We should resist being drawn into an argument about the appropriate prevalence of Giftedness. Whether a student is classified as Gifted or not depends to a large degree on the score achieved on an I.Q. test. But Giftedness is not like handedness in writing. Handedness can be decided by a True-False answer on whether an individual writes exclusively with the right hand, for example. Giftedness is regularly determined in relation to a scale, something that strongly suggests there are degrees of Giftedness. But once you have achieved a score above an arbitrarily decided cutoff point on the scale for the purposes of a committee decision, you are treated as if this has been settled by a True-False answer, as unarguable as the handedness one. You are in or you are out. And all of this is argued as though we knew that there was only one kind of giftedness and only one way to measure it. And we all know that this is not the case either.[14]

What particularly makes the Gifted category stand out is its demographic distribution, with marked disproportionality in income level, race and gender (Brown and Parekh, 2010). These data are derived from Grades 7-10 in the TDSB's 2006-07 Student Census.

Table 4.16 Students identified as Gifted by Broad Income Level Band

Neighbourhood Income Levels	Gifted
Lowest 10% income	3.3%
Highest 10% income	27.7%
Lowest 30% income	10.3%
Highest 30% income	57.6%

Source: Brown/Parekh, 2010, Table 12, page 39.

Table 4.17 Students identified as Gifted by Self-Identified Racial Group, Grades 7-10, TDSB, 2006-07

Self-identified Racial[15]	Number identified as Gifted	% of TDSB Enrolment	% of Gifted
Unknown	120	0.2%	0.2%
Aboriginal	117	0.3%	0.0%
Black	7,882	14.4%	2.7%
East Asian	8,102	14.8%	26.5%
Latin	1,017	1.9%	0.2%
Middle East	2,077	3.8%	0.6%
Mixed	3,574	6.5%	6.4%
South Asian	10,120	18.5%	8.7%
SE Asian	2,168	4.0%	2.0%
White	19,475	35.6%	52.7%

Source: Brown/Parekh, 2010, Table 9, page 36.

Table 4.18 Students identified as Gifted by Gender, TDSB

Gender	% of Total Enrolment	% of Gifted
Female	48.0%	37.6%
Male	52.0%	62.4%

Source: Brown/Parekh, 2010, Table 7, page 33.

It is clear who are under-represented in the Gifted category: the poor, all non-white racial groups except mixed and East Asian, and females. Overrepresented are: the wealthy, Whites, East

Asians and males. This is a familiar pattern in the demographics of disproportionate school achievement as countless studies have shown but two features stand out.

While we know that girls now are more successful than boys by many of the standard measures (see Chapter Six and p. 235 in particular), boys are easily overrepresented in many Special Education categories. Why are girls outnumbered? There are several explanations. One has to do with the age at which the identification occurs. Since most school boards begin the referral and screening process in Grade 3, it is argued, the huge intellectual advance over boys that girls typically showed in early childhood is already receding. This is partly because the boys' cognitive development is catching up naturally, and partly because the girls have increasingly been socialized into submissiveness, not pushing themselves forward, and yielding to the pushiness of boys as well as to social expectations that boys will do better. This does have a certain ring of truth because there is plenty of evidence showing that the gender gap works the other way when giftedness is identified in kindergarten as in New York. The difference is not huge — 55% girls where girls make up 51% of the overall population (Otterman, 2010). But male advantage is readily visible in the Grade 7 population at the TDSB – 62%. It would be interesting to see the gender figures for boards that practice early identification of giftedness in Ontario.

The other overrepresented group of children identified as Gifted and talented are those of East Asian background. The literature on why this should be so in this particular diasporic community is rife with speculation, from Confucianism to the submissive learning styles that favour cram schools in those countries. But it is the case throughout the English-speaking world. Interesting research in the UK showed that this was one of the few diasporic communities in which school success and Giftedness was not affected by low income. The same values that attached the family's future prospects to hard work and education, to supervision and encouragement of their children's efforts, progress and results, seemed to spread across economic boundaries. Working-class and otherwise poor Chinese families were just as likely to pay for extra tutoring and Saturday classes (Mansell, 2011). It is hard to know what weight to give this kind of analysis. It is difficult sometimes to separate cultural stereotyping and circular arguments from the pursuit of an answer. Why, for example, wouldn't we expect all immigrant

communities to subscribe to such views and to react similarly to prejudices that act as barriers to progress? Certainly the resilience and initiative shown by refugee families has led to their success as documented in other studies (Laurens, 1992).

Why the push to have children identified as Gifted? What explains the dramatic increase in Gifted numbers? The answer is that the identification of Giftedness, usually at the end of Grade 3, is not only prestigious in its own right, but has been shown to be the royal road to subsequent admission to university nine years later (see page p.174). So referral bias is a large factor for the overrepresentation of children from White and upper-income families anxious to ensure the maintenance of educational advantage, although for somewhat different reasons than for LD and Autism. In fact, such is the pressure exerted by some families to achieve the competitive advantage offered by the Gifted designation, that parents who can afford it are turning to psychologists in private practice to get the IQ test result they need. Increasingly, school boards are agreeing to accept such results without recourse to re-assessment[16], and so ability to pay is actually being built into the public system as an accelerant.

Not surprisingly, the pressure on school boards is mounting to increase the provision for Gifted programs. Some boards have a full-system screening process for Giftedness each spring so that waiting lists only exist for late transferring students. This is unlike the screening process for other exceptionalities. A minority report from the Association for Bright Children (ABC) to the Special Education Advisory Committee of the London Catholic District School Board (London CDSB, Special Education Plan, 2010-11) identifies gaps in Special Education service in that Board and lets us in on the specific pressures boards face to improve the provision of Gifted programs. Here are the problems this London ABC chapter focused on:

- Parents using private assessments owing to wait times and lack of early identification.
- "Range of placements" not offered to gifted students despite ministry regulations.
- "Inclusionary philosophy" taking precedence over evidence-based research on gifted education, meaning some students' needs are not being met, leaving them at risk.
- ABC supports Inclusion only if it places the student in the

most enabling learning environment or zone of proximal development.
- Gifted students may be surrendering a Catholic Education by seeking gifted placements at the coterminous board.

Indeed, the rationale for the expansion of Gifted programs most commonly voiced by trustees and officials, who are all too aware of the privileged treatment of this sector, is that competition from the private sector or from another public system would accelerate upper-class flight from their own board.

The extreme case may be the Halton District School Board. Most boards that offer special classes for the Gifted (and not all of them do) screen their students for the program at the end of Grade 3. Part of the rationale is that developmental elasticity in younger children is too great for IQ and other assessments to be considered reliable earlier than Grade 3. Furthermore, it's judged that the range of development within the age range of any one class prior to Grade 3 is too great for accurate comparisons of sustainable "ability" (Bennett *et al.* 7th edition, p. 150). Despite these problems, Halton DSB recently introduced screening for Giftedness at Senior Kindergarten for special classes beginning in Grade 1, first in Burlington and then throughout the Board. The implementation of this expansion, however, was unclear as this book went to press.[17]

All in all, for LD, ASD and Gifted, the evidence for referral bias on the part of parents is widely acknowledged now. The extent of teacher referral bias in these areas is less clear. For other non-gifted exceptionalities, the referral bias may lie primarily with the teaching staff. We should now consider how such referral bias is reinforced by bias in the diagnostic process.

3.6. Disproportionality and the influence of mental disorder diagnostics

We have already remarked on the influence of Diagnostic and Statistical Manuals for Mental Disorders, in particular DSM-IV (1994) and its revision DSM-IV-TR (2000). DSM is the medical arm of Special Education, particularly for such exceptionalities as LD, ASD, MID and DD. The Ministry of Education periodically distances itself from DSM definitions

of the exceptionalities used in Special Education, perhaps recognizing the hardening of exclusionary profiling implied in the "medical model."

> The determining factor for the provision of special education programs or services is not any specific diagnosed or undiagnosed medical condition, but rather the needs of individual students based on the individual assessment of strengths and needs. (Ontario Ministry of Education, 2011)

But this distance is difficult to sustain because of the range of conditions that are "first usually diagnosed in infancy, childhood, or adolescence" as opposed to adulthood in DSM-IV: mental retardation, learning disorders, communication disorders, pervasive developmental disorders (now ASD), attention-deficit disorders, and disruptive behaviour disorders. A glance at recent Special Education Plans of school boards around Ontario reveals the extent to which some overtly rely on DSM IV diagnoses.[18]

DSM-IV and now DSM-5 both claim in their introduction to distinguish mental disorders from "socially deviant behavior (e.g., political, religious, or sexual)" and "conflicts that are primarily between the individual and society." But while DSM-5 adds an extended chapter on Cultural Formulation (pp. 745-759), emphasizing the importance of sensitivity in issues of cultural difference, the overriding perspective that continues over from DSM-IV is that of upper-class White males.

The charge against DSM bias has been led by a number of prominent psychologists including, most surprisingly in the third case below, the chair of the team that put together DSM-IV in 1994.

> An undeserved aura of scientific precision surrounds the manual: It has "statistical" in its title and includes a precise-seeming three- to five-digit code for every diagnostic category and subcategory, as well as lists of symptoms a patient must have to receive a diagnosis. But what it does is simply connect certain dots, or symptoms — such as sadness, fear or insomnia — to construct diagnostic categories that lack scientific grounding. Many therapists see patients through the DSM prism, trying to shoehorn a human being into a category. (Dr. Paula Caplan, member of the original DSM-IV team who resigned in protest over the direction it was taking, see Caplan, 2012)

> The DSM tends to pathologize several groups whose civil rights have historically been marginalized in the culture at large. The bias is clear in regard to race, social class, age, physical disability, gender and sexual orientation. Symptoms are a call for corrected balance. Rather than labeling the symptoms of a sick society, when appropriate, the client is too often diagnosed and medicated to adapt to the disease of the system. (Dr. Ofer Zur, psychotherapist specializing in therapeutic boundaries, see Zur and Nordmarken, 2013)

> Painful experience with previous DSM's teaches that if anything in the diagnostic system can be misused and turned into a fad, it will be. Many millions of people with normal grief, gluttony, distractibility, worries, reactions to stress, the temper tantrums of childhood, the forgetting of old age, and 'behavioral addictions' will soon be mislabeled as psychiatrically sick and given inappropriate treatment. … People with real psychiatric problems that can be reliably diagnosed and effectively treated are already badly shortchanged. DSM 5 will make this worse by diverting attention and scarce resources away from the really ill and toward people with the everyday problems of life who will be harmed, not helped, when they are mislabeled as mentally ill. (Dr. Allen J. Frances, psychiatrist and chair of the DSM-IV team, see Frances, 2013)

Such concerns with arbitrary boundaries, bias, and the pathologization of everyday life match similar concerns with Special Education. Even if we were not concerned about demographic skews, we are reminded that over-identification means that the effort to bring much-needed help to students with undeniable disabilities is being diluted if not deflected by the provision of services to those who should not have been diagnosed in the first place.

We should also not discount the close relationship between the identification and treatment of mental disorders and their interconnection with everyday school life in Ontario as elsewhere in North America. The diagnosis of ADHD, for example, routinely requires the explicit co-operation of a teacher who is asked to complete a questionnaire on the type and frequency of particular symptomatic behaviours in a school setting for a pupil-patient, because the behaviours have to be demonstrated in more than one setting (DSM-IV-TR, pp. 85-93, and

DSM-5, pp. 59-66). This can go even further. Such is the prevalence of the prescription of psychotropic drugs for ADHD, that school boards have developed a procedure with a form to be "completed when the school agrees with the parental request to administer medication." To be sure, the range of medications also includes short-term treatments such as antibiotics and painkillers after injury or emergency treatment for anaphylaxis. The Operational Procedure PR.536 SCH of the TDSB, however, gives examples of only two targets for "long-term medication." These are hyperactivity and seizures (TDSB, 2007). So we should not be surprised to hear from time to time of parents objecting to being pressured to put their child on Ritalin by a classroom teacher (Abraham, 2010a and 2010b; Weeks and Hammer, 2012; Schultz, c2012)

We may conclude that the Special Education classification system overlaps with a diagnostic system that has not overcome the imputation of class, racial and gender biases of its own.

3.7. The rise of undefined Special Needs

As we have seen, Behavioural, Mild Intellectual Disabilities and Language Disabilities are the exceptionalities where poor, racialized students are overrepresented. The high-prestige Gifted exceptionality has become overwhelmingly the identified exceptionality of wealthier and highly-educated families. LD and ASD do not have the prestige of Giftedness, but they also show evidence of the overrepresentation of privileged social groups. There is literature to suggest that part of the popularity of such designations as LD lies in the extra time and help that may be granted for high-stakes tests such as the Grade 10 Literacy test in Ontario. The apparent inequity of not allowing sufficient time or assistance for students with exceptionalities, declared or not, has led to a growing demand in some legal circles that tests with rigidly enforced time limits be abandoned as a form of assessment for all students (Colker, 2011). But any expectation that these two exceptionalities might have evolved into another label of convenience for special treatment for the underprivileged must be discarded. This raises the question of whether Special Education labeling is actually losing its proclivity to stratify along lines of class and race.

The answer lies in the evolution of the Individual Education Plan (IEP). In 1998, the Ministry issued Regulation 181/98, which formalized

many of the procedures already in place for the identification and placement of exceptional pupils (Ontario Ministry of Education, 2000). Central to this was the need to develop an IEP for each pupil who had been identified as exceptional by the formal Identification, Placement and Review Committee (IPRC). This had to be done within 30 school days of the IPRC decision and the responsibility for doing this lay with the principal of the school where the student was due to be placed for a Special Education program. To this end, the principal was expected to collaborate with the educational and professional staff involved in the assessment and in the eventual delivery of the program. The principal also had a responsibility to consult the individual student's parents/guardians (and the student when 14 or above), and to provide them with a copy of the Plan when it was complete. There are questions about the true nature and exercise of parental and student rights to which we shall return later. But as of 1998, the IEP was the formal document that defined the student's exceptionality and dictated how it was to be accommodated by specialized programming. This extended to placement, whether full-time or part-time withdrawal from a regular classroom or specialized assistance while remaining for most or all of the time in the regular classroom. There could be modifications to the curriculum (what was learnt and at what speed) and accommodations with respect to the conditions in which tests were administered or assignments were completed. But in all cases, this came at the end of a complex process of referral, assessment, report writing and judgment by a quasi-judicial panel of administrative staff (the IPRC).

The process was labour-intensive and costly, and as the number of students being referred for identification continued to grow, various jurisdictions in North America began looking at alternatives. In the course of the 1990s, a combination of factors led to changes in the process for identifying LD students in many U.S. states.[19] Educational research was showing just how arbitrary and even misleading the intelligence-achievement disparity definition was for LD. Faith in the relevance of IQ tests in particular was low. Specialists voiced the concern that many pupils were being misidentified or left unidentified. Time was being lost for pupils who really did need specialized help while help was being provided to pupils who could learn without recourse to Special Education. The alternative to an assessment-driven LD definition came to be known as Response to Intervention (RTI). It was fully articulated at

the LD Initiative Summit in 2001 held in Washington DC. But the notion had been circulating in the years preceding this and shows similarities to the way in which the use of the IEP was expanded:

> The basic RTI model has been conceptualized as a three-tiered prevention model, with primary intervention consisting of the general education program; secondary intervention involving fixed duration, targeted, evidence-based small group interventions; and tertiary intervention involving individualized and intensive services that may or may not be similar to traditional special education services. (Bradley *et al.*, 2005)

In Ontario, at about the same time, a parallel to this approach was introduced for *all* students who might be referred for Special Education (Ontario Ministry of Education, 2000 p. 5)

> An IEP *must* be developed for every student who has been identified as an "exceptional pupil" by an Identification, Placement, and Review Committee (IPRC), in accordance with Regulation 181/98.
>
> An IEP *may* be developed for a student who has not been formally identified as exceptional, but who has been deemed by the board to require special education programs or services in order to attend school or to achieve curriculum expectations and/or whose learning expectations are modified from or alternative to the expectations set out for a particular grade level or course in a provincial curriculum policy document.
>
> An IEP *must* be developed, as supporting documentation, if an Intensive Support Amount (ISA) funding claim is submitted by a school board on behalf of a student who has not been identified as exceptional by an IPRC, but who is receiving a special education program and services.

The process as described in the Ministry document was justified as part of an efficiency drive, reducing the time and costs of the cumbersome IPRC process while requiring Boards to show just cause for any expenditures on special education programming funded by the Ministry. There is no suggestion that this came about because of

a weakening of faith in the assessment process as was the case in the U.S. for LD among the educators. Neo-liberal state and provincial level politicians on both sides of the border welcomed an opportunity to cut public costs and rein in the powers of local jurisdictions.

In 2005, the Ministry document *Education for All* outlined the three-tier process for IEP development throughout the province. However, the tiered nature of the IEP development process prior to or instead of an IPRC has not been developed uniformly in all boards (Bennett *et al.*, 2008, p. 62, and local Board Special Education Plans). The TDSB's Special Education Plans (e.g. 2013) do give a particularly clear example of this process at work, however, and it is worth examining for a moment. It is termed the IST/SST system and is claimed to provide a "consistent process to address the needs of our most vulnerable students" (p.21).

The In-School Support Team (IST) brings together the school's own teaching staff to review pupils' progress and come up with strategies for meeting the needs of a pupil having difficulty meeting grade-level expectations. When this does not seem to be providing enough support, the pupil is referred to the School Support Team (SST). This brings the full weight of the Special Education and Professional Support Services to the table, along with parents/guardians and even outside agencies. If the strength of all this expertise still does not seem sufficient to meet the vulnerable pupil's apparent needs, the pupil may then be referred to an IPRC with a view to being identified as exceptional and an appropriate placement recommended.

At each level of the process, an IEP may be assigned for students who are:

- in need of specific accommodations, modifications, and/or alternative programming to address their needs (i.e., physical, academic, emotional/behavioural)
- not exceptional but deemed to need regular (several times per week) special education programming
- awaiting an IPRC, except where a gifted exceptionality is being sought or possibly when a parent(s)/guardian(s) has made a request

The parallel to the three tiers of RTI is evident.

When Brown and Parekh came to consider the category of students who were on IEPs but were not identified, they divided them into two categories: Non-Identified and Local IEPs. The Non-Identified were receiving Special Education support and may be assumed to be associated with an SST decision; the Local IEPs were receiving classroom assistance arising, it may be assumed, from an IST decision.

Only the Non-Identified students on IEPs (as opposed to the Local ones) are tallied along with exceptionalities in the prevalence statistics available for the province. In 2006-07, they accounted for 34% of all the Ontario students receiving Special Education support, more than any specific exceptionality (Bennett *et al.*, 2008, pp. 37-38). By 2012-13, that level had risen to 40%. In the TDSB for the same year, they accounted for just over 48%, while for other Boards in the Greater Toronto Area the percentage was considerably lower at 24% (Brown *et al.*, 2013). In more remote Boards such as the northern Algoma District School Board this group accounted for fewer than 20% of the students with Special Education Needs.

From one perspective, students on IEPs without the formal identification of any exceptionality could be viewed as evidence of the de-medicalization of student needs. The concern is that the IEPs still entail differentiation of treatment in the school and there are potentially damaging consequences for those students who receive them. The IEP is added to the OSR card that accompanies the student wherever she goes, unless a parent objects to this in writing. It provides a profile of strengths and weaknesses and it singles the student out for special attention as one who is struggling to keep up and should be accommodated in some visible way. Brown and Parekh have given us valuable data on the demographic characteristics of this group of Special Needs/Special Education children in the TDSB. The biggest range of demographic data comes from the Grades 7-10 population of 2006-07.

Table 4.19. Percentage of Students in various categories by Self-Identified Racial Group, TDSB, Grades 7-10, 2006-07

Race	All TDSB	IPRC Gifted	No Special Needs	IPRC Non-Gifted	IEP only
Black	14.4%	2.7%	12.4%	22.2%	28.7%
East Asian	14.8%	26.5%	16.2%	6.3%	7.1%
South Asian	18.5%	8.7%	20.1%	10.5%	15.0%
White	35.6%	52.7%	34.6%	43.2%	31.5%

Source: Brown/Parekh, 2010, Table 9, p. 36.

Table 4.20. Percentage of Students in various categories by Broad Income Level Band, TDSB, Grades 7-10, 2006-07

Income	All TDSB	IPRC Gifted	No Special Needs	IPRC Non-Gifted	IEP only
Highest 10%	10.0%	27.7%	9.9%	8.9%	7.0%
Lowest 10%	10.0%	3.3%	9.5%	12.4%	14.1%
Highest 30%	30.0%	57.6%	30.5%	27.1%	21.6%
Lowest 30%	30.0%	10.3%	29.3%	33.7%	38.2%

Source: Brown/Parekh, 2010, Table 12, p. 39.

With these tables, the picture of disproportionality is now complete. The poorer the children, the less likely they are to be considered gifted, the more likely they are to be considered as exceptional underperformers. The new IEP-only group seems to exaggerate that skew. The more local and informal the labelling process, it turns out, the greater the percentage of poor and black children to be singled out as having special problems. This is naturally considered by those with decision-making power in education as either an unintended consequence of such labelling or, preferably, as a way of identifying those in need of extra help in order to provide it. The possibility of an emancipatory rather than a restrictive outcome from the IEP experience has not yet been ruled out in this analysis. This is where the argument takes us now.

3.8 So what happens next? The Individual Education Plan

It is hard to disagree with the idea of setting down in writing what needs to be done to take full account of a student's disability or exceptionality and help that student to get the most out of an education. Barriers can be removed; doors to greater opportunities can be opened. Full recognition can be given to what that student knows and can do, it is argued, and that can be built on. The IEP can suggest ways to advance the education of a future citizen and contributor to society. Is this what happens?

Well, the problem with a written plan is that it can so easily turn into a straitjacket on a constantly evolving pupil-teacher relationship, denying the creative versatility of the teacher who will change direction as the original blueprint turns out to be unhelpful or as unexpected progress is made when the student engages with learning in previously untried circumstances. The attentive teacher, the reflective practitioner, the public educator will respond and allow such epiphanies to lead in new directions for the greater benefit of the learner. That living process is harder to maintain when bound by an official document telling you what to do. In its Special Education Guide of 2001, the Ministry attempted to allay that concern by stressing that the IEP was a "working document":

> … through the mutual efforts of, and close communication among, the student, the student's parent, the school, the community, and other professionals involved with the student. It must be constantly revisited with every reporting period and can be changed by "developing new expectations … breaking expectations into smaller steps … or altering the teaching strategies, resources, or level of support." (Ontario Ministry of Education, 2001b, p. E4)

Is this an emancipatory impulse? It certainly looks like it. But of course this does not tell the whole story.

Over the last decade and a half, the Ministry has been updating and standardizing its descriptions and examples of IEPs. A comparison of two documents, barely four years apart will show this (Ontario Ministry of Education, 2000 and 2004). The relationship of the IEP with the outcomes-based curriculum of the Ministry has been hardened. For example, the 2000 document includes a mention of the student's

interests in the IEP; the 2004 document leaves them out. A key characteristic of good pedagogy, the consideration of what students brings to their learning experience, what motivates them, what they use to move to the next level, is gone. The Ministry emphasizes student strengths and needs above all, and it turns out that they require measurement by specialized and standardized assessment tools. The student's agency has to give way to a level of conformity with a standard model of expectations as spelt out specifically in Ministry curriculum. The emphasis on the student's ability to "demonstrate learning" has moved up from page E19 of the IEP section (2000) to the definitions page (2004, page 6). IEPs now hold the key to those accommodations that lead to better performance on the Province's standardized tests and any other standardized tests designed to demonstrate conformity with learning standards. Accountability has changed, too. No longer is it "for helping the student meet his or her goals and expectations." Now it is "for helping the student meet the stated goals and learning expectations as the student progresses through the Ontario curriculum." Self-realization has given way to hoop-jumping.

As the decade wore on, the format of the IEP moved from a lengthy description of the standards to a template and then to the posting of samples of completed forms for all exceptionalities on the Ministry website. An electronic IEP template has been added for voluntary use.

The flavour of ISO thinking and quality control is unmistakable. Restriction is edging out the possibilities for emancipation in the planning stage.

4. Placement and restrictive environments

Until now, we have been concerned with the labelling process that attaches a name and a description of disabilities or difficulties to individual students and may, except in the case of Giftedness, serve to lower expectations as students' programs are modified and their educational course reset according to an IEP. The act of labelling per se is a characteristic or condition of streaming, inasmuch as it narrows the range of educational options and differentiates learning hierarchically. But the segregation of students into separate classes for all or part of the day is the most visible manifestation of streaming at work.

The Ontario Ministry of Education likes to refer to a range of placements and expects this range to be available throughout the province. These extend from the most restrictive to the least restrictive:

4.1 Provincial schools and Special Schools in boards

Five provincial residential schools are scattered around the province, offering day programs for local residents also. They serve students who are deaf and/or blind, or with profound learning disabilities. There are special day schools run by some school boards too. Toronto has seven such schools for students (for a total enrolment of 500 or so) with severe developmental, physical, hearing and multiple disabilities. The numbers are small and only a detailed study of their selection processes, demographic characteristics, and the possible social or individual benefits of their pupils' transition to neighbourhood schools would frame them within a discussion of streaming.

4.2 Contained placements in regular board schools

This is where the most evident forms of streaming take place within the Special Education framework. Fully Self-Contained placements mean that students attend special classes for all or almost all instructional purposes in board schools that may or may not be their home or neighbourhood schools. Partially Integrated placements take various forms from board to board, but essentially they mean that the student spends a large part of the day in a self-contained class and spends the rest of the time in a regular classroom. In both cases, and in accordance with Ministry recommendations, these placements do allow students to spend time with the rest of their peers in the school, whether in general activities in all cases, or for part of their instructional program regardless of the placement designation (Bennett *et al.*, 2013, p.45).

In 1998, Regulation 181 concerning Special Education required boards to consider regular classroom placement as the first option. In recent years, there has been an emphasis on inclusion at the provincial policy level (Bennett and Wynne, 2006; Ontario Ministry of Education, 2009). The regular classroom placement is declared to be the first option and every effort is made to secure all the appropriate accommodations within that classroom. However, as we have argued,

the act of labelling children with an exceptionality or designating them as Special Needs (through an IEP without exceptionality) leads to the same kinds of reduced expectations and narrowing of options as streaming them into separate classes or groups but not as aggressively. So the reduction or phasing out of special classes may help reduce inequities, even if not actually end them. We can agree it is an important step towards the genuine inclusion of many more students.

But is this happening? A look at the data for the three years beginning in 2001, 2005 and 2009 (latest readily available) suggests otherwise.

Table 4.21 Exceptional students in fully self-contained and partially integrated classes as percentage of all Ontario public school enrolments 2001-02, 2005-06, 2009-10

	Elementary		Secondary		All	
	Number	%	Number	%	Number	%
2001-02	37,528	2.8%	16,379	2.4%	53,907	2.7%
2005-06	39,276	3.1%	15,942	2.4%	55,218	2.8%
2009-10	36,380	3.0%	18,389	2.7%	54,769	2.9%

Source: Bennett *et al.*, 2008 and 2013, 6th and 7th eds.

During a time when overall enrolments declined steadily by over 90,000, the number of students being placed in separate classes has fluctuated numerically but has actually increased in percentage terms. We need to look at the percentages of students with Special Needs, both those identified as exceptional and those receiving IEPs without an exceptionality.

Table 4.22 Exceptional students in fully self-contained and partially integrated classes as percentage of all Special Needs students in Ontario 2001-02, 2005-06, 2009-10

	Elementary	Secondary	All
	%	%	%
2001-02	21.3%	9.3%	15.3%
2005-06	22.4%	13.8%	19.0%
2009-10	20.6%	14.1%	17.8%

Source: Bennett *et al.*, 2008 and 2013, 6th and 7th eds.

This is the picture for students placed in Self-Contained and Partially Integrated special classes over the first decade of this century. There is fluctuation overall in percentage terms for the elementary panel and the system as a whole and a steady increase in the secondary panel. There is not enough by way of data to allow us to detect a clear trend, but we are entitled to expect more by way of change over those ten years when Ministry statements were regularly calling for an increase in regular classroom placements. What the data show is that the number of Special Education students being streamed into separate classes has remained between 50,000 and 55,000 across the province.

The self-contained classes are not evenly distributed across all exceptionalities. Since these classes are intended to receive students with the greatest need for specialized support and instruction, we should not be surprised to find the greatest percentage of students in certain high needs categories:

Table 4.23 Percentage of exceptional students in fully self-contained or partly integrated classes, for select categories, Ontario, 2005-06 and 2009-10

	Elementary		Secondary	
	2005-06	2009-10	2005-06	2009-10
Developmental (DD)	68.8%	68.8%	81.6%	80.8%
Mild Intellectual (MID)	48.2%	50.3%	29.9%	27.5%
Multiple	41.8%	35.6%	40.0%	43.1%
Autism	36.1%	32.7%	36.1%	32.7%
Behavioural	30.6%	32.9%	10.0%	9.1%
Learning Disability (LD)	24.9%	22.8%	5.9%	5.2%
Gifted	45.2%	49.3%	18.9%	19.7%

Source: Bennett *et al.*, 2008 and 2013, 6th and 7th eds.

Over the five-year period 2005-2010, the percentages for each panel show consistency overall in each of the exceptionalities listed. The dips for Multiple Disabilities and Autism in the elementary panel may be accounted for as fluctuations related to the instability or inconsistency of IPRC decisions across Boards or even within boards. Whether students are identified by their most salient exceptional characteristics or lumped into the Multiple Disabilities category varies, as research at

the TDSB has shown (Brown and Parekh, 2010, p. 56). Where Autism is concerned the rapidly increasing numbers would be sufficient to explain fluctuations in placement there.

But the changes as students move from elementary to secondary school are more relevant to our study here. In the case of LD, the more extensive use of Resource Room assistance is enough to account for the drop in special class placements. But with Gifted, MID, and Behavioural, it is reasonable to suppose that something else is going on. The opening up of the Academic, Applied and Locally Developed Essentials programs may provide scope enough to deal with many of these students without recourse to self-contained placements. A greater number of the Gifted students will enter the regular academic level classes with in-class enrichment. More of the MID and Behavioural students will be accommodated in workplace-directed programs (Locally Developed Essentials) or Applied level courses.[20] These are the findings that show how streaming through Special Education in elementary school dovetails into streaming through course levels at the secondary school. For those students who cannot be so easily accommodated by course streaming, in DD for example, recourse to self-contained placements appears to climb, from just under 70% to over 80%.

This may not be the case in the TDSB. Indeed the Brown/Parekh research shows that, on the one hand, the percentage of non-gifted exceptional students in self-contained classes (full-time and part-time) remains at about 80% from Grade 1 to Grade 8 and then plummets to under 40%. This confirms some of the effects observed in the provincial data and may be understood as the transformation of streaming mechanisms mentioned above. But Brown and Parekh speculate that it may also result from a steering effect of Ministry of Education's Special Education Funding Model, which provides a Special Education Per-Pupil Amount to boards specifically for Special Education purposes based on the total enrolment at the Board according to a sliding scale: $924.62 per JK to Grade 3 student; $710.22 per Grade 4 to 8 student; $468.70 per Grade 9 to 12 student (Ontario Ministry of Education, 2013b, p. 27). It is worth noting that the requirements of the grant are simply that it be spent on Special Education services. There is no requirement to spend equivalent percentages of that sum in each of the three curriculum divisions for which money is allocated as above.

It is in the Gifted programs where the TDSB data differs so markedly. Beginning in Grade 4, the percentage in self-contained Gifted classes is in the mid to low 70s for Grades 4-8, remains close to 60% in Grades 9-11, and dips to 44% in Grade 12. The comparison with provincial figures is difficult to assess because the same grade-specific information is not available. However, over the five year period outlined in Table 4:23 (above) elementary self-contained classes are the placement for 45-50% of all students identified as Gifted and this drops off spectacularly to 19% across all secondary grades across the province. In Toronto, however, it would seem most of the students who enter a self-contained class Gifted class around age 9 embark on a continuous isolated trajectory that almost guarantees admission to university as we shall see below. For them, the deck is certainly stacked and privilege is secured. And there is no sign of a steering effect from the funding formula.

A glance at the Special Education Plans for several school boards shows that boards differ significantly in how they serve the students designated as Gifted. Indeed, at least one Board (East Ontario Catholic DSB) claims to have identified no Gifted students at all in an enrolment of almost 13,000. Most Boards do not include detailed exceptionality statistics. But they usually do list staff figures for self-contained classes. Among those, two more Catholic boards, Algonquin-Lakeshore (11,000+) and Simcoe-Muskoka (almost 20,000) list none at all, meaning that self-contained placement is not available for Gifted there either. The website of the Catholic board in London (18,000+ students) explains that "there are no system self-contained special education classes" in its elementary schools and it lists no teachers for self-contained classes. So while large urban public boards identify an increasing number of Gifted students and place half or more of them in segregated settings, smaller Catholic boards are going in a different direction. The unusual percentage distribution may be accounted for by differences in inclusion policy between Boards.

There is not a great deal of evidence of the demographic distribution of students in self-contained classes for exceptionalities other than Gifted. For the TDSB, Brown and Parekh summarize their data for Grades 7-10 students with non-Gifted exceptionalities briefly on page 53 of the 2010 Report. There they point out that students from the lowest income neighbourhoods were more likely in 2006

to be placed in non-gifted congregated classes, while students from the highest income neighbourhoods were more likely to be placed in regular classes. It should be said that the TDSB has tried to soften the segregative impact of its special classes by placing alongside its Intensive Support Program (fully self-contained and requiring bussing), a Home School Program that attempts to provide part-time withdrawal in the student's neighbourhood school with what it calls a Community-Based Resource model (TDSB, 2013a). How this will affect disproportionality in IEP assignment, identification and placement is as yet not clear.

Interestingly, the Ontario Ministry of Education indirectly lets Boards know who it expects to populate the special education programs and services in school boards. Among its various grants in support of Special Education, is the High Needs Amount (HNA) Allocation that addresses the cost of providing intensive staff support required by a small number of students with high needs (Ministry of Education, 2013b, pp. 33-34). The Ministry evidently wants to avoid giving Boards a financial incentive to increase costly services on demand. So it has devised various ways to calculate the cost more objectively. One of those is the Special Education Statistical Prediction Model Amount. In the words of the Technical Paper:

> The board-specific prediction value for each school board reflects the relationship between the actual percent of students reported to be receiving special education programs and/or services in the school board and the average level of socioeconomic status of all students enrolled in the school board. (p. 33)

The factors used to calculate the probability that students will need special education are: occupational structure, median income, parental education level, families below the poverty line, parental unemployment, percentage of Aboriginal families and recent immigrants, and recent household movement. In other words, disproportionality is not only acknowledged and expected, it is also institutionally entrenched in grant calculations. It is important to remember that this has nothing to do with the Learning Opportunities Grant that supports programs for students with a "higher risk of academic difficulties" as a result of similar social and economic indicators

(pp. 57-58). Here the blurring of the distinctions between disabilities, difficulties and disadvantages is central to government planning.

We can conclude that a relatively small Special Education upper stream (Gifted) and a somewhat larger lower stream (Non-Gifted) on either side of the mainstream majority in regular classes are both clearly in place, and they correlate with income stratification in the broader society.

4.3 Inclusion and emancipation

The emancipatory impulse that brought children with disabilities into the education system has now come to favour what is called inclusion. This has been a rocky path. When Special Education was first fully accepted as a public responsibility, many opposed the segregation of exceptional children and favoured mainstreaming. If all children were admitted to the public school system, this was interpreted as an emancipatory gesture only if this meant admission to the same classroom, the mainstream, alongside the unexceptional peers.

Some jurisdictions sought to prepare the way for mainstreaming by bringing an understanding of handicapped children and required accommodations into the curriculum as units of study (Saskatoon Board of Education, 1974). The exceptional child's risk of stigmatization and rejection by the peer group could be part of what every young person should know to build a more welcoming, tolerant society.

In Ontario, one peak of this approach was reached in the Hamilton-Wentworth Catholic District School Board under the powerful leadership of Jim Hansen during his long career as superintendent from 1969 to 1991. His philosophy of education was clearly out of step with the current neo-liberal agenda. It was based on a belief that education is growth, and that the "job of the school is to foster growth … not just the three R's."

These he articulated as five basic needs:

- the need to belong,
- the need to be accepted — affirmed,
- the need to have success,
- the need to be challenged to excellence, and,
- the need to offer service.

Hansen attributed all of these needs to all pupils regardless of ability or disability, and was convinced that they could only be met if all students learned together in a spirit of community (Hansen 2006 and Hansen s.d.).

This author became aware of Jim Hansen's approach and legacy upon joining the Minister of Education's staff in 1991. At the same time, the challenges of simple mainstreaming into regular classrooms without Hansen's spirit of community and accommodation became clear in 1992. It happened during a meeting between the Minister of Education Tony Silipo and representatives from the Down Syndrome Association and Community Living who were making a strong appeal for the full participation of students with intellectual disabilities in regular classrooms. Sitting behind them in a corner, a young woman we shall call Amy was busying herself over some paper. At the end of the presentations, Amy came forward and was presented to the Minister. As a person with an intellectual disability, Amy preferred to make her presentation through a series of questions and answers with the leader of the delegation. The conversation went something like this:

"Amy, do you remember being in elementary school?"
"Yes."
"In a classroom with the other children?"
"Yes."
"What did you do?"
"I cleaned the board, picked up things, put them away, that sort of thing."
"What did you want to do?"
"I wanted to read."
"Did you?"
"No."
"How did that make you feel?"
"Angry."

The same litany was repeated for her secondary school years, almost word for word. We sat there solemnly as the image formed of a constantly frustrated and desperate young person whose education had been blighted. But our image was tinged with fatalism, the resignation we might feel for the blind child who wanted to paint. But then the interview concluded:

"When you turned sixteen, what did you do, Amy?"
"I left school."
"And then what did you do?"
"I learnt to read."

Amy then unfolded the paper and read a poem about her predicament that she had composed and written out in the corner earlier. The Minister was emotionally overcome at this evidence of the utter failure of the education system he now had in his charge. The meeting came to an end with promises to pursue the issue further. But the Minister would not survive a subsequent cabinet shuffle to make good on these promises, and the Rae government did little to advance the cause of meaningful education for students like Amy.[21]

So awareness of the urgent need for the emancipation of excluded children came with a realization that the gesture of putting children with developmental disabilities, for example, in a regular classroom required a great deal more than simple mainstreaming. To be sure, other children can come to accept diversity in their peers through the knowledge and experiences that demystify the various forms disability may take. Everyday contact is vital for the construction of inclusive communities, even when that occurs within the setting of a system that is in other respects quite exclusionary. But such contact is still not enough for the child who wants to learn and is sidelined into other tasks and other forms of learning.

It was easier then for this author to understand the call for special classes from the Learning Disabilities Association of Ontario when they came calling to the Ministry of Education. They had little faith in the ability of the school system to help LD students acquire in regular classrooms the communication tools our society considers to be the mark of an educated citizen. The key to progress, they argued, would require more than tolerance and understanding. Whatever the setting was to be, the learning difficulties would have to be acknowledged, the disabilities would have to be accommodated, and the ability to communicate well would have to be a central goal of that learning. So any inclusion policy was going to have to take such things into account.

That has been a feature of the legal framework within which public policy has evolved in the last 20 years. The Ontario Human Rights Commission laid this out in consultation papers and reports from the

late 90s onward. It is well illustrated in October 2003 with the publication of *The Opportunity to Succeed, Achieving Barrier-Free Education for Students with Disabilities*. In it, the Commission acknowledges that many respondents expressed a preference for the inclusion in regular classrooms and not just for narrow academic reasons. Community Living Ontario expressed the broader rationale well:

> If a child with a disability begins life with an expectation of inclusion, she is much more likely to seek out, and be accepted in, inclusive environments and activities later in life. It is equally true, that when a student that does not have a disability is educated in an inclusive environment, inclusion will most likely remain her cultural expectation throughout life. (p. 38-39)

And a parent wrote in:

> School is a training ground for life. Students learn academics and skills, but they also learn about people, all kinds of people, and how to relate to them. If students are 'different,' do we include them by having a place for them at the back of the school, perhaps with a separate lunch schedule? Have them arrive after school begins and depart before school officially ends? Have them enter and exit in their own separate door? Have them travel exclusively on their own segregated buses? How can other students gain understanding and acceptance if students with exceptionalities are treated in such a separate fashion? (pp. 38-9)

A contrary position is quoted from Autism Ontario:

> [S]egregated classes can offer the opportunity to complete high school or learn skills that are not taught in typical classrooms but will allow [students] to function more fully in the community as adults. If integration during the school years is not the best way to produce adults who can meaningfully participate in the community, then it is not in the best interest of the child. (p. 39)

So the Human Rights Commission did not take sides, but rather insisted that inclusion be the preferred approach, that appropriate

accommodations be developed for each student with a disability, and that placement data be collected, analyzed and published annually by the Ministry.

On November 9, 2012, the Supreme Court of Canada handed down its decision in the Moore vs. British Columbia (Education). For our purposes, the key finding was that districts (i.e. school boards) must "have a range of services to meet the needs of Severe Learning Disabilities students" and that the Province ensure that the districts do this. It meant that if integration or inclusion were a chosen option, it must provide all the accommodations that a student with severe Learning Disability needs.

The Ontario Government's hesitant moves in this area need to be understood in this context.

When all is said and done, the question remains: has the growth of the least restrictive environment or first-choice inclusive placement laid out in policy statements and memoranda worked? Has stratification through segregated placements declined?

Jason Ellis (2011) expresses the concern that it has not:

> Optimism and momentum gained in the 1980s and 1990s have given way in the twenty-first century to a sense amongst reformers that inclusion is stalled, and that the goal of full inclusion stubbornly remains just beyond the grasp of educational reformers and the children they wish to serve. (p. 436)

The very latest data from the TDSB gives us pause too. Over the past five years to 2012-13, the number of students with exceptionalities (excluding Gifted) in Special Education classes has declined from about 10,000 to about 9,000, with a corresponding increase from about 6,000 to about 7,000 in regular classes. All the same, the proportion of such students in Special classes out of the total enrolment at the Board is almost double what it is for the province as a whole (3.6% as against 1.9%). What is more noteworthy is that the proportion of all TDSB students who are in Special classes for the Gifted is two and a half times the rate for the province (1.5% as against 0.6%) and seven times what it is in boards outside the GTA (0.2%).

As this book was in its final stages, the TDSB issued a Board Improvement Plan in which it set a number of targets to achieve

by 2017. Among these were a 50% reduction of students placed in congregated Special Education classes, an increase of 50% of the current proportion of students in the three lowest income deciles (but not under-represented ethnoracial and language groups) in Gifted programs, and an undertaking that "the proportion of students as having Special Education Needs will be more reflective of the racial and language proportions of students across the board," though not of the family income levels apparently (TDSB, 2013j). It has been pointed out that even with a 50% reduction in special class placements, the TDSB will still have a higher proportion of its students in special classes than the rest of the province. And it will be politically interesting to see whether the students in special classes for the Gifted are included in the 50% reduction. There are many questions to be answered before we can say whether the TDSB will become a leader in inclusion policies and the effort to reduce disproportionality in Special Education, and indeed, whether real progress will be made in bringing all students with disabilities into everyday school life and learning on a level comparable to inclusive education systems elsewhere.

Those systems include New Brunswick, the Yukon Department of Education, and Syracuse City (NY) that have moved to fully inclusive models (Parekh, 2013). As Parekh's timely literature search has shown, the research supports inclusive models, which are also well-aligned with international human rights principles. There are plenty of evidence-based strategies for making it work in the classroom, and there are exemplars that can be used as models. Finally, "although costs associated with transitioning to an inclusive model were not found, overall, inclusive systems are less costly to implement and sustain than models that support students within a special education model" (*op. cit.* p.17).

Parent and student rights and the experience of Special Education

What strikes parents making first contact with the world of Special Education is the complexity and opacity of its processes. We have already alluded to the multi-tier processes leading to the establishment of IEPs and identifications of exceptionality and placement. The place that parents and guardians of children under the age of majority occupy within this framework varies from tier to tier. Parents have the power to refuse the sharing of their children's medical records and

can refuse psychological assessments (though not, naturally enough, educational assessments). Consultation of parents and guardians and the sharing of information are officially built into the process that leads to the establishment of an IEP, and they must sign off to show that this consultation has happened. But no parental permission is required for an IEP, nor can the particular contents of the IEP be overruled. Parents and guardians must be given every opportunity to attend and participate in the IPRC meeting that can decide on identification and placement of their children. But they have no veto power over those decisions, although there is a complex two-tier appeal structure for those who disagree and are willing to challenge those decisions.

It takes very determined parents, or students themselves if over 14, to navigate this system and to take it on should they feel that its decisions are mistaken or unfair. They face an imposing array of professional advice-givers (teachers, principal, psychologists, social workers, guidance counsellors, and health professionals) who play the twin roles of guide and gatekeeper. In such a professional framework, it is easy for parents and students to feel frustrated and fatalistic. The weight of specialized training, scientific research, standardized procedure, and legal constraints hardens the decisions that label and segregate children with disabilities and difficulties. They come with multiply sanctioned authority. The result is that appeals are few and far between, and senior officials are encouraged to use whatever persuasive powers they can muster to mediate an outcome that avoids this. We should not be surprised that very few appeals are ever lodged, let alone successful. In 34 of the most recently posted Special Education Plans from English-language School Boards that reported appeal data, only three Boards reported any appeals at all, amounting to four altogether. The Ontario Special Education Tribunal (OSET), which operates as the province-wide upper tier of the appeals process, recorded only 69 decisions over twenty-seven years following its establishment in 1984 (OSET, 2011). Low rates of appeal are often interpreted by staff as evidence of the effective justice of the decision-making process. One Board recorded its clean slate with the words: "The ongoing consultation with the parents whom we respect as partners in understanding and addressing their child's learning needs has resulted in no appeals." (Toronto Catholic DSB, Special Education Plan, 2011).

For most families, the apparatus of Special Education is like City Hall. You can't fight it. As one of many Somali parents in Toronto put it: "They pressured me because they say you have to do (it) and I might have a problem. There is no choice. I have to put my child in special education." (Mahamed, p.61) Of course, in many cases, parents will hope for a net improvement in their children's educational prospects in the provision of Special Education Services — to get a child out of an oppressive regular classroom or as the only alternative to languishing in Amy's undeserved obscurity as a peon in an overcrowded regular classroom.

Overall, the system manufactures consent through "white coat" authority figures and an infrastructure of medical research and intricate diagnostic technologies that lie beyond the grasp of almost all who come in contact with it. Moreover, a genuine understanding of the risks of prematurely lowered expectations and restricted options may not figure into informed consent. Nor should we disregard the part played by the assessment waiting lists that stoke the sense of restricted access to needed diagnosis. The agendas of Special Education Advisory Boards across Ontario regularly indicate the numbers of students on such lists and an organization like People for Education has made this aspect of Special Education a major concern of its advocacy for non-Gifted exceptionalities. Increasingly, Boards are accepting private psychological assessments for fees as high as $2,500 (People for Education, 2012, p.11). The consequences of a two-tier system extend beyond obvious inequalities to an exaggerated aura of desirability.

But it is in the context of high-stakes testing that the impact is felt most highly.

5. Outcomes

Among the many outcomes that can be tabulated for students with Special Needs as determined above, only those that affect or reflect academic progress will be considered here. A much longer study would be needed to consider the ramifications of other institutional outcomes, such as disciplinary sanctions, participation in extra-curricular activities, engagement in responsible tasks or student governance, etc.

The Brown/Parekh Report gives achievement outcomes for TDSB secondary school students in the years 2005-06, 2007-08 and 2008-09,

among them Grade 9 credit accumulation and the Grade 10 Ontario Secondary School Literacy Test (OSSLT), as well as graduation and post-secondary education pathways.

Table 4.24 Proportion of TDSB Students with fewer than 7 credits by program Grade 9 cohorts of 2005-06, 2007-08 and 2008-09

	All TDSB	Gifted self-contained	Gifted regular class	Non-Gifted self-contained	Non-Gifted regular class	Non-identified IEP	Local IEP	No Special Needs
2005-06	15%	2%	1%	50%	29%	30%	31%	11%
2007-08	13%	1%	2%	54%	24%	28%	28%	10%
2008-09	12%	2%	1%	52%	25%	27%	23%	8%

Source: Brown/Parekh, 2010, Fig.10.

Table 4.24 shows that the percentage of TDSB students falling behind on credit accumulation in secondary school fluctuates between 12 and 15% for the whole board over the three years measured here. That falls to almost zero for students identified as Gifted, regardless of whether they are in self-contained classes or not. For students who fall into the Non-Gifted categories, about one half of those in self-contained classes have fallen behind and just under one third of those in regular classrooms, and a similar percentage of students placed on IEPs without the identification of an exceptionality.

Table 4.25. Proportion of TDSB Students Passing the OSSLT First Time Eligible Students 2006, 2008, 2009

	All TDSB	Gifted self-contained	Gifted regular class	Non-Gifted self-contained	Non-Gifted regular class	Non-identified IEP	Local IEP	No Special Needs
2006	72%	97%	93%	14%	47%	53%	53%	77%
2008	72%	97%	96%	17%	50%	45%	50%	77%
2009	73%	99%	98%	14%	49%	50%	53%	79%

Source: Brown/Parekh, 2010,Fig.11.

The same pattern is repeated in Table 4.25. Gifted students almost all pass the literacy test regardless of placement. Non-gifted in special classes do worst — about 15% pass. About one half of the Non-Gifted in regular classes pass along with students on IEP only.

What makes these figures difficult to interpret for the Non-Gifted is the dominance of LD within them. It would be interesting to know the percentage of students with Behavioural, Language and Mild Intellectual Disability Exceptionalities, where disproportionality by neighbourhood income, race and gender is much more pronounced.

That information is published for graduation and drop out rates:

Table 4.26. Five-Year outcomes for TDSB Students by Exceptionality Grade 9 Cohorts at 2003 and 2004

(2003 italic **2004 bold)**	**Gifted**		**Behavioural**		**LD**		**MID**	
Graduated	*94%*	**92%**	*30%*	**15%**	*58%*	**59%**	*42%*	**44%**
Continuing	*3%*	**1%**	*24%*	**23%**	*13%*	**13%**	*23%*	**26%**
Dropout	*4%*	**7%**	*46%*	**62%**	*28%*	**28%**	*35%*	**30%**

Source: Brown/Parekh, 2010, Figs.13-14.

Table 4.27 Postsecondary Confirmations for TDSB Students by Exceptionality Grade 9 Cohorts of 2003 and 2004

(2003 italic **2004 bold)**	**Gifted**		**Behavioural**		**LD**		**MID**	
Confirmed University	*70%*	**69%**	*5%*	**0%**	*9%*	**11%**	*2%*	**3%**
Confirmed College	*3%*	**5%**	*9%*	**3%**	*22%*	**22%**	*17%*	**19%**
Applied Post-secondary	*19%*	**15%**	*5%*	**4%**	*7%*	**9%**	*7%*	**7%**
Did not apply	*7%*	**11%**	*80%*	**93%**	*61%*	**58%**	*74%*	**72%**

Source: Brown/Parekh, 2010, Figs.17-18

Rare is the student, once classified as Behavioural, who even contemplates application to post-secondary education (5%), since almost two-thirds drop out of secondary school within five years of entering it. Almost 60% of the students with LD and 44% with Mild Intellectual Disability (MID) do make it through to graduation, but substantially fewer will make it through to university or college admission (33% and 22% respectively). Socio-economic disproportionality, at its highest in Behavioural and MID groups, extends from identification and placement to outcomes.

We must be wary of circularity in outcome analysis. It could argued that the identification of a non-Gifted exceptionality is the discovery

of a condition that makes graduation or post-secondary education an unlikely outcome. But there is ample evidence to show that the identification is actually a contributing factor or even a primary cause of the failure to achieve such outcomes, a self-fulfilling prophecy as the label affects everybody's expectations and consequent actions (Mitchell, 2010; Kerr, 2011). We must never forget that a child designated as having Special Needs is not a defective instrument but a living person, and needs to be treated as such.

5. Summary and conclusion

In conclusion, it is important to recall the limitations of this chapter. Its major pre-occupation is with a particular kind of labelling and streaming of children, one that is dependent on highly specialized diagnosis and treatment — the medical metaphor is used intentionally — and conducted by highly trained professionals. It affects a little under 20% of children in Ontario, but not consistently since there are significant differences between boards. We have primarily focused on the systemic injustices that allow young children from low-income neighbourhoods to be singled out and separated from their peers, especially as their experience compares with that of privileged children from high-income neighbourhoods.

We have not investigated the issues surrounding the education of the 2-3% of children with physical and developmental disabilities, and impairments of hearing and vision. The process for identifying them and accommodating them in restrictive and non-restrictive environments deserves critical analysis elsewhere. There are significant human rights issues for these children, which go beyond demographic disproportionality. As anyone who has lived and worked with adults with developmental disabilities or those with the above-mentioned challenges knows, it is often a surprise and delight to see their faces light up and discover what they can accomplish once other people start listening to them and affording them the opportunity and right to make their own choices. It is also infuriating to discover that these choices were not made available to them in schools as a matter of right and that they have had to struggle to acquire the knowledge and abilities in adult life that they could have acquired much younger.

It is difficult to balance two competing rights among those with

severe disabilities. One is the right to be included as an integral part of the mainstream of society. That means enjoying the respect of one's able peers on a daily basis. It means being fully accommodated by the provision of additional adult assistance and by principles of universal design both in the physical plant and facilities and in the curriculum and pedagogical methods that can help accomplish that inclusive ambition in a meaningful and sustainable way. The other right is to live in a safe and healthy environment in which one does not experience others as a threat and is not perceived by others as a threat to them. It is easy to see how this may entail restrictions in the right of access to a mainstream community until that health and safety can be reasonably guaranteed. But the two rights must be balanced more in favour of the former than the latter, if we are to avoid falling back into some of the darker recesses of social engineering and to aim for the emancipation that inspired many of the early practitioners in the field of Special Education.

We have focused on the disabilities and Special Needs categories that rely for their identification on the contestable opinions of a professional class buttressed by complex instruments of their own design.

Confronted with the evidence that many children do not meet the performance standards set by a central authority, or, in other words, that there is a mismatch between the expectations of the system and the performance of many of those who enter it, educational policymakers and practitioners have gradually extended the notion of disability and exceptionality over the last five or six decades to include a much larger segment of the population than before.

In Special Education in Ontario, the labelling and streaming of those most likely to succeed (the Gifted) and those least likely to succeed (the non-Gifted students with Special Needs) has now become the responsibility of the evolving and expanding sciences of psychological assessment and psychiatric diagnosis. In order to preserve the legitimacy of this kind of streaming, public policymakers have progressively surrounded it with complex rituals of decision-making. These complex rituals may be open to the influence of parents and carers with the necessary education, experience and expectations to engage with them. But they are impenetrable to those whose expectations have been shaped by the countless injuries of class, racial and gender discrimination at the hands of powerful institutions.

Informed consent may be more of a dream than a reality when the explanations of implications, risks and alternatives are all being offered by those who have sanctioned knowledge and power.

That the specialist opinions and the instruments designed to support the special educational needs industry discriminate consistently, if not uniformly, by gender and against certain ethnocultural or racial minorities and social classes should no longer come as a surprise. They have done so from their beginnings a century or so ago; this was known or suspected from the outset. Very little has changed in the countries that have adopted this system.

What has changed in Special Education since *Stacking the Deck* was published in 1992 to cause a review of the situation? The major change is the advent of neo-liberal thinking and management practices into the labelling and streaming processes as these have evolved through Special Education. This thinking has partly been driven by the desire to reduce the size of the public sector by massive cuts in government spending. Accompanying that are incentives to the private sector to fill the gap left by government, an approach, which works in favour of those who can afford the services previously free or affordable to all through taxation revenues. Government has increasingly taken on a business perspective, aimed at improving customer service through the adoption of quality controls, statistical indicators and accountability mechanisms.

The massive reductions of public funding in Ontario that characterized the Harris years (1995-2003), and have continued under the Liberals since then, have squeezed the public system so that boards have found it impossible to keep up with the demand for psychological assessments. One immediate result was the growth of the famous waiting lists that have occasioned the dismay of parent organizations such as People for Education. Some of this demand has been resolved by the increasing recourse, with the agreement of the Ministry, to the assignment of Individual Education Plans before or instead of a psychological assessment that would lead to an Identification Placement and Review Committee (IPRC) meeting. This parallels the alternative approach to Learning Disabilities in the U.S. called Response to Intervention, and it has had the huge advantage of saving money on the public Psychological Services bill.

How much government had initially thought through the impact of this shift to IEPs on disadvantaged students is hard to say. When this

shift began, Ministry officials may not have expected it would come with reduced expectations and narrowed outcomes for the students affected, along with a significant increase in workload for teachers in high-risk neighbourhood schools who have to prepare the IEPs at the beginning of every year. These officials know it now, however, and it remains to be seen whether they will rest content with the increased sidelining of many children from disadvantaged backgrounds particularly now that they no longer need the level of parental approval needed for psychological assessment or for a placement arising from an IPRC decision.

The neo-liberal emphasis on privatization is evident. Private special schools exist and may be growing in numbers. Autism Ontario lists eighteen of these schools across the Province on its website; LDAO lists seventeen; and various websites list a similar number of private schools specifically for gifted children in Ontario, including several in Toronto. Contracting out is another form of privatization. Smaller school boards contract out psychological services and some have been contracting with private companies for digital IEP production. In Special Education, the greatest threat to equity in the provision of services is coming from the recourse to private psychological assessments. As Boards come to accept such assessments, a two-tier system of access to programs for the Gifted, LD and Autism is gradually taking shape.

While neo-liberal government policy reduces public funding and encourages recourse by those who can afford it to the private sector, such policy also adopts the principles of cost-saving efficiency and quality control through the standardization of processes and accountability for continuous improvement and compliance. Special Education is certainly no exception here either. Over the last decade, the Ontario Ministry of Education has been issuing memoranda and directives designed to standardize the format of IEPs, the informal mediation processes for settling disputes without the appeal process, Boards' annual Special Education Plans, the conduct of Boards' Special Education Advisory Committees. Along with these has come a sequence of measures on inclusion (regular classroom placement) and the provision of a range of placements (including withdrawal and self-contained classes).

The tug of these seemingly contrary impulses is well expressed in a 2006 report from the Ontario Government's Working Table by Sheila

Bennett and Kathleen Wynne (Parliamentary Assistant to the Minister of Education at the time):

> We have attempted to capture the common ground in the Working Table discussions, recognizing that there continue to be philosophical differences among many of the stakeholder groups. Those differences are most pronounced on the issue of inclusion of students with special education needs in the regular classroom. There is a school of thought that would move the system as quickly as possible to a pure inclusion model — a model that would still allow for transitional congregated placements and withdrawals. Another school of thought argues that for the foreseeable future and perhaps, ideally, there would continue to be a range of placements for students with special education needs. The Working Table acknowledges that the regular classroom should continue to be the placement of first choice but that a range of placements may at times be necessary for practical reasons. (Bennett and Wynne, 2006)

This is not all that much of an advance on the least restrictive environment provisions of the US legislation in the 1960s. But while the intent may be to move Boards with a strong commitment to streaming towards a more inclusive approach, the need for a range of placements may put a brake on Boards with almost total inclusion policies.

But the most significant standardization directive has come in the increasing alignment of Special Education programming directives with the provincial outcomes-based curriculum and the standardized testing that polices it. Emphasis is now placed on improving standardized test scores and monitoring the qualifications of teachers and other Special Education staff. The IEP form has been standardized to allow for accommodations on EQAO tests, and consequent raising of test scores. The Ministry makes it a point to send to schools the EQAO results on the Grade 10 Literacy Test for Special Needs students, carefully distinguishing those whose IEPs include accommodations and those who do not.

Overall, Special Education uses labeling and streaming to meet privileged class expectations to the detriment of the underprivileged. The parental role is promoted officially but informed consent for many decisions is either debatable or, in the case of the provision of IEPs, not required. Along with the creeping straitjacket of Ministry

directives and the inadequacy of funding to meet the growing demand comes a variety of negative outcomes (People for Education, 2012). Cynicism spreads among frontline special educators, who feel that the time they spend in committees and on filling forms is being taken away from their primary focus on teaching. The disillusionment of wealthier families means more and more opt out of the public system altogether, as the rapid growth in private special education schools in large cities can testify. Many middle-class parents in Toronto have expressed concerns in public forums about the insensitivity of a large system to their own child's needs. And in some cases, parent groups resist more vocally; the example of Somali parents in Toronto has been documented (Mahamed, 2010).

So what is to be done? We need to be aware that some of the responsiveness of recent U.S. legislation has leaked into Ontario. The emphasis on mediated settlements of disputes between families and Board specialists is one such example instead of the unwieldy appeals process (Ontario Ministry of Education, 2007b), although it may more often work to the advantage of those who feel most comfortable challenging highly educated professionals.

The idea of independent Board facilitators or complaints officers to assist parents to a better understanding of their rights and how to exercise these rights has been raised in the TDSB but not adopted. In the UK, over 2,000 Parent Support Advisors work to serve over 8,000 schools (Mitchell, 2010, p.192). Ontario recommends recourse to parent advocates to help them navigate a complex decision-making process and facilitators to resolve disputes but without suggesting how these would be funded (Ontario Ministry of Education, 2007b).

The insistence on reporting overrepresentation as a prelude to action to overcome it has not caught on in Ontario. The Ministry has responded to the Ontario Human Rights Commission concerns over inclusion and accommodations by requiring boards to report on the numbers of exceptional students in each of the five levels of placement. Very few Boards publicly report the numbers of Special Needs students by exceptionality or placement in their Annual Plans, let alone by income, race or gender. Only the TDSB has done so, but through Research reports rather than the published annual reports and plans. Anything as detailed as Wisconsin's Annotated Checklist for Addressing Racial Disproportionality is not on the radar.

It is difficult to assess the use in Ontario of universal design or evidence-based teaching strategies that are gaining momentum in other parts of the world as ways of changing the regular classroom to accommodate children with mixed abilities and needs. Incorporating such principles into the pre-service and in-service training of all teachers would also be needed (Mitchell, 2010).

But all of these moves towards reform fail to address the central issue. The educational labelling and/or segregation of children according to medical and quasi-medical criteria is as much a part of the streaming system in Ontario as the academic issues raised in Chapter Three. A few students confidently expected to do well are singled out for special attention and a larger group thought to be struggling or at risk are also singled out for special attention. The result is inequality of opportunity for all students who pass through the school system, whatever their condition or level of "ableness." That there is intersectionality with other forms of social inequality, as we said at the beginning of this chapter, should not really surprise us. That such inequalities appear to be on the rise as part and parcel of the assault on public education under the neo-liberal ascendancy should not surprise us.

In the end we must push back against the incursions of medical models into the education of our young — the disproportionality, the professional exclusiveness, and their expansionist tendencies. Standing up for the education of students from poor and racialized backgrounds, disaffected boys, students with serious disabilities, we have to act on principles of Really Useful Knowledge (Johnson, 1979), not only respect for racial and cultural difference, freedom from gender bias and straitjacketing categories, shared responsibility for learning with communities, but also the belief that learning together how to achieve equity and social justice is constructive of a better society for all.

ENDNOTES

1 The literature on the social construction of "at risk" students is reviewed at greater length in Chapter Five of this volume.
2 Leadership also came from asylum directors, clinical psychologists, and from frontline educators, especially remedial educators. I am grateful to Jason Ellis for this reminder.
3 Not only G. Stanley Hall at Clark University but also the Geneva Institute of Education Science where Claparède, Piaget, Bovet and Ferrière all worked.
4 L'Education Nouvelle and Montessori, Claparède, Decroly, Freinet, Cousinet and Ferrière in Europe, and the Progressive Education movement of Francis Parker and John Dewey in the U.S. (Avanzini, 1969; Raillon, 1990; Wagnon and Le Boucher-Clarinval, 2011, *passim*).
5 Stephen Jay Gould has an excellent summary of Binet's own progressive contribution and the "dismantling of his intentions" in the U.S. "If Binet's principles had been followed, and his tests consistently used as he intended, we would have been spared a major misuse of science in our century" (Gould, 1981, p.155).
6 Over the last few years, the Somali community in Toronto's Rexdale, for example, has approached the TDSB with their concerns about the bottom-streaming of their children within Special Education and related Individual Education Plans (IEPs). The editor George Martell has first-hand knowledge of this struggle.
7 See Table 1.3 University Acceptance by Race, Sex and Parental Occupation, TDSB, 2003-2006, p.19 above and in Chapter Five, p. 213.
8 LDAO adds: Learning disabilities are due to genetic, other congenital and/or acquired neuro-biological factors.
9 The sample size was small (255) and socio-economic status data was missing for a fifth of them. The report limited itself to self-contained classes, where poorer children were more likely to end up on pp. 164-5. The study omitted the much larger group of LD students who spent part of the day in Learning Centres or with itinerant Special Education teachers who came to the regular classroom.
10 See http://www.ldaamerica.us/aboutld/parents/ld_basics/ld.asp, consulted Nov. 10, 2013
11 See http://www.ldacacta.ca/en/learn-more/ld-defined.html, consulted Nov. 10, 2013
12 This socialization of males and females is explored in more detail in Chapter Six.
13 Ontario Ministry of Education (2007) and Bennett *et al.* (2008 and 2013).
14 Several Ontario Boards, including the TDSB, do consider additional criteria both for referral and in their consideration but the professional IQ assessment is the clincher (TDSBa, 2013, p.51).
15 Race figures do not include the 120 students who did not identify.
16 See recent Special Education Plans of Durham DSB (Section B-5), Sudbury CDSB, Eastern Ontario CDSB, as well as People for Education (2012, p.11). The Ministry's view is that "Boards develop their own policies and procedures to address issues such as accepting private assessments" (Ministry of Education, Spring 2011, p. 12).
17 As this book goes into production, news has come to light that the Halton expansion is being delayed for another year, because of concerns over the screening process.
18 A quick check of the most recent Special Education Plans of anglophone School Boards showed seven referencing DSM of which five were for Behavioural identification, two for Mild Intellectual Disabilities, two for Developmental Disabilities, one for Autism and one for Learning Disability.
19 Interestingly, this was also discussed in the Ontario Royal Commission on Learning, where it formed the basis for Recommendation 33 (pages 215-16).

20 This is the opinion of TDSB researchers whom I have consulted on the issue although the research that shows this has yet to be published as of this writing.
21 Interestingly, the Royal Commission on Learning established by the Rae Government had a lot to say on Special Education (pp. 213-224). It denounced the lack of clear definitions for exceptionalities, evidence that disproportionality gave of the misidentification and misplacement of males and of students from poor and racialized backgrounds. It spoke in favour of providing assistance to students who needed it without recourse to an IPRC, and promoted what it called "integration", while at the same time recommending a "continuum of services" (now called a range of placements), see Recommendations 35-39 (p. 224).