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Note from the Editors

Welcome to the 2007 edition of *The Journal of the International Association of Special Education* (JIASE). This is the third issue of The JIASE that is being supported in part for publication by Northern Arizona University in Flagstaff, Arizona, USA.

We would like to thank our Associate Editor, Malgorzata (Gosia) Sekulowicz and our Consulting Editors for their valuable contributions. Also, we would like to thank and more formally introduce Kate Haynes, Chizuko Yamada, and Howard E. Zlamal, Assistants to the Editor. Our Assistants to the Editor are pursuing graduate degrees in Special Education at Northern Arizona University (NAU).

Meet the 2007 Assistants to the Editor

Kate Haynes received a Bachelors degree from the University of Wolverhampton (1999) in English and American Studies and received her Masters degree in Early Childhood Education from NAU in 2005. She has three years teaching experience in early childhood in Walsall and Wolverhampton, England. Miss Haynes taught students with a variety of disabilities from ages 3 to 11. She hopes to use her current graduate work in special education to enable her to better serve the students in her classroom with special needs.

Chizuko Yamada received her Bachelors degree from Kyoto Sangyo University (1987) in Economics. She received a second Bachelors degree from NAU (1993) in Sociology. She received a Masters degree from NAU (2002) in Applied Sociology. She is currently living in Flagstaff with her husband and 5-year-old daughter. She hopes to master effective inclusive classrooms strategies as a result of her special education training.

Howard E. Zlamal received a Bachelors degree (2005) in Modern Languages with a minor in Music from NAU. Howard is fluent in English, Spanish, German, and French. He was raised in Sedona, Arizona in the United States. Howard has given presentations on Asperger Syndrome in various locations in the United States. His masters program emphasizes the inclusion of students with special needs into the general education classroom.

Journal Updates

We have recently acquired approval from the executive board to place The JIASE on our website at: <http://www.iase.org>. Journal editions will be accessible on the website after being published for one year. The JIASE is currently indexed in two databases: EBSCO (as Education Research Complete) and H.W. Wilson.

Please join us at the 2007 conference in Hong Kong, along with Malgorzata (Gosia) Sekulowicz, for our presentation on The JIASE. We will be providing an overview of The JIASE. The presentation will review the submission guidelines and discuss types of articles accepted for publication. We think it would be a great opportunity for potential authors to interact and get feedback from us and our consulting editors. Please find our special recognition of an outstanding consulting editor, Bernadeta Szczupal, on the following page. We hope to see you in Hong Kong.

Sincerely,

Greg Prater, Editor
Jamie Timmerman, Managing Editor

Special Recognition

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Dr. Bernadeta Szczupal

This year The JIASE would like to recognize Dr. Bernadeta Szczupal, consulting editor, for her remarkable contribution to The JIASE. Dr. Szczupal wrote two extended summaries in Polish of the 2005 and 2006 editions of The JIASE within The Journal titled “*Czlowiek-Niepelnosprawnosci-Spoleczenstwo*” that translates to “Man-Disability-Society” in English. Dr. Szczupal is planning to continue summarizing future editions of the JIASE into Polish. The complete references to these journal articles are:

Szczupal, B. (2005). The Journal of the International Association of Special Education: Spring 2005, volume 6, number 1. *Czlowiek-Niepelnosprawnosci-Spoleczenstwo*, 2, 207-219.

Szczupal, B. (2006). The Journal of the International Association of Special Education: Spring 2006, volume 7, number 1. *Czlowiek-Niepelnosprawnosci-Spoleczenstwo*, 4, 163-179.

Dr. Szczupal is an academic teacher employed at the *Maria Grzegorzewska Academy of Special Education* in Warsaw, Poland. Her scientific and research activities relate mainly to psychological and social functioning of youth with motor disabilities. The effect of these activities are published in 118 scientific works in several languages (Polish, English, Italian, Czech, Russian and Belarusian), they include four books. Most of her published works relate to youth with disabilities and are linked to their interests, value system, feelings of loneliness and social and professional rehabilitation. Also including the use of bibliotherapy and hippotherapy in working with children with disabilities, and the situation in the labour market for individuals with disabilities.

Dr. Szczupal has given numerous talks at international and national conferences and congresses; she has also held many training positions in Germany, Austria, Netherlands, and the United Kingdom. She is a member of The International Association of Special Education, Polish Neuropsychological Society, Polish Society of Special Education and The Edwin E. Gordon Polish Society.

At present she is an active participant of the Polish-German Project “Integration of disabled employees - women and men and heavily disabled persons in the Polish-German trans-border region” (“Integration von Behinderten und Schwerbehinderten Arbeitnehmerinnen und Arbeitnehmern in der Deutsch-Polnischen Grenzregion”), realized by ISB-Gesellschaft für Integration, Sozialforschung und Betriebspädagogik gGmbH (ISB gGmbH) with its seat in Berlin, Germany. She collaborates with numerous scientific and methodological centers and other special education entities within Poland, lecturing and conducting training for librarians, teachers and students. She has also worked as a teacher in a grammar school in a children’s hospital.

Special Education in Hong Kong: Background, Contemporary Trends and Issues in Programs for Learners with Disabilities

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Abstract

Since the handover of the sovereignty from the United Kingdom to the People's Republic of China in 1997, there have been a series of change, development, and related issues in special education programs for learners with disabilities in Hong Kong. In this paper, we try to describe the background and recent trends, issues, and implications that have evolved in the past 10 years, including curriculum reform, inclusive education, change of academic structure, and quality-level school program advancement, which have directly or indirectly led to specific program enhancement in more appropriate assessment, curriculum tailoring, effective instructional strategies, information/instructional and assistive technology, parental involvement and home-school partnership, program effectiveness evaluation, and action research. The conclusion pinpoints current needs in further staff development, local and international networking, and overall team efforts.

A special administrative region (SAR) that was under Great Britain's ruling as a colony for the past hundred years, Hong Kong's sovereignty was returned to China in 1997. Since then, the HKSAR has gone through a series of paradigm shifts in its educational programs and services with the evolution of new trends that are closely related to schooling of learners with disabilities. The purpose of this paper is to describe the background and contemporary trends and issues regarding special needs education in Hong Kong.

Background

Like many other Asian countries and areas, educational programs and services for students with special needs were initiated and provided by missionaries during, or before, the first two thirds of the past century (i.e., the late 1890s through 1960s). The government became actively involved in the late 1970s when compulsory education was widely implemented and children with disabilities began to have equal rights to general school education (Lian, 2005; Poon-McBrayer & Lian, 2002).

The Hong Kong Council of Social Welfare (1995) estimated that, in the year of 2004, there would be 310,000 persons with disabilities in the HKSAR, which includes Hong Kong Island, Kowloon, and the New Territories. Among these individuals, 20% to 25% (i.e., 62,000 to 77,500) would be school-age children with one or more of the following disabling conditions: intellectual disabilities, formerly called “mental handicap” or “MH” (44.9%), physical disabilities, formerly called “physical handicap” or “PHH” (29.0%), mental illness (8.8%), hearing impairments (5.0%), speech impairments (3.6%), emotional/behavioral disorders, formerly called “maladjustment” (2.5%), and autism (0.5%) (Poon-McBrayer & Lian, 2002).

At present, there are 63 (as compared to 74 in 2004) special education schools in Hong Kong, serving 7,697 (as compared to 10,082 in 2004) students with sensory, physical, mental, emotional/behavioral, and/or multiple disabilities (Committee on Home-school Co-operation & Hong Kong Special School Council, 2002; Education and Manpower Bureau, 2006a). These special schools co-exist with over 1,244 (as compared to 1,286 in 2004) primary- and secondary-level mainstream schools which serve a total of 904,304 (as compared to 986,015 in 2004) nondisabled and inclusive education (IE), formerly called “integrated,” students. The ratio of students in special education programs to those in the general education system is 1:117 (as compared to 1:93 in 2004). Several factors may have caused the decrease of statistical figures such as the drop of birth rate and the increase of students with disabilities that are integrated into classrooms in mainstream schools.

Most of the special education schools were established between the 1960s and 1970s by non-profit and charity organizations or parental groups (e.g., the Caritas Church, Heep Hong Association, Hong Chi Association, Hong Kong Red Cross, and the Po Leung Kok non-profit organization). One school was established as early as 1879--the Ebenezer School and Centre for the Visually Impaired (Poon-McBrayer & Lian, 2002). A series of educational programs have also been provided in certain mainstream schools in the past two decades,

including resource classes, school-based remedial programs, peripatetic teaching services, advisory services, as well as related services, e.g., audiology and speech therapy services (Poon-McBrayer & Lian, 2002).

After adopting specific approaches and programs such as task analysis along with shaping and chaining techniques (Snell & Brown, 2000; Wolery, Ault, & Doyle, 1992), precision teaching, curriculum-based measurement (CBM), conductive education, and outcome-based assessment and instruction (Liang, 2003) in the past two decades, school practitioners have recently been trying to cope with a series of evolutionary changes in special education practices. This includes the recent curriculum reform, inclusion of students with special education needs (SEN), change of academic structure, and quality level school program advancement, “so that their dedicated efforts can be more effective in enhancing their students’ potential for inclusive schooling and/or living in an inclusive community” (Lian, 2004a, p. 127).

Evolutional Changes

Recent changes in Hong Kong include curriculum reform, inclusion of students with special education needs, change of academic structure, and quality-level school program advancement.

Curriculum Reform

Due to the “rapid- and constant-changing as well as technology-demanding modern life” in today’s Asian countries and areas, as well as the globalization effect, the Education Commission (EC) (2000) in Hong Kong recommended an education reform that was “geared toward life-long learning and whole-person development” (Lian, 2001a, p. 1). In response to this recommendation, the Curriculum Development Council (CDC) led the “Learning to Learn” curriculum reform in an attempt to “provide all students with essential life-long learning experiences for whole person development in the domains of ethics, intellect, physical development, social skills and aesthetics, according to individual

potentials, so that all students could become active, responsible, and contributing members of society, the nation and the world” (CDC, 2000, p. 17). As pinpointed by Li (2006), “In this changing world of the 21st century, our younger generation needs to be equipped with a broad based knowledge, high adaptability, independent thinking and the ability for life-long learning” (p. 3).

This wave of curriculum reform caused critical concerns regarding teaching and learning (Cheng, 2001). It also provided special education practitioners with an opportunity for advancing their school-based curricula, along with development of effective teaching strategies, for students with sensory, physical, intellectual, and other disabling conditions (Lian, 2001a). During the past six years, most special education schools as well as mainstream schools have worked to develop and advance school-based curricula using the CDC-promoted nine generic skills in eight key learning areas (KLAs) as a guideline (Education Commission, 2006; Fung, Lian, & Ng, 2002; Lian, 2001a, 2001c, 2001d, 2001e, 2003a, 2003c, 2004a, 2004c, 2004d, 2006; Lian, Li-Cheung, Fung, & Ng, 2002, 2003). The nine generic skills include: collaboration skills; communication skills; creativity; critical thinking skills; information technology skills; numeracy skills; problem solving skills; self-management skills; and study skills. The eight key learning areas (KLAs) are: Chinese language education; English language education; technology education; personal, social and humanities education; arts education; and physical education.

Moreover, since the past few years, there have been more consensus among policy makers and the frontline practitioners on the “one curriculum for all” concept and effort. In essence, learners with and without disabilities are to be exposed to, and taught with, the same curriculum with universal aims and instructional objectives, for fulfilling each of the learners’ life-long goals in the inclusive community. One of the examples is that local schools for children with special needs may work individually, or together as a team, in an attempt to develop the school-based curriculum, or a cross-school curriculum and assessment package such as the “SAME” (Systematic

Approach matching Mainstream Education) system (Li & Tse, 2006; Lian, 2006, 2007), which makes the central (i.e., government-enhanced) curriculum accessible for learners with mild to severe intellectual disabilities (Ayres, 2006; Humphreys, 2006, 2007).

Inclusion of Students with SEN

The increasing awareness and appreciation of human diversity and the concept and efforts of equal opportunity have led to inclusive education for students with special education needs in Hong Kong which, according to the Education Department (ED) (2000) (a previous governmental agency under the Education and Manpower Bureau), can be traced back to the 1970s. Most of the efforts for advancement, however, were initiated in the late 1990s, especially when the ED started the whole-school approach pilot project. As of the 2006-2007 academic year, there have been 292 schools that have participated in this project (as compared to 117 in 2005) (EMB, 2006b), while most others have also been provided with pre-service and in-service programs and support, such as the 30-hour Introductory Course on Integrated Education (Lian, Poon-McBrayer, & Tam, 2001) and related school-based support. Much discussion and related dissemination of successful efforts, as well as controversial issues, have taken place in the past 10 years since the Salamanca Declaration (e.g., Lian, 2004b; Lian, Woo, Hui, & Lum, 2004; Poon-McBrayer, 2002; Sin & To, 2000, 2001; Special Education Society of Hong Kong, 2003, 2004; Yeung & Lian, 2004). The indicators listed by the EMB (2004a) have been recommended as a guide for evaluating quality and success of inclusive education.

Change of Academic Structure

During the past three years, the Hong Kong education system proposed by the EMB has began to move into the “3 plus 3 plus 4” academic structure (CDC & HKEAA, 2004; EMB, 2004b), that is, three years of junior high, three years of senior high, and four years of college/university education after the

primary or basic school programs. There have been an extensive number of concerns and preferences that are expressed by special education practitioners and/or advocates (Chan, 2005; Cheung, 2005; Chiu, 2006; Lian, 2005; Special Education Society of Hong Kong, 2005, 2006; Hong Kong Special School Council, 2004). Chiu (2006) pinpointed that the curriculum going along with the new academic structure needs to include both quantity and quality of students' learning and application to real life situations, while the education programs need to be engaged in order to prepare students with disabilities for successful transition from junior and senior high school to quality and productive post-secondary life in the community (Gilson & Lian, 2006). For this, the Curriculum Development Council (CDC) and its Committee on Special Education Needs (CSEN) have developed corresponding guides for the core curriculum (i.e., language, mathematics, and liberal study), career-oriented study (COS), electives, and experience-based learning (EMB, 2006c, 2006d; Chan, 2006).

Quality-Level School Program Advancement

Hargreaves (1995) stated that the “patterns of educational reform are greatly influenced by social forces” (in Lo, 2004, p. 161). Due to a variety of social and societal changes, practitioners in special education and mainstream school programs have found the urgent need to upgrade and advance specific classroom programs for students with mild to severe, multiple disabilities. This effort for schools' transformation can be observed through co-existing and consistent staff development seminars or camps, local and regional visits and exchanges (e.g., Taipei, Shanghai) and, especially, the application for, and implementation of, Quality Education Fund (QEF) projects to promote school transformation for higher level of achievement in teaching and learning. Examples of school projects supported by the QEF include (1) the “Multimedia Classroom for Children with Disabilities” (Shek, Lian, & Ng, 2000); (2) the “Advancement of a Learning-based School” project of The Lotus Association of Hong Kong Chi Yun

School (Lian, 2003b); (3) the “Tool for Evaluation/re-evaluation for Self-advancement” project of the J. F. K. Centre (2006), and (4) the “Enhancing Professionalism-Meeting with Success” project of the Fortress Hill Methodist Middle School (2003) and its teammate, the Chi Lin Buddhist Secondary School.

Specific Program Enhancement

Due to the major influencing events (i.e., the evolutionary changes) mentioned above, practitioners in programs for students with disabilities have worked together in an attempt to achieve successful and healthy transformation of their special education or mainstream school programs. These efforts are consistent with contemporary trends in other countries and areas (e.g., Ashman, 2006; Fuchs, D., 2006; Fuchs, L., 2006; Kim, 2006; Lee & Budzisz, 2004; Poon-McBrayer & Lian, 2002; Ryndak & Alper, 1996; Stopka, Goodman, & Siders, 1997; Thomas, 1996; Wolery et al., 1992; Wu, 2006), which are in the direction of appropriate assessment and curriculum tailoring.

Appropriate Assessment

Assessment approaches that are appropriate for students with disabilities include alternative, authentic/functional, and portfolio assessment and additional assessment adaptations, for norm-referenced and criterion-referenced assessment (NRA/CRA) to co-exist and the informal approaches to supplement and help up the shortcomings of the formal and/or standardized system of assessment (Fuchs, L., 2006; Lian, 2000a; Poon-McBrayer & Lian, 2002). In addition, assessment practices need to be directly linked to teaching individual students with special education needs (Spinelli, 2004) and give an opportunity to achieve toward the personal outcome (Hong Chi Association, 2006) or the learning-outcome framework (LOF) (EMB, 2006c, 2006d). Like programs in other countries and areas, the examination systems in Hong Kong need to be more flexible and test taker-friendly. So far, increasing

adaptations have been engaged and implemented, including less rigid time limits, more acceptance of non-standardized procedure, use of adaptive equipment as well as assistive technology devices, and the arrangement of school-based assessment (SBA). The environmental assessment, in the format of case study and criterion-referenced measurement (CRM), plus ongoing support to go along with the traditional evaluation system is at its beginning stage for more successful inclusive education (Ayres, 2006; EMB, 2004a; Lian & Deng, 2003b). A series of staff development seminars also started to bring the concept of authentic and functional assessment to the attention of the frontline practitioners--the type of assessment which focuses on target behaviors or skills in a real-life context (i.e., authentic assessment) and the assessment which is based on the purpose and contents that will be closely related to real daily life and the belief of self-determination (Hong Chi Association, 2006; John F. Kennedy Centre, 2006; Taylor, 2000; Venn, 2000).

The ecological approach tries to assess a student and his or her school, home and/or community environment as a single whole unit, while the curriculum-based assessment (CBA) will try (1) to find a student's prerequisites and readiness to learn before teaching toward specific curriculum goals and objectives; as well as (2) to evaluate his/her progress and learning achievement after teaching in a criterion-referenced manner (Lian, 2000a; Liang, 2003).

The concept and approach of portfolio assessment consist of a series of a student's information and related materials that are put together to form a "portfolio," such as a child's learning progress report, outcomes or products of specific target behavior, video about his/her communication or other performance (e.g., verbal expressive language, motor coordination, self-help skills, or utilization of an assistive technology device); examples of completed tasks; teachers, parents, or other students' comments; certificates and awards; and so on. A staff development seminar on portfolio assessment may focus on gathering and presenting information relating to individual featuring, personal wish, teacher and parental expectation, learning goals and favorite instructional

strategies, social perspectives and friendship, academic and nonacademic achievements, with attachments of photos and/or video clippings (video tapes, VCDs and DVDs) (e.g., Lian, 2001b, 2002). In fact, this may contribute to, or supplement, any new accessible assessment tools such as the SAME package with an evaluation yardstick similar to the P scale developed in the United Kingdom, which may also have a potential to facilitate and enhance inclusion of students with disabilities in the mainstream school programs (Ayres, 2006).

Through various adaptations in assessment, students have a better opportunity to be more appropriately appraised and evaluated before, during, and after teaching. Recent school-based staff development seminars, as well as the governmental teacher in-service workshops in Hong Kong (e.g., through the Special Education Resource Centre and/or the Educational Psychology Department in the Regional Education Office of the EMB), have enabled special education and mainstream school practitioners advance their competencies for the educational consumers with mild to severe mental and multiple disabilities.

Curriculum Tailoring

In general, teachers of students with disabilities, especially at mild level, try to follow as much as possible the curriculum guides given by the Curriculum Development Council (1996a, 1996b, 1997, 1998, 1999), and the standard curriculum employed in the mainstream schools (Poon-McBrayer & Lian, 2002). In the case of students whose disabling conditions are at moderate to severe/profound level, further adaptations are necessary, including a functional curriculum which is closely related to students' current and future daily life, and results of ecological inventory. These adaptations are based on the contemporary concept and efforts of programmed environment, life-long planning, and curriculum integration. Related achievements include school-based curriculum development that is based on the nine generic skills and the eight key learning areas (KLAs) as promoted by the CDC (2000). To

sort out a way that would maintain the aims in the traditional curriculum, i.e., perceptual and conceptual development, gross and fine motor development, language and communication development, social and emotional development and elimination of maladaptive and/or challenging behaviors, self-help skill development, and pre-academic/academic or functional academic development, and the newly infused generic skills and KLAs resulting from the curriculum reform, school practitioners tried to learn and work on techniques of curriculum integration—for students to experience multiple areas of knowledge building and skill development in a inter-connected format so these students can achieve a holistic goal which is most practical for their current and future environment (Hong Kong Special School Council, 2002). Through successful curriculum integration and teaching according to specific stages in the life span, “students can do further advanced learning, including learning through projects for holistic development, which not only strengthens practicality of learning contents but also builds each student’s portfolio” (Lian, 2003d). In addition, curriculum integration can also guide practitioners to go with the contemporary trends of programmed environment, ecological approach, and life long learning for longer lasting effectiveness of instruction provided to the students with mild to severe mental and multiple disabilities (Pang, Shum, & Lian, in press).

The successful experience in the United Kingdom, through a series of the P scale (i.e., a downward extension of a curriculum-based measuring instrument), PACE (i.e, the P-scales Assessment of the National Curriculum from EQUALS), and EQUALS (i.e., Entitlement and Quality Education for Pupils with Severe Learning Difficulties) for making the national curriculum accessible for students with learning difficulties, has recently led to the forming of SAME for learners with intellectual and multiple disabilities in Hong Kong. Using this new curriculum and assessment package, teachers are enabled to raise standards of attainment of students’ learning (Humphreys, 2006).

Related Implications

For the appropriate assessment and curriculum tailoring to be effective and successful, concurrent advancements in special education and mainstream school programs as well as related implications in the following areas need to be addressed, including effective instructional strategies, information/instructional and assistive technology, parental involvement and home-school partnership, program effectiveness evaluation, and action research.

Effective Instructional Strategies

“A well-developed and advanced curriculum, along with criterion-referenced assessment (CRA) approaches, cannot go without effective teaching strategies for the best benefits and outcomes of students with mild to severe mental and multiple disabilities” (Lian, 2004a, p. 125). A series of staff development seminars have been conducted to introduce effective instructional strategies to field practitioners (e.g., Lian, 2001b, 2002). The following instructional strategies have been recommended as appropriate and effective in Hong Kong: presentation of objects, pictures, or other stimuli; sensory- and other perceptual-motor integration; oral, written, and other cueing and directions; conductive instruction; modeling and demonstration; physical prompting and verbal reminders; positive reinforcement; time delay techniques; concrete, ecological, and holistic approaches; self-initiated learning and self-monitoring/evaluation; task analysis, shaping and chaining techniques; problem-solving approach and problem-based learning (PBL); multiple opportunities with repeated practices; reciprocal teaching; integrative learning; functional assessment; community-based curriculum; peer support and cooperative learning; and parental involvement and home-school partnership. In addition, these staff development seminars include approaches for enhancing further progress of learning: understanding causes of low responsiveness; development of appropriate teaching units and lessons; increase of motivation (i.e., teacher enthusiasm; clear lesson

objectives; active teaching and learning activities; relating lesson to real life; and use of effective multimedia materials, audio-visual equipment, and interactive information and instructional technology); preparation of students' learning prerequisites; change of instructional methods or activities; teaching in the actual environment; teamwork with support from therapists, social workers, educational psychologists, and other professionals; enhancement of students' communication skills; use of conductive education as well as other structured instructional strategies such as Project STEPS and Project TEACCH; use of adaptive equipment, computer-facilitated stories or games, and assistive technology devices; enhancement of trust and friendship between teaching personnel and students; use of appropriate assessment instruments and measuring systems; consideration of students' physical, cognitive, and psychosocial status; avoidance of students' excessive absence; visiting other classes and schools; mainstream school practitioners' and students' assistance and support; and increase of students' as well as teaching personnel's leisure activities (EMB, 2006b; Hui & Yung, 1992; Lau, Yuen, & Lian, 2006; Lian, 2003b; Poon-McBrayer, 2002; Wong & Lian, 2006).

Information/Instructional and Assistive Technology

Effective education of students with various disabling conditions in special education and mainstream schools in Hong Kong has entered the era with urgent need for advancement in practitioners' competencies as well as school programs' facilitation with information/instructional technology (IT) and/or assistive technology (AT) (Lau, Yuen, & Lian, 2006; Poon-McBrayer & Lian, 2002; Wong & Lian, 2006). Both IT and AT may help and support students' learning and increase independence and efficiency in communication (e.g., alternative and augmentative communication, or AAC), mobility, environmental control, functional daily living in inclusive school and community, and many other perspectives (Lian, 1994, 1999, 2004e, 2004f; Shek, Lian, & Ng, 2000; Shook & McPerson, 2006). A recent survey found immediate need for further staff development and promotion of

IT/AT in special education and mainstream schools in Hong Kong as well as Shanghai, China (Bakken & Lian, 2003).

Parental Involvement and Home-school Partnership

Education of students with mild to severe intellectual and multiple disabilities cannot reach its most promising accomplishment without parental involvement and support. Recent surveys among parents of children attending schools providing programs for students with physical, sensory, mental, and other disabling conditions in Hong Kong and Taiwan revealed specific family needs and an effective approach for more productive teamwork between parents and field practitioners which requires advanced staff development and guided whole school implementation (Kwan & Lian, 2004; Lian, 2003e; Lian & Yeh, 2002). Progress in this has been observed in both special education and mainstream schools with more extensive focus and implementation and more efficient practice. Through a series of staff development seminars, frontline practitioners are encouraged to take the three-stage approach (i.e., getting to know the family, providing family with information, and team working with family) to successfully teamwork with parents and let students benefit in the home-school partnership for best practices in special education and mainstream school programs and related services (Lian & Aloia, 1994; Poon-McBrayer & Lian, 2002).

Program Effectiveness Evaluation

Evaluation of students' progress in learning and enhancement of functional performance toward inclusive and appropriate curriculum and instructional goals and objectives have been urgently needed and the center of focus among special education and mainstream school practitioners serving students with special needs. Due to the nature of their disabling conditions, evaluation of students' entry-level performance (i.e., through pre-teaching assessment), ongoing advancement in learning and building of target behaviors and skills as well as cognition/

metacognition (i.e., through probe and formative check up), and exit-stage achievement (i.e., through summative evaluation) needs to be conducted program-wide (e.g., group evaluation through basic t tests, analysis of variance, and/or analysis of covariance) as well as individualized (e.g., case study, curriculum-based measurement, and portfolio assessment). The concepts and ideas of holistic and ecological approach for and through project- or problem-based learning and life-long planning have been introduced to the field practitioners for more extensive and extensive implementation (Lian, 2000a, 2000b).

Action Research

Field practitioners have also started to become aware of the need and importance of conducting action research in their school environments and professional fields (e.g., Caritas Jockey Club Lok Yan School, 2004; Fortress Hill Methodist Secondary School, 2003; Lian, 2004c). Through staff development seminars and on-site consultancy, both group survey projects and single-case studies have been proposed, designed and implemented. These provide teachers and other school personnel as researchers with data-based findings as well as structured experiences in the process for even higher level of program advancement. Outcomes of these action research studies are disseminated for sharing and advanced practices among special education and mainstream schools (e.g., Chung & Lian, 2003; Lian & Deng, 2003a, 2003b; Pong, Chan, Lau, & Li, 2003; Tang, 2003).

Conclusions

The evolutionary changes described above, i.e., curriculum reform, inclusion of students with SEN, change of academic structure, and quality-level school program advancement, have become critical factors for influencing the recent program enhancement in appropriate assessment and curriculum adaptation. These changes reflect the contemporary trends in Hong Kong and issues relating to effective

instructional strategies, information/instructional and assistive technology, parental involvement and home-school partnership, and action research. Field practitioners need to continue working together on Transdisciplinary teams for thorough acquaintance with the evolutionary changes in the field and, based on which, march forward onto better education programs and services for students with disabilities. In addition, frontline practitioners need to continue seeking opportunities for professional growth plus more internal (i.e., local and across schools) and external (i.e., overseas and international) connections and exchange of successful programs and experiences. There have been initial accomplishments and further achievements in promising and best practices can be expected.

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Teachers' Practice as a Marginalization Factor in the Process for Inclusive Education in Cyprus

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Abstract

In recent years there is an intense effort around the world for integrating children considered as having special needs in their neighborhood schools. The function of special education in Cyprus has been criticized as failing because it failed to include all children in teaching by providing them with equal opportunities to learning. In this paper, using the interpretive model of research we studied teachers' practices as a factor of marginalization of certain children, how they marginalize their pupils, and attempted to understand how marginalization, a result of teachers' practice, works. Through data analysis it indicated that some teachers marginalize children considered as having special needs.

Introduction

Throughout the world, there is an intense effort to integrate children considered as having special needs in their neighborhood schools. In Cyprus, the House of Parliament passed a law giving all children the right to attend their neighborhood school together with their age-mates (Cyprus Republic, 1999). According to this legislation children categorized as having special needs receive support from specialists or 'special education'. Those services have traditionally been provided individually in segregated environments. The way that special education functions in Cyprus has been criticized by a number of scholars (e.g. Angelides, 2004; Phtiaka, 2000) because it failed to include all children in teaching, providing them equal opportunities for learning.

Studying the different forms of marginalization that appear in Cyprus schools in previous research (Angelides, Charalambous & Vrasidas, 2004) and given that there are efforts from the educational system

to implement inclusive education, different factors that seemed to sub serve marginalization emerged. The most important of them were the educational system, teachers and children. Children as a factor of marginalization were studied in a previous study we carried out (Angelides & Charalambous, 2005) in which we investigated how children's actions might marginalize their classmates. Moving now a step forward, in this study, we focus on teachers as a factor of marginalization of some children, and try to better understand the function of marginalization that is a result of teachers' practice. Many studies have been published in which teachers are pointed out as a barrier to inclusion and as a factor of marginalization (e.g. Pandeliadou, 1992; Pijl, 1995). Our study attempts to penetrate in a greater depth in the ways in which teachers may marginalize children considered as having special needs. Our purpose is to develop a richer understanding of the way that teachers function in order to give suggestions for overcoming barriers to participation in teaching and learning.

We first consider the relation between inclusive education and marginalization and then we discuss the methodology we used. We then present the analysis of our data and the major findings. Finally, we study the implications of teachers' practice as a marginalization factor of children categorized as having special needs and we give particular suggestions for minimizing marginalization.

Inclusive Education and Marginalization

In many countries of the world, but also in Cyprus in particular, the integration of children considered as having special needs in their neighboring schools has been enacted without previously having the necessary infrastructure. In the past, children categorized as having special needs were educated separately from their age-mates. The perception that education should be provided to all children regardless of their differences and needs has led to the development of inclusive education. Based on this philosophy children seen as having special needs are treated as individuals with equal rights with all the other children and they receive equal opportunities to teaching and learning. The philosophy of inclusive education does not simply refer to the placement of children with special needs into normal schools, but it is also concerned with the conditions under which we can educate effectively all children (Barton, 1997).

Nevertheless, many children experience marginalization (Messiou, 2002) and among them are many children that have been categorized as having special needs. Marginalization according to the Webster's Dictionary (1994) is the act of excluding or ignoring somebody by relegating him/her to the outer edge of a group. According to Dickie-Clark (1966) the marginal situations in the literature are often clearly hierarchical or can be thought of in hierarchical terms. The very notion of 'marginal', Dickie-Clark continues, suggests 'limits or boundaries of some kind as well as the juxtaposition of entities' (p. 28). In this paper marginalization means a marginal position in relation to education, either academically or socially.

Many studies point out this fact and highlight factors (i.e. policy, curriculum) that reinforce the marginalization of children considered as having special needs (Ainscow, 1998; Booth & Ainscow, 1998; Vlachou, 1997). Teachers as a marginalization factor appears quite often (e.g. Pandeliadou, 1992; Pijl, 1995) without, however, these studies to analyze in depth how and why teachers may marginalize children defined as having special needs. The existing literature mainly presents case studies of marginalized pupils without paying particular attention to the function of marginalization that is a result of teachers' practice (e.g. Allan, 1998). In the educational environment of Cyprus where this research was carried out there are no other studies, which examine the ways or practices in which teachers marginalize their pupils. Therefore, in this study we will try to analyze deeper and make sense of how and why teachers marginalize certain children.

The Cyprus Context

The education service in Cyprus is highly centralised. The Ministry of Education and Culture (MEC) controls the curriculum, the textbooks and the other resources needed to deliver it. Local school boards are funded by the Ministry and their role is restricted to matters of building, maintenance, and supplies. Schools are directly controlled by the Ministry via the inspectorate and the school head teachers, the latter having less devolved responsibility than in many other educational systems.

Education is compulsory in the early years, beginning at the age of three years, and it is within the parents' jurisdiction to decide whether and when they should arrange a placement for their children in a public or private nursery school. Primary schools provide a six-year compulsory programme for children who have attained five years and nine months. Secondary education extends over six years (12-18). It is divided in two cycles: the lower or gymnasium (12-15) and the upper or Lyceum (15-18). In Cyprus education is compulsory up to the age of fifteen and almost 100 per cent of students

reach this level (Hansen, 1993) because education in Cyprus has a high priority in all social groups.

In Cyprus the provision for children with disabilities has traditionally taken place in special schools, segregated from their peers (Barnard, 1997; Hansen, 1993). In 1979 this practice was legalised by the law for special education (Cyprus Republic, 1979). The most important provision of this law was that disabled children should be educated in segregated settings. The 1979 law was in force until 1999 when a new law was passed (Cyprus Republic, 1999). Despite the fact that the new law gives the right to all children to attend their neighbouring school, it has been criticised for continuing to speak only of 'children with special needs' (Phtiaka, 1999).

During the last decade the government of Cyprus has encouraged and supported the education of children considered as having special needs within the mainstream educational system. Furthermore, a 'special' teacher for the support of these children has been placed in almost all schools. In most cases 'special' teachers are part timers and cover two or three schools per week. They are obliged by the MEC to have a little room as a classroom where they teach each pupil individually. In some schools where there are too many pupils seen as having special needs, special teachers teach them in groups of two or three.

Methodology

The theoretical and epistemological background of our study followed the interpretive model of research that is based on the three basic premises of symbolic interactionism, as these have been developed by Blumer (1969). The first premise is that human beings act towards things on the basis of the meanings that the things have for them. The second premise is that the meanings of such things derive from, or arise out of, the social interaction that one has with one's fellows. The third premise is that these meanings are handled in, and modified through, an interpretative process used by the person in dealing with things he/she encounters.

The emphasis of interpretive research is on the meanings in action of the actors involved, which meanings traditional research has pushed aside as non-important, attempting to explain behaviour as a result of a set of factors. To understand the meanings of actors and their actions the researcher has to study them in naturally occurring situations and not in highly controlled laboratory settings. Traditional approaches focused on behaviour only, whereas interpretive research studies the actions of participants. An action is the observable behaviour, plus the meaning attached to it by the actor. In Blumer's (1969) words, in traditional research approaches, "meaning is either taken for granted and thus pushed aside as unimportant or it is regarded as a mere neutral link between the factors responsible for human behaviour and this behaviour as the product of such factors" (p. 2). We collected data from observations that illustrate teachers' observable behaviour and during the interviews we attempted to decipher the multiple meanings that participants assigned to their behaviours.

For studying teachers' practice as a marginalization factor we studied two classes of two different schools where we tried to understand the way teachers' practice works within the context of Cyprus law, which gives the right to all children to be educated in the school of their neighborhood, receiving equal opportunities to teaching and learning. The two classes we examined were selected since they had the necessary conditions we needed to address our research questions. For collecting our data, among others, the following approaches were followed: Observation of children and teachers during their participation in the classroom, collection of documents and materials that were used in teaching during our observations, interviews with children and teachers, official documents, and collection of demographic data (see Table 1). Another method used for collecting data and that is widely used in interpretive research is the research diary (Burgess, 1982). All researchers kept a research diary in which we documented our thoughts, anxieties, problems, and issues that emerged during data collection and during the whole duration of the study. Furthermore,

the research diary worked as a reflective journal where we reflected on our experiences from the research site. In this way we used our writing to develop a richer understanding of the phenomenon under investigation.

Table 1

Hours of Interviews and Observations

	Interviews		Observations	
	Teachers	Children	Teachers	Children
Frequency	9	11	33	12
Total hours	6	5	165	60

Maintaining a research diary and writing memos is a common practice in interpretive research as well as in grounded theory approaches (Glaser & Strauss, 1967). Within the diary we documented things such as theoretical write-ups about ideas, concepts, categories and their relationships as they strike the researcher while in the field and or during data analysis. The diary includes the researcher’s note to herself about the data, ideas, method, and the like. It is a narrative representation of the researcher’s understanding of certain aspects of the study. This procedure is used to keep track of emerging ideas and categories, stimulated further analysis and data collection, and serves as a means for the development of assertions and theory integration. As an analytical process, writing a research diary helped us in filling out the analytic properties of the descriptive data collected. Subtle connections may also emerge during the process of keeping the research diary.

For participatory observation we focused on two classes in which pupils defined as having special needs were included. Pseudonyms were used to protect the identities of all participants. The first was a first grade class in which there were two boys, Anastasis and Stavros, who had been classified as having speech disorders and serious learning difficulties. Anastasis was also classified as a “child with mild mental retardation.” The second class we studied was a fourth grade in which there was

Yiannis, who was classified as having dyslexia. Besides participant observation we interviewed all teachers that taught these children, the children themselves, as well as the head teachers of those two schools.

For analyzing our data we followed the two suggested stages of Erickson (1986): inductive and deductive. Upon entering the inductive stage we organized all the transcripts, field notes, summary sheets, and documents and used data displays, concept maps, and tables to illustrate findings of the study. After we collected and organized all the data, we read through the data three times and tried to gain an overall understanding of what was happening in the particular course. As we read through the data, questions came to mind. We wrote notes and memos about those issues and events that struck us and began to generate assertions. The inductive stage of data analysis is very open-ended and it is the stage in which the researcher generates assertions. Assertions are propositional statements that indicate relationships and generalizations in the data and which the researcher believes are true.

Once we generated assertions from the data as a whole, we entered the deductive stage. In this stage we engaged in detailed examination of the data and looked for data to confirm or disconfirm our assertions. To warrant the assertions we incorporated general descriptions, particular descriptions, and interpretive commentary, each of which served a different purpose. Particular descriptions warrant the assertions made about the setting. The general descriptions establish the patterns of generalization of the study. The interpretive commentary provides the reader with the things that are missing from the descriptions, and illustrates the researcher’s interpretation of the event. We developed vignettes which allowed us to present a “slice of life” from the setting in a way that illustrates the key characteristics of each situation.

Teachers’ Practice as a Marginalization Factor

Analyzing our data we formulated two assertions. These were formed on the basis of the emerging themes from our data. First, teachers often

marginalize children considered as having special needs through practices that we considered they executed unintentionally. Second, those teachers often marginalize children categorized as having special needs consciously and with practices they organized in advance. These issues overlap, are interrelated, and difficult to separate. We deliberately divided these issues to help the reader understand the arguments and findings of our research.

Unconscious Marginalization

Through the analysis of our data it seemed that teachers with certain behaviours, perhaps unconsciously, often seem to marginalize children considered as having special needs. All three children we studied in different instances seemed to be marginalized by their teachers through practices, which were not done on purpose, but we considered that they 'emerged' unconsciously.

Below we present a vignette with which we attempt to support our assertion. It comes from the second school in which Yiannis studied. The behaviour of the teacher and especially the way in which she provides feedback to wrong answers, as well as the unequal allocation of opportunities for participation in the lesson marginalizes Yiannis, causing him emotions of inferiority, sadness and isolation.

Vignette

It was a rainy day. In Yiannis's class Mrs. Despina, the teacher, taught Greek language. The title of that day's text was 'Space war'. After reading the text the teacher began doing questions for comprehension, asking children to find the answers from their text. In one of them she turned her sight to Yiannis and by smiling she told him: 'Could you help us answer this question?' Yiannis smiled too and said 'yes'. He thought a little bit and gave an answer that was wrong. Listening to this wrong answer the teacher changed her tone; she became stricter, and said: 'what is going to happen with you finally Yiannis? Have you thought of the answer you gave me?' Many

children laughed at the response of the teacher. The teacher did not say anything but she continued her questions. Yiannis seemed to be sad and his eyes became red. A girl told the teacher: 'Mrs. Despina Yiannis is crying'. 'Of course, he cries. Wouldn't you do the same if they made fun of you for something you said?' the teacher answered.

The next day, again during a Greek language lesson, Mrs. Despina asked different questions for the day's text. In one of them Yiannis raised his hand (for the first time within that lesson) in order to answer. Mrs. Despina looked towards all pupils who raised their hands, she saw Yiannis, but she asked Chris, another boy, to answer. It was the fourth answer that Chris gave until that stage of the lesson. A few minutes later Mrs. Despina made another question and by smiling addressed it to Yiannis who did not raise his hand. Yiannis immediately began searching in his book to find the answer. At the same time two or three pupils called out the answer. Yiannis stopped searching and slowly gave the answer. Mrs. Despina without any response moved to the next question.

In the above story we can see the way in which the teacher treated Yiannis. He made a mistake that do not seem to derive from laziness or inattention but it seems to have its roots in the problem of dyslexia. Mrs. Despina, like his other teachers, may sometimes forget that this child has dyslexia, something that may generate difficulties in reading and understanding of texts. In addition, teachers might not be fully trained in issues of special learning difficulties, and for the above case in particular for dyslexia, something that might contribute to marginalizing certain pupils. Thus, it seems that the teacher unconsciously, and as she responds to all pupils who make an obvious mistake, she comments negatively about Yiannis' answer. This fact sparks off the laughter by of the rest of the children. Yiannis is emotionally influenced by the critical comment and cries.

The next day in another incident the teacher, despite the fact that Yiannis raises his hand at asking permission to talk, she asks another pupil who had participated a lot in the lesson up to that point and generally was a pupil who actively participated to lessons daily, and ignores for some reason Yiannis.

Then, she asks Yiannis specifically to answer a question. While Yiannis looks for the answer in his book some of his classmates call out the answer and Yiannis just repeats it. The teacher responds neither to Yiannis' answer nor to the answer of the other children. She could, for example, reinforce Yiannis with a 'well done' or to ask from the other children not to call out the answers when they are not asked, something that, we believe, in both cases would encourage Yiannis to make further effort during lessons. In contrast, she ignores everything and carries on, something that, in our opinion, marginalizes Yiannis.

Analyzing Mrs. Despina's behaviour, what seems to prevail is that she wants to help her pupil but she cannot, and even though it is not her intention, she marginalizes him. Different factors seem to influence her teaching, like the heavy curriculum, the pressure from her superiors that she has to cover the subject by the end of the year, the lack of support by the educational system as well as the insufficient training she had in her initial training as a teacher. She said during her interview:

I may know sometimes that he didn't understand anything of what I said but I carry on the lesson because there is pressure from the time and I have to cover my subject... I have never been taught how I should treat a child with dyslexia or another child with a problem, and nobody from the Ministry of Education has ever been interested to help, not only me but other colleagues as well.

Generally, Yiannis seems to be marginalized by his teachers and their teaching practices. This statement can be reinforced by an incident we observed during a science lesson. To a question by the teacher, Mr. Costas, Yiannis gave a wrong answer and the teachers' response made in an intense tone was: 'No, Yiannis, you made a mistake again'. Yiannis after this incident seemed to be self-isolated, he did not raise his hand again in order to talk during the lesson; he just scribbled on a piece of paper using his pencil.

Discussing later with Mr. Costas, not only about the particular incident, but also generally about the

marginalization of certain pupils, he acknowledged that some times he might marginalize some pupils:

Perhaps sometimes it happens... I won't hide that many times, without being aware, I do some things and later I become conscious that pupils felt bad. Sometimes, as teachers, we marginalize some children... Sometimes, for instance, I caught myself ignoring Yiannis. I do not spend time to explain his questions, or some other times I respond intensively to some of his wrong answers.

From Mr. Costas' words it seems that many times he marginalizes children with his behaviour and his teaching approach that follows in the classroom. Various researchers, especially in the U. S., obtained similar findings. They report differences in teaching behaviours among teachers who perceived that some children were less able to achieve because of certain differences (see for example, Edmonds, 1982; McLeskey & Grizzle, 1992).

Conscious Marginalization

The second assertion, as it emerged from our data, is that some teachers often marginalize children categorized as having special needs consciously and with practices that appear to be planned in advance. Through the analysis of our data this issue keeps coming up again and again. Of course, the distinction between this theme and the previous one is not always clear. Sometimes the two themes appear mixed. The following vignette shows an example of conscious marginalization of children considered as having special needs by the planned activities of the teacher. The data of this vignette came from observation in Mrs. Olga's class.

Vignette

Mrs. Olga was the teacher of Anastasis and Stavros. Mrs. Athina was the 'special' teacher of the school. Mrs. Athina usually used segregation practices for teaching children described as having special needs. Namely, she withdrew them from their class and taught them individually in a separate

room. After some discussions we had with the two teachers a suggestion was made that Mrs. Athina, instead of teaching the two boys individually in a separate room, during this time to go into their class, together with Mrs. Olga, where the two teachers will teach collaboratively in a collaborative style of co-teaching. Mrs. Athina was very happy to do so. Although Mrs. Olga was not very enthusiastic about it she accepted to get involved in the collaboration. From the next day Mrs. Athina began entering the class; she sat in a group of five children, among them was Anastasis and Stavros, and helped the group during Mrs. Olga's teaching. During the first few days the comments of the teachers were positive. One day of the second week Mrs. Athina declared that she would not co-teach again with Mrs. Olga. The reason was an incident that happened during that day. In particular, Mrs. Athina sat with the two boys and helped them during a lesson. Mrs. Olga taught and at some point reached a certain stage where she would give to all pupils a handout with some exercises. She began giving one handout to each child. When she reached Anastasis and Stavros who sat with Mrs. Athina, she continued without giving them a handout.

In this story we can see the two teachers trying to cooperate within the context of inclusive education in order to teach collaboratively, in the same classroom, the children considered as having special needs. At the beginning things seemed to be going well but in the process the class teacher appears to be deviating from the initial plan and consciously, in the presence of the 'special' teacher, marginalize the two children. She overlooked them and does not give them a handout with the exercises for the lesson. Talking with her later on, she justified her action saying that the two boys at that particular time were under the responsibility of the 'special' teacher who worked with them, and moreover, the two children would not be able to do the exercises of the handout.

Analyzing the behaviour of this teacher we could argue that Mrs. Olga consciously did not give a handout to the two boys as something we considered to be a marginalization practice. Through our observations, the interviews with the two teachers and also through the unofficial discussions we

had with them until the end of the year, Mrs. Olga considered that the existence of the two children in her class prevented her from 'doing her job as she wanted', as she said during a discussion we had with her. Her attitude was negative from the beginning although she accepted Mrs. Athina to enter her class because of the 'pressure' put on her when she was asked to do this collaboration, and in order not to appear as having a negative approach towards the two boys. Subsequent to the beginning of this collaboration, day after day it increasingly seemed that Mrs. Olga did not want Mrs. Athina coming in her class although she did not say anything in public. She seemed to be feeling that her space was threatened, her independence as a teacher was limited and generally that her freedom to do whatever she wanted in her class was restricted. The presence of Mrs. Athina in the class seemed to put pressure and stress on her, something that gradually led her to the incident of the above vignette.

Through our previous research (e.g. Angelides & Charalambous, 2005) we found that many teachers appear to be consciously negatively oriented towards inclusive education as well as towards pupils considered as having special needs because their interests are not served (i.e. quiet class, coverage of the curriculum, high results). Vlachou-Balafouti & Zoniou-Sideris (2000) report an example of a teacher from a Greek school who had a negative attitude towards children considered as having special needs. Although they state that this example could be characterized as an overt expression of prejudice and discrimination they also point out that it is dangerous to criticize the teacher's negative attitude in isolation from the wider context within which such a response was created.

In other research again conducted in Greece, Pandeliadou (1992) found that 'ordinary' teachers have negative attitudes against the inclusion of children considered as having special needs. In particular, it was found that mainstream teachers consciously do not want to marginalize pupils categorized as having special needs and considered that these attitudes influence the successfulness of inclusive education in Greece.

Discussing the Two Assertions

Despite the fact that we divided the responses of teachers in conscious and unconscious we believe that if we analyze their actions further in order to search in a greater depth for factors that might lie behind those behaviours what seems to prevail is that the behaviours of these teachers as derived to a great degree from development context of special education in Cyprus. The response of teachers should be studied within the wider context of special education because as Armstrong, Armstrong and Barton (2000) argue:

The pursuit of an inclusive society involves a very difficult and demanding struggle against those cultural, ideological and material forces which combine to generate and legitimize policies and practices of exclusion. In seeking to understand the present in order to change it, it is necessary, for example, to explore some of the images of the past and how these both inform and become incorporated into our current future endeavours. (p. 3)

Thus, we can search for factors that lay behind these attitudes and behaviours and say that the negative attitude of teachers might be a result of the historical, social and cultural context of special education in Cyprus (Phtiaka, 2000).

Historically, special education in Cyprus took place in segregated settings with 'special' and 'ordinary' teachers to have completely different roles. Even today they belong to different departments at the Ministry of Education and Culture. There are three special education inspectors that are responsible for all 'special' teachers, while 'ordinary' teachers are the responsibilities of 'general inspectors'. This division, therefore, creates different job tasks and different understandings of their roles in schools, which might generate the behaviours that appear in the above vignettes.

Consequently, the behaviour and responses of the teacher involved in the above vignettes might be determined by the historical context of special education development in Cyprus. The roles and views that each group acquired evolved through this

development, as well as the views for dealing with children defined as having special needs seems to be in conflict with the philosophy of inclusive education and as result of this conflict children considered as having special needs are marginalized.

Discussion

The above analysis substantiates the position that many times teachers' practices seem to act as a factor of marginalization for children categorized as having special needs. This marginalization seems to be quite complex and with its different forms not to be clear, but to be overlapping and interpenetrating. We have seen marginalization coming from teachers to appear in two interconnected forms: unconscious marginalization and conscious marginalization.

It is important to note that during this project many difficulties emerged because of the complex nature of marginalization. Our central problem was to formulate our assertions since the different forms of marginalization were interrelated, interconnected and difficult to separate. As we have already said we had deliberately divided these issues to help the reader to understand the arguments and findings of our research. At the beginning of our data analysis we had considered the historical overview as one of our assertions but in the process of analysis we realized that we did not have enough empirical evidence to support it, so we used it to support the discussion of the two assertions. As we were generally trying to identify barriers to participation and learning and then presenting suggestions for overcoming these barriers in relation to the historical overview we realized the importance of Fulcher's (1989) argument that educational policies are created through struggles that occur across a series of interconnected levels within an education system.

In addition, it would be interesting to discuss the language of 'special needs' in relation to its use within discussions of 'inclusive education' and its validity when applied to specific children. The use of the term 'special needs' might be seen to further contribute to the marginalization of the children involved in the study. We have used it, however,

because this is the term used by the Cyprus law (Cyprus Republic, 1999). Moreover, this discussion raises questions about the labels that these children have been given in relation to their behaviour and interactions in their classrooms.

The implications of the above analysis could be related to the initial training and in-service education of teachers. We will not do it though because we consider that for this issue there are a lot of writings and we do not need to return (see for example, Ainscow, 1998; Angelides, 2004; Angelides & Zembylas, 2003; Vlachou, 1997). We will try, however, to connect the implication of the above analysis with the support that the Ministry of Education in Cyprus provides to teachers.

Previous research found out that teachers very often refer to the support they receive from their superiors and generally the Ministry of Education (see, Angelides, 2004; Angelides, Stylianou & Leigh, 2003). This fact might be the case in our state of affairs and teachers like Mrs. Despina, Mrs. Olga, Mrs. Athina and Mr Costas might not have the necessary support from the Ministry of Education. Teacher who have in their classes children categorized as having special needs seem to be alone and whichever efforts done are done from their own initiative. We believe that all teachers, and those who have in their classes children considered as having special needs in particular, need support in order to be able to provide more quality education and in order to increase the participation of all of their pupils. We suggest that the way schools function and the way teachers are allocated to classes in particular should be reformed in order to have more than one teacher in the classroom, if not for the whole day at least for some hours. In addition, it would be good to introduce the role of teaching assistant. At the moment there is the role of the 'escort assistants' that mainly support children considered as having special needs in terms of safety and transportation. Including other roles as well in order gradually to reach the role of a teaching assistant can expand this role.

Support to teachers can be provided with the organization and function by the Ministry of Education of programs of collaborative models of

action research (Ainscow, 1998; Angelides, 2003; Evans, Lunt, Wedell, & Dyson, 1999), where teachers will collaborate with each other or with academics or inspectors for investigating their practice, paying particular attention to issues that preoccupy them like the issue of teaching children considered as having special needs. In this way teachers will have the chance to choose the subject of study, to discuss it with an 'outsider' and to reach some differentiated practices.

For developing inclusive practices Ainscow, Howes, Farrell and Frankham (2003) argue that schools should become communities of practice. Wenger (1998) proposed the four dimensions of learning as they are worked out in action from within communities of practice framework: learning as doing (practice), learning as becoming (identity), learning as experience (meaning), and learning as belonging (community). Communities of practice are groups of individuals bound by what they do together—e.g. from engaging in informal discussions to solving problems—and by what they have learned through their mutual engagement in these activities. Rules of engagement within a community of practice are constantly renegotiated although there is a shared repertoire of communal activities, routines, discourses and so on that members have developed over time. Thus, communities of practice have been theorized as sites of mutual learning and as important contributors to the success of knowledge-dependent organizations (Vrasidas & Zembylas, 2004).

The idea that learning is a participative process and it is based on dialogue can go back to the Socrates era. Contemporary educational models recognize communities of practice and learning as important modes of promoting a multidimensional learning, highlighting that knowledge does not exclusively exist within each individual but in the group (Lave & Wenger, 1991). Within the community of learning individuals think, reflect, and interpret facts and situations. This model is of particular importance if we think of the contemporary needs that are created in a continually changing world in which individuals are increasingly based on group knowledge that no person processes by it self.

In communities of practice teachers are organized in a collaborative network where they share their experiences with their colleagues, they interact more often between them and whichever activities are not 'private affairs' but part of the community. The development of schools in Cyprus, therefore, in communities of practice may bridge the gap of teachers support because the support will take place in schools with the possible help of certain 'outsiders' (i.e. inspectors, educational consultants, academics). This idea, Ainscow et al. (2003) argues can be expanded into groups of schools. For example, four or five schools can create a collaborative network where they will share and discuss their experiences.

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School Personnel's Professional Development Needs and Skill Level with Functional Behavior Assessments in Ten Midwestern States in the United States: Analysis and Issues

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Abstract

The amendments to the Individuals with Disabilities Education Act (IDEA) require states address the training needs of in-service and pre-service personnel for developing and implementing positive intervention strategies (Gable, Quinn, Rutherford, & Howell, 1998; Shelladay & Stichter, 1999; The Center for Effective Collaboration and Practice, 1998). However, there are few published studies of the professional development needs of people working in public school settings. In this study, we conducted a regional survey of special and general educators, administrators, and support personnel to elicit their own professional development needs as well as their colleagues' needs in a variety of areas related to special education. The results suggest that (a) the school personnel have a strong training need in developing interventions for problem behaviors and functional behavior assessments; (b) there were some differences in the priority areas for professional development among the administrators, support staff, and teachers; and (c) there were differences between special and general education teacher's rankings of their professional development needs and the format for professional development. The implications of these findings for pre-and in-service training for teachers and other educators are discussed.

In the United States of America, the Individuals with Disabilities Education Act (IDEA) is a federal special education law that mandates free, appropriate, public education for students with disabilities in the least restrictive environments. This law provides (a) definitions of disabilities and eligibility conditions to receive special education and related services; (b) financial assistance to assist states with the education of students with disabilities between ages 3 to 21; (c) guidelines to states to protect the rights

of students with disabilities and their families; (d) grants (i.e., federal monies) to states to provide early intervention services for infants and toddlers at-risk or with disabilities; and (e) support for personnel preparation activities, technical assistance, and research to improve the education of students with disabilities.

The recent amendments to the Individuals with Disabilities Education Act (IDEA 1997 & IDEIA 2004) require schools to conduct functional behavior

assessments (FBAs) to address problem behaviors of students with disabilities. Further, IDEA amendments require that states address the professional development needs of inservice (i.e., who are already working in schools) and preservice (i.e., who are being trained at the institutes of higher education) personnel for developing and implementing positive intervention strategies (Gable, Quinn, Rutherford, & Howell, 1998; Shelladay & Stichter, 1999; The Center for Effective Collaboration and Practice, 1998).

Functional Behavior Assessments

Functional behavior assessments are defined as “combining descriptive and experimental methods to determine whether problem behavior is positively reinforced via attention and/or tangibles- or sensory stimulation- or negatively reinforced via escape from either task demands or aversive sensory stimulation” (Umbreit, 1995, p.267). There are multiple advantages of identifying functions of problem behaviors. First, effectiveness of the treatment increases when treatments are matched to the function of the problem behavior (Gable, 1996). Second, identification of functions helps rule out interventions that would not be effective, i.e., implementing time-out interventions for escape functions. Third, identifying functions facilitates generalization of treatment effectiveness across different topographies of problem behavior (Iwata, Vollmer, Zarcone, & Rodgers, 1993).

Functional assessment procedures are broadly classified into three categories: Indirect or informant procedures, direct procedures or descriptive analysis, and functional analysis or experimental analysis (Gable, 1996; Iwata et al., 1993; Ward, 1998). Information from informant methods helps in (a) defining problem behavior(s), (b) narrowing down variables affecting a problem behavior, and (c) formulating hypothesized functions of a problem behavior (Ward, 1998). Information from direct observations is helpful in formulating hypothesized function(s) of a problem behavior(s) (Choi & Kim, 1998). Functional analysis or experimental analysis

involves systematic manipulation of variables that are hypothesized as maintaining problem behaviors (Gable, 1996). Experimental analysis helps in verifying the role of the events in triggering problem behaviors (Iwata et al., 1993). The Amendments of IDEA do not mandate any specific methods or procedures for identifying the functions of a behavior (The Center for Effective Collaboration, 1998). However, it is generally accepted in the field of behavior analysis that multiple methods or sources of information provide more accurate information on a problem behavior than a single source or method of information.

There are few published studies of the professional development needs in the area of FBA of people working in public school settings. In a survey by the National Association of State Directors of Special Education (NASDSE; 1998), 29 of the 35 State Directors indicated that their states were (a) in the process of developing policies on how to conduct FBAs and (b) planning staff development related to FBAs. Further, staff development and training in functional analysis was ranked third as a priority area of need for technical assistance.

Nelson, Roberts, Rutherford, Mathur, and Aaroe (1999) conducted a statewide survey to examine the views of special education administrators and school psychologists on the effectiveness, usability, suitability, and practicality of functional behavior assessment procedures. The sample consisted of 216 administrators and school psychologists. Both groups were supportive of the use of FBAs for chronic low-level problem behaviors such as off-task behavior, non-compliance, and so forth. However, both groups were uncertain as to the effectiveness, usability, and suitability of FBAs procedures for dealing with unique low frequency behaviors that often lead to suspensions and expulsions of students with disabilities. Both the groups also expressed a concern that teachers do not have training in FBAs and might be unwilling to conduct FBAs.

Desrochers, Hile, and Williams-Moseley (1997) conducted a national survey to identify the practitioners’ use of functional behavioral assessment, frequently used FBA procedures, and

practitioners' utilization of assessment results when developing an intervention plan. The sample consisted of 300 psychologists who were members of the American Association on Mental Retardation (AAMR). Practitioners reported FBAs were useful in assessing variables affecting problem behaviors and in developing intervention programs. Further, the practitioners' indicated that indirect and descriptive methods of FBA were more frequently used than experimental analyses to empirically identify behavioral function (i.e., procedures developed by Iwata, Dorsey, Slifer, Bauman, & Richman, 1994).

In a survey study conducted in Australia, Little (2005) examined the types of behavior reported by secondary teachers as problematic and their preferred methods of professional development for managing problem behaviors. The results of the study indicated that (a) talking out of turn, hindering others, idleness, and disobedience were rated by teachers as troublesome, frequently occurring behaviors and (b) teachers preferred in-service training and advice from other teachers as the highly acceptable methods of professional development.

Although the above studies provide evidence for professional development in behavioral interventions and FBA skills, few studies that survey the needs of both the general and special educators in the area of functional behavior assessments and behavioral interventions can be found. That is, do special and general educators view FBA and behavioral interventions as an area in which they need professional development? Although it seems intuitive that such training is necessary as a result of the IDEA amendments, few studies have been undertaken to substantiate this claim. The purposes of the study were to (a) elicit the professional development needs of inservice school personnel (i.e., teachers, administrators, and support personnel), (b) explore differences in professional development needs of administrators, teachers, and support staff, and (c) explore differences in professional development needs of special and general education professionals.

Method

Participants

Surveys were mailed to 450 special and general education personnel (i.e., teachers, administrators, and support staff) working in schools (i.e., inservice personnel) in the states of North Dakota, South Dakota, Colorado, Utah, Wyoming, Nebraska, Montana, Arizona, Kansas, and New Mexico. The lists of inservice personnel were obtained from the Mountain Plains Regional Resource Center at Utah State University, state offices of education, and state education Websites. Some state offices of education were unable or unwilling to provide a list of all special and general education personnel. In these cases, only a list of general and special education administrators was provided. When a complete list of general and special education school personnel was available, surveys were sent to every 4th person on the list. When only names of administrators were available, a package of surveys was sent to each administrator, along with a cover letter that asked him or her to distribute one survey to a special education teacher, a general education teacher, one member support personnel, and one administrator (a verbal agreement to distribute the survey was obtained from the administrator via e-mail or telephone before the surveys were sent to that administrator).

Survey

A two-page questionnaire was designed to collect information regarding (a) practitioners' demographics, (b) their professional development needs, (c) their colleagues' professional development needs, (d) their current skill level in FBA, (e) preferred method for professional development, and (f) most highly needed area(s) of professional development for staff in their school district (a copy of the questionnaire is available from the authors). Under demographics, participants indicated their primary role (i.e., teacher, administrator, support staff, or other), their field (i.e., special education, general education, or other), and whether they worked at the school, district,

or state level. Under professional development needs and colleagues' training needs, participants ranked their perceived need for professional development from the following 11 areas: assistive technology, early childhood intervention, effective teaching procedures, effective collaboration skills, individualized education program development, inclusion strategies, interventions for behavioral problems, functional behavior assessment, restraint procedures, positive and negative reinforcement strategies, and transition services.

Under current skill level in FBA, participants indicated their skill level in eight FBA areas: interviewing caregivers, defining problem behaviors such that they can be observed and quantified, recording procedures for measuring problem behaviors, predicting problem behavior based on observations, analyzing observational data to determine the purpose of problem behaviors, developing intervention plans to decrease problem behavior, conducting ongoing assessment of changes in behavior due to intervention, testing hypothesized functions of the problem behavior. A 4-point Likert scale (none, low, moderate, and high) was used to elicit the training needs and skill level of the practitioners.

Under preferred method of inservice delivery, the participants indicated their preferred format of professional development from nine options: university course, two-way satellite transmission, cooperative work groups at school site, series of brief workshops, Web-based courses, CD-ROM materials, videotapes, books and other written materials, and all-day workshop. The last item asked the participants to indicate the most highly needed area(s) of professional development for staff working with disabilities in their school district and was an open-ended question.

The questionnaire was constructed by the second author, who has 12 years of experience in teaching FBA and behavior management courses. The items were selected based on her previous experience with in-service and pre-service training. Faculty members in the Department of Special Education at Utah State University then reviewed the questionnaire for face validity. The reviewers were experienced behavior

analysts, each having at least 12 years of experience in the field of special education and behavioral assessment. The reviewers read the questionnaire and commented on the items on the questionnaire. The questionnaire was revised, based on the comments, before it was mailed to the participants of the study.

Procedure

The front page of the questionnaire contained a cover letter that described the purpose of the study, issues addressing confidentiality, and information on a potential \$50 cash award (i.e., a drawing would be held of all returned surveys, and the survey drawn would receive a \$50 cash reward). The questionnaire and a stamped return envelope were mailed to the inservice personnel working in the ten states previously listed. The non-respondents were contacted through phone and e-mail 4 weeks after the original mailing to remind them to complete and return their surveys. The third author entered the data from the questionnaires into the Statistical Package for the Social Sciences Program (SPSS), double-checking the data entries for accuracy.

Results

Out of the 450 surveys sent, 157 were returned, for a total return rate of 34.8%. One of the surveys was not included in the data analysis, as the respondent did not answer a majority of the questions. The respondents were predominantly from the field of special education (82.1%; $n = 128$). Administrators constituted 38.5% of the respondents ($n = 60$), teachers 33.3% ($n = 52$) and support staff 9.6% ($n = 15$). The remaining 18.6% ($n = 29$) indicated that their job duties did not fall into any of these categories by marking "other." Forty percent ($n = 62$) of the respondents were working at the school level, 34% ($n = 53$) at the district level, and 20.5% ($n = 32$) at the state level. Among the teachers, 30.8% ($n = 16$) were general educators and 65.4% ($n = 34$) were special educators. The administrators and support staff were predominantly from special education (91.7% [$n = 55$] of the administrators and 80% [$n = 12$] of the support staff). As the administrators

and support personnel (who responded) were mainly from special education, only differences between special and general education teachers' perception of professional development needs and skill level with FBA were explored.

Respondents' Rating of Their Professional Development Needs

Overall, the three most frequently cited need areas identified by all respondents were: (1) intervention for behavioral problems, (2) FBA, and (3) inclusion strategies (see Table 1). When the data were analyzed according to the primary role of the respondents, it was found that the administrators and support staff identified the same three areas for professional development as ranking highest in need (see Table 1). The administrators also indicated a need for professional development in transition procedures. Support staff indicated effective teaching procedures and effective collaboration skills (a tie with inclusion strategies; see Table 1) as areas in which professional development was also needed. For teachers, the three most frequently cited areas of need were: (1) intervention for behavioral problems, (2) effective teaching procedures, and (3) inclusion strategies. When the data were analyzed by professional assignment of teachers, teachers differed in their rankings of areas of professional development. General education teachers rated intervention for behavioral problems, effective teaching procedures, and effective collaboration skills as their top need areas, while the special education teachers rated intervention for behavioral problems, inclusion strategies, and functional behavior assessments as their top three need areas (see Table 1).

Respondents' Ratings of Colleagues' Professional Development Needs

Overall, the respondents perceived intervention for behavioral problems, effective teaching procedures, and inclusion strategies as the top three areas of need for professional development for their colleagues (see Table 2). When the data were analyzed

Table 1

Top Three Professional Development Need Areas of Subgroups

Respondents	Top three areas of need for professional development (N)	<i>Mear</i> ^a	<i>Mode</i> ^a	Percentage rated high (n)
Overall	Intervention for behavioral problems (155)	2.99	3	32% (50)
	Functional behavioral assessments (155)	2.71	3	21% (33)
	Inclusion strategies (155)	2.65	3	16% (24)
General Teachers	Interventions for behavioral problems (16)	3.19	3	38% (6)
	Effective teaching procedures (16)	3.06	3	25% (4)
	Effective collaboration skills (16)	2.81	3	19% (3)
Sped. Teachers	Interventions for behavioral problems (34)	3.12	4	38% (13)
	Inclusion strategies (34)	2.76	3	12% (4)
	Functional behavioral assessments (34)	2.74	3	21% (7)
Administrators	Interventions for behavioral problems (59)	2.98	3	31% (18)
	Functional behavioral assessments (59)	2.73	3	22% (13)
	Inclusion strategies (59)	2.63	2	20% (12)
	Transition services (59)	2.63	2	19% (11)
Support Staff	Interventions for behavioral problems (15)	3.07	4	40% (6)
	Functional behavioral assessments (15)	3.00	3	33% (5)
	Inclusion Strategies (15)	2.87	4	40% (6)
	Effective teaching procedures (15)	2.87	2	33% (5)
	Effective collaboration skills (15)	2.87	2	33% (5)

^aThe range was 1 to 4 and 1 = None, 2 = Low, 3 = Moderate, and 4 = High

for the various sub-groups of the respondents, administrators identified interventions for behavioral problems, FBA, and transition services and effective teaching procedures (which were ranked as equally important) as three top need areas for their colleagues (see Table 2). For support staff, the areas for training were intervention for behavioral problems, positive and negative reinforcement strategies, and both

FBA and effective teaching procedures (which were ranked as equally important).

Teachers identified interventions in behavioral problems, effective teaching procedures, and inclusion strategies as the top three need areas for their colleagues. When analyzed by professional assignment, the general education teachers indicated interventions for behavioral problems and effective teaching procedures, positive and negative reinforcement strategies, and effective collaboration skills as need areas for their colleagues. Special educators indicated that interventions for behavioral problems, effective teaching procedures, and inclusion strategies as areas in which their colleagues need professional development (see Table 2).

There were some differences in the teachers' own perceived need areas and their perceived needs of their colleagues. The general education teachers did not identify FBA as a priority training need for themselves or their colleagues. However, the special education teachers identified professional development in FBA as a training need for them but not for their colleagues. Both the groups identified interventions for behavioral problems as a priority professional development need for them and their colleagues.

Respondents' Perception of Their Skill Level with FBA

Overall, the respondents rated their skills levels as low in the areas of (1) hypothesis testing of the purpose of the problem behavior, (2) conducting ongoing assessment of changes in behavior due to intervention, and (3) both developing intervention plans to decrease problem behavior and/or increase desired behaviors and interviewing caregivers regarding problem behaviors (rankings for these two areas were rated as low by an equal number of respondents, see Table 3). Some differences were found both in ranking and priority areas when the data was analyzed by primary role. Administrators indicated their skill levels were low in (1) hypothesis testing of the purpose of the problem behavior, (2) conducting ongoing assessment of changes in behavior

Table 2

Top Three Professional Development Need Areas for Colleagues

Role	Top three need areas (N)	Mean ^a	Mode ^a	Percentage rated high (n)
Overall	Intervention for behavioral problems (148)	3.45	4	52% (77)
	Effective teaching procedures (149)	3.17	3	35% (52)
	Inclusion strategies (149)	3.15	3	36% (54)
General Teachers	Interventions for behavioral problems (14)	3.07	3	14% (2)
	Effective teaching procedures (15)	3.07	3	20% (3)
	Positive and negative reinforcement (15)	3.93	3	13%(2)
	Effective collaboration skills (15)	2.80	3	13% (2)
Sped. Teachers	Interventions for behavioral problems (33)	3.61	4	70% (23)
	Effective teaching procedures	3.39	4	52% (17)
Administrators	Interventions for behavioral problems (56)	3.48	4	55% (31)
	Functional behavioral assessments (56)	3.27	4	45% (25)
	Effective teaching procedures (57)	3.12	3	30% (17)
	Transition services (58)	3.12	3	38% (22)
Support Staff	Interventions for behavioral problems (15)	3.53	4	53% (8)
	Positive and negative reinforcement (15)	3.47	4	53% (8)
	Functional behavioral assessments (15)	3.47	4	53% (8)
	Functional behavioral assessments (15)	3.27	3	40% (6)
	Effective teaching procedures (15)	3.27	3	40% (6)

^aThe range was 1 to 4 and 1 = None, 2 = Low, 3 = Moderate, and 4 = High

due to intervention, and (3) recording procedures for measuring problem behaviors as the three low skill areas (see Table 3). Support staff indicated their skills were low in (1) hypothesis testing of the purpose of the problem behavior, (2) both conducting ongoing assessment of changes in behavior due to intervention and analyzing observational data to determine the purpose of problem behavior (the

rankings for these two areas were rated as low by an equal number of respondents), and (3) developing intervention plans to decrease problem behaviors and/or increase desired behaviors (see Table 3).

Teachers indicated their skills were low in: (1) hypothesis testing of the purpose of the problem behavior, (2) interviewing caregivers regarding problem behaviors, and (3) both recording procedures for measuring problem behaviors and developing intervention plans to decrease problem behaviors or increase desired behaviors (the rankings for these two areas were rated as low by an equal number of respondents).

When the data were analyzed for differences in perceived skills based on professional assignment, general educators indicated that they were least skilled in (1) interviewing caregivers regarding problem behaviors, (2) both hypothesis testing of the purpose of the problem behavior and recording procedures for measuring problem behavior (the rankings for these two were rated as low by an equal number of respondents), and (3) conducting ongoing assessment of changes in behavior due to intervention (see Table 3). Special educators indicated that they were least skilled in (1) hypothesis testing of the purpose of the problem behavior, (2) interviewing caregivers regarding problem behaviors, and (3) developing intervention plans to decrease problem behaviors or to increase desired behaviors (see Table 3).

The analyses of responses from individuals who comprised the “other” category (respondents who were predominantly from special education) indicated that (a) intervention for behavioral problems was a priority professional development need for themselves, (b) intervention for behavioral problems was a priority professional development need for their colleagues, and (c) that they perceived themselves as having low skill levels in the area of hypothesis testing of the purpose of the problem behavior. This group of respondents indicated professional development in assistive technology as a priority training need for themselves and for their colleagues. They also indicated a need

Table 3

Skill Areas of Functional Behavioral Assessments Identified for Professional Development

Role	Skill areas rated low proficiency (N)	Mean ^a	Mode ^a	Percentage low or none
Overall	Hypothesis testing (153)	2.56	3	48% (73)
	Conducting ongoing assessment (153)	2.75	3	38% (58)
	Developing intervention plans (153)	2.79	3	33% (51)
	Interviewing caregivers (153)	2.79	3	28% (43)
General Teachers	Interviewing caregivers (16)	1.94	1	69% (11)
	Hypothesis testing (16)	2.00	2	81% (13)
	Recording procedures (16)	2.00	2	81% (13)
	Conducting ongoing assessment (16)	2.13	2	68% (11)
Sped. Teachers	Hypothesis testing (34)	2.47	3	47% (16)
	Interviewing caregivers (34)	2.76	3	27% (9)
	Developing intervention plans (33)	2.85	3	30% (10)
Administrators	Hypothesis testing (59)	2.68	3	42% (25)
	Conducting ongoing assessment (58)	2.83	3	33% (19)
	Recording procedures (59)	2.92	3	24% (14)
Support Staff	Hypothesis testing (15)	2.33	3	53% (8)
	Conducting ongoing assessment (15)	2.40	2	53% (8)
	Analyzing observational data (15)	2.40	2	53% (8)
	Developing intervention plans (15)	2.47	3	47% (7)

^aThe range was 1 to 4 and 1 = None, 2 = Low, 3 = Moderate, and 4 = High

for professional development in FBA for their colleagues.

Preferred Method of Professional Development

Overall, the preferred methods of professional development were (1) all-day workshop (n = 40),

(2) cooperative work groups at work sites (n = 36), and (3) series of brief workshops (n = 26). More teachers (general and special), administrators, and support staff indicated a preference for cooperative work at school site as their preferred method of professional development. However, 13 of the respondents from the “other” category indicated that all-day workshops were their preferred method of professional development. When analyzed for differences between special and general education teachers, a higher percentage of general education teachers indicated cooperative work at school site (50%) and a higher percentage of special education teachers indicated all-day workshop as their preferred method of professional development (35%). Thirty one percent of the administrators and 36 % of the support staff indicated cooperative work at school site as their preferred method of professional development.

Areas of Training for Staff in Their School District

The last question was open-ended and asked respondents to identify the highest need areas of professional development for staff working with students with disabilities in their school district. The responses obtained from the question were categorized into 25 areas by the authors (see Table 4). Overall training in FBA and interventions for behavioral problems comprised the most frequently cited area of training need (n = 67). The second most frequently identified area of need was professional development in inclusion strategies (n = 43). The third most frequently cited category of training needs identified by the respondents was effective teaching strategies (n = 21). This pattern was found to be consistent when data were analyzed for teachers (and by professional assignment), administrators, and support staff (see Table 4).

Discussion

The purpose of the study was to identify the needs of school personnel, particularly in the areas of FBA and behavioral management and to explore

Table 4

Areas in Need of Professional Development for Staff Working in Their School District

Areas	Gen Ed (n = 15)	Sped (n = 34)	Admin (n = 55)	Support Staff (n = 14)
Behavioral management skills (FBA)	8	13	24	9
Collaboration/Teamwork	-	3	5	1
Teaching Strategies	2	4	11	1
Staff evaluation	-	-	2	1
Inclusion/LRE/accommodations	3	13	18	1
Transition planning	-	1	7	2
Gen. Ed. training in special education	1	3	6	2
Literacy training	-	-	3	-
Time management/planning	-	-	3	-
Bilingual education	-	-	1	-
Academic assessment	1	-	1	-
Parental involvement strategies	1	1	-	1
IEP development	-	2	-	1
Hearing impaired/deaf/blind strategies	-	-	2	-
Autism interventions	-	-	1	1
Prereferral processes skills	-	1	2	-
Staff motivation strategies	-	-	-	1
Staff communication	-	-	-	1
Assistive technology	-	2	1	-
Training paraprofessionals	1	2	1	1
Mental/emotional illness	-	2	-	-
Standards-based education	-	1	6	-
Other	2	6	10	5
IDEA updates	-	2	1	-

Note. Some respondents indicated multiple areas of need.

the differences in training needs between special and general education personnel. We also wanted

to know if there were differences in professional development needs by administrators, teachers, and support personnel. Because the administrators and support staff, who responded to the survey, were predominantly from the field of special education, analyses were undertaken for differences in training needs between special and general education teachers. The results of the study indicated that the school personnel perceive a strong need for professional development in developing interventions for behavioral problems and in FBA skills. Further, almost all the subgroups of respondents indicated a low skill level in hypothesis testing and conducting functional analysis. However, it was interesting to note that there were differences in the priority areas for professional development among the administrators, support staff, and teachers; as well as between the special and general education teachers' rankings of their training needs, their colleagues, and their preferred format of professional development.

There are several implications these results have for research and practice. First, there appears to be a strong need for professional development in assessment and interventions for problem behaviors for all the in-service school personnel. Thus, the development of training tools and research on effective instructional methodologies in the areas of FBA and interventions for problem behavior should be encouraged. This finding is also corroborated by the results from the open-ended question that asked for highly needed area(s) of training to work with children with disabilities. We asked the open-ended question to obtain an "unprompted" suggestion of what professional development needs educators had. Similarly, all the sub-groups indicated intervention for behavioral problems as their perceived priority professional development need for their colleagues. This suggests that the school personnel (a) perceive managing behavioral problems as a significant issue, (b) recognize the role of all school personnel in managing problem behavior, and (c) perceive that they and their colleagues may not have adequate knowledge and skills to develop interventions for behavioral problems.

The above finding suggests the need for appropriate professional development programs in behavior management and functional behavior assessment for in-service personnel. In addition, perhaps increased emphasis on behavior management and functional behavioral assessment is warranted for pre-service personnel as well, considering the fact that these individuals will soon become in-service personnel. Shellady and Stichter (1999) provided guidelines for developing training programs on functional behavior assessment as well as suggested content that should be included in such training for in-service and pre-service personnel. They also emphasize eliciting the needs of the in-service personnel through questionnaires and focusing the professional development on areas of need identified by various school personnel. In this study we asked for both the professional development need areas of the in-service personnel and also the formats for delivering professional development as preferred by the school personnel. For example, in the present study, a greater number of teachers, administrators, and support personnel indicated cooperative groups at work sites as their preferred method of professional development. We believe that when professional development is conducted based on the school personnel needs and the delivery format the personnel prefer, it is likely to be valued and effective.

As stated above, it may be important for institutes of higher education to provide more intense training in FBA skills and behavior management procedures as part of their teacher education curricula. Increasing training of FBA and behavior management in pre-service programs may better prepare in-service teachers more adequately for the challenges they face in their role as a teacher; and the schools systems to be in compliance with the new IDEA amendments. However, there are few published studies that have investigated effective methods of training pre- and in-service personnel in the areas of FBA and behavioral interventions (see Chandler, Dahlquist, Repp, & Feltz, 1999; Vaughn, Hales, Bush, & Fox, 1998; Ward, 1998). Thus, a need exists for additional studies investigating effective methods of training

school personnel (both pre-service and in-service) in FBA and behavioral interventions.

Interestingly, all of the respondents except the general education teachers indicated training in functional behavioral assessment as a priority area for professional development. It may be that the general educators see special education teachers and/or other school personnel as the primary school personnel responsible for conducting the functional behavioral assessments. General educational personnel also may not be aware of the role of FBA in designing appropriate interventions.

Among the skills required to complete FBAs, the majority of the participants indicated that their skill levels were low in the area of hypothesis testing of the purpose of the problem behavior. However, general education teachers rated their skills as lower in the area of interviewing caregivers regarding problem behaviors. This difference in perceived skill deficits between general and special educators may be due to the differential roles played by general and special education personnel in conducting FBAs and managing problem behavior, as well as the perceived importance of each of these skills.

There were additional differences in the professional development areas identified as needed across subgroups and especially between special education teachers and general education teachers. For example, the general education teachers identified effective teaching procedures and collaboration skills as areas in which they needed professional development, while special education teachers were concerned about FBA, interventions, and inclusion strategies. Administrators indicated a need for professional development in transition services. This finding suggests that the professional development needs of school personnel are likely determined by their roles and responsibilities. Thus, separate professional development programs may be needed on a continuous basis to meet the diverse needs of the school personnel.

Recently in a special issue of *The Journal of Special Education*, Cook and Schirmer (2003) examined the question of “what is special about special education” and concluded that the effective

practices/techniques were not being implemented in the classrooms as designed, which in turn was preventing real improvements in the education of students with special needs. Our results indicate that the teachers may not be aware of or adequately trained in effective research-based practices and they need more training (and support) for implementing them in the classroom. Thus, there exists a need to constantly monitor the needs of school personnel and to design appropriate in-service programs to meet their needs.

One other interesting finding of the study is the respondents indicated a low preference for distance/electronic formats of professional development. Distance/electronic formats have a potential to be very effective tools for providing on-going support to the school personnel and in establishing relationship between the faculty at institutes of higher education and the school personnel. The low preference for this type of professional development, however, suggests that school personnel may not be willing to participate in such ventures.

This study is not without its limitations, which may have affected the external validity of the findings. First, the return rate of the questionnaires was poor, despite our attempts to contact participants and remind them to return the surveys. The average return rate for surveys reported in literature is 50% to 60% (see Bouck, 2005; Conderman & Katsiyannis, 2002; Flowers, Ahlgrim-Delzell, Browder, & Spooner, 2005). In addition, a few respondents did not answer all the questions on the survey. In such cases, we attempted to complete the survey by calling the respondent if s/he provided his/her contact information on the questionnaire. In some cases, however, this was not possible because contact information was not provided. Second, the sample of individuals who received surveys was not selected in a random fashion. Although we attempted to mail surveys randomly to different school districts, we are unable to obtain address of schools and names of teachers from state departments of education due to confidentiality issues. In many cases, we were only allowed to send surveys to specific individuals at the state or local levels, who

then agreed to distribute the surveys to specific individuals at the state or local levels, who then agreed to distribute the surveys on our behalf. Third, the lack of adequate representation of personnel from general education (due to a lack of response) limits the generalizability of the results. Finally, some of the topics for professional development listed in the questionnaire were broadly defined. For example, Inclusion Strategies could mean different things for different professionals. Hence, there could have been a differential perception of what Inclusion Strategies might have meant for each of the sub-groups of school personnel who participated in the study. Further, research should be undertaken to address the above limitations.

To conclude, the results of the study resonate with the findings of earlier research on the professional development needs of teachers. The results indicate a need for professional development in the area of FBA and interventions for behavioral problems. This study also extends the limited literature by examining the professional development needs of both regular and special education teachers and other school personnel in the area of FBA skills and their preferred methods of professional development. We believe that obtaining information on the school personnel overall needs, specific skill level, and preferred method of professional development assists faculty at institutes of higher education in designing and delivering effective professional development that meets their individual needs. Even though the professional development models, services for students with disabilities, and needs of school personnel might vary across countries, we hope that the instrument and methodology shared in the study will assist faculty at institutes of higher education in other countries with their efforts in planning and meeting the professional development needs of their school personnel.

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Authors' Note

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Comparison of Perceptions of Inclusion Between University Instructors and Students with Disabilities in Ukraine

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Abstract

Ukraine is currently involved in a heated debate about inclusion at all levels of education. This debate has become part of the country's efforts to improve human rights. Prior to independence in 1991, students with disabilities in Ukraine who desired higher education were not permitted to attend universities. How instructors and students with disabilities perceive the process of integration is important for Ukraine's continued movement toward becoming an egalitarian society. This study examined the differences in attitude regarding inclusion and university life between university instructors and students with special needs attending Open International University of Human Development "UKRAINE," the only Ukrainian university that welcomes students with disabilities. Results revealed no significant differences in the attitudes of the two groups. However, when individual questions were analyzed, instructors and students differed in their perception of instructors' willingness to change locations of classes if they were unsuitable for students with physical disabilities, instructors' willingness to change their teaching style to communicate with students with disabilities, and instructors' ability to make students with disabilities feel accepted. Nonetheless, both instructors and students rated their experience with integrated university education as satisfactory.

Ukraine, the second largest country in Europe, is located in Eastern Europe, bordering Poland, Romania, Moldova and Russia. Since independence from the former Soviet Union in 1991, the Ukrainian government has experienced resistance to governmental reforms and today struggles to improve the legislative framework for business, to increase productivity and to manage land privatization (Benardo, & Silber, 2005; Bureau of European and Eurasian Affairs, 2003).

Special Education in Ukraine

In 2004, 1.8% of all children in Ukraine were registered as having disabilities (Zasenko, 2004). The special education system in Ukraine is a network of

special schools, many of them operating as boarding schools for children with specific disabilities (Csanyi, 2004). These special schools offer children 6 to 12 years of schooling. Recently, schooling for children with some special needs such as blindness and hearing impairments have been extended to 13 years (Bondar, 2004). Families have come to rely on these special schools because they provide children specialized social and educational training (Bondar, 2004). Historically, children with disabilities who desired education after secondary school attended technical and vocational schools and colleges, some of which are boarding schools, or enrolled in special training courses designed for the disabled (System of the Education of Ukraine, 2001).

Inclusion

Attitude Changes Regarding Inclusion.

Integration or inclusion, teaching students with special needs with peers in regular education settings has gained some attention in the last decade in Ukraine (Bondar, 2004; Kolupayeva, 2004; Zasenکو, 2004). The attention has been primarily lead by movements for civil rights from international organizations such as United Nations Educational, Scientific, and Cultural Organization (UNESCO) (1994) and the Open Society Institute and Soros Foundation Network (2006). Currently, the Ukrainian Step by Step Foundation (2003) is managing a country-wide research project evaluating full and partial inclusion in 17 regions of the country. Despite this work, it is unlikely that Ukraine's Special Education system will be changed significantly in the next few years. At present, the country lacks governmental and community support for comprehensive integration (Zasenکو, 2004).

Inclusion in Higher Education. In Ukraine, higher education is viewed as a constituent of national education (Korsak, 1998). There are over 200 state-owned and non-governmental higher education establishments under the Ministry of Education and Science in Ukraine (System of the Education of Ukraine, 2001). Prior to independence, students with disabilities who desired higher education were not permitted to attend universities. Their only option was vocational education. Since 1999, students with disabilities have been able to attend Open International University of Human Development "UKRAINE."

Instructors Attitudes Toward Inclusion in Higher Education. Several studies have investigated the attitudes of instructors teaching students with disabilities in American colleges and universities (Vogel, Leyser, Wyland, & Brulle, 1999; Burgstahler, Duolos, & Torcette, 2000; Scott, Weishaar, Park, & Jewell, 2004). Although instructors report more positive attitudes toward inclusion today than in the early 1970s, instructors still report tension regarding the fairness of providing additional support for students with disabilities (Burgstahler

et. al., 2000; Leyser, Vogel, Wyland, & Brulle, 1998). American universities have earnestly complied with the Individuals with Disabilities Education Act (IDEA) (2004) since its passage in 1975. These universities have eliminated physical barriers to ensure accessibility, made adjustments in scheduling and locations, and offered a formal system of accommodations to students (Burgstahler, 2003; Sahlen & Lehmann, 2006; Thompson, 2004).

Nonetheless, attitudes that students with disabilities face from their professors may also limit academic accessibility and opportunity. In the United States, Babbit, Burbach, and Intcovich (1979) found that university students with disabilities believed that their instructors viewed them negatively. Ten years later, the National Science Foundation task force (1989) found that negative attitudes were still the single most significant barrier in universities for individuals with disabilities. The literature has examined instructors' attitudes and the factors that influence more positive impressions of students with disabilities in the United States (Burgstahler, 2003; Leyser, 1990). However, no research which has examined international university students' perceptions of inclusion, and no research has compared the attitudes of instructors and students in an Eastern European country. Thus, the purpose of this study was to compare the perceptions of instructors and students with disabilities regarding inclusion and university life in a university in Ukraine.

Method

Participants and Setting

The participants of this study were 80 students with disabilities attending Open International University of Human Development "Ukraine" in Kyiv, Ukraine and 39 instructors from the same university teaching in the colleges of Law and Business, Languages and Journalism, Social Technologies, and Economics. Respondents volunteered for participation in the study knowing their identity would remain confidential. Open

Table 1

Characteristics of Instructor Respondents

Characteristics	Percentage of Respondents (n=39)
Male	33.00%
Female	67.00%
Level of Education	
Ph.D./equivalent	56.52%
Masters	26.09%
Bachelors	17.39%
Years Teaching at University Level	
More than 10 years	55.82%
Less than 10 years	44.18%
Experience Teaching Students with Disabilities	58.00%

International University of Human Development “Ukraine” is a private, nonprofit university with approximately 25, 000 students, about 19% of whom are reported to have visual, hearing, health and physical disabilities. At this point, this is the only university in Ukraine admitting students with disabilities who meet admission requirements.

Of the thirty-nine instructors who participated in the study, about 56% had a Ph.D. or equivalent and about 56% had been teaching at the university level for more than 10 years (see Table 1). Thirty-three percent were male and 67% were female. The 80 student respondents were 45% male and 55% female (See Table 2). The largest disability reported by students was “health impairments.” Some of the conditions considered health impairments in Ukraine, such as mild asthma and mild visual impairment, would be correctable or would not be considered a disability in the United States.

Table 2

Characteristics of Student Respondents

Characteristics	Percentage of Respondents (n=80)
Male	45%
Female	55%
Undergraduate Student	92%
Graduate Student	8%
Motor/Physical Disabilities	25%
Health Disabilities	40%
Visual/Hearing Disabilities	35%

Procedures

Instructors and students completed a 19-question opinion survey. Respondents’ were informed that their responses would be anonymous. No time restrictions were given. Both instructors and students with disabilities completed the survey in the same room. Students with blindness or visual impairments had the survey read to them and their responses recorded. Students with hearing impairments had the survey signed to them with an Ukrainian version of American Sign Language (ASL). Students unable to write their responses on the survey form due to physical disabilities used a scribe.

Measures. A modified version of the Disability Awareness Inventory reported by Scott et al. (2004) and originally adapted from Baggett (1994) was given to participants. The new version was called The Student/Instructor Perceptions of University Life and Inclusion Survey (see Figure 1) and was translated into Ukrainian. Instructors’ and students’ surveys asked the same questions, but from the point of view of either an instructor or a student. For example, Question 6 on the students’ survey stated the following: “Faculty are willing to modify or alter testing procedures if it places a student with a disability at a disadvantage such as allowing tests to be given

from a tape or with enlarged print (see Figure 1).” The same question on the instructors’ survey stated: “The form of an exam should be modified or altered if the testing procedure puts a student with a disability at a disadvantage.” Respondents indicated their opinion by circling responses from “strongly disagree” to “strongly agree.”

In addition, instructors completed demographic questions such as the number of years teaching in higher education and whether they had taught students with disabilities during their career. Students’ demographic questions asked them to identify their year of study and disability category. Both groups answered five open-ended questions designed to gather qualitative information. Instructors’ questions asked about their experience teaching students with disabilities. Students’ questions asked about their impressions of attending an integrated university and their interaction with instructors and peers.

1 Strongly Disagree
2 Disagree
3 No opinion
4 Agree
5 Strongly Agree

1. Faculty make me feel comfortable when I discuss accommodations and/or my disability.	1	2	3	4	5
2. Faculty asks questions which communicate to me that they care about me and my performance in their class.	1	2	3	4	5
3. Faculty are as willing to answer my questions in class as they are any other student’s questions.	1	2	3	4	5
4. Faculty are willing to allow additional time for exams when it is requested.	1	2	3	4	5
5. Faculty are willing to change the location of a class to accommodate a student with a physical disability.	1	2	3	4	5

6. Faculty are willing to modify or alter testing procedures if it places a student with a disability at a disadvantage such as allowing tests to be given from a tape or enlarged.	1	2	3	4	5
7. Faculty are willing to allow special aids (e.g., tape recorder, assistive devices such as a braille) and services (e.g., sign language interpreter) for students with a disability in their classes.	1	2	3	4	5
8. Faculty are willing to modify their teaching style to ensure communication with students with disabilities.	1	2	3	4	5
9. Faculty make students with disabilities feel accepted.	1	2	3	4	5
10. University and departmental admissions requirements should be modified for students with disabilities.	1	2	3	4	5
11. Students with disabilities should experience the same privileges/experiences in university life as students without disabilities.	1	2	3	4	5
12. Students with disabilities should be successful in my discipline/major/field.	1	2	3	4	5
13. Practitioners and employers in my discipline/major/field recruit and hire persons with disabilities.	1	2	3	4	5

Figure 1. Students’ Perceptions of University Life and Inclusion Survey.

Research Design

A Fisher’s Exact Test was used to determine if a statistically significant difference existed between the two groups (instructors and students). Analysis of demographic information was reported in percentages. Responses to “open-ended” questions were tabulated.

Table 3

Survey Questions with Significant Differences Between Instructor and Student Perceptions

Perceptions*	Percentage %	
	Faculty	Student
Strongly Disagree	0.00	6.25
Disagree	4.55	30.00
No Opinion	11.36	27.50
Agree	63.64	21.25
Strongly Agree	20.45	15.00

*Question: Faculty are willing to change the locations of a class to accommodate a student with a physical disability ($p = 0.0001$).

Perceptions**	Percentage %	
	Faculty	Student
Strongly Disagree	2.27	6.25
Disagree	2.27	18.75
No Opinion	2.27	13.75
Agree	52.27	36.25
Strongly Agree	40.91	25.00

**Question: Faculty are willing to change their teaching style to ensure communication with students with disabilities ($p = 0.0029$).

Perceptions***	Percentage %	
	Faculty	Student
Strongly Disagree	0.00	5.13
Disagree	0.00	10.26
No Opinion	2.27	14.10
Agree	43.18	43.59
Strongly Agree	54.55	26.92

***Question: Faculty make students with disabilities feel accepted ($p = 0.0014$).

Results

No significant difference in the overall perceptions of university life and inclusion between instructors and students with disabilities in this university were found ($p = 0.5729$). However, when survey questions were analyzed individually, three questions revealed significant differences in

<p>College of Economics:</p> <p>“I would like additional help with the integrating process.”</p> <p>“I would like to have special courses for students with disabilities.”</p> <p>“I would like to have additional classes for students with disabilities to prepare them better for regular university classes.”</p>
<p>College of Law:</p> <p>“I would like to continue teaching students in integrated groups.”</p> <p>“I want to create special groups for students with disabilities.”</p> <p>“I want more speakers/lecturers with good experience of working with people with disabilities.”</p> <p>“They need special extra classes for students with disabilities to help them meet the demands of the academic program.”</p> <p>“I need special printed materials for students with disabilities.”</p> <p>“I would like the best students with disabilities to help us in the educational process by giving lectures and so on.”</p> <p>“We need a special library for students with disabilities.”</p>

Figure 2. Instructor Comments to Open-Ended Question: “What would you like to share about your perceptions regarding university students with disabilities and their inclusion into society?”

perceptions (see Table 3). The first question dealt with instructors’ willingness to change locations for students with physical disabilities ($p = 0.0001$). The second question dealt with instructors’ willingness to change their teaching style to communicate with students ($p = 0.0029$). The third question asked

whether instructors made students with disabilities feel accepted ($p = 0.0014$).

A majority of students reported that instructors made them feel comfortable discussing their disability (73%). Forty-six percent of the instructors indicated that they did not believe it was necessary for them to make students feel accepted. Students from the College of Economics reported the highest percentage that “strongly agreed” with this statement (93%).

Over half of the students reported they “strongly agreed” that they would be successful in their chosen field (56%), while 25% of the instructors reported feeling this way. Similarly, 42% of the students

College of Economics:

“I would like all people with disabilities to be able to have good conditions for studying at the university.”

“I would like to make studying at the university for students with disabilities as easy as possible.”

College of Law and Business:

“I would like to see the number of qualified sign-language interpreters increased.”

College of Languages and Journalism:

“Students with disabilities need more scholarships so they can go to university.”

“There is a need to increase the number of sign-language interpreters.”

“Students with disabilities would profit from exchange programs to other universities in other countries.”

“A person with a disability is not a person who is helpless and cannot help him or herself.”

College of Social Technologies:

“I want to help people and let them know what can be done.”

“I believe I will find a job and feed my family.”

“I am just like everyone but I have poor vision. I want to make a difference.”

Figure 3. Student Comments to Open-Ended Question: “What would you like to share about your future inclusion into society?”

reported that they “strongly agreed” that employers would hire them in their field. Eighteen percent of the instructors reported feeling that way.

Instructors’ and students’ responses to open-ended questions, organized by college, are presented in Tables 5 and 6. Instructors from the College of Social Technologies and the College of Languages and Journalism did not complete any open-ended questions. Only thirty-six percent of all instructor and student respondents answered the open-ended questions. Figure 2 lists faculty impressions about students with disabilities and the students’ inclusion into Ukrainian society. Comments suggested that instructors were ambivalent about integrated classes for students with disabilities and desired additional support. Figure 3 lists students’ comments about their future integration into Ukrainian society. Students’ comments also tended to focus on a desire for additional resources.

Table 4

Instructors’ Responses to Demographic/Opinion Questions based on College in the Open International University of Human Development “UKRAINE”

	Question	
	Have you taught a student with a disability before?	How would you rate your experience teaching students with disabilities?
College of Economics	56%	100% “very satisfactory”
College of Law and Business	30%	14% “very satisfactory” 66% “satisfactory” 20% no response
College of Languages and Journalism	No responses	No responses
College of Social Technologies	No responses	No responses

Instructors from the College of Economics identified themselves as teaching courses in Business, Economics, Engineering, and Mathematics. Over one-half of the instructors from this college who answered demographic questions reported they had previously taught students with disabilities (see Table 4). All of these instructors rated their inclusion experience as “very satisfactory.” Instructors from the College of Law indicated they taught classes in Law Education, International Business, and International Law. Approximately one-third of these respondents reported they had taught students with disabilities before. Sixty-six percent rated their experience as “satisfactory” (see Table 7). Both instructors (88%) and students (85%) rated their experience with integrated university education as satisfactory.

Discussion

In 1995, Ukraine ratified the European Convention for Human Rights granting social protection to those with disabilities. The law provided some financial support, reduced rates on public transportation, and encouraged employment. However, the law did not extend to equality in education, including higher education. Although this law is comprehensive by international standards, it is unevenly enforced and penalties for not complying with the law are rarely issued. For example, according to Ukrainian law, all businesses must fill 4% of their workforce with individuals with disabilities. However, in practice, many employers either completely ignore the law or only hire individuals with mild health disabilities, such as asthma (Vilkos, 2005).

As a nation, Ukraine appears to have a real desire to change its cultural views and practices toward individuals with disabilities. It has partnered with several international nongovernmental organizations to advocate for and protect children with disabilities (Open Society Institute and Soros Foundations Network, 2006). It participated in the 2003 European Year of People with Disabilities that was dedicated to promoting the positive contributions of persons with disabilities and in reducing discrimination

(Division of International Special Education and Services, 2004). However, no unified commitment from the central government regarding inclusive education or comprehensive societal integration has been issued. As illustrated by the results of this study, social change seems to be occurring below the level of the central governmental as individuals, individual businesses, schools and universities take the task of integration and disability rights forward with their own individual initiatives.

For the students with disabilities who participated in this study, attendance at Open International University of Human Development “UKRAINE” was their first encounter with peers without disabilities. For students without disabilities, this university provided them their first interaction with peers with disabilities. Integration occurs in classes, and in formal and informal social activities. The same is true for instructors. The first time most of the instructors in this study interacted with students with disabilities was when a student entered their class. Considering this, it is impressive that the results revealed that both instructors and students with disabilities were satisfied with their experience in an integrated university.

Many of the instructors and students appeared surprised by a survey that was interested in their opinions, and asked many questions about how the information would be used before they were willing to complete the survey. Approximately 30% of the surveys from both instructors and students had omitted responses. This, and the low rate of instructor and student responses to the open-ended questions, may be attributable to a holdover from Soviet rule. There seemed to be a pervasive concern about reprisals and a strong need for reassurance that individual identities would not be revealed. This observation should be considered when future research is developed which is opinion-driven.

Despite the fact that Open International University of Human Development “UKRAINE” has been educating students with disabilities since 1999, accommodations have been provided informally, on a case-by-case basis. American universities have offered accommodations to students with

disabilities for over 35 years. However, the concept of “reasonable accommodations” (Author, 2004) in primary, secondary or higher education settings is new to most Ukrainian educators. A reasonable accommodation makes it possible for a student with a disability to participate fully in an education program, and makes it possible for the instructor to fairly evaluate the student’s understanding of material without interference from the student’s disability (Association on Higher Education and Disability, 2004). In essence, survey questions asked students how well instructors provided accommodations and instructors’ questions asked if they believed that certain accommodations should be offered. The supports and adaptations instructors provided were informal and inconsistent if one used the American definition of the term. Understanding the informal way of integrating university students in Ukraine, it is impressive that no differences were found in the perceptions or attitudes of instructors and the students they taught.

The few differences that were noted in survey responses when individual questions were analyzed may be explained by the case-by-case manner in which accommodations were provided as well as limitations of the university studied. Although instructors reported they were willing to change their communication styles to ensure communication with students with disabilities, students at this university did not agree with instructors’ perceptions. Similarly, although instructors reported that they were willing to change the location of a class if it were unsuitable for a student with a physical disability, the majority of students reported that they did not see this in practice. In reality, none of the multiple campuses of Open International University of Human Development “UKRAINE” were accessible which mirrors Ukrainian society. That is, sidewalks, businesses, and public transportation continue to be inaccessible. This is a situation that will need to be addressed if Ukraine continues to express an interest in including its citizens with disabilities.

In general, the students in this study were more optimistic about being successful in their chosen field than were instructors. This could be because

instructors had more maturity and appreciation for the depths of discrimination students may have to face when they graduated. In general, public attitudes toward differences in Ukraine are negative and isolating (Vilkos, 2005). Instructors and students from the College of Languages and Journalism were the most optimistic about employment after graduation. This could be because many of the students were enrolled in the English Language Translation degree program. Since translation may be handled outside formal business settings, it may be that students and instructors believed that students would not be subjected to the same levels of discrimination that students enrolled in other, more visible careers would have to encounter.

Students in the College of Economics reported that instructors made them feel more comfortable discussing their disability than instructors in the College of Law. This might be attributed to the fact that all the instructors in the College of Economics reported having “very successful” teaching experiences with students with disabilities, while instructors in the other college may have had fewer contacts with students or may have had less rewarding experiences. To advance inclusion in higher education settings, training must be provided for instructors so they are better able to meet the individual needs of students. After this study was concluded, formal training in inclusive practices was offered to instructors and students who volunteered. Instructors participated in seminars that defined accommodations, discussed appropriate accommodations for students with different disabilities, confidentiality and procedures for improving learning in integrated groups. Students received training in the accommodations instructors would be able to provide, learned procedures for requesting accommodations, and discussed self-advocacy (Raver, in press). It is clear from the results of this study that administrators, instructors, and students at the Ukrainian university were committed to moving Ukraine toward its goal of an egalitarian society, one small step at a time.

Limitations of the Study

It is not possible to generalize the results of this study due to the sample size, the fact that instructor and student respondents were volunteers, and that only one university was studied. More research probing public opinion about integration and instructor-student relationships is needed in Ukraine and internationally.

Conclusions

No differences were found in the perceptions of inclusion and university life between instructors and students with disabilities in the Ukrainian university studied. However, instructors and students differed in their perception of instructors' willingness to change locations of classes if they were unsuitable for students, instructors' willingness to change their teaching style to communicate with students with disabilities, and instructors' ability to make students with disabilities feel accepted. Open-ended responses revealed that instructors and students in the College of Languages and Journalism were the most optimistic about being employed in their field following graduation. Both instructors and students with disabilities described their experience with integrated university education as satisfactory.

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Evaluation of a Pilot Project on Inclusive Education in India

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Abstract

This evaluation study, conducted in 2005, examined the impact of the pilot Programme of Inclusive Education of the Ministry of Social Justice and Empowerment in two States of India: Karnataka and Uttar-Pradesh (U.P.). The dual objective of this evaluation was to assess the usefulness of the programme for children with disabilities and the community at large as well as to establish a fundamental basis for developing guidelines for future programmes on inclusive education. Data was mainly collected through a questionnaire and by carrying out focus group discussions with various target groups. The data documented disability-wise enrollment, provision of assistive devices, learning achievement of Children With Disabilities (CWD), impact of teacher-training, peer acceptance, barrier-free access, development of teaching-learning material and resource support for Children With Disabilities. Findings (CWDs) of the study have been discussed.

Introduction

In India, the concept of inclusive education emerged in 1960s (before the 1960s, the CWDs were educated only in special schools) with a few experiments by International Agencies who placed children with visual impairments in regular schools. The first initiative of the Government came in the form of the Integrated Education of Disabled Children (IEDC) Scheme in 1974. Since 1987 India has implemented various programmes to target Children With Disabilities (CWDs). These programmes broadly fall into two categories: first solely aiming inclusion like the Project Integrated Education for the Disabled (PIED) and the United Nations Development Programme (UNDP) Assisted Project on Inclusive Education. The second category includes programmes solely aiming Universalization of Elementary Education and Inclusive Education included as an important component towards fulfillment of this objective. The District Primary Education Programme, Janshala and Education For All Campaign (Sarva Shiksha Abhiyan) would fall in this category.

Five major programmes/experiments have been launched in India on inclusion since 1987. However, no studies have been conducted on inclusive education. These studies would provide detailed information about the implementation of inclusion, including the issues and problems related to it. Thus, in the year 2004, the Government of India decided to evaluate the pilot project "Support to Children with Disabilities". This project, launched in 2000, was a collaborative effort of the Government of India and UNDP to achieve mainstreaming of children with disabilities.

Background

To achieve the target of mainstreaming of children with disabilities in regular schools, Government of India in collaboration with UNDP initiated a project entitled "Support to Children with Disabilities". This pilot project adopted a holistic approach and stressed on local/community initiatives. Its broad objectives included: (a) to sensitize, mobilize and build the capacity of communities in sub-programme sites to respond effectively to the needs of children with disabilities, (b) to increase the sensitivity and

build the capacity of the primary education structure/system to respond effectively to the educational needs of children with disabilities, (c) to establish an effective convergence of existing development programmes for effective inclusion of children with disabilities in general primary schools, and (d) to improve the infrastructure of the school and make them accessible to the disabled children and thereby improve enrollment and retention levels.

The project was implemented in the two States (U.P. and Karnataka) of India. The project did undertake a number of significant initiatives to reach out to CWD, which included community awareness programmes, identification and enrollment of CWD, providing special education teacher support, assistive devices to CWD, teacher training and home-based education to children with severe and profound disabilities. However, an evaluation of these interventions had to be undertaken to assess that up to what extent they could be mainstreamed in the system.

Objectives of the evaluation study

The study was undertaken with the following objectives:

1. Analytical study of attendance rates of CWDs enrolled in regular schools.
2. Assessment of training of KAP (Knowledge, Aptitude, Practice) of trained teachers, school principals, and pre-school teachers with a special focus on the teaching methodology adopted by the teachers for including CWD.
3. Impact assessment of the home-based education and itinerant teachers programme.
4. Study of suitability and acceptability of aids and appliances provided to CWDs.
5. Identification of gaps in the programme.

Procedure

The first step was the development of a comprehensive tool. A comprehensive questionnaire

was designed consisting of Questions, Interview Schedules and Format for Case Studies. After tool development, 20 volunteers (ten volunteers each from the two States) were selected. Only those individuals who had exposure to the area of education of CWD were selected as volunteers. Through training on the tool developed, each volunteer was assigned a certain number of schools, homes and pre-school centres, which he/she had to visit to collect the data based on the tool. Each volunteer was also supposed to conduct focus group discussions with the itinerant teachers, general teachers having CWDs in their classrooms, head-masters of all the schools visited, five parents, two community leaders, two peers from each school, two CWDs from each school and one pre-school worker.

Sampling

Purposive random sampling was used in the study. The schools were selected on the criteria where: (a) at least three-four CWD were enrolled in the schools and (b) the programme was implemented for two years. After the criteria were established, the volunteers selected the schools meeting the above criteria in a random manner.

Sample Size

The sample comprised 284 schools and 20 homes of CWDs. The total number of CWD in these schools was 1170. In addition, focus group discussions were also held with the following: 35 resource teachers, 419 regular teachers, 284 head-masters, 100 parents, 20 community leaders, 20 pre-school workers, 568 peers, and 568 CWDs.

Design of the Study

An exploratory and investigative design was adopted for the study. The qualitative aspects of inclusion like peer acceptance, learning achievement, use of teaching-learning material (TLM), teacher-child relationship, mode of teaching, classroom organization, use of remedial teaching etc. were

explored. One of the unstated objectives of the study to find out what had worked well and what had not and to take the discussion forward for further study. The questions in the questionnaire and interview schedules were designed in a way to solicit in-depth information regarding the quality of programme in all its varied aspects. Visits to schools, pre-school centres and homes of CWDs were also undertaken in both the States.

Major Findings of the Study

1. In both the States the enrollment of boys with disabilities was more than the girls with disabilities.
2. The enrollment of children with orthopaedic impairment was more as compared to any other category of CWDs.
3. In both the States, CWDs showed satisfactory attendance, thereby dispelling the belief that CWDs usually drop out.
4. Children with orthopaedic impairment showed maximum achievement in learning as compared to other groups of CWDs.
5. In both the States more than 80% of schools taken up for the study had TLM, but it was not being used by the teachers.
6. As far as classroom organization, most of the children were seated in rows, as compared to those sitting in circles or small groups. Similarly, in both the states more than 50% schools used the traditional lecture based teaching method as compared to activity based teaching comprising games.
7. CWDs showed better performance in learning when they were seated in circles or small groups as compared to when they were seated in rows.
8. Most of the teachers wanted help of a special education teacher when dealing with CWDs in their classrooms.
9. A fewer number of schools had handicap friendly access in both the states.

Discussion

Attendance Rate

The first finding is the attendance rate of CWD was satisfactory. On an average, 32.8% had an attendance rate between 91-100%, 46.1% disabled children had an attendance rate between 70-90% and 21.10% CWD had attendance rate between 60-75%.

Enrollment by Gender

This study revealed that more boys (61.08%) than girls (38.92%) attended regular school. This is consistent with the national picture. Lower enrollment of girls in school is usually attributed to factors such as domestic chores, lack of social security, distance from home to school, sibling care, lack of girls' toilets in the schools and a general low priority given to the education of girls, especially if they have some disability.

Enrollment by Disability

Children with an orthopaedic disability had the highest enrollment (40.1%) followed by children with mental retardation children (22.5%). Children with a hearing disability came next at 19% and children with a visual impairment were the least enrolled at 13.95%. Generally speaking either the children with orthopaedic impairment or with mild mental retardation constitute the largest percentage of children attending regular schools. One reason for this may be that most of the children with orthopaedic impairment children require no special educational support. On the other hand children with mental retardation, though requiring special educational support in the form of itinerant teacher and special TLM, do not require special assistive devices. As far as children with hearing and visual impairment are concerned, there is a general myth in the community at large that totally blind children cannot go to regular schools.

Achievement by Disability Category

As far as educational achievement was concerned, it was the highest in children with orthopaedic impairment (60.75%), followed by children with hearing impairment (19.35%), then children with visual impairment (16.10%) and finally children with mental retardation (3.35%) in that order. This was because both children with visual disability and hearing impairment require fairly intensive support services, at least, at the primary level.

Classroom curriculum

Eighty-five point five percent of schools selected for the study had TLM (88.2% in U.P. and 82.7% in Karnataka), but it was not in use except when the teachers were asked to demonstrate its use. Possible reason for lack of use of TLM by teachers was lack of adequate training in its development and use. Probably, more rigorous training is required for the teachers to enable them to understand the value of using TLM to enhance concept comprehension.

Classroom organization

In both the States, seating arrangement in the majority of the classes was in rows (57%), followed by small group seating (25.75%). The least common seating arrangement was students sitting in circles (15.2%). The seating arrangement has an important bearing on the learning of the children. Generally it is seen that child-to-child learning is promoted more when children are seated in small groups and circles. The study also attempted to see the relationship between classroom organization and students' achievement. It was observed that the performance of the CWD was best when the classroom was organized in circles or small groups. Student performance was lessened when the seating arrangement was in rows.

Mode of teaching

A finding of this study was that across all the classroom organizations, lecture based methods of

teaching trend continued to remain the main teaching style. Perhaps, teachers would need to be trained on how activities/group work can be interspersed with the main classroom transaction. The study showed that 57% teachers used the traditional lecture based teaching, only 8.1% used games while teaching various concepts, 27.5% made use of activities and only 7.35% used both games and activities to enhance concept mastery of CWD. The majority of the teachers continued to use the traditional approach of lecture based teaching, in spite of the increased emphasis being given to activity/ need-based, child – centric teaching, which is so vital for inclusion. Therefore, more stress should be laid during the training process on activity-based and how activities can be used in different ways.

Classroom organization and mode of teaching

Another finding of this study was that across all the classroom organizations, lecture based methods of teaching trend continued to remain the main teaching style. When the classroom organization was in circles, 62.4% teachers taught in the lecture mode, 27.1% adopted the play-way mode and only 10.5% used activities while teaching. When the children were sitting in rows, 61.6% teachers used lectures, 25.6 made use of games and 11.7% did activity-based teaching. While in small groups, 47.2% used lectures, 16.8% did play-way activities and 35.9% interspersed activities with the content being taught. Perhaps, teachers would need to be trained on how activities/group work can be interspersed with the main classroom transaction.

Need for extra support

Eighty-five point four percent teachers in this study reported that they needed more support for teaching CWD. This is because the teachers stated that they have not been trained well enough to provide individualized need based attention to CWD, another important factor related to good quality inclusion. This implies that the entire teacher training on IE would need a re-look to accommodate those facets and concerns emerging from actual needs of the

child as well as the teachers, rather than imposing a disability focused programme on to the teachers without giving due consideration to the situation in which they work.

Type of support

Although 82% teachers covered in this study mentioned that they had received training on IE, 91.85% teachers wanted help from a special education teacher or wanted more training on IE. A relatively less number of teachers (8.15%) wanted more TLM to be developed for CWD. Whatever the kind of support required by the teacher, the important fact that emerged was that for inclusion to be successful, need-based support had to be provided to CWD. Assistance of a special education teacher may be vital in many cases. Therefore, some careful thought has to be given to evolving a pertinent mechanism to provide appropriate support services including more interaction between general teacher and special education teacher and more remedial teaching services by the itinerant teacher to those CWD who need it.

Use of Assistive Devices

Most of the CWD as shown in this study were not using special aids and appliances. Out of the total number of children with visual impairment enrolled, only 18.9% of them were using visual aids, 30.15% of the enrolled children with hearing impairment were using hearing aids and 24.8% of the enrolled children with orthopaedic impairment were using assistive devices. The study did not attempt to look at reasons for this. However, some of the reasons behind this trend are parents /child not trained on the use of aids and appliances, breaking/wear/tear of aids and appliances, child not used to using the device /equipment provided and poor quality of the equipment provided. Future studies should look into the exact reasons so that appropriate measures could be taken up at the national level.

IE friendly support

Accessibility of schools remained an issue in both the States. Out of the 284 schools taken up for the study, only 29.71% schools had ramps, 25.25% schools had toilet modifications, 9.75% schools had resource centers/ rooms. 89.36% schools had adequate lighting. The overall situation was that a relatively small number of schools were handicap-accessible. This is an area of concern mainly due to incomplete understanding of the term barrier-free access (BFA) and lack of innovative ideas. BFA is mainly limited to providing ramps and handrails, mainly catering to the needs of children with orthopaedic impairment. The scope of the term BFA has not yet expanded to include children with visual and hearing impairments. Intensive preparation is required to make the schools more congenial for these children, both in terms of their access and retention. Similarly, not many schools had resource rooms. This is another significant finding because CWD might not benefit as much when taught by a special education teacher in the regular classroom. Hence, some strategy should be devised to enable the special education teacher to teach CWD separately, where necessary.

Feelings of Peers towards CWD

The majority of children without disabilities interviewed had warm, interpersonal relationship with CWD. This is supplemented with the fact that 97.1% of peers interviewed said that they made friends with CWD. The peers also visited homes of CWD and took support from them.

Feelings of CWD

Ninety-eight percent of the CWD in the study liked attending schools. One of the main reasons for this could be because all the schools had achieved a high level of social inclusion between disabled and non-disabled children. 28.2% CWD did experience difficulty in understanding in what was taught in the class. This calls for orienting the teacher to

more innovative ways of teaching, based on child-centered pedagogy. 71.85% CWD were frank and open with their teacher. This is a good beginning in the way the children are relating to teachers. 33.1% CWD reported that they faced problems in coming to school and 21% wanted more assistance in school related activities.

Reactions of Parents

Regarding the home-based education programme, 90% of the parents expressed satisfaction with the programme and the support provided by the itinerant teacher. However, all the parents expressed a strong need for more and longer training, counseling and guidance.

Impact of Itinerant Teaching

No inclusion without appropriate support and services. In a country like India, support services mainly come in the form of trained teachers or itinerant teachers. The functioning of itinerant teachers, as indicated by the study, is an area of concern and leaves much to be desired. Only 21.50% itinerant teachers provided support to CWD along with parents and regular teachers. 42.5% provided support only to parents and teachers and 23.3% only to teachers and 12.7% only to CWD. Another factor related to inclusive education is a frequency of visit of the itinerant teachers to the schools. This study showed that only 12.5% itinerant teachers visited schools four times a month. 25% of them visited the schools thrice a month and 45% twice a month. 17.5% visited the school ONLY once a month. This is a serious factor affecting the efficacy of inclusive education. Only 13.3% of itinerant teachers spent 3-4 hours in the school and 38.5% of them spent only 1 – 2 hours with CWD in each school visit. Itinerant teachers themselves expressed a need to spend more time with the regular teachers and CWD. The entire system of itinerant support needs considerable improvement to enhance its effectiveness, both to teachers and CWD. Only then will the CWD and others involved reap full benefits from the programme of inclusive education.

Perceptions of General Education Teachers

Ten point five percent teachers had not been oriented to inclusive education, while 90.5% had received training on IE. The training had equipped them with the basic skills of teaching CWD in regular schools. After training, their perception regarding the potential of CWD had undergone significant change. Only a small number (10.2%) felt that the training was inadequate and could have been more.

Observations of Pre- School Workers

Early childhood inclusion is important to promote participation of CWD in the classroom environment and to develop friendships in the formative period of child growth. Pre- school education of CWD has to be a collaborative effort involving parents, itinerant teachers and early education teachers/workers. 95% of the pre-school workers interviewed in this study received training on inclusion. But 65% of them felt that the training was not adequate and expressed a need for more training. 70% of them expressed the need for the centers to be better equipped in terms of resources and play-way material.

Conclusion

Although this programme was not country wide, our evaluation and findings have found issues relevant to the initiation of IE programmes through out the country. It has raised issues related to education and comprehensive care of CWD. Such issues need to be addressed so that appropriate solutions emerge. The timing of the study is particularly relevant because the Government of India has launched the Education For All Campaign with a strong component of educating children with disabilities. Thus, there is scope for implementing the findings and suggestions of the study in the education of children with CWD. The time is ripe for initiating immediate action in this regard, especially in national programmes.

It is not the intention of the investigator to claim that this study provides comprehensive solutions

to all problems of CWD. But it opens the door to better understanding of CWDs, their educational needs and methods of educating them.

Education For All has been one of the most cherished goals of India. It also has an element of quality improvement, which can be achieved by some of the strategies used in this programme. But it should be emphasized that this study marks the beginning of a journey towards universalization of inclusive education. A great deal of more work and research needs to be undertaken to concretize, diversify and improve pedagogical, educational and the sociological strategies to promote best interest of CWD.

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Special Education in Southern Africa: Current Challenges and Future Threats

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Abstract

There is heightened concern about the need to provide effective special education services around the world. There is also evidence showing that most countries have either legislation already in place or are currently designing legislation to govern the provision of education services and protect the rights of children and families challenged by disabilities. However, despite this positive development, most developing countries face innumerable challenges in their quest to provide effective special education services to their populace. This paper identifies some of the challenges and threats that countries in Southern Africa face in their endeavor to meet the educational needs of their children and families who are challenged by disabilities and provides recommendations on how to mitigate some of the factors in order to enhance development of special education services in this region.

Introduction

The need to provide effective special education services for children and families challenged by disabilities has heightened over the years across the globe. The United Nations Educational, Scientific and Cultural Organization (UNESCO) (1996), for instance, reported that 48 out of 52 of its member countries that were investigated between 1994 and 1995 indicated that they had legislation pertaining to special needs education while the remainder reported having proposals. However, despite this positive development, special needs education is still quite rudimentary in most developing countries with most of them experiencing challenges in their attempt to address the educational needs of their populace. Specific challenges, like poverty, cultural influences, lack of resources and lack of governmental support have been implicated as major obstacles threatening the provision of special educational

services to children challenged by disabilities. This paper examines extant literature to identify some of these challenges in the context of Southern Africa and in doing so it draws specific examples from the following Southern African countries: Zimbabwe, Zambia, Botswana, Namibia, Lesotho, and South Africa albeit not comparatively.

Specific Challenges

Until recently, special education has not been high on the list of governmental priorities in most Southern African countries. In Botswana, for example, the government did not take direct responsibility in the education of people with disabilities until 1984 (Abosi, 2000). Zimbabwe did not have a national policy on special education until 1980 when the country obtained political independence from Britain. Prior to 1980, the government's involvement in special education was

quite minimal (Peresuh & Barcham, 1998). The lack of national policy in Zimbabwe led to lack of coordination among the different service providers which include charitable organizations, churches, and Non Governmental Organizations (NGOs). This further compromised the quality of services available since there was no national policy to ensure accountability. In spite of the fact that some of these countries have legislation dealing with special education, the effective implementation of these policies still poses tremendous challenges in some countries. Kalabula (1993) observed that although Zambia has had an articulated national policy on special education since 1977, that policy has not been well implemented and that implementation has been gradual and difficult. Kalabula partially attributes this to the non specification of special needs education in the country's 1966 Education Act.

The lack of legislative support in most countries of sub-Saharan Africa has also affected governmental prioritization. For example, the World Bank reported that “public sector education expenditures are allocated disproportionately to higher levels of education, and are directed more toward academic than technical and general skills upgrading (and even less to special needs areas)” (World Bank, 2000). Table 1 shows percentages of expenditures by Southern African countries on education for the years 1990 and 2000-2002. It appears that education ranks low among governments' priorities as evidenced by the low proportions of fiscal resources devoted to the sector by the governments. Over the decade all the six countries, except Lesotho, reduced their expenditures on education as a percentage of national income.

Not surprisingly, special education has relied on charity from churches and humanitarian organizations since the colonial period in most Southern African countries (Kabzems & Chimedza, 2002; Peresuh & Barcham, 1998). Although this model provided access to special education services for many people with disabilities, the lack of coordination among the different organizations compromised the quality of these services.

Table 1

Public Expenditure on Education

Country	Expenditure as a % of GDP	
	1990	2000-2002*
Namibia	7.9	7.2
Botswana	6.2	2.2
Zimbabwe	7.7	4.7
Lesotho	6.2	10.4
Zambia	2.4	2.0
South Africa	5.9	5.3

Source: UNDP (2006)

Note: Expenditure is provided as a % of GDP

** Data refer to the most recent year available during the period specified.*

Poverty is another significant factor stifling the development of special education in Southern Africa. The poor have limited access to good quality land, are dependent on farming for their income (as they receive little off-farm income and small remittances), are less educated, live in larger households, and, are most often unemployed. Economically, poverty is usually defined relative to a set standard of living, usually a poverty datum line which is normally used to refer to an estimated bare minimum level of income that is needed to secure the necessities of life. The average rate of poverty for Sub-Saharan Africa as a whole is 47 percent (World Bank, 2000). According to the Human Development Index (HDI) rankings of 2003, most of the Southern African countries scored low on the HDI ranking reflecting a low quality of life in those countries, a very strong indicator of poverty. See Table 2 for some of the poverty Indicators for the six Southern African countries.

Table 2

GDP Per Capita and Human Development Index Rank

Country	Human Development Index Rank	GDP Per Capita (US\$)
Namibia	125	2,307
Botswana	131	3,983
Zimbabwe	151	190
Lesotho	149	549
Zambia	165	398
South Africa	121	3,551

Source: *Human Development Report (2006); United National Statistics Division (2006); Per capita gross domestic product in US dollars from the database of the National Accounts Section of the UN Statistics Division as of 1 July 2004.*

In South Africa, most African children attending school are born and raised in poverty (Gwala-Ogisi, Nkabinde, & Rodriguez, 1998). In Zimbabwe, poverty is more pronounced in rural areas, and the majority of the poor (88 percent) live in rural areas. Communal farming areas have 76 percent of the poor and 82 percent of the very poor in Zimbabwe (World Bank, 2000). Carter and May (2001) posited that apart from the 8% who were found to be chronically poor, the other 92% were candidates for dynamic poverty in the long term. In Zambia, poverty has been on the increase since almost three decades ago. According to Kalabula (2000), the increasing poverty of the Zambian people has inhibited access to suitable education and training. Kasonde-Ng'andu and Moberg (2001) corroborate this by stating that out of the 32% of school-age children, in Zambia, who do not attend school, most are excluded for economic reasons.

A country's level of poverty can also be explained in terms of its rate of unemployment. The rate of unemployment in most of the Southern

Table 3

Unemployment and Population below Poverty Line

Country	Unemployment Rank	Pop. Below Poverty Line
Botswana	23.8% (2004)	30.3% (2003)
Namibia	35.0% (1998)	35.0%-56% (2005)*
Zambia	50.0% (2000 est.)	86% (1993)
Zimbabwe	80.0% (2005 est.)	80.0% (2004 est.)
Lesotho	45.0% (2002)	49.0% (1999)
South Africa	26.6% (2005 est.)	50.0% (2000 est.)

Source: *The World Factbook (2006).*

*34.9% of the population live on \$1 per day and 55.8% live on \$2 per day.

African countries is high as shown in Table 3. Zimbabwe has the highest unemployment rate of 80% coupled with an equivalent percentage of the population living below the poverty line. Botswana's unemployment rate has been recently reported to have reached an all-time high of about 24 percent (United Nations Press Release, 2005). Almost all of the six countries have half of their population living below the poverty line.

With little or no resources, poor families are not able to send their children to school. The situation is worse for children with disabilities because they have special needs which require more financial resources (Heward, 2006) and when families cannot raise the money for school fees or transportation, children with disabilities become the first to stay home (Kabzems & Chimedza, 2002). In the case of Southern Africa some children cannot go to school because their mobility is restricted as they do not have wheelchairs, or even crutches. Besides,

most schools do not have the required resources, such as Braille equipment for students with visual impairments, to cater for students with a variety of disabilities. Matala (2000) identified shortage of special materials and equipment in schools as one of the constraints retarding the progress towards inclusive schooling for children with disabilities in Botswana. Even if the children were to go to school, children with disabilities are particularly disadvantaged because schools lack the right facilities. Hillman and Jenkner (2004) highlighted that only 5 percent of learning-disabled African children who need special education go to school, whereas 70 percent of them could attend if the schools had the right facilities (Hillman & Jenkner, 2004). A further constraint in Botswana was the plan hatched by the government in 2003 to reintroduce school fees for those entering junior secondary school beginning from January 2006. The fees are pegged at a rate of five percent of the individual student's education cost per annum. According to the United Nations Press Release (2005), the introduction of school fees is a dangerous step backwards and any short-term budgetary gains from the re-introduction of school fees will have regrettable and inevitable economic and social costs in the medium and long-term.

Botswana also has another peculiar problem of sparse communities, a result of the country being mostly a desert. This situation limits the provision of basic services, such as health and education, as government struggles to reach every community (United Nations Press Release, 2005). In addition to constraining accessibility, efforts to reach the sparse communities also strain the government's already limited resources.

The shortage of qualified professionals in the area of special education is another major threat to the provision of special education in Southern Africa. The 2004 national report on the development of education in Namibia, for example, states that the country has been unable to provide adequate skilled human resources requisite for the development of its entire education system (Ministry of Basic Education, Sports and Culture, 2004). South Africa,

the economic powerhouse of Southern Africa, has until recently paid limited attention to qualifications of African teachers resulting in many African schools being staffed with unqualified special education teachers (Gwala-Ogisi, Nkabinde, & Rodriguez, 1998). Similarly, Abosi (2000) reported an acute shortage of specialist teachers and lack of training facilities in Botswana. Lesotho is no exception as Kabzems and Chimedza (2002) reported that many teachers in Lesotho were unqualified and "national figures for teacher qualification in 1994 reported that over a quarter of all primary school teachers in the country were without the full pre-service qualifications" (p155). Chitiyo (2006) noted that Zimbabwe also suffers from having a limited number of trained special education teachers. This is in spite of the introduction of special education teacher training programs at local institutions, e.g. the United College of Education and the University of Zimbabwe in 1983 and 1994 respectively (Peresuh & Barcham, 1998). In a study of school psychology practices in East and Southern Africa, Mpofu, Zindi, Oakland and Peresuh (1997) found that the number of school psychologists ranged from 51 in Zimbabwe (the highest) to none in Lesotho and Swaziland (lowest). Not surprisingly, this severe lack of adequate professionals in special education compromises the delivery of quality services to children and families challenged by disabilities.

The shortage of special education professionals has been aggravated by a severe brain drain which is a common phenomenon among most developing countries. Since 1999, about 500 000 professionals have emigrated from Zimbabwe because of the political and economic crisis facing the country (The Financial Gazette, 2003). Mattes, Crush and Richmond (2000) reported that an estimated 233,609 people left South Africa to settle abroad between 1989 and 1997 and only 35% of the emigrants were officially accounted for by official data-collection methods. In addition to depriving the country of the much-needed human capacity, the movement of professionals also diminishes the government's tax base, which has further implications on funding for education.

Social and cultural factors have also played a role in obstructing the progress of special education provision in Southern Africa. Until recently, people with disabilities did not command respect in most African societies (Chitiyo & Wheeler, 2005) and in some societies they were even considered burdens to the family and to the community (Kabzems & Chimedza, 2002). Several Bantu languages such as Shona, which is spoken in Zimbabwe, and Swahili, spoken in the northern part of Zambia and in the rest of East Africa, often have derogatory terminology used to refer to people with disabilities. According to Kabzems and Chimedza such derogatory terms reinforce the lesser status of people with disabilities. Similar attitudes have been observed in Zambia where Kalabula (2000) states that parents feel ashamed and embarrassed to divulge information about their children with disabilities. Unfortunately, this attitude prevents children with disabilities from accessing education since they end up being cloistered.

Parental involvement is crucial to promoting positive outcomes for children with special needs (Turnbull & Turnbull, 2001). Consequently, some industrialized countries have designed laws regulating the collaboration between teachers and parents of children with disabilities. In the USA, for example, the 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA) requires collaboration between schools and families of children with disabilities (Heward, 2006). One of the reasons for the support for family involvement, according to Heward, is that research and practice have demonstrated that educational effectiveness is enhanced when parents and families are involved. Unfortunately, many African parents do not participate in the education of their children with disabilities (Gwala-Ogisi, Nkabinde, & Rodriguez, 1998). Gwala-Ogisi and colleagues ascribe this to lack of education and access to knowledge. Chitiyo and Wheeler (2005) suggest this could be a result of poverty and the lack of policies governing the delivery of special education in these countries. Whatever the causes, the lack of parental participation limits the effectiveness of special education services in Southern Africa.

Future Threats

The future of special education in Southern Africa is tremendously threatened by the HIV/AIDS pandemic. This region is the most affected by this pandemic, where at least 12.3 million children have been orphaned by the pandemic (UNICEF, 2004). In Zimbabwe alone more than 800,000 children are estimated to have been orphaned by AIDS (UNAIDS, 2004) while Namibia is estimated to have around 70,000 AIDS orphans (Ministry of Basic Education, Sports and Culture, 2004). HIV/AIDS negatively affect the welfare of people with disabilities by creating economic insecurity due to the sickness and subsequent deaths of the most productive group of the population which in turn raises the level of poverty. Poverty creates living conditions that can lead to mild and moderate disabilities (Nkabinde, 1997) because families in poverty are unable to provide adequate nutrition, health care, housing, and child care (Turnbull & Turnbull, 2001). If the current HIV/AIDS trend in Southern Africa is not reversed, the number of vulnerable children and the incidence of disabilities in the region will rise straining the already limited resources and facilities further.

Since HIV/AIDS affects mainly the productive group (15-49 years of age), it is postulated that the pandemic will worsen the shortage of special education professionals and this problem will likely persist into the future. Some governments have already begun to train special education professionals to provide services for children in certain categories of disabilities like visual and hearing impairments. However, as the region develops from a more agrarian society to a more industrialized society where more sophisticated skills will be required, it is postulated that some erstwhile unrecognized types of disabilities like mild mental retardation are more likely to become more noticeable and more "disabling" thereby intensifying the need for special education professionals. As such, although some Southern African governments are likely to train more special education professionals, a deficit in this area is likely to persist, at least in the short term.

Conclusion and Recommendations

Over the past few decades, Southern African countries have been grappling with many problems which have hindered development in many sectors including special education. Poverty is one of the factors which continue threatening the effective development of special education in this region. Across the region, the majority live in absolute poverty and chances of breaking the cycle of poverty are not promising as many factors such as governance issues, politics, and policy matters are involved. Another factor peculiar to this region which is stifling the progress of special education provision is the magnitude of the HIV/AIDS pandemic. This pandemic has made many households economically insecure and has made many children vulnerable and created many orphans thereby heightening the need for special education in a region where special education provision is still quite a fledgling phenomenon. Special education in Southern Africa is also dogged by the shortage of qualified professionals in the field, a problem which is further compounded by a severe brain drain bedeviling the region.

In a nutshell, a concoction of poverty, lack of special education professionals, lack of and poor implementation of national policies on special education, lack of governmental support, lack of family involvement, and socio-cultural factors has stymied the progress of special education in the Southern African region. Unfortunately, the enormity of the HIV/AIDS pandemic and a severe brain drain currently facing the region pose a severe threat to the future of special education dampening the prospects of an immediate panacea.

However, governments may do a number of things to mitigate the impact of these factors. First, governments need to give greater attention to special needs children, including orphans and other vulnerable children. In addition to enacting policies favorable to the development of special education, there is need to staff, equip, and provide adequate resources to the sector to ensure that vulnerable children and those challenged by disabilities are not left behind. Also, in addition to providing the

advocacy that is required for their children, families of children with disabilities need to collaborate with schools in order to maximize positive outcomes for their children. Families could provide home-based support that may be required in the training of children with disabilities. Schools can promote the effectiveness of this collaboration by providing any training to the concerned parents on how to assist their child at home in order to facilitate the efficacy of interventions.

Furthermore, governments may need to consider promoting the training of more special education personnel and improving their conditions of service in order to retain their services and counter the brain drain which has deprived an historically understaffed area. There is also need for governments to formalize and promote collaboration among professionals who provide different services to children with special needs. For example, physicians, speech therapists, psychologists, counselors, among others, can help special educators by providing them with information which may help in designing specialized instruction which addresses the needs of children with certain conditions. Such collaboration, which undoubtedly requires the training of more professionals, has potential of yielding innumerable benefits for children and families challenged by disabilities.

Finally, governments need to accentuate the prevention of disabilities by targeting and providing preventive intervention services to children who are at risk for developing specific disabilities. Preventive services may include development projects that promote the eradication of poverty, maternal pre-/peri- and postnatal screening for specific conditions which may result in certain disabilities like blindness and mental retardation. Also, governments could promote childhood early intervention services to ameliorate the impact of certain conditions among children at risk for developing certain disabilities. The utility of these strategies has been repeatedly demonstrated in many industrialized countries such as the United States, Canada, and Britain and can help children and families who are challenged by disabilities in the Southern African region as well.

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Cultural Barriers to South Indian Families' Access to Services and Educational Goals for Their Children with Disabilities

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Abstract

Using semi-structured interviews and focus groups, a study of twelve parents of preschoolers and young adults with disabilities in India revealed the cultural and social barriers to families' access to services and their educational goals for their child. Concerns common to both groups included difficulty of accessing information on services in a culture that continues to hold traditional negative perceptions of disability and lacks the infrastructure for dissemination of information. Specific concerns related to setting educational and work-related goals for their child, as the parents of the preschool children identified "learning to speak" and the parents of the young adults "an appropriate job" as primary goals, within the constraints of a multilingual, caste-based society.

Studies on families of children with disabilities indicate that cultural factors strongly influence families' attitudes towards disability, coping and help-seeking behavior (Ingstad & Whyte, 1995). Current research on culturally diverse families in the U.S. identifies several reasons for their limited access to services and low participation in the educational decision-making process. These include language barriers, financial constraints that preclude taking time off from work or finding child care or transportation to attend meetings or volunteer in school, and unfamiliarity with the educational system that results in a lack of knowledge about service availability or legal rights (for a review, see Turnbull, Turnbull, Erwin & Soodak, 2006). The influence of culture as barriers to parental participation and access to services has also been repeated in other countries. For instance, families operating within the South African culture of apartheid and oppression were socialized not to get involved in their child's education and to abdicate their responsibility to the government (Gwalla-

Ogisi, Nkabinde & Rodriguez, 1998), while Japanese mothers, immersed in a culture where the mother is the child's "second teacher", are actively involved in their disabled child's education (Abe, 1998).

Despite evidence that the concerns are very different for families at two significant life cycle stages, preschool and the transition to school and young adulthood and the transition to work (Turnbull, et al., 2006), few studies have investigated these differences in culturally diverse families. A study comparing differences in the development of self-determination in young adults in the US and Taiwan, for instance, found that while Taiwanese parents were less likely to foster self-determination in their children than the American parents, both groups identified this as a more important goal for their secondary school-age children than the primary school-age children (Zhang, Wehmeyer & Chen, 2005).

Most research on families of children with disabilities in India concludes that the child

places a tremendous burden on the family (Annapurna, 1997; Gandotra, 1991; Gupta & Singhal, 2005; Peshawaria, Menon, Ganguly, Roy, Rajam Pillay & Gupta, 1998; Sen & Tuli, 1991; Shanmugavelayutham, 1999; Srivastava, 2004). Contributory factors include lack of information, mothers' lack of education and negative attitudes among extended family members. A few studies indicate that parents also respond positively to their child with disabilities. For instance, Alur (2001) found a strong community response and support network available to low-income parents in western India, and Rao (2001; 2006) highlights the strengths of Bengali mothers in eastern India in their capacity to adjust and demand similar adjustments to their child from their communities. Similarly, studying mothers of children with visual impairments in rural South India, Jacob (2005) found that "contented" mothers relied on the tradition of support existing in their family or community, rather than success in education, to ensure the future security of their child, while "seeker" mothers believed that education was the key to ensuring economic independence through a good job or marriage. Although Sen and Tuli's study (1991) is the only one that looked at a specific age group, that of young adults, it does not identify parental concerns relating to this life cycle stage. This study was developed in response to the need to learn about the particular concerns of parents of preschool children and young adults, and identifies some cultural barriers to Indian families' access to services and educational goals for their children with disabilities.

Although the Indian government has developed inclusive education programs for children with disabilities, the provision of the majority of services continues to remain the domain of non-governmental organizations, or NGOs, in the form of special schools (Kalyanpur, in press; Rao, Narayan & Mani, 2005). Further, a study of parents' perceptions of NGO services found that although most middle-class, educated, urban parents were dissatisfied with the services they received, they still preferred to place their child with disabilities in a special school as they could afford the fees and because of the general perception that government

schools offer even poorer quality education (Govind Rao & Prakasam, 2003). However, the fact remains that over 94% of children with disabilities in India do not receive any educational services (National Sample Survey Organization, 2003).

Regional disparities in economic development, differences in language, tradition, and religion further affect service provision. Within this context of limited resources and, particularly, lack of trained teachers, the involvement of parents in their child's education is predominantly perceived in terms of supplementing teachers' roles as trainers and educators for their children (Gupta & Singhal, 2005; Peshawaria, et al., 1998). For instance, in Gupta and Singhal's study (2005), families of children with autism in South India were routinely involved in the intervention program designed for the child. Similarly, training mothers was a primary objective of *Seva in Action*, an early intervention program in South India (Rao, 1997). On the whole, however, families are forced to care for their disabled member without any professional or technological support (Thomas & Thomas, 2002), or to spend considerable amounts of time and money in seeking services (Aluri & Karanth, 2002).

Method

Participants

Twelve Indian parents of children with disabilities were interviewed (see Table 1), using semi-structured, ethnographic interviews, to learn their perspectives on the services and educational goals for their child. This interview format is most conducive to elicit the kind of information the study sought and allow the participants to identify their own concerns (Strauss & Corbin, 1998). Although a few open-ended questions (e.g., how did you find out about this service? What sort of job would you like your son/daughter to have?) were brought to the interview and asked to start the conversation, follow-up questions were developed as it proceeded. While the preschool children attended a government-funded speech and hearing clinic, the older children attended a private pre-vocational

school, in a mid-sized city in South India. The five mothers of the young adults were interviewed in focus groups, while the parents of the preschoolers (five mothers and two fathers of five children in all) were interviewed either individually or as a couple. Parent participants were paid a small honorarium for their time. The interviews took over an hour and

were conducted in the parents' preferred language. The parents brought their child to the interview. The younger children sat quietly beside their parent/s while the young adults occupied themselves with drawing and similar activities in a small group out of our hearing. For triangulation, data also included observations of parents' interaction with a

Table 1

Demographic Data on Participants

Mother's name	Religion	Language spoken	Child's name	Sex	Age	Type of Disability
Mary	Christian	English	Johnny	M	5	Speech delay and hyperactivity
Bhanu (mother) Raghu (father)	Hindu	Kannada	Ramu	M	5	Hearing impairment, mild autism
Sumitra (mother) Devdutt (father)	Hindu	Kannada	Pranay	M	4	Learning disability
Rose	Christian	Malayalam	Albert	M	4	Autism
Namita	Hindu	Telugu	Kaushal	M	5	Mental retardation
Meera	Hindu	Kannada	Rahul	M	16	Mild mental retardation, hearing impairment
Vimala	Hindu	Kannada	Vikram	M	15	Learning disabilities
Lakshmi	Hindu	Kannada	Pankaj	M	16	Mental retardation
Sushila	Hindu	Kannada	Maitreyi	F	16	Mental retardation
Ratnamma	Hindu	Kannada	Dilip	M	14	Autistic

psychologist and a vocational teacher. Field notes were maintained on these observations, which were analyzed for evidence and corroboration of the parents' concerns regarding their interactions with professionals.

All the participants ranged from middle class to affluent socio-economic status and belonged to upper castes. The mothers had completed pre-university courses at the community college equivalent; none worked outside the home. Their husbands were variously employed as managers in a bank or service-based company (one was in the Middle East), or were self-employed as owners of a small industrial company or large coffee estate. Two families were Christian, the rest Hindu. Of the ten children, whose ages ranged between 4 to 16 years, nine were male. The types of disability among the preschoolers included, with cognitive delays, autism, speech and language impairments, and hearing impairments, and among the young adults, included learning disabilities and mild developmental disabilities. The names of all participants have been changed.

Data Collection and Analysis

All the parents who came to the clinic or the vocational center during the week of sample selection were approached by the local liaison and asked if they were willing to be interviewed. All the parents chose to be interviewed outside the home and interviews were conducted with those who showed up at the focus group or individual meeting venues.

Interviews were taped, transcribed, and translated into English. Each interview was then checked for reliability of translation by a researcher fluent in both English and the original language of the interview. Data were analyzed inductively in a recursive process of constant comparison through coding and thematic analysis (Strauss & Corbin, 1998). For instance, the two groups were interviewed separately based on research that the issues of parents of preschoolers and young adults are quite different. Although this was borne out in our analysis of the findings, some common concerns also emerged.

Findings

Findings revealed concerns common to both groups of parents as well as specific to each. A common concern was the difficulty of accessing information on services in a culture that continues to hold traditional negative perceptions of disability and lacks the infrastructure for dissemination of information. Specific concerns related to setting educational goals for their preschooler and work-related goals for the young adult. The preschoolers' parents focused on acquisition of language skills as a primary educational goal, while the parents of the young adults identified an appropriate job as a primary goal. Although families around the world may share these concerns, the cultural influences of a multilingual and caste-based society provide a uniquely Indian flavor.

Barriers to Accessing Services

All the parents expressed their frustration about the difficulty in accessing services. Familial attitudes towards disability were a primary barrier, as parents struggled to overcome negative responses to atypical behavior and development. Additional barriers included negative professional attitudes in an environment that does not support parental rights and has limited infrastructure for dissemination of information about services.

Negative Familial Attitudes Towards Disability. Familial attitude towards disability was a major cultural influence on parents' access to services, magnified by the significant role family support, both nuclear and extended, plays within the Indian context, a finding substantiated in other research (Coleridge, 2000; Persha & Rao, 2003). The mothers maintained a strong emotional bond with their husbands' family, allowing their in-laws to play a central role in raising the children and influencing any decisions to seek or continue with services. For instance, when one of the preschooler's father left for the Middle East to earn more money, his parents insisted that the mother leave her older son with them and move to the city to seek services for her preschool son. Now she worried that, if the

boy failed to show adequate improvement, her in-laws might refuse to have her husband's remittance continue to pay for these services.

Many of the parents lived with the knowledge that their child was an embarrassment to their families, particularly if their child demonstrated cognitive impairments or socially inappropriate behaviors. As the mother of a preschooler said,

When guests came to our home, my in-laws warned me not to come outside with my child. They scolded me and accused me for everything he does. They compare him with other children and they say, "He is mad". Sometimes when I heard such complaints from my in-laws, I thought about committing suicide.

Support came more easily when the family could believe that the child would eventually "become normal". For example, one mother believed that her son's paternal grandparents were more accepting of him because his normal physical appearance helped him to blend in with his peers. As a result, the parents had delayed accessing services, including diagnostic visits to physicians; for fear that they might find their concerns for their child justified. One woman's mother-in-law asked her to wait when she mentioned that she had noticed some developmental problems in her 6-month-old son because to acknowledge that her grandson might have some problems was to admit failure in her lineage.

Studies indicate that these feelings of shame and embarrassment, often resulting in lack of support by extended family members, are common among Indian families (Peshawaria & Menon, 1991; Peshawaria, et al., 1998). Two cultural factors play a role here. First, the sociocentric orientation, or the emphasis on the importance of family ties that includes extended family members as well (Konantambigi, 1996), often leads to the perception that the stigma of the disability reflects on the entire family, resulting in elders rejecting the mother or the child or both. Coleridge (2000) found that Afghani families would often claim that their children became mentally retarded after a rocket attack in order to conceal the congenital nature of the disability. Second, the focus on behavioral

conformity (Daley & Seligman, 2002; Srinivasan & Karlan, 1997) places children with disabilities who manifest behavioral challenges at greater risk of rejection than, for instance, deaf children who are less likely to deviate from these expectations (Miles, 1997; Parasnis, DeCaro, & Raman, 1996). Sen and Tuli (1991) noted that the mothers in their study stopped going out for social occasions or inviting people to their home in fear of embarrassment about their adolescent son's inappropriate behavior.

Negative Professional Attitudes. Parents were also frustrated by the negative attitudes they encountered from professionals, ranging from unhelpfulness to disapproval at parents' noncompliance. In this study, the parents repeatedly spoke of service agencies that refused admission to their children on various grounds, including ineducability relating to severity of disability, or age in terms of the child being too young to benefit from intervention, and having to accept these unilateral decisions. Although parents of children with disabilities in the US may experience similar reactions from professionals, factors linked to the historical development of special education services provide a stark contrast. Unlike the US where parental participation is one of the foundational principles of IDEA that emerges from the rights-based individualistic milieu of American society (Kalyanpur & Harry, 2004), in the Indian collectivistic culture, parents have no rights, neither by legal nor by socio-cultural sanction (Alur, 2001). Albeit historically, parents in the US were forced to play the passive role of recipients of professional decisions (Turnbull, et al., 2006), legislation that mandates parent participation and a professional and societal ethos that accepts and expects parents to advocate on behalf of their child have given parents both the authority and opportunity to do so, a situation that does not prevail in India (Alur, 2001).

Among these Indian mothers, there was an implicit understanding that a parent could not be a professional, illustrated, for instance, by their frequent self-deprecatory comment that, "after all, we are only the parents," and by their initial assumption that the purpose of the focus group interview was

for them to listen and learn while the professionals talked and led the meeting. This clear divide between the role of professional and parent (Peshawaria & Menon, 1991) contrasts with the situation in the US where many professionals are themselves parents of children with disabilities, and, indeed, being a parent is a desideratum for certain professional positions involving parental advocacy. Additionally, more so than in any other country, many parents, particularly mothers, forced into the role of service developers historically, have voluntarily acquired professional credentialization.

This assumption of professional authority asserted itself in all interactions with the parents in this study, who responded with complete acquiescence. This dynamic is implicit in the situations parents described, as the following examples illustrate. Sometimes the professionals were unhelpful. As the mother of a preschooler said:

Parents were never allowed inside to observe the therapy. Once the child is taken inside, what they do is unknown to us. (Even) when I asked, I was not told.

Similarly, a parent chose not to reveal that she saw little improvement in her son:

Because there was no other option, even if I felt there was no improvement, I could not actually say this to the professionals. If I told them, I was afraid they would say, don't come.

The dynamic of professional authority versus parental acquiescence was more overt in observed interactions, as the professionals often adopted a bullying tone when they interpreted a parent's behavior as being noncompliant. When one mother mentioned that her husband had made several visits to the city from the neighboring home state to see her and her son, the psychologist demanded to know, "Then why does your husband never come to the Clinic?" One preschooler's mother's admission that she had three children prompted the personal question, "Why have you not followed any family planning?"

Similarly, when the mother of a 14-year-old boy stated that she planned to send her son, after he completed his school leaving certificate

examinations (a diploma equivalency examination similar to a GED), to work in a factory that her sister owned because he would get the supports he needed there, the vocational teacher pointed out that the boy was an artist, suggesting that the mother was unwilling to nurture his artistic side because "her main ambition is that he must be self-sufficient and earn more money."

The parents were distressed that they often had to deal with professional disapproval that they had "delayed" bringing their child to the clinic despite obvious indications of impairment, seeing it as an implication that somehow the families were to blame. When Bhanu, describing her son's delayed developmental milestones, admitted that she "had not taken much care (notice) at that time," the psychologist scolded:

Already you had your first son. Why didn't you compare his development with your other son? Up to nine months, you have not bothered to do anything.

While in some cases, the families had indeed been reluctant to seek services hoping to delay the bad news, in other cases, ironically, it was the professionals themselves who had caused the delay. As a 16-year-old's mother described:

During delivery, the children's specialist was present. But he did not say anything. The child would fall sick and was severely weak. Still they did not diagnose anything.

Lack of Information. Families in developing countries like India (Aluri & Karanth, 2002; Srivastava, 2004), Indonesia (Hamid, 1993) and China (Chen & Simeonsson, 1994) have identified the lack of information as a primary concern. The process by which the South Indian parents in this study found a service that met their child's needs can only be described as serendipitous. Only one parent was a member of a parent organization and appeared to get most of her information from that source. Other parents attempted to get information from physicians and other professionals, often unsuccessfully. Indeed, despite its disadvantages, the most common source of information was the family. The uniqueness of this group becomes apparent

when one considers that other studies of middle-class participants (who are more likely to be educated) found that the more educated the mother, the more likely she was to work outside the home, facilitating her access and ability to seek out information and community resources (Hamid, 1993; Srivastava, 2004). Although the mothers in this study were both middle class and educated, none worked outside the home, possibly because of their high caste status, restricting their access to information.

Although parents of children with disabilities in the US also struggle to find appropriate services, the process of identifying these services is facilitated by legislation and much more streamlined than it is in many developing countries (Chen & Simeonsson, 1994; Hamid, 1993; Peshawaria et al., 1998). Neonatal services become available when a child is identified at risk of or with a disability at birth, while a phone call to Child Find can result in a professional evaluation to determine the type of disability and appropriate intervention. In addition, the Individuals with Disabilities Act (IDEA), the legal mandate for a free, appropriate public education in the least restrictive environment, provides further specificity of service. Stemming from the establishment of parent organizations and similar advocacy groups, parent-to-parent networks have become an integral aspect of information dissemination, among other purposes, in the US. Finally, for parents motivated to conduct their own research on what might be available, there are alternative sources of information: in order of preference, parent organizations, professionals, friends, and books and magazines in libraries (Marden & Nicholas, 1997) while, more recently, the Internet serves as a major clearinghouse (Turnbull, et al., 2006).

There were broader social and political factors that further affected these parents' lack of information. For one, legislation for people with disabilities is a recent event (for a review of these legislations, see Misra, 2000). However, none of these Acts ensures parental rights to services (Pandey, Chirimar & D'Souza, 2005). It is significant that among this group, only one mother knew of one Act.

For another, the majority of services are provided to children through private or non-government

organizations that charge fees. However, regular education private schools will rarely admit students with disabilities because of the societal pressures for academic success (Premji, 2005) and the regular education curriculum is not adapted for students with disabilities (Misra, 2000). Further, most services tend to be located in urban areas, particularly the bigger cities (Govind Rao & Reddy, 2004). As a result, poor dissemination and a scarcity of resources combined to make access to services difficult.

Initially, the parents searched locally, visiting the family physician if they lived in small towns or in the remote hills. However, these rural areas or small towns either had no services at all or the services proved unsatisfactory over time. When Rose returned from the city to her hometown with a diagnosis of autism for her son, the local pediatrician "did not know anything about autism and told [her] that he was hearing this [word] for the first time." Coming quickly to terms with the lack of resources in their immediate vicinity or based on the recommendations of the local medical expert, they then cast their net wider to consider options that might be available in larger cities.

While all the mothers in the young adult group lived in the city in which the study was conducted, it is noteworthy that four out of five mothers from the preschool group had moved to it because it offered more services for children with disabilities, leaving smaller towns, some in neighboring states, or remote, rural areas. The renown and reputation of a facility drew them. They came for a short stay to avail of its "outpatient" services and then stayed on, renting a small apartment and visiting the family on weekends and over the summer. It is even more significant that all the mothers in the young adult group and two in the preschool group had further spent an extended period of time ranging from two months to two years in a neighboring metropolis, about 300 kilometers away, looking for appropriate services. This willingness to relocate in order to receive services, often at great personal cost, is not uncommon among middle-class families with a child with a disability (Mukherjee, 2003).

In summary, parents' access to services was impeded by various cultural influences, including

familial and societal attitudes towards disability, a milieu of professional authority, and inadequate infrastructure for information dissemination. The next section identifies concerns specific to each group, the parents of the preschoolers and the parents of the young adults.

Barriers to Meeting Educational Goals

Besides the common concern about accessing services, each group had specific concerns relating to their goals for their child. The parents of the preschoolers wanted their child to acquire appropriate language, or “learn to speak”, to transition to a regular school while the second group of parents wanted their young adult to acquire the skills to transition to “an appropriate job.” The implications of these goals are discussed within the context of the multilingual and caste-based society in which the families lived.

Learning “To Speak” in a Multilingual Society.

The preschoolers’ parents perceived language acquisition or “learning to speak” as the benchmark for their child becoming normal and being able to transition to regular school. The following statement was fairly typical of the mothers of the preschoolers:

When he learns to speak and become normal, he can stop going (to the Clinic) and go to school. That is all I pray for.

However, two cultural factors complicated the situation for these Indian preschoolers. One, India has one national language, Hindi, and 18 regional languages, with each state having its own regional language (Ramaa, 2000). English, as an international language, is compulsory in schools. In South India, each of the four main states has an official language and every child is expected to learn to speak, read, and write the state regional language, Hindi, and English. As a result, although one language may predominate in a specific region or state, residents will typically be multilingual, as the official language and the spoken language may not coincide.

The preschoolers in this study had cognitive impairments that had contributed to delays in speech and language acquisition. Some of them

had adequate receptive, but very little expressive language in a regional language depending upon which part of South India they came, and no knowledge of Hindi or English. Since their teachers at the preschool Clinic also came from different parts of India, they too spoke a variety of regional languages. As a national institute, English was both the medium of instruction and the one common language, so all the preschoolers were introduced to it as they learnt the English alphabet and words in English each letter started with. In some cases, a student might be placed with a teacher who spoke the same regional language, which was helpful if the child was struggling with English, but this was not always the case. This created a situation where children who had been diagnosed with language delay were receiving speech and language therapy in a language unfamiliar, even foreign, to them by teachers who did not always speak the language they were familiar with.

The second cultural influence lies in the significance that the parents did not object to their children being introduced to English, although they saw them struggling with it, because they saw its acquisition as being directly linked with social mobility. Given the societal pressure for economic success (Premji, 2005), learning English, the vehicle to better jobs and therefore a better lifestyle (Pinto & Sahu, 2001), was a natural corollary to learning to speak. As research on bilingual education indicates that acquisition of a second language prior to mastery of the first has been found to often result in children struggling to master both (Germanos-Koutsounadis, 2001), the presence of language delay can be expected to impact language acquisition further.

Finding an “Appropriate Job” in a Caste-Based Society. Specific issues the parents of the young adults raised were related to the difficulties they faced finding jobs for their children, given the caste barriers and familial stigma that placed constraints on appropriateness of certain types of employment, and the paucity of government-funded opportunities for employment for persons with intellectual disabilities. Those jobs that were considered suitable according to caste required a certain level of competency in

money management, and generated additional concerns about their daughters' and sons' safety.

Caste in India is a major determinant of a person's occupation (Beteille, 1992). Despite several governmental efforts to ameliorate its effects through affirmative action, this situation continues to prevail (Persha & Rao, 2003; Thomas & Thomas, 2002). The parameters of the caste system relegate those occupations that are considered menial and lowly, such as carpentry and shoemaking, to members of lower castes, and only those belonging to a high caste, such as Brahmin, are permitted to occupy positions of higher standing and status. When strictly observed, the caste system restricts job options for all its members whereby a cobbler may not aspire to any other profession, and, by the same token, members of high castes would be defiled if they pursued a vocation that required manual labor. What this meant for these young adults is that, despite their cognitive impairments that made manual labor more compatible with their strengths, their upper caste status precluded the possibility of pursuing jobs that would require fewer intellectual skills. Thressiakutty and Govind Rao (2001), describing the efforts of professionals to develop a transition plan for a 17-year-old boy with mild mental retardation and cerebral palsy, note that, "as the boy belonged to an upper middle class joint family having a business background, the parents were keen that his job should suit their socioeconomic status (p. 49)." He was found the job of issuing receipts, using a billing machine that could be operated from a sitting position, in his father's company.

Another limitation was that most of the government-funded programs focus on rehabilitation for adults with physical disabilities, and, additionally, are available primarily in the larger cities (Govind Rao & Reddy, 2004). In the city in which these parents lived, there was only one facility, a private agency that offered vocational opportunities for young adults with disabilities in a sheltered workshop environment. As this catered mainly to students with moderate developmental disabilities, the parents had rejected this option as being inappropriate for their children whom they saw as having less challenging

needs and benefiting from a more inclusive job environment.

A final constraint was the concern regarding their child's personal safety, as the parents felt their child's disability rendered them especially vulnerable. This reluctance, based on fears "both real and imagined" (Sen & Tuli, 1991) has contributed to the stereotype of the over-protective parent among professionals (Peshawaria, et al., 1998; Zoengpani, 2005). The mother of the 16-year-old daughter worried about the possibility of sexual abuse or exploitation:

There is screen-printing training available, but only one lady works at the institution. The rest are gents. So it is a risky place to send a girl there.

The other parents worried that an unscrupulous public could exploit their sons. As one parent described:

It is very easy to exploit them. The shop wallahs cheat them. Even the auto (rickshaw) drivers behave in a different way. They say, the money you have given is less (than the fare) and drop them off in some very far away places, even though he has enough money.

Identifying the appropriate job, as a result, was proving a daunting task. Options the parents were willing to consider as being within these constraints were, for the boys, managing a telephone booth, a Xerox shop, or a mechanical workshop, jobs that require money management skills and for the girls, typing which requires literacy skills. Money management, then, was a necessary prerequisite to independence. As one parent stated:

We wish him to have a normal life. The only problem is he does not have money concepts. He goes to the shops (to run errands and buy groceries) boldly and regularly. Whatever change they give, he brings back. He can't manage change. That is his weak point. If he can understand how to count the money, he can live without others' help.

Interestingly, rather than depending upon formal networks, like the school, the parents looked within the informal, family network to find these appropriate jobs, because this way, they could ensure that the job met all three criteria of matching

the caste status, providing a safe work environment, and the accommodations and support the young adult would need. One mother was determined to find her 16-year-old son a job in her sister's factory where he would get the supports he needed, be safe, and earn enough to be independent, at the risk of defying the pre-vocational teacher who believed that, with his talents, he could become a musician – a job the mother believed was too competitive and the earnings uncertain. Another mother said she intended “to open a shop” where her son could be accommodated and supported.

Negative familial and societal attitudes and a lack of information inhibit parents' efforts to seek intervention and special education services while the complexities of a multilingual and caste-based society impede the realization of the goals that their preschool child learn to speak or their adolescent acquire an appropriate job. The next section discusses implications for professionals.

Implications for Professionals

The small sample size of this study limits its generalizability. Additionally, the fathers' separate opinions and perspectives were not elicited nor were extended family members interviewed in deference to the mothers' preference. Yet, despite these limitations, the findings merit serious consideration and have significant implications for professionals.

As Coleridge (2000) notes, any development effort must be seen through the filter of culture. Further, India is a culture in transition (Thomas & Thomas, 2002; Srinivasan & Karlan, 1997). Coleridge (2000) asserts that while modernizing influences, such as television, the Internet, mass migration and tourism have affected urban dwellers so that the global culture is manifested in superficial matters such as food, entertainment, and dress, core values, such as those relating to class, marriage, and family life, are slower to change, even in urban areas. As he puts it, “middle and upper class young men in Bombay and Bangalore dressed in trendy western clothes and designer sunglasses may still marry wives selected by their parents on strictly caste lines

(p. 25).” On the other hand, Srinivasan and Karlan (1997) suggest that these very same modernizing influences in a climate of fierce global economic competition have contributed to radical changes in child-rearing practices and family lifestyles among urban families, as traditional values of cooperation and inherent status gradually give way to the more western values of individualism and earned status. Similarly, Boyce and Lysack (2000) suggest that the difficulties parents face in finding appropriate jobs could “foreshadow increasing tensions between people with disabilities and able-bodied persons, as commercial enterprises, in an effort to improve efficiency and enhance market shares, might prefer to recruit fast-working, able-bodied employees and view job accommodations for people with disabilities to be luxuries they can ill afford” (p. 35). On the flip side, as the economy shifts towards the service sector, the upsurge in the need for soft skills, or a less abrasive interpersonal communication style that is globally-responsive (Jasrotia, 2005), may improve at least some outward aspects of parent-professional interactions, if not the current imbedded hierarchical structure and the imbalance of power.

It is crucial that professionals understand and take into consideration these larger cultural and societal influences when working with families of children with disabilities. However, the complexity of these factors does not allow for simple solutions. Attempts by professionals to become more responsive to family needs by eliciting parents' preferences for which language they want their preschool child to learn and providing instruction in it, creates some ethical dilemmas. On the one hand, driven by the knowledge that English is “the passport to the world of the educated elite” (Pinto & Sahu, 2001, p. 8), parents may choose English against the best interests of the child, while, on the other, parents who choose a regional language are closing future educational options for their child. Similarly, asking young adults what their fathers or uncles do for a living is an effective family-responsive strategy (Shevin, 1986, cited in Kalyanpur, 1996). However, while the more intellectual occupations of the middle class may not be an appropriate option for an intellectually

challenged young adult, by the same token, families may not wish their young adult to engage in a pursuit that might be more suited to his or her ability but would be deemed unsuitable by them.

How, then, is a professional to respond? Kalyanpur and Harry (2004) have suggested the need for cultural reciprocity whereby professionals engage in a discourse with families towards developing a compromise that is acceptable to both parties. A primary step would be to develop an awareness of the imbedded cultural values or the larger societal influences in professional recommendations for a service or families' preferences. This is followed by informing parents of the values, helping them to understand the consequences of their decision and allowing them the dignity of risk. Such an approach also enables professionals to avoid stereotyping parents and begin to understand the factors that influence parents' decisions and coping behavior. Learning about the parents' fear for their young adult's safety within the context of an unscrupulous public; professionals may be less inclined to dismiss this as over-protective behavior and to offer options that respond to this concern.

On a broader level, professionals can also work to create greater disability awareness towards changing negative attitudes shame as feelings of shame among extended family members and non-acceptance among the larger community (Bwana & Kyohere, 2002). This has included fund-raising and variety entertainment socials by private agencies and government-sponsored messages in the media (Thomas & Thomas, 2002). When convinced by outreach service professionals of the potential in a child with disabilities, extended family members have become more willing to (a) mention the existence of a disabled child, and (b) enroll the disabled child in a school (M.Alur, personal communication, September 27, 2005). Acknowledging the role of the extended family and involving them in positive ways, such as including them in the input process and inviting them into the classroom to observe, can help to ameliorate negative attitudes so that change can occur in small, incremental steps.

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Programs for Children with Special Needs in Iran: The Importance of Early Intervention

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Abstract

The purpose of this paper is to discuss programs that serve children with special needs in Iran, as well as early intervention. These programs are provided through two separate governmental organizations: the Well-Fare Department, and Special Education Organization. These programs include different types of habilitation services such as (a) vocational training, (b) speech therapy, occupational therapy, (c) community based rehabilitation and (d) special education services that are offered in special schools. Other programs consist of inclusive education and recently, early intervention. Private sectors carry out most early intervention programs in Iran. Since there is some evidence which indicate that children do not benefit enough from inclusive education, therefore the efficacy of such program needs to be investigated.

Service Delivery System for Children with Special Needs in Iran

In Iran, there are two organizations which undertake training children with special needs: the Well-Fare Department and Special Education Organization.

Well-Fare Department

This department is responsible for habilitation of all types of children with special needs. It provides service activities such as vocational training, speech therapy, occupational therapy and social-behavioral training. It also offers community based rehabilitation (CBR) as well as running large residential facilities for children that are severely and profoundly mentally retarded.

Special Education Organization

This organization is primarily responsible for the education of children with special needs. This includes children that are blind, the deaf and mildly mentally retarded. The special education organization runs special schools and inclusive education. Special

school systems have two levels: (a) primary schools and (b) intermediate schools. Prior to entering a primary school, a child with special needs has to go through a preschool class in order to become familiar with early mental concepts and self-help skills. At the primary level, children receive academic training such as reading, writing, and mathematics. At the intermediate level, students with disabilities receive both academic and vocational training.

Inclusive Education

The inclusive education program for children with borderline intelligence began in 1999 in Iran. The goals of implementing inclusive education include desegregation, decreasing the costs of special education programs, observing the right of disabled children and to pay attention to the *United Nations Educational, Scientific, and Cultural Organizations* (UNESCO) guidelines.

When this program started in Iran, regular teachers were not trained how to cope with children's learning and behavioral problems in their classes. In general, personnel in regular schools that were responsible for this important job were not prepared. As a result of this shortcoming many problems began

to emerge and still continue. Because of lack of research it is not clear to what extent this program has been successful. According to author's clinical experience as well as many teachers' reports, many children who participate in inclusive education do not receive a proper education and they do not gain more social skills when compared to children in special schools. Currently, in the author's opinion, it appears that inclusive education has failed to fulfill its goals.

The Need for Early Intervention

The aim of early intervention programs for young children with special needs is to enable practitioners, parents and trainers to provide and implement comprehensive techniques in order to activate the child's sensory-motor development, speech, cognition, and social – emotional behavior.

Early intervention programs try to decrease biological and environmental difficulties in young children (under age six), and help those children who are at risk of disability. Biological difficulties include prematurely, respiratory problems, brain damage, genetic problems, infectious diseases, toxin and drugs. The environmental factors that may expose the young children to the risk of disability are lack of parental literacy, economic and nutrition problems, family stress, large size of family and incorrect beliefs regarding child rearing methods.

Smith, Groen and Wynn (2000), state that, after years of debating whether or not early intervention helps children with developmental delays, researchers have largely come to agree on a middle ground: Early intervention is beneficial for many children. Studies suggest that early intervention programs can enhance the neurodevelopmental outcome of premature infants (Blair, Ramey, & Hardin, 1995; Guralnick, 1996).

In a collaborative study, infants enrolled in the early intervention program had mean IQ scores that were significantly higher than the control group at 5-year follow up (Brooks-Gunn et al., 1994; McCarton, Wallace, & Bennett 1995). This was

especially true for those infants with mild delays and low socioeconomic status.

With regard to these facts, the use of early intervention programs is justifiable. In these programs all educational and habilitation activities which are focused on the child and parental guidance are employed.

A growing awareness of the mutual relationships between early development and the contexts within which it occurs has significantly affected daily practice in early intervention. An understanding of the mutual influence among domains is especially important when children have specific disabilities in one domain that may interfere with optimal development in other domains, as when a motor disability impedes the child's opportunity to explore. Intervention may focus not only on remediation of the motor disability, but also on providing experiences that prevent potential negative impacts on cognitive, social, or emotional development. Child and context function as a system such that changes in either the child's abilities or in the context will influence the dynamic balance between them; both are important in the intervention (McCollum, 2002).

One important point has to be considered in implementing early intervention, that is, effective intervention should be based on an individual program in order to adapt defined goals with child's needs and abilities.

With regard to three factors that is, biological, psychological, and social which are associated with human problems, it is recommended that we consider the child as a biopsychosocial entity. By considering this, early intervention programs can better deal with the child's problems, because this model takes into account all problems associated with the child's disability. Therefore, in early intervention programs, a multidisciplinary approach (team) has to be involved. The multi-disciplinary team members may consist of Physiotherapist, Occupational Therapist, Speech Therapist, Developmental Therapist (Early intervention trainer), Music Therapist, Computer Therapist, and Preschool trainer.

Early Intervention in Iran

Until recently, most professionals who work with children with special needs in Iran did not know about early intervention programs or about the rationale and efficacy of these programs. In 1990, it was decided to introduce and to implement these programs in the city of Isfahan in Iran; the author was faced with oppositions on the part of Well - Fare Department authorities. Presumably, the reason for these oppositions was the lack of knowledge about the nature of disabilities and the importance of early experiences. Therefore, one essential ingredient of Special Education was missing in Iran. Hence, the author attempted to introduce this movement as well as its positive effects. The results of many studies have shown that early intervention could help many at-risk children as well as children with a disability. The author decided to inform the professionals and Well-Fare Department authorities about the efficacy of early intervention programs in Iran. To do so, a pilot study was implemented with a small group of young children with mild mental disabilities. This study was published in Research Bulletin of Isfahan University in 1992. The results of this study showed that these children improved in many aspects of development such as motor activities, speech, cognition, and social-emotional skills (Malekpour, 1992). The results of this study acted as a spark for professionals as well as authorities to think about these programs. Today, the Well - Fare Department and some private centers carry out early intervention programs in Iran.

Traditionally, all efforts were based on this idea that children with special needs have one type of problem. While, we know that these children differ from each other in terms of the nature of their problems. In this regard, Greenspan and Wieder (1998) stress that each child has his/her own nervous system and mental process. Therefore, each child should be treated according to his/her specific nervous system. Practitioners and parents should recognize the child's specific patterns. These patterns not only include the child's biological process but also include how the child communicates with his/her

environment. Through understanding these patterns, we can provide a proper intervention procedure which fits the child's needs.

Early Intervention Programs Can Not be Sustained Without Parent's Active Participation

Since, in early intervention, the emphasis is placed on the development of the child's milestones progression and the interaction between the parent's and their children, allowing parents to act as early interventionists.

The various activities which parents could use in early intervention are: early stimulation, home-based programs, a self help group, storytelling, play, nursery schools, and taped or videoed information. For example, storytelling has recently emerged as a cognitive skill in the process of intellectual development (Yikim, 1999). Also, nursery schools can provide a normal environment in such a way that the child with special needs has normal behavioral patterns to imitate. These activities could help a child develop in the areas of motor, language and cognition as well as socialization and self-help skills. As a result of parental activities and participation with the child, the teacher could share their information about the child's strengths and weaknesses with multi-disciplinary team according to their knowledge and experiences. The relationship between parents and the professionals has a great impact on a child's developmental progress. Parental activities could serve as early interventions for the development of the child with special needs. These early experiences play a key role in child's brain development. Recent brain research indicates that the young brain is heavily influenced by different environmental influences at particular points in its development (Schore, 1997). Thus, whereas adequate nutrition in the mother influences fetal brain development, social interaction shapes the brain's development after birth.

The Significance of Neural Plasticity and the Influence of Environment

During infancy the human brain is very plastic and flexible, compared to other mammals it is, at birth, relatively underdeveloped (Kolb & Wishaw, 1996). Thakker (2000), states that the human infant is born comparatively premature and during the first year of life its brain grows rapidly.

Since the brain develops in a hierarchical fashion from fewer complexes (brain stem) to more complexes (limbic system and cortical areas) there will necessary be different critical periods for C.N.S. and brain organization (Schoore, 1997).

The notion of neural plasticity means, in spite of the fact, that neurons which sustain an injury could not be replaced; adjacent neurons could be activated by environmental stimuli. Therefore, despite losing some neurons, by possessing millions of brain cells, the infant is still able to continue his learning. This may be because the newborn brain is relatively undifferentiated and substantial functional reorganization of undamaged tissue can compensate for the loss of inflected tissue (Mackintosh, 1995). Therefore , the infant brain is much more malleable (plastic) than the adult brain and is literally constructed by experience. Hence, the human brain growth is to some extent context dependent, meaning that it is influenced by environmental factors.

Siegel (1998), states that child's early experiences make a significant role in brain development. That is to say, neural connections are made and being reinforced based on the quality and type of experience.

It can be inferred that, experience in the form of formal or informal education influences brain structure in humans. Shonkoff and Phillips (2001) express that, brain development is affected by early experiences. Stermer (1997) also, stresses that child's neural development can be disrupted because of lack of sensory experience.

Siegel (1998) stresses that an infant's first experiences can play a major role in brain development. Neural connections are created or strengthened depending on the type and quality of

experience. Likewise, a lack of stimulation may lead to a slowing down of termination of synaptic growth. Also important in this process is the role of genetic information that has the basis for environmental input (Greenough & Black, 1992). In essence, genes and experience interact in neural development (with gene mapping out a broad outline for development and experience filling in the detail). Central to this interaction is the concept of "critical periods" which refers to the fact that some types or aspects of development are dependent on experience occurring at a particular time (Greenough, Black & Wallace, 1987). As noted by Siegel (1998) "Genes do not exist in a vacuum, but require experience for their expression. Genes are activated by experience"(p.3). Siegel also discusses the most important aspect of experience in the first few years of life, which is of course the relationship between infant and caregiver.

Conclusion

The Iran system includes habilitation for all types of children with special needs, special schools, inclusive education, as well as early intervention. With regards to inclusive education, additional research and resources are needed to ensure that it will be successful. Neural plasticity and early experiences have a remarkable impact on remediation or decreasing the biological and environmental difficulties in young disabled children or in those infants who are at risk of disability. Also, parent involvement in early intervention programs is a key factor in successful interventions. This means that parent education programs may be used to help parents set up rich environments for exploration and other activities such as play.

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From Special Schools to Inclusive Education: The Way Forward for Developing Countries South of the Sahara

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Abstract

Persons with disabilities, especially children and the young continue to be the most disadvantaged groups in all societies (Hegarty & Alur, 2002). They manifest a number of limitations and are subjected to social discrimination, impoverished educational experiences and above all, very limited work opportunities. In developing countries, where unemployment and under-employment is high, and resources are scarce, the scope of preventing or curing, either partially or fully, and educating, training and rehabilitating the disabled is limited. This is even worse in rural areas. It is ironic that although research [United Nations Educational, Scientific, and Cultural Organization, (UNESCO) 1996] indicates that 87% of the disabled population, in developing countries, lives in rural areas, almost all the education and training institutions for people with disabilities are located in urban areas.

This paper is concerned with the challenges that developing countries face in implementing Inclusive Education. These challenges include, lack of relevant research information, inadequate support services, lack of appropriate facilities and materials, inadequate training programs and ineffective policies and legislation. Considering financial constraints and political instability experienced in most developing countries, "practical" suggestions are given. These include, establishment of village or rural resource and research centers, mobile units and community-based support systems.

Introduction

Developing countries can no longer afford to keep on theorizing about inclusion while millions of children with disabilities continue to be marginalized, segregated, viewed as objects of pity and disadvantaged both in school and in society. Time has come for professionals, parents and heads of governments of developing countries to pull their resources together and create equal opportunities, conducive learning environments and social justice for children with disabilities. It is now widely accepted that children with disabilities should be educated alongside their age peers and be treated as full members of their community. Developing countries are lagging behind in keeping abreast with the changes in special education. Major factors

that retard progress in implementing Inclusive Education (IE) in these countries are lack of funding for informative research, lack of adequate resources to equip, facilitate and expand the provision for children with special needs, misdirection of funds towards political security, corruption, limited personnel training programs, inadequate qualified personnel, the absence of enabling legislation and limited support services. Without accurate research figures, most developing countries do not know the size of their problem in terms of the population of school going age children with disabilities, whom they need to provide for. Policies that support the education of children with disabilities should reasonably match the available resources in a country and be enforced in order to achieve results. With the implementation of inclusive education, all children,

boys and girls in rural, urban, and suburban areas, at pre-schools, elementary and secondary level are able to enjoy the company of their peers and the activities of the regular school settings. While it is every person's inherent right to participate fully in society, translating this philosophy into reality is a process that requires collaboration, teamwork, flexibility, a willingness to take risks, and support from a whole array of individuals, services and institutions. The goal of inclusive education is to prepare all children for productive lives, as full participating members of their community. It must be noted that inclusion should not imply dumping or placing children with special needs in regular classrooms without adequate support, relevant materials and appropriate services, neither should it mean placing undue burdens on teachers and peers. Successful inclusive education requires careful assessment, planning, and adaptation of curriculum, provision of appropriate teaching materials, adequate support and partnership.

Relevant Research Information

Developing countries south of Sahara need to update their research figures in order for them to have full knowledge of the size of their problems concerning children with disabilities to be provided for. Most of the figures they have are five to ten years behind (Grol, 2000; Kisanji, 1995), or they rely on United Nations (UN) estimates. There is no reliable information about types and incidence of special educational needs in developing countries. The World Health Organization (WHO) concludes that 40% of the population in developing countries has a disability, with about 10% of school going age. Valid and reliable assessment records do not exist in most developing countries (Grol, 2000). It is important for these countries to embark on serious investigation or research in order to come up with accurate figures that will help them to plan and provide adequate resources for inclusive education. The Jomtien conference held in Thailand had the goal "Education For All by 2000" by providing free education to 200 million children worldwide. According to *United Nations Educational, Scientific, and Cultural*

Organization, (UNESCO) (1994), 16 countries in sub-Saharan Africa account for almost all children in Africa between six and eleven years. The report indicates that this region accounts for one-third of the world's children who are out of school. A study carried out by Grol (2000) in Botswana, Kenya, Nigeria and Zimbabwe, indicates that programs in the area of special educational needs are under represented and have poor, very little or non-existent documented literature. The author points out that lack of written and documented research appears to be a specific African problem. This will make developing countries continue to import western literature and ideologies that may not work in their situations. Documented literature relevant to the economic, cultural and political developments in developing countries is thin and sparse. Therefore professionals who are keen to carry out research in this area grapple for funds and information to equip the working personnel with up to date reading materials. Economic and socio political factors affect equity and quality in both general and special education (UNESCO, 1993). A necessary precondition to appropriate policy formulation and program strategy is availability of data. It is evident that there are considerable data gaps in developing countries and this makes it difficult for planning, implementing and supporting inclusive education. Therefore, it is imperative that research centers be established to generate data that will provide up-to-date statistics for informative planning and implementation of inclusive programs.

Support for Inclusion

Children with disabilities, who are integrated in regular schools, would need additional provision and support in order to benefit socially, psychologically and educationally from any existing education system. Most support systems offer a range of delivery services and placement alternatives for pupils with special educational needs. Approaches of the support offered differ from country to country depending on the administration, quality of personnel involved and the economic resources available.

While there is consensus on the implementation of inclusion, it is the writer's view that developing countries have not yet reached the point where every school in all developing countries has to implement inclusive education. Although evidence indicates that wholesale inclusive education is widely supported due to the positive social and educational outcomes it can produce for learners with special needs (Mills, Cole, Jenkin, & Dale, 1998; Vaughn, Elbaum, Schumm & Hughs, 1998; Waldron & McLeskey, 1998) developing countries still have a long way before they can reach that stage. It is important to ensure that all children who are included are benefiting from the program otherwise regular schools become a dumping ground for children with disabilities in the name of inclusion (Blunkett, 2000; Vaughn et al., 1998; Winter, 2000). Research indicates that regular schoolteachers in developing countries express positive attitudes towards the inclusion of children with disabilities (Mittler & Platt, 1995). Evidence clearly suggests that where inclusion is adequately implemented by the provision of the right support services, it provides numerous benefits to children with special needs (UNESCO, 2000; Winter, 2000; World Bank, 2002).

Inclusive programs are desirable in developing countries in that it is estimated that 80% of the world's population of people with disabilities live in developing countries of Asia, Africa, the Caribbean, Latin America and the Middle East, some 150 million of them being children, but only 2% are receiving any form of special needs services (UNESCO, 1993). A well-structured funding arrangement is desirable for meeting the cost of providing adequate educational services for children with disabilities in inclusive schools. Due to lack of relevant research, data available on funding educational services in inclusive schools is at best scanty. Carrington & Robinson (2004) assert that in general, it appears that with the prevailing economic and political turbulence, in many developing countries, special education services are not being adequately funded. World Bank (1996) reports show that educational services are deteriorating as a result of severe decrease in funding in many African countries. The

Salamanca Declaration in 1994 in Italy at the World Congress on special needs education reaffirmed the commitment of the world community (including developing countries), to give the highest policy and budgetary priority towards inclusive education, in order to include all children regardless of individual differences and disabilities (UNESCO, 1994). Research indicates that in many developing countries it remains the case that special needs provision will not be a priority of government policy and expenditure (Brohier, 1995; Kisanji, 1995; McConkey & O'Toole, 1995). According to Mba (1995) some of the reasons given are that;

1. the needs of the "normal" who are in the majority have to be met first prior to meeting those of individuals with special needs who are in the minority.
2. due to lack of awareness of the potentials of people with disabilities, expenditure for services for people with disabilities is considered "a waste of scarce funds".
3. meeting the needs of citizens with disabilities is considered "too costly", without return.

It remains the case that in several developing countries financial provision for the education and other needs of individuals with disabilities is undertaken largely by non-governmental organizations (NGOs) (Fisher & Kennedy, 2001). A review of the situation (UNESCO, 1995) of special education in developing countries indicates that in twenty-six of them NGOs were considered the major source of funding, while in several other, NGOs provide up to 40% of the costs of special needs provision.

Facilities and Materials

Inadequate facilities and lack of relevant materials is one of the major obstacles to the implementation of inclusive education in developing countries (Charema & Peresuh, 1996). A study carried out by Kristensen and Kristensen (1997) in Uganda and another by Kisanji (1995) in Tanzania, both indicate that in most regular schools where children with disabilities were integrated, the required materials were not provided

or were inadequate. Another study carried out in Zambia by Katwishi (1988) indicates that there were no specialist teachers in most mainstream schools to provide important advisory services that would assist regular teachers with managing learners with special needs who were being integrated. In his research study in Zimbabwe, Charema (1990) indicates that in some of the mainstream schools where children with hearing impairments were integrated, hearing aids had no batteries, and or cords, some of the ear moulds were chipped, some speech trainers were not working, and there were no spare parts to have them repaired. According to the writer's experiences in Zimbabwe, when he worked for the Jairos Jiri Association for people with disabilities, some of the wheel chairs were old fashioned and cumbersome to push. One could not wheel oneself and therefore needed someone all the time, which deprived him of independence and privacy. There is need for developing countries to make use of indigenous products to manufacture equipment that can be used and serviced within the country. Due to financial crisis, there is a shortage of foreign currency to import the much-needed equipment. Some people with disabilities in Zimbabwe are making wheel chairs, and calipers for people with disabilities, using improvised materials. Other developing countries can also make use of the available resources to make some of the equipment instead of waiting for donor agencies to provide them.

It is unfortunate that some of the funds meant for children with special needs, are misdirected towards other causes thereby disadvantaging the rightful recipients. Corruption and power to rule for as long as one lives have become the major cancer in developing countries, and therefore funds are diverted towards political security and personal gain (Grol, 2000). Ozoji (1995) states that most institutions in developing countries do not have the basic units and materials necessary to provide adequate special needs education. In Asia, Kholi (1993) reports that institutional facilities are grossly inadequate in all countries in the continent as they are serving less than 1% of the population with special needs.

Training Programs

Inadequate personnel training programs is one of the problems faced by developing countries. Successful inclusive education programs require the services of different professionals who assist in identification, referral, diagnosis, treatment and training (Eleweke & Rodda, 2000). World Bank (2004) reports that adequately trained professionals are required in the provision of meaningful educational services to children with special needs in regular schools. Meanwhile, research indicates that most developing countries south of the Sahara have training programs for teachers of special needs (Enon, 1997; Kisanji, 1996; Peresuh, Adenigba & Ogonda, 1997), yet developing countries lack training programs for other specialist professionals needed to support inclusion. Engelbrecht & Chris (1998) enforce that inclusive education demands relevant training and support for all teachers. There are very few training programs for specialists personnel such as educational audiologists, physiotherapists, occupational therapists, speech and language pathologists and communication support workers such as interpreters. Lack of relevant literature in terms of cultural values and beliefs and financial constraints in developing countries, is a cause for concern when one considers the adequacy of the teacher training programs that mainly use Western ideologies and literature that refer to materials that are non existent in developing countries.

Policy and Legislation

Developing countries lack mandatory policies and legislation that support the effective implementation of inclusion programs (Grol, 2000). These are essential to ensure that the required services are provided and the basis for quality control and monitoring is in place. According to Zindi (1997), in theory many developing countries show interest in the education of children with special educational needs but realistically some of them are not able to carry out their good intentions due to lack of money. Some developing countries

develop splendid policy plans to stimulate programs that educate children with special educational needs in order to tempt donors to donate funds but fail to implement the programs (Zindi, 1997). Mandatory policies and laws are necessary in the implementation of inclusive programs in that if enforced, they are likely to produce protective safeguards which guarantee the rights of the beneficiary to receive specific services, time of onset and phase plans, consequential effect for non-compliance, room for litigation, accountability, evaluation and monitoring procedures (Eleweke, 1998). While financial constraints and poor technology are crucial factors in developing countries, political corruption, ruthlessly cripples the effectiveness of policy and legislation, hence the need for mandatory laws. A study by UNESCO (1996) shows that special needs provision in 52 member nations indicate clearly that legislation is needed to ensure rights of people with disabilities to equal rights and opportunities. This can further help in securing the resources needed to translate abstract rights into practical entitlements. Research indicates that in developed countries the importance and positive impacts of mandatory laws and policies on the implementation of inclusive programs are recognized (Ballard, 1996; Etscheidt, & Bartlet, 1999; Harvey, 1998). Considering the importance of enforcing policies and laws in the implementation of inclusive programs in order to realize the provision of appropriate services for individuals with disabilities, inclusive education in developing countries will remain at an embryonic stage due the absence of mandatory laws and legislation influencing the provision of these services.

Suggestions for implementing inclusive education

Due to the prevailing economic and developmental difficulties in many developing countries, achieving Western-type notions of inclusive education will remain unrealistic. It is important to put in place strategies that can bring beneficial inclusive education within reach of the teeming millions of individuals with disabilities in developing countries. Effective

inclusive education requires school organizations to address professional development on two levels: reculturing of the schools to reflect inclusive beliefs and values and enhancement of teacher skills and knowledge to address the learning needs of all students. There is need for change in policy and teaching practice to allow for diversity. Change in societal attitude is one major factor that has great influence on inclusive education. Although resource constraints impede the provision and implementation of inclusive education in developing countries, the major problem goes beyond this. It has its roots in attitudes and perceptions of the mainstream society. There is widespread ignorance regarding disability and the potential that people with disabilities have to become productive and self-reliant members of the society. Once this attitudinal 'barrier' that prevails in the mind-set of the society is broken, inclusion is likely to enjoy the support of the immediate community and society at large.

With a positive attitude towards disability it would be easy to form associations that advance the concerns of people with disabilities. These associations can mobilize support for inclusive education. A number of countries have taken this route just like in developed countries and it is paying off. For example to mention but a few of such associations, the 'Helen Keller International', a NGO that provides assistance for the education and rehabilitation of the blind. The 'Fellowship for Advancement of the Visually Handicapped' (FAVH) is a NGO that provides skills and funds for projects. The 'Bangladesh Deaf Women's Welfare Association', provides training skills in sewing to women. The 'Royal Institute of the Deaf', the 'Spastic Association', the 'Association of People with Disabilities', the 'National Council for Exceptional Children' the list is endless. If developing countries can have many of such associations, they act as pressure groups and a lot more could be achieved through lobbying and support towards changing society's attitudes towards people with disabilities. Such associations can also be used towards the implementation of community inclusive programs.

The associations could be brought in towards the establishment of village/rural resource and research centers. Due to limited funds and poor transport systems, schools sometimes run for long periods without the necessary teaching materials needed for children with special needs. With the help of governments and NGOs, resource and research centers could be established and stocked up with relevant materials appropriate to be used by children with disabilities in inclusive schools. Locally produced teaching and learning materials could be developed and kept in these centers. A team of research personnel in the field of special education could be appointed to work in such centers producing relevant statistics of school going age children with disabilities. The team could be tasked to research into the possibility of using locally produced raw materials to produce relevant teaching materials. The centers could also produce literature on a small scale. The over-dependence of developing countries in terms of literature and teaching materials from developed countries hampers the implementation and sustainability of inclusive education. Members of the community with the help of specialist personnel could run these centers. Any funds from donor agencies could be used to import items that the centers would not be able to produce. This would alleviate the problem of having to import 'everything'. If these associations collaborate harmoniously and relentlessly, they would be able to influence governments and policy makers to enact enabling conditions for special needs provision. They would also lobby for reasonable funding allocations for improved special needs facilities. Mobile units could be established to distribute teaching materials, conduct awareness campaigns and restock resource and research centers. Alternatively, these could distribute materials and information in schools that run inclusive programs. The establishment of rural resource centers has been found to be useful and successful in Bangladesh, India, Nepal, China and Thailand (Wahab, 1997). It is imperative that resource and research centers be established to generate data that will provide up-to-date statistics

for informative planning and implementation of inclusive programs.

Community Based Rehabilitation (CBR) has proven to be one of the most successful programs run in rural areas and could be used to enhance inclusive education. Research findings (Krishna, 1995; Marfo, 1994; Mariga & McConkey, 1986; McConkey & O'Toole, 1995) indicate that CBR programs have been highly successful in developing countries. It is estimated that most of the disadvantaged children with disabilities live in rural or semi-urban communities where the level of awareness and facilities are limited, general development is backward and roads hamper supplies to reach the people (Mittler, 2000; O'Toole, 1991). If inclusive education was to be implemented in the way of CBR, families and members of the community could be trained and then be fully involved in supporting community schools that run inclusion programs. It would therefore stand to reason that inclusive education would be more effective when run in the immediate environment by the people of that community. The advantage of implementing inclusive education through CBR is that the program takes a multi-faceted approach, thus engaging in public awareness, prevention of disability, education on disability, available medical equipment and treatment, social, psychological and vocational programs. CBR programs that are in operation in developing countries are making an impact on special needs provision and rehabilitation (Eleweke & Rodda, 2000). There are some programs that have been run with some success in some of the developing countries, for instance Guyana (O'Toole, 1995); India (Krishna, 1995; Roa, 1997); Lesotho (Khatleli & Mariga, 1995); Mexico (Werner, 1995); Philippines (McGlade & Aquino, 1995); Uganda (Chaudhury & Zinkin, 1995); Vietnam (Hai & Nhan, 1995); Zanzibar (Khalfan, 1992); and Zimbabwe (Mariga & McConkey, 1986). With appropriate policies and legislation put in place, adequate support and proper planning, inclusive education can be implemented successfully with most of its challenges met.

Governments should be encouraged to appoint companies that can produce local materials and

equipment to be used in special needs provisions. Training colleges should be adequately equipped to train specialist personnel such as educational psychologists, educational audiologists, speech and language therapists, sign language interpreters, physiotherapists and guidance counselors. Long term and short term in-service programs should be run for teachers who teach children with special needs. Schools and organizations that promote inclusive education can also give such teachers opportunities to upgrade themselves through seminars and workshops held on a regular basis.

Conclusion

If developing countries south of the Sahara are to implement effective programs for inclusive education and to achieve Education For All (EFA), the international organizations, NGOs and donors have to direct their efforts towards the development of national capacities for policy-making and system management. They also have to continue bridging forward the concerns of marginalized and currently excluded groups. In addition there should be dissemination of information and ideas, network building, improvement of access and support to the development of inclusive education. Resource centers should be established in rural areas, supporting and feeding schools that run inclusive programs with the necessary materials, equipment and technical advice they require to function smoothly. It is important that if UNESCO is to run or support inclusive programs in any of the developing countries, the emphasis on all the activities should have practical implications taking into account the social, economic and political contexts of those countries. There is need for donor agencies to adapt their methods and use the personnel in those particular countries in order to suit the cultural backgrounds of the developing countries they help or else the programs will flop as soon as foreign personnel turn their backs away. Developing countries should train their personnel to use locally available resources in order to improvise and sustain inclusive education. There should be co-operation between donor organizations and indigenous relevant personnel in the countries involved. These include officials in education, policy makers and other related relevant personnel.

Children with disabilities have immense potentials, which remain untapped. Through inclusive education, these potentials can be exploited and put to productive and profitable use to benefit the family, the society and the country. While the ideal is still a long way from being realized in developing countries, the issue of considering children with disabilities as a neglected but extremely important sub-group of the population merits immediate continuous attention.

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The Four Square Vocabulary Instruction Strategy

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The Four Square Strategy is an instructional approach that links the prior knowledge of a student with a new vocabulary word. In a classroom based study (Eeds & Cockrum, 1985), this approach was demonstrated to be effective with all students “especially for those students designated as being less able.” The “less able” students included students labeled as having special needs. The vocabulary instruction technique may also be effective with students learning English as a second language (ESL).

The fundamental step in this instructional strategy is to help the student recall an experience that defines the new vocabulary word. This “will help students use prior knowledge to increase vocabulary” (Shanker & Ekwall, 2003). Once the student is able to recall and verbalize a defining experience the remaining steps are designed to label that experience with the new word and to reinforce the link between the recalled experience and the new word.

Steps for Using the Four Square Strategy

Example One

Teaching an uncommon English word to English language users. In this example the instructions for using the Four Square Strategy with native speakers of English are listed. The word that is being taught in this example is ‘extravaganza’.

1. Students are given a blank sheet of paper and asked to fold it into fourths.
2. Have the students write ‘extravaganza’ in square one.

3. Use the word in a non-defining context. In this example: “We saw the extravaganza.” This shows the grammatical function of the word.
4. Now ask the students a question that leads them to recall an experience they have had, which can be used to define the word extravaganza. In this example the question could be, “Have you ever been to a very exciting or spectacular fireworks show or some other type of exciting show?” Have a few students share their experiences and label the experience with the word ‘extravaganza.’

For instance, if a student said, “I saw the greatest fireworks show. There were hundreds of rockets shooting into the air.” You would say to them that the show they saw was an extravaganza. Each student who shares an appropriate defining experience needs to have the experience labeled as being an extravaganza.

5. In the second square have each student write their own experience of being at an ‘extravaganza’. Be sure they include the word extravaganza in the writing.

For instance, a student might write, “I was at the school band’s show last week. I was sitting on the ‘edge of my seat’ through the whole show. It really was an extravaganza.”

6. Have the students write a non-example in the third square, something that was definitely not an extravaganza. Once again, be sure they include the word extravaganza in the writing.

For instance, a student might write, “I almost fell asleep at the talent show yesterday. It was very boring. It was not an extravaganza.”

7. In the fourth square, have the students write a definition of the word ‘extravaganza’ in their own words. They should use the word in the definition they write.

For instance, a student might write, “An extravaganza is an exciting or spectacular show.” (see Figure 1)

1	2
Extravaganza	I was at the school band’s show last week. I was sitting on the ‘edge of my seat’ through the whole show. It really was an extravaganza.
3	4
I almost fell asleep at the talent show yesterday. It was very boring. It was not an extravaganza.	An extravaganza is an exciting or spectacular show.

Figure 1. Extravaganza Four Square

Example Two

Teaching an English word to ESL students. The instructions for using the Four Square Strategy with students for whom English is a second language are found in the steps below. The word that is being taught in this example is ‘cave’.

1. Students are given a blank sheet of paper and asked to fold it into fourths.
2. Have the students write the English word ‘cave’ in square one. Also have the students write the word from their native language for ‘cave.’

3. Use the word in a non-defining context. In this example: “We saw the cave.” This shows the grammatical function of the word. Use English words the students already know in the non-defining context.
4. Now ask the students a question that leads them to recall an experience they have had which can be used to define the word cave. In this example the question could be, “Have you ever been to a dark hole in the Earth?” The question, to help the students recall a defining experience, is done in the student’s first language. Have a few students share their experiences in their first language and then label the experience with the English word ‘cave.’

For instance, if a student said, “We used lights to see where we were going when we went into a (the word cave in the child’s native language).” You would say to the child that in English that place is called a cave. Each student who shares an appropriate defining experience in his or her own language needs to have the experience labeled with the English word ‘cave.’

5. In the second square have each student write their own experience related to the word ‘cave’. Be sure they include the English word cave in the writing, even if the remainder of the writing is in their native language.

For instance, a student might write, “It was very dark and damp when we went into the ‘cave’. I saw a lot of limestone formations.”

6. Have the students write a non-example in the third square, something that was definitely not a ‘cave’ or related to the word ‘cave.’ Once again, be sure the students include the English word cave in the writing, even if the rest of the words are not in English.

For instance, a student might write, “My skin turned red from sitting in the sun on the beach. That never happens in a cave.”

7. In the fourth square, have the students write a definition of the word ‘cave’ in their own words. They should use the word ‘cave’ in the definition they wrote.

For instance, a student might write, “A cave is an underground tunnel or room.” (see Figure 2)

<p>1</p> <p>cave</p>	<p>2</p> <p>It was very dark and damp when we went into the cave. I saw a lot of limestone formations.</p>
<p>3</p> <p>My skin turned red from sitting in the sun on the beach. That never happens in a cave.</p>	<p>4</p> <p>A cave is an underground tunnel or room.</p>

Figure 2. Cave Four Square: Other than the target word (cave), all other words written would be in the child's first language.

Summary of Strategy

We have found that four words a day are usually best for vocabulary instruction using the Four Square Strategy. Once the students became familiar with the steps a word can be taught in four to five minutes. We also found that spending time making sure each student had thought of a personal experience that defined the target word with vivid details of that experience, was essential in providing the cognitive link to insure they learned and remembered the meaning of the target word. The steps become very easy to remember after you have used the strategy a few times. Some teachers have experimented with simplified versions of the strategy, but the basic steps remained: a) write the new word, b) elicit a defining experience, c) label the experience, d) write the defining experience, e) write a non-defining experience, and end by f) writing the definition of the new word.

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PRAXIS

Call for Papers and Submission Guidelines

The PRAXIS section of this journal is intended for readers to be able to immediately apply the methods/strategies described in the articles in their classrooms. These methods/strategies may be new and unique ideas or they can be effective methods/strategies that some teachers have been using and believe that by publishing those many more teachers could implement them in their classrooms. The articles should be approximately three to six pages and describe in detail a specific teaching strategy or informal assessment method. The articles should include specific instructions on how to develop and implement the methods/strategies. The methods/strategies should require no unique materials for development. These articles are to be submitted following the same submission guidelines and will go through the same review process as all *The Journal of the International Association of Special Education* articles with the exception of including an abstract. (See *submission guidelines*) The format for these articles should include an introduction, step-by-step directions, materials/examples of charts or graphs if needed, conclusions and references.

We encourage you to consider submitting methods/strategies that you have used with students with disabilities and think would be of interest to our readers. Both classroom teachers and university instructors are welcome to submit articles for consideration for publication in the PRAXIS section of the journal.

INTERNATIONAL ASSOCIATION OF SPECIAL EDUCATION

in collaboration with

The Faculty of Education and
Centre for Advancement in Special Education,
University of Hong Kong

TENTH BIENNIAL CONFERENCE

June 10-14, 2007

HONG KONG



*Global Challenges in Special Needs Education:
Past, Present, and Future*



Faculty of Education, The University of Hong Kong
Centre for Advancement in Special Education
香港大學 特殊教育研究發展中心



IASE 10TH BIENNIAL CONFERENCE REGISTRATION INFORMATION JUNE 10 - 14, 2007

Registration Overview: Please register early to avoid a late fee of \$50.00 USD. A registration form is included, or you may download it from the IASE website at: www.iase.org. E-mail confirmation will be sent upon receipt of your registration.

Conference Materials: Conference materials may be picked up between 1:00-6:00 p.m. on Sunday, June 10, 2007 at the IASE registration desk. You can find the registration desk at the University of Hong Kong (HKU) in the Rayson Huang Theater Building Foyer. You can also drop off your auction item. Each individual is asked to bring an item from his/her country for the auction to be held at the Gala Dinner at the Jumbo Kingdom “floating” Restaurant.

Accommodation Options:

HOTELS IN HONG KONG

(all rates subject to 13% service charge and government tax)

Identify yourself with IASE—International Association of Special Education 10th Biennial Conference

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- (3) IBIS NORTHPOINT HOTEL – Very tiny but new rooms some distance from HKU (but very near the Star Ferry, bus and tram to HKU) HK\$339 (about US \$44.00 per night)
E-Mail Reservations: business@ibisnorthpoint.com.hk
- (4) ROBERT BLACK COLLEGE (on HKU campus) – 30 Rooms (including Breakfast) - HK\$480 Single Occupancy (about US \$62.00 per night); HK\$520 Double Occupancy (about US \$67.00 per night). These rooms will require you to be able to climb a number of stairs.
For these rooms contact Alison Li at alisonli@hkucc.hku.hk

Transportation: You will arrive into the Hong Kong International Airport. From the airport, the train is readily accessible and requires no climbing stairs with your luggage. You can get a train ticket at the airport and take a train to Central Station and from there take a taxi to your hotel and to the University of Hong Kong. A cab from the airport will cost approximately \$40 USD.

Reception: The Vice-Chancellor’s Reception, included in your registration, will be held on Sunday from 6:30 p.m. to 8:30 p.m. in Loke Yew Hall.

Gala Dinner/Auction: The Gala Dinner, included in your registration, will be held at the Jumbo Restaurant in Hong Kong. Ethnic dress is encouraged. Accompanying the dinner is our biennial auction. Please bring items from your country to contribute to the auction. You can drop items off at the registration desk. All proceeds go to the Marge Csapo Scholarship Fund.

Children’s Art: To showcase children’s art projects from your home country, please bring them to the conference registration desk. Children’s art work will also be sold. For booth space or more information, contact Helen Beneke at helenbeneke@yahoo.com

Conference Proceedings: The proceedings of the conference will be available at the conference and can be picked up at the registration desk.

For more information: contact Conference Chair, Bev Johns, at bevjohns@juno.com

SCHEDULE FOR THE CONFERENCE

SATURDAY, JUNE 9

Optional Tour: Saturday Afternoon
(1 p.m. to 5 p.m.) \$19.00 USD
Shopping with Mary Gale, Kim, and YK Lee

SUNDAY, JUNE 10

Optional Tour: Sunday Morning
(9:30 a.m. to 2:30 p.m.) \$44.00 USD
Half-Day Hong Kong Island Tour
(including cost for sampan ride)
Conference Registration Desk: 1 p.m. to 6 p.m.
Auction Items can be dropped off at the Registration Desk.
Tour Desk (including Box Lunch sales): 1 p.m. to 6 p.m.
Vice-Chancellor's Reception, Loke Yew Hall, HKU,
6:30 p.m. to 8:30 p.m.

MONDAY, JUNE 11

Opening of Registration Desk, Tour Desk,
Morning Coffee at 8:30 a.m.
Opening of Exhibits (including student art display)
at 8:30 a.m.
Opening Ceremony and Keynote at 9 a.m.
Conference Sessions, 10:30 a.m. to 4:30 p.m.
Optional Tour: Monday Night (7:30 p.m. to 10:30 p.m.)
\$22.00 USD Open-top Bus Night Tour

TUESDAY, JUNE 12

Opening of Registration Desk, Tour Desk, Morning Coffee,
Exhibits at 8:30 a.m.
Keynote 9 a.m., Conference Sessions, 10:15 a.m. to 4:30 p.m.
Gala Dinner, Jumbo Kingdom "floating" Restaurant,
7 p.m. Silent Auction & Cash Bar,
8 p.m. Dinner (with Chinese musicians and Lion Dance)

WEDNESDAY, JUNE 13

IASE General Business Meeting, 8 a.m.
Opening of Registration Desk, Tour Desk, Morning Coffee,
Exhibits at 8:30 a.m.
Keynote 9 a.m., Conference Sessions 10:15 a.m. to 4:30 p.m.
Optional Tour: Wednesday Night (5:30 p.m. to 10:30 p.m.)
\$64.00 USD Highlight of the Night Tour (including cruise
with dinner buffet)

THURSDAY, JUNE 14

IASE Board Meeting (open to membership)—7:00 a.m.
Optional Tour: Thursday Morning (9 a.m. to 1 p.m.) \$10.00 USD
Special tour of two Hong Kong exceptional schools

FRIDAY, JUNE 15

Optional Tour: Friday Morning (8:30 a.m. to 3 p.m.) \$50.00 USD
Land Between Tour (including Lunch)
Optional Tour: Friday Morning (9 a.m. to 2 p.m.) \$38.00 USD
Heritage Tour

KEYNOTE SPEAKERS WILL INCLUDE:

MICHAEL HARDMAN, UNIVERSITY OF UTAH, SALT LAKE CITY, UTAH
"Politics and Policies that Impact Special Education Around the World"

Michael L. Hardman is Professor and Chair of the Department of Special Education and the Department of Teaching and Learning at the University of Utah. He also serves as the University of Utah Coordinator for the National Center for Community of Caring. In 2004-2005, Dr. Hardman was appointed the Matthew J. Guglielmo Endowed Chair at California State University, Los Angeles, and the Governor's Representative to the California Advisory Commission on Special Education. Additionally, Dr. Hardman is Senior Education Advisor to the Joseph P. Kennedy, Jr. Foundation in Washington, D.C., and a member of the Board of Directors for the Council for Exceptional Children.

KATHLEEN LANE, VANDERBILT UNIVERSITY, NASHVILLE, TENNESSEE
"Identifying and Supporting Students at Risk for Learning and Behavioral Problems:
Effective Interventions Around the World"

Kathleen Lynne Lane is assistant professor in the Department of Special Education at Vanderbilt University and an investigator in the Vanderbilt Kennedy Center. Dr. Lane is the primary investigator of Project WRITE, a Goal Area 2 Grant funded through the Institute for Educational Sciences. Project WRITE will examine the efficacy of writing interventions for students with emotional and behavioral disorders who are also poor writers. She is also the PI of an OSEP directed project studying positive behavior support at the high school level and the PI of a field-initiated project studying prevention of behavior disorders at the elementary level. She serves on 5 editorial boards including Exceptional Children, the Journal of Special Education, and Journal of Emotional and Behavioral Disorders. Dr. Lane has authored three books and published over 60 refereed journal articles and book chapters.

PLENARY SESSIONS

Each day immediately after lunch there will be plenary sessions led by the following experts:
DISTANCE LEARNING—ROBERT A. GABLE, OLD DOMINION UNIVERSITY, NORFOLK, VIRGINIA
BEHAVIORAL ISSUES AROUND THE WORLD—MARY GALE BUDZISZ, RETIRED SPECIAL EDUCATOR
and T. SARASWATHI DEVI, EXECUTIVE DIRECTOR OF LEBENSHILFE, VISAKHAPATNAM, INDIA
WHAT DOES THE FUTURE HOLD FOR SPECIAL EDUCATION—PERSONNEL PREPARATION AND MORE—
LYNDAL M. BULLOCK, UNIVERSITY OF NORTH TEXAS, DENTON

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Registration for IASSE Members <small>(includes access to workshops, breaks, gala dinner, and proceedings)</small>	_____ \$340.00	_____ \$390.00
Registration for all Others <small>(includes access to workshops, breaks, gala dinner, proceedings and 6 months of free membership to IASSE)</small>	_____ \$380.00	_____ \$430.00

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(3) _____ \$22.00 Monday, June 11 OPEN BUS NIGHT TOUR

(4) _____ \$64.00 Wednesday, June 13 DINNER CRUISE & HIGHLIGHTS OF THE NIGHT TOUR

(5) _____ \$10.00 Thursday, June 14 SPECIAL TOUR OF TWO HONG KONG EXCEPTIONAL SCHOOLS

(6) _____ \$38.00 Friday, June 15 HERITAGE TOUR

(7) _____ \$50.00 Friday, June 15 LAND BETWEEN TOUR (INCLUDING LUNCH)

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Note: All registration forms and payment must be received not later than May 1, 2007.
 On-Site registration will be available but Gala Dinner is not guaranteed.
 Special Needs: Registrants with disabilities or dietary restrictions need to advise with their registration.

Cancellations MUST be made in writing for IASSE Board approval to Bev Johns, P.O. Box 340, Jacksonville, IL 62651 USA.
 Refund Information: All refunds are subject to a \$50.00 US processing charge. Cancellations made by: May 1, 2007 - Full refund (minus \$50.00); May 2 - 14, 2007 - 75% refund (minus \$50.00); May 15-30 - 50% refund (minus \$50.00). NO refunds after June 1, 2007.

SUBMISSION GUIDELINES

The Journal of the International Association of Special Education

Articles that have not been previously published are not under review by any other publication and meet the IASE mission statement aims are invited for review. Both research articles and articles for practitioners will be given equal preference. Please indicate if this is a PRAXIS article.

Mission Statement

International Association of Special Education

The aims of the IASE are to promote professional exchange among special educators all over the world, to develop special education as a discipline and profession, to encourage international cooperation and collaborative international research, to promote continuing education of its members by organizing conferences, and to foster international communication in special education through The Journal of the International Association of Special Education.

Style

Total length of the manuscript is not to exceed 20 pages and should include all references, charts, figures, and tables. Articles submitted should follow the guidelines of the Publication Manual of the American Psychological Association, fifth addition.

Word Processing

Using American English, manuscripts are to be typed in Microsoft Word using 12 point Times regular face (no bold or italics). The entire document should be doubled spaced with .75 margins all around. (*top, bottom, left, and right*). However, only put one space in between sentences. Tables, charts, figures, and or illustrations should fit in a 3 ¾ width column and are to be on separate pages at the end of the manuscript. Additionally, a copy of any photos, illustrations or other graphics must be attached electronically in jpeg format. This aids in the printing process for compatibility with the Macintosh computers that printers use. References are to be in APA style with hanging indents. (*If you do not have access to Microsoft Word please contact us*)

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PROFESSIONAL EXCHANGE

WHAT IS THE IASE?

Founded in 1989, the IASE is an organization of professionals who are dedicated to improving the quality of life and service delivery for all individuals identified as having special needs.

Members include teachers, teacher trainers, professors, speech clinicians, psychologists, health care providers, social workers, counselors, family members and those associated with related disciplines.

AIMS OF THE IASE

1. To promote professional exchange among special educators all over the world.
2. To develop special education as a discipline and profession.
3. To encourage international cooperation and collaborative international research.
4. To promote continuing education of its members by organizing conferences in different countries around the world.
5. To foster international communication in special education through the Journal of the International Association of Special Education.

VOLUNTEER SERVICE PROJECT

The IASE has established a Volunteer Service Committee to facilitate the identification of special educational needs in developing countries and connect a volunteer resource person who is an IASE member. There is a shortage of expertise in special education in many developing countries and the IASE has many members with vast special educational experience who can provide volunteer assistance during their retirement, sabbatical year or summer holidays. Visit our website at www.iase.org for an application form and additional information on the Volunteer Service Project.



COMMUNICATION

MARG CSAPO SCHOLARSHIP FUND

The Marg Csapo Scholarship Fund was created in tribute to this founding member, mentor and leader of the IASE. These scholarships of partial funding, for IASE members from developing countries, provide some financial support to attend biennial conferences. Visit our website at www.iase.org for an application form.

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If you would like to become a sponsor, please indicate the person's name, mailing address and email address on the membership form and enclose your payment.

The IASE has compiled the names of people from developing countries who request sponsors, but due to financial restrictions, they are unable to pay membership fees. (If you do not have the name of a person to sponsor, the IASE will identify someone for you.)

Your generosity and support are greatly appreciated.



