

Quality Assessment of Special Education Programmes: Listen to the Parents

Abstract

Special education programmes must include high quality services to enhance children with disabilities (CWD) in all aspects of their development. This study aims to assess special education programmes (SEP) in Jordan from the perspectives of parents of CWD. Two different SEPs were assessed: inclusive education (IE) in regular schools, and special education centres (SECs) in a segregated setting. A qualitative interpretive methodology was employed which used semi-structured interviews to collect data from 40 parents of CWD. Data analysis followed pattern coding and cross-case analysis methodologies. Two major themes related to the research questions emerged for the findings: the effectiveness of SEPs from the parents' perspective, and the changes required to SEPs. The results are discussed and suggestions are made for improving the quality of SEPs.

Keywords: Quality assessment, parents' perspectives, inclusion education, special education programmes, children with disabilities.

Introduction

As family is considered to be the most essential contributor to the lives of children with disabilities (CWD) and their outcomes, and research studies confirm the essential role of special education programmes (SEP) on children's outcomes (Zaslow et al., 2006). Therefore, these programmes should be designed in a way that ensures the highest quality of services to meet the needs of CWD and their families (Freeman & Vakil, 2004).

Over recent years an impressive amount of research has documented the relationship between SEP quality and the developmental outcomes of CWD (Neas & Mezey, 2003; Zaslow, et al., 2006; Wall et al., 2006). This has shown that high quality settings can promote healthy development and lead to fewer behaviour problems, enhance school readiness, develop positive cognitive and language skills, and provide educational aspects (National Institute of Child Health and Human Development [NICHD], 2006). Moreover, CWD who are raised in high-quality settings are better prepared to enter elementary school, and are more empowered to maximise their independence and be accepted into society (NICHD, 2006). There is also a positive effect on their social-emotional development, social/peer interactions, and on family relations (Alwan, 2006).

Consequently, in order to achieve such benefits for a child there is a need to have high-quality environments where child care providers respond positively to differences in children's abilities, interests and experiences, by providing children with a healthy, nurturing and safe space and providing positive learning experiences (Dahlberg et al., 2007). To achieve such high-quality settings requires collaborative work, which supports parental involvement, and children with and without disabilities developing a greater appreciation for each other (Buysse et al., 1999). Moreover, staff to child ratios, the size of each group of children, staff qualifications and the training they receive, are all considered essential indicators of the quality of programmes, as well as the facilities and buildings available, and the curriculum (Duweish, 2006; Huntsman, 2008). Making decisions concerning the effectiveness of these services and their quality are primarily the parents' responsibility. Thus, the body of research related to the assessment of the quality of services has recognised the importance of considering parents' perceptions about the provided services (Parsons & Lewis 2010).

Research results on indicators of the quality of SEP are mixed. Some studies have indicated high levels of quality and effectiveness of SEP based on the perspectives of parents, including separate centres for CWD (Bitterman et al., 2008; Crimmins et al., 2001), as well as inclusion settings, academically, and socially, in addition to employees' competency to assessing and teaching CWD (Baarat & Zureiqat, 2012). Other studies have reported that parents have found identifying high-quality SEP is challenging (AL Jabery, Khateeb, & Zumberg, 2012; Parish & Cloud, 2005) compared to their peers who do not have CWD (Wall et al., 2006), including for children with autism spectrum disorder (ASD) (Mackintosh et al., 2012), specific learning disorder (SLD) (Dababneh, in press), and for those with developmental disabilities in general (Crabtree, 2007). Many researchers have tried to undertake a practical evaluation of the efficacy of services and to identify the challenges parents encounter with regards to these services.

When considering inclusive education (IE), there are a lack of support, resources and adequate training for teachers and parents to ensure successful inclusion CWD (Wong et al., 1999). Parents and teachers of children with ASD, for example, emphasis the need to do more to create effective IE in the classroom (Lindsay et al., 2013), and reported less satisfaction about the time their children spent in regular classrooms, and that their children needed more specific services than those they were offered (Bitterman et al., 2008). In addition there were difficulties in the management of behaviour problems, addressing children's needs, enhancing children's social and communication skills, tailoring the lessons so that they were suitable for all children, adapting the curriculum, and the implementation of effective instructional practices (Lindsay et al., 2013). In England, IE also poses challenges for both teachers and CWD, including a lack of knowledge, financial support for implementing inclusive practices, and the professional development of teachers (Hodkinson, 2010). Vorapanya and Dunlap (2014) found that in Thailand, implementing IE effectively encountered many challenges issues, including assessment processes, ongoing classroom assessments, developing IEP, teaching strategies, training teachers, and preparing peers of CWD for inclusion.

However, SEP in Singapore has been reported to face challenges including integration opportunities, pre-service teacher training, and coordination among services (Lim & Nam, 2000). The quality of services provided in special education centres (SECs) does not meet parents' expectations regarding teaching qualifications, regardless of their child's disabilities (Behdioğlu

& Şener, 2014), educational services, and the shortage of time for individualising instructions in a variety of settings (Rafferty & Griffin, 2005). Some parents attributed the low quality of SEPs to the large child-staff ratio, small classroom sizes (Duweish, 2006; Huntsman, 2008; NICHD, 2006), lack of transportation (Jinnah & Stoneman, 2008; Parish & Cloud, 2005), and a lack of a preparatory teachers' programme (Al-Jabery et al., 2012).

Although the majority of the literature focuses on Western societies, researchers in Arab countries and the Middle East have started to address the issues related to the quality of SEP. In this context, most Arab countries, including Jordan, have recently ratified the UN Convention on the Rights of People with Disabilities of 2006, which ensures IE, as well as government and civic organisations being required to protect the human rights of people with disabilities. In addition, many procedures have been implemented to care for people with disabilities and to integrate them into their community, via legislation, university programmes in special education, awareness programmes, and the development of psychoeducational assessment tools (Hadidi & Al-Khateeb, 2015).

In the reformed educational plan, Jordan is working hard to identify and develop appropriate strategies to overcome these challenges. For example, Jordan has developed the National Strategy for People with Disabilities (2004-2015), and in December 2000 launched the National Strategy of Early Childhood Care and Development (ECCD), which was included in the Jordanian National Action Plan for Children (NPA) (2004-2013) (Al-Omari, Ihmeideh, & Al-Dababneh, 2011). Those strategies focus on improving the quality and quantity of edu-care services provided to all Jordanian children, including those with disabilities, in cooperation with related international institutions, such as UNICEF, UNESCO, and USAID (Al-Omari et al., 2011). Additionally, Jordanian institutions have been keen to assess the services provided for CWD in order to achieve higher quality services. This has been accomplished by assessing several features related to SEP, such as teachers' competencies, service programmes (Al-Khateeb, 2011), and social and recreational programmes (Alwan, 2006). Based on the Jordanian education philosophy, everyone has the right to receive high quality education. In order to achieve this goal, since the 1960s the Jordanian government has established IE in regular schools, as well as establishing centres in segregated settings (AL-Khateeb, 2011; Ministry of Education [MOE], 2016). The segregated settings consist of 69 centres which are under the remit

of the Ministry of Social Development (MOSD) and these provide services for children with intellectual disabilities (ID), ASD, and those who have a multi-disability (Ministry of Education [MOE], 2016). In addition to the Ministry of Education (MOE) has introduced integration services for students with SLD and attention deficit hyperactivity disorder (ADHD), and other categories of disabilities, including mild ID and ASD, in part-time resources rooms in regular schools, where special education needs teachers offer special education services for these children for a period of time each day. Consequently, children attend SEPs in segregated centres/schools for CWD (residential or day programmes) or in IE (regular education, full-or-part-time) settings.

However, despite the great efforts made in Arab countries, including Jordan, to implement services for CWD, these services still face challenges in providing high quality special education services to CWD in both segregated and inclusive settings (Hadidi & Al-Khateeb, 2015). For example, despite many of Arab countries adapting their IE system, the segregation model remains the primary model which is used to care for CWD (Hadidi & Al-Khateeb, 2015). Studies have noted the challenges related to implementing IE effectively as including: limited training programme for teachers, inaccessible buildings, crowded classrooms, lack of educational material, poor availability of support devices, inflexible curricula, inappropriate learning environments, and poor student progress (Hadidi & Al-Khateeb, 2015). Other researchers have found that some of the reasons for these limitations in both settings for SEP include a lack of special education and rehabilitation facilities, financial resources, an accessible and appropriate educational curriculum and materials, a paucity of IE, a lack of transportation, social stigma, school inaccessibility, and a weakness in assessment services and tools (Abu-Hamour & Al-Hmouz, 2013; Hadidi & Al-Kateeb, 2015; Kronfol, 2012). Furthermore, a lack of supervision leads to a lack of information concerning the quality of the services provided. Therefore, SEP outcomes remain unclear and need to be evaluated using scientific research methods (Hadidi & Al-Khateeb, 2015). Although the issues of disability tend to be family oriented in Jordan, the role of parents in decision-making and providing services for their children remains quite limited (Al-Khateeb, 2011; Baarat & Zureiqat, 2012).

Despite the growing and significant interest and support from the Jordanian government since the 1980s to provide CWD in Jordan with high quality services, a number of quantitative studies

which have attempted to assess the effectiveness of SEP in both segregated (Al- Khateeb, 2011; Alwan, 2006) and inclusive settings (Baarat & Zureiqat, 2012; Dababneh, in press), have identified that there are many challenges in providing high-quality services. Consequently, parents may face difficulties in identifying appropriate services that meet their child's needs (Al-Jabery et al., 2012), and little is known about the experience of caring for a child with a disability in Jordan from the perspective of their parents (Baarat & Zureiqat, 2012). Moreover, to the best of the author's knowledge, parents' perceptions of the quality of services provided for CWD in both segregated and inclusive settings have never been investigated via a qualitative study. Therefore, this study was designed to address these gaps in the knowledge about SEPs provided to CWD through reviewing current practices in these programmes. The purpose of this study is to assess the quality of services provided to CWD in Jordan in both segregated SECs and IE using qualitative methodology to generate an in-depth understanding of the situation from their parents' perspective. Two specific domains were explored in the interviews conducted: the quality of SEPs provided to CWD in segregated SECs and IE, and the changes required in both settings in order to achieve high quality services. Moreover, it is hoped that this study will prompt future research and pave the way for further investigations in this important area.

Methodology

Research design

A descriptive qualitative methodology was employed. Qualitative methodology seeks to understand a particular given topic through experiencing it by textual descriptions, which can be analysed in order to search for themes and to induce transferable interpretations (Auerbach & Silverstein, 2003). It is therefore appropriate for investigating the practices used in special education settings (Sandall et al., 2002).

Participants

40 individual interviews were conducted with parents (35 mothers, 5 fathers) of children aged 6 to 12, with disabilities (13 SLD, 15 ID, 10 ASD) served in special education schools and centres involved in the training programme at the Hashemite University during the academic year 2015/2016. In total, 45% of participants their child with disability attended IE in regular schools and 55% used segregated centres. Table 1 below illustrates the demographics of the sample.

Table 1. The distribution of the sample by the study variables

Variable	Frequency and percentage of total (40)
Gender	35 mothers (54%), 5 father (14%).
Age	ranged from 20-60 years
level of education	26 high school (65%), 24 college level (35%).
Employment	6 both parents in employment (15%); 32 one employed parent (80%); 2 both parents unemployed (5%).

Interview Technique

To address the aim of this study, a semi-structured interview technique was designed based on Kvale Stages (1996) by the researcher. Open-ended questions were developed, based on the literature review (Baarat & Zureiqat, 2012; Huntsman, 2008; Lindsay et al., 2013; Wall et al., 2006). These questions were design to be simple in structure and understandable. Open-ended questions were presented to the participants to encourage discussion around a number of themes, including diagnosis and educational provision to CWD, their learning environment, parental involvement, and staff qualifications. The following are examples of questions used in the interview: *‘To what extent are you satisfied with the educational services provided to your child?’*; *‘Please describe the process to identify your child's status?’*; *‘To what extent are you involved in providing services to your child?’*; *‘Does the centre/school encourage you to participate in the education process?’*; and *‘What changes and improvements could you suggest to achieve a high quality service?’*. All interviews were conducted in the ordinary language of every-day speech and took around 30 minutes.

Data Collection

Twenty programmes were visited by the researcher and two trained research assistants. The parents were instructed about the purpose and procedures of the study, and all parents provided their written signed consent before taking part. To ensure confidentiality and ethical

consideration, all data were kept in a secure location and were not available to anyone other than the researcher. After the informed consent procedure, parents were interviewed by the researcher in meeting rooms in both centres and schools. During the interviews the participants were given the option for their interviews to be tape-recorded and the interviewer took relevant notes throughout the interview to register gestures and to write comments that appeared important during the interviews. Participants were also informed of their right to withdraw from the study at any time or not to answer a particular question during the interview. The study protocol was reviewed and approved by the Institutional Review Board at Hashemite University.

Data Analysis

Each interview was taped with the interviewee's permission and transcribed verbatim. All of the interviews were read two times and then coded individually, with all notes and transcripts grouped according to specific topics and themes to facilitate the data analysis process for each setting separately. The codes and themes were examined across the two settings, and similar and different codes were written for both settings (segregated centres and regular schools implementing IE). Cross-case analysis was then performed for all the interviews and pattern coding was followed, as suggested by Miles and Huberman (1994). Other topics were not directly investigated but those which emerged from the observational and interview data were also coded. During pattern coding the researcher reviewed the interview transcripts and cross-checked the themes that emerged from each individual interview with the identified patterns or themes that emerged from the collective consensus. During the coding process the researcher paid attention to negative and contrast cases, and the frequencies of themes. Finally, the emergent themes were organised around the research questions.

During all stages of data analysis Arabic language was used and only the emergent topics and some highlighted excerpts were translated into English. It is worth noting that in and across analyses the researcher tried to understand how parents explained their views. This enabled the researcher to study the SEP from a wide range of views and personal experiences.

Credibility of the Research

To create rigor and provide confidence in the results the researcher performed specific activities. The researcher and research assistants independently read and coded the data (Creswell & Miller,

2000) and the researcher implemented another activity by using member-checked data (Glesne, 1999). To this end, the researcher returned to the transcripts of the interviews with the participants at a workshop at the outset of the development phase of the study. This helped to verify the accuracy of the identification of the main themes and to examine the analysis of the credibility of the documents. A complete set of analysis documents was presented to external readers to examine the credibility. The credibility of this study was further ensured through multiple reviews of the field notes and audiotapes, the neutrality of the interviewers during the interviews, and careful handling of the emotional expressions.

Results

Services Provided in Segregated Settings

Assessment Services

When participants were asked to describe the process for identifying their child's status, most parents focused on the medical role and themselves, either at birth or during the early years of a child's life. One mother of a boy with ID commented; *"My child was suffering from slow language development...always cryinghas difficult remembering and discriminate things... then the doctor diagnosis him."* These parents believed that a medical diagnosis alone was not enough, as mentioned by a mother of a boy with ASD; *"At first, my son did not have any problems then I started note some changes yes the medical diagnosis is accurate.... but not enough they just identify one side of the problem."* However, doctors sometime failed to identify a child's problems when there were no clear signs; *"I started to suspect that my child has a problem when he was six month old....he didn't communicate with us normally, then I went to his doctor for a check-up.....he told me that my child did not have any problems.... But I insisted that my child was not normal..... after that I learnt that my child has autism"* (mother of a boy with ASD). Another mother of a girl with ID and ADHD added; *"I visited more than seven doctors....but I did not have a complete diagnosis tests"*

Despite the external diagnosis centres which help in identifying children's problems, most of the participants agreed that the tools used there are insufficient, did not provide a true picture of the children's cases, and mainly focused on an assessment of a child's IQ, adaptive behaviour, and medical aspects. Some of the participants talked about the role of schools and said that they did

not recognise that their child had a problem until they attended kindergarten or school. For example, a mother of a girl with ASD stated; “when *Tala entering the kindergarten, the director told me that she is different from her peers....when I observe her.....Actually, I saw my child like a bird moving between classroom tables without paying attention to classroom activities....I asked for a chance, but she did not improve.....then she was diagnosed with autism.....it's a strange word.....* In contrast, most parents agreed that the educational diagnosis implemented in SECs to build a child’s individual educational programme (IEP) is inadequate and mainly focuses on education and life skills, and is mostly undertaken by one person, who provides feedback at the end of each semester about their child’s progress.

Teaching Process

Half of the participants noted that educational services are the services they are most satisfied with. Emphasis was placed on the appropriateness of IEPs, teaching strategies, and that centres which design activities and use teaching aids to meet their child’s needs. A mother of a boy with an ID stated; “*the centre encourages my son to develop his academic capacities now, after two years... my child can read and write.*” However some parents were concerned about “*Teachers using textbooks designed for younger children without disabilities.... without making the necessary modifications....and depending on inactive traditional strategies and rarely diversifying their teaching methods*” (mother of a girl with ASD). A father of a girl with Down Syndrome (DS) added; “*I often read about how to teach my childbut when I look at the teaching methods used with my child.... I think the centre needs to develop their educational material and programmes.*” Unfortunately, there was a semi-consensus that technology is rarely employed in the teaching process for CWD.

Support Services

Most of the parents agreed that the SEP supported their children’s emotional and social skills to integrate in their community; “*the centre trains my child to develop his communication skills to overcome isolation....*” (mother of a boy with ASD). Moreover, the centres’ programmes focus on developing a child’s self-care and independence skills, which positively affect a child’s self-concept and sense of self-sufficiency. In contrast, some parents showed less satisfaction with the support services provided for several different reasons. The most important was represented by mother of a boy with an ID; “*the centre integrates the different cases at same level....which is*

adversely affecting my child who is learning inappropriate behaviours” and a lack of behaviour modification programmes was noted. However, some centres focused less on developing a child’s independence skills, and didn’t provide counselling services, language therapy, reading stories, and music skills, as noted by half of the parents. For example, a father of a boy with an ID mentioned: *“the centres focus more on providing my son with an educational programme and physical therapy.....but he has a problem with language, and communicating with others; he is very shy.”*

Some parents were not satisfied with the vocational rehabilitation programmes and transition plans presented in the centres. One mother said: *“My daughter has to leave the centre after two years.....until now she has not undergone any rehabilitation programme.”* Through previous excerpts it can be said that the services provided to CWD are not always holistic, and this was confirmed by most of the participants.

Physical Environment

Almost half of the participants indicated that centre buildings can be classified as professional buildings, with excellent services, which are attractive, clean and comfortable, and that the furniture was clean. One of them indicated that: *“My child likes the centre, it’s like home; a clean place, comfortable, he has many friends....can play in the centre playground”*, while another added *“the centre sends me during the first week of the year a schedule clarifying the daily activities for my son.”* However, some participants noted that the centres need comprehensive building maintenance programmes, some have problem of security, and in some dangerous materials are present. This was illustrated in the responses below: *“It is easy for children to open the centre’s gate..”*, and a parent of a child with cerebral palsy and an ID added: *“Outdoor space of the centre is sufficient, but lacks safety, it palletised with tiles and it would be better if it was planted with grass, as well as part of the gates are made from iron, these would also be better if made of plastic”*. A few parents talked about another source of risk, whereby some children are getting hurt as a result of the aggressive behaviour shown by other children, or by care providers, which may appear in the form of psychological or physical abuse. For example, a mother of a child with an ID stated: *“Sometimes some teachers are dealing with the children nervously and screaming ..”*

Parental Involvement

Most of the parents agreed that they were somewhat satisfied with the support centres and their involvement in their child's programme. The father of a boy with DS noted; *"the programmes support me and my family (moral support)...it provides us with information about our child's disability, and how to deal with him."* Another mother commented; *"Yes the centre communicates with us continuously and provides us with reports about our child's status and how to deal with him."* The analysis of interviews also showed that the parental level of involvement ranged from low to high. One mother of a girl with an ID explained one of the ways she participated; *"I communicate with the centre through phone or a notebook, and they respond to me."* Some attended parent meetings and activities provided by the centres: *"The centre organises almost every year meetings and training courses for us about how to deal with a child with autism"* (mother of a boy with ASD), and mother of a girl with DS noted; *"Sometimes the centre performs activities for parents such as setting up a charity bazaar."* Such activities allow parents to build networks and to participate, as one mother of a boy with ASD emphasised *"Centres perform activities helps us to socialise with other parentsand be more awareness about our child status."*

Although many parents participate in centre activities, few participate in the assessment stage and the developing of their child's IEP. One parent explained; *"When I enrolled my son in the centre, the administrator called me to discuss the assessment procedures and building an IEP"*, while a father of a girl with ASD noted; *"I am sharing my child's teaching..... I share games with my child that enable him to integrate with his peers and become independent ."*

As well as although more than half of the participants provided with support were encouraged to be involved in the activities and services provided for their child, some parents said that support training programmes were too few. One mother of a girl with an ID commented; *"the centre does not invite parents to attend awareness programmes on the status of a CWD."* Some participants also agreed that they are not encouraged to be participate in the services for their children, and complained that they would like to be more involved but felt that the centres did not encourage them. As one mother of a girl with an ID explained; *"Sometimes I go to the centre and try to help the teacher in the classroom and also benefit from how to teach him, but the laws*

of the centre, prevent us from entering classrooms.” A father of a boy with an ID elaborated; “I usually initiate contact with the centre...”

Several parents did not communicate with the centres effectively for many reasons, such as a lack of time, transportation, having younger children at home, and work. One parent explained; *“I rarely communicate with the centre because my children take all my time, but if I was asked to attend to discuss some issues related to my child, I would go.”* It is worth noting that a few parents did not know about the types of services provided in the centres, and the mother of a girl with ASD said; *“I have no idea about the nature of the services provided to my child at the centre but I know it's services to improve my child performance.”*

Staff Competency and Team Work

More than half of the parents reported acceptable levels of satisfaction regarding staff skills and cooperation with children and parents. The mother of a girl with an ID noted; *“I feel good about my child's staff because they are a good team and polite with me and my child”*, while the mother of a boy with an ID stated; *“My child's teacher, speech therapist, and me are cooperating in developing my child's educational plans.”* Moreover, some parents mentioned that centres implement collaborative teaching by having a class teacher and an assistant teacher present in the classroom. However, several parents said that there was no team work in the centres, and most of the work was performed by one teacher. These participants attributed the lack of teamwork to several reasons, including the constant change in teachers, some teachers not having the necessary qualifications, and/or they are not trained to work as a team. One of parents explained; *“I cannot say that there is a team work because of the constant change of teachers.”* Some parents expressed the view that staff lack the experience and necessary competencies to care for CWD, for instance, the father of a girl with ASD said; *“there is a lack of specialised staff who could work with children with autism but the present staff show interest in children with this disease.”*

Services Provided in Inclusive Settings

Assessment Process

When parents were asked to describe the process to identifying their child's status, more than half of the parents emphasised the primary role they had played, together with kindergarten,

and/or school in initial identifying their child's problems. Consequently, CWD who do not attend kindergarten may not benefit from early diagnosis and access to services during their early years. One parent of a boy with ADHD said; *"Kindergarten helped me to increase my awareness that my child has a problem which needs to be identified"*, and a mother of a boy with SLD added *"School actually suggested that my son had a difficulty in learning.....before that, I didn't recognise that my child had a serious problem in learning... then they moved him to a SEP in the resource room in his school."* In contrast, the diagnosis procedure for half of the participants was not deemed sufficient in IE and did not identify in an accurate manner a child's status, as the focus was mainly on education, and rarely implemented assessments of behaviour disorders, ADHD, and language disorders. Usually in IE academic exams were used to *"decide that my son has learning disability... I think there are other tools that can give a better diagnosis."* A mother of a boy with ADHD said; *—When the teacher told me that she thought my child has a problem in attention and hyperactivity, unfortunately they did not have the skills or appropriate tools to identify his problem."* However, when parents tried to seek a more accurate diagnosis they struggled; *"I went to an early diagnosis centre... they did not have the suitable tools and skills to identify my child problems"*, a mother of a girl with ADHD noted. Moreover, a few parents disagreed with the diagnosis results; *"I do not agree with the diagnosis results....and I cannot believe that he suffers from SLD"*

Teaching Process

Several parents indicated that the educational services are suitable in terms of the building and implementing IEP and appropriate teaching strategies. They expressed some of the strengths of teaching and the mother of a boy with SLD stated; *"My child receive excellent services meet his needs...using variety teaching strategies' and material to teach my child."* However, some parents pointed out that they didn't consider the effectiveness of the educational services to be good enough for many reasons. The father of a girl with an ID noted; *"There is no credibility in her IEP..... often my child is taught unnecessary things and sometimes at higher than her level."* Others concern included the use of old and traditional educational material and the effectiveness of educational programmes. The mother of a boy with an ID stated; *"Although my child has received special education services in school for two years..... my child still does not read and write."* Educational materials were also considered a source of concern; the father of a boy with SLD stated; *"It's old and looks more useful for children without disabilities traditional*

teaching strategies are also used.” A few of parents mentioned the ineffectiveness of the services provided stating; *“There is no service due to the fact that my child is in school”* (mother of a boy with SLD) and *“My child’s school lacks a lot of needed services..... my child is the first case in the school”* (mother of a girl with an ID).

Support Services

Most parents agreed that their child’s programme focused on providing children with psychological and social support, and encouraged them to develop communication skills in order to deal with their community. The father of a boy with an ID mentioned; *“It’s important to provide psychological support for CWD and that is what my child's school offers everyone helps and provides ongoing support and reinforcement..... and this has helped my child to increase his self-confidence.”* Most of the parents were satisfied with the positive impact of IE on the social development of children; *“My son has friends, interacts and learns from them this is a very joyful to me”* (mother of a boy with SLD). Conversely, some parents talked about their worries concerning their child’s communication skills and lack of confidence, and they confirmed that there are no clear programmes in school help their child to be more social.

Some parents talked about their children’s behavioural problems and the weak role of school in addressing these, as well as a lack of counselling services. The majority of participants agreed that despite the availability of counselling services, these services are not effective in addressing the problems exhibited by their CWD. One of the parents noted; *“My child’s behavioural problem is nail-biting I tried to help him ... but this needs specialist intervention and this is not available at the school.”*

It is worth noting that more than half of the participants had concerns about the attitudes of peers without disabilities toward their peers with disabilities, and the school role in this issue. The father of a boy with SLD expressed this issue by saying; *“Students in the regular classroom have a negative view toward CWD... in addition to a child's negative view of himself.”* A mother of a boy with ASD added; *“My child needs to integrate into society by providing programmes to help him communicate with others and interact with his peers without fear.”*

Some parents added that schools lack speech therapy, which their child needs. For example; *“My child is suffering from stuttering, he needs a pronunciation processor....but unfortunately this*

service is not available in school..... (she cried, then sighed)..... I do not know how I can help my son.” Other parent added; *“At the moment the child's school covers each child's educational needs ... but the rest of the basic additional needed services are not available.”* A few parents tried to solve this problem through their own individual efforts by resorting to specialised centres available during the evening or at weekends which provide child support services.

Parental Involvement

Most of the parents were somewhat satisfied with their involvement and the variety of support programmes they received, which included informal psychological and moral support. School administrators and teachers were felt to deal with them respectfully and to appreciate their suggestions but mostly do not take them into consideration, although a few parents said that their child’s teacher had applied their suggestions in the teaching process. One of the participants stated; *“My son is taught in the same ways....he is bored and needs diversity in the teaching methods to catch his attention.....when I discussed this issue with the teacher, she listened to me but nothing changes.”* Generally, the majority of parents noted that they participate in the services provided to their children in different ways and levels, through scheduled meetings, telephone conversations, correspondence, and continuous follow-up visits. The following are some extracts of participant's responses concerning this category: *“Parents are involved at the beginning of the school year to approve enrolling their children in the resource room”*; *“ I visit the school at least once a month to follow up on my son”*; *“I attend activities in school aimed to show CWD work and talents... such as participation in sports and singing competitions”*; and *“I go with my child on school trips...”* Some of the parents are involved in developing their child’s IEP and implementing it, or as volunteers. The father of a child with an ID explained; *“Sometimes I volunteer in my child’s school and give CWD extra classes in cooperation with the resource room teacher... read stories to children.....play with them or teach them some skills under the supervision of the teacher.”* The mother of a girl with ASD added; *“I share in providing all the services regarding the educational programme for my daughter the teacher encourages me a lot and tells me about the impact of the presence of parents beside their child in child progress.”*

Despite most parents mentioning that they participate in their child’s educational programme, a few indicted that they rarely receive support from schools; *“School didn’t present any kind of*

support or programmes for parents....except parent meetings which are organised for the whole schoolwhere only general instructions present” (mother of a boy with SLD). They reported that they just attended regular meetings which are held at the beginning of the year to discuss the issue of placing their children in the resource room. Most of the parents noted that the role of parents in the assessment and development of their children’s IEP is limited. One of the participants clarified this point by saying; *“School does not involve parents in developing educational goals for their children, or identifying their weaknesses.”* A few participants expressed their desire to be involved in the services provided to their children, but they were not encouraged to participate, whilst others aren’t involved and don’t communication with school effectively for reasons related to having young children at home and work.

Staff Competency and Team Work

More than half the participants mentioned that they have a high level of satisfaction regarding the special education teachers who work with their children in the resource room; *“Yes, my child teachers are very cooperative”* (mother of a boy with SLD). The mother of a boy with SLD added, *“My son was suffering from shyness, a lack of social interaction and interest in study.....but now, thanks to resource room teacher’s effortsI can notice a difference in my son....she is a very cooperative teacher.”* In contrast, some parents discussed how some teachers were inexperienced in dealing with CWD, especially regular classroom teachers; *“Yes my child’s team is goodbut the extent of their cooperation is different from one teacher to another some do not have sufficient experience and some complete the work nicely”* (father of a girl with an ID). Some participants mentioned that regular classroom teachers and resource room teachers rarely work as a team, and a mother of a boy with SLD explained; *“When I asked the teacher [regular classroom] about my son’s performance...she said that she did not know a lot about him, and sent me to resource room teacher.”* Parents justified this by saying that students in the resource room come from several regular classes, so there are many teachers which makes the process of coordination not easy, especially given that there are more than 20 students enrolled in the resource room.

Required Changes in Segregated Settings

The majority of the participants emphasised that centres should focus more on positive behavioural interventions, inclusion models, a co-teaching model in instruction, teaching

perceptual skills, encouraging children's initiative and active participation in their educational process, and considering individual differences. Most of the parents also focused on the need to use modern methods and technology in teaching, and some indicated that most of the services which need to be more effective in centres were related to providing children with speech and language therapy, physical therapy, health services, recreation services (e.g social activities; trips and sport), rehabilitation services, and vocational training. There was also a focus on the need to enhance their child's social skills and on integrating children into their community.

Some of the participants talked about the need to employ staff with high levels of qualifications and experiences, as well as staff needing training on team working and on identify and dealing with children's needs. For instance the mother of a boy with an ID noted; *"The staff's work needs to be strengthened, and their knowledge updated... they also need to consider us as an essential member."* Others talked about staff needing to develop appropriate teaching strategies; *"The staff were qualified and aware of children's individual needs, but they were using routine traditional methods..... these children need diverse teaching strategies."* Half of the participants also stressed the need to pay more attention to getting parents involved in their children programmes and in developing training programmes for them. One of the participants stated; *"I think that the centre should focus on holding training programmes for parents on an ongoing basis during each period on a particular issue, and that should help in developing the children."*

A few parents mentioned the importance of making the learning environment more attractive by painting the walls with brighter colours, and enriching the centres with appropriate teaching facilities and materials; *"I think it is very important to provide centres with reinforcement toys and materials, which encourage children to learn and progress"* (mother of a boy with ASD). They also focused on the need to enhance centres' infrastructure to the extent that a few talked about the need for a new building because currently it is in a rented house not designed as a centre. Parents discussed that centres need to improve their other educational facilities, such as the provision of laboratories, playgrounds and outdoor spaces to play, bathrooms, and classroom spaces. For instance a mother of a boy with an ID noted; *"Seven children in a narrow classroom (around 3.5 square metres)they couldn't move freely in the classroom."*

Required Changes in Inclusive Education

Most of the parents agreed on the importance of using technology in the educational process and its significant impact on a child's ability to learn. They also indicated the importance of using diverse types of teaching strategies and enriching the classroom environment with educational toys and material aids, while considering individual differences. Some of the parents highlighted the importance of training children on cognitive skills, social skills, and behaviour modification.

Half of the participants emphasised that although the staff are qualified to deal with CWD, some need professional development, lack experience in dealing with CWD, need to learn how to work as a team, and need training in behaviour modification techniques. One of the fathers explained; *“there is no harmony and contact between what the students absorb in the regular classroom and what they are given in the resources room....I think his performance would be better if there was effective cooperation between his regular and resource room teachers.”* The majority of participants concentrated on the importance of engaging children more effectively in their regular classroom activities, and creating a mechanism for the students to join the resource room programme without losing contact with their peers. It is worth noting that these parents also discussed the need for *“a MOE educational supervisor who focuses extensively on special education programmes in school”*, as mentioned by the mother of a girl with SLD.

Some parents agreed that the most important problem families faced is the fear of the integration of their children in regular schools and the attitudes of other children and teachers. Therefore, there is a need for *“seminars for families to encourage them to integrate their children and not to be afraid of this process.”* Some parents indicated the importance of helping children to integrate in their community and the mother of a girl with DS suggested; *“Developing educational programmes that integrate these children into society.”* In addition, there is a need for these children to participate in school activities, and for the attitudes of children without disabilities and regular teachers to be modified which will reflect positively on CWD; *“make a child with a disability feel that he is no different from his peersand encourage children without disabilities to interact with their peers with disabilities, as well as providing programmes to support a child's self-confidence”*, the father of a child with DS said.

More than half of the participants focused on the importance of paying more attention to getting them involved in the education process, and on an increase in counselling sessions for children and their families; *“we as a family have as many needs as our child with a disability, we need*

training programmes to overcome the stress I feel, also I need help to manage our life and how to deal as family effectively with our child and improving her performance.” Others focused on the importance of modifying the design of schools in a manner that is appropriate for CWD, as a father of a girl with an ID explained; *“the corridors in the school are easier for the CWD than the stairs, while the schools are not designed for students with disabilities.”*

More than half of the participants focused on holiday activities and the father of a boy with an ID noted; *“more summer holiday activities so that children remain interactive with their teachers and other students....to get the largest and the biggest achievements in the case of a child.”* It is notable that a number of parents mentioned the importance of attention to the talents of CWD; *“These children need to be given the chance to unload their positive energies and to develop their talents”* (mother of a boy with SLD).

Discussion

The purpose of this study was to describe the quality of SEP implementation in IE and SECs from the parental perspective. The two themes that emerged from the analysis of the interviews transcripts were: assessing the quality of the services provided and changes in these settings that need to occur.

The study showed that generally, parents of CWD in both settings are moderately satisfied with the quality of SEP services provided to their children, such as the availability of services for CWD, the adequate facilities, and that their children have a safe learning environment, where they and their child are respected. The results of this study agree with the results of studies that have focused on the assessment of SEP, both in SECs (Al-Khatib, 2002; Crimmins, et al., 2001) and inclusion in schools (Baarat & Zureiqat, 2012).

A number of the participants from both settings expressed many issues associated with the current study themes mentioned above, which limits the effectiveness and quality of these programmes, and which have been confirmed by a number of other studies (Duweish, 2006; Neas & Mezey; 2003; Wall et al., 2006). These include not having accurate diagnosis tools, implementing assessments, teaching by one or two individuals, and focusing on education services which sometimes are less important than the children’s level, and using traditional

methods and a lack of teaching aids. There is also little interest in behaviour modification, counselling services, speech and language therapy, nurse services, computer skills, independence skills, and device support. These results are similar to those of previous research regarding the use of traditional strategies, and the lack of some support services needed, such as behaviour modification, occupational therapy, and speech therapy (Abdullah, 2003; Alwan, 2006).

This may be attributable to the lack of qualifications held by some staff members in the SEP, which is reflected in the accuracy of the diagnosis process, and on the building of appropriate services. A number of studies has highlighted this issue (Duweish, 2006), and as mentioned by one of the participants; *“Some teachers have the experience in dealing with CWD, but do not have the appropriate certificates, and others possesses the certificates but do not have the necessary experience.”* The limited SEP can be attributed to a lack of follow up to ensure the quality of these programmes, and a lack of information about these programmes. This is consistent with the results of the studies by Jinnah and Stoneman (2008), and Parish and Cloud (2006).

Other differences between the two settings included that centres focus on developing children’s social skills, self-care, physical therapy, health services, rehabilitation services, and provide vocational training, more than in IE. In addition, some centres were designed as housing and do not have outdoor space to play. SECs have the ability to organise their time independently and to schedule daily activities, in comparison to regular schools.

The results also showed that parents from both settings generally face problems in identifying the status of their children, either through an external assessment conducted by a diagnosis centre, which was implemented usually prior to a child’s entry into school or a centre. These focused on the medical aspect and a child’s IQ, and internal assessments were conducted by schools or SECs and mainly focussed on educational assessments. This result is consistent with that of many other studies which have shown that services provided to CWD, such as those with ASD, focus on medical and educational services (Bitterman et al., 2008), while for children with SLD the focus is on educational services (Dababneh, in press). This can be attributed to the fact that schools’ and families’ interest is primarily educational. In addition, there is a lack of tools and specialists which assist in diagnosis at centres and schools for evaluating different developmental aspects. This result is consistent with the results of Al-Khatib (2002), which pointed to the lack of

suitable diagnosis tools. Emphasis needs to be placed on providing specialists in special education with experience in measurement and evaluation, as reported by Crimmins et al. (2001), and Landsany et al. (2013).

The results also showed that around half the parents from both settings were satisfied with the services provided to their children, including the provision of IEP which take into account the results of assessments, teaching strategies, and educational material. Conversely, some participants from the IE setting noted that the academic programmes provided for their children are not effective in terms of the focus on skills that are below the level of their children, and the use of traditional methods. Some parents reported that the centres used textbooks designed for younger children without any modification, and employed ineffective teaching strategies. This result is consistent those of other studies (Abdullah, 2003), which have indicated a lack of diversity in teaching methods. This may explained by the opinion of the participants about the need to train teachers on how to teach this group of children. Some of the resource room teachers in Jordan are from different backgrounds and have trained for a year in how to deal only with children with SLD, yet recently some regular schools have started accepting children with other types of disabilities, such as children with a mild ID and ASD. Consequently, most resource room teachers, as well as regular classroom teachers, are not familiar with these children, and need more training and skills to work effectively with these children in IE. This finding is consistent with past research showing that teachers often found several challenges in creating an inclusive environment for CWD, including those with ASD (Lindsay, et al., 2013), due to a lack of training. In addition, a number of workers in SECs are secondary school graduates or volunteers, or only hold a diploma. Therefore, such staff have not undergone graduate education training or any other training programmes.

The results show that a large number of the participants stressed the lack of modification behaviour plans in both settings. This result could be attributed to insufficient preparation and training programmes in the pre-service stages. The results of the current study are consistent with the findings of other studies (Abdullah, 2003; Al-Khatib, 2002) which confirm that programmes do not include behaviour modification. Lindsay et al. (2013) showed that teachers in IE had difficulties in managing the behaviour of a child with ASD.

Because the educational environment plays a significant role in the growth of children, this environment must be designed in a way that serves the goals to be achieved with these children. The current study showed that about half of the participants in both settings mentioned that the buildings and educational tools were appropriate. However, other participants pointed out the lack of outdoor space and small classrooms at the centres, as well as crowded classrooms in regular schools. This result may be due to some centres residing in rented buildings, and this was confirmed by Hadidi and Al-Khateeb (2015).

Generally, the participants from centres and schools indicated that although they communicate well with the staff and usually receive informal support from them, only a few parents participated in the assessment and education process. In schools for example they simply asked to agree that their child should be placed in the resource room as a result of academic difficulties. This result is similar to that of Wong et al. (1999) which found that parents do not participate actively in their children's SEP. This could be interpreted as there being no clear mechanism in these programmes for involving parents in the services provided.

According to the interviewees' responses, it can be noted that participants from both settings are similar in their focus on making changes in both settings, including the need to renew the educational strategies and employ computers in the teaching process, and involving parents in a more effective way. Some centres need adequate space indoors and outdoors, while schools need to create a mechanism to engage CWD more effectively in their regular class activities, and to provide SEPs for CWD without removing them from the regular classroom. Parents also focused on preparing regular schools to welcome CWD. Finally, parents from both settings believed in their children's abilities, focused on paying more attention to developing their children's talents, and emphasised that schools and centres rarely focused on this aspect which needed to be developed.

Conclusions

The results of this study are important in assessing and understanding the current status of SEP provided to CWD. The sample of parents of CWD who participated in this study is relatively small and is restricted to children with developmental disabilities; in addition, only children with SLD and ADHD are educated in the IE setting. This study has shown that parents need an

organisation to provide them with adequate information about the available services in their region, and to develop external and internal assessments which equip health centres, diagnosis centres, kindergartens and schools with appropriately qualified staff and the tools to assess these children's needs. Children's talents need to be identified and should be developed, together with meeting these children's needs when developing IEPs. This will help in building appropriate programmes and may help in minimising the impact of a disability on a child and their family. Thus, there is need for all teachers to receive a pre-service training programme before working with CWD, as well attending in-service training. Although the standards for establishing programmes for special education emphasise that a comprehensive diagnosis and set of services should be provided, many aspects of SEP are not taken into account. Hence, it is important for the MOE to establish a supervisory role, as well having teaching assistants in the classroom, to help teachers to provide CWD with appropriate teaching processes in both IE and centres.

Recommendations

To summarise, it can be concluded that the SEP generally provides good services for CWD. These programmes offer an appropriate learning environment despite the need for the refurbishment of some buildings. Outdoor play space allows children to engage in many activities, and in addition there is a need to enrich the teaching aids that enhance the educational process.

In addition to what has been mentioned previously, there is a need to pay more attention to parental involvement, because their active role in the development of the capabilities of their children is vital. Diagnostic services are considered to be fairly good according to the participants in this study, but the services need to be more comprehensive and consider all areas of development. In addition, there is a need to train teachers to implement ongoing classroom-based assessments, and to make necessary accommodations to examinations and assignments in order to meet children's needs.

Many of the teaching methods that are used need to be updated and to be followed-up by any new supplementary instructions that increase the efficiency of services provided for a student with disabilities. The use of new diagnosis tools, applying appropriate behavioural management strategies, preparing IEPs with a good understanding of roles, using a variety of instructional

methods, and improving teacher's evaluating strategies, must be included in any future improvement plans.

The quality of the services delivered to CWD, especially new services such as vocational rehabilitation, prevention services, early medical, social, technological, support services, and family services, must be encouraged in SEP. Finally, it is hoped that the results of this research will act as baseline data and be used in developing other comparative studies.

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