Quality of education for persons with disabilities

Siri Wormnæs

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Siri Wormnæs
Associate professor, Department of Special Needs Education
University of Oslo, Norway

Introduction
Quality of educational programs for persons with disabilities may relate to four levels: 1) the plan, 2) the implementation, 3) the participants’ experiences and 4) the outcome. The first level includes the intentions, content, organisation and methods, as they are formulated in plan documents. The second level includes aspects of how the program is implemented in practice, regarding the organisation, teaching and learning methods, material etc. In analyses and evaluation of quality, the second level may be seen in relation to the first level, putting “… the descriptive aspect of the program – how practice is – in relation to the prescriptive aspect – how practice should be” (Nilsen 2003, p. 8, author’s translation). The third level includes the participants’ views and opinions about experiences with the program. Participants may comprise students, parents and teachers. The fourth level, the outcome level, may include the experiences just described, but also aspects such as performance level, skills acquired, attitudes and knowledge.

Is quality education for persons with disabilities anything special?
To recognise and appreciate every student as an individual with his or her special needs, interests, talents, personality, ideas and knowledge calls for differentiation in the classroom. Some students have functional characteristics that may cause limitations in activity and participation, depending on environmental and other contextual factors. Mental functions, sensory functions, language and speech functions and mobility related functions have an impact on learning, communication, movement, interpersonal interaction and social activities.¹ There are some students whose functional characteristics call for educational approaches, support and services that are special in the sense that they are unusual for most teachers and schools. The quality of education for these individuals’ depends on whether or not the needed approaches, support and services are in place.

The enrichment perspective has been presented as an alternative or supplementary approach to a diagnostic-therapeutic special education model. It is strength and ability-based and includes an assessment of what the child can do as well as what the school can do. This

¹ The World Health Organisation’s International Classification of Functioning, Disability and Health (ICF) provides a framework for defining and measuring individual and population characteristics and environmental conditions.
information is used as the point of departure in creating or adapting learning environments (Befring 1997).

One perspective on quality of inclusive education, as well as special education in segregated settings, the individual perspective, focuses on the educational situation for individual students. Another perspective on quality, the system perspective, focuses on the class, school and school environment and the organisational system. Both perspectives are necessary in descriptions and evaluations of quality education for students with functional limitations or special learning difficulties.

**Outsider or insider perspectives on quality**

Quality of education may be viewed on the basis of objective criteria, from the outside, and on the basis of subjective criteria, from the inside. Objective aspects could for example include the students’ or a student’s reading skills according to predefined norms, available reading material and other learning conditions in school. Subjective aspects on the other hand could for example include the students’ or a student’s own experience with reading sessions and the “meaning” attributed to the school experience. Students with special needs are in danger of being underestimated and overlooked. Some may not be able to speak for themselves in academic terms. In order to get insider perspectives also from students with disabilities, extra care must be taken to make sure that their “voices” are heard and interpreted.

**Quantitative and qualitative measures of quality**

Quality of education can be measured and formulated in quantitative terms or in qualitative terms. Examples of quantitative measures are frequency counts, such as numbers of teachers with special education training or number of peer interactions in a session. Student skills, for example articulation in speech or reading comprehension, can be evaluated in relation to expected performance or pre-defined norms for performance. The relation between for example student performance and student-teacher ratio can be calculated. Qualitative aspects of quality refer to what something “means” to someone and to his or her experiences, opinions, views, feelings, understandings and perspectives. Examples are parents’ perception of the performance of the school and the school’s priorities and perspectives on peer interaction. Processes and patterns and opinions as well as products and results can be the objects of qualitative characteristics. Quantitative and qualitative aspects of quality supplement each other.

**Socio-cultural factors and ideological orientations**

Socio-cultural factors in a society affect how services for persons with disabilities develop and how they are viewed. Examples of such factors are the role of a child in the family, how
disability is understood and viewed, how education is valued in the society, the role education plays for the future of a citizen, the relation between private and public responsibility on the social and educational arenas, political priorities and economic and material resources (Froestad 1996; Ingstad & Whyte 1995). What is considered high quality education for a person with a disability in one cultural context and at one time in history, may not be regarded the same way somewhere else and at another time.

National plans
According to the Dakar agreement, all states are requested to develop or strengthen national Education for All plans. A plan of good quality regarding persons with disabilities should include reflections about how to meet the diverse needs in a student population. Among the critical factors is first and foremost the teachers’ competence and flexibility. The relevance of the curriculum and the possibility to adapt it to the special needs of students is crucial. An exam system that does not restrict any student from promotion and completing due to a disability is a quality factor. Critical elements are also availability of aids and material that give access to buildings and classrooms, that enable communication and that make written and oral information understandable.

Aspects of teachers’ competence
The teachers’ competence is regarded as a key factor in developing a quality education (Meijer & Stevens 1997). The qualifications wanted and needed by special needs educators depend on a variety of contextual factors.

To train a teacher for the craft of teaching means to give a practical overview of principles for learning, to train skills, to give the teacher-to-be a repertoire of techniques and procedures that have been found useful. Professional education, on the other hand, is intended to create a basis for an exploring, reflective and knowledgeable teacher, a teacher who has learned strategies for constructing new knowledge, for observing, describing and evaluating learning processes (Schaefer 1967 in Dale 1993).

Three aspects of professional knowledge have been defined. They have been called factual knowledge (or propositional or formal knowledge), practical knowledge (or skills) and knowledge of familiarity (or tacit knowing) (Göranzon & Josefson 1988). Factual knowledge can be learned from books. An example is information about autism (Alsterdal 1999). Practical knowledge or skills refer to the mastering of certain techniques. An example is to master a technique that stops a physical attack from a client with behaviour problems (Alsterdal 1999). Knowledge of familiarity is characterised by being difficult to explain, such as the ability to handle a unique situation or to recognise a face. An example is a teacher who
is able to prevent a client with a behaviour problem from pulling another person’s hair. The teacher has recognised certain patterns in the student’s behaviour, and has learned a way to stop the behaviour, but is unable to explain exactly what he or she observes in order to make a choice regarding what to do (Alsterdal 1999).

Schön (1983; 1987) has argued that factual knowledge cannot “drive” a practising teacher’s practice. A teacher is continuously faced with unique situations. He or she defines or conceptualises the situation, selects what will be treated as the situation, sets the boundaries of attention and uses his or her existing repertoire of examples, understandings and actions. A special needs teacher competence should include all three aspects of professional knowledge in order to contribute to quality education for persons with disabilities.

**Competence development**

There is interdependency between services for persons with disabilities and development of the special needs education profession. Some would say that the services for persons with disabilities define the terms on which the professions develop, while others would say that the qualifications and training of the professionals influence the development of the services.

Some countries have experienced that competence development has been redirected from mainly being designed for individual teachers towards being more school based, emphasising the importance of developing the staff’s competence. Topics such as innovation and change may be considered important in improving the quality of education (Nilsen 2003).

Special teacher education programs were first developed for teachers who worked in segregated settings for pupils with clearly defined disabilities, such as blindness and deafness. Countries that have experienced an increase in the inclusion of pupils with disabilities in general education settings, have also seen increasing support for the idea that special and general educators need expertise in both fields in order to promote quality education for students with special needs (Palmer & Hall 1999).
References:


