NO ONE SIZE FITS ALL: MAINSTREAMING IN THE U.S. VS. MAINSTREAMING IN URUGUAY

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Abstract. The United States has become the source of new ideas about the public treatment of people with disabilities. Many countries are considering adopting policies modeled on those introduced in the United States. The idea of mainstreaming children with disabilities in schools -i.e., placing them in regular classrooms rather than providing them with special education facilities- has become widespread in the U.S. Given the transnational flow of ideas and the prestige the United States enjoys for its educational system and its treatment of citizens with disabilities, many other countries are considering following the U.S. lead. However, I argue that problems in implementing the policy and the negative consequences of mainstreaming children with disabilities in U.S. public schools would likely be aggravated if this policy was applied in less developed countries such as Uruguay, where the idea has reached the government and voices have been raised advocating the policy. In this case study, I analyze the challenges in and results of implementing the policy of mainstreaming in the United States, and then analyze likely outcomes in Uruguay, a country with fewer resources, a different culture and history, should it chose to follow the U.S. model.

Keywords: special education, integration/inclusion, resources, stigma

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NO A LOS TALLES ÚNICOS: INCLUSIÓN EDUCATIVA EN AULAS DEL URUGUAY Y ESTADOS UNIDOS

Resumen. Los Estados Unidos se han convertido en fuente de ideas sobre el tratamiento de personas con discapacidades. Muchos países están considerando adoptar políticas inspiradas en las allí iniciadas. La idea de integrar a los niños discapacitados en las escuelas –en vez de enviarlos a instalaciones específicas para la educación especial- se ha extendido en los Estados Unidos y, dado el flujo transnacional de ideas, muchos otros países están considerando seguir este modelo. Sin embargo, considero que los problemas en la implementación de estas políticas y las consecuencias negativas de la integración de los niños con discapacidades en las escuelas públicas de los Estados Unidos probablemente se agravarían de aplicar políticas similares en países menos desarrollados, como Uruguay, donde la idea ha llegado al gobierno y se han levantado voces que defienden la integración. En esta investigación, analizaré los desafíos y probables consecuencias que tendría, en Uruguay, la adhesión al modelo estadounidense.

Palabras clave: educación especial, integración/inclusión, recursos, estigma.

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Educational concerns

Back in 2006 I volunteered at a summer camp for kids with emotional, behavioral or learning problems. Participating in this kind of experience made me wonder what is best for these kids. Sharing my concerns with others, I realized there are many opinions on what the best way is to insert this kids in the system and therefore in their societies. This experience brought me back to my first days in the U.S., when I was surprised by the way disabled people and people with

special needs are a visible part of the American society. You see them taking the bus or driving, traveling alone, solving things on their own and performing a great variety of jobs.

Back where I live, in Uruguay, the laws that force buildings and businesses to provide facilities for disabled people are still recent. People with disabilities or special needs do not have a lot of chances to succeed in life, nor can they do much on their own. Their best chance is to attend non academic workshops and learn how to cook, knit or do carpentry; but they still have to be economically supported by their family or the government.

Education is also different. The U.S. promotes equal opportunity and favors the inclusion of these people in a regular classroom. Special education exists, but integration is encouraged. In Uruguay most people with special needs either receive special education or no education at all. Most are supported by their families and spend the days at home, which makes them "invisible" for the rest of the society.

But even in the U.S., inclusiveness is not always perceived positively. Some argue that it benefits no one: average kids do not relate to the kids on special education At times special needed kids are seen as disruptive. Some of them require one on one attention and teachers can not find enough time to give all students the attention they deserve. They emphasized how frustrated these kids feel when they are the only ones in a whole classroom that can not get things right.

I started wondering what was best for this kids, for the rest of the kids and for the society overall. That is a really hard question, and there is probably not a single answer: what is best for one may not work for another one. So I asked myself what are the effects of the inclusiveness promoted in the American education system.

This question opens up a whole variety of issues. How does the U.S. educational system work? Who determines whether the kid is sent to a regular or a special ed. classroom? How do the rest of the kids react to or integrate these kids? What are the effects of the kind of education the kid receives on his/her

future as an adult? What are the opinions on the current system? Are there any proposals of change? If there are, which are those proposals and what do they include? Would that help?

I soon noticed the U.S. system does not only exist in the U.S. Its ideas, policies and implementation techniques have been extended to other countries as well. The idea of mainstreaming and working towards integration is favored in many places, after all, equity and access to education are some of the human rights.

What was left to know is how Uruguay is dealing with this. Is the idea expanded there as well? What do Uruguayan laws say about it? What do people think of the current system? Could the U.S. model be applied? What would be necessary? Would it work well?

Methodology

In conducting my research, the first step was textual analysis. I started with content analysis of the U.S. special education laws, determining how they developed and why. Afterwards, I did content analysis of international regulations on the Universal Declaration of Human Rights and the Convention on the Rights of the Child. I conducted discourse analysis on what non U.S. governments and media texts say on what their choices are; the tendency is to favor the U.S. idea of mainstreaming. Those international regulations were key to understand why the same ideas are reflected in other countries. All the countries that signed those documents recognized the same rights. They all recognized equity, accessibility and education as rights for all human beings, more specifically for all children. They had to find a way to fulfill those expectations and turned to the U.S. model. Why did they choose the U.S. model? An explanation could be found on the globalization paradigm.

Defined by Anthony Giddens, this term refers to "the process of strengthening the worldwide social relations that link distant localities in such a way that local events are shaped by circumstances at remote places in the world"

(in Barnett and Rosen, 165). As John Downing puts it, "for some writers, globalization more or less means Americanization" (33), the predominance of the U.S. culture in the international culture. The U.S. possesses a great amount of the international communication networks. A great part of the international flow of information originates in the U.S.

But it's not like all countries totally bought a U.S. package of ideas and applied those to their countries without questioning anything. They had to consider their own cultures, traditions and people. Same happened with the adoption of human or children's rights: they all recognized the rights, but their understanding of those rights varied from culture to culture. This is why ways to achieve equity, access and education, as well of what is considered equity, accessibility or education, varies from country to country, form culture to culture. To understand this phenomenon, I looked at the ideas of Roland Robertson, for whom

> global cultural flows often reinvigorate local cultural niches … local difference and particularity still play an important role in creating unique constellations. Robertson rejects the cultural homogenization thesis and speaks instead of 'glocalization' –a complex interaction for the global and local characterized by cultural borrowing. (in Steger, 75)

Having a sense of what the global tendencies are, I turned back to the U.S. and did discourse analysis on what governments and media had to say about the tendency towards mainstreaming, the way to implement it and its consequences. There was not much of a controversy, for most available information would state the benefits and drawbacks of mainstreaming, not taking a conclusive position.

To better understand the way the system works, its difficulties, challenges, benefits and impact, I conducted interviews in Hancock Elementary, a school in the Twin Cities, Minnesota. Given time restraints and the concerns the U.S. culture has about privacy and disclosure of information, Hancock, a school that

has a coalition with Hamline University –where I conducted my research-, seemed like the best choice.

I do not pretend my findings at Hancock to be representative of the whole U.S. educational system, which shows great variations from state to state, from district to district, even from school to school among the same district. Still, the school is an illustrative example of how the laws translate to practice in the U.S.

My choice was to work face to face in warm, unstructured, unscheduled single interviews. I focused on interviewing teachers in charge of different areas of special education, the principal, social worker and a teacher from a regular classroom that includes students with special needs. This was again illustrative: the opinion and experiences of teachers vary from classroom to classroom, year to year and school to school.

The school did not allow me to interview parents or children directly. I contacted the Parent Advocacy Coalition for Educational Rights (PACER) and talked to one of its representatives on their views and experiences.

Resources appeared to be the main challenge faced. The next step was to find the costs of special education, for which I used statistics and official information on government's expenses, at times contacting the offices directly involved.

To analyze the situation in Uruguay, I started with content analysis of laws related to special education and searched for statistical information. Doing online research on education related websites, it was clear that the idea of inclusion is present in Uruguay, and the possibilities of taking it into practice are slowly being considered.

I gathered information on resources available based on statistics and publications. I interviewed some teachers and professionals that work with disabled students, the chief of the National Inspection of Special Education, a few parents and students. Starting with people I knew, one source led me to the other. Since I was living in the U.S., I used e-mail interviews and, in some cases, sent the questions to people that would conduct the phone or face-to-face interviews.

After analyzing all the evidence on how the system works both in the U.S. and in Uruguay, as well as the rationale behind its functioning, I argue that *the problems in implementation and negative consequences that mainstreaming children with disabilities has had in public schools in the U.S. would likely be aggravated when applying this idea in less developed countries, like Uruguay.*

On the pages that follow, I'll go through my findings.

When mainstreaming is the preferred choice: Special Education Law in the U.S.

The United States has extensive written legislation on the rights of people with disabilities. According to the Americans with Disabilities Act of 1990,

> The term disability means – with respect to an individual,
> a)   a physical or mental impairment that substantially limits one or more of the major life activities of such an individual;
> b)   a record of such impairment; or
> c)   being regarded as having such impairment. (U.S. Department of Labor)

According to the U.S. Department of Education's proposed regulations to implement the Individuals With Disabilities Education Improvement Act of 2004 (IDEA) in August 2006,

> (a) [. . .] *Child with a disability* means a child evaluated [. . .] as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services. (218)

The same text provides a definition of special education as specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including

> (i) Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and (ii) Instruction in physical education. (2) *Special education* includes each of the following, if the services otherwise meet the requirements of paragraph (a) (1) of this section— (i) Speech-language pathology services, or any other related service, if the service is considered special education rather than a related service under State standards; (ii) Travel training; and (iii) Vocational education. (223)

The legislation on Special Education was the result of a long process of awareness on the challenges disabled people were facing and the rights they had as individuals.

In the beginning of the XX century, according to *Special Education Law* (Murdick, et al; 2006), most public schools would not accept disabled individuals, who were usually placed in special state institutions created to train and adapt them to their community. Those institutions often served as means of isolation of these people, perceived as harmful for their communities.

This fear, according to Margaret A. Winzer's, goes back to before 1700, when social, political, religious, intellectual, or physical differences were rarely tolerated. Those who differed from, or differed with, what a society deemed appropriate and normal were subject to abuse, condemnation, or destruction. With rare exceptions, disabled persons were regarded with aversion and subjected to astounding cruelty; in most cultures they were scorned as inferior beings and were deprived of rights and privileges. Their afflictions were misunderstood, frequently looked upon as having supernatural causes and therefore being unamenable to human treatment. Legal mandates denied them basic civil rights; theological canons excluded them from church membership; and philosophy pronounced them incapable of mental or moral improvement (4).

Fearing their integration in the community or attempting to provide them with the care they needed, institutions would be the homes for individuals all through their lives. But institutions soon became overcrowded, affecting the services and quality of life. The proposed alternative was "deinstitutionalization" Either individuals would work in agricultural colonies —therefore paying for their care— or "paroled" back to the communities. The aim was "normalization" of the behavior of the individual. For the first time, the idea of "social valorization" was introduced and "affirmed, not only the right of an individual to be both valued and different, but also the right of an individual to a life with dignity." (Murdick et al., 5).

The 60s and 70s were times of advocacy for civil rights. Normalization was criticized for not including but isolating the person from the society. Some advocated for disabled people to be seen as a "minority community" (Murdick et al, 2006:5) and a bill of rights was developed to promote equity among those with developmental disabilities and those without them.

John F. Kennedy had a sister with mental retardation which, according to Murdick, probably led him to form the President's Panel on Mental Retardation in the 60s. The group investigated ways to improve the life of disabled people. Their recommendations were a basis for legislation to come in the next 20 years.

Legislation was also shaped after the outcomes of court cases, which determined that separate was unequal, denial of services through mislabeling was functional exclusion, children with disabilities should be included in public schools and standardized tests should not be biased. A Rehabilitation Act took place in 1973 and a Developmental Disabilities Assistance and Bill of Rights Act came in 1975. "The Supreme Court affirmed the right to a free appropriate education for all citizens" (Murdick et al., 16), disabled people could access federal funded services. The situation was getting better, but schools would still find ways to neglect students, especially the severely disabled. The access was not equal and the quality of services varied.

In 1975 the government enacted the Education for All Handicapped Children Act (EAHCA) P.L. 94-142., aiming to guarantee all individuals with

special needs a free appropriate public education (FAPE) and promoting six principles:

- Zero Reject.
- Nondiscriminatory Assessment.
- Procedural Due Process. All the rights of the individual are guaranteed.
- Parental Participation.
- Least Restrictive Environment. The preferred placement is the regular classroom.
- Individualized Education Program (IEP). (Cited by Murdick et al., 25-7).

Zero reject meant that "all children can learn and be taught." (Murdick et al., 25). The Least Restrictive Environment (LRE) meant

> special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily" (U.S. Department of Education, Federal Register (226-27).

After several amendments, the act was renamed IDEA (1990) and extended its scope to reach more individuals and include more services.

In 2001 president George W. Bush signed a No Child Left Behind Act (NCLB), which "seeks to close the achievement gap by holding states, local school districts and schools accountable for improving the academic achievement of all children" (Murdick et al., 35).

The 2004 amendments to IDEA aligned it with NCLB and contemplated the Americans with Disabilities Act of 1990, which legislates against discrimination in employment, education and recreation services, further guaranteeing civil rights.

By reviewing all this laws, it is easily perceived that the tendency to mainstream is deeply rooted in the U.S. history and backed up on its legal

system. Considerations on the Least Restrictive Environment deeply favor the regular classroom.

Mirroring the U.S., world tendencies towards mainstreaming

The Universal Declaration of Human Rights (1948), states that

> Article 1: All human beings are born free and equal in dignity and rights [. . .]. Article 2: Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status [. . .] Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination. (United Nations 1996)

Equity is recognized as a right, and so is education on Article 26:

> Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages [. . .] Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. (United Nations 1996).

The 1989's Convention on the Rights of the Child has a similar approach to education on Articles 28 and 29:

> States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular: (a) Make primary education compulsory and available free to all; (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need [. . .] the education of the child shall be directed to: (a) The development of the child's personality, talents and mental and physical abilities to their fullest potential; (b) The development of respect for human rights and fundamental freedoms, and for the

principles enshrined in the Charter of the United Nations [. . .] (d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin. (United Nations 1997)

It goes further to include information on the rights of disabled children. Article 23 talks about the responsabilities of the states to

> recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community [. . .] recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance [. . .] provided free of charge, whenever possible, taking into account the financial resources [. . .] and ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, [. . .] promote [. . .] the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries. (United Nations 1997]

The situation is much more complex in developing countries. *A Critical Review of the literature Relating to the Education of the Disabled Children in Developing Countries*, presented on the Enabling Education Network, points out that

> the vast majority of the literature is produced, validated and influenced by a small number of western special education professionals, as reflected in Mittler, Brouillette and Harris (1993) which although intended as a global overview, has

only 3 out of 20 chapters written by authors from developing countries… UN statistics are used to demonstrate that there are large numbers of disabled children who lack access to services in developing countries…, the key issue is seen to be merely one of implementation (Stubbs, 2)

The worldwide tendency is to follow policies that favor inclusiveness. Conducting my research I found many examples of countries that have taken the ideas first started in the U.S. and adapted them to their own legislation, culture and educational systems. Some of these nations encountered more problems than others on implementing these policies, particularly those less developed.

The U.S. experience

10.84% children are identified as having special needs in the U.S., In Minnesota, the current number is 10.30% (PACER, 2006). According to Barb Ziemke, a parent training advocate at PACER, both "federal and [Minnesota] state positions apply IDEA 2004." Research has shown children benefit more when mainstreamed: "If you want a child to learn a language you don't put him in a room with other kids that don't talk, she exemplified. The idea is to follow the LRE principle described above. Sara Lovat, social worker at Hancock elementary, explained that "even though it's a federal law, special education varies state by state."

According to material provided to Hancock by Saint Paul Public Schools, once a child in the regular classroom is identified as having a problem, the teacher fills a performance review form or referral information sheet that goes to the principal. If the interventions then tried are deemed unsuccessful, the review is sent to a committee. Once the principal gets it back, a team evaluates the referral. If considered necessary, they send the parents a request for assessment. If they authorize it, the child is evaluated. The team meets again, reviews the evaluation and writes a summary report. If the child is eligible for special ed, the team prepares an IEP for the child. Parents are notified and, with their approval, services begin.

Hancock/Hamline Magnet Elementary is a school in Saint Paul, located on 1599 Englewood Avenue. The 2005-2006 school report card shows the school's ethnic composition as 50% Asian, 28% Black, 9% Hispanic and 13% White. 62 % of the students have limited English proficiency and 85% qualify for free/reduced price lunch. 11% of the students are on special education. The population is 541 students (Minnesota Department of Education 2005a). Compared to the entire district, the school mainly differs on the amount of students with limited English proficiency: almost two times the district's average. Ethnic composition is also different, the district having considerably more Black and White and less Asian kids, as well as including a few American Indian. The number of special education is higher (16%) in the district, and the qualification for lunch is lower (71%), (Minnesota Department of Education 2005b).

The answers of those interviewed were very consistent, not only among Hancock interviewees, but also with the representative from PACER and Jen Pubentz, a teacher from the summer camp that triggered this study. They all personally favor the idea of mainstreaming or inclusion in the regular classroom. This goes along with the results of my textual analysis. As summarized on Stephanie Liberman's *Mainstreaming special education Students,* the tendency is to favor inclusiveness in the sense that

> both disabled and nondisabled students will encounter new experiences and gain knowledge about each other. Special education students can learn practical life lessons. They can interact with nondisabled students, learn basic social skills and advance mentally. They can be encouraged by the challenge of keeping up with a regular education classroom. Mainstreaming is beneficial because special education students can learn to interact in a "normal" society. They can learn about the attitudes of people in society. They can learn to defend themselves against prejudices and mockery that they may encounter. Moreover, regular education students can learn about the nature of the problems that special education students have. Once these students are educated about special education students and their problems the jokes can stop and the hate may go away. All children have the right to obtain an equal education. Special education

students deserve the chance to be educated in a regular classroom. They are entitled to the chance to excel. (Liberman)

"I think it's better to err on that side than to have students pulled out when they don't really need it," Lovat said. Ziemke added that once mainstreamed, these kids have access to the general curriculum, preventing gaps in their education. At the same time, she emphasized what others also mentioned as the "hidden curriculum: skills from the rest of your life, that you'll also need on jobs, like when to talk and when not to, the importance to be on time, listen, pay attention, not talk back". These rules are more relaxed in a special education classroom, where students are allowed behaviors that some may be able to control. Ziemke also signaled it helps teachers to approach lessons in a variety of ways, benefiting all students. She concluded mainstreaming "really benefits all the students in the classroom, and the teacher".

Nevertheless, mainstreaming is not always the best option. The LRE gives the option of trying different environments if the first one doesn't work. Hancock has a Resources room, where those students get additional help, being pulled out of the classroom when needed. The teachers in charge are Shirley Devine, for Developmentally and Cognitively Delayed (DCD) kids, and Sarah Wright, for the Learning Disabled (LD) children. Though they used to work mostly on their specialty, a drop in the number of DCD students, increase in those identified as having Other Health Disabilities (OHD) and budget cuts that shortened staff, forced them to work with all array of students. Devine takes the younger kinder-3rd grades and Wright the older 4-6 grades. Though kids used to spend most of the school day in there, now they are there for no more than 90 minutes a day, explained Devine.

Wright and Devine, together with teacher assistants, social worker and Hamline students also work with the students while they are in class. This is a least restrictive option than the pull out, but it doesn't work for all students at all times. "It's too far for some of them, they're sitting there lost," Wright said.

Hancock also has what Principal Marjorie Abrams identifies as a "segregated program with a mainstream component" for Emotional and Behavioral Disorders –EBD. Jennifer Holmes is a teacher on that program, which operates in an adjacent building: the Learning Center. On a personal interview, she explained they currently have three classrooms, with 24 students in total. Each small groups —10 students maximum— has a teacher and two aids. Three other aids run intervention rooms for when students need time off from the classrooms. In addition, students work with Lovat, the social worker.

Students are referred to the learning center when "their behaviors are so severe they can't be mainstreamed at all", said Holmes: when they are aggressive towards others, and also when they are very withdrawn, though the last ones do not cause much trouble and, therefore, are usually not identified. Some of the students are mainstreamed for a few portions of the day, but the program is mostly self contained. They "work through what keeps them out of the mainstream, academic and social problems", said Abrams.

Mainstreaming or not? It really depends on the child. As illustrated by Kathleen Walsh, a 6th grade teacher at Hancock

> it depends on their cognitive functioning, where they can learn the best. If a whole group environment helps, then that's where they need to be, maybe with somebody to be with them. But, if the cognitive functioning is so low it means [instruction] will go over their heads, even when it's the best socially, you have to balance how much they need academically at their level and how much they need socially, to their developmental level. You have to forfeit one to have the other. It's a case by case decision.

Ziemke identified other problems of mainstreaming. The behaviors of some kids could be too disruptive for the rest of the classroom, especially when there is not enough staff and the teacher has to spend a lot of the time focusing on a single student. Also, having adults intervening in the classroom —as speech therapy— can distract other students. Having students that require special

attention in the classroom takes attention away from the rest of the students, who may not get enough instruction at their level.

One more problem usually identified is the frustration children experience when they can not measure to their peers. They may feel singled out, intimidated, or fearing underachievement, as signaled in BBC news feature on *Special schools or inclusion?* (Harrison). Ziemke, whose son is DCD, recognizes it is "hurtful" when her son —now 18— wants but can not do what his peers are doing, but it is a "lifelong skill to learn to deal with what I can't do and strengthen what they can do [. . .] eventually school is away and you have to deal with that", she said. This brings us up to the two largely identified problems in implementation: availability of resources and overcoming stigma.

Resources is a very complex issue. In the U.S. system, money is provided to schools from federal, state and district's funds. The federal government budget appropriations for 2005 show that approximately 12 out of the almost 38 billions spent on primary and secondary education went to special education, (U.S. Department of Education. Budget History, 9), almost one third of the total budget for those grades. The federal government has "increased special education grants in $4.7 billion (or 75 percent)" since 2001 (White House, Office of Management and Budget).

The state of Minnesota situates its special education expenditures on 17,7% of the kinder-12 grade total (Minnesota Department of Education III: 2006:J572)– about 1.3 of roughly 7 billion. The Saint Paul district received almost 96 million (Minnesota Department of Education 2006b, K571,U571,K409).

A lot is spent on special education, but sometimes it is not enough. The problem, explained Bob Porter —from the MN Department of Education's Division of Program Finance— is special education doesn't produce enough revenues to cover its expenses. Money has to be used from the general education funding, in a cross subsidy. In fact, for the same year 2005, special education only generated about 632 millions, approximately half of its expenses (Minnesota Department of Education 2006c,N571). In Abram's words,

we have to be financed and the federal government doesn't give the full cost of that additional support. We call these 'unfunded mandates.' It pits regular education against special education: the only way to pay for services the children need but can't get is through the regular education system. They are pitting against each other for the same dollar.

Abrams also explained the paperwork requires a lot of time and needs to be perfect because "money is attached to children. Since [those on special ed] are more expensive to educate", the pressure is "to identify fewer students" with the need, and that "those on special ed are significantly variant from those who are not." In fact, for example, Michigan state consultants affirm "it costs nearly three times as much to educate a special-education pupil as it does a general-education student," ("Special Education Costs", 2002).

Holmes feels the pressure on the learning center, the program "costs a lot of money. They want to see proof: Is what you are doing here effective or not to justify the costs?" For Lovat, solutions to the problems of mainstreaming mentioned above "come out of funding. If you have money to buy some other adults to be in the classroom, some special curriculum, special materials. It comes down to money being available and how to spend it to meet the needs of each classroom."

In fact, all interviewees signaled the importance of resources being available, mostly emphasizing the need of staff and materials. Another area of improvement was the communication between regular and special ed teachers, "we don't have a lot of time in American schools, a 15 minutes prep is not enough, we need a couple of hours every day [to meet]," said Walsh. Having more staff would allow people to take turns and meet for longer.

More staff and communication would resolve another frequently mentioned problem: scheduling. "Special ed is a scheduling nightmare, you work around everyone's times, and lunch. If I had more people it would be different", said Devine. "Scheduling is the hardest part of the job," said Wright, who conducted a 2004 survey on LD teachers in Saint Paul for her Master's and

concluded "the majority of them would like to do [inclusion] more but… it's hard to get into every classroom, so we end up [pulling kids out]."

Having enough staff also keeps groups smaller. "They are talking about a case load of 25 students which is too many. Right now I have 18, it's plenty. When you have too many you just can't work," added Wright.

But not all is bad news. As Walsh recognizes, "our building is really lucky. It gets a lot of good resources. Not all schools in the district will tell you that." Also "we get money every year to spend for classroom. We have lots of games, books, whatever we need pretty much we can get. We have training, programs, people, staff", mentioned Wright.

Still, the fear is always there, "someday that might go away, hopefully we'll be so used [to how we work] even if we loose people we'll have enough power and interventions," said Wright, who explained "the district has made a strong commitment to inclusion, it's an expectation, exclusion is not accepted. They said 'we'll give you the resources as much as possible'." If the government's policies, emphases and priorities change, the money might go to new priorities. Even now, special ed money is not enough, and the difference between revenues and expenses needs to be pulled out from regular education funds.

As for stigma, I will consider social stigma as the disapproval of personal characteristics that differ from the norm, leading to discrimination. Through the interviews, I found out there is not so much of that at Hancock. With 62% of children with limited English proficiency, most of them taking part of the Language Academy or the English Language Learner (ELL) Program, and 85% in poverty, children are used to see peers leave the classrooms. Also, volunteers, Hamline students and teacher assistants going in and out of the rooms have accustomed kids to have more than one adult in the classroom. "We have such a special needs building that no one thinks twice about it," Abrams said. "There's so many different cultures, disabilities, so many levels of language, the kids are so used to that they don't even 'flinch'", Walsh added.

Abrams recognized it changes as children grow older, "once in junior high or in high school, they don't want to be different." According to Walsh, who has

worked on different grade levels, it also changes as students advance in elementary school. Her 6th graders "are watching more sophisticated TV telling them what's right and what's wrong, what's normal and abnormal. They want to be seen as normal and do everything they can to fit in".

Devine also said "the gap does widen, socially and academically, as they get older a lot of kids are aware they are different", but "they don't change schools often. They've seen since kindergarten that so and so may be a little bit different but it's ok, they understand it". She explained DCD kids "have friends, they are included, it's very positive for them".

"Depending on the disability, when they function socially normally, they don't seem different. If there's a big difference, physically or cognitively, there may be some mistreatment because of that", said Walsh. The mistreatment may not always be teasing or stigmatizing, sometimes it's giving extra help, treating that child as more dependable.

Stigma is strongest with parents. In Walsh's words:

> America is not perfect, there's still stigma, no one grows up and says 'gosh I hope my children will have a learning disability', there's still a hardship with that, even kids who need glasses, it's one more thing you have to watch out. You don't want children to have things that are going to make their lives harder or put them outside the norm. But it happens, maybe there's more acceptance in some cultures than others.

All interviewees recognized Somalis as specially resistant to having their kids assessed for special education or accepting the services provided. They also noticed for some cultures disabled people are perceived as only to be taken care of. Those parents do not want their children to be challenged and require more special services. Walsh even identified some cultures —mostly in the past— as deeming it the mother's fault of raising an imperfect child, or the disability perceived as a curse over the family for something done wrong. All of these make disability taboo. Parents positions vary according not only to culture but also to the disability diagnosed. Lovat explained an EBD label is more

stigmatizing than a LD label, the first ones having a harder time taking the services than the latter ones.

All interviewees said teachers are always willing to try new interventions, though there can be some detachment from regular classroom teachers not recognizing disabled students as *their* students, but as the special ed teacher's students. In Ziemke's words, mainstreaming doesn't work "when the teacher doesn't see that student as their student but the special ed student or parents' student. When she barely interacts, all the students do the same". Children understand differences and know how to deal with them. "I see adults having more issues," Ziemke said. Still, it is apparent when listening to the interviews that special education teachers use a lot of possessives when talking about special ed children, *their* children.

As a result of my analysis, it can be perceived mainstreaming is a tendency in the U.S. because it is dictated by law, because it has had good results and is widely favored by those in the area. The main problems have to do with implementation, especially related to resources and, in less degree, to stigma. The U.S. society has done a pretty good job in dealing with stigma. Resources are provided, though not always considered sufficient.

Special Education in Uruguay

The Uruguayan legal framework on disabilities is more recent than that of the U.S. In 1989, the law 16.095 defined a disabled person as

> suffering a permanent or temporary functional alteration, physical or mental, that in relation to its age and social environment implies considerable disadvantages for its familiar, social, educational or work related integration. (Parliament of Uruguay II 1989)

The 2004 *National Survey of Disabled People* (Encuesta Nacional de Personas con Discapacidad) by the National Institute of Statistics (Instituto Nacional de Estadíastica) determined about 7.6% of Uruguay's population is

disabled. 17.6% under 30 years old. This group has the most significance in urban areas other than the capital city. The same survey determines 40% of them need help with transportation, while 20% require help for learning or taking care of themselves. About 15% need help to relate socially or for domestic mobility. From the ones declaring they don't get the help they need, 15% referred to learning environment and 9% to establish relationships.

In population 6 to 18 years old, 81.8% receive education, compared to 90.6% of the non disabled population. About 32% completed 6 years of elementary education, but 37.7% have a low level of instruction or none at all – compared to 12.6% of non disabled population. About 3% of those under 30 years old are disabled: 3.6% male, 2.5% female. Numbers are similar for population under 15. As Elida J. Tuana interpreted, "at those ages half of disabilities are learning related," (Tuana 44).

Of the population 14 or older, the survey points out 19.6% participate in the job market, compared to 62.4% of those non disabled. 53.2% of the disabled population 14 or older receives incomes from transferences —invalidity benefit, compensation for work injuries, scholarships, family support— compared to 20.8% of non disabled population. People with disabilities in Uruguay largely depend on others for economical support and daily life.

Discapacidad en Uruguay (Disability in Uruguay) summarizes the legal framework progress. The first initiatives were in 1936 and 1948 on assistance of psychopaths, lately referred to as those with mental illnesses. In 1962 the first laws appeared on automobiles for disabled people. In 1980, law 15.084 regulating family allocations mentioned that benefits are extended "for a lifetime or until perceived a different assistance from social security, when the benefited suffers a psychical or physical disability that prevents its incorporation to all kinds of remunerated life," (Parliament of Uruguay 1989a).

In 1987 the International Labor Organization's agreement 159: Professional Adaptation and Employment of Disabled People (Acuerdo de la Organización Internacional del Trabajo 159: Adaptación Profesional y Empleo de Personas con Discapacidad) is approved and principles are outlined on that

efforts should be made to promote equity among workers. As a result, in 1989 by law 16095

> a system of integral protection of disabled people is established aiming to grant their health care, education, physical, social, economical and professional rehabilitation and social security coverage, as well as grant them the benefits, provisions and stimulus that allow to neutralize the disadvantages provoked by their disability and gives them the chance, through their effort, to play in the community a role equivalent to that exercised by the rest of the people [. . .] the integral rehabilitation of those disabled is declared of national interest. (Parliament of Uruguay 1989b)

A National Honorary Commission of the Disabled (Comisión Nacional Honoraria del Discapacitado) is created to "elaborate, study, evaluate and apply national policies of promotion, development, rehabilitation and social integration of the disabled," (Parliament of Uruguay 1989b). On education, Articles 33 to 40 mention that

> Those disabled must be integrated with those non disabled in curricular courses, since kindergarten in advance, as long as this integration is beneficial for them in all aspects. If it is necessary, additional special education will be provided in the regular teaching establishment, with the adequate support and complements. [When] the disability requires it, teaching will take place in special educative centers, with teachers specialized in the subject matter. Programs will be adapted to the particular situation of those disabled. [. . .] to those whose incapacity to start or finish compulsory education has been properly proved, a training will be provided to allow them to have an occupation adequate to their vocation and possibilities [. . .] special schools will have occupational habilitation workshops. [. . .] All disabled person that has completed the compulsory instruction, will be assisted to have a chance to continue its studies. [. . .] Awareness and education of the community on the significance and adequate behavior towards disabilities will be promoted. [. . .] Recreation, sport or social centers will not be able to discriminate the admission of people protected by this law. (Parliament of Uruguay 1989b)

In 2000 the activity of the disabled person is determined compatible with the allocation the person receives because of its disability. In 2001 sign language is recognized as the first language of deaf population. Since 2004 those deemed incapable receive two times the amount of allocation they qualified for.

On a quick comparison with U.S. data, disability laws in Uruguay are more recent and less specific on interpretation and implementation. As for percentages, Uruguay recognizes having only 3% of disabled population both under 15 and under 30 years old, while the U.S. recognizes more than 10%. Assuming disabilities are evenly distributed in the world, this is an area to study in more detail. I will get back to it below.

Transferring the U.S. model to Uruguay

The tendency in Uruguay is that special education takes place in institutions other than the regular schools. Nevertheless, it has been shifting, with initiatives to carry out what was established by law 16.095.

In March 2006, an *Interactive Seminar of Information on Inclusive Education. Strategies to put it into practice* (Seminario Interactivo de Información sobre Educación Inclusiva. Estrategias para poner en Práctica, 2006) was held to promote the change, and a publication transcribed the lectures. "While in other areas it could be considered an innovative proposal, [in education] nowadays we are witnessing an extension of this approach, which we deem necessary to overcome lots of school failures, with a high social and individual cost". (Pereira and Tomeo, 6)

There is a Uruguayan Ministry of Education, but the design and execution of educational programs is assigned to an autonomous entity, the National Administration of Public Education (Administración Nacional de Educación Pública, ANEP). To control quality and performance, inspection systems function at national and regional levels.

On *Inclusive education. An institutional project with a clear horizon*, Teresa Pereira, a school's inspector, mentioned the first publication of the

seminar's lectures sold out and a second series was being prepared. Given the interest demonstrated, a second seminar was held in July.

The number "of children or teenagers with disabilities would allow to think of inclusive education" as a chance (Tuana, 44). Inspector and teacher Stella Maris de Armas Bollazi explained Uruguay "is going through a slow process of accepting diversity, determined by a gradual integration, which still cannot be considered inclusion." She remarks a change in paradigm "from segregation to integration" and one that would go "from integration to inclusion" (de Armas, 58-9).

Luis Belora, chief of the National Inspection of Special Education explained that in Uruguay

> operates a mixed system of inclusion and exclusion. Public and private systems are specialized and supervised by the state. The system works in three levels according to the degree of disability. The first level includes the disabled person in regular classrooms with special supplies or staff. The second level includes those who attend specialized schools, divided according to their specific disability in schools for blind people, or people with mobility problems, hearing impaired, etc. It could be a single school with a classroom for each disability. The other system utilized is the mixed one: students attend school both in the morning and afternoon, complementing regular instruction with activities at a special institute. In the private system students are treated according to their disability and not included with those non disabled.

According to the *2005 Statistic Yearbook of Education* (Anuario Estadístico de Educación, 2006) from the Ministry of Education and Culture (Ministerio de Educación y Cultura, MEC), special education as a program only exists for elementary school, grades 1st through 6th (ages 6 to 11). From the 365.840 who attended elementary school in 2005, almost 87% went to a public school —the remaining 13% attended a private school. Children in special ed are 2,64% in public schools and 5,57% in private schools (MEC, 2006:23). There are 81 public special schools (4% of all public schools): 73 for cognitive disabilities, 4 for visually impaired and 4 for hearing impaired. 45 private schools (12%) are

special schools (MEC, 121-22). This confirms special education mostly takes place outside of the regular schools. From personal experience as an inspector, Belora affirmed "once inclusion in the classroom happens, integration is achieved." Nevertheless, some pilot experiences show it may take more than that.

Public kindergarten Enriqueta Comte y Riqué, the first one in Latin America to try inclusion, puts one disabled child in each classroom. Pilar Cobas, who teaches a group of 31 four-year-olds, including a child with Down syndrome, says

> parents of the integrated children do not think the stimulus would compensate or improve the punctual deficit of their children. They end up choosing a special school, where the child spends more time at school —6 hours instead of 4— and specialized technical support, extracurricular activities, feeding services and, above all, groups of 10-12 children.

Consulted on her overall opinion on mainstreaming, Cobas said that

> philosophically I totally agree with inclusion but regrettably physical and material conditions are not given for it to be viable. It is done in numerous groups (of 30, 35+) without the specialized teacher to monitor the child more than twice a week. There are qualified people, but they have multiple functions to perform. [Inclusion] is positive for the child's social life but, without the technical advisory the regular teacher does not adapt the curriculum to each of the cases." Same as in the U.S., the main problems she identified were "lack of human resources, highly qualified personnel but low salaries.

Belora affirmed "there's not plenty but there's enough" resources, and mentioned a school that adapted a restroom for a student on a wheelchair.

However, those cases may be the exception. Uruguay is a Republic, a system in which all money comes from the central government. Education totals 14.79% from its total expenses in 2005. In "pesos," Uruguayan currency, that would be $13,388,143 —about half a million dollars. 35% goes to initial and

primary education— where special education is included. Specific figures for special education were not available, but the 2005 Yearbook (Anuario 2005) notices "for all years [since 2001] ordinary expenses exceeded 90% of the total educative expenses. Mostly salaries; which is normal for an area mostly work-intensive as education". In 2005, ordinary expenses account for 95% (MEC: 2006: 50). Special education takes about 6% of a total of 15.860 elementary education teachers (MEC 2006, 144). Since most education expenses go to salaries, it could be estimated special education takes about 6% of the total for elementary education. I$280,000 pesos —about $11,250 dollars; a number considerably lower than that from the U.S. In addition, Belora explained all schools —including private institutions— receive a fraction of the allocation social security gives to people with disabilities, which varies according to family income and disability.

The U.S. federal government spends over 12 million times more money on special education than Uruguay does. Of course the sizes of the populations served are different, and so are their economies —including costs and salaries. It is not my objective to compare those two economies but just to point out the big difference in special education investment.

The main problems identified when dealing with resources in Uruguay were infrastructure, staff, training and class sizes. "It is necessary to modify the infrastructure beyond education. Once students complete their education, there is a need for a way for them towards working life and independence with an adapted urban infrastructure", said Belora. Though modifications take place in education centers once kids are integrated, the previous inexistence of facilities may discourage families and individuals, who opt for a special school with accessible buildings.

Alicia Viñas, a psychomotrician for disabled children, explained the Superior Institute for Teachers (Instituto Magisterial Superior, IMS) —graduate school for teachers, closed in 1992. It was where they would focus on special education or learning disabilities, among others. Now the alternative is attending the University Institute Center for Teaching, Information and Investigation in

Learning (Centro de Docencia, Investigación e Información en Aprendizaje, CEDIIAP), a private institute, recognized by MEC but not by the Public Health Ministry. As Viñas said, "CEDIIAP graduates have limitations." In the public setting, since 1996, the Center for Training and Teaching Improvement (Centro de Capacitación y Producción, CECAP), offers short courses with emphases on specific disabilities.

Gabriela Rodriguez, currently pursuing a B.A. in Education Sciences from the Uruguayan state university "wanted to study psycho-pedagogy to emphasize in an area like different capacities, and discovered it doesn't exist in any public setting."

Because of all these new ideas on inclusion, a reopening of the Superior Institute for Teachers (Instituto Magisterial Superior, IMS) is being considered, said Viñas. Another motive, according to Cobas, is "there are few graduates left [from IMS], all working in public schools because social security recognizes 4 years for every 3 years they work." As a consequence, when regular private schools try mainstreaming children, "the parent that ends up paying the salary of the special ed teacher, generally not an IMS graduate".

Belora emphasized

> all teachers in special ed schools have a degree. There are different levels of specialization: a first level of teachers with complete formal education to teach disabled students, a second level of those trained in courses focused in a specific disability, and at last those whose main training comes from work experience and who rated highly on inspections.

In Cobas opinion "short entitling courses must be forbidden, it has to be a degree with required daily teaching practice".

Class sizes are bigger than in the U.S. —where the average, according to interviewees, is 20-25 students per class. In Uruguay, a 1996 UNESCO report situated aspirations for number of students in the classroom in 20-25 for 1st and 2nd grade, 30-35 in 3rd and 4th grade, and up to 40 in 5th and 6th grade (UNESCO, 1996:57). Though data is from 10 years ago, interviewees indicated the situation

hasn't changed. Classrooms are still crowded, with roughly 30 students each. This problem has been identified as a challenge for inclusiveness.

Stigma is also present, though not easily recognized, potentially making it harder to overcome. This takes us back to the discrepancy in the percentages of disabled children in Uruguay (nearly 3%) and the U.S. (over 10%). A similar discrepancy can be found in the geographical distribution of disabilities. The 2005 yearbook (Anuario 2005) shows half of the population with disabilities located in the capital —when only a third of the population lives there.

> Two conjectures could be made about the relative over-representation of population from the capital in special education. It could be a problem of insufficient offer of facilities in the rest of the country. Another possible explanation could be pedagogic: the criteria to move a student to special education could be less restrictive in the capital. (MEC, 64)

The Uruguayan culture differs from the U.S. culture on that it is not totally well seen to require special services of any kind. Even psychotherapy is a secret carefully hidden by many, or so has been my personal experience with people I know. In this context, aggravated in the more traditional "interior" —contrasted to the capital, it can be harder to tell parents in a rural or small city's school that their child should be assessed for special education.

All interviewees seemed to perceive inclusion as positive, but fears were still there. "We worry when we hear about the aggressive behavior of these kids without really knowing what the teacher does to contain these spontaneous situations", said Ivanna Cirio, mother of two girls that attend the kindergarten mentioned above. A child with Down syndrome stopped going to school "because of the teacher's mistreatments", as Cirio learned from the child's mom.

Since experiences with mainstreaming are so few, it was hard to collect many reactions. Graciela Riotorto, principal in a regular public school that mainstreams some children with cognitive disabilities, coincided with U.S. interviewees on that "the issue [stigma] comes with adults, other than that the children are well received".

Juan Mila, a psychomotrician, said "the only obstacle in the process of integration [isn't] the child to be integrated … but the kids environment, at a social and family level. Those obstacles [institution, teachers, family and society] are sometimes hard to overcome," (Mila, 4).

On the negative perception towards people with disabilities, "awareness and training should be increased, taken to a greater universality from elementary school to high school, to college and to working fields", said Belora.

Conclusion: Would the U.S. model work in Uruguay?

When I first started this project, my personal opinion was against the U.S. special education model; I did not think it was the best way to deal with the problem. Not knowing a better alternative, I decided to further investigate the topic. After some research my opinion changed. I still do not totally agree with the system but it seems to work well for the most part, and a great number of people consider it positive.

For that to happen, the system requires great investment on resources: people, training, material, supplies, paperwork, and infrastructure. Also, it works in a society that accepts diversity and mostly understands special education as a service provided for the child. Even then, my findings point out resources are not always sufficient, and stigma is still present to some extent.

Uruguay is currently considering implementing inclusiveness the same way the U.S. has. The conversation is still in the area of ideas, but policies are being considered, with strong advocacy towards change.

For inclusion to happen, a lot would have to change. A greater investment on education and special education demands resources. Having those resources, staff should be trained and hired, infrastructure should be adapted for accessibility, supplies and materials should be made available. An adequate function of all of these would require laws being more specific on implementation, regulations and assessment.

The problem with stigma would require a more complex cultural change. This would not happen from one day to the other. Education should start early on, and continue in adult life, in the work environment. As Belora said: "once inclusion in the classroom happens, integration is achieved", the change is easy if it is done in practice. Once buildings are appropriate, and resources allow for inclusion to operate, with enough trained staff, adequate supplies and smaller classrooms; once the attitude changes in teachers, it will also change in students, and therefore in parents. Once children with disabilities are in the classroom, and conditions allow this to work well, people will get used to the situation, first respecting and then accepting it.

At the same time, if the idea of mainstreaming was to be implemented in the current system, as it has been for the pilot experiences, then the main problems identified in the U.S. —resources and stigma— would most likely be aggravated. Though stigma may vary from culture to culture and country to country, the problem with resources could be extended to all less developed — compared to the U.S.— or non-developed countries, for that the development label denotes they have fewer resources than the U.S. does, and if resources are an issue in the U.S., they would also be an issue —probably a greater one— in those countries.

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