

# SERVICES FOR PRESCHOOL CHILDREN WITH SPECIAL NEEDS IN STATE DAY CARE CENTRES IN GREECE: ISSUES AND NATIONAL POLICY DIRECTIONS

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**Abstract** – *In 1984, integration of children ages 6-12 years with special needs was legislated in Greece with the introduction of the resource room model of service delivery at the primary school level. However, this model did not extend into the preschool years. There is increasing empirical support for the importance of early intervention for children at risk. A survey was conducted in 55 state-run, day care centres in Greater Athens to examine current acceptance rates, preferred service delivery models and projected needs. The survey found that preschoolers with special needs are grossly under-served. Although it is generally accepted that 10% of the population is challenged, only 2.5% of the total enrollment in the surveyed day care centres had special needs. Despite the lack of supports, almost half of these centres accepted children with mild to moderate special needs (primarily language problems, behaviour challenges, and developmental delays). The most preferred model of service delivery identified by centre directors was total integration with support from a special needs teacher. Additional issues and concerns voiced by directors are addressed and national policy recommendations are made.*

## Introduction

**P**rior to 1984, the Greek education system lacked a unified policy in special education. It tacitly, if not forthrightly, supported the segregation of children with special needs in separate schools and/or social care institutions as a principal means of providing services. The political and socioeconomic conditions in Greece, including two dictatorships (one in 1936-1940 and another in 1967-1974), World War II (1940-44), the civil war in 1945-1948, and the dominating political power of the conservatives until 1981 (Woodhouse, 1991; Murtagh, 1994; Clogg, 1995) have considerably slowed down the examination and implementation of an alternative, more integrative approach to special education service delivery.

In 1984, integration of children ages 6-12 years with special needs was legislated in Greece (Law #1566) with the introduction of the *resource room*

*model of service delivery* for students attending school at the primary level. However, this service delivery model, which is still in effect today, is not integrationist in philosophy, and students with moderate to severe special needs continue to be served in special segregated schools and or social service institutions. Additionally, there are currently *no* services for students who are challenged in either pre-school or upper school levels, although as recently as 1997 a number of innovative 'experimental' programmes focusing on integration have been implemented at the kindergarten level (for example, the integrated kindergarten programmes in Pefki, for 5 to 6-year-olds) (Spetsiotis, 1997).

The impact of the HELIOS program, administered by the Commission of the European Union to support integration of challenged individuals in member states is continuing to serve as a critical external agent of educational change in Greece. Recently, 12 billion drachmas (\$60 million Canadian) was awarded to Greece by the European Union to help develop its educational in-service infrastructure, including 4.5 billion drachmas (\$22.5 million Canadian) for special education teacher training (Kiouisis, 1997).

## **Background – the larger study**

A comprehensive study was designed to examine the resource room model as a national innovation in Greece. While an emerging corpus of literature is beginning to address recent educational changes in European Union member states, these studies are primarily descriptive in nature. The current study is unique in two ways. First, very few if any studies have examined educational change in Greece as a 'process', addressing the complexity of factors which affect change and innovation. Second, no study has examined such changes with the view to matching them against models of educational change as conceptualised by leading educational theorists such as Fullan (1991), Sarason (1996), Hargreaves (1996), or Lierberman (1996).

Extensive interviews were conducted between March and April, 1997 with senior members of the Ministry of Education, members of parliament, municipal government officials, university researchers, education policy makers, members of advocacy organisations, directors of day care centres, parents and students. These data were matched against the model of educational change identified by Fullan (1991) in order to better understand the continuing transformation of special education services in the Greece as a 'change' process, and to examine the impact that the European Union has had, and is continuing to have, on transformation. Data were enriched with a number of primary and secondary documents related to the process of educational transformation. These documents

provided statistical data on various aspects of the educational system, addressed innovative programmes, and described legislative changes that have been introduced since 1985. As the study unfolded, it became clear that special needs services at the pre-school level were limited; therefore, a decision was made to conduct a needs assessment survey focusing on this end of the special services continuum. The empirical data available on children with special needs before they enter grade 1 in Greece is sparse if not non-existent.

## **Types of Day Care Centres in Greece**

In Greece, there are four broad types of day care centres: federal (under the jurisdiction of Ministry of Health and Welfare), municipal, private, and associational/philanthropic. A summary of the number of operational centres by type and enrollments for 1997 are listed below.

The total number of children in Greece between the ages of 0 and 6 years (extrapolated from census figures provided by the National Statistical Service of Greece, 1996), is approximately 750,000. Thus, close to 14% (approximately one in seven) of preschool children between 0-6 years are enrolled in a day care facility in Greece.

No official statistics exist on the number of preschool children with challenging needs in any day care centres. One reason for this may be due to the limited legislative support for integrating such children in facilities. According to the *Regulations for the Operation of Government Day Care Centres and Infant and Toddler Day Care Centres in Greece* (1988), (still in effect in 1997), 'any registered children must be physically, mentally and psychologically healthy ... children who suffer from contagious diseases are not allowed to register under any condition. Children who suffer from medical, mental and psychological conditions or are physically handicapped are allowed to register in a centre as long as there is a written medical certificate from a national medical centre or insurance agency clinic that certifies that registration in a centre is beneficial to the child and will not cause specific difficulties in the operation of the centre.' (Article 5.5). Therefore, the option exists for directors to accept children with challenging needs with the proviso that they are not a burden to the centre.

The only statistics available on children with special needs are those provided by the Ministry of Education and Religion (written communication, 1997). These figures do not include day care centres. They are provided here to emphasise the obvious gap in services as a child moves from a day care centre directly to an elementary school. It is obvious that the school age figures emerge from a pre-school population whose official tracking is almost non-existent.

TABLE 1: Number of Centres in Greece by Type, Age Range of Child and Corresponding Enrollments for 1997 (Source: Ministry of Health and Welfare, 1997; Lanaras, 1995)

Type of Centre	AGE RANGE OF CHILD			Total of Centres	Total of Centres
	Toddler (2&1/2-6yrs)	Infant/Toddler (3yrs/3-6yrs)	Infants (8 mos. - 1&1/2yrs)		
1. Government-Run Day Care Centres Federal	1,178	54	55	1287	Not available
2. Municipally-Run Day Care Centres (transferred from Control of Federal Government)	315	21	Not reported	336	Not available
<b>Sub Total (1+2)</b>	<b>1,493 centres</b>	<b>75 centres</b>	<b>55 centres</b>	<b>1,623</b>	<b>49,935</b>
3. Private-Run Schools	725	325	26	1,076	38,482
4. Associational/Foundation Centres					
a. Institution for Infant/Toddler Centres of Athens (IBSA)	Not reported	Not reported	Not reported	36	4,144
b. Institution for Infant/Toddler Centres of Thessaloniki <sup>a</sup>	Not reported	Not reported	Not reported	5	850
c. Institution for Infant/Toddler Centres of Larissa <sup>a</sup>	Not reported	Not reported	Not reported	1	100
d. PIPKA (Infant/Toddlers) <sup>b</sup>	Not reported	Not reported	Not reported	35	2,257
e. EOP (Infants) <sup>c</sup>	Not reported	Not reported	Not reported	103	3,350
5. Other Philanthropic Centres	Not reported	Not reported	Not reported	36	5,850
<b>Sub-Total (3+4+5)</b>	—	—	—	<b>1,292</b>	<b>55,033</b>
<b>GRAND TOTAL</b>	—	—	—	<b>2,915</b>	<b>104,968</b>

<sup>a</sup> These day care centres are run directly by the Ministry of Health and Welfare. Their clientele consists of working-parents whose children have significant social problems. Parents pay a small nominal fee. State day care centres are primarily directed to low-income, working mothers (but others may also apply if there are spaces). They are also free, and are administered by a three-member governing council: a councilor from the municipality, a parent representative, and a civil servant from the Ministry of Health and Welfare. The Director of the day care centre is an ex-officio member of the council (Giannopoulou, 1997).

<sup>b</sup> PIPKA stands for Patriotic Foundation for the Social Protection of Minors.

<sup>b</sup> EOP stands for the National Welfare Organization of Greece.

TABLE 2: Number of School Units for Special Needs Students, Total Number of Students, and Total Number of Special Needs Teachers, by Type of School, 1997

Type of School	Schools Units for Special Needs Students (Schools)	Total # of Students	Total # of Special Needs Teachers
Kindergartens	35	202	48
Special Self-Contained Classrooms in Kindergarten	3	14	3
Elementary Schools (grades 1-6)	142	3,235	563
Gymnasia (grades 7-9)	6	219	72
Special Self-Contained Classrooms in Gymnasia	1	12	4
Lycea (grades 10-12)	4	100	42
Technical Schools (grades 9-10)	4	223	33
Special Self-Contained Classrooms For the Deaf and Hard of Hearing	8	42	8
Resource Rooms in Elementary Schools	698	8,533	698
<b>TOTAL</b>	<b>902</b>	<b>12,586</b>	<b>1,475</b>

Note: According to the *Information Report on Special Education: Educational and Social Integration*, published by the Ministry of Education and Religion (1994), in 1993-94, there were also various institutions of the Ministry of Health and Social Affairs as well as some apprenticeship schools under the Organization for the Employment of Manpower (OAED) which offered special programs to about 2,500 children and youth with special needs. These are not represented in the above table.

According to the *Information Report on Special Education: Educational and Social Integration* published in 1994 by the Ministry of Education and Religion, there were 1,687,554 children attending school in Greece from kindergarten to the final year of the lyceum, including vocational schools. It is conservatively estimated, based on North American figures (and also cited by the Ministry), that approximately 10% of the school-aged population is identified as special needs. This translates nationally to approximately 169,000 children with special needs in Greece. It is evident that there is a significant under-served proportion of children in the school system. The figure of 12,586 students with special needs shown in Table 2 represents less than one percent of the projected figure (.75 percent).

The incidence of preschoolers with special needs (age 0-6 years), based on the 10% figure of the general population, is estimated to be 75,000. None are officially serviced at this formative phase of development. Less than 1 % (.75%) are serviced at school age. Granted, the increase in support services from day care centres to public school is minimal. This discontinuity of services in the life of a special needs child is evident as he/she moves from pre-school (no services), to elementary school (some services) to gymnasium (no services) to lyceum (no services). The current study emerged from a need to examine whether there is recognition of such a discontinuity of special needs services in the child care community and whether there is a collective desire among day care staff, parents and administrators for change towards a more inclusive system of service delivery.

## **Empirical support for early intervention for children at risk**

There is increasing empirical support for the importance of early intervention for children at risk. This is evident in the recent neurological research which addresses the child's social, emotional, linguistic, and cognitive development. The importance of early intervention is also evident in the growing empirical literature on quality of day care, and the benefits of preschool inclusion of challenged children.

### *Neurological research and the importance of early experience*

'Of all the discoveries that have poured out of neuroscience labs in recent years, the finding that the electrical activity of brain cells changes the physical structure of the brain is perhaps the most breathtaking.' (Nash 1997: 52). According to Nash, early experiences help determine the brain structure of children, thus, shaping the way they learn, think and behave for the remainder of

their lives. The relationship between nature and nurture is like a 'dance' (Nash, 1997). Although the child's genetic structure lays the foundation, the nurturing that the child receives in the first three years of life is critical to the child's brain development (Mustard as cited in Mayer, 1998). In one sense, the environment is the architect of the brain (Nash, 1997). Neurologists have discovered that at birth some neurons have already been hooked into neurological circuits that control breathing and other processes required for life; however, a greater number of neurons are not as yet 'hard-wired'. If these unprogrammed neurons are used and become linked with other neurons, they survive; if not they are typically destroyed (Begley, 1996). The first significant pruning of neurological synapses occurs around age six years. The brain's greatest growth spurt closes around ten years when the window of opportunity begins to narrow.

Language development illustrates the intricate interplay between nature (genes) and nurture (experience). Each language uses certain sounds that are unique to its phonological structure. For example, English uses both 'l' and 'r' but by 12 months of age, infants raised in Japanese-speaking homes lose this ability (Kuhl, 1997). They become functionally deaf to a sound that does not occur in the native language. Electrical measurements that identify which neurons respond to different sounds show that by age six months, infants in English-speaking homes have developed a different auditory map than children whose families speak another language (Begley, 1996). With the basic neurological circuitry tuned to the sound structure of the language that the child will have to master, the stage is set for word understanding and production. Again experience is critical. One study found that infants whose mothers talked to them frequently knew, on average, 131 more words at age 20 months than peers with less talkative mothers. At age 24 months, the gap had widened to 295 words (Begley, 1996) Listening to a television set is no substitute for meaningful social interaction for developing language (Birkoe-Gleason, 1994).

There are a number of 'critical periods' during childhood when the brain is primed to develop more advanced neural structures and/or skills, based on exposure to certain important experiences. In some cases, if this 'window of opportunity' is missed, development will not occur.<sup>1</sup>

### *The role of quality child care and the benefits of inclusion*

Extensive research from both Canada (Doherty and Stuart, 1996) and the United States (Howes and Galinsky, 1995) has consistently associated the level of children's development with the quality of care they receive in their formative years (see also the review by Doherty-Derkowski, 1995). Studies which address best outcomes for children and their families links quality of care being used by

families to children's social and intellectual enhancements that persist into elementary school. In contrast, poor-quality child care can have a negative impact on children's development, regardless of socioeconomic status (Mayer, 1998). Indicators of quality include primary caregivers who are graduates of early childhood educational training programmes; small group size, which contributes to the quality of interaction among the children and early childhood educators; the frequency of individualised attention children receive; open, friendly and supportive relationships with the child's family; and the active involvement of the family in the child-care settings (Doherty, 1998). The principle of quality of care also encompasses pre-school facilities which integrate children with special needs.

Odom, Peck, Hanson, Beckman, Kaiser, Lieber, Brown, Horn, and Schwartz (1996) define inclusion at the pre-school level as the active participation of both young children with special needs and typically developing children in the *same* child care setting; however, inclusion must be accompanied by a resource support network which includes access to services through the collaboration of professionals from different disciplines (i.e., psychologists, early childhood educators, speech pathologists, physiotherapists, etc.).

In the last two decades, at least four comprehensive reviews of the literature on preschool inclusion have found that children with special needs in day care settings make at least as much progress on standardised measures of cognitive, language, motor and social development as children in non-inclusive preschool special education classrooms (Buysse and Bailey, 1993; Lamorey and Bricker, 1993, Odom and McEvoy, 1988, and Peck and Cooke, 1983). In addition, there is evidence to suggest that when teachers actively encourage or structure social integration, challenged children make greater progress on standardised measures of language and social competence (Jenkins, Odom and Speltz, 1989). Research also indicates that enrollment in inclusive programmes does not cause harmful effects on typically developing children (Odom, DeKlyen and Jenkins, 1984).

The social benefits of day care inclusion are also clear, particularly when classroom tasks are specifically designed to promote interactions among children with and without challenges (see Odom and Brown, 1993 for a review). These strategies included structured integrated play activities (Odom and McEvoy, 1988), group friendship activities (Brown, Ragland, and Fox, 1988; Cooper and McEvoy, 1996), and direct teacher support of children during ordinary classroom routines (Rule, Stowitschek, Innocenti, Striefel, Killoran, Swezey, and Boswell, 1987).

Finally, families of children with and without special needs enrolled in inclusive settings generally have positive attitudes toward inclusion (Guralnick, 1994; Peck, Carlson and Helmstetter, 1992). Researchers often report as a benefit the increased social contact between children with and without challenges (Miller, Strain, Boyd,



Hunsicker, and Wu, 1992); Peck, Carlson, and Helmstetter, 1992); increased sensitivity and acceptance of differences among children (Green and Stoneman, 1989); and significant reduction of labeling of children with special needs.

The empirical evidence underscores the benefits of inclusion of children with special needs in child care centres. To what extent is this supported *in practice* in Greece?

## **A needs assessment survey**

### *Method*

A needs assessment survey was conducted in Greater Athens to study the extent to which children with special needs are included at the pre-school level in state-run day care centres. A stratified random sample of 60 centres by prefecture (Athens, Eastern Attika, Western Attika and Pireas) was selected from a complete list of 316 government-run day care centres in Greater Athens, provided by the Ministry of Health and Welfare. A five-page needs assessment survey was designed to examine current practices, preferred service delivery models, and projected needs.

At least one member of the research team visited each centre to deliver and pick up the completed survey. For a sub-sample of 20 centres, the survey was extensively reviewed with the director of the day care centre and additional in-person comments were solicited. Fifty-five of the 60 centres completed and returned the forms (92% return rate). All quantitative data were entered on a spreadsheet and analysed using the SPSS statistical package. Responses to all open-ended questions are reproduced in their original form.

### *Results*

The results of this study are presented by, first, providing some demographic background information on the centres and, then, summarising the principal findings of the survey for each of the questions posed to the directors of the day care centres.

#### *1. Demographic background*

The day care centres in the sample had a mean of 54.6 registered children (SD=18.2; range=30-130) and 3.3 staff (SD=4.2; range=1-11). The directors had a mean of 14.2 years (SD=7.8; range=.5-29 years) experience in the child care

field, 7.1 years of which were as directors in their current position (SD=5.9; range=.25-25 years). The great majority of the day care staff had professional degrees in early childhood education (44 centres had a mean of 2 staff with early childhood degrees; 11 centres had a mean of 2.3 staff with education degrees), but very little formal training in special needs (only 10 centres had a mean of 1 staff member who had participated in at least one seminar in special needs).

## 2. How many centres in the sample currently have children with special needs?

Just under half of the centres (26/55 or 47.3%) at the time of the survey had children with special needs (76 children: 54 male, 18 female, 4 missing data). The majority of these were either mildly or moderately challenged (See Table 3).

TABLE 3: Number of Children with Special Needs Currently Enrolled in the Centre by Severity

Number of Centres	Total Number of Children	Severity of Special Need
16 (29.1%)	40	Mild
17 (30.1%)	31	Moderate
4 (.3%)	5	Severe

Note: Centres may have one, two or all three categories of severity represented; thus, the total number of centres does not equal 26.

The most common type of special needs represented in this subgroup of preschool children were language difficulties, behaviour problems and developmental delays (representing 75% of all the registered children with special needs) with a weighted mean age of 4.5 years and a weighted mean stay at their centre of 1.5 years (See Table 4).

Children with special needs were identified at the centre by a number of means. The great majority of directors identified these children by informally observing them (21/26 or 80.8% of centres) or through discussion with parents (9 or 34.6% of centres). Only 5 centres (19.2%) identified children through a formal report from a Medical-Pedagogical Diagnostic Centre. (Note that a centre may have responded in one, two, or all three categories; thus, the total does not add up to 26).

*TABLE 4: Number, Age and Length of Stay of Children with Special Needs Currently Registered at the Centres*

Special Need	# of Centres	Total # of Children	Mean Age of Children (in years)	Mean length of stay at Centre (in years)
Language	17	26	4.5	1.5
Behaviour	10	18	4.9	1.7
Development Delay	7	13	4.4	1.5
Hearing	5	5	4.1	1.2
Cognitive Delay	2	2	3.5	1.5
Stutter	3	3	5.25	1.7
Motor	1	3	5.3	.2
Social Skills	1	2	3.5	.8
Autistic	1	1	3.0	.5
Epilepsy	1	1	3.5	1.0
Sleep Disorder	1	1	4.0	1.0
Bowel Disorder	1	1	3.5	1.0
		TOTAL 76	Weighted mean=4.5; Range=2.5 to 6.5	Weighted mean=1.5; Range=.33 to 3

*3. If you do not currently have children with special needs at your centre, please explain why.*

In addition to the qualitative data provided by directors, informal comments recorded on the survey provided an explanation for the absence of children with special needs in some centres. Sample responses are provided below.

- 'We have never had any requests.'
- 'According to the regulations for the operation of day care centres, we are not required to register children with special needs unless they have mild conditions and they have a doctor's certificate from a state hospital.'
- 'Usually the parents of children with special needs do not chose state-run day care centres for the education of their children. They prefer to send them to special schools or private day care centres.'
- 'I believe that these children must attend special schools where the staff is better trained to handle these situations.'

- 'The current conditions (staff, training, building, etc.) do not permit this nor do the regulations.'
- 'I did not have any requests for children with a mild condition; for more serious conditions, the parents prefer special schools.'
- 'There is a lack of trained staff. It is not possible with two teachers on overlapping shifts (7 AM-1 PM; 10 AM-4 PM) to supervise 35-50 normally-developing children let alone children with special needs.'
- 'According to the regulations, children must be physically and mentally healthy.'
- 'We do not have enough staff. We have one director, two teachers and 50 children. It is very difficult to have children with special needs because they require special attention.'
- 'The opportunity never arose. But even if it did we would not accept them because there is a lack of trained staff.'
- 'No one has applied. But, if the child has a mild condition we would accept him.'
- 'Parents prefer special schools.'
- 'Parents with children with severe special needs do not register their children in day care centres.'
- 'The regulations do not allow us to accept them.'
- 'The space we have at our centre cannot support the child with special needs and we are not informed about special needs education.'
- 'We do not accept children if their needs are severe. They cause difficulties. We send them elsewhere.'
- 'We accept children if they have a formal diagnosis from a doctor. If we don't have this and we discover that the child is special needs later on, we send the child elsewhere if it poses a physical danger to himself or if there is an interruption of the normal operation of the centre.'

*4. Have you had children with special needs at your centre in the past five years (excluding children currently enrolled)?*

In the past five years, 24 of the 55 centres (43.6%) had a total of 114 children with special needs. The following figures are estimated by directors (not all kept accurate records of past registrants).

The most common special needs represented in this subgroup of preschool children were language difficulties, behaviour problems and developmental delays, (representing over half of the total special needs) with a weighted mean stay at their centre of 1.8 years. The weighted mean age of children at exit was 4.6 years (See Table 6).

*TABLE 5: Number of Children with Special Needs Enrolled in the Past Five Years at the Day Care Centre by Severity*

Number of Centres	Number of Children	Severity of Special Need
15 (27.3%)	64	Mild
13 (23.6%)	35	Moderate
4 (7.3%)	15	Severe

Note: Centres may have had one, two or all three categories of severity represented; thus, number of centres does not total to 25.

*TABLE 6: Number, Age, and Length of Stay of Children with Special Needs Registered at the Centres in the Past Five Years*

Special Need	# of Centres	Total # of Children	Mean Age of Children (in years)	Mean length of stay at Centre (in years)*
Language	11	31	4.7	1.9
Behaviour	7	20	5.1	1.7
Cognitive Delay	8	9	4.5	1.9
Motor	2	2	4.5	1.0
Blind	2	2	2.5	1.5
Development Delay	1	2	3.0	2.3
ADHD	1	1	3.0	3.0
Abused	1	1	3.0	1.0
Sensory	1	2	4.7	—
Autistic	1	1	3.5	1.0
MISSING	2	43	—	—
	—	TOTAL 114	Weighted mean = 4.6;	Weighted mean = 1.8

\* Estimated due to incomplete Centre records

5. Have you declined entrance to children with special needs in the past 5 years?

Fourteen of the 55 centres (25.5%) had declined entrance to children with special needs in the past 5 years. These are children whose parents submitted an application;

some even brought their children to the centre for a trial period to the centre. A sample of directors' explanations for the children's rejection is recorded below.

- 'The teacher-child ratio at our centre was 1:30. We suggested that the parents enroll their severely motor-challenged child at another centre where the ratio was 1:10 to avoid accidents that may be caused by other, more aggressive children at our centre.'
- 'The child had Down Syndrome, was 4 years old, and was not toilet trained. He was diagnosed by the Children's Hospital in Athens and referred to a school for special needs. The mother cried.'
- 'The child could not stand up; he had severe motor difficulties.'
- 'The child was severely challenged. I suggested that the parents take the child to a special state school.'
- 'The child was tetrapalegic and we had stairs. Our building was inappropriate for him.'
- 'The child was 7 years old, had severe cognitive delay and was too old for the centre. The parents took him to a private school.'

The majority of the children rejected by the centres were clearly identified as having moderate to severe special needs. This is consistent with the written comments made by directors who indicated that the centres were poorly staffed or equipped to handle children with more severe special needs. Rejection does not appear to be related to age of the child (see Table 7).

TABLE 7: Number of Centres That Rejected Children With Special Needs by Type of Need and Mean Age at Time of Rejection

Type of Need	# of Centres	# of Children	Mean Age at Time of Rejection (in years)
Cognitive Delay (moderate/severe)	9	10	4.6
Motor (severe)	4	4	2.9
Language (moderate)	2	2	2.75
Behaviour (moderate/severe)	1	3	4.7
Blind	1	1	1.0
Hyperactive	1	1	3.0
Autistic	1	1	2.5
	—	TOTAL 22	Weighted Mean=3.8 Range=1-7

Note: Centres may have declined entrance to children in more than one category of special need; thus, the total number of centres does not equal 14.

6. *Would you support the introduction of services for challenged preschoolers?*

Seventy-one percent of the directors (39/55) indicated they would support the introduction of services for challenged preschoolers. Directors felt they would be able most easily to accommodate children with mild special needs, the two most common of which were language difficulties and behaviour problems (See Table 8).

*TABLE 8: Number of Centres that Would Support the Introduction of Services for Challenged Preschoolers by Special Need and Severity*

Special Need	Severity of Special Need		
	Mild	Moderate	Severe
Language	40 (72.7%)	14 (25.5%)	2 (3.6%)
Behaviour	38 (69.1%)	12 (21.8%)	1 (1.8%)
Cognitive Delay	26 (47.3%)	10 (18.2%)	2 (3.6%)
Sensory (Visual/Hearing)	26 (47.3%)	7 (12.7%)	1 (1.8%)
Physical	24 (43.6%)	7 (12.7%)	1 (1.8%)

Note: Centres may have responded with more than one type of special need and /or category of severity. Thus, the totals do not add up to 55.

*TABLE 9: Directors' Ranking of Most Preferred Model of Special Education Service Delivery*

MODEL (listed in order from most preferred to least preferred)	MEAN RANKS (1=most preferred; 0=not preferred)
a. Total integration with Support from a Special Needs Teacher	.511
b. Partial integration (separate classes; integration only for selected activities)	.489
c. Segregated day care centres for the developmentally delayed, blind, deaf, autistic, etc.	.178
d. Total integration with an assistant (untrained in special needs) in the Classroom	.156
e. Total integration with the Assistance of a Mobile Program Support Team, for example, Psychologist, Behaviour Specialist etc.	.067

7. In what form would you like to see these special services?

Each director was asked to identify the model of service delivery that was most preferred (see Table 9). In the analysis, the most preferred model of service delivery was given a score of one; the other models were given a score of 0. A one-way randomised block ANOVA was conducted with model as the single factor (5 levels), and centre as the blocking variable (45 centres responded to this question). The two most desirable models preferred by the directors were 'Total Integration with Support from a Special Needs Teacher', and 'Partial Integration' (i.e., separate classes, integration only for selected activities).

The type of model or type of service preferred was statistically significant at the  $p > .0001$  level (See Table 10).

TABLE 10: One-Way Randomized Block ANOVA: Centre by Model/Type of Service

Source of Variation	df	Sum of Squares	Mean Square	F-Ratio	P>f
Centre	44	2.1600	0.0491	0.24	1.0000
Model/Type of Service	4	7.5822	1.8956	9.37	0.0001*
Error	176	35.6178	0.2024		
TOTAL	224	45.3600			

\* statistically significant

Tukey's studentised range test was used to compare all pairs of means for the models/types of service. The minimum significant difference for a 5% level of significance was 0.2541. The results were as follows. Rankings for models 'a' and 'b' were significantly different from rankings for models 'c', 'd', and 'e'; differences within these groupings, however, were not significant (See Table 11).

TABLE 11: Tukey Studentised Range Test Comparing Pairs of Means for the Models/Types of Service

Type of service (see Table 9 for code)	Most Important		Least Important		
	a.	b.	c.	d.	e.
Tukey grouping	AAAAAAAAAAAA		BBBBBBBBBBBBBBBBBBBBBBBBBBBB		



8. Do you believe parents of children with special needs wish to have their children integrated in day care centres?

All of the directors who responded to this question (44/55 or 80%), agreed that parents of children with special needs wished to have their children integrated in day care. The remaining directors did not respond; none responded negatively.

9. Do you believe parents of non-special-needs children wish to have children with special needs integrated in day care centres?

Only 13 directors answered this question (many indicated that they did not have enough information to respond). The directors were almost equally divided on the issue of support for integration by parents of non-special needs children: seven felt parents would be supportive; 6 felt that they would not be.

10. What changes would have to be made for integration at the preschool level to be successful?

Each director was asked to identify the most important changes she felt would be necessary for successful integration of children with special needs in day care centres. Options (Table 12) were ranked from 0 = unimportant to 5 = very

TABLE 12: Directors' Ranking of Prerequisite Changes Necessary for Successful Integration of Children with Special Needs in Day Care Centres

REQUIRED CHANGE (listed in order from very important to unimportant)	RANK (5=very important; 0=unimportant)
a. Availability of Specialists (Psychologist, Physiotherapist, Speech Pathologist, etc.)	4.120
b. Special Needs Training for Staff	3.065
c. Structural Changes to the Building	2.611
d. Access to Diagnostic Services	1.713
e. Assistance with Special Program Development	1.630
f. Additional Funds (for purchase of special materials, adapting classrooms, barrier-free buildings, etc.)	.917
g. New Legislation, Presidential Decree	.509
h. Higher Teacher Salaries	.398

important. A one-way randomised block ANOVA was conducted with type of change as the single factor (8 levels), and centre as the blocking variable (54 centres responded). 'Availability of specialists', 'special needs training for day care centre staff', and 'structural changes to the building' were ranked highest. 'Legislation' and 'higher teacher salaries' were the ranked lowest.

Type of change required was statistically significant at the  $p > .0001$  level (See Table 13).

TABLE 13: One-Way Randomized Block ANOVA: Centre by Type of Change Required

Source of Variation	df	Sum of Squares	Mean Square	F-Ratio	P>f
Centre	33	0.4907	0.0093	0.00	1.0000
Type of Change	7	650.7130	92.9590	44.07	0.0001*
Error	371	782.5370	2.1093		
TOTAL	431	1433.7407			

\* statistically significant

Tukey's studentised range test was used to compare all pairs of means for the types of changes required. The minimum significant difference for a 5% level of significance was 0.852. The results were as follows:

TABLE 14: Tukey Studentised Range Test Comparing Pairs of Means for the Models/Types of Service

	Most Important				Least Important			
Type of Change Required (See Table 12 for code)	a.	b.	c.	d.	e.	f.	g.	h.
Tukey grouping	AA	BBBBBBBBBB	CCCCCCCCCCCCCCCC	DDDDDDDDDDDDDDDDDD				

Thus, 'availability of specialists' was ranked as the most important change necessary for successful integration; 'special needs training for staff' and 'structural changes to the building' were ranked next in importance. 'Access to diagnostic services', 'assistance with special programme development', and 'additional funds' were ranked third in importance, followed by 'new legislation'

and 'higher teacher salaries', which were ranked as least important. Differences within these groupings were not statistically significant.

A full text of the directors' additional comments regarding the provision of services for preschool children with special needs is given in Appendix A. These personal comments provide further insight into some of the barriers to successful integration perceived by directors of state run centres in Greater Athens.

## **Discussion – issues and national policy directions**

A needs assessment survey was conducted in 55 randomly selected day care facilities in Greater Athens to examine the extent to which centres accept and provide services for children with special needs. It was clear that preschoolers with special needs in state day care centres in Greece are grossly under-served. The 55 day care centres in the current study represented an enrollment of 3,003 children. Only 76 of these children were identified by the directors as special needs. Although it is generally accepted that 10% of the population is challenged, 76 children represents only 2.5% of the total enrollment in day care centres. Many of the directors cited scarcity of resource specialists, lack of specialised training for their staff, high teacher-student ratios,<sup>2</sup> absence of barrier-free facilities, and both parental and staff hesitancy to accept special needs children, particularly those who are moderately and severely challenged. Many directors (both in the open-ended items of the survey and in informal discussion with the subsample of 20 directors) reiterated that the 'conditions are simply not conducive to accepting special needs children.'

However, even *without* the supports in place, almost half of the directors who participated in this survey, currently have children with special needs registered at their centre – a testament to the need in the community and the directors' response to that need. By far, the most common types of special need accepted by centres were language difficulties, behavioural problems and cognitive delays (representing 75% of all the special needs children currently registered at the centres). The majority of these children were either mildly (53%), or moderately (41%) challenged. Only 6% were severely challenged. In the past 5 years, about 1/4 of the centres had declined entrance to children with severe challenges (autistic, hyperactive, blind, and physically challenged). In some cases, parents had no place else to turn and directors personally felt 'helpless' to provide any assistance.

Despite their limited resources, 71% of the centres expressed a desire to introduce services for special needs preschoolers in day care centres, primarily those with mild/moderate challenges. The models of service delivery they strongly preferred were *total integration with support from a special needs*

*teacher*; and *partial integration*, i.e., separate classes with integration only for selected activities. In contrast, *segregated day care centres*, *total integration with an assistant without specialised training*, and *total integration with the assistance of a mobile support team of specialists* were ranked significantly lower. For integration to be successful, it must be supported by the presence of trained personnel who are on the premises on a daily basis, a condition that is not consistently fulfilled by a mobile support team. Eighty percent of the directors felt that parents of special needs preschoolers wished to have their children integrated in day care centres. Only 11% of the directors felt that parents of non special-needs preschoolers would object to integration.

The strongest barriers to successful integration perceived by directors include: *the availability of specialists, including psychologists, physiotherapists, and speech pathologists; the lack of special needs training of their staff, and the structural limitations of their building*. The directors felt that *increasing teacher salaries or funds for purchasing special equipment*, in the absence of other supports, would not necessarily facilitate integration.

Based on the findings of this needs assessment survey, a number of national policy directions are suggested below.

1. *The government should consider implementing a new model of day care service delivery which includes the integration of preschool children with special needs, particularly those with mild and moderate challenges*. To maintain continuity of services from preschool to school-age children, an examination of the resource model already in place at the elementary school level is encouraged. National support for this model should be multi-level, including legislative, financial, training, structural, administrative, etc. An early identification programme also should be implemented in state day care centres in order to identify high-risk children as early as possible.

For deaf children, consideration should be given to establishing a special day care facility designed to serve deaf children. The clientele may also include hearing children of deaf parents. The language of instruction should be bilingual (Greek Sign Language and Standard Spoken Greek). All staff should be either deaf or bilingual. In Canada, Sign Talk Children's Centre (located in Winnipeg, Manitoba) has become a model day care facility for other centres throughout the United States and Canada. The experience from this centre has shown that deaf children who learn American Sign Language from birth rather than spoken English do not fall behind their hearing peers in cognitive development, as has typically been thought in the past. This is also supported by the research literature on language development of deaf children who learn sign language (Evans, Zimmer, and Murray, 1995).

2. *A Child Development Clinic should be established in each district to provide resource support to centres.* The *Regulations for the Operation of State Day Care Centres* (1988) include the provision for a physician to visit the centre on a regular basis to examine the physical and mental development of children (Article 24). However, there is currently no provision for access by a day care director to specialists (psychologists, physiotherapists, speech pathologists, early childhood programmespecialists, diagnosticians, etc.). A medical doctor does not necessarily have expertise to evaluate the cognitive or linguistic development of preschooler children with special needs. Nor is he/she able to provide diagnostic information or make specific programming suggestions for the teachers. It is recommended that consideration be given to the establishment of a Child Development Clinic in each district. This Clinic would serve as an educational support service agency for all day care centres in their catchment area. Each clinic would have specialised staff including psychologists, speech and language pathologists, social workers, physiotherapists and behavioural specialists. Child Development Clinic teams would be made available to the day care centres, upon the director's request. The clinic would provide a comprehensive range of services, which would address the educational, as well as the social, emotional, communication and behavioural needs of children. The Clinic may be involved in a variety of activities including: the assessment and treatment of children in day care; consultations with day care directors, parents and other agencies; working directly with and advising families; offering workshops and seminars for interested community groups; and organising professional development programmes for teachers. One may explore the possibility of incorporating the functions of the proposed Clinic within the current infrastructure of PIKPA or the Medical-Pedagogical Centres.

3. *A specialisation stream for training pre-school teachers should be introduced at institutes for higher learning in Greece.* For example, in Athens, completion of a minimum of three years at the Technical Education Institute (TEI) in early childhood education is a pre-requisite for securing a teaching position at a day care centre. According to the directors interviewed, there are currently no special needs courses in the existing programme of study. Consideration should be given to introducing a specialisation stream at TEI, and other similar institutes of higher learning. This stream should address a variety of topics including developmental delays, behavioural challenges, sensory impairments, speech problems, etc., as well as assessment, diagnosis, and programming - particularly within an integrated day care setting. Additionally, a more systematic approach to in-service training of teachers in day care centres through a series of compulsory seminars should be implemented. These should be initiated by the state and

administered through various universities or educational institutes, which have faculty with expertise in both child development and special education.

4. *Uniform national child care standards should be adopted.* Child care standards, whether for regular or integrated special needs preschool children, should be uniform throughout Greece and centralised under the jurisdiction of the Ministry of Health and Welfare. These standards should cover state, municipal, and private day care centres and address such requirements as licensing, eligibility criteria for children, programming, teacher certification, pre-service and in-service training, incentives for teacher professional development, structural requirements of day care facilities, teacher-student ratios,<sup>3</sup> etc. 'Coordinators' from the Ministry should be assigned to each district to oversee that these standards are being implemented and maintained. Day care centres with children aged 4-6 years should also focus their curriculum on academic preparatory skills for entrance to the public school system.

Special needs regulations should also address the integration of children with special needs, and incorporate the requirements of all of the standards outlined above within this context. Such regulations should also address: (a) the role of referral agencies (e.g., medico-pedagogical centres), (b) the availability of mobile support teams (psychologists, speech pathologists, physiotherapists, etc.), (c) access to early childhood programme specialists who can advise teachers on how the child's programme can be adjusted in the day care centre given his/her special needs, (d) training requirements of early childhood educators who work with challenged preschool children, (e), the importance of parental involvement in all phases of special education service delivery (f) funding for in-service training, purchasing of specialised equipment, upgrading facility buildings to ensure a barrier-free environment, etc.

Consideration should be given by the government to introducing a 5-year phase-in period for existing child care facilities to comply with new building requirements. Many of the day care centres are currently located in structures which are inappropriate for meeting the mobility needs of children who are physically challenged. Every attempt should be made to establish day care centres in barrier-free buildings, including those with wheel-chair access.

An additional concern expressed informally by a number of the directors was the enormous paper work they were responsible for at the centre. Their time was so consumed by 'administrative tasks', that they had, at best, very little time to interact with children. This issue may also be addressed in the new national standards. Alternative means for reducing the paper work of directors should be explored, perhaps transferring some of their administrative duties (maintenance, staff salaries, purchasing supplies, etc.) to a central government or municipal office.

5. *The long term effects of transferring auspice of child care from state to municipality should be re-evaluated.* Under the current legislation (*Regulations for the Operation of State Infant and Toddler Day Care Centres in Greece*, 1988), directors may accept children with special needs with the proviso that they are not a 'burden' to the centre (Article 5.5). In 1994, legislation was introduced (Law 2218-94, article 42, Government Gazette of the Greek Democratic Government) which allows state-run day care centres to be transferred to, and independently run by, municipalities. By 1997, 372 such centres in Greece (from a total of 1,306) were transferred. An announcement, dated April 2, 1997 and signed by four national child care organizations,<sup>4</sup> expressed great concern that the transfer of centres to municipal control would: (a) place the job security of staff currently in state-run centres in jeopardy, (b) open the door to introducing parent fees for child care, (c) impose additional taxes on municipal constituents, (d) ultimately eliminate public preschool education in Greece, and (e) lead to the complete privatisation of the day care centres. The directors in the current study sample echoed these same concerns. At the very least, the government should reassess the long-term effects of transferring auspice of care from state to municipality, soliciting input from representatives from each stakeholder.

6. *Funding sources available through the various European Union Programmes should be more systematically explored by the federal government.* The European Union, through the Greek Ministry of Health and Welfare, has provided extensive financial support to established programs for vocational training of youth with special needs, to facilitate their integration into the work force, and to provide counselling for foster families with special needs infants. Funding has been secured through submission of proposals by such organisations as the National Welfare Organisation of Greece (EOP)<sup>5</sup>, the Patriotic Foundation for the Social Protection of Minors (PIKPA),<sup>6</sup> and the Foundation for the Protection of Infants (MITERA).<sup>7</sup> However, *direct* support for the special needs training of teachers in day care centres and/or the integration of high-risk preschool children in child care facilities has not yet been specifically targeted by the Greek government as a priority.<sup>8</sup>

There is increasing empirical support for the importance of early intervention for children at risk. This is evident in both the recent neurological research as well as in the growing literature on quality of day care, and advantages of preschool inclusion. Research shows that if early intervention is lacking, there is an escalating financial burden to the state in terms of continuous care, medical support, disability payments, lack of contribution to the work force, and cycle of dependence on the state (Manitoba Children and Youth

Secretariat, 1997). Parents, day care teachers, and the Ministry of Health and Welfare in Greece, through enabling legislation, need to catch the window of opportunity early before it begins to narrow. Without early intervention for the preschool child with special needs, it becomes increasingly difficult to 'make up for lost time'.

## Notes

<sup>1</sup> For example, adults who develop cataracts are able to regain their sight when the clouded lens is removed. However, children born with cataracts become permanently blind in the affected eye if the clouded lens is not removed promptly because the connections between eye and brain have not yet developed (Nash, 1997). In other areas (for example, certain types of receptive language problems), it is possible to compensate for missed experience during the critical period although it is not always easy or problem-free (Begley, 1996). Many critical periods occur before age six; others, such as those for learning language and mathematics, extend into late childhood or early adolescence (Doherty, 1997). Any intervention for high risk children is evidently more effective, the earlier it is initiated (Nash, 1997).

<sup>2</sup> The teacher-child ratio in state-run day care centres is 1:30. Although this was not one of the options listed in the survey, it was invariably raised by the great majority of directors during informal discussions.

<sup>3</sup> A ratio of 1:30 is prohibitive for effective teaching and overwhelming for teachers who also care for children with special needs. If the state is to introduce a national integrative model of child care, consideration should be given to reducing the teacher-child ratio. North American practice has shown that a lower teacher-child ratio is more effective (for example in Manitoba, Canada, the teacher-child ratio for children aged 12 weeks to 2 years is 1:4; for children aged 2 years to 6 years it is 1:8 (Queen's Printer, Community Child Day Care Standards Act, 1998)).

<sup>4</sup> The signatories were the PanHellenic Association of Teachers of State Day Care Centres under the Ministry of Health and Welfare, the Association of Administrators of State Day Care Centres, the Organization of Support Staff of State Day Care Centres, and the PanHellenic Association of Support Staff of Private Day Care Centres.

<sup>5</sup> Between 1991 and 1992, the National Welfare Organization (EOP) of Greece received funding from the Greek Government and the European Union in support of 120 vocational training programmes. The total cost of these programmes was 5 billion drachmas (\$16 million US). Sixty percent of this amount was provided by the European Union. In 1993, 97 training programmes were funded at a cost of 2.6 billion drachmas with the European Union contributing 65% of the funds. The great majority of these programmes (2/3) were directed towards vocational training of unemployed youth. The remaining (1/3) programmes covered a wide range of services including family counselling. After 1993, EOP has not initiated any programmes dealing with individuals with special needs (Tsigginos, 1998).



<sup>6</sup> Between 1991-93, PIKPA received 300million drachmas (\$1 million US) in support of training programmes for juveniles with special needs. Seventy percent of this amount was provided by the European Union; the Greek government contributed 30%. With the new funding, PIPKA established ten new vocational training programmes in ten different cities throughout Greece. Between 1994-97, additional funding from the European Union enabled PIPKA to establish a number of additional programmes, including an educational training programme for vocational teachers of special needs youth and programmes for integrating youth and adults with special needs in the work force (Siomopoulos, 1998).

<sup>7</sup> Between 1993-1997, the Foundation for the Protection of Infants, MITERA, established ten social programmes with funding from the European Union. The cost of these programmes was approximately 123 million drachmas (\$410,000 US). However, only two of these programmes were directed to individuals with special needs: counseling and guidance for foster families with special needs children (20 million drachmas); and integration into the work force of youth who are mildly intellectually challenged and who live in foster homes (Efthimiou, 1998).

<sup>8</sup> It should be noted that programme proposals submitted for funding by EOP, PIPKA, and MITERA to the Ministry of Health and Welfare are financed approximately 70-75% by the European Social Fund and 25-30% by the Greek Federal Government. In 1998, steps were taken to begin merging the administrative departments of EOP, PIPKA and MITERA. According to Law 266556/98, in 1999, they will be governed by a single administrative council. The Greek government has not yet indicated the responsibilities of each of these organisations within the new administrative structure.

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## **APPENDIX A**

### **Directors' Additional Comments Regarding the Provision of Services For Preschool Children with Special Needs**

#### **Centre #1**

Access to diagnostic centres and agencies are difficult. It is essential that the state show concern, especially for coping with problems which are continuously growing due to immigration (e.g., bilingual children from Russia and Albania).

#### **Centre #2**

It is possible to create spaces for special needs children in some day care centres although perhaps not in all. From a financial point of view, integration is difficult. with special needs, especially in a centre which services a large district (may not be able to handle all the requests). The availability of staff trained in special needs is important. I believe that partial integration of children with special needs in the daycare centres will have good results. I don't know whether there will be similar results for children with severe special needs.

#### **Centre #3**

The most important problems in our centre are: the lack of trained staff, the lack of education and training of childcare workers in general, and the lack of information regarding diagnostic centres to which we can refer the parents.

#### **Centre #5**

My experience with staff who work in this area is that 90 % are not in a position to help children with special needs due to lack of training. During the last few years I have observed an increase in the number of children with behavioural problems. It is unacceptable to have these problems deteriorate in the daycare centres by inappropriate actions of the staff due to ignorance or poor attitudes.

I recommend that the State immediately carry out the recommended changes outlined in Question 10 in your survey and adopt [ways] for checking the suitability (personality) of people working with children who represent the future of our country. Provide a staff member to conduct all the paper work that daycare centres have so as to free the supervisor from all the overwhelming paperwork, which does not allow her to spend time with the children. This will also allow her to conduct proper staff supervision for the normal operation of the daycare centre. The number of children per daycare teacher also needs to be reduced.

#### **Centre #6**

There must be specially trained staff with fewer children and properly designed classrooms.

### **Centre #7**

Providing assistance to children with special needs must be seriously addressed. The subject of special education must gain the attention it truly deserves. It requires examination, education and retraining of the day care staff and certainly greater opportunity for those who wish to attend state-sponsored seminars or be involved in research that addresses this.

It is imperative that new parents with special needs children be informed about options, diagnosis programming and other resources through a kind of child guidance centre.

### **Centre #11**

You need specially trained staff, the ability to properly supervise students with special needs.

You also need appropriate conditions to support children with special needs (for example, lower teacher-student ratio, space, etc.).

### **Centre #12**

It may be possible to establish one day care centre for children with special needs in each district. In this centre, there should be double the staff, they should be properly trained, and they should have greater financial support. There has to be greater income incentives for the staff. The current situation does not contribute to a positive resolution to this problem.

### **Centre #14**

There needs to be recognition by parents that there is a problem

There also needs to be support to train staff and a properly constructed facility

### **Centre #16**

I believe that for the materialisation of such a programme, there must be a coordinated effort by educators and the state. As educators, we have the responsibility of informing the parents of children without special needs why we should be accepting children with special needs (when of course, the conditions are conducive to provide effective assistance to these children). In our centre, when I noticed the uneasiness expressed by some of the parents, I called a meeting and I, along with one of my colleagues (also a day care teacher), spoke to them. The position of all the parents changed. The parents also appropriately informed their children, as we do to accept these children as they are. However, the proper conditions (staff, building facility, financial support, etc.) must exist.

I also believe that it is necessary for the state to organise every two years, instructive seminars on special education topics dealing with preschool children for teachers who work in child care centres.

The Association of Child Care Teachers at TEI (PASYVN) has organized seminars with the initiative of its members for at least the last 7 years, which also cover subjects on special needs. There must be, however, a more systematic attempt by the state to address this as well as the need for training the support staff of day care centres who have direct, daily contact with these children.

**Centre #17**

We need specially trained teaching staff and lower teacher-child ratios, not only for children with special needs but for other children. If the conditions are not supportive, then even our normal children will become special needs.

**Centre #18**

We need the proper facility and trained staff with experience. At some point in time, these children should be integrated with normal children.

**Centre #20**

For these children to be helped, specially trained staff must be assigned to each child care centre, and special, compulsory seminars must be organised for all child care workers with government support. Two years ago, on my own initiative, I attended a three-day seminar for children with special needs and because the seminar started early in the morning, I was forced to use my vacation time to attend. Educators from all levels and from all over Greece attended! This showed me that our educators are interested in learning from specialists about how to diagnose and help the children and parents as effectively as they can for the good of the children.

**Centre #23**

Children with special needs certainly need to be in their own space, even for a few hours and with specially trained staff. There must be enough information for those parents who shelter their children from society or don't accept their disability. We need to let them ask questions, to search and try to find what is best for their children. The parents need to cooperate harmoniously and not in hostility, as they usually do, with our staff.

**Centre #24**

We need to integrate them with the regular preschool children to develop their learning abilities, their fine motor skills, and improve their behaviour.

**Centre #25**

The proper conditions (supports) must exist to help these children. The number of staff must be increased.

**Centre #27**

The new parents at our centre do not readily accept special needs children.

**Centre #32**

We need to establish separate special centres with properly trained staff.

**Centre #35**

Many changes need to be made. There should be adequate support staff. The staff

should work exclusively with children and not with matters outside the scope of the child care teacher, for example, administration. If there were a central administrative office, childcare teachers would be more effective. This would also be more economical.

There must also be legislation that applies to all child care centres, those that were transferred to the municipalities and those that remained under the jurisdiction of the state because for every municipally-run centre there is a different regulation, depending on the mayor. This negatively affects the staff and, in turn, the children.

### **Centre #36**

The child care teachers in the state-run centres are able to distinguish those children with special needs through their pre-service training. However, they don't know where to go for assistance to deal with any difficulties.

- a. Assistance from the Ministry of Health and Welfare is non-existent.
- b. The Ministry of Education and Religion claims that childcare centres are not under their jurisdiction.
- c. In the municipalities, there are not yet such organized programs for children with special needs.
- d. In the Medical-Pedagogical Centres, both parents and children are encouraged to attend, but not all parents cooperate because they have to work in the morning.
- e. The theoretical instruction of the childcare teachers on the subject of special educational is lacking. Thus, childcare teachers cannot provide the proper assistance to children with special needs and do not have the means to deal with problems.

### **Centre #37**

There must be state support to implement appropriate conditions.

### **Centre #38**

It is important to diagnose the child early and deal with his/her problem.

### **Centre #39**

Teachers need more information. All those involved (specifically the parents) need to be sensitised.

### **Centre #45**

Children with special needs have the right to be integrated.

### **Centre #46**

Some directors do not want children with special needs. There must be a way of enforcing their acceptance in day care centres. There is a willingness by child care teachers but they don't know how to help. Specially trained teachers are needed as well as additional child care teachers.



**Centre #51**

We need information, understanding, love and answers to the questions outlined in Question 10 of the survey.