An Investigation into the Current Service provision for Students with Learning Difficulties in Jordan: Teachers' Perspectives

A thesis submitted for the degree of Doctor of Philosophy

By

Nawaf S. Al-Zyoud

School of Sport and Education

Brunel University

December 2011

Abstract

Special Educational Needs (SEN) in Jordanian schools appears to be in a state of confusion. Numerous obstacles exist that hinder teachers from providing sufficient services for children with learning difficulties. This study investigates the current service provision for students with learning difficulties in Jordanian schools. Semi-structured interviews (N=31) with SEN teachers were conducted in two phases (23 and 8 respectively). Goffman (1963) was utilised as a theoretical framework, to interpret and understand the data, especially concerning that of social stigma.

The analysis revealed that SEN teachers in Jordan faced various difficulties responding to the needs of their students with learning difficulties (LDs), which inevitably had a negative effect upon their performance. The results indicated that the difficulties arose from: parents who denied the disability of their children, classroom teachers who refused to cooperate with resource room teachers (responsible for teaching children with LDs), pre-service teachers who had little training in SEN, non-disabled peers who bullied their disabled peers, school administrators who had little understanding of the needs of children with LDs, and finally the Ministry of Education's supervisors who were better equipped to support the educational needs of typically developing children. These negative attitudes are rooted strongly in local culture and seem to overlap with expressed religious values. Negative attitudes also varied among parents according to their socio-economic class and the type of school (public and private) their child attended. It appeared that the services provided in private schools were more in tune with the needs of children with LDs than those in public schools.

Ultimately, I conclude that there is an urgent need for the reconstruction of services in Jordan to support children with LDs. Teacher training should be aimed specifically at equipping resource room teachers to cater effectively for students with LDs, and legislation should facilitate a shift of responsibility to the Jordanian Ministry of Education and away from the Ministry of Social Development. Most importantly, there is a need to facilitate a dialogue that seeks to amend attitudes towards disability in general and LDs in particular.

Contents

Declaration

I hereby declare that this Thesis is the result of my independent investigation, except where I have indicated my indebtedness to other sources.

I hereby certify that this Thesis has not already been accepted in substance for any other degree, nor is it being submitted concurrently for any other degree.

I hereby give consent for my Thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

Signature: …………………………Nawaf S. Al-Zyoud………………………..
                                         Candidate

Signature: ………………………………Ian Rivers………………………………………..
                                         Supervisor

Date: …18/5/2012………………………………………..

Acknowledgements

List of Figures

List of Tables

Glossary of Abbreviations

AAID……..…………………….....   American Association on Intellectual and Developmental Disabilities

AAMR….………………………....   American Association on Mental Retardation

ADD….……………………….…..   Attention Deficit Disorder

ADHD…………………….….……   Attention Deficit Hyperactivity Disorder

CDI….…………………………….…   Child Development Inventory

DBC….…………………………....   Developmental Behaviour Checklist

DfES….…………………………...   Department for Education and Skills

DoS….……………………….……   Department of General Statistics

DS….……………………………...   Down's Syndrome

DSM-IV….…………………….…..   Diagnostic and Statistical Manual of Mental Disorders

ECLS-K….……………………...   Early Childhood Longitudinal Study- Kindergarten Class

ID….………………………….......   Intellectual disability

ICD-10….……………………......   International Classification of Diseases-Tenth Revision

IQ….…………………………….   Intelligence Quotient

ITPA….………………………....   Illinois Test of Psycholinguistic Abilities

KG….………………………….....   Kindergarten

KDC….…………………………….   Kindergarten Development Check
LDs….……………………….…...   Learning difficulties
LEA   Local educational Authorities
LLDs….…………………………..   Language learning difficulties
MoE….…………………………..   The Ministry of Education

MoSD….…………………….……   The Ministry of Social Development

PPC….…………………………....   Possible Problems Checklist

SEN….…………………………....   Special educational needs

SREC….…………………….……   School Research Ethics Committee

SpLDs….………………………....   Specific learning difficulties

UK….………………………….….   United Kingdom

UNESCO………………………..	United Nations Educational, Scientific and Cultural Organisation
UNRWA…………………………...	United Nation's Relief and Works Agency for Palestine Refugees
UPAIS…………………………....	Union of the Physically Impaired against Segregation
US……………………………..	United States
WHO………………………………..	World Health Organisation

First Chapter- Introduction

1.1 Introduction

The field of special educational needs has witnessed several developments since the Warnock Report was published in 1978. In this report, the view of disability shifted dramatically from that of a medical issue to that of a social one. British perspectives of disability have an enormous impact and play a leading role worldwide: highlighting the importance of removing barriers to inclusion rather than concentrating on the disability itself and pushing for educating those children with SEN in regular classrooms alongside their peers rather than assuming that is unrealistic. The emergence of 'the big idea' of the British disability movement (Hasler, 1993), together with the Warnock Report and its official adoption in 1981 into the Education Act, is evidence of Britain's leadership in the field of disability. This contribution has persuaded most of the rest of the Western world of the importance of working towards including children with disability with their peers and in society. Thus, the term 'inclusion' started being used worldwide to indicate: 'the process of educating children with disabilities in the regular education classroom of their neighbourhood schools -the schools they would attend, if they did not have a disability- and providing them with the necessary services and support' (Rafferty *et al.*, 2001, p.266).

The Jordanian movement towards educating children with SEN started in the early 1980s but with no plan or specific direction. This movement was hindered primarily as a result of local culture which devalued disabled people but this was not assisted by the fact that 'disability' was initially seen as issue for the Ministry of Social Development rather than for the Ministry of Education. The Ministry of Social Development was responsible for responding to disabled children's needs in Jordan by providing some educational and vocational training. These services were and are still provided in special centres rather than ordinary schools. Another obstacle was the obvious confusion in planning of services by the Jordanian government, mainly due to complex political and economic difficulties, which gave no clear indication of where and how the provision of assistance to disabled children should begin. During that decade, there were some sporadic attempts to start educating children with SEN in public schools, especially those with learning difficulties, (e.g. Wedell, 1982).

The turning point was at the end of the 1980s when the first development education conference was held in Amman. This addressed the need to promote awareness of the early characteristics and needs in early childhood for all children and to activate the system related to child rights and welfare. The conference emphasised the role of socialisation of family, society and the kindergarten, the school, and the media in building the child's personality. In addition, the adoption of new laws for disabled people outlined for the first time the responsibility of the Ministry of Education in teaching children with SEN in public schools. The dramatic political and social developments in Jordan in the early 1990s (e.g. return of democracy and Parliamentary elections for the first time since 1967, and the return of approximately three hundred thousand Jordanians from Kuwait and the Gulf states after the Second Gulf War) changed the demographic distribution of Jordan and seemed to accelerate the adoption of a social view of disability by hundreds of new graduate SEN teachers in the country and open new routes at Jordanian colleges and universities (e.g. special education needs programme started at the University of Jordan 1996 (Hadidi, 1998)).

Like hundreds of my generation in Jordan, I have graduated with a Bachelor's degree in special education from the University of Jordan, where I received training on assessing and teaching students with intellectual disabilities (ID) and hearing impairments. During my two training courses, the significant gap between theory and practice was very apparent, especially in the public school system. Later on, working as a learning difficulties teacher in a private school in Jordan, I discovered first-hand that issues facing children with SEN and their families were not exclusive to public schools.

During my tenure in a private school, I completed my Master's degree in special education, which gave me another opportunity to compare fully the various services available to families in public and private schools, and was able to observe more closely the gap between theory and practice in both types of school. It was apparent that parental involvement and engagement was important in supporting children with SEN. Similarly, it was clear that early intervention was the key to successful inclusion in schools; however, daily practices within schools did not reflect this. My observations raised questions about the effectiveness of SEN teacher training and whether or not these teachers were sufficiently qualified to respond to complex issues in an environment that fails to provide adequate support.

From my standpoint, I came to the conclusion that the situation was more serious in public schools than in private schools. Most services were only available in big cities and urban areas and even when services were available, negative attitudes towards SEN children from classroom teachers and peers hindered effective use of those services. My observations and personal experiences fuelled my aspiration to undertake a PhD to investigate the current situation of SEN in the Jordanian context. Initially, I had intended to develop a checklist of the warning signs of LDs at the kindergarten stage in Jordan. However, during the first round of data collection I found that teachers wanted to talk about their experiences alongside providing me with evidence of early warning signs. Therefore, I decided to respond positively to those issues by exploring those factors that appeared in teachers' stories, and relate this investigation to the SEN provision Jordanian schools.

1.2 Research rationale

The objective of my research is to understand factors that affect the discovery, assessment, teaching and provision of sufficient services for children with LDs in Jordanian schools. I also aimed to discover how schools respond to the needs of disabled children. Owing to a reluctance of parents to participate in this research (an issue I shall discuss in more depth later), the main source of data is SEN teachers. Interestingly, this study coincided with a national debate in Jordan about the importance of teaching children with SEN with their typically developing peers.

Although, in theory, the Ministry of Education (MoE) provides a number of services for children with SEN, and especially with LDs, the critical questions are whether these services, such as resource rooms, are effective. While other Jordanian researchers have studied the general aspects of SEN, this study is the first to study the complexity of religious and cultural dynamics in the Jordanian context with empirical data. Applying this focus adds much value since it will provide insights into factors that seemingly inhibit provision of those services for children with SEN and LDs.

This study also aims to open the door to a debate of cultural perceptions of disability in Jordan. There is an urgent need for a 'new cultural reorientation', to consider disabled children as a part of diversity of the school context (McKenna, 1992). This goes hand in hand with encouraging a less stigmatised view of disability where parents no longer suffer social pressure and embarrassment as a result of having a child with a disability or LDs.

I hope that the findings of this research can be used as a resource for policy makers, school administrators, and teachers to further develop plans for these children, and for the MoE and SEN supervisors to provide essential feedback and enhance the quality of services they offer.

Finally, I acknowledge that my inquiry is influenced by my personal experience as an SEN teacher for years and by the fact that I experienced some of the SEN teachers' difficulties. I aimed to draw out the experience of teachers within my field and to explore their perceptions of the current situation in SEN services in public and private schools, and the barriers facing the children they teach. I was keen to explore with SEN teachers' their attitudes towards children with LDs.

1.3 Thesis outline

Following this introductory chapter, the thesis contains seven other chapters. Chapter two provides the reader with information about the research location; Jordan, and the Jordanian context. The third chapter is a critical review of the existing and relevant available literature. The aim of these two chapters is to identify the gap in knowledge and examine the relevance of the research questions. The fourth chapter examines the research methodology and methods used to gather and analyse the data. The fifth chapter will present the first findings of the study: attitudes towards children with LDs in Jordanian schools. These results are discussed in depth and linked with the existing literature. The following two chapters discuss in depth difficulties that SEN teachers face in Jordanian schools and the difference in services between private and public schools, linking this with existing materials. The final, eighth chapter, draws conclusions, suggests recommendations based on the research evidence, explains contribution to knowledge and theory and cites some implications. I aim also to answer the research questions and explain the contribution to existing knowledge provided by this research. The last chapter summarises all the conclusions from the previous chapters.

Second Chapter- Jordanian Context

2:1 Introduction

In this chapter, I aim to draw a clear picture for the reader of the Jordanian context, including a brief history of the state, education system, SEN and local culture, in order to provide a background to the subject of the study.

The State of Jordan, previously known as Transjordan, was established after the First World War. Immigration played an important role in the development of the new society, which makes studying the social structure and culture vital as it reflects on people's thinking, attitudes and reaction to change.

Jordan is still a destination of political immigrants from neighbouring countries, resulting in many ethnic minorities living together with TransJordanians. A new society has been moulded from the various backgrounds, languages and racial origins of these immigrants and refugees who have become full Jordanian citizens, who speak one language (Arabic) and have similar cultural perceptions.

Factors such as ethnicity, gender and socio-economic class, cultural perspectives, derived mainly from Islam, play a critical role in framing the general view of disability in Jordan. This view is held by families of children with SEN, their relatives, teachers and the whole of society. There appears to be a clear overlap between religious and cultural values (Sonbol, 2003) which combine to create a negative attitude towards disability and an inappropriate reaction to it, as will be shown and discussed later.

In Jordan, Islam and the cultural perceptions mentioned above interact to produce a distorted view of disability (Turmusani, 1999). In particular, parents use religious values as a crutch to support them through the complications associated with having a disabled child. In addition, these families fluctuate between using culture and religion to reassure themselves about the future of the child, to resist stress and to deal with the negative social view of disability which can be extended to other family members.

This chapter is divided into two sections. The first contains a brief history of Jordan, its political and educational systems, including SEN. The second highlights the culture in Jordan and the importance of cultural perspectives in shaping attitudes towards SEN children. Islam

and its views on disability are also addressed in order to understand how religious and cultural values impact people's understanding of disability.

2:2 Jordan: basic demographics

The Hashemite Kingdom of Jordan is a small Arab country in Southwest Asia of 89,000 square kilometres (approximately 34,445 square miles) (Department of General Statistics - DoS, 2010). Jordan shares borders with Syria to the north, Saudi Arabia and the Dead Sea to the south, Iraq to the north-east, and to the west, the Palestinian territories (West Bank), the Dead Sea and Israel (Salibi, 1998). Jordan has only one port (Aqaba) which is on the Red Sea in the far south. In addition to the capital, Amman, which is located in the north west of Jordan, there are 11 provinces. Jordan considers itself as part of the Arab nation and the main and the formal language is Arabic. The English language is, however, used as a second language. Islam is the state religion as stated in the constitution, although Christianity is also an influence in the country, accounting for around 5-8% of the population.

After 500 years of subjugation under the control of the Ottoman Empire, Transjordan was freed during the First World War when Sherif Hussein (Governor of Mecca) cooperated with the Allies against the Ottoman Empire in 1916. He announced the Arab Great Revolution aiming to liberate Arab territories and unite them under his rule. Sherif Hussein's sons, Abdullah, Faisal and Ali helped to lead the revolution with their father and played a significant role in establishing new states in the Arabic region. Ali stayed in Medina until it was occupied by Saudis in 1924, Faisal moved to Syria and established the Hashemite kingdom, which he subsequently lost to the French in 1920, and Abdullah moved to Transjordan where he established the Hashemite Emirate (Chaurasia, 2005).

As a result of the French invasion in Syria and Lebanon, Faisal moved to Iraq, establishing his Hashemite kingdom which continued until 1958. His grandson, Faisal II, then agreed a short-lived merger between Jordan and Iraq, which ended dramatically when Faisal II and the majority of the Hashemite Royal Family were killed by rebels and the Iraqi Republic was established (Chaurasia, 2005). The Emirate of Transjordan was established on the East Bank of the Jordan River in 1921, when Prince Abdullah (the eldest son of Sherif Hussein) arrived from Hejaz (West area of Saudi Arabia), under British protection and supervision (Metz, 1991; Moaddel, 2002). This new state continued until 1946.

In 1946, the ruling family became the Royal Family of Jordan, members of which are the direct descendants of the Prophet Mohammad. The current king, Abdullah II, who took over in 1999, represents the 43rd generation of this line. Many relatives of the Royal Family and their supporters moved to the new state of Transjordan with rebels from Hejaz, Syria and Iraq, and Jordan became their home. Many of these Royals have played an important role in the political and social life of the country, by initiating the drawing up of policies and pushing for the adoption of SEN legislation (e.g. the Supreme Council for 'Handicapped' People is chaired by Prince Ra'ad bin Zaid who is from the Royal Family of Iraq). A year after the end of the Second World War, Jordan achieved full independence from Great Britain, and Prince Abdullah became the first king of the country on May 25th, 1946. Great Britain responded by recognising the status of the newly renamed Hashemite Kingdom of Jordan. When independence was declared, there were around 434,000 people living in the new state (Winckler, 1997).

After the war in 1948 in Palestine, around half a million refugees moved either to Jordan (East bank) or the West Bank and have lived in refugee camps there ever since (Sonbol, 2003). Although these refugees came from the same geographical area, they brought their own local sociological traditions and rapidly integrated into the society. In 1950, both banks were united as one country called the Hashemite Kingdom of Jordan and residents of the West bank became full Jordanian citizen. As a result of the 1967 war with Israel, another wave of displaced refugees came to the East Bank from the West Bank which was occupied by Israel. In 1988, the Jordanian Government declared legal and administrative disengagement between the two Banks (DoS, 2010) allowing the displaced people from the West Bank, who were now living in the East Bank, to keep their Jordanian citizenship.

In addition, another 300,000 Jordanian citizens came back to Jordan from Kuwait and other Gulf states (Troquer & Al-Oudat, 1999) after the second Gulf War in 1990-1991. Jordan has struggled to meet the heavy demands placed on its economy and society by the influx of this large number of people which saw the population suddenly increase by 10% in a matter of months (Moaddel, 2002). Finally, as a result of the wars in Iraq in 2003, another wave of close to a million Iraqi refugees has settled in Jordan (Black, 2007).

The population was around 5,980,000 in 2009, 52% of whom were male and 48% female. 80.2% of the population in Jordan is under 30 (DoS, 2008). 38% of the population live in Amman (2.216 million), 14.9% live in Zarqa (852.7 thousands), while the remaining 47.1%

live in the other 10 provinces and the desert (DoS, 2008). There are several different ethnicities living in Jordan: According to the DoS in 2008, 98% of the population was Arabic, 1% Circassian and Chechen, and 1% Armenian and others.

According to the United Nation's Relief and Works Agency for Palestinian Refugees (UNRWA, 2008), there were half a million Palestinian refugees in Jordan in 1950 which, in 2008, rose to more than two million located in 10 official camps. As mentioned earlier, most of the Palestinian refugees became Jordanian citizens after the union between Jordan and the West Bank in 1950.

Figure 2.1: Map of Jordan (Source: http://www.infoplease.com/atlas/country/jordan.html)

2:3 The political system in Jordan

Jordan is a constitutional monarchy with a bicameral legislature. The king plays a number of roles: head of state, chief executive and commander-in chief of the armed forces. He exercises his executive authority through the prime minister and the cabinet. The cabinet is responsible for the election of the House of Representatives, this along with the House of Senators constitute the legislative branch of the Government. The justice system is an independent branch of the government.

The parliament, which is called Nation House, consists of two houses: the upper house, (the House of Senators) and the lower house (the House of Representatives). The House of Senators consists of the senate ('Ain' in Arabic), including the President and no more than half of the members of the House of Representatives which itself consists of 120 elected members -96 Muslims, 9 Christians and 3 from minorities, which includes 12 women (The Jordanian Parliament, 2010).

The prime minister and his/ her cabinet are responsible for the administration of all internal and external Jordanian affairs. Although the cabinet is appointed by the king, and must be confirmed by the House of Representatives, it is the ministers who remain accountable for it. The Constitution requires that the cabinet presents its political plan to the lower house, where it is then voted on within one month of the formation of the cabinet.

2:4 Socio-economic status

Jordan is a country which lacks natural resources or adequate water supplies (Shunnaq, 2009). For decades, the country has depended on foreign aid, especially from Western countries and Arabic Gulf States as a result of the constant conflict in the Middle East and the large number of refugees it supports (Turmusani, 1999). Owing to the significant increase in the population, resulting from natural increase and migration, and the disruption to foreign aid, the proportion of the population suffering poverty and deprivation has increased significantly. In 2003, figures show that 5.7% of Jordanian families received less than JD110 a month. The percentages living in deprivation in Amman and Zarqa were 3.45% and 5.2%, respectively (Abu-Kharmeh & Abu-Al Sondos, 2009). Further, the official figures of unemployment in 2008 show that 12.5% and 13.3% of unemployed people were living below the line of poverty (World Bank, 2011). These economic difficulties have encouraged many

Jordanians to emigrate, looking for work and a better standard of living. In addition, the difficulties contributed to an increase of working boys in Jordan.

In 1993, there were around 100,000-120,000 children under the age of 11 working in the country (see Hawamdeh & Spencer, 2001) while official figures estimated it to be 33,000 (DoS, 2008). It would seem that these children are from low income families and have been forced to leave school to assist them. Forcing these children to leave school at an early age results in them receiving a poor education and encourages inappropriate habits. For example, Hawamdeh & Spencer (2001) found that smoking was a common habit in working children in North Jordan. It is not known what the number of children with SEN is within these groups, but it is likely to be higher than estimated.

Jordanian women have also been affected by the economic difficulties. Fathers, brothers and husbands now react positively to women working outside the home in order to contribute to household expenses. Jobs require an appropriate qualification, and as a result 'resistance to female education is no longer a viable option' (Taraki, 1995, p.647).

2:5 Education in Jordan

The right to education in Jordan is upheld by the constitution. Every Jordanian has a right to a free and public education covering 1st to 12th grade (between 6-18 years old), while kindergarten is optional (Al-Hassan *et al.*, 2010). Education is provided to everyone, equally, regardless of sex, language, ethnicity or religion (AlJabery & Zumberg, 2008). The involvement of the MoE to enforce teaching children at KG was late and limited. As a result, the enrolment rate of students in KG is low compared to other countries. This can be attributed to the high cost of construction and management of KG schools as well as a lack of awareness among parents of the importance of pre-school education, especially amongst the working classes (MoE, 2006).

In contrast, enrolment rates for both primary and secondary schools are high in comparison with other Middle East countries (MoE, 2006). This rate can be explained by parents' recognition of the importance of education, which is seen as a means of improving one's position in life and of securing a good career. The government spends up to 12% of its budget on this level of education (MoE, 2006).

There are three stages of education in Jordan. At the first stage, children join KG for a maximum of two years (one in public and two in private schools). At the age of six, children officially (and it is compulsory) join primary school for ten years, and then have an option to attend secondary school for two years. After finishing primary school, students may join secondary school in different sectors: academic, industrial, commercial, vocational and religious.

There are two kinds of schools in Jordan: public and private schools. According to the MoE (in 2007) there were 4388 schools in the country, 75% of them controlled by the MoE, 20% by private sector, 4% by UNRWA and 1% by other governmental authorities (e.g. the Ministry of Defence and the Ministry of Social Development).
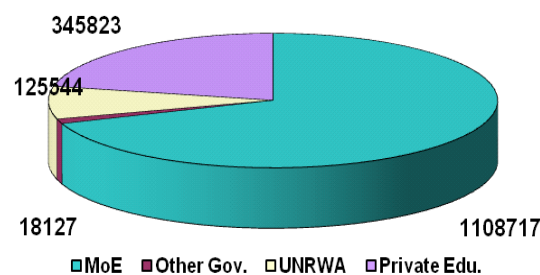
(Source: MoE, 2007)

Figure 2.2: Distribution of schools, kindergarten and students by controlling authority 2007/2008

In 2010/2011 figures, revealed recently by the MoE, there were 3,422 public schools in the kingdom, 1,143,117 students and 70,946 teachers. In Amman, there were 717 schools, 160 of them were rented by the government and 122 were of two sessions -where two schools in one building have two intervals in the morning and afternoon. In Zarqa, there were 339 schools, 77 were rented and 98 schools were of two separate sessions. Figures also show that there was overcrowding in classrooms with some classrooms accommodating more than 40 students at the two interval schools in Zarqa. This is highly significant where classroom teachers have 45 minutes per class to teach, implement behavioural modification plans, and carry out other duties. Teachers who are already burdened with a large number of students and additional duties, such as, lesson preparation, activities, creating teaching tools, and correction of homework are less likely to deal with SEN students individually and more likely to send them to the resource room.

Public KGs were introduced recently in Jordan. Figures provided by the MoE indicate that there were more than 800 public KGs in 2010/2011; most of them are based outside large population centres, mainly concentrated in rural areas. Most parents within large population areas can afford private KG. For example, two public KG were established in Zarqa city where around 800,000 people live while 48 public KG were established in the North-Western desert (DoS, 2011; MoE, 2011) where the population is much lower.

According to the DoS, the illiteracy rate in Jordan was (9.9%) in 2003, the percentage was (5.1%) for males and (14.9%) for females. This percentage decreased slightly (in those aged 15 or over) in 2009 to 7.2% (3.7% male and 10.8 female). To eradicate illiteracy, the MoE has opened centres for adult education up to the 6th grade of primary, where the female percentage was (86.5%) of the total enrolled (DoS, 2008). The number of those centres has fluctuated in last 10 years. In 1999/2000 there were 460 centres, 419 for female and 41 for male. This number decreased to 277 in 2005/2006 and rose up to 473 in 2008/2009.

Females remained the majority of the adult enrolment. For example, in 2008/2009 the number of female students enrolled in these centres was 5,530, while there were 598 males (MoE, 2011). The efficiency of the programme is witnessed by the drop in percentage of illiterate adults which dropped from 33% in 1979 to less than 8% in 2009 (World Bank, 2011; DoS, 2011).

It is critical to note that general education over the last 40 years was targeted mainly at males. Although schools for females were opened in Jordan, most of these schools were established in big cities rather than rural areas. It is also significant that most people from higher classes sent their daughters to school, while people from working and middle classes were unlikely to. This can be further supported by the current distribution of adult centres which are more prevalent in the countryside and villages than in the cities. When the MoE started its initiative 'county free of illiteracy' in 2008, it was set up in the Central Desert County which is possibly an indication of a higher rate of illiteracy in rural areas. It should be noted that Jordanian women only make up 15-25% of the labour force, although there has been remarkable progress in filling the gender gap in the education profession (European Training Foundation, 2010; Ministry of Labour, 2010). It was also stated that several Jordanian women were forced to leave their positions by employers as a result of them violating the Labour Act (Al-Marashdah, 2010).

The philosophy of education in Jordan was reviewed and re-defined in the Education Act in 1994 which stated that the educational system in Jordan should be based on theism, belief in human value, rights, and freedom. The roots of this philosophy are the Great Arab Revolution (against the Ottoman Empire in 1916), Islamic and Arabic civilisation, and the Jordanian constitution (MoE, 2006).

The Education Act also stresses that the curriculum should concentrate on national standards (Al-Edwan, 2010), one of which is to promote human rights through teaching students to be aware of their own rights and those of others, as well as their valuable role in society. However, these changes are general rather than specific, especially with respect to children with SEN.

The education policy in Jordan aims to achieve a comprehensive change in educational programmes and practices in order to prepare students with the essential positive attitudes needed to succeed in a knowledge-based economy. This is to be achieved through the development of a management system for public schools. A knowledge-based economy contains two kinds of skills: academic and personal management. In the former there are two essential aspects to be developed: communication and thinking (MoE, 2006). The latter requires development of four skills: positive attitudes and behaviours, responsibility, adjustment, and team work (MoE, 2006).

2:5:1 Special education needs

Teaching children with disabilities began in Jordan at the end of the 19th century when most of the early educational services were provided by local churches. These services were provided for those with obvious disabilities (especially for visually impaired and deaf people) rather than educational (Hadidi, 1998).

It took until 1979, however, for the first national survey of people with disabilities to take place in Jordan. More than 18,000 people were identified and this number rose to 55,000 in 1996. The most prevalent categories were physical disability and hearing impairment, 60% and 19% respectively (Hadidi, 1998). This increase can be attributed to the natural additional population and also to the number of injures following the Gulf War and the 'popular uprising' in the West Bank (Turmusani, 1999).

Hadidi (1998) believed that these results were an under-estimate, the main reasons for which were social both because many families refrained from providing accurate information

and because there was no reference made to particular categories, for example, LDs and behaviour disorders, so that many cases of mild disability were excluded. Turmusani (1999) went further when he highlighted that most of these surveys consisted of open-ended questions and that they were most likely to be answered by a family member whose socio-cultural values play a role in defining who is disabled. In fact, cultural perceptions play an important role in the lives of Jordanians, and the possibility of families denying or hiding the disability is high, which raises questions about the accuracy of the survey.

In the 2004 Jordanian census, the total number of people identified with disabilities was 62,986 (Ratrout, 2008). However, there is still considerable doubt that those figures represent the real situation, for example, 8-12% of children enrolled in regular schools have one or more kinds of LDs (UNICEF & NCFA, 2007) - information which did not appear in the formal figures.
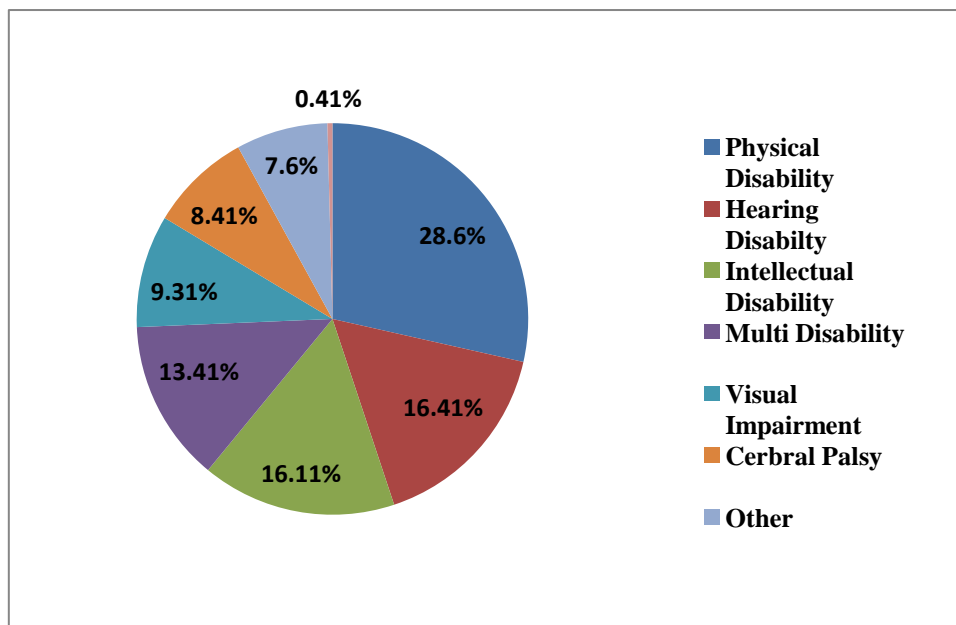
Figure 2.3: Distribution of disability categories in Jordan in 2004 (Source: Ratrout, 2008)

It is apparent in the diagram above that some disabilities have been excluded or merged with others, such as, LDs, autism and language and speech disorders and autism with ID. The 2004 census figures show that the highest percentage of disability was in Amman at 33.75%, whilst the percentage in Zarqa was 16.29% and the lowest percentage was in Tafilah (South Jordan) at 1.33%. Figures also show that 60.6% of disabled people in Jordan were male (DoS, 2008). This can be attributed to the population distribution; the majority of population live in the capital and the big cities where people are more liberal and would respond

truthfully to the census. This is strongly connected to cultural perceptions in conservative society where people feel ashamed of having a disabled child and tend to hide him/her from public eye (Turmusani, 1999; Hadidi, 1998).

Between 1921 and the early 1960s, the MoE focused on non-disabled students and did not pay enough attention to people with disabilities. Voluntary agencies covered up the official lack of service provision for children with SEN during that time, for example, educational services for people with visual impairment in Jordan were offered by Missionaries in the 1930s (Hadidi, 1998).

In 1964, the first institute for people with ID was established by the Swedish Organisation for Individual Relief and an institute for deaf children was opened in 1964 by the Episcopal Church (Hadidi, 1998; AlJabery & Zumberg, 2008). The contribution from Western voluntary organisations actually helped influence attitudes and shape positive responses from the Jordanian government and families (Turmusani, 1999). It should be noted, however, that this participation was commensurate with the dominant practices of that period (the medical view) and most of the support concentrated on establishing residential centres for these children. It can be concluded that the major contribution from involvement by voluntary organisations was that it supported and spread the notion that the responsibility for a disabled child was not just that of the family in a tribal conservative society.

In the late 1970s, there was finally a movement towards research in SEN and teaching of special education. At the University of Jordan, there was some focus on special needs, especially assessment and evaluation of these children, and the first cohort of SEN teachers graduated in 1996 from the University of Jordan. A Jordanian version of the Stanford-Binet Intelligence Scale was created in 1981. During the 1980s and 1990s, many Jordanian versions of different tests were developed, which are used to evaluate students with general and specific LDs (El-Roussan, 1996). This general movement has forced the government to get involved in teaching children with SEN in the MoE schools. The following table shows a list of those tests, Jordanian version, and the target groups.

No.	Test	Original versions	Jordanian versions	Target groups	Target ages
1	Stanford Binet	1972- 4th edition	1981	General LDs	2-18
2	WISC-R.	1974	1981, 1988	General LDs	6.5-16.5
3	Goodenough	1926, 1963	1978	General LDs	4-10
4	McCarthy	1972	1986	General LDs	2-5-8.5
5	Peabody	1959, 1965	1986	General LDs	3-10
6	AMMR, ABS	1969,1975,1981	1981,1983,1993	General LDs	3-12
7	Cain- Levine	1963	1983	General LDs	6-14
8	ITPA	1961,1968	1990	Specific LDs	9-11
9	Pupil Rating	1969	1988	Specific LDs	6-11

Table 2.1: Jordanian versions of general and specific LDs tests (Source: El-Roussan, 1996)

Finally, The Ministry of Social Development (MoSD) was established in 1979 after it was split from the Ministry of Health and Labour. The Queen Alia Fund and the Special Education Directorate in the MoSD played pioneering roles in providing services for children with special needs in Jordan (Hadidi, 1998). The establishment of this Special Education Directorate was the beginning of official governmental involvement with SEN in Jordan.

The 2008 MoSD figures indicated that there were 130 MoSD centres for disabled children in the country. Thirty five centres are administrated by the private sector while the rest are voluntary. These centres serve people with different kinds of disabilities. In the last quarter of 2010, there were 1608 disabled persons in many centres of the MoSD across the country which includes ID, multiple disabilities, hearing impairment and visual impairment (MoSD, 2010). Most of the cases there were severe, and the centres mainly target those who were in need of vocational rehabilitation. In addition, there were 18 centres supervised by international organisations serving more than 500 disabled persons.

In response to the movement towards educating children with SEN alongside their non-disabled peers, in 1982, the MoE asked the United Nations Educational, Scientific and

Cultural Organisation (UNESCO) to develop a plan to identify students with LDs at ordinary schools (Wedell, 1982). The first community-based rehabilitation centre was founded in 1982 which was run by United Nations Relief Agency for Refugees and the British OXFAM agency (Hadidi, 1998; Ratrout, 2008).

The turning point for the provision of SEN services in Jordan was in 1993 when the Law for the Welfare of 'Handicapped' Persons, passed by Jordanian Parliament, shifted the responsibility of educational programmes and diagnosis for people with disabilities from the MoSD to the MoE (Hadidi, 1998; Majali & Fadoul, 2008). As a result of this law, The Supreme Council for People with Disabilities was established in 1993, with responsibilities for policy-making in support of persons with disabilities, a comprehensive national plan to raise awareness and to help with prevention in order to reduce the incidence of disability, and to submit a proposal to amend the legislation related to persons with disabilities (Ratrout, 2008).

As a result, a new Department of Special Education in the MoE was established which aims to:

- Meet the needs of students with special needs.
- Integrate students with special needs into the framework of the ordinary school.
- Improve the efficiency of teachers working with students with special needs (MoE, 2007).

The MoE began to establish resource rooms in the public school system (a room located in the school where children identified by SEN teachers receive special education services using a pull out model where the 'student is pulled out from his or her regular class for a period of time, varying from one to three class period(s) each day' Al-Natour *et al.*, 2008, p.69). In 2008, there were 543 resource rooms serving more than 14,500 students with SEN: LDs, hearing impairment and severe mental retardation (MoE, 2007). At the end of 2010, there were around 690 resource rooms distributed throughout the various directorates of education in the kingdom. Each of these rooms serves 20-25 students. The MoE has also established 4 classrooms to respond to language and speech disorders. In addition to resource room services, the MoE established a remedial education division in 1994 which is responsible for training teachers of children with special educational needs.

The diagnosis section was established in 2000, for the provision of diagnostic services for students, either gifted or with disabilities, as well as educational services after the diagnosis

process, and the development of programs offered. Two specialist sections were also created by the MoE in 2010. In July 2010, the section of sensory impairments and ID was established in the MoE along with a section specialised in gifted children who are categorised in Jordan, as in the American system, as a part of SEN (MoE, 2011). The importance of the first specialist section is that educational services for these categories have been shifted to the MoE from the MoSD in many cases which will contribute to increasing the inclusion rate.

In summary, SEN services in Jordan are provided by many sources:

- The MoE and the MoSD which are responsible for providing educational services by law.
- The UNRWA which provides educational services for non-disabled children and children with SEN in Palestinian refugee camps. UNRWA operates nine special education centres, fifteen resource rooms for students with SpLDs and ten classes for deaf students.
- The Queen Alia Fund for Voluntary Social Work by assisting teachers with training sessions and workshops. It also supports the development of tests for students with SpLDs.
- The Private Sector, including international voluntary organisations, such as, the Swedish Foundation and the American Near East Refugee Aid which works with Iraqi refugees and Jordanian students (AlJabery & Zumberg, 2008) and private schools.

2:5:2 Future challenges

The provision of SEN services in Jordan is relatively recent and still faces several challenges. The most important challenge is still the society's view of disability. Some parents of children with SEN -as will be discussed in the fifth chapter- tend to deny there is any disability and sometimes hide their children from society. The MoSD has not done enough to change this view, despite holding many seminars and workshops. Instead, the focus has been on placing these children, especially those with severe disabilities, in special schools and centres. Jordan has made notable progress in responding to mild disabilities as well as SpLDs where inclusion is becoming well established, but it has not yet responded effectively to children with profound disabilities. Most children with severe and profound disabilities are located in institutions -as mentioned above- which are controlled by the MoSD or the private sector, which minimises the possibility of them being included with their non-disabled peers.

Another challenge is the legislation. The Welfare of 'Handicapped' Persons Law was issued as a provisional law in 1989, was passed by the Jordanian Parliament in 1993, and revised and passed again in 2007. A simple comparison between the two versions shows that little progress has been made (for example the definition of disabled persons is still the same - 'handicapped').

AlJabery and Zumberg (2008, pp.121-122) indicated some challenges with SEN in Jordan:

- Financial: where there is a shortage of funds to deliver services.
- Practices and instructional: most of the centres for students with SEN in Jordan have limited resources which affects their ability to provide proper services. This also applies to teaching methods, early intervention services, assessment and diagnosis.
- Limitation of Information: there is no accurate data on prevalence of disability in Jordan which affects planning of future services.
- Cooperation: there is no proper co-operation between service providers. Although the Supreme Council for People with Disabilities was established in the early 1990s, there is no full control or coordination between service providers.

According to the DoS in 2008, there are around 33,000 children playing truant and working in Jordan, 3,300 of them aged 5-12 years. Poverty is the main cause with the children needing to help their parents, but also the failure of the school system in meeting the learning needs of students with LDs.

There is no doubt that services in the private sector are better than those in the public sector owing to the availability of funding, absence of bureaucratic procedures and the limited number of students per class.

Collectively, SEN in Jordan has made considerable progress, but greater efforts still need to be made, particularly in the provision of funding, public awareness of disability, training teachers during their service and the enactment of new legislation which covers the early childhood period.

2:6 Jordanian culture

Understanding Jordanian culture is a key factor in understanding the way that Jordanians react to and deal with having a disabled child in the family or within society. Ahmed (2007) stated that studying the cultural context is important to understanding disabled individuals' experience. Despite the fact that there is more than one ethnicity in the country, Jordanian society is considered homogenous. This is mainly because Islam and Arabic cultures are dominant. Although some of those ethnicities are not Arab (Kurdish, Circassian, Chechen and Armenian), the minorities integrated well into their new society. Christians of whom there are an estimated 5-8% of the whole population (Metz, 1991) are Arab (excluding the Armenians) and have the same culture perceptions.

The Arabic language is the main language spoken in the country by all Jordanians, regardless of their background or religion. There are three levels to this language: the classical language of Qur'an and all literature developed by jurists about Islamic studies, modern Arabic, and the local dialect (Metz, 1991). The first is mainly used by scholars and theologians, modern Arabic is widely used in books, newspapers and official documents, while dialect is the spoken language. Modern Arabic is used exclusively by educated people. Different dialects are widely spread in Jordan due to both topography and ethnicity. In general, people use dialects which are understood in the same region.

2:6:1 Islam and local culture

Islam is a main constant of Jordanian culture. Around 92% of Jordanians are Sunni Muslim with some small minorities such as Baha'i and Druze (considered as Muslims). Islam was introduced in Transjordan a few years after the death of Prophet Mohammad in 632AD, since when Jordanians have accepted it as the main religion and culture. This fact is supported by the fact that non-Muslim Jordanians, who believe in different religions, accept Islam as their cultural identity -the name Mohammad, for example, has been the most common name in the country for years (DoS, 2011). Islam has five basic pillars: belief in one God (Allah) and his Prophet Mohammad; prayer (five times a day); fasting during the holy month of Ramadan; alms (2.5% when the owned money reached a quorum, and when one year has passed), and pilgrimage to the holy city Mecca at least once in a lifetime. In addition, Muslims have six pillars of faith: faith in Allah and his angels, holy books, prophets, day of judgement, and destiny. In fact, understanding that for Jordanian Muslims, believing in destiny and that everything that takes place can be attributed to Allah's will, is a key factor in understanding

people's reactions and responses to disability and how and why attitudes are formed (Turmusani, 1999).

2:6:2 Islam and disability

Generally, it has been found that religious beliefs help parents to come to terms with having a disabled child in the family (Gray, 2003; Crabtree, 2007). Islam is no exception to this rule. Islam does not see disability as a barrier to total social inclusion. On the contrary, Islam urges Muslims to deal with all people equally regardless of their race, colour, language or gender. Indeed, this is the essence of Islam which aims to guide people to obey God's will rather than others. Holy Qur'an stated that all people were created from one person and there is no difference between them: 'O people, I have created you from male and female and made you into nations and tribes so that the sight of God that God knows expert' (Qur'an, 49; 13). Moreover, Islam does not pay any attention to physical appearance. Rather, piety is more important than any other characteristic (Hasnain *et al.*, 2008). For example, Prophet Mohammad says: 'Verily Allah does not look to your bodies nor to your faces but He looks to your hearts' (Imam Muslim, 1987, 32: 6220). However, Turmusani in 1998 suggests that some verses in the Qur'an and Hadith (the Prophet Mohammad's sayings and actions) indicate some discrimination and negative attitudes towards disabled people (see Turmusani, 1999). In an apparent example, the Qur'an describes those who do not understand and/or obey Islamic rules as disabled and animals. The Qur'an states that 'Surely the vilest of animals, in Allah's sight, are the deaf, the dumb, who do not understand' (8, 22).

Disabilities, especially sensory impairments (visual and hearing impairments), were mentioned in the Qur'an several times. Qur'an has used words such as lame, blind and deaf to describe people with disabilities without any intention to stigmatise them. In fact, Islam sees disability as a part of the human condition rather than a blessing or a curse (Bazna & Hatab, 2005; Hasnain *et al.*, 2008; Crabtree, 2007). In practice, many current Muslims including Jordanians perceive disability as a punishment (e.g. Hadidi, 1998; Hasnain *et al.*, 2008; Crabtree, 2007). This is a tangible example of confusion between formal religion and local cultural perceptions. The danger of this is that many parents develop negative attitudes, resulting in some challenging practices in responding to the needs of their disabled children, particularly in rural areas (Crabtree, 2007; Turmusani, 1999). Islam, in its purest form, however, is closer to the social model of disability where that disability is seen as a barrier created by society.

To respond to the historical attitude of neglecting and devaluing people with disability, the Prophet Mohammad gave vivid examples of the importance of socially integrating disabled people with the newly emerging Islamic society. In one obvious example, he urged visually impaired people in the early Islamic state to participate with other people praying in the mosque, rather than alone at home. Another example is that the Prophet Mohammad used to appoint a blind man as deputy governor of Medina when he was out of town. It should be noted, however, that all religious duties are required by disabled people as well as non-disabled people according to their abilities.

2:6:3 Disability and local culture

Believing in destiny, fate or 'Qadar' is one of the most significant Islamic traditions for Jordanians. As mentioned above, faith in Qadar is one of the six pillars of faith in Islam in which every Muslim has to believe. 'Qada'a and Qadar' mean that all Muslims should believe that 'what was meant to be will be, and what was not meant to happen does not occur' (Hasnain *et al.*, 2008; p.32). Specifically, a Muslim believes that all his/her actions were written by Allah in the past before he/she was born. However, Muslims do not see any contradiction between believing in Qadar and their freedom, as they have been urged by the Prophet to participate positively in this world (Hasnain *et al.*, 2008), as all their actions and all their activities are being chosen within the big circle of Qadar.

Understanding the concept of fate is vital to understanding attitudes towards disability in Jordan. People who have a disabled child are most likely to attribute it to Allah's will. As Jordanian society is generally religious, religious explanations of disability are widely accepted (Crabtree, 2007). In light of this, it is common to attribute having a disabled child as a punishment of God, the evil eye (Hadidi, 1998; Ahmed, 2007) or a fate that has to be accepted as a kind of submission to God's will. These beliefs reflect a lack of information about disability and required support and there is an overlap between Islam and local cultural perceptions. The danger of this is that families, and especially parents, are likely to respond negatively to their disabled child and his/her needs. In Jordan's case, hiding the disabled child still exists despite the many changes that have happened in the last two decades (see Hadidi, 1998). This practice is likely to be higher in rural areas and for those children with more obvious disabilities.

Although medical diagnosis is widely available, parents who are surprised at having a child with disability resort to religious values to understand the disability. This is not

surprising as in Middle Eastern societies, religious values are considered the main factor in individuals' lives (Turmusani, 2001). Parents' reactions may well involve not doing anything about the disability, dealing with it as God's will (Ghaly, 2008; Turmusani, 2001), or seeing it as a curse on the family. In both cases, the child is the direct victim. As a result of the huge overlap and contradiction between cultural perspectives and religious values (Ghaly, 2008), many families tend to use Islam for their benefit when they are dealing with a problem rather than take into account real causes. On the one hand, some parents accept this as God's will, and on the other, they refuse treatment or education by denying the disability.

Hasnain *et al.* (2008) indicated two cultural attitudes towards disability in the Islamic world; conservative and liberal. In the latter, families of children with disabilities attribute disability to genetic disorders or other related factors (physical or physiological) rather than religious factors. In responding to the situation, parents who hold this view are more likely to seek help and not hide the disability from others. In the conservative view, on the other hand, parents are more likely to attribute the disability to factors that are far from reality (e.g. a curse or punishment for things done in the past). Based on this thought process, parents tend to experience social embarrassment about the child and to hide it, which causes loss of many opportunities to teach these children (see Hasnain *et al.*, 2008; Hadidi, 1998; Turmusani, 1999).

Finally, it is important to point out the female position in Jordanian culture in order to examine the differences between genders in their views of disability. Islam has improved the position of woman, giving them a more important role in society in comparison to the way they were dealt with before Islam. At the time when Islam emerged around 1400 years ago in Mecca, locals used to kill their female children when they were young. Islam banned this practice, and the Qur'an states that: 'hence, do not kill your children for fear of poverty: it is we who shall provide sustenance for them as well as you. Verily, killing them is a great sin' (17, 31). It should be noted, however, that women's position in Islam is still widely criticised by contemporary writers, especially in the West, owing to issues such as belief in male superiority, polygamy, advantage in inheritance, and women's right to participate in economic and political activities (see Turmusani, 2001).

Jordanian women have gained some improvement in their position compared to other Islamic countries (e.g. Saudi Arabia where women are not allowed to drive or interact with men) but family restrictions still apply, especially in the areas of work and control of their

income (Sonbol, 2003). In some cities and rural areas in Jordan, the traditional views of keeping women at home, covering their faces and arranged marriages still exist (Turmusani, 1999; Sonbol, 2003). Cultural perceptions are different from those in the Western World, for example, even liberal Jordanians do not allow their daughters to live on their own before getting married unless they are studying away from home.

This confusion between pure/formal Islam and cultural or informal perceptions of the meaning of Islam means that the situation for disabled women is sometimes worse than for men in terms of prejudice so much so that the sisters of disabled people are also stigmatised by others (see Crabtree, 2007; Turmusani, 1999). Turmusani (1999) indicated that disabled women in Jordan, especially those with ID, are viewed as a constant burden on the family. Families in Jordan suffer this burden in many areas. Firstly, the financial situation where some cases requires extra medical care or treatment. Secondly, the effect on siblings of having a disabled woman in the family which can reduce their chances of finding a proper husband for fear of transmission of genetic disorders (Crabtree, 2007). Finally, as Turmusani (1999) concluded, the main concern of the family is the honour of the family rather than concern about the disabled child herself. In addition, as disabled people in Jordan have less opportunity to get married than their non-disabled peers, disabled women have even less possibilities of marriage than their male counterparts (Turmusani, 2001; Asch & Fine, 1988). Thus, the issue of gender compounds discrimination towards disabled.

2:7 Conclusion

In this chapter, I have presented a picture of the Jordanian context in two sections. Firstly, Jordanian history was presented aiming to provide a clear understanding of the establishment of the Jordanian state and the emergence of education in the country. Secondly, a clear picture of the indigenous culture in Jordan was provided. In both sections, my main aim was to set the scene for my study by introducing the educational system and its components.

Jordan was a target of several waves of immigrants escaping political persecution and wars. As 'Transjordan' was a part of the Ottoman Empire for hundreds of years, moving within parts of the Empire was relatively easy for those immigrants. It began from Russia where Circassian and Chechnyans escaped from the wars at the end of the 19th century. Those immigrants brought their cultural values, social traditions and habits to the new society and swiftly integrated in it. It can be argued here that immigrants brought about most new developments in Jordan, whilst the vast majority of TransJordanians were nomads. It was those immigrants who were to lead the education process in the country (owing to their socio-economic status) and push for changes in society.

Islam still plays an important role in Jordan alongside Christianity (the two main religions in the kingdom). Introducing religious values was vital to understanding how people in Jordan (including parents and teachers) understand disability. On one hand, traditional Jordanian culture cultivates communal support for the vulnerable. People are brought up with the notion that it is a delight to assist others, and that there is no maximum to good deeds. Thus, in general, the Jordanians are ready to give a helping hand to the disabled people. On the other hand, it appears that there is a deliberate confusion between formal Islam and local cultural values where religion is used to support parents' opinions when it is convenient. Contrary to expectations, formal Islam has a positive view of disabled people and supports the idea of equality in society.

Negative practices towards disabled people, perpetrated in the name of Islam, have been compounded for disabled women who face blatant discrimination, especially from males in the family. Most of these practices are blamed on or attributed to religion or honour, but it is cultural perspectives that play the crucial role in 'protecting' women in the family. Thus, these practices tend to lead to early school drop-out of young females and in some cases exclusion of them from resource rooms where they should benefit from SEN services in their schools.

Third Chapter- Review of Literature

3.1 Introduction

In this chapter, I review the literature related to this study, taking into account the three themes that emerged from the data analysis process: attitudes towards children with SEN in Jordanian schools, difficulties facing SEN teachers and differences in the provision of services between public and private schools.

Furthermore, I contextualise my study within the existing literature so as to map my work on framing attitudes, providing services and dealing with obstacles relating to provision of services in schools. I also identify and attempt to bridge the gaps in this knowledge which, broadly speaking, are attitudes towards children with SEN, difficulties facing SEN teachers responding to disability and services between private and public schools. Some of the material used in this chapter is dated, yet it is still relevant, however, because these studies supply critical historical perspectives and there is a shortage of SEN studies in English in Jordan. Some studies carried out in Jordan and written in Arabic have also been used to provide a more comprehensive review of the literature. I mainly I concentrated on Western studies for two major reasons. Firstly, most of these studies are up to date and published in well-known journals. Secondly, access to some studies and journals in Arabic and especially in Jordan was limited and even impossible in some cases.

This chapter is divided into two main sections. First, I introduce SEN and disability and the difference between them, learning difficulties (general and specific), developments in the field of LDs, and then the Warnock Report and the introduction of inclusion in Jordanian schools. I also discuss in depth teachers' ability to identify children with SEN in schools at an early age - this appears to be strongly associated with the attitudes and difficulties that SEN teachers face.

Second, I review research that I hope will give the reader a clear picture of teachers' perspectives on inclusion, responding to parents and understanding their perspectives on working with children with LDs. Most of these studies were carried out in the West, where, it is assumed that SEN services are more developed than in Jordan for various reasons.

3.2 Disability and special educational needs

For some time now, there has been some confusion between the terms disability and SEN (Hodkinson & Vickerman, 2009). In England, both are often used interchangeably, without justification, while 'disability' is more common in other countries around the world (Keil *et al.*, 2006). In general, the term 'SEN' is used more in England and Wales due to legislative frameworks where children with SEN receive statements and social legislative support (Department for Education and Skills, 2001). In England, the term SEN was coined by The Warnock Committee in 1978. The term is used to refer to those learning difficulties of a child -under the age of 19 and registered at a school -which call for special education provision to be made (Hodkinson & Vickerman, 2009). Based on the Warnock Report, the educational needs of the children are more important and have priority over the concentration on his/her disability itself (Hodkinson & Vickerman, 2009). Recently, the England and Wales legislation framework has defined SEN as including all children who have barriers to education compared to their counterparts (the legal definition of 'SEN' will be explained below). In Scotland, SEN is called 'additional support for learning' and this support was enshrined in law in 2004, with the passing of the Additional Support for Learning Act, amended in 2009.

In England, a disabled person, as defined by the Equality Act of 2010, which replaced previous acts, is 'someone with a physical or mental impairment which has a substantial and long-term adverse impact on their ability to carry out normal day-to-day activities' (Office for Disability Issues, 2011, p.6). This definition includes learning difficulties and people with 'hidden disabilities' such as dyslexia and mental health problems. As stated previously, there is a great deal of confusion between the two terms. In the literature, the term 'disability' is included under the umbrella term of 'SEN' (Keil *et al.*, 2006). In addition, there is considerable confusion between special educational needs and special needs. According to Hodkinson & Vickerman (2009), special needs may relate to any student at any time in their school career (as in the case of having emotional difficulties not normally experienced by his peers) and more importantly that special needs are not necessarily a barrier to learning. In other words, special needs refer to personal concerns that might affect the child and ultimately lead to SEN.

Similarly, there is also confusion between learning difficulties and disabilities. The latter is used widely, in the United States and other countries, including Jordan, to indicate SpLDs

specifically. This study will use the terms: SEN, LDs and specific learning difficulties (SpLDs) to indicate the difficulties that children face in Jordanian KG and schools.

3.3 Learning difficulties: development of conceptual definitions

3.3.1 Historical context

Several terms have been utilised to describe children with LDs over the years. Addressing developmental issues associated with LDs as a term took a long time to be created. Several studies have looked at children with LDs over decades. Early studies in the United Kingdom (UK) paid more attention to those unable to read or write, despite having social competence, social skills and average intellectual ability. Professionals noted that there are some students who are not deaf, not blind and not intellectually disabled, but who are not able to be taught under ordinary school conditions. This was also the key to defining learning disabilities in the United States of America (USA) for first time (Hallahan & Monck, 2006; Wong *et al.*, 2008).

Isolated efforts by early pioneers, such as Mary Dendy and Maria Montessori, were important but not sufficient to break through and achieve some progress. The breakthrough came near the end of the 19th Century when a British ophthalmologist, James Hinshelwood, published, in Glasgow, a series of papers describing acquired cases of what he referred to as 'word and letter blindness'. Between 1900 and 1907, Hinshelwood wrote two reports which were focused on case studies of two boys with 'word blindness' and their families (Beaton, 2004).

Pringle Morgan, a follower of Hinshelwood's work, reported in 1896 a 14 year old child who seemed to have 'word blindness' from birth. In spite of all the attempts made by his teachers to assist him, the child still had great difficulty in reading and spelling. Morgan wrote describing his performance: 'the schoolmaster who has taught him for some years says that he would be the smartest lad in the school, if the instruction were entirely oral' (Beaton, 2004, p.13). Morgan's work was continued by Goldstein, who was one of the earliest physicians to study LDs. As a director of a hospital for soldiers who sustained head injuries during World War I, Goldstein noted that troops with head injuries exhibited some behaviours including: hyperactivity, confusion with figure-ground perception (inability to concentrate on the most important visual stimuli) and concrete thinking (Wong *et al.*, 2008). Goldstein's work is considered the first attempt to interpret and understand the SpLDs. Wong

et al. (2008) indicated that in the late 1930s, two parallel strands of clinical and research interests emerged which left their mark on intervention and remediation in children with LDs. One strand focused on cognitive abilities, which are presumed to be necessary to success in academic tasks. The other strand focused on auditory and language processes and focused more specifically on reading.

More studies carried on after the World War II. In an early study on general LDs, Strauss and Werner in 1947 (Wong *et al.*, 2008; Mash, 2003) divided American children in their training school into two groups: the first group consisted of those with intellectual impairment resulting from brain injury (brain damage resulting from physical trauma occurring after birth), and the second group possessed familial intellectual impairment (referred by Strauss and Werner as endogenous mental retardation). They found that children with intellectual impairment resulting from brain injury demonstrated more indiscriminate reactions to stimulus (auditory and visual) and also tended to be more impulsive and socially unacceptable. These findings led them to conclude that intellectual impairment is not a homogenous group (Wong *et al.*, 2008). This was pivotal in opening the door to study different types of intellectual impairment, its causes and the ability to classify it. In fact, their contribution in this field inspired other researchers to study their characteristics in depth and recommend some educational alternatives.

The work of Strauss and Werner was continued by William Cruickshank, who focused his research on a different type of disability (cerebral palsy) (Wong *et al.*, 2008). He noted that children with cerebral palsy exhibit the same characteristics as children with intellectual impairment resulting from brain injury. He found that children with cerebral palsy showed more indiscriminate reactions to background in figure-ground perception studies than children without cerebral palsy. As a result, Cruickshank recommended that the education of students with cerebral palsy should be in distraction free environments (Swanson *et al.*, 2006). In fact, Cruickshank's work was the key to diagnosing students with LDs and Attention Deficit Hyperactivity Disorder (ADHD) (Hallahan & Monck, 2006).

Another important contribution to the LDs field was presented by Samuel Orton who conducted a clinical study of 14 students referred for reading problems, most of them with an average IQ or above. His findings led him to hypothesise that IQ scores do not always accurately reflect students' intellectual ability (Hallahan & Monck, 2006) in situations where children with average IQ face a great deal of learning problems. In fact, that was the root of

excluding the IQ testing from defining LDs in the 1960s and contributed to more research on this area, which led to the emergence of the term 'learning disability' for the first time. Samuel Kirk was strongly influenced by Orton's work and provided a huge contribution to this field. During his work at the University of Illinois, Kirk wanted to develop an assessment tool that would not only diagnose problems, but would also lead to treatment (Hallahan & Monck, 2006). In 1963, Kirk and McCarthy developed the Illinois Test of Psycholinguistic Abilities (ITPA) that later became one of the most famous tests to diagnose SpLDs around the world (Wong *et al.*, 2008; Hallahan & Monck, 2006; Compton, 1980).

In addition, Kirk suggested the term 'learning disability' for the first time when addressing parents at the Conference on the Exploration into Problems of Perceptually 'Handicapped' Children in Chicago (Hallahan & Monck, 2006). The term appeared in print in Educating Exceptional Children in 1962. Kirk defined learning disabilities, excluding IQ from the definition for the first time whilst new terms were entered, as the following:

> 'a retardation, disorder or delayed development in one or more of the processes of speech, language, reading, writing, arithmetic or other school subject resulting from a psychological handicap caused by possible cerebral dysfunction and/or emotional or behavioural disturbances. It is not the result of mental retardation, sensory deprivation or cultural or instructional factors' (Hallahan & Monck, 2006, p.22).

Thus, the term 'learning disabilities (difficulties)' has its roots firmly planted in both the area of emotional disorders, particularly in the area of what was previously described as 'mental retardation', as well as behavioural problems. This new term faced criticism in that period, especially from educational professionals who were not prepared to accept the challenge of this new area of 'exceptionality' (Hallahan & Kauffman, 1976). In the 1960s, other attempts tried to define learning disabilities using Kirk's definition. A former student of Kirk, Barbara Bateman, entered the discrepancy between intellectual abilities and low academic achievement (performance) as a major norm to define LDs (Hallahan & Monck, 2006). The developments in the field of LDs mentioned above stimulated more government involvement in Western countries. For example, in the USA, during the 1960s and 1970s, the Federal Government began to pay more attention to children with LDs. In 1968, the Government officially adopted the term 'learning disability' to focus on the gap between achievement and IQ and excluded sensory deprivation and/or environmentally produced serious emotional disturbance.

In the UK, there were eleven categories of SEN classified by the Education Act 1944. This classification included: blind, partially-sighted, delicate, diabetic, deaf, partially-deaf, educationally subnormal, physically 'handicapped', maladjusted, epileptic and those with speech defects (Dockrell & McShane, 1992). The Warnock Report responded to developments in the field and the emergence of the social model of disability by recommending that the old classification should be abolished, and that children with SEN should be identified on the basis of their needs, following assessment. In addition, the term 'learning difficulties' was introduced for the first time by the committee to describe both those children who used to be categorised as educationally sub-normal and those with educational difficulties (see Dockrell & McShane, 1992). Since then, British literature tends to use the terms general LDs and specific LDs rather than educationally sub-normal or intellectual impairment.

Thus, the Warnock Report defines LDs as follows:

'The child has a learning difficulty if:

- he/she has a significantly greater difficulty in learning than the majority of children of his age
- or has a disability which either prevents or hinders him from making use of educational facilities of a kind generally provided for children of his age in schools within the area of the local education authority' (Department for Education & Skills, 2001, p.7).

The report suggested that LDs should be described as mild, moderate or severe, and that only the child with particular difficulties should be described as having SpLDs (Warnock, 1978; Dockrell & McShane, 1992). This paved the way for a debate on assessment and more importantly on finding appropriate educational alternatives (e.g. Education Act 1981 and issuing White and Green Papers, 2001 & 2011 respectively). It is important to remember that students do not have LDs just because they are experiencing difficulties at school as a direct result of their background or because English is not their first language (Drifte, 2001).

The rest of the world use either 'learning difficulties' or 'learning disabilities'. In their study of LDs in Hong Kong, Leung *et al.* (2007, p.328) defined LDs as 'general difficulties in meeting school demands'. They include: sensory and physical disabilities (visual and hearing), motor disability, ID, emotional problems, cultural disadvantages and SpLDs. In Jordan, in academic language, the term 'learning disabilities' is utilised for describing

SpLDs, whilst intellectual impairment refers to general LDs. The law, however, is less specific, with the Welfare of Disabled Persons Law (1993 & 2007) defining a disabled person as:

> Any person with a permanent, partial or total impairment in any of his senses or physical, psychological or mental abilities, to the extent that the ability to learn, to be rehabilitated, or to work, is limited in a way which renders him/her short of fulfilling his/her normal daily requirements in circumstances similar to those of able-bodied persons (Ratrout, 2008, p.3).

The definition used in the UK highlights the needs of the students and states all the necessary special provision. On the other hand, Jordan's definition does not indicate any special provision of assistance. This shortage of commitment towards making the required provision can lead to frustration on the part of parents, SEN teachers, head teachers and students. However, both systems take indirectly into account different types of LDs.

Term	Definition	Source
Disability	is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others, due to physical and social barriers	Siminski, 2003, p.708
Disabled Person	someone with a physical or mental impairment which has a substantial and long-term adverse impact on their ability to carry out normal day-to-day activities	Office for Disability Issues, 2011, p.6
Learning Difficulties	The child has a learning difficulty if: - he/she has a significantly greater difficulty in learning than the majority of children of his age - or has a disability which either prevents or hinders him from making use of educational facilities of a kind generally provided for children of his age in schools within the area of the local education authority'	Department for Education & Skills, 2001, p.7
Intellectual Disability	Intellectual disability is characterised by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This disability originates before age 18	Schalock *et al.*, 2007, p.118
Impairment	Functional limitation within the individual, caused by physical, mental or sensory impairment.	Siminski, 2003, p.708

Table 3:1 Some definitions of terms related to SEN field

3.4 General learning difficulties & specific learning difficulties

As stated earlier, LDs have been defined in various ways through the last five decades whilst researchers took several factors into account. According to the Warnock Report (1978), this difficulty might be specific, i.e. reading, writing, mathematics or spelling, or it can be general, where learning is slower than a typical child across a range of tasks (Warnock, 1978; Dockrell & McShane, 1992). It is critical to address the differences between the two terms (types) as they appear confusing for some researchers and teachers. In addition, identifying differences can assist in concentrating on specific areas of the disability related to the subject of this research.

3.4.1 General learning difficulties

General learning difficulties (which are referred to in countries other than the UK, including Jordan, as intellectual impairment, developmental delay or intellectual disability) might be defined as difficulties that cause development problems for children. For some children, these problems only become evident when they join school and their performance is compared to their peers (Dockrell & McShane, 1992). For example, in the USA, the American Association on 'Mental Retardation' (AAMR) has presented gradual definitions of intellectual impairment over last six decades. In one definition of intellectual impairment, Heber in 1959 described it as 'sub-average' general intellectual functioning which originates during the developmental period (0-16) (El-Roussan, 1996). Grossman in 1973 and 1983 added adaptive behaviour to the definition and extended the developmental period to 18 years old (Schalock *et al.*, 2007). It can be seen that both definitions responded positively to the popularity of intelligence quotient (IQ) tests in those days and the entrance of social adaptive skills was limited.

In 2002, the American Association on Intellectual and Developmental Disabilities (AAIDD), (formerly AAMR) suggested that people with intellectual impairment should be called people with ID (Schalock *et al.*, 2007; Schalock & Luckasson, 2005). The new definition of ID is as follows: 'Intellectual disability is characterised by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This disability originates before age 18' (Schalock *et al.*, 2007, p.118). The child's IQ score was one of the fundamental criteria used over many years to identify general LDs. The intelligence tests tend to compare the mental age of a child against his/her chronological age using the following formula: IQ score= (mental age/ chronological age) X 100%. In this formula, chronological age refers to actual age of the child whilst

mental age refers to the developmental phase that the child has reached in comparison to his peers (same age and cultural group) (see Gates & Wilberforce, 2003).

Early definitions of intellectual impairment by AAMR included children with IQ scores at least two standard deviations below the mean of the population (Less than 70). However, IQ tests failed to identify the precise nature of the difficulty (Dockrell & McShane, 1992). In addition, IQ tests have been built on different definitions of intelligence (e.g. Binet defined intelligence as a general intellectual ability, while Wechsler defined it as depending on verbal and non-verbal abilities) that have appeared in many tests, such as Stanford-Binet, Wechsler, Goodenough-Harris Drawing Test and McCarthy Scale of Children's Abilities. Regardless of these different views of the exact nature of intelligence, IQ scores do not seem to be able to explain general difficulty, nor to determine the appropriate educational place for children with general LDs.

El-Roussan (1996) asserted a new approach in diagnosing general LDs and intellectual impairment, which includes several dimensions: medical, psychometric (intellectual abilities), social and educational. Medical tests for children at risk of general LDs are normally applied after birth (e.g. Apgar: devised by Virginia Apgar in 1952 covering five dimensions and with a scale of 1-3) or during a later phase, as in Phenylketonuria. Since the development of the Stanford-Binet test in 1916, psychometric tests have played an important role in identifying children with general LDs. Tests such as Stanford-Binet and Wechsler are used as a means of identifying children with general LDs. In the 1970s, a new dimension was added by AAMR. Social competence became a basic element in writing the final report of the child's profile Adaptive Behaviour Scale. Finally, educational tests were developed in the late 1970s at Michigan University, focusing on reading, writing and maths dimensions.

Dockrell and McShane (1992) pointed out that there is no consensus on which term should be used to describe students experiencing general LDs. They indicated that children with general LDs might be classified in three different ways: IQ score, aetiology and curricular requirements. They argued that the IQ score gives the upper and lower limit to the types of SEN which a child might experience. They concluded that this range can be affected by environmental conditions. Furthermore, they described the benefit of using aetiology, in the sense that it provides important details about similarities and differences across the range of LDs.

According to the SEN Code of Practice, which was issued by the Department for Education and Skills in the UK, general LDs may appear in the following ways (Frederickson & Cline, 2002, p.233):

- Low levels of achievement in all forms of assessment;
- Difficulty in acquiring skills (notably literacy and numeracy) on which much other learning in school depends;
- Difficulty in dealing with abstract ideas and generalising from experience;
- Little or no progress, despite involvement in the nursery curriculum;
- A range of associated difficulties, notably in speech and language (particularly for younger children) and in social and emotional development.

However, there is no consensus regarding the classification of general LDs. For example it might be classified in terms of:

- External forms, such as Down's syndrome, Phenylketonuria, cretinism, macrocephaly (large headedness) and microcephaly (small headedness).
- IQ: mild (85-70), moderate (70-55), severe (55-40) and profound (below 40).
- Hearing or visual loss.

The Warnock Committee divided general LDs into three categories:

- Mild learning difficulties: students with mild LDs have low achievement at school. They can be helped to follow the normal curriculum. Some of them may even not be recognised as their social adaptation is well (British Institute of LDs, 2005).
- Moderate learning difficulties: the Warnock Committee included children who used to be called educationally subnormal under this category.
- Severe learning difficulties: the Warnock Report used severe LDs to describe children with a 'mental handicap' (Warnock, 1978; British Institute of LDs, 2005).

However, some studies have shown that students with general LDs are able to be taught at ordinary schools. Porter (2000) found strong evidence that even those students about whom teachers expressed the most concern were making gains in mathematics. She argued that the inclusion of students with severe LDs in the numeracy strategy should be given urgent consideration. Bochner *et al.* (2001) found that children with Down's syndrome (DS) were

able to learn reading and writing. Their results showed that children in integrated school situations achieved advanced levels of reading and language skills. This translated into a positive correlation with the age groups.

3.4.2 Specific learning difficulties

The Warnock Report describes children with some academic difficulties, such as reading, writing and spelling, as children with SpLDs. However, SpLDs have seen many definitions, which has sent confused message to parents, teachers and even professionals (Prior, 1996). Using different terms such as learning disabilities, learning difficulties, SpLDs, intellectual impairment and ID has led to considerable confusion and a lack of full understanding by parents and teachers. Part of this confusion is due to the fact that SpLDs cannot be explained by lack of intellectual ability from deficient schooling (Prior, 1996). In addition, as the term SpLDs concentrates on academic skills, it does not have meaning in countries or societies where children do not receive formal education or SEN services are poor. Some studies indicated that there is confusion in explaining the SpLDs. For example, Ayers (2006) indicated that boys are identified with SpLDs more often than girls, which she explained by biological factors, or cultural ones, in societies where higher academic performance is expected from males than from females.

The first definition of SpLDs was suggested by Kirk in 1962. This definition excluded sensory or physical impairments, intellectual impairment and the effect of environmental, cultural and socio-economic disadvantages. Kirk (1971) focused on the basic psychological processes involved in understanding and using spoken and written language. During the 1960s and 1970s, various definitions of SpLDs appeared such as: Kirk (1962), Bateman (1965), National Advisory Committee on 'Handicapped' Children (1968), Kass & Myklebust (1969), Wepman *et al.*, (1975) and The USA Office of Education in 1975 & 1977 (El-Roussan, 1996). Most of these definitions focused on the gap between actual intellectual ability and academic performance and achievement. The National Joint Committee of Learning Disabilities in the USA presented a new definition in 1988, which contains a heterogeneous group of disorders, and states that difficulties could occur across the life span (Pumfrey & Reason, 1992).

There are different types of SpLDs, including:

- Dyslexia (difficulty in reading and spelling).
- Dysgraphia (difficulty in writing).

- Dyscalculia (difficulty in mathematics).
- Dyspraxia (difficulty in fine motor skills).
- Dysnomia (difficulty in remembering names or recalling words).

Dyslexia is the most common type of SpLDs. However, it has been defined in many ways and has different identification criteria. Most of these definitions indicate that dyslexia is a reading difficulty and it is not a result of low intellectual ability (Ayers, 2006) and also is not due to sensory disability (hearing or visual impairment), poor learning opportunities or inadequate teaching. Researchers have counted many factors which could be associated with dyslexia, including poor phonological awareness, weakness in visual skills, poor learning style and heredity (family and twins studies) (Ayers, 2006). Associated with SpLDs, there are some common behavioural problems such as Attention Deficit Hyperactivity Disorder and Attention Deficit Disorder (ADD). According to Larry and Silver (2008, n.p): 'students with LD have a neurologically-based processing problem that interferes with the ability to master specific learning skills. Between 30-50 per cent of children with LD will also have ADHD, and the reverse is also true; between 30-50% of children with ADHD will also have LDs, so it is advisable to look for both possibilities'.

However, preschool children show some signs of ADHD when they experience difficulties in paying attention, or directing their behaviour, and exhibit some behavioural difficulties such as distractibility and/or impulsivity.

There are two types of developmental LDs:

(i) Initial (primary) developmental LDs refer to attention, perception and memory. Attention is the first cognitive process used by a child when he or she responds to any stimulus. The child deals with many stimuli at the same time using his or her sensory organs, but will not be able to deal with them all. Attention helps the child to choose the important stimulus and ignore others which make the perception possible. Dennis *et al.* (2008, p.673) stated that attention is unobservable and 'based on inferences about how an individual perceives, thinks and acts'. Westwood (2004, p.138) reviewed several studies by Detterman *et al.*, (2000) and Taylor *et al.* (1995) which have shown that there is a strong association between attention and learning.

More often than not, children with development ID find it difficult to focus on the relevant stimulus. In other words, without the ability to select the proper stimulus, such children

would fail to learn or even to remember the task. Dockrell and McShane (1992) suggested that prior experience may have also an effect on the attention given to the new information. This explains the poor attention levels of children with developmental ID. These children have limited prior experience relevant to classroom tasks, so their attention is not discriminatory, but accidental (Westwood, 2004).

Alzyout (2005) studied the effectiveness of a behavioural program to improve the attention of children with mild intellectual impairment, who were enrolled in special education centres in Amman, Jordan. The new programme depended on four strategies: feedback, positive reinforcement, response rate and organisation of the classroom environment. He found that the attention of children with mild general LDs increased after the programme, compared with the experimental group. Perhaps, the best way to overcome random attention is to provide the child with more experiences and help him or her gain more success. Furthermore, Richards *et al.* (1995) found that problems with paying attention were the component of externalising behavioural problems, and that inattentive students have difficulty achieving in an intensive learning environment.

Perception is the second part of initial developmental ID, and it is strongly connected to attention. Perception could be defined as a process of organising and interpreting the information which comes through the sensory world, based on prior knowledge (Rookes & Wilson, 2000). It normally consists of the following: organising, interpreting, coding, analysis and storage. Coupe-O'Kane *et al.* (1986) pointed out that perception, cognition and action are linked to each other and each one depends on the development of the others. Children with general LDs also have poor memory, and scan the information present in working memory more slowly than their peers (Dockrell & McShane, 1992). Most children with general LDs face difficulties with their memory which may take the form of taking more time to complete tasks, difficulty in generalising what they have learned, difficulty in remembering new information and difficulty in storing information in long-term memory (Westwood, 2004; Dockrell & McShane, 1992).

(ii) Secondary developmental LDs refer to thinking and oral language. As a result of initial developmental LDs, secondary developmental LDs will occur in children who suffer from LDs. Drifte (2001) referred to some of the features of secondary LDs, such as difficulty in acquiring skills in speech and language, literacy, dealing with abstract ideas, and generalising concepts from prior knowledge. Children with severe problems in learning will usually be

identified before they join the school, while the less apparent difficulties will not appear until a later stage, after they have joined the school and start interacting with peers (Frederickson & Cline, 2002).

3.4.3 Classifications of general learning difficulties

The importance of classifying the severity of general LDs is crucial in determining the placement of those children in the appropriate educational establishment. Since the Education Act of 1944, the categorising of children with general LDs in the UK acquired more importance in concentrating on the ability of teaching those children in schools (ordinary and special). The importance of classification in my study is that it serves as a protector against stigmatisation by allowing children to join different types of schools and that it is a way of concentrating on available learning options rather than the disability itself. In order to classify general LDs, I have taken into my account some important issues. First of all, there is no agreement on the definition of general LDs and more definitions are always being developed. Secondly, UK legislation addressing the issue of LDs includes all children with SEN as having LDs (Warnock, 1978). This means that the child who has sensory disability, ID or motor difficulty, will be considered as having LDs (Norwich & Kelly, 2005).

In an attempt to set up a new conceptual framework for SEN, the Warnock Committee established a wide-ranging umbrella term, 'learning difficulties' which could simply include all the difficulties that the child would face. This could be interpreted as an assumption on Warnock's part that all children attempt to achieve the same targets at school, in terms of independence, enjoyment and understanding (Warnock, 2005).

In actively seeking to introduce inclusion as an official policy, the Warnock Committee placed all children with sensory and intellectual difficulties in one category. When the Code of Practice was issued, all eight areas of SEN were classified into new categories in order to be used in the formulation of statements. Those categories were: difficulties, conditions, impairments and disabilities. General LDs was at the top of the first category with SpLDs, emotional and behavioural difficulties and speech and language difficulties. Impairments were categorised as visual and hearing impairment, medical conditions were categorised alone, while physical disabilities kept the term 'disability' (Florian & McLaughlin, 2008).

It appears difficult, then, to classify or categorise general LDs. I intend to blend more than one approach in order to clarify many issues during this process. First of all, I will

concentrate on the UK's categorisation of learning difficulties. The Warnock Report went on to divide children with general LDs into three categories:

(I) Mild LDs: children with mild LDs are considered as the largest proportion of children with LDs (Warnock, 1978). Traditionally, mild LDs refer to those children who used to be described as slow or 'dull learners' (Dockrell & McShane, 1992). When Warnock conceptualised SEN in Great Britain, mild LDs were moved from the categories of 'educable' and 'mentally handicapped', to 'general learning difficulties'. The Warnock Committee (1978) argued that mild LDs should be placed in ordinary schools within the normal curriculum. With the provision of SEN services, children with mild LDs can successfully follow the normal curriculum as well as their non-LDs peers.

(II) Moderate LDs: in the second part of its classification, the Warnock Report refers to those children who used to be classified as 'educationally subnormal'. When the report came out, children with moderate LDs were the largest group of children in special schools (Warnock, 1978). As well as a recommendation of further research on these children, the Warnock Committee recommended that they should be taught at ordinary schools with further training for teachers. Dockrell and McShane (1992) argued that most problems become evident when they join the school and their progress started to be compared to that of their peers.

(III) Severe LDs: the Warnock Report used this category to describe those with a 'mental handicap' or what they called severally educationally sub-normal. Traditionally, severe LDs is a term utilised to describe children with severe or profound ID. Fundamentally, the strategies needed for teaching these children are decided by means of the task analysis procedure, which analyses the task down to small tasks (Warnock, 1978). The recommendation from Warnock was to focus on continuing to teach children with profound LDs with social skills and vocational training, even beyond the minimum school leaving age.

The Warnock Report commenced with the rejection of 11 categories of disabled children as it appeared in 1944 Education Act (Copeland, 1997) concentrating on functioning rather than psychometric measures and 'handicap' itself (Warnock, 1978). One of the main elements excluded was IQ. In its attempt to reconceptualise SEN in Great Britain and push for an inclusion policy, the Warnock Committee focused more on the ability to learn and to be included in ordinary schools with peers. It took into account the fact that all children have the same goals of education but the amount of the required assistance is different (Warnock,

1978). In fact, this classification helped in giving those children and their families some realistic educational options (replacement) rather than concentrating on presence or absence of their abilities (Copeland, 1997).

Another classification of learning difficulties was presented by Dockrell & McShane in 1992, concentrating on the cognitive factors. They went on to use the aetiological approach: the importance of this approach is that it can offer a wide range of similarities and differences across the range of ID, which must be translated into a cognitive profile in order for early intervention or education. The benefit of using this approach is that it can easily be linked to the cognitive approach in order to plan educational alternatives. Dockrell & McShane (1992) indicated that the weak point of this approach is that, as it concentrates on the causes and translates these into a cognitive profile, aetiological variation does not always lead to cognitive variation, despite the different weaknesses and strengthens among different groups.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) classified ID using the definition of AAMR in 1977 and 1992. In this classification, severe LDs retain the 1977 definition, and the person has to show delays in at least two of the 10 areas outlined in the definition issued in 1992. Although this classification is simple to follow, it excludes adaptive and cognitive behaviour skills (Biasini *et al.*, 2008).

In addition, one of the most famous classifications of ID is the International Classification of Diseases-Tenth revision (ICD-10). In this classification, ID is a condition resulting from failure of the mind to develop completely. ICD-10 suggests that adaptive behaviour skills should be used to decide the level of ID, as well as cognitive, language, motor and social skills. As a result, ICD-10 classification includes four levels: mild, moderate, severe and profound (Biasini *et al.*, 2008; World Health Organisation, 1993). The importance of this definition was entering cognitive and language abilities alongside social skills. It is also critical that this classification did not stray far from the classification issued by the AAMR, which has taken IQ as a main key variable in the classification.

As has been shown above, many classifications of general LDs have been used in the last three decades, in order to replace older classifications and to prevent stigmatising children with general LDs. Regardless classification system utilised, some important points should be observed. First of all, classification was used widely to determine the educational alternatives for children with general LDs. This goal could not be achieved without cooperation between parents, teachers and professionals. Secondly, new classifications have appeared, but have

not affected the idea of providing sensible SEN services for this category and their parents in order to achieve the final aim of independence. Finally, at a practical level, classifications did not work effectively together to support early identification and early intervention. Thus, classifications of children with general LDs helped teachers and professionals in placing the child but did not take into account other variables related to the child's disability.

Health			Education
IQ (ICD-10)	IQ (DSM-IV)	ICD-10/DSM-IV	
50-69	50/55- about 70	Mild mental retardation	Moderate learning difficulties
35-49	35/40-50/55	Moderate mental retardation	Severe learning difficulties
20-34	20/25- 35/40	Severe mental retardation	Complex (or profound) learning difficulties
Below 20	Below 20/25	Profound mental retardation	

Table 3:2 Health and educational classification of learning difficulties (MacKay, 2009, p.14)

3.5 New developments in LDs field

3.5.1 Warnock Report and the reaction to it

The turning point in educating children with SEN in Great Britain was in 1974, when Mary Warnock (now Baroness Warnock) chaired the Committee of Enquiry into the Education of 'Handicapped' Children and Young People in Great Britain. The main mission of the committee was to 'establish a general conceptual framework within which provision should be made for the foreseeable future' (Warnock, 1979, p.667). Another aim was to reconceptualise the position of students with LDs within the school system. Warnock noted that the source of the student's LDs could be his or her social and cultural environment rather than an intrinsic condition (Warnock, 1978). In fact, that note was the root of adopting the social view of disability as in the 1981 Education Act and other government papers issued in the 1990s.

For four years, the Warnock Committee worked to clarify several issues in SEN in Great Britain. The Committee officially introduced the term of SEN for the first time, and abolished

the use of the derogatory categories that had been utilised since the end of the Second World War. Furthermore, the Warnock Committee introduced the terms, 'general learning difficulties' and 'specific learning difficulties' which were enshrined in the Education Act 1981. This introduction was a key factor in reducing stigmatism of those children in their society and schools, and more importantly, providing them with an opportunity to interact socially.

The Committee stressed that there were no grounds for assuming the existence of a clear dividing line between those who were disabled and those who were not. The Committee also established the importance of early recognition and intervention in early years (Wedell, 1990). The report specifically called for:

- The official inclusion of students with disabilities (Placing children with SEN physically into mainstream schools).
- Stigmatising terms such as 'handicap, feebleminded and subnormal' should be abolished.
- Sharp dividing lines between students with LDs and their normal peers should be abandoned.
- Parental involvement in the identification, assessment and education of their children.

The House of Commons Report on SEN policy in 2006 described the changes introduced by Warnock's Committee as radical. Norwich (2007) mentioned that the new term, SEN, faced criticism from a critical sociological perspective as part of a wider critique of the special education system. It was described as ambiguous, and it was said that it had become part of a rhetoric that served little educational purpose. Despite the controversies, this term has become common currency, enshrined in law in the 1981 Education Acts, 1988, 1993, 1996 and 2002.

The Warnock Committee conceptualised that more students with LDs would be educated in mainstream rather than special schools, but, at the same time, that there would still be a role for special schools. As a result of these new recommendations by the Warnock Committee, The Education Act 1981 demanded that the local educational authorities (LEA) and schools, wherever possible, should select ordinary schools for students with SEN. According to this Act, an LEA could issue a statement dictating which school a child with SEN should attend.

Subsequently, the Department for Education issued a Code of Practice on the Identification and Assessment of Special Educational Needs under The Education Act 1993. The Code of Practice allowed parents to identify the best school in their area to educate their child, which could be 'labelled' in a statement and appeal in an SEN tribunal (Bagley *et al.*, 2001). This was reinforced by The Education Act 1996 and the Green Paper, Excellence for All Children. The Act also gave parents the right to obtain information about their child and the SEN policies in their area (Bagley *et al.*, 2001).

The Warnock Report has pushed for more debate on inclusion as it has become one of the most controversial issues in education field since 1978 (Wedell, 2008). Warnock's Committee called for an inclusive approach based on common educational objectives for all children, regardless of their abilities or disabilities: namely independence, enjoyment and understanding (Croll, 2001; House of Commons, 2006). Norwich and Kelly (2005) indicated that since the Education Act 1981 came into force, more than 60% of statement children have received their schooling in mainstream settings. The inclusion policy received more support in 1997, when the Labour Government came to power. Since then, figures show that there has been progress in educating children with SEN in mainstream schools. In fact, this progress came following the World Conference on Special Needs Education in Salamanca, Spain in 1994, where ninety-two governments and twenty-five international organisations adopted the 'Salamanca Statement on Principles, Policy and Practice in Special Needs Education' and a 'Framework for Action'. This led to inclusive education, schools for all and education for all being adopted in many of their educational systems (Ainscow, 1997; UNESCO & The Ministry of Education and Science, Spain, 1994).

From the beginning of the last decade, The UK Government's policy of inclusion was criticised for causing the shutting of special schools (House of Commons, 2006). Wilson (1999) points out that there are two possible perspectives regarding inclusion. On the one hand, the feeling that excluding some members of the community is wrong, and means that they are not equal, and on the other hand, the idea that every community has its own values and goals, which require high standards. He concluded that 'successful schooling is not only determined by including all, but by external criteria or standards, aiming at a certain kind of excellence' (p. 110). However, results of implementing integration were fruitful. In an early survey (1991) of integration practices in Europe, Pijl and Meijer found that England and Italy had the lowest levels of segregation (1.5% of children with SEN), while West Germany had the highest level with 4.2% (Hornby, 1992). In their review, Zigler and Hodapp (1986) found

that children with MLDs in the UK did equally well on academic achievement in segregated and integrated settings.

More controversy about SEN began in 2005 when Baroness Warnock wrote 'Special Educational Needs: a New Look'. In this pamphlet, she criticised the inclusion policy, saying that it had been taken too far. She mentioned that full inclusion was not appropriate for schools in many ways. Specifically, she wrote 'There is increasing evidence that the ideal of inclusion is not working' (Warnock, 2005, p.34). She went on to state that successful special schools could be a model that could be followed (Warnock, 2005). Baroness Warnock urged the Government to set up a new commission to review the SEN policy, especially the concept of inclusion. She also called for the recognition of inclusion as an ideal for society in general, though she acknowledged this may not always be ideal for schools now. Barton (2006) attacked this idea, and pointed out that this kind of thought created 'serious individual and socially divisive problems for the future' (p. 4).

In an interview with The Guardian, Baroness Warnock said that 'One of the major disasters of the original report was that we introduced the concept of SEN'. She argued that their attempt to show that disabled people were not apart, and that many of them should be educated in mainstream schools, was wrong (Quarmby, 2006). In her evidence to the Education and Skills Committee, Baroness Warnock called for a thorough review of SEN policy in the UK. The Department of Education and Skills said that the Government did not accept the idea of a major review of SEN policy at the present time (House of Commons, 2006). The Education and Skills Committee of the House of Commons concluded in their report that SEN policy continued to be sidelined, and to be kept out of the mainstream agenda (House of Commons, 2006).

Many studies have called for a review of the inclusion policy and special schools. Simmon and Bayliss (2007) found that schools struggled significantly to provide appropriate learning experiences for students with profound and multiple LDs. Ainscow (1997) argued that more competencies were needed amongst teachers in order to facilitate the development of inclusive education. He concluded that the move to link SEN to development in Britain was a question of 'swimming against the tide'. Nevertheless, between 1983 and 2001, the percentage of children in special schools dropped from 1.87% to 1.30% (Norwich, 2008). The decrease in the 1980s was greater than in the 1990s, and since 2000, there are indications that the percentage has remained around the 1.2-1.3% levels (Norwich, 2008). Perhaps, the

change in terms of considering disability as a part of social barriers rather than as being within the individual him/herself played its part in changing the way in which disability was defined.

3.5.2 Medical and Social Models

The importance of models explaining disability was to present a convincing explanation of the disability for parents and professionals. These explanations present the alternative teaching methods for those children. Traditionally, there are two main models in explaining the difficulties which were a subject of huge argument over the years. It is critical to notice here that models of disability provide some explanations, but they do not themselves constitute an explanation.

3.5.2.1 Medical Model

According to Llewellyn and Hogan (2000, p.157), the term 'model of disability' is 'a model representing a particular type of theory, namely structural, which seeks to explain phenomena by reference to an abstract system and mechanism'. It does not involve data collection, but may have created some hypotheses. The medical model concentrates on physical aspects and perceives disability through illness or as a result of physiological impairment because of damage or disease (Llewellyn and Hogan (2000). According to this model, disability within individual impairment can be healed or contained where those people can be kept under medical professional authority (Oliver, 1990 cited in Humpage, 2007). Furthermore, the medical model classifies people with disability by their medical diagnosis and as a result, individuals with disability are labelled as 'mentally ill' (Williams & Heslop, 2005). In fact, the medical model replaced the religious approach where disability was shaped by religious discourse reflecting particular religious beliefs (Clapton & Fitzgerald, 2005). As stated earlier, that was not far from Islamic perspectives on disability where disability was always attributed to God's will, black magic or spirits.

Until the beginning of the 1970s, ideas about the provision of education for children with SEN were based on a medical model of 'defects' (Clapton & Fitzgerald, 2005). In the UK, prior to the Education Act 1970, people with severe and profound LDs, having been assessed, were considered to be ineducable and had no opportunity of getting an education. Most parents with children with LDs tended to place their children in long-stay hospitals, depending on the medical model under the Mental Deficiency Act 1913, especially those with moderate and profound disability. Medical experts played an important role in deciding the

needs of the child, how to meet these needs and how to minimise the consequences of the impairment (Barnes *et al.*, 1999). At that time, two medical practitioners could determine the future of a child by asking him/her a series of general questions, and listing the wrong answers as a proof or evidence of mental deficit (Boxall, 2002). The medical model is a way of looking at social, behavioural and mental problems, so they can be identified as a form of illness. Medically speaking, disability is 'a tragic problem' for isolated individuals.

In fact, the medical model deals with disability as a problem or illness, where specialists (doctors), are trained to identify sick individuals and prescribe a treatment. Specialists are trained to predict what may happen as a result of the illness (prognosis) and hypothesise about its origins (Williams & Heslop, 2005). This model privileges normality over difference, and emphasises the view of the child as being the problem (Lewis, 1999).

However, the medical model has faced many criticisms over the years.

- The medical model labels people according to their difficulties, and considers disability as an individual difficulty.
- It places all its emphasis on the sickness rather than the individual beyond the label, and argues that particular diagnoses may lead to experiencing social difficulties such as stigma and discrimination (Williams & Heslop, 2005).
- The medical model has lost several opportunities to teach those children in the early stage. This was mainly because medical professionals act as a gatekeeper on information and assume that medical science can cure those children of their disability to full health (Johnson, 1997 cited in Humpage, 2007). In fact, that intersects with parents' hope of having a non-disabled child and 'tickles their hopes' of the possibility of full recovery from disability.

The rejection of the medical approach as a main model of categorising children with SEN began because of their families. These families, as well as the children themselves, needed to have the main roles in defining their disabilities (Llewellyn & Hogan, 2000). William and Heslop (2005) add another reason for the rejection of the medical approach. Those with experience of mental or emotional distress have become dissatisfied with a system that was and is dominated by medical explanations of disability, and where doctors regard and treat disability as an illness.

3.5.2.2 Social Model

Stigma is still one of the most significant problems faced by students with LDs and SEN. Terms such as 'mental or morally defective, imbecilic, feeble-minded or idiotic' were used widely to describe students with LDs or intellectual impairment, causing social difficulties for these children. Stigma was also associated with social difficulties and as an obstacle to integration or inclusion. According to Clements and Read (2008), stigmatising children with SEN had extended to their families, disrupting family relations, especially if the disability was from birth (and therefore, often, more obvious). In addition, denial or abuse by parents, were the apparent examples of the difficulties people with disabilities faced. Parents of those children often feel guilt and shame, and in some cases, keep their disabled children away from society (Wall, 2006).

In response to the failing of the medical model in explaining disability, the World Health Organisation (WHO) adopted in 1981 a social model proposed by the Union of the Physically Impaired against Segregation (UPIAS) in 1976. The new proposal contained two elements to the model: impairment and disability:

- **Impairment**: is functional limitation within the individual, caused by physical, mental or sensory impairment.
- **Disability**: is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others, due to physical and social barriers' (Siminski, 2003, p.708).

It is critical to note that this model sees disability is as a social state, a result of political and economic processes that affect both disabled and healthy bodied people (Oliver, 1990). Oliver (1996, p.32) defines the social model as follows: 'It does not deny the problem of disability but locates it squarely within society. It is not individual limitations, of whatever kind, which are the cause of the problem, but society's failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organisation'. The new model separates the physical (impairment) from societal (disability), and, unlike the medical model, which considers that the 'problem' of disability lies with the person, the social model of disability focuses on obstacles in society (Boxall, 2002). In other words, the social model sees disability as the failures of society to consider people with impairments. This approach became acceptable around the world as it covers more than one dimension of disability such as cultural and legal (Nagata, 2008). The social model does not

deny the medical model completely. Rather, it stresses that medical experts should be trained to deal with, treating and healing the illness without giving them authority or power over the lives of disabled people especially in social and economic arenas (see Oliver, 1990). The social model sees that children with LDs often experienced discrimination within the education system. If these obstacles could be removed, children with LDs would be less disabled in their community (Boxall, 2002). They also could experience attitudinal obstacles and loss of independence.

Russell (2003) indicated that children with disabilities and their families in the UK still face discrimination, low expectations and several social and physical obstacles. Despite the implementation of the Disability Discrimination Act 1995, 'many disabled people and their families report continuing discrimination and negative attitudes in accessing services' (Russell, 2003, p.217). Thus, the main benefit of the social model is that it provides more complex and deep understanding of disability than purely medical concentration on physical or biological failure. This has led to the adoption of this approach in many countries around the world and more importantly, these countries have produced its legal frameworks. In others like Jordan, the medical view of disability still exists widely although some individual attempts were made to change.

3.6 Studies related to this research

For years, identifying children with general and specific LDs is a major topic of discussion between psychologists, educators and SEN teachers. One of the most argued-about topics is the complexity of development and how far we can trust screening tests as a basis for referring children for further assessment or diagnosis (Steele, 2004). In addition, in many societies, as in Jordan, social stigma plays a decisive role in determining the parents' next step, as well as whether the classroom teachers are willing to assist in observing the early signs of LDs. It is true that the identification of children at risk of LDs is difficult especially when it is done by inexperienced teachers, and that appearances may be deceptive, as all children at the preschool stage go through the same developmental period, but the difference can be seen in terms of the rate and speed of growth. Thus, many studies have searched this issue and indicated that there are advantages to screening children at risk of LDs at the kindergarten phase and at primary school (e.g. Majnemer, 1998; Al-Natour *et al.*, 2008; Dockrell & McShane, 1992; Snow *et al.*, 1998; Hall & Moats, 1998).

One of the main benefits of early screening is that it provides the basis for later learning and reinforces later academic success experience for students at risk and can reveal some of teachers' and parents' attitudes towards disabled children. In addition, early identification can prevent secondary difficulties from happening. The greatest benefit of early identification is that it decreases the future need for more intensive SEN services, which is beneficial for the child, parents, teachers and the community. It is critical to notice here that the false identification of children with LDs can lead to social stigma in many countries, and therefore, parents tend to deny their child's disability (Shin *et al.*, 2008). This denial, along with other related issues, is a great source of pressure on SEN teachers, especially in Jordanian state schools. In private schools, however, it seems that teachers of SEN experience less stress than their state-employed counterparts, for various reasons, which indicate better services relating to SEN in the private sector.

3.6.1 Attitudes towards children with SEN

Attitudes towards children with disabilities have deep historical roots. In Ancient Greece, the home of philosophy and democracy, the killing of children with disabilities was widely practised in 400 B.C, while blind people in Carthage were burned on a slow fire (Winzer, 1993). In Rome, males used to be the head of the family, which gave them absolute power to reject, kill, exile or sell their children at birth, especially those with disabilities. One can only assume that the situation was even worse in uncivilised societies (Winzer, 1993). Including children with SEN in schools became one of the major reforms in schools in the last century (Slavin, 1997) which highlighted the need to examine staff attitudes in order to implement a successful inclusion (Zollers *et al.*, 1999).

3.6.1.1 Teachers' attitudes

Teachers' attitudes play a critical role in successful inclusion in schools (Avramidis & Norwich, 2002; Forlin & Hopewell, 2006; Chow & Winzer 1992). Professionals' attitudes including teachers also are crucial in deciding the kind of intervention appropriate for the child and degree of its success. Moreover, social attitudes play a critical role in framing the concept of LDs and the way the services are provided (Reid, 1997). Unlike many studies in Western countries, this study's results indicate that many teachers (SEN, classroom, pre-service classroom teachers) have negative or at least neutral attitudes towards having children with SEN in their classes. Hastings and Oakford (2003) indicated that attitudes of

professionals are crucial in facilitating or hindering applying policies especially when those policies are controversial.

In an early study on integration in Australia, Center and Ward (1987) surveyed classroom teachers' attitudes towards integrating disabled children in public and private schools. They found that teachers had positive attitudes when these children did not need extra management or instructional skills from the teacher. Moreover, their study revealed that these attitudes prevailed as a result of a lack of support, which in turn meant that teachers often lacked confidence in their ability to respond to disabled students. These results reflect the current situation in Jordan, as shown in Fourth and Fifth Chapters. In fact, Jordanian classroom teachers were not enthusiastic about implementing inclusion in schools, due to lack of adequate support and training pre- and during service. This clearly shows that the difficulties encountered by Jordanian teachers as a result of the late implementation of inclusion in Jordanian schools mirrored those faced by their Australian counterparts as it will be shown later.

Bowman (1986) researched around 1,000 teachers in 14 countries, including Jordan, regarding their experience of integrating children with SEN in their classes. She found that teachers prefer to have other types of disability in their classes. More importantly, in her study, she noted that teachers from countries where integration was required by law were more enthusiastic about its implementation. Leyser *et al.* (1994)'s study found that Bowman's suggestion can be proved and unproved at the same time. In the case of the US, teachers showed strongly positive attitudes towards integration which were attributed to implementing of Public Law 94-142. In West Germany, teachers showed positive attitudes towards integration, in the absence of legislation and during the segregation period. In other countries, such as Philippine and Ghana, attitudes were less positive, which was attributed to lack of training of teachers, limited opportunities to implement integration and/or even development of the country.

In their study of SEN teachers who were not participating in implementing inclusion, using focused group interviews, Vaughn *et al.* in 1996 discovered that those teachers had strong negative feelings towards inclusion (cited in Avramidis *et al.*, 2000a). The teachers identified several factors which had had a role in framing their attitudes. These included class size, lack of teachers' preparation and lack of appropriate resources. These barriers can be seen clearly in the current study, where teachers (classroom teachers and SEN) complained

about the huge number of students in classes (around 40), not having sufficient time to deal individually with children with SEN, lack of appropriate resources, including a physical resource room and educational tools, lack of training, particularly pre-service, and inadequate in-service training.

By way of contrast, Lifshitz *et al.* (2004) examined the effect of an intervention programme on attitudes towards the inclusion of six types of disability in Israel and the Palestinian territories. Their sample consisted of SEN teachers (N=103) and classroom teachers (N=125). Their results showed that Palestinian teachers were less positive towards inclusion than their Israeli counterparts. Interestingly, they found that with visible disabilities (hearing and visual and ID) the Palestinian teachers were more negative than the Israeli teachers. This was explained in terms of the sensitivity of Arab and Palestinian societies regarding social stigma, and the strong belief that disability is the result of God's punishment. The findings of this study were similar; social stigma was extended to the families of disabled children, and, in some cases, to teachers.

Another interesting finding by Lifshitz *et al.* was the need for training or intervention to modify classroom teachers' attitudes. Indeed, this study has proved that regular classroom teachers' attitudes can be changed with training sessions, which are effectively absent from Jordanian mainstream schools. Surprisingly, SEN teachers' attitudes did not change after intervention, which clearly indicates that these teachers were far more willing to implement inclusion than their non-SEN counterparts.

3.6.1.1.1 Factors related to teachers' attitudes

Research suggests that many factors are strongly related to teachers' attitudes towards including children with SEN in classrooms. They are mainly related to the child, the teacher and the school (e.g. Center & Ward, 1987; Avramidis & Norwich, 2002). In terms of framing teachers' attitudes towards including disabled children in the classroom the type of disability is of primary importance. As attitudes influence and guide individuals in their daily life (Parasuram, 2006), it is palpable in many studies that the type of disability plays a crucial role in teachers' participation in implementing inclusion and framing positive attitudes towards them. Most studies indicate that teachers advocate including children with mild or moderate physical or sensory disabilities (Lifshitz *et al.*, 2004; Scruggs & Mastropieri, 1996). In an early study, Forlin (1995) found that teachers were more tolerant of physically disabled children than those with ID. These results are consistent with Al-Zyoudi's study (2006) in

Jordan. He found that teachers were more likely to include physically disabled students, whereas those with ID and behavioural difficulties were the least likely to be included. Interestingly, few teachers were explicit in refusing to include children with ID. More interestingly, the sample of the study was teachers of SEN, whom one would assume to be more favourable to the idea of including children with SEN in the classroom. This clearly indicates the teachers' lack of confidence in implementing inclusion, and, more importantly, that SEN teacher's fear of social stigma (Lifshitz *et al.*, 2004). Scruggs and Mastropieri (1996) reviewed the literature on teachers' perception towards including disabled children in their classes in 28 studies in the USA between 1958- 1996. This review revealed that teachers are in favour of including children with SEN when they need no or no extra assistance.

Tur-Kaspa *et al.* (2000) found that people with ID, and those with behavioural problems, were viewed more negatively than those with physical disabilities such as paralysis, and hearing disabilities. These findings were attributed to the fact that deafness is less visible than ID. Interestingly, the visibility of paralysis was equal with ID, or more so in some cases, and the attitudes towards them were higher than those with ID. This result is in line with Avramidis *et al.* (2000a; b) who found that students with emotional and behavioural difficulties created more concern and stress to teachers than students with other difficulties.

The severity of the disability also seems to affect teachers' attitudes towards inclusion. Ward *et al.* (1994) found that teachers welcomed the inclusion of children with mild physical disabilities, LDs, and visual and hearing impairments. This was because those children did not require teachers to acquire any further instructional or management skills, unlike children with mild ID. This is consistent with Gemmel-Crosby and Hanzlik (1994) and with Lifshitz and Glaubman (2002), who attributed teachers' positive attitudes towards mild physical and sensory disabilities to the fact that less involvement was required by teachers. Teachers in the sample of Lifshitz *et al.* (2004) (Palestinian Territories and Israel) showed negative attitudes towards children with severe or moderate learning or emotional disturbance and mild ID. Scruggs and Mastropieri (1996) indicated that teachers seemed to be interested in including children with mild LDs more than those with severe disabilities. Interestingly, Hastings and Oakford (2003) found that student teachers had negative attitudes towards children with behavioural difficulties rather than those with ID. It appears from the findings of the many studies featured above, that teachers are more likely to deal with those who neither affect the class environment nor require extra help from teachers (Center & Ward, 1987).

Age seems to be a significant factor in many studies in framing teachers' attitudes towards children with SEN. Scruggs and Mastropieri (1996) indicated that including children at lower grades is more positively viewed than it is at higher levels, while Balboni & Pedrabissi (2000) found that Italian teachers were more positive in working with older ID children. Hastings and Oakford (2003) attributed that to the greater amount of time that teachers spend with young children compared to older ones. In their review of literature, Avramidis and Norwich (2002) concluded that limited studies mentioned the favourability of teachers in including children with LDs and emotional and behavioural difficulties over those with physical and sensory disabilities and that was evident from the number of exclusions in schools of students with emotional and behavioural difficulties.

Factors concerning teachers also shape attitudes towards including children with SEN (Avramidis & Norwich, 2002). These factors include teaching experience, gender, exposure to students with SEN, and other related factors. Teachers' experience was shown in many studies as critical in influencing their attitudes. In general, young teachers are more positive towards inclusion (Al-Zyoudi, 2006; Center & Ward, 1987; Parasuram, 2006). Studies by (Leyser *et al.*, 1994; Avramidis & Norwich, 2002; Zambelli & Bonni, 2004; Avramidis & Kalyva, 2007) linked positive attitudes with experience, and at the same time emphasised the importance of teacher training in framing positive attitudes towards children with SEN. On the other hand, some studies indicated that teachers with more years of experience hold more negative attitudes towards inclusion than novice teachers (Soodak *et al.*, 1998; Cook *et al.*, 2000). Recently, Dupoux *et al.* (2006) carried out a study in Haiti to examine teachers' attitudes towards disabled children. They found that teachers' beliefs were more important in predicting the attitudes of teachers than experience. It is also consistent with the results of this study, where cultural aspects were dominant in the decision of many classroom teachers to refuse to include children with SEN in classes. This is also consistent with Woolfson and Brady (2009)'s study, in which they found no apparent connection between work experience and teachers' opinions of children with SEN. Another indicator of prominent cultural perspectives comes from findings by Nagata (2008) who studied attitudes towards disabled people by non-disabled people in four areas in Jordan (N=191). She found that the general attitudes were negative towards those people. Interestingly, she found that socio-economic characteristics made no difference regarding the attitudes. This clearly indicates to the dominance of cultural perceptions on the sample.

The number of years of experience was also a factor in the framing of teachers' attitudes. Parasuram (2006) found that teachers with less than 5 years experience had more positive attitudes than those with 5.1-10 years or more. Interestingly, she found that there were similar attitudes between young teachers and those with more than 25 years' teaching experience.

Teachers' qualifications also seem to have an impact on their attitudes. Dupoux *et al.* (2006) found that teachers' higher degrees are associated with positive attitudes towards inclusion. The authors interpreted their results by highlighting the importance of higher education in framing positive attitudes towards including children with SEN. In India, Parasuram (2006) found that teachers with a Masters' degree were more positive towards including children with SEN than those with only a Bachelor or Higher School Certification. Furthermore, in Australia, Yazbeck *et al.* (2004) found that people with higher education qualification have more positive attitudes towards children with ID.

The results of studies focusing on teachers' gender as a factor influencing their attitudes were controversial. Studies by Hastings and Graham (1995) and Harvey (1985) found that teachers' gender played an important role in framing positive attitudes towards children with SEN. Other studies, meanwhile, reported by Avramidis and Norwich (2002) such as Berryman (1989) and Beh-Pajooh (1992) found that there was no difference between and male and female teachers in their attitudes. These results are supported by new studies, which indicate that there is no difference in gender in framing attitudes. Parasuram (2006) surveyed 391 (80.3% female and 19.7% male) teachers in Mumbai in India and found that gender did not have any significant impact on teachers' attitudes.

Exposure to children with disabilities was also found as a significant variable in framing attitudes towards disabled children. In general, teachers who have more experience in dealing with children with SEN are more able to develop their management skills in dealing with these children, and ultimately frame positive attitudes (Avramidis & Norwich, 2002). Tur-Kaspa *et al.*, (2000) in their study of 174 undergraduate students in the first and second year of special education and educational counselling, found an association between the degree of contact with disabled people, and attitudes towards them. Specifically, a participant who was in contact with disabled people showed more positive attitudes towards children with ID and paralysis on the emotional and behavioural subscales. It should be noted here that the whole sample was female, and this is a limitation of the study which limits generalisation. Finally, Yazbeck *et al.* (2004) in their study on attitudes towards people with ID in Australia, found

that more positive attitudes were evident amongst those who were exposed to disabled people (disability services staff and students) or who had more knowledge of them, than was the case in the general population.

Teachers' beliefs and training seem to play an important role in shaping their attitudes. Jordan *et al.* (1997) discriminated between two teaching instruction methods used by teachers, depending on their beliefs: (i) pathognomonic where teachers believe that the disability is inherent in the student; and (ii) interventionist where it is felt that students' difficulties arise as a result of interaction between them and their environment. To be more precise, teachers who adopt the pathognomonic approach do not interact sufficiently with students academically, and, if this type of interaction does take place, it is limited in terms of its duration, and very little regard is given to students' responses. On the other hand, teachers who hold interventionist beliefs are more engaged in academic interaction with students.

In a small sample (9 teachers; 5 female and 4 male), Jordan and Stanovich (2001) examined both approaches further by examining teachers' responsibilities towards their children. They found that teachers' interactions with their children are related to their beliefs. They found that teachers who held the pathognomonic view interacted less with children at risk of academic failure, or even tried to avoid these children, whereas those teachers who held interventionist views were more individually involved with both groups, interacting at a high level of cognitive engagement with their students and spending more time with them. The significance of teachers' beliefs and schools ethos in framing teachers' attitudes, therefore, can be seen in the field (Avramidis & Norwich, 2002).

Training, at both the pre- and in-service stages, seems to be important in improving teachers' attitudes, which in turn affect their practice (Hastings & Oakford, 2003). The Warnock Report (1978) recommended that disabled children should be taught at ordinary schools, with further training for teachers in how best to work successfully with these children. This recommendation was also emphasised in a recent study, which mainly concentrated on the connection between experience and positive attitudes and the need for training (Leyser *et al.*, 1994; Avramidis & Kalyva 2007).

Around half the teachers in the Avramidis *et al.* (2000b) sample asked for training pre-service or with consultants during their service. Dealing with children with emotional and behavioural difficulties appeared to be an urgent requirement in terms of training, in addition to guidance on how to deal with SpLDs. Hastings and Oakford (2003) in their study of 93

student teachers who were trained to teach children with ID and emotional/behavioural problems, found that participants who trained to work with younger children reported more negative attitudes than all other groups. This indicates that the training received was not as effective as it could have been in terms of influencing attitudes. It also highlights the fact that there are many factors affecting teachers' attitudes, that these variables overlap, and that it is not necessarily ideal to focus on one factor when studying attitudes.

In addition to the educational environment in which teachers are working, the influence of head teachers is another factor in creating positive attitudes towards inclusion in their schools. Villa *et al.* (1996) indicated that head teachers' support is critical in framing teachers' positive attitudes although teachers see that head teachers hold ambivalent attitudes towards inclusion. In Australia, Center and Ward (1987) indicate that teachers who received some support from their principals showed more positive attitudes towards putting integration into practice than their counterparts who did not receive any form of support. Similarly, Janney *et al.* (1995) found that head teachers' support was critical in implementing integration in schools, as well as the provision of resources and appreciation of teachers' work. Moreover, Barnet and Monda-Amaya (1998) indicated that teachers and head teachers have positive attitudes towards including children with SEN in ordinary school as long as including them does not require amendments in curriculums and teachers can deal with them. Interestingly, Duncan (2003) in England found that head teachers were the source of more parents' complaints than teachers.

3.6.2 SEN teachers' difficulties

As they attempt to provide sufficient help for children with SEN in schools and resource rooms, SEN teachers face various barriers and difficulties. These stem mainly from dealing with parents who refuse to admit that their child has a disability, or who neglect the child and his or her teacher. Teachers also suffer as a result of dealing with their classroom counterparts and school administrations that often provide little in terms of understanding or support. This also often applies to education authorities, and takes the form of poor support and planning. Finally, SEN teachers seem to have more difficulties with children with SEN, especially those with severe disabilities, or when teachers have worked with them for a long time.

3.6.2.1 Parents

Parents of children with SEN face different difficulties in the way they adjust to having a disabled child in the family. Specifically, parents of children with disabilities experience high levels of emotional distress and great stress (Thompson & Upton, 1992). In addition, parents are suffering from additional financial cost than those with non-disabled children (Spratt *et al.*, 2007; Knapp, 2005). As personal experience is an important element in shaping the attitudes of people and affecting their behaviours (Baron & Byrne 1991), it is therefore essential to understand the effect of parents' attitudes towards their child's disability and how far it affects their teachers' ability in providing the sufficient service.

Parents' attitudes are critical in implementing inclusion in schools and can assist in changing policies related to children with SEN (ElZein, 2009) and in supporting the achievement of their optimal potential (Wong *et al.*, 2004). Parents who acknowledge that their child is at risk of having a difficulty are more willing to respond to teachers' demands in resource rooms for further assessment, while parents who refrain from accepting the fact that their child could have a difficulty, and who are under constant stress as a result, which might affect adjustment and their way of responding to their disabled child (Dabrowska & Pisula, 2010). Parents vary in their reaction to the news that their child has a difficulty. Reactions fluctuate between shock, denial and trying to cope in different ways (Rogers, 2007b).

As having a child with a difficulty will affect the structure of the family (see Singh & Ghai, 2009; Rogers, 2011), it is more complicated in Jordanian society than western societies, for cultural reasons. This will affect parents' attitudes towards their child, as they see his or her disability from a certain cultural perspective, combined with religious values. Indeed, Hadidi (1998) stated that parents of disabled people in Jordan see the difficulty as a punishment for their sin, and, in some cases, as a source of shame on the family (Turmusani, 1999) which forces them to deny it. This perspective is more likely to force parents to adopt negative attitudes towards their children and ultimately towards their teachers.

In a cultural environment similar to Jordan, ElZein (2009) found that parents of children with SEN in Lebanon hold positive attitudes towards inclusion of their children in ordinary schools. Her sample, although it was small (N= 15), has suggests that parents in Middle East societies would support including their disabled children, if they had a real opportunity. More importantly, parents showed a strong desire to include their children socially with their peers and to let them have the most positive and beneficial experience possible of being at school.

These findings present the hidden desire of many parents in Middle Eastern societies to educate their disabled child in resource rooms, if they were free from social attitudes which devalue disability, and which, in many cases, extend to the family itself. The difference between what Hadidi (1998) stated and ElZein (2009) found in the degree of acceptance and willingness to take an action responding to the emerging situation. Both countries have the same culture but it can be stated that Lebanese society, unlike Jordanian, is heterogeneous (the demographic feature of population by having more than 18 religious group and mix ethnic minorities) and appeared to be more liberal. This clearly indicates the importance of political, cultural and social factors in deciding parents' willingness to divulge their child's disability and tolerate its consequences.

Denial seems to be a coping strategy used by parents to respond to the new circumstances created by having a disabled child in the family, and this increases tension between teachers and parents (Seligman & Darling, 1997). Sequeira *et al.* (1990) examined the coping mechanisms of 55 mothers aged 21-55 years and of 30 males and 25 females with ID aged 5-12 years, in relation to gender and severity of disability. Denial and playing the problem down were most frequent strategies reported by mothers. Specifically, most of the mothers in this sample with children having moderate ID (97%) reported denial and minimisation of the 'problem' as their main coping strategy, while the whole sample of mothers of children with severe ID (N= 25) reported denial as a coping strategy. Interestingly, there was no difference in burden related to the gender of the child.

In the same study, age was significant, as mothers suspected the disability early, between six months and five years. At an early age such as 6 months, the severity of the ID was probably the main indicator, while late recognition can be explained in two ways -the absence of noticeable and physical indicators, or denial by parents. This denial and late identification of the disability often resulted in late intervention, causing the loss of several opportunities to teach the child at an early age (Sequeira *et al.*, 1990). This denial was mainly as a result of parents' fear of social stigma (Rolland, 1994).

Type of disability also plays an important role in deciding parents' attitudes towards their disabled children and their inclusion in regular classes. Many studies have examined this issue and arrived at similar results. Leyser and Kirk (2004) found that parents of children with mild SEN were significantly more positive towards benefiting from inclusion and ability of teachers to work with their child than parents of children with moderate and severe

difficulties. In a previous study, Rafferty *et al.* (2001) found that parents of children with or without disabilities were not in favour of including children with emotional problems, cognitive impairment or autism while children with physical disabilities and sensory impairments received more support to be included. In fact, these results can be explained by non-disabled parents' fears of including their children with their disabled peers especially those with behavioural problems or severe ID (Tafa & Manolitsis, 2003) and on the other hand, parents of children with disabilities' concerns regarding including their children in inclusive schools (Elkins *et al.*, 2003).

In a recent study, Dabrowska & Pisula (2010) examined the stress level of 162 parents of non-disabled children, children with autism, and children with DS ranging from 2-6 years. They found that parents of autistic children had higher levels of stress than those of children with DS or typically developing children. Interestingly, they found that the stress experienced by the fathers of children with DS was related to categorisation rather than care difficulties, as was the case with the mothers. This points to parents' fear of social stigma and more importantly to parents' concerns of social acceptance of their child (Sequeira *et al.*, 1990). More interestingly, results showed that parents of autistic children with high levels of education showed higher levels of stress, indicating concerns of social embarrassment.

Hastings *et al.* (2005) examined the coping strategies used by 135 parents of autistic children at pre and school age. According to their results, parents employ four coping strategies: active avoidance, problem-focused, positive, and religious-denial. They noticed that religious-denial coping might help in reducing the stress parents suffer from, although there is not much research on this topic. They noticed that mixed coping and religious factors were more related to mental health problems in parents. My research has shown that parents use denial to protect themselves and their children from social stigma and embarrassment, while teachers and some parents use religious values to compensate for their lower levels of involvement in responding to the child or to reassure themselves.

Parents' seeking another, more favourable assessment of a child's health appears to be another difficulty that SEN teachers face. SEN teachers, who received a huge amount of referrals from classroom teachers to the resource room, find themselves confused by shortage of time and the adoption of medical models by parents. This route may often be taken by parents as their reaction to a first assessment by these SEN teachers. Parents' concerns focus on chasing a dream of wrong assessment, having a typically developing child and embellish

their hope. Thus, inexperienced teachers, especially novice SEN teachers, are more likely to confuse denial and parents' desire of another assessment and exaggerated hope (Rolland, 1994) which might lead to a tension between them. Exaggerating hope means that parents concentrate on their child's future and the possibility of its independence, while parents are at first more likely to chase their dream of having typically developing child (Ho & Keiley, 2003).

3.6.2.1.1 Parents and SEN teachers

Partnership between parents and professional as a concept emerged from the Warnock Report in 1978 (Warnock, 1978) which focused on the importance of building this relationship for the benefit of the child (Murray, 2000), the family and the professionals involved (Joshi & Taylor, 2005). After years of focusing on this partnership, it appears it is still problematic (Hodge & Runswick-Cole, 2008; Rogers, 2011) and cautiously implemented (O'Connor, 2008). Rogers (2011) indicated that research still perceives this partnership between parents and professionals as ineffective. While in some countries, such as the UK, the involvement of parents is required and protected by the law, it appears that in others, such as Jordan, this partnership is a burden on both teachers and parents.

Indeed, the tension between parents and teachers stems from differing priorities (Rogers, 2011), in the sense that both parties want to be the most important part of the process, and from the amount of support that parents receive from professionals. In Jordan, it appears that the situation is such that teachers look to parents for support. This supports manifests itself through admitting the impairment and allowing teachers to work with their children. As Fran Russell (2003) and Case (2000) state, the main priority should be to support parents in order to change their attitudes towards their disabled children, rather than focusing on professionals' needs.

Parents' involvement in their child's teaching process is required by teachers who feel that the main concern of parents is to hide the disability, especially in the case of an absence of obvious indicators. Gu and Yawkey (2010) examined six KG teachers (N= 159) and the demographic characteristics and factors influencing parents' involvement in teaching their children. They found that there was a correlation between teachers' age and degree and their attitudes towards parental involvement. Specifically, young teachers showed more positive attitudes towards this kind of involvement, and teachers with masters degrees also showed positive attitudes. It should be noted here that teachers' experience, examined in many studies

of attitudes in this context, was absent in this study. It should also be noted that the study in question was conducted in one Chinese city: given the size of China's population, this raises the question of ability to generalise their findings.

In India, Joshi and Taylor (2005) examined parents and early childhood teachers' perceptions of parent-teacher interaction using two types of questionnaires. This study bridged the gap of Gu and Yawkey's findings where experience was examined and showed no significant impact on this interaction. Others like Forlin and Hopewell (2006) emphasise the importance of personal experience in developing novice teachers' attitudes towards inclusion and cooperating with parents. Training was crucial in framing positive attitudes towards interaction with parents, regardless of the amount of training or class size. Interestingly, teachers reported that the amount they received impacted positively on their attitudes towards interaction with parents. This indicates different perspectives on interaction between them (Joshi & Taylor, 2005).

In an early study, Dembinski and Mauser (1977) examined what parents of children with LDs needed from professionals (teachers, psychologists and physicians). Parents mainly criticised the difficult scientific language used by professionals, the absence of schools' material and references aimed at helping them understand their child's disability, and having to deal with different professionals. Interestingly, parents agreed with teachers rather than other professionals. They were also found to be in constant contact with teachers, rather than with physicians or psychologists. This clearly highlights the need for parents of children with disabilities to have regular contact with teachers and to be provided with clearly expressed and useful information about their children's disability. Recently, Rogers (2011) indicated that despite all the claims of the existence of the partnership between parents and professionals, it is seldom put into practice, especially in the assessment process.

In Australia, Forlin and Hopewell (2006) analysed the responses of 46 trainee teachers to a story of a mother of a child with 'high support needs'. Their analysis emphasised the importance of dealing with novice teachers' fears of working with disabled children and their parents. This study also showed the importance of establishing a partnership between teachers and parents. They concluded that training teachers is more beneficial in encouraging teachers to respond genuinely to parents than merely expecting teachers to obey legislation.

O'Connor (2008) in Northern Ireland found that there is frequently tension between parents and professional regarding performing an assessment or dealing with the results of

assessments. This clearly shows a contradiction in the priorities of parents and professionals. The latter are more likely to support the idea of professional diagnosis, while some parents still chase their dream of having a typically developing child. Indeed, this contradiction can have negative consequences on the level of cooperation between the parties.

In England, Duncan (2003) studied the experience of ten families with SEN who were dealing with professionals at two LEAs. In particular, his research aimed to study the parents' perspectives on cooperation with professionals and the reasons why this cooperation was not achieving planned objectives. He found that there was tension between them, especially when the professionals in question tended to ignore or deny the child's difficulties, as in the case of hidden disabilities. Indeed, the parents in many of the cases in Duncan's sample appeared to be suspicious of the way that professional dealt with their disabled children (their children were neglected or humiliated) and these parents felt it their duty to deal with this situation. This apparently led to a conflict between parents and professionals, especially teachers. As mentioned above, differentiation in evaluating children's abilities by their teachers is a great source of tension with parents.

3.6.2.2 Behavioural difficulties and learning difficulties

The term 'behavioural difficulties' is used to refer to a wide range of inappropriate behaviours such as: bullying, sexual behaviour and aggression. These problems can be observed in children with LDs at the preschool stage, where the different aspects of development are at a high rate. Moreover, the importance of addressing these behaviours and the connection with LDs is that inexperienced teachers (especially classroom teachers) depend on obvious indicators of behavioural difficulties to refer those children to the resource room for various reasons which may lead to overcrowding in the resource room and tension between the SEN teacher and classroom teachers. Importantly, behavioural difficulties can affect parents, teachers and peers and their attitudes and it is critical for reporting LDs cases in schools.

Two kinds of behavioural problems can be observed in children: internalising problems such as anxiety, and depressed mood. These problems are hard to observe directly, and, most of the time, observation depends on the experience of the teachers or observers (Hammarberg & Hagekull, 2002). Externalising behavioural problems are more likely to be observed by teachers, parents, peers and siblings. These problems include a wide variety of behaviours,

including aggression, talking out of time and social withdrawal (Hammarberg & Hagekull, 2002).

It appears to be difficult to estimate the rate of behavioural difficulties in any society; estimated rates rely on the way these problems are seen, the kind of observation (direct observation, observation by peers, teachers or parents), the method of assessing, the sample (large or small, representative) and gender (Roberts *et al.*, 2003). Some studies have shown that males with LDs tend to demonstrate more externalising behavioural problems, while females tend to show internalising behavioural problems, such as anxiety and signs of indirect aggression (Hammarberg & Hagekull, 2002; O'Brien, 2003; Masse & Tremblay, 1999). Surveys by McMichael (1979), McGee *et al.* (1984) and Schachter *et al.* (1991) have shown that the rates of behavioural problems in children diagnosed with LDs vary between 24-54%. Moreover, several studies indicated that children with general LDs are three to four times more at risk than their non-disabled peers in developing emotional, behavioural problems or psychiatric disorders (see Douma, 2006). Alloway *et al.* (2009) pointed out that the rates of children with ADHD are higher amongst boys than is the case with girls, and they explain this in terms of the fact that boys are more likely to show externalising behavioural problems.

Quine in 1986 found that 45% of children with severe developmental disabilities had mild to severe behavioural problems (Roberts *et al.*, 2003). In their study on children with moderate to severe ID aged 1-8 in Britain, Saxby and Morgan (1993) found that 30% of the parents involved in the study reported behaviours, such as throwing things and hyperactivity. In early studies dealing with the behavioural problems of preschool students living in central London (705 families), Richman and her colleagues (cited in Douglas, 1989) found that 15% had mild, 6.2% had moderate and 1.1% had severe behavioural problems. McDermott *et al.* (2002) estimated the rate of behavioural problems amongst children with developmental disabilities ranged from 20-60%, while it was 30-80% with children with cerebral palsy. It can be seen that those rates vary, but it gives a clear indicator of the problem.

Early intervention with behavioural problems brings benefits for the children, teachers, parents and siblings. Chadwick *et al.*, (2005) found that early intervention with children with general LDs decreases behavioural problems and also parental stress. Alloway *et al.* (2009) established a link between working memory, behavioural problems and ADHD, and pointed

out that children with ADHD are likely to remain behind their colleagues without proper intervention.

I stated earlier that children with LDs in Jordan are unlikely to be discovered during the early stages of their academic career, if their disabilities are not visible. I concur with the fact that academic failure leads to problems with conduct (Leung *et al.*, 2007). In other words, there are strong links between LDs and behavioural problems and both affect each other (Prior, 1998). This led me here and in first round of data collection to investigate the link between general LDs and behavioural problems, taking into account limited number of studies on LDs and behavioural problems in Jordan.

Many studies indicate the link between LDs and behavioural problems at the preschool stage (Roberts *et al.*, 2003; Koskentausta & Almqvist, 2004; Brandau & Pretis, 2004; Masse & Tremblay, 1999; Heiervang *et al.*, 2001). Children with general LDs show different patterns of behavioural problems, such as aggression, tantrums, self-injury, non-compliance and stealing. These problems interfere with different aspects of development, such as social, cognitive and emotional, and therefore create extra family stress (Roberts *et al.*, 2003; Cuskelly *et al.*, 1998).

In the UK, Rutter *et al.* (1976) studied behavioural problems in children with LDs in the Isle of Wight. They found that behavioural problems, poor concentration, hyperactivity and restlessness were seen at high rates among children with reading disabilities in middle childhood. Specifically, Prior (1998) tried to explain the association between LDs and behavioural problems, and presents some basics of correlation between LDs and behavioural problems. She points out that children who fail at school are likely to develop lower self-esteem and confidence, even feelings of hopelessness, and they react by internalising behaviours such as social withdrawal or externalising behaviours such aggression towards peers and family. Children who enter KG or school with behavioural problems such as poor attention, high level of anxiety and aggression will be at risk of developing LDs because of their limited ability to adapt to the classroom's demands.

Furthermore, Masse and Tremblay (1999) stated that children who face school failure are more likely to have weak social relationships with others. Additionally, children who do poorly at school are more likely to dislike school and this may contribute to the development of delinquent behaviours (Masse and Tremblay, 1999). Moreover, Roberts *et al.* (2003) indicate that children with general LDs also have other psychological problems and

disruptive behavioural problems. The link between LDs and behavioural problems is clear from these studies, and it has also been supported in new studies.

Further evidence of this correlation was presented by Hirisave and Shanti (2002) who found a strong correlation between behavioural problems and LDs through their assessment of the pre-academic skills of a 5-8 years group. They found that 40% of their study group had difficulties in many pre-academic skills such as recognition, colour identification and discrimination. Alloway *et al.* (2009) pointed out that the limited capacity of working memory of children with ADHD is also closely associated with LDs. Additionally, Merrell and Stein, (1992) compared the behavioural problems of elementary-age boys with LDs, low achievement and average achievement using Conners Teacher Rating Scale-28. In order to carry out the study, teachers were asked to select three students from their class lists and to complete the Conners Teachers Rating Scale. Children with LDs were rated by their teachers as having poor interpersonal behaviour adjustment, inadequate classroom behaviour adjustment and often exhibiting inattentive, off task behaviour in instructional settings. Thus, the researchers found that children with LDs are at risk of developing behavioural problems.

In an earlier study using the Conners' Short Parent-Teacher Questionnaire, Holborow and Berry (1986) surveyed 1,593 (807 males) children in seven elementary schools to measure behavioural and learning difficulties. 27% of these children were found to be hyperactive and to have LDs, while only 5% of non-hyperactive group had LDs. The behaviours that were most closely correlated with LDs were a failure to finish tasks already started (short attention span), and being inattentive and distractible, uncoordinated, clumsy and 'fidgeting'.

However, in their study aimed at creating a Finnish version of the Developmental Behaviour Checklist (DBC), Koskentausta and Almqvist (2004) found that the DBC is an appropriate tool for distinguishing between children with ID and without emotional or psychiatric disturbance, and link behavioural problems to ID. The importance of this study is that it gives clear experimental evidence of the association between general LDs and behavioural problems.

In a relatively recent study, Morgan *et al.* (2008) tried to explore the connections between reading difficulties and behavioural problems in 1st and 3rd grades in the US. They used the Early Childhood Longitudinal Study-Kindergarten Class (ECLS-K) to collect the data. They found that students with reading problems at the 1st grade level are more likely to demonstrate poor performance in terms of self control and task management, and are more

likely to display internalising and externalising behavioural problems in the 3rd grade. They also indicate that students who display poor task management in the 1st grade are more likely to have reading problems at the 3rd grade level. These findings represent clear evidence of the association between behavioural problems and LDs, and the possibility of predicting them.

Development aspects in children overlap and influence each other. This has been supported by many studies. Vallance *et al.* (1998) studied the underlying risk of having behavioural problems in children with language learning difficulties (LLDs). They examined the influences of social skills and social discourse on behavioural problems in experimental and control groups (N=50 each) in children with language LDs aged 8-12 years. They found that those children who experience impaired social interactional skills were more likely to develop behavioural problems. They argue that the weak communicative competence of some children with LLDs might lead to poor social skills, which ultimately show themselves as internal or external behavioural problems.

General LDs are also strongly linked in the literature to ADHD (Alloway *et al.*, 2009; Brandau & Pretis, 2004). Children with ADHD are three to four times more likely to have LDs (Deutscher & Fewell, 2005). Children with ADHD have many behavioural problems which indicate symptoms of LDs. Over-activity, impulsivity and inattention are likely to be seen in children with LDs as well as ADHD, and they also show poor attention, impulsivity and find it hard to remember or follow instructions. Deutscher and Fewell (2005) assessed the capacity to observe low birth weight children as part of predicting diagnoses of ADHD and or LDs at a later stage (8 years old). They found that 'high scores on the Inattentiveness factor of the ADHD when children were 30 months of age predicted a physician's diagnosis and school difficulties when the child was 8 years of age' (p.76). This finding leads to the fact that professional observers (i.e. teachers) can identify ADHD symptoms at an early age and prevent child from developing LDs or behavioural problems where the lower birth weight children from poorer backgrounds are more likely to experience difficulties in next stages.

Behar and Stringfield (1974) developed the Behaviour Rating Scale for the preschool child with a view to taking assessment procedures for the KG phase one step further. One of the main goals in developing this tool was for it to be used by teachers at KGs. The new scale was standardised on a sample of 496 KG children (102 enrolled in SEN programmes). The importance of this scale is that it is a reliable and valid warning instrument and has the ability

to discriminate between normal children and those with SEN and can be used as a screening tool for teachers.

A strong correlation between LDs and poor social skills has also been shown in literature (Oakland *et al.*, 1990). In their review of literature, Kavale and Forness (1996) pointed out that around three out of four of children with LDs also experience difficulties with social skills. A strong association between social difficulties and behavioural problems could be seen through the behaviour they exhibit. Children with general LDs have poor social skills, a lower level of acceptance by peers, and high rates of emotional problems (Nieuwenhuijzen *et al.*, 2002).

Children with LDs who have social problems tend to express these in their behaviour in relation to themselves or others (Drifte, 2001). Howell *et al.* (2007) studied the predictors of later loneliness in children with ID. They found that children with more externalising behavioural problems are more likely to have feelings of loneliness in the school setting at the age of 10. Vaugh *et al.* (1993) investigated social skills with children (KG to third class) with LDs in three groups (LDs, low achievement and average/high achievement). Social skills and behavioural problem rating scales were completed by teachers on all students during kindergarten through 3rd grade. They found that children with LDs and low achievement demonstrated lower levels of social skills and higher levels of behavioural problems than children with average/high achievement.

A clear view of the association between LDs, social skills and behavioural problems was presented by Toro *et al.* (1990) who compared 86 children with LDs to their peers in three dimensions: social problem-solving skills, teacher-rated school behaviour and competence and family background. Results showed that children with LDs were less able to find alternatives for solving social problems were less accepting of frustration and were less adaptable. More specifically, teachers' ratings showed that children with LDs had more behavioural problems and less personal and social competence. In the third dimension, children experiencing LDs had more family background difficulties, such as poor economic conditions or less educational stimulation at home.

McKinney (1989) studied the behavioural characteristics of children with LDs in longitudinal studies over three years in 1st and 2nd grades, compared to average achievers. He found that children with LDs could be distinguished from average achievers by the many patterns of maladjusted behaviours they exhibit. In trying to study the association between

academic performance and behavioural problems, he clustered these children into seven different subtypes that represented attention problems, conduct and classroom management problems, withdrawn-dependent behaviour and normal behaviour. He found that children with poor attention and conduct problems had poor academic achievement compared to those with withdrawal problems who did not have significant behavioural problems. It can be concluded from McKinney's findings that behavioural problems are varied and have strong associations with future academic outcomes.

Evidence of an overlap between social skills, behavioural problems and LDs has been provided by Haager *et al.* (1995). They studied the social competence of children with LDs, low achievement and average to high achievement from the perspectives of parents, teachers, peers and self. Results indicate that children with LDs and children with low achievement were having more problems than average to high achievement students. Teachers rated children with LDs and low achievement as having poor social skills and higher behavioural problems compared to average to high achievement while peers ratings showed that children with LDs were less liked by their peers. In a similar study by Haager & Vaughan 1995 (cited in Semrud-Clikeman, 2007) children with LDs were rated by their SEN teachers as more socially competent than their non- disabled peers and they rated themselves highly when compared to other groups. The agreement between general education teachers and parents was low to moderate, while it was high between SEN teachers and parents.

The behavioural problems of children with LDs also affect parents, siblings, peers and teachers. Brandau and Pretis (2004) noted that when a child is diagnosed with ADHD, teachers and parents start having low expectations of the child. During their study of 45 families with a child with DS, Cuskelly *et al.* (1998) found there were significant negative links between performing household tasks and behavioural problems on the fathers' report. They also found that parents with a child with DS were more stressed and their stress related to their child's behaviour. That gives clear evidence that behavioural problems of children with general LDs affect the whole family, especially the parents. Mothers also reported more problems and stress in dealing with a child with DS than fathers (Cuskelly *et al.*, 1998). Behavioural problems can be used to predict the psychological stress of their parents (Hastings, 2002) and determine the way that the parents develop methods of dealing with their child's behaviour, which sometimes further increase behavioural problems.

In their study of stress and sleep problems in children with general LDs and their families, Richdale *et al.* (2000) studied 52 children with general LDs and their families aged (2-19 years) and 25 children without general LDs in the control group aged 2-17 years. A significant difference was found between the control and experimental groups for experimental. They also found that children with general LDs had a behavioural problems score within a clinical range, which indicated that they needed medical intervention. Parents in the experimental group with sleep problems reported more intense difficulties than those without sleep problems. They concluded that sleep problems in children with LDs were associated with the 'total behaviour problem score, disruptive and self-absorbed behaviour for the children with an ID, while for the control children, having a sleep problem was only associated with anxiety' (p.156).

Gender also plays its role. Cuskelly *et al.* (1998) indicated that sisters of children with DS are more likely to have conduct disorders than brothers. This might be explained by the role of females in society, and parent expectations of sisters in terms of caring for their disabled sibling. Cuskelly and Gunn found that sisters of children with DS who help around the home had fewer problems than those who did less (Cuskelly *et al.*, 1998).

Teachers are often also affected by the behavioural problems of children with LDs. Variables such as a teacher's experience and classroom size will influence their impact (Hammarberg & Hagekull, 2002). Teachers develop new strategies to respond to these children, depending on their externalising behaviour or internalising (Hammarberg & Hagekull, 2002).

3.6.3 Early Identification of children with LDs by teachers

Screening at KG is the basis of early identification (Yesseldyke *et al.*, 1986). In addition, this process can decide the nature of the teacher-parent relationship and their ability to develop trust and an efficient partnership in the future. Faraa (2005) indicated that developmental LDs can be found in three dimensions of development: language, cognitive and visual-motor skills where children at the preschool phase exhibit variance in development. Many studies have shown the strong correlation between language delay and LDs. Tervo (2007) presented the vary prevalence of young children with language delays, which is between 2.3% and 19%, while Jessup *et al.* (2008) found that the rate of children at KG with language and speech disorders in Australia is around 20%. This could easily be associated with LDs, or an early warning sign. Teachers also tend to screen language as one of the major warning signs of

LDs (Yesseldyke *et al.*, 1986; Hall *et al.*, 1994). A strong association has been also highlighted between language delay and LDs in many studies (Westwood, 2000), where children with LDs exhibit some manifestation of language delays, such as restricted vocabulary, poor syntactical awareness and weak listening comprehension. Some children with LDs have problems with receptive and expressive language. Language delays in both are likely to cause social and emotional problems. Furthermore, young children with LDs develop less expressive language than their normal peers (Tervo, 2007).

Catts (1991 & 1997) stresses the importance of language deficits in determining the early indicators of LDs. Observation of early language difficulties is a strong indicator of later reading difficulties. Steele (2004, p.77) points out that some of the difficulties in speech and language which could be observed by teachers as an early indicator of learning problems include: morphology, syntax, understanding words and sentences orally, awareness of speech sounds, word retrieval, verbal memory and speech production.

In their study on the predictive value of risk factors, cognitive factors and teachers' judgments in a sample of 462 KG students for their early reading skills and reading failure at the beginning of 1st grade, Gijsel *et al.* (2006) found that the performance of students with a history of speech and language difficulties was significantly worse on all tests, proving the connection between LDs and speech and language deficits at the preschool stage.

Teachers always tend to screen motor, cognitive and social-emotional development (Yesseldyke *et al.*, 1986), development functioning, language and self-help (Hall *et al.*, 1994). Gaines and Missiuna (2006) followed 40 children aged 63-80 months to investigate developmental coordination disorder, which is common with LDs and speech/language disorders. They found that young children who enrolled in early intervention programmes have significant co-ordination difficulties which will be more obvious at KG and when the child starts learning academic skills. This has led to the idea of the overlapping of the development aspects at the preschool phase, to be used as evidence by teachers to determine the early warning signs of LDs.

Frederickson and Cline (2002) indicated to some symptoms which might be used by teachers to identify language and speech difficulties, such as production of odd grammatical structures, difficulty in keeping track of a conversation, poor memory, talking in a roundabout or vague way, avoidance of tasks which involve language, appearing slow to respond to instructions in a group and dependence on copying what other children are doing.

Cognitive skills play an important role in learning academic subjects and have a critical role in developing the ability to read in later stages. Steele (2004) states that KG teachers can easily observe cognitive skills through the daily activities done by the KG child, such as listening activities, games, puzzles, counting and memory games. Mazzocco and Thompson (2005) studied the role of the cognitive skills of children at KG in predicting mathematics LDs in 3rd grade. They studied 226 children at KG for four years and measured their achievement. They found that it is possible to predict if the KG students were at risk of maths LDs. The importance of their work is that their findings have implications for the early screening of maths LDs.

Shin *et al.* (2008) studied agreement on childhood disability between the teachers and parents of children with cognitive delays at the preschool stage using ABILITIES Index (provides a profile of a child's abilities across 9 major areas) and a demographic information form. They found that the teachers rated the children's level of functioning more severely than parents on areas of ID and behavioural problems. Parents and teachers also had lower agreement on areas of social skills, inappropriate behaviour, intellectual functioning and communication skills in children with developmental delays.

In their longitudinal study over seven years, Fletcher and Satz (1982) examined the effectiveness of a screening battery to predict the achievement of children. They found that they could classify children into three different achievement groups (education outcomes): severe, mild, average and superior in KG, which could be used as a predictor of reading success until the 6th grade.

Scott *et al.* (1998) examined the effectiveness of a cognitive screening test in order to identify young children at risk of having mild LDs, which consisted of eight tasks. They used identification tasks (e.g. picture pointing, picture sequencing and semantic information/verbal). In the test, the child had to respond directly by pointing to his choice, generating a task where the child had to respond verbally. They found that the accuracy of classifying children at KG using this test was high and also found that females had slightly higher scores than males.

Most *et al.* (2000) studied phonological awareness, peer nomination and social competence among KG children at risk of developing LDs. They found that they had lower scores than their not at risk peers in terms of self confidence and acceptance by peers, and

were lonelier than their peers. They also found that children at risk of developing LDs had social-emotional difficulties and deficits in phonological awareness.

In an early study by Keogh *et al.* (1974), 58 teachers of KG and 1st grade were interviewed individually to determine their perception of the warning signs of educational risk using children's behaviour observation. There was agreement between teachers on risk signs, behavioural and personality problems. These findings led the researchers to use teachers as a first level screening. They concluded that teachers' observations of classroom performance provide insights into children's learning and behavioural styles which facilitate or hinder school success.

Yesseldyke *et al.* (1986) presented many criticisms of using screening tests. They indicate that reliance on using screening test will reduce the effectiveness of the test, and stressed the risk of utilising results in labelling children at KG without a deep diagnostic process. Another criticism presented by Taylor *et al.* (2000) is that the methods of screening young children at risk of SpLDs are problematic. They argued that it is both inaccurate and expensive to administer test batteries to a large number of children. That could easily be avoided, as this study is not designed to develop any diagnostic tools.

Another study was carried out by Jessup *et al.* (2008) to examine the ability of teachers to identify children at KG (4-5) with speech and language impairment using the Kindergarten Development Check (KDC). The importance of this study is that it shows the ability of teachers in identifying children with language and speech impairment. There is a strong association between language impairment at KG stage and cognitive impairment, which could develop into LDs, poor academic achievement, reading and spelling errors and difficulty in behaviour and socialisation. Ultimately, they found that KDC is not an efficient instrument to support teachers' identification of KG students who are at risk of speech and language disability. Parents play a critical role in the process of identifying which of their children have LDs. As mothers tend to spend more time with their child than fathers, their ability to observe the child's behaviour is greater. Riddick (1996) pointed out that mothers of children with LDs realise that there is a problem with their child by age of 5. Poor coordination, unawareness of physical surroundings, being accident- prone, late talking, poor social interaction, impulsiveness and being easily distracted are early warning signs which could be noticed by parents.

Various studies have shown the importance of the early identification of early indicators of general LDs. These symptoms may be seen at an early stage (pre- KG), as in ADHD, or at the KG phase, where the child engages in some pre-academic skills and starts interacting with his peers. Studies also have shown that screening tests could be used in order to identify early indicators of LDs at KG stage, although this approach has its critics.

Leung *et al.* (2007) developed a screening checklist to identify LDs at the end of first term of primary one in Hong Kong using teachers' rating. This instrument covered basic literacy, numeracy, language, motor skills and social adaptation. The importance of their work was that the new checklist could be used to identify children who experience early warning signs of LDs. They found that children with mild LDs are difficult to identify or classify.

Faraa (2005) developed another instrument in the Gaza Strip to diagnose developmental LDs at KG phase. He developed a new checklist based upon his review of the existing literature, rather than teachers' views. The new checklist contains four dimensions: visual-motor skills, cognitive skills, language development and social skills. Teachers are asked to complete this checklist through their observation of the child in the class, using the simple categories of always, often, sometimes and rarely. The weak point of this checklist is that it depended on the literature, without any application to samples, and has not had enough validity norms.

Although there has been controversy over the early identification of LDs, numerous studies point to the benefits of early identification of children with general LDs and behavioural problems (e.g. Roberts *et al.*, 2003; Leung *et al.*, 2007; Alloway *et al.*, 2009; Chadwick *et al.*, 2005; Steele, 2004). Early identification could lead to stigmatising with LDs, but, on the other hand, it might lead to early intervention. It has also been proved that early intervention with children with LDs is more effective than remediation (Leung *et al.*, 2007) which includes medical, psychological, social and educational services before the age of 6.

3.6.3.1 Teachers as identifiers of early signs of LDs

Parents and teachers play a central role in the identification process. As they both spend long periods of time with a child, their ability to judge that child's behaviours should be greater than others, and more valid. However, trained teachers might provide more accurate information about the children with LDs than parents. In Jordan, to see parents playing the

problem down is common, through ignoring the early signs of disability and comparing their child to his or her siblings at the same age, or even to themselves at that age.

Some children exhibit behavioural problems for a short time in their lives, before recovering during later developmental phases. Teachers can be used as neutral identifiers; since their observation more efficient in determining if the child has early apparent warning characteristics of LDs. However, when there is no trust between parents and teachers or teachers are inexperienced; more referrals are more likely to occur.

Teachers as identifiers for predictive learning purposes have been used in many studies to observe students' behaviour or to rate them for other aspects of difficulties (Keogh *et al.*, 1974; Taylor *et al.*, 2000; Tur-Kaspa, 2004; Holst, 2008). Screening checklists can be efficient and helpful when they are used by teachers who spend a long time with the child. Not only are they useful in gaining information about the behaviour displayed by the child, but they can also be used to develop behavioural and educational goals (Clark-Edmands, 2000).

Oakland *et al.* (1990) stressed the importance of involving teachers in the assessment of children with LDs, especially when they use rating scales or checklists. They can provide accurate information about the child's behaviour in class, and in other academic situations, and the nature of the child's disability.

Teachers' ability of identifying children with LDs might be problematic, however one of the favourite aspects of teachers' abilities to identify LDs aspects is low achievement compared to peers. In the KG phase, academic achievement is not fundamental, and cannot be used as a norm in diagnosing children with LDs, as children do not study proper academic material. Furthermore, since teachers' experience plays a vital role in identifying these children, lack of experience could lead to a wrong referral, or worse, to these children suffering neglect. In addition, there is no consensus in defining LDs and teachers' experience. To identify early warning signs, teachers have to take into account different aspects of development and the huge overlap between development aspects at the early childhood phase. From this point, teachers' experience plays a critical role in the processing of identifying children with LDs in their classes, and knowledge and adequate experience are essential.

Another problematic issue related to using teachers as predictors of later LDs is the definition of 'risk' or 'at risk'. Most of the definitions concentrate on the problem with the child, rather than environmental conditions. The eligibility of the child for SEN services is the main norm of defining at risk. Other definitions tend to concentrate on failure to achieve academic competence and related skills. Aksamit's definition in 1990 (cited in Sugai & Evans, 1997) concentrates on displaying behaviours which predict later SEN placement. Other definitions, meanwhile, focused on significant harm or social exclusion (Cheminais, 2006). These definitions focus on the child's problems without having showing any signs of LDs. Failure in terms of academic achievement appears to be one of the critical norms for defining whether a child is high risk or not.

An early review by Satz and Fletcher 1980 (cited in Gijsel *et al.*, 2006) of KG teachers' abilities showed that the agreement between teachers' prediction and test results in 1st and 2nd grades was high (almost identical). Prucher and Langfeldt (2002, p.402) tried to answer the basic question 'how do German SEN teachers perceive and describe a learning disability in reports written about children who are to be transferred to a special school for students with learning disabilities?' They found that the SEN teachers described children with LDs in different ways (heterogeneous groups) and their difficulties could be classified as follows: poor comprehension, poor intelligence, attention deficit disorders, and poor academic achievement and language difficulties. It is significant that the prior groups are representative of most of the early indicators of LDs in the preschool phase. Moreover, this study shows that teachers of children with LDs could be depended upon to identify early indicators of LDs.

Gijsel *et al.* (2006) examined teachers' judgments as predictors of early reading in a sample of 462 kindergarteners. The children were tested at the KG and in 1st grade at school (Picture Test, Naming Colours Test, Letter Knowledge Test and Grade One Reading Test); while teachers were asked to write down the names of the students whom they believed would develop reading difficulties at 1st grade. They found that the performance of children at risk of LDs in these tests supported views regarding the ability of teachers to predict LDs.

Sugai and Evans (1997) used teachers' ratings to determine the proportion of students who were at risk of academic and behavioural failure using the High Risk Screening Survey developed by researchers. SEN and regular classroom teachers were asked to rate 8,722 students in KG (aged 4-5) and 1st through 7th grades. They found that most students were seen as about or above average in reading, maths and languages/arts, while only 7% were judged

by their teachers as falling behind their peers. Generally, the importance of this study is that it utilised KG and SEN teachers to judge students. The new instrument developed (High Risk Screening Survey) can be used in order to determine children who are at risk of academic or behavioural difficulties.

In a longitudinal study, Salvesen and Undheim (1994) investigated the ability of teachers to screen children at risk of LDs. 603 children were rated in their second 2nd and the ratings were correlated with examinations in 3rd grade. The results showed that teachers were accurate in their ratings of low achievement, but less efficient in their ratings of specific reading difficulties.

Clark-Edmands (2000) developed three checklists for identifying children at risk of reading failure, spelling error analysis and handwriting difficulties at KG, to be used by teachers and parents. She divided the first checklist (Prevention of Learning Failure) into four dimensions: language, visual perceptions, fine motor and self-concept. Each part has many items, which should be checked by teachers or parents, to see if it applies to the child. When the child has a large number of checks, he or she should be referred for further evaluation. The importance of her work lies in its focusing on developmental disabilities, developed from her own experience as a teacher, which is similar to the current study, depending on teachers' experience.

McNicolas (2000) examined teachers' assessments of students with profound and multiple LDs in LEAs England and Wales. He found that the assessment of those children was 'informal, idiosyncratic and geared to achievement' (p.150). Moreover, assessment sometimes differed from teacher to teacher in the same school. That would support the suggestion that teachers' experience plays an important role in identifying children at risk of LDs.

Margalit *et al.* (1997) studied teachers' and peers' perception of children with LDs. They found that teachers and peers rated children with LDs as having fewer social skills, less acceptance by peers and having more behavioural problems. The importance of this study is that the predictions of teachers were accurate. Wight and Chapparo (2008) studied teachers' perceptions of the social competence of children with LDs using The Teacher Skill-Streaming Checklist. The sample consisted of 21 boys with LDs who had been identified as having difficulties in academic performance by their individual teachers and 21 boys as a comparison group. Despite the risk of bias, the findings showed that children with LDs have

behavioural differences from their peers in terms of conduct, withdrawal and distractibility. They also found that these children have greater difficulty in making friends. In addition, they suggested that these children need proper intervention and assessment of their behavioural problems. The significance of this study is that it highlights the ability of the teachers studied in identifying these children and referring them for further assessment, and the clear association between LDs and social skills.

In Jordan, Al-Natour *et al.* (2008) studied the current practices and obstacles in assessing children with LDs. Their results show that most teachers in resource rooms depend on their own tests (normally achievement tests) to make eligibility decisions. It also shows that the main problem faced by teachers is the high rate of referral from classroom teachers for low achievers. Arguably, classroom teachers tend to depend on the resource rooms' teachers in any matter related to the child's disability and to use the traditional way of defining LDs (discrepancy between IQ and achievement). They also found that new techniques of assessment such as Response to Intervention, Dynamic Assessment and Curriculum Based Assessment appeared to be used the least by teachers.

A few studies have focused on the inability or limited ability of teachers in predicting LDs in their students at an early stage. Holst (2008) studied how teachers perceived challenging behaviours in children who have characteristics consistent with Deficit in Attention, Motor Control and Perception or ADHAD. Semi-structured interviews were carried out with teachers at KG in three different locations in Denmark. The results show that KG teachers and educationalists have limited knowledge about Motor Control and Perception and ADHAD.

In the UK, Julian and Ware (1998) found that most general LDs teachers were unqualified (only 20% were qualified). Furthermore, there was concern that Learning Support Assistants were more experienced than teachers. Lindquist (1982) studied the ability of a screening programme for preschool students in terms of predicting reading scores at the primary stage (language, gross motor skills, personal-social and fine motor-adaptive). He found that the tool did not provide precise identification of students at risk of LDs, and that its value in identifying children with LDs was limited.

3.6.4 Services provision in public and private schools

The task of providing services for children with SEN is important in order to link that to the quality of services provided in Jordanian schools. In Jordan, traditionally, services in private schools are better organised and presented compared to those provided in the public sector. This is mainly due to the fact that private schools have more financial capacity and organise services more efficiently, which attracts children and their parents.

In public schools, services have been mandated by laws or individual initiatives, and, in general, the whole picture appears to be bleak. Indeed, Obiakor (2007) noted that when services were presented in public schools, there seemed to be inequity in the provision of these services, in terms of identification, assessment, categorisation, placement and instruction. This failure to provide adequate services prompted parents to seek better services outside the public sector (Katsiyannis *et al.*, 2001). In public schools in the US, for example, implementing the Individuals with Disabilities Education Act in schools showed that more than 1.75 million students with SEN did not receive appropriate SEN services, which drove their parents to look for an alternative option in the private sector (Katsiyannis *et al.*, 2001).

Moreover, Obiakor *et al.* (2010) studied the experience of African American students in public schools in the USA and found that there were some varied practices during the long process of providing services of minority children in the schools. They noticed that several teachers, especially classroom teachers, were not adequately prepared to support children with SEN, in many ways. Firstly, teachers showed a lack of knowledge of SEN and were more likely hold inaccurate expectations of these children. This inaccurate expectation applied especially to children belonging to minority groups, who were often marginalised by the teachers. In addition to this, children often had their SEN inappropriately identified.

Secondly, in the referral process, some teachers in public schools tended to use punitive interventions with these children, rather than supportive ones. This led to many inaccurate referrals, where many children lost their opportunity to have effective and early learning. Indeed, this weakness in teachers' performance reflected on the students themselves, who reacted to teachers' low expectations by performing poorly (Obiakor *et al.*, 2010). The difficulties facing these children also existed in the evaluation, placement and enrolment processes.

In addition, teachers who teach these children often suffer from high levels of burn out, and lack of qualifications and experience contribute in teachers' drop out from public schools

(Obiakor *et al.*, 2010). This is also due to the fact that those teachers lack support resources, often leading to exhaustion (McLeskey *et al.*, 2004). This may also lead teachers to drop out, or respond to their students in improper ways. It should be noted here that these practices are more common in public schools. Thus, teachers' voices in public schools are not heard or taken into account, which is reflected in their participation in teaching these children or using new resources (Smith *et al.*, 1994).

Unlike private schools in the western world, where some enrol children with SEN (Taylor, 2005), Jordanian private schools, ask the families of children with SEN to pay higher fees than their typically developing peers. Thus, it is rare to find a Jordanian private school without a special education unit. However, services in these schools are variable in terms of quality, depending on the school itself, location (rich or poor area), administration and the staff.

It should be noted here that there is little research on SEN services in public and private schools around the world, especially the latter. This is mainly due to the fact that most research has been carried out in western countries, where services in both sectors are similar. Recently, Howells (2000) aimed to implement a programme for children with SEN in a private Catholic school in a suburban city. She found that teachers and head teachers had little knowledge about children with SEN and approaches to teaching them. She also found that the teachers' and head teachers' lack of knowledge reflected on the way they reacted to her as a researcher, and more importantly poor knowledge also reflected the way that services were provided to disabled children in the school.

In a mixed method study, Taylor (2005) studied head teachers' practices concerning children with SEN in private schools in Tennessee, USA. She found that head mistresses' welcoming of children with SEN in their private schools is affected by interaction between the type of leadership used by the head teacher and components of the ecology system. In general, private schools, which are perceived as providing better services, are governed by the school's philosophy and by profitability, while public schools suffer from disorganisation and limited resources, accompanied by a lack of knowledge of special needs on the part of teachers and head teachers.

3.7 Conclusion

Since the term learning difficulties appeared in the early 1960s, debates have arisen to define, conceptualise and classify LDs. As a result, services for children with LDs have been improved in numerous countries around the world, especially the developed ones. Jordan has also seen some improvement in terms of the provision of adequate services for these children, especially the early identification process.

An obvious association between LDs and behavioural problems was found in many studies in the UK and USA. This correlation leads us to assume that early warning signs of LDs can be predicted by observing behavioural problems. As children at KG are not involved in academic learning, developmental LDs and behavioural problems were used widely as a predictor of LDs, reading ability and academic achievement.

Teachers of KG, normal classroom and resource rooms with positive attitudes towards children with LDs were able to identify the early warning symptoms of general LDs, and that led to the conclusion that teachers should be involved in the processes of identification, referral and assessment of students with general LDs.

Attitudes towards children with LDs varied in many studies, and several factors were found to contribute to the framing of these attitudes. Experience, age, exposure to disabled people and the type and severity of disability appear to play a crucial role in shaping attitudes towards these children. The difficulties that face teachers of SEN also play their role in framing attitudes. According to research, teachers who do not have enough support or resources are more likely to show negative attitudes towards the disabled children in their care. These negative attitudes are more likely to be shown in public schools rather than in private ones, mainly due to the fact that many public school teachers are not adequately qualified, and the resources required to do this job successfully are not available.

Fourth Chapter- Research Process

4.1 Introduction

Having a child with LDs is one of the most serious challenges facing parents, teachers and, ultimately, educational policymakers in Jordan today. In order to respond to the increasing number of children with LDs in schools, several attempts have been made to establish a protocol for the diagnosis of LDs in the country; but these have as yet been unsuccessful (Al-Natour *et al.*, 2008; MoE, 2007) with several private schools and SEN centres establishing their own diagnostic protocols without reference to a common framework. Thus, currently in Jordan, as a result of lack of interest in early intervention services (El-Roussan, 1996), students with SEN and specifically LDs are likely to be identified as such after the age of 10 years.

From my own experience as an SEN teacher for eight years, I have noticed that parents tend to blame teachers and the MoE for low achievement and more importantly the late identification of their children's learning difficulties. Importantly this is not just the case in Jordan, but as Danforth and Smith (2005) illustrate, it is common for parents and teachers to engage in a campaign of mutual accusation. Furthermore, parents may deny their child's disability, often as a result of cultural, religious and personal attitudes towards disability (Hadidi, 1998; Turmusani, 1999).

Responding to the need of early identification of SEN, this research was initially designed to develop a checklist to identify early warning signs of LDs at kindergarten stage. The first round of data collection, accompanied with the direct friction with SEN teachers in public and private schools indicated that teachers' concerns are deeper than early identification of children with SEN. In fact, I felt that teachers' concerns were actually related to the absence of the basic provision of sufficient services rather than early identification. This was the critical point in this study when I decided to change approach concentrating on teachers' basic concerns and difficulties.

Providing SEN services for children at public and private schools in Jordan is problematic. Most of the publically available services are situated in big cities and the rest can be found in larger urban areas within the kingdom. The provision of services, particularly in state schools, can be described as minimal at best with many teachers (mainstream and SEN) regularly expressing concern about the quality of support they receive.

The reported increase in the number of children with LDs in Jordan, highlighted by the figures of the MoE (2007) without appropriate services demonstrates the urgent need to study this issue. A key driver underpinning this research project is a desire to understand and improve the process of referral to resource rooms (where the students with LDs receive individual teaching in some classes following the pull out model) and also identify the therapeutic and support services students need in those classes they share with their typically developing peers. Thus, in this chapter I aim to outline:

- Research problem
- Objectives of the study
- Research questions
- Epistemological considerations
- Data collection- first phase
- Participants
- Ethics
- My role as a researcher
- Data analysis- first round
- Data collection- second round
- Conclusion

4.2 The Research problem

As mentioned above, the diagnosis and development of support mechanisms for children with LDs is one of the most significant barriers for Jordanian students wishing to complete their school education. According to the MoE, in 2004, 5% of all students at public schools were identified with LDs, however, according to the Ministry of Social Development (Ratrout, 2008) the estimated number could be as high as 12.6-30%. The lack of consensus among ministries is an apparent example of the confusion that has been at the root cause of the problems in planning comprehensive services for children in Jordanian schools or, at least, the effective utilisation of educational support services.

Despite 18 years of official involvement of the MoE in teaching and supporting students with SEN, the nature of public services available for children with SEN has not changed significantly. Furthermore, the establishment of the Department of Special Education has not significantly altered the way in which children with SEN or LDs are supported in schools.

For example, the creation of the Assessment Section of the MoE was to facilitate referrals by offering a series of assessments for children who teachers or parents suspected have SEN or LDs. However, the Assessment Section does not have any long-term policy to identify children with LDs nationally, or provide universal support. Most of the work they undertake is based upon individual initiatives of the members of the centre, and the success or lack of success in identifying children with SEN or LDs depends upon the personal experience of the individual administering the diagnostic tests (Al-Natour, 2008). From my own experience in a mainstream school, most cases for assessment are referrals from angry and frustrated parents who do not know what else to do (see also Rogers, 2007a). As I noted earlier, parents of children with LDs often deny their children's' disability or ignore it (Rogers, 2007a). At the same time most teachers do not have enough appropriate experience to respond to those children with LDs and, as a result, interventions are often put in place late on (Al-Natour *et al.*, 2008).

While several studies have mentioned the benefits of early discovery of LDs (e.g. Majnemer, 1998; Al-Natour *et al.*, 2008; Dockrell & McShane, 1992; Snow *et al.*, 1998; Hall & Moats, 1998), it has also been shown that early assessment is more beneficial for parents giving them time to adapt and work through those negative attitudes that can develop. It has also been suggested that the stress levels are reduced where information about the nature of their child's difficulty is provided and where a clear understanding of a child's needs is provided alongside of services (Uskun & Gundogar, 2010). Tensions between parents or between parents and non-disabled siblings can also be addressed through active early intervention (Taanila *et al.*, 2002) which several Jordanian parents object to, as identified in this study.

As previously stated, unlike other countries such as the UK, in Jordan there is no central national alerting system for SEN, and the main responsibility of the assessment rests with teachers in resource rooms (Al-Natour *et al.*, 2008). As students with LDs and behavioural difficulties (especially with SpLDs) are currently not discovered until relatively late in their educational career, the need to understand the difficulties that teachers experience, and that hinder their effective participation in early assessment, are crucial. Many of the early warning signs of LDs tend not to be recognised by either teachers or parents, particularly where the teacher is inexperienced (Al-Natour *et al.*, 2008) or denied by parents. Indeed, parents in Jordan often argue that their child is going 'through a stage' and the difficulties s/he is currently facing will pass in time.

When I suggested that we should help Yasmeen by sending her for a further assessment in Amman, her mother's first word was: no. I looked at her and did not say anything and she did not bother to explain. when I spoke to the head teacher later who told me that the mother had told her that she discussed the matter within the family and she received a piece of advice from her mother -in-law that this is 'normal' and her daughter was like this when she was in Yasmeen's age and she is ok now.

(SEN teacher - public school)

Socio-cultural contexts also come into play (Turmusani, 1999; Hadidi, 1998): parents reported being ashamed of their child's disability and trying to hide it from others. Social status and tradition are important to Jordanians, as is how other people see them. Thus, playing down a problem (Rogers, 2007a) is a common practice by parents of children with SEN in Jordan. Children with LDs lose several social learning opportunities as they are often hidden away by parents due to their strong feelings of social embarrassment and shame (Turmusani, 1999). Moreover, it is only at the age of 9 or 10 years (or in some cases even older) when there is a marked discrepancy in learning that parents may seek out support.

I have worked with children with LDs for more than eight years in Saudi Arabia and Jordan, and have worked with students with intellectual disabilities and SpLDs in a private school in Amman where SEN services are expected to be much better than other cities and the countryside. In addition to working in private schools, I have also worked as a classroom teacher in Zarqa where there were no resource room or local assessment centres. I have thus had first-hand experiences of the difficulties experienced by teachers, students and their parents. It was very common to hear parents, especially mothers, criticise the services that are available. In summary, their main criticism was that the assessment came too late and their child will lose many opportunities to be taught effectively.

4.3 Objectives of the study

- To investigate the current status of provision of services for children with LDs in public and private schools in Jordan.
- To critically consider teachers' perceptions of children with LDs and their parents in Jordan.
- To explore difficulties around assessment, diagnosis, and provision of LDs services in Jordan.
- To investigate difficulties facing SEN teachers in public and private schools in Jordan.
- To compare service of SEN in public and private Jordanian schools.

4.4 Research questions

In this research, to aid the design I ask questions which explore the new issues in the special education field in Jordan. My aim was to meet teachers who were in everyday contact with students with disability. In order to do so, this research was designed to explore the following main questions:

- What is the current situation of children with LDs in Jordanian schools?
- How do head teachers in Jordanian schools perceive children with LDs in their schools?
- What are the main difficulties facing SEN teachers in public schools in Jordan?
- What are the main difficulties facing SEN teachers in private schools in Jordan?
- How do SEN teachers behave with children with LDs in public and private schools in Jordan in their classes?
- What are the differences between services for children with LDs in private schools from those in public schools?

4.5 Epistemological considerations

As this study took shape, the need for a philosophical component to understanding the existing data became vital. In general, philosophical perspectives influence the way in which the researcher interprets the data, not only influencing the way in which it is understood in context (Newby, 2009) but also the way in which the research is taken from design to conclusion. Moreover, understanding philosophical standpoints can help me, as a researcher;

understand the interrelationship of my research (including methods and methodology) with that of others. In this study, I hoped that the data gained through interviews would enhance my understanding of the SEN situation in Jordan and, more importantly, enhance the learning environment for children with LDs. Thus, I interviewed and re-interviewed teachers to gain a thorough understanding of the world in which they worked.

For the above reasons, it became critical for me to review my own philosophical assumptions and to have an understanding of my 'position' within the research. In this section, I will also discuss how my own knowledge and experiences as an SEN teacher have framed the approach adopted in this research.

Ontology was described by Blaikie (1993, p.6) as 'the science or study of being'. In other words, ontology describes our view (both assumptions and claims) on the nature of truth and whether this truth or reality is subjective or objective. As these are our own views, criticising the researcher's ontology is difficult as it cannot be refuted empirically. Epistemology has been defined as 'the possible ways of gaining knowledge of social reality, whatever it is understood to be. In short, claims about how what is assumed to exist can be known' (Blaikie, 1993, p.8). While Hatch and Cunliffe (2006) indicated that epistemology is more about how we can know. In other words, what criteria we use to distinguish between good and bad knowledge. Crotty (1998) indicated that there are three positions in epistemology: objectivism, subjectivism, and constructivism. Knowledge exists in objectivism whether we are aware of it or not. Researchers deal with objectivism by examining theories and hypotheses. In contrast, constructivism argues that knowledge and reality do not have an objective or absolute value and social phenomena develop in a specific context where the concepts are part of that context even if it seemed apparent and natural. Finally, from a subjectivist perspective, human behaviour can be understood by comprehending others on their own terms.

Throughout my research, both kindergarten and SEN teachers provided me with rich and valuable data indicating that children with LDs and their parents continue to encounter negative reactions and attitudes from others. However, it is not only children with LDs and their parents who face these difficulties, but also teachers who work with them. Some teachers, especially those who are not in constant contact with children with LDs (e.g. classroom teachers and head teachers), also hold negative attitudes towards these children and their SEN teachers. Thus, a complex series of relationships comes into play with children

with LDs, schools, teachers, and the MoE as well as those who are not in regular contact with children and parents (e.g. student teachers in schools) (Cheng *et al.*, 2009).

Managing relationships with others and engaging with teachers' views can be achieved through surveys but cannot be understood meaningfully via conventional positivist approaches. For example, quantitative data will give us patterns about social life, but falls short when wanting to understand deeper contextual aspects of a particular problem. Equally, but in a different way the medical model, often associated with 'objective truth' about pathology individualises the problem and suggests the main focus is on the diagnosis of symptoms and treatment. Rather, an epistemological foundation based on an interpretive paradigm seemed to me to be the most appropriate means of understanding the issues at stake and the data collected. By using this approach, I assume that there are multiple realities (Denzin & Lincoln, 1998) and to work with my participants as they create their realities and make sense and draw meaning of it in order to understand their points of view, and to interpret these experience in the context of my academic experience (Hatch & Cunliffe, 2006). Crucially I wish to use the lens of sociology and disabilities studies (e.g. Campbell & Oliver, 1996) together in order to understand the social world of SEN teachers, and their shared meanings and language they employed in their own terms. Thus, my concentration was on understanding the interpretations of 'social actors' and to understand the world from my participant's point of view (see Finkelstein, 2004).

Disabled people and their families, as well as non-disabled individuals, interact with one another. From this epistemological standpoint, we acknowledge that people give meaning to phenomena and understand it through their interactions and experiences (personal epistemology) (Feucht & Bendixen, 2010). Teachers who interact with children and their environment have experiential knowledge that is crucial in explaining and understanding the dilemmas facing them. I aimed here to explore the 'truth' as it was told by participants. By using Goffman's (1963) discussion of stigma and especially of courtesy stigma as a foundation (where people who work with stigmatised children (teachers in this case) are more likely to bear a courtesy stigma because they share a network of connections with the stigmatised children), I hoped this interpretative theoretical perspective would lead me to understand the data better acknowledging its social context exploring experience mutual marginalisation of children with SEN, their families, and SEN teachers as the meanings were constructed by SEN teachers as they engage with the world they were interpreting.

I was also keen to see if 'courtesy stigma' was evidenced; here individuals who are related directly to a stigmatised are also discredited based upon their association (Goffman, 1963; Norvilitis *et al.*, 2002). Courtesy stigma might affect parents, siblings, and teachers. Parents who deal with outside society might face varied questions and stares from others who tend to stigmatise or even blame them for their child's difficulty (Gray, 2002; Turner *et al.*, 2007; Crabtree, 2007) which might lead them to frame negative attitudes towards those children. Parents' responses are varied and mainly depend on their culture and values in their social environment disabled people are devalued. That can lead parents to react negatively on discovering their child has SEN, for example, hide their child, conceal their child's disability, social withdraw their child (Turner *et al.*, 2007) and even deny their child has a disability.

Thus, this research is aimed at understanding some of the issues that emerged from in-depth interviews through a socially based framework. More specifically, data collected from teachers who work with SEN children are interpreted in light of a social theoretical-perspective where issues of marginalisation, denial, negative attitudes, and ignorance are explored.

4.6 Data collection- first phase

Between the end of October 2009 and January 2010, I conducted 23 semi-structured interviews with teachers of SEN and KG in Jordan. These interviews mainly aimed to explore the early warning signs of LDs depending on KG and SEN teachers' experiences. Between April and June 2010 six teachers were re-interviewed in order to explore further some issues emerged from the first batch of interviews. Another two teachers including one head teacher were also interviewed in order to have a deeper understanding of SENs in Jordan.

Interviews used to collect the data can provide valuable information about people's attitudes, their values, and what they think they do (Patton, 1990). The interview technique is a flexible way to collect data which allows the interviewer and interviewee to discuss their ideas and thoughts through open-ended questions and to use more than one communication channel with interviewees (Cohen *et al.*, 2008).

4.6.1 Data collection method: Semi-structured interviews

The main method of collecting data was through a semi-structured interview format with open-ended questions. This method has been widely used in educational research and is considered credible for studying teachers' insights and experiences (see Borg, 2006).

According to Patton (1990, p.278) 'the purpose of interviewing is to find out what is in and on someone else's mind', and also allows the researcher to gather data which other methods might find tricky., Interviews can compensate for the disadvantages of other potential methods of collecting data. I was able to answer the questions 'why?' and 'how?' rather than 'how many?' or 'how much?' through these semi-structured interviews Their flexibility allowed me as the researcher to explore emerging issues that followed (Miles & Gilbert, 2005) and give the participants more possibility to express their opinions (Zanting *et al.*, 2003).

Semi-structured interviewing starts with general questions and moves towards the specific unlike questionnaires. As the interviewer I was able to have a focussed, less formal and interactive pattern of communication, which allowed me to supplement the interview with questions and follow ups that related to the interviewees' specific responses (Miles & Gilbert, 2005).

Several of the teachers I interviewed said that they preferred to be interviewed in this way. Indeed, this became apparent through discussions in the interviews and from feedback I received following transcription. One of SEN teachers made it explicit that interviewing her face-to-face with unprepared questions was easier as example here from my field notes:

> *After finished interviewing teacher 'Raja'a', the teacher walked me to the head teachers' office in the other building. She said that most of researchers from Jordanian universities came asking us to fill questionnaires without asking us about our real opinions or difficulties. She mainly mentioned that most of those questionnaires contain fixed questions which do not cover everything and there was no chance to add any comments.*

(Field notes)

In fact, these field notes and the feedback I received following transcription helped me in planning for the next round of data collection and specifically assisted me in giving teachers the full opportunity to speak out without guidance or disruption. In addition, this field note

was also crucial in encouraging teachers to participate again in the research by appreciating their participation in the first round and informing them that the second round was going to concentrate on their concerns and points they stressed in the first round.

4.7 Participants

4.7.1 Challenges in gaining access to participants

In order to find participants for this study, and as a courtesy I contacted the MoE aiming to secure written permission to approach teachers. The ministry were contacted by me three times during July and August 2009 with an official letter from Brunel University explaining the aim of the interviews. After all attempts to contact the MoE failed, I contacted one of my acquaintances working in the Department of Special Education at the MoE in the hope that he would help me get approval. In gaining access, for example, in her study about non-heterosexual women, Browne (2005) used women to introduce her to friends in order to find an appropriate sample. The MoE played the role of 'gatekeeper' by asking for an advance copy of the questions and repeatedly asked about the objectives of the research. They wanted to know all the questions I was going to ask and how many teachers I was going to interview and most importantly why I was going to interview them through knowing the aims of the research.

The barriers I encountered also encouraged me to think about the appropriate way of selecting teachers to interview. As the MoE did not cooperate initially and in the absence of any published database, I had to find an alternative means of recruiting participants, primarily through my own social networks (Yu, 2009). Notwithstanding, following one final attempt to contact the MoE was made by telephone followed by an official letter and an email. After a further two weeks of waiting, I decided to use my social network of friends and colleagues to begin gathering data.

However, I contacted my friend again in order to try and obtain permission once again from the ministry. Having arrived in Jordan on the 23rd October 2009, I was hesitant to collect data without permission from the MoE. However, permission was finally granted on 25th October after providing the Department of Educational Research copies (in Arabic) of School Research Ethics Committee (SREC) clearance.

4.7.2 Participant recruitment

Using my own social networks as a starting point, I opted to use the snowball method of recruitment rather than rely entirely upon my own immediate friendship networks (Noy, 2008; Sheu *et al.*, 2009) which are valuable in qualitative research as in the current one (Noy, 2008). The main reason for using snowball sampling was related to difficulties I faced in obtaining permission to interview teachers from the MoE. Ultimately, it has many advantages especially when it comes to hidden populations where it is difficult to access potential participants (Noy, 2008). Notwithstanding, one of advantages of not having much assistance from the MoE was that teachers in public schools and KG were more confident in expressing the difficulties they faced in getting ministry support without fear.

As soon as it became known that this research was being conducted, more teachers, especially in the public schools, wanted to participate and talk freely about what they felt and their concerns. Thus, as the 'ball' grew slowly, the positive experience of being interviewed was relayed and this was crucial in recruiting participants from out of my own social circle (Browne, 2005). Moreover, just like other studies that have used snowball sampling, I gained access to a group of teachers who felt either marginalised or stigmatised by others, and perhaps would not have been selected for interview, if I had relied upon the MoE (Noy, 2008).

Both permission from the MoE and the recommendation from a friend who works for the MoE opened the door for me to commence interviewing teachers. Initially, I was introduced to an SEN teacher by my colleague who worked at the MoE who then was able to introduce to another SEN teacher and so it continued (see figure 4.1).

In private schools, I had been in contact with another friend with whom I had studied my first degree in special education. He introduced me to an SEN teacher who introduced me and arranged three interviews with three KG teachers. I had also been introduced by my friend to an SEN teacher who was then able to introduce me to further three SEN teachers and so on (see figure 4.1). In total, 24 semi structured interviews were conducted in both public and private kindergarten and schools (11 KG teachers and 13 SEN teachers, equally between the two cities).

Figure 4.1: Snowball sampling in action
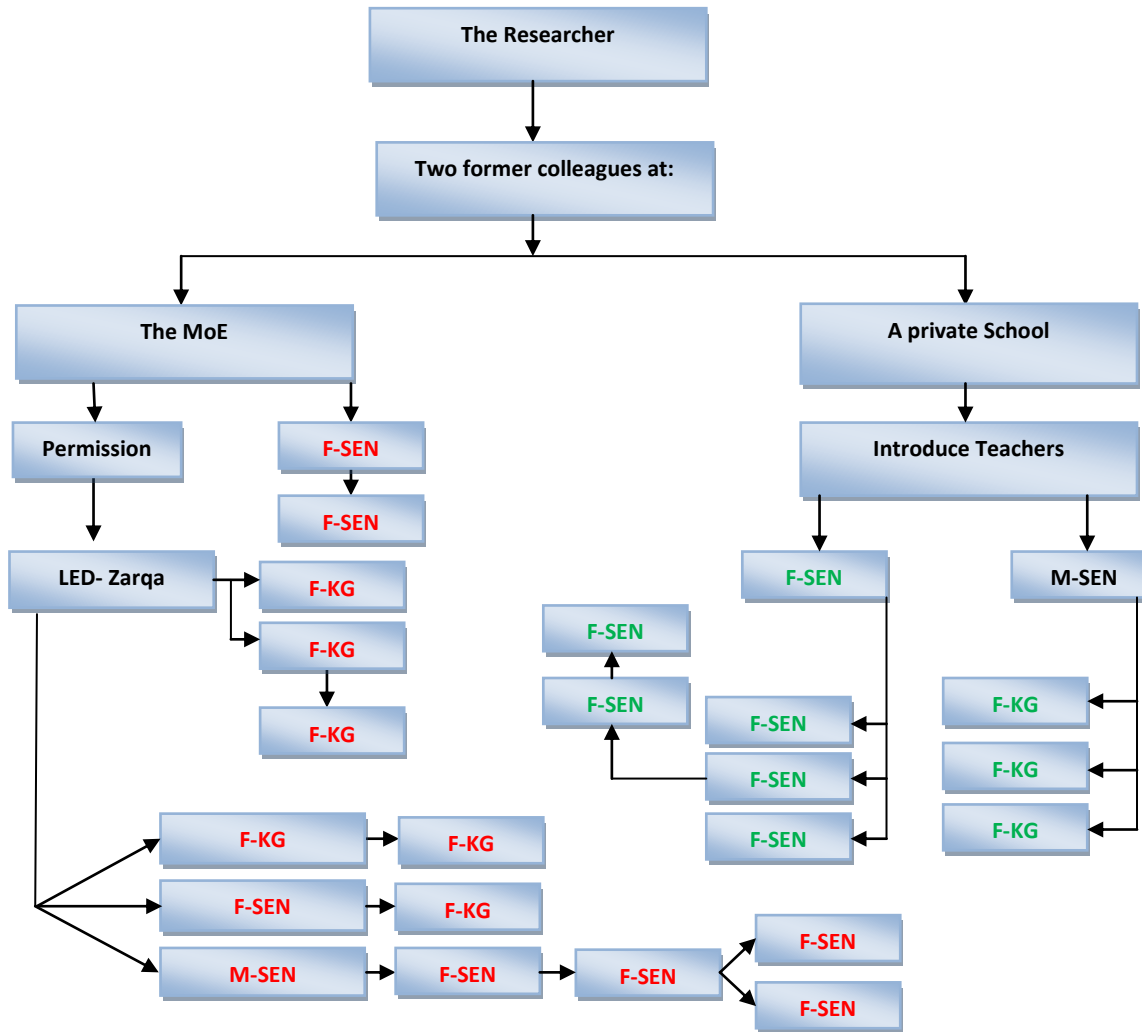
F: female. M: male. SEN: special education needs. KG: kindergarten. **Red: Public school.** **Green: private school.** LED: Local Educational Department

4.8 Ethics

Several steps were followed to ensure participants' confidentiality was not infringed and to make sure that all participants were fully informed of the objectives of the study and that no one was compelled to participate (see Appendix A). Firstly I had to avoid any thought of coercion as my sample was achieved through my social network; I was concerned that some of teachers were willing to participate because of their friends' insistence. In order to deal with this concern, I talked to the teachers individually before the interview and explained to them the target of the research and urged them to speak freely about what they thought about the interview. I also made it clear that I totally understood if they were reluctant to participate. In fact, most of the interviews were conducted in the resource rooms, with the initial meeting in the head teachers' offices. This gave me an opportunity to talk to the teachers more informally on our way to the resource room, and mostly the conversation was about university (from which most of the SEN teachers had graduated) and about our mutual friends or acquaintances.

Secondly, as a Jordanian male, I was also aware of the cultural limitations where female from non- liberal backgrounds would, in all likelihood, decline to be interviewed a male, have their interviews audio-recorded, or would call for permission from their spouses, fathers or elder brothers (Metcalfe, 2006). In some cases, teachers flatly refused to have their voices recorded and offered to hold an interview with no recording and sometimes in front of other colleagues, sometimes on their own. Difficulties in conducting interviews invariably revolved around the fact that I was a man often interviewing women in a conservative society, where the men and women do not often interact on a one-on-one basis outside of marriage (Pessate-Schubert, 2005). As an 'outsider', I was also aware that some of those teachers did not feel comfortable talking to a stranger and would be conservative in their responses. On the other hand, being an outsider had it is advantages, giving me full opportunity to ask my questions freely and of being seen as more unbiased by teachers (Hesse-Biber & Leavy, 2010). This could be seen, for example, through their answers of criticising the MoE, the Minister of Education and the Government for their low salaries.

My role here was mainly to build a rapport with those teachers in order to encourage them to speak freely. Being an outsider was a great obstacle in getting sufficient data from teachers. I depended on the fact that the vast majority of participants were not my friends and

I knew them through my social network. This enabled me to encourage them to discuss all issues without fear of offending me (Browne, 2005) or wanting to please me.

Similarly, in her research about a Scottish Muslim lesbian, Siraj (2011) stressed the importance of being 'insider' to have required participants and data where participants were less reserved in participating. Although Siraj was heterosexual, the participant reacted positively and was willing to participate because both came 'from a middle-class background with a similar family, ethnic and cultural background' (Siraj, 2011, p.107). This is further evidence of the advantage of using the snowball technique in gaining participants and 'inherent trust it engenders among potential participants' (Sadler *et al.*, 2010, p.370).

However, the following steps were taken by me to ensure that teachers were not disadvantaged in any way by being interviewed:

- In all cases, I contacted the head teachers and presented a copy from the MoE giving permission (obtained on 25th October) to interview teachers at their school.
- The purposes of the research and interviews were made clear to the head teacher and their teachers.
- Teachers were told that they have the right to ask questions regarding research and the interview process.
- Teachers were informed and given the right to withdraw from the interview at anytime.
- Teachers were also informed in advance that the interviews would be recorded and had the right to refuse having their interview recorded. (In some cases, some scheduled interviews were cancelled due to refusal of recording).
- No full or real names were used in reporting the results of this study.
- That participation in this study did not affect the participants' work (as they were interviewed during their working day and did not affect their work with their pupils).

4.8.1 The procedure for gaining informed consent

As informed consent is an essential ethical requirement for this type of research (Stunkel *et al.*, 2010), a copy of consent form was prepared in advance (See Appendix B). This commenced with introducing Brunel Ethical Regulations which emphasise the importance of accepting participating in the study and of reading and signing it. The body of the consent form contained two parts. Firstly, it contained information about the study and it is aims, the

right of participants, respecting their privacy of keeping their names anonymous (no full or real names are used), and their right to ask any question or refuse to answer any. In the second part, there was a sanction by me to divulge that I had presented and signed it in front of teacher. As a result, the following steps were taken to gain the informed consent.

- Participants were supplied with a letter of request and explanation of the research aims to obtain their consent.
- I also presented letters to the Director of Local Education Department in both cities in order to request permission to conduct interviews with teachers. In particular, permission to interview teachers was sought from the teachers separately.
- It was made clear in the 'Information to Participants' and on the 'Consent Form' that participating in this research would not be a part of the performance appraisal for teachers.
- Participants had enough time to read the form before signing it.
- I gathered all the completed forms after the interviews.

As I decided to re-interview many of the teachers I had met and interview two more, I contacted the Ethics Committee at Brunel University explaining all changes I wished to make to my study. A formal letter was submitted to the chair of SREC by my first Supervisor and I was informed that the changes to my original ethics submission had been approved by the chair within 24 hours.

As with the first interviews, I followed all of the steps I outlined above in conducting the second interviews, ensuring that participants would not be disadvantaged by agreeing to a second interview, and ensuring that they gave informed consent.

4.9 My role as the researcher

The role of the researcher in any qualitative study is crucial in ensuring not only the credibility of the research but also the professionalism with which data is collected (Golafshani, 2003; Fink, 2000). Several studies have been conducted by researchers who came from the same field with their own experience. For example, Rogers (2007a) inspired by her personal experience of having raising a child with a disability researches other parents' experiences of raising disabled children. In my own case, my role as a researcher was

significantly affected by my background as a SEN teacher. Coming from the same professional discipline as my interviewees helped me develop relevant questions and interrogate the answers offered by teachers. As the interviewer, while I was the instrument through which knowledge would be obtained (Kvale, 1996), I was also an SEN teacher and thus I was aware of the fears some participants had in criticising their head teachers and the MoE and, more importantly, the social and cultural context in which this study took place.

As most of teachers were women, my role was to encourage them to speak out freely by ensuring that their identities were not be revealed and all records were destroyed after transcription and that no names were used. Most teachers wanted a verbal promise from me to that effect rather than a signed consent form. This was achieved through building a rapport with the teachers (see Harkess & Warren, 1993) by discussing the situation on SEN services in the country and sharing some of my experiences as a teacher in public and private schools with them.

I knew that the way in which I spoke to participants and interacted with them was an important aspect of the data collection process (Fink, 2000). Before every interview, I had an informal conversation with each interviewee and my aim here was to create an appropriate non-threatening atmosphere in which to conduct the interview. This also encouraged interviewees to speak more freely and, perhaps, 'cross lines' in their critique of the current system in Jordan. I consistently kept field notes and recorded non-verbal cues I or interviewees made.

I also had to recognise that, as an SEN teacher, I was biased, not only in terms of my experience, but also in terms of people I interviewed initially - they were from my social network. However, as more prospective participants came forward to be interviewed, it soon became evident that few of the key participants were people I knew or with whom I had worked (Browne, 2005).

4.10 Data analysis- first round

The collected data were checked to ensure it was a credible representation of the interview. Listening to the tape several times, especially unclear parts enabled the accuracy of the transcription to be checked and spontaneous, rich, and relevant answers were available. Unlike the answers, the questions were kept short when the transcription was read. Cultural

validity was also maintained in all instances. Women participants were the main concern here as some of them demanded special conditions to be interviewed as previously mentioned.

After I finished transcribing the interviews into Arabic, I read and listened to the recordings several times in order to ensure the accuracy of the transcripts. I also highlighted main issues (relevant text) in red pen and re-read them again after making a few changes. This included separating the interviews (every interview was put in a separate file) and re-reading them several times to ensure that what was recorded was transcribed.

After reading the interviews one by one, I decided to use narrative analysis based on thematic analysis. Narrative analysis can refer to life story and can be obtained from varied sources (Riessman, 2004). As many teachers have used their experience to tell their stories about responding to children with SEN, parents, and the MoE, narrative analysis based on thematic analysis seemed to be the most appropriate to use. Indeed, Clandinin & Connelly (1998) indicated the strong interrelationship between experience, education and life.

As qualitative research is mainly about people's experience and stories (Strauss & Corbin, 1990), stories of participants concentrate on how they understand what is going on in their lives. In other words, the concentration is what was said rather than how it was said (Riessman, 2004). As Cortazzi (1993) notes, teachers' knowledge is vital in understanding how children learn. This might be explored mainly by getting the benefit of teachers' knowledge and stories, by learning from the past and dealing with the present, and planning for the future of educational processes (Cortazzi, 1993). Therefore the narrative analysis based on thematic analysis was considered the most appropriate method of analysis 'where the researcher organises the data elements in a coherent developmental account' (Polkinghorne, 1995, p.15).

4.10.1 Coding

After finishing reading the transcription several times, I realised that I was dealing with an ocean of data. Firstly, from my own professional context, everything that was transcribed seemed to be important for the study (Cough & Scott, 2000). To overcome this dilemma, I read the interviews individually again bearing in mind the objectives of my research. Ultimately, the amount of data was reduced and from the revised form new issues emerged. This was one of the ideas discussed in depth with my tutors. Based on that, I started implementing the following steps:

- Firstly, I re-read the relevant text several times and cut it down. Some fresh ideas about the SEN situation in total in Jordan emerged. These could be seen in the text on several occasions. In other words, a potentially important text and ideas have emerged in the relevant text and was marked for further analysis.

- Secondly, in the relevant text, I noticed that teachers used the same sentences several times and in some cases they used the same words to express their ideas. It was important to acknowledge that teachers used the same words in different schools and stages. Using those expressions and words to express ideas means that teachers used them without understanding fully what they meant.

- Thirdly, understanding the early warning signs of LDs began to be more apparent as several indicators of LDs emerged and might be categorised. New categories were discovered covering many aspects of early symptoms of LDs. Putting those categories together led to new themes covering some of the research's concern.

No.	Relevant Text	Code
1.	'Ali is completely different from his peers. I mean his performance is very poor and he has no concentration on the task'.	Suspected children with LDs have poor concentration.
2.	'When I talked to his mother about his shyness, she told me that he is the same at home. He barely responds when I say good morning or when I talk to him in general and always avoid eye contact'.	Suspected children with LDs are shy.
3.	'When I tried to teach her some number, she could not remember any of them unlike her peers. I mean she forgot them after less than three minutes'. Even after training, her progress was poor compare to the others. I mean they mastered numbers 0-10 while she is still learning 0-5.	- Suspected children with LDs have poor short term memory. - Poor performance compare to peers.

Table 4:1 An example of coding in first phase of data analysis

4.11 Data collection- second phase

At this stage, I met with my supervisors to discuss the progress in analysing the data after I had been advised to look in depth at the situation of SEN in Jordan. The justification for changing the approach was discussed in depth with my supervisors and some colleagues. As has been mentioned earlier, teachers who had been interviewed in the first round have mentioned and in several cases, some crucial issues related to services of SEN in Jordan. It could be argued that there are some priorities of provision of SEN in Jordan. In the first round, several teachers, especially in public schools, mentioned the lack of tools, difficulties with school administration, and appropriate tests to identify children with SEN at the KG stage. Moreover, teachers revealed the complexity of their interaction with parents. Several

parents refused to accept the fact that they have a disabled child (Ho & Keiley, 2003) and tended to exclude him/her from the available services.

Surprisingly, Teachers of SEN showed some negative attitudes towards disabled children and the teachers' involvement in the educational process. Some of the field notes I took showed an apparent contradiction between what teachers said and what they practised. In one of my field notes I wrote:

> 'After an exciting interview with teacher Hajar, I had a quick chat with her about her family and differences in life style between Jordan and the UK. We were interrupted several times by her students in the resource room. Her reaction to their behaviour was to use abusive language and to ask them to keep quiet'.

Another major reason for changing the approach is that children with were not going to benefit from the checklist that the research was going to build. I had a conference call with one of the head teachers in Jordan (where I interviewed one of her KG teachers) and she mentioned that using the checklist I was going to develop would be limiting. Her argument was that none of teachers was going to use this instrument as they still have negative attitudes towards these children, especially classroom teachers. In fact, her prediction was clearly seen in the findings of this study.

That led me to reconsider the priorities of the research and form a new approach. As teachers' beliefs play a critical role in shaping their attitudes and perceptions (Jordan & Stanovich, 2003), the need to study the phenomenon of teachers' experience of dealing with those children became vital. Indeed, as qualitative researching is a complementary process, the best way to carry on research on participants' subjective experience is to interview them and question them about it (Auerbach & Silverstein, 2003) taking into account their priorities. Novice researchers, as in my case, cannot see the difference between data collection and analysis which many theoretical issues during data collection process and lead to change the kind of data and the participants (Monette *et al.*, 2010).

After agreeing to look for more issues related to SEN in Jordan, I decided to revisit my participants again to ask them for further explanation of some answers the supplied me in first round. To commence this process, I reviewed the existing data again in order to develop some general questions for the next round of data collection. I also aimed to avoid previous

mistakes during the first round of data collection and looked in depth for new issues mentioned in interviews.

Re-reading the transcriptions from the first round of interviews also shed light on specific issues that should be addressed in the next phase. Additionally, I also used the first round of analysis to explore those issues in depth in the following interviews. As a result, issues such as services in schools, attitudes and practices have been taken into account.

4.11.1 Choosing the sample

In order to carry on this study by re-interviewing teachers, the main issues that needed to be explored were circled in the main transcription and a list of teachers who mentioned these matters were prepared. In total, ten teachers were chosen by me depending on their mentioning of relevant issues in the first round of data collection.

From early April 2010, I started contacting those teachers again, in order to set dates to interview them. Various difficulties faced me during this period, including late or poor response from teachers, or ignoring my request completely. Re-interviewing teachers was going to take place at the end of the academic year 2009/2010 when teachers expected to be heavily engaged in their academic work, including exams.

I commenced the process of choosing the sample by contacting one of head teachers in a public school. Through her, I re-interviewed a KG teacher who had dealt with some children with SEN and their parents. However, due to poor response from some teachers regarding re-interviewing them, I interviewed the head teacher at the end of the second phase of data collection process. From teachers I had interviewed in first round, I interviewed an SEN teacher in a private school who also helped me contact one of his colleagues to arrange her re-interview. I had also interviewed three SEN teachers one of whom was able to introduce me to one of her friends and interviewed her for first time. In total, eight teachers were interviewed by phone for between 35-50 minutes (six re-interviewed and one new SEN teacher and a head teacher).

Semi structured interviews were conducted at different times between April and July 2010. Conducting interviews at different times gave me the opportunity to transcribe them one by one and to read the transcription several times in order to have a self-feedback and cover the missed issues in following interviews. The new participants were interviewed to compensate for those who were not able to be re-interviewed and to further investigate some

issues that emerged from the first round of data collection (see Seidman, 2006). Perhaps, the main advantage of having new participants was that new teachers could provide new stories and knowledge and, did not know what questions they would be asked. This also helped me to ask new questions and to have new data. For example, one of new participants was a young head teacher who had recently taken up her position. From her position, she could review many teachers' behaviour with children with SEN and the way that classroom teachers reacted to having a disabled child in their classes. In addition, I have used her answers as a counterpoint to classroom teachers' arguments.

The main reason for using semi structured interviews technique to re- interview teachers was that those teachers were familiar with this method and it is an alternative to face to face interview (Carr, 1999). Birina (2011) indicated that the most important benefit of using this method is that it 'allows the researchers to be introduced to any new topics that might arise during the course of an interview' (p. 43). However, this method was used in the SEN literature several times. For example, Holst (2008) used semi structured interviews to interview teachers and educationalist of kindergarten in order to examine how Danish teachers of young pupils perceive challenging behaviours in their children. Similarly, Doppler-Bourassa and Harkins (2008) used this method to interview teachers and preschool teachers in order to understand specific beliefs and observations about children's conflict behaviour. Koster *et al.* (2007) also used this technique to understand teachers and parents beliefs about the 'behaviour of the SEN pupil, and the pupil's social position and number of friends together with his/her cognitive and social-emotional development' (p. 35). In addition, in the United Arab Emirates, Arif and Gaad (2008) used semi structured interviews with SEN teachers to evaluate the delivery component of the SEN. Finally, Birina (2011) used this technique to interview female head teachers in Greece to address how female head teachers perceive their role and to examine obstacles affecting their leadership.

Figure 4.2: Re-interviewing teachers

The researcher

Through first round

Teachers from first round

Headteachers

M-SEN

F- SEN

Head teacher

F- SEN

F-KG

F- SEN

F-SEN

F-SEN
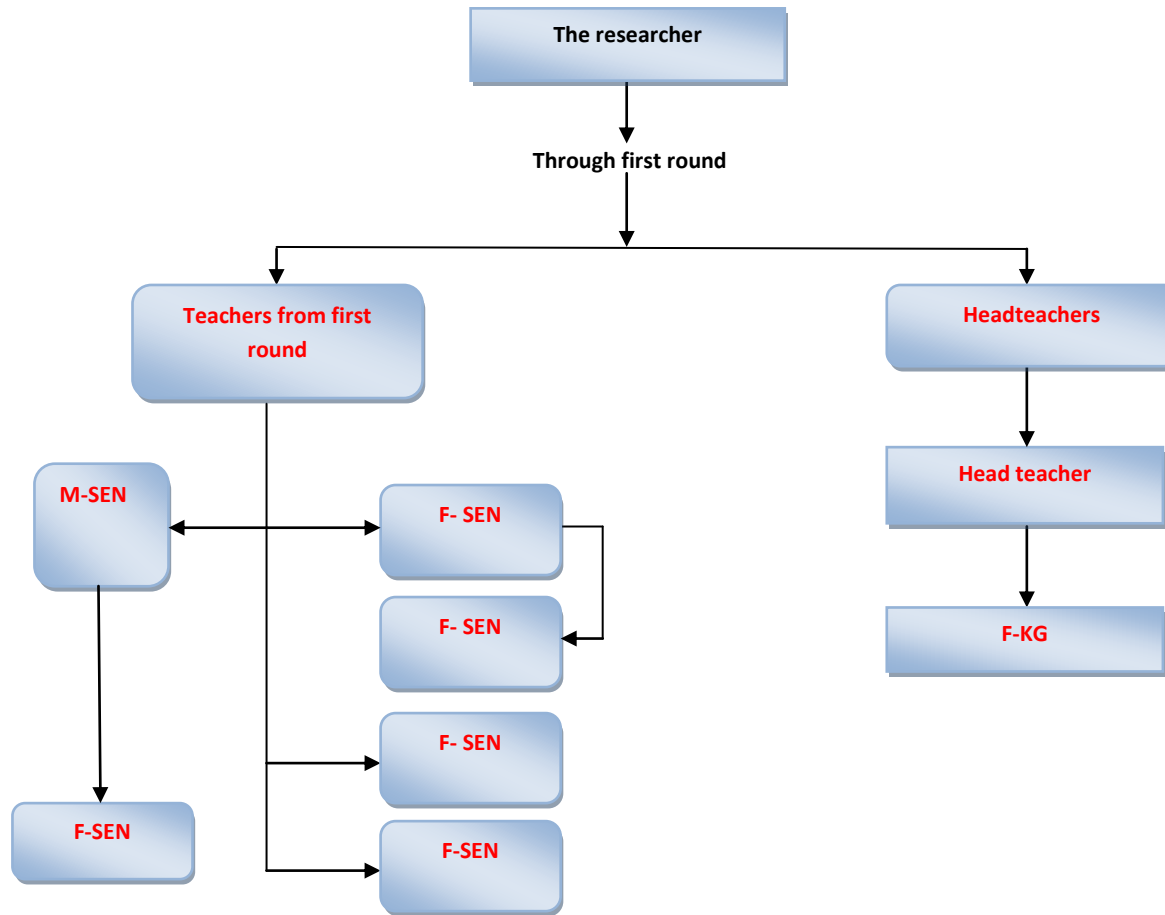
F: female. M: male. **Red: Public school**. **Green: Private school**

4.11.2 Interviews- second phase

During the period of April and July 2010, eight semi-structured interviews were conducted by telephone. Using those methods was mainly due to inability to interview those teachers face to face (Hay-Gibson, 2009). The fact that most of interviewees were familiar with me was taken into account. Teachers were interviewed individually and were informed in advance about the aim of re/interviewing them. They were also sent the consent form of the study and an explanation letter by email which they signed electronically.

Interviewees were asked mainly about the points and stories they had talked about it in the initial interviews and were given the opportunity to highlight further issues. Before the interviews, I spoke with teachers - especially those in public schools - about the importance of the study in enhancing services in schools and solving many of their problems. I was fully aware of the fact that some teachers would not be able to talk freely especially when it comes to criticising their head teachers and the MoE and ultimately the Government. To avoid any restrictions of teachers expressing opinions and criticisms, confidentially was assured again and assurances were given that all raw data would be destroyed after transcription and no names will be used.

4.11.3 Data checking

All interviews were transcribed separately and were read and re-read several times to ensure accuracy of transcription. The quality of interviews was assured through the extent of spontaneity in teachers' answers and through their enthusiasm to participate and tell stories about their experience. Participants' answers were also longer than questions which indicate to a sign of quality (Kvale, 1996). In several cases, I had to clarify teachers' responses in order to have a specific understanding. Some teachers' answers were not clear enough to shed the light on the phenomena which encouraged me to ask for more details and explanations.

The quality of data was also checked by comparing some of participants' answers in two stages of data collection. Teachers who mentioned some sensitive issues or stories (i.e. criticising the MoE, colleagues and head teachers) back to talk about it in depth and give more details and examples.

Data richness was also assured by reading the transcription and re-reading notes taken during the interviews. Teachers pointed out several issues related to parents, students, educational system, colleagues, and themselves. Those issues were accompanied with live

examples from their experience and their daily practices at schools. Teachers also touched kind of a 'taboo' when they talked about the MoE and Government and criticised their schools' administrations.

Finally, it might be wise to mention that there was limited access to register emotions and reactions from participants as those interviews were conducting through new technology tools rather than face-to-face interview (Hay-Gibson, 2009). However, I would argue here that there was not much obvious emotion (except in one interview) in my second stage of interviews for two reasons. Firstly, most of the participants were familiar to me and one of the new two I had already met in my first round. Secondly, although part of the interviews was about teachers' difficulties, there was no indicator of any hidden emotions.

4.11.4 Data Analysis- second phase

In order to analyse data, narrative analysis grounded on thematic analysis was used. Thematic analysis as was noted earlier is widely used in qualitative research to analyse qualitative data reported by individuals and situations (Riessman, 2008; Braun & Clark, 2006). One of the main advantages of using this approach that thematic analysis is that it is flexible and used in social studies (Braun & Clark, 2006). As thematic analysis helped me in identifying and reporting codes, sub themes and themes (Braun & Clark, 2006), I used narrative analysis to concentrate 'sequencing of storied experiences or the linguistic structure and use of the language' (Floersch *et al.*, 2010; p. 411). Using mixed analytic approach is common in analysing qualitative data (Floersch *et al.*, 2010).

To start the second round of data analysis, I used an approach presented by Braun and Clark (2006). The transcription process started directly after the first interview after listening to the interviews twice. Unlike the first round of transcription, transcription was conducted in English. That also gave me an opportunity to read the transcription twice and be familiar with the existing raw data. Direct transcription also helped in giving me feedback on my performance during the interviews.

I started the analysis by familiarising myself with the data again by reading the transcript while listening to the recorder. This gave me an opportunity to take some notes which could be used in analysis to set the context (Braun & Clark, 2006). After reading each interview, coloured pens were used to highlight all main issues bearing in mind the main objectives of

the research. After highlighting the main issues, I re-read the text to ensure that the relevant text was highlighted properly and my initial coding made sense.

The next step in the analysis involved grouping the codes together. Code groups were created from recurring meaning ideas of concepts. Themes were created from groups through identifying or generating a word or brief phrase stating the meaning shared in all instances of groups and codes. Re-reading of transcripts was continued to ensure accuracy and that the meaning representative of generated themes are represented groups and codes.

No.	Relevant Text	Codes
1	There is no content and there is nothing new. I mean they just want to take money as they run those courses.	- Poor workshops training for SEN teachers.
2	Little knowledge but it's not enough. Here I can say that most of those teachers deal with those children especially those with obvious disabilities, from a sympathetic perspective rather than a professional one. I cannot deny that we feel sorry for these children but we should be professional.	- Classroom teachers have little knowledge about SEN. - Classroom teacher deal with SEN children from sympathy rather than professional. - Teachers feel sorry for SEN children.
3	The problem I have is that classroom teachers just want to get rid of noisy and low achievement students and the best way to do it is sending them over to the resource room. I argued with some of them about that but they did not seem interested.	- Classroom teachers want to get rid of children. - Classroom teachers not interested in cooperating with SEN teachers.
4	There is a difference between someone who does not understand and someone does not want to understand. I can say now that it is not just a stigma for children with SEN but for teachers of children with SEN too (laughs).	- Stigmatising SEN children and their teachers by classroom teachers.

Table 4:2 Examples of coding in second stage of analysis

In next stage, I started looking for themes by merging codes. Specifically, I used some tables generated during the coding process, as in the above example to generate themes. Codes were grouped together to generate sub themes.

In the final stage of analysis, three themes emerged and some codes were excluded as they were not repeated enough to be included. Three files of three themes were created containing themes and sub-themes and another revision of subthemes was done where some themes were merged together.

Some data from the first round of data collection and field notes were also used in this analysis. This would give the study more reliability. I also identified three themes emerging from the analysis and compared the data from different sources. Constant comparison of the data was used with every source of data: interviews and field notes in order to and check codes, categories and themes.

No.	Codes	Sub themes	Theme
1.	1. SEN teachers suffering from parents' ignorance. 2. Parents do not appreciate teachers' efforts. 3. Parents refuse to listen to teachers.	Challenging of working with parents	
2.	1. No support from head teacher and classroom teachers in public schools. 2. Head teacher is not in contact with teachers 3. Head teacher lax with classroom teachers.	Administrative issues	**Difficulties face SEN teachers**
3.	1. Lack of information about children with SEN. 2. SEN teachers suffer from workload. 3. Difficult atmosphere to work in. 4. Resource rooms in public schools are not equipped. 5. Tests of the MoE are not appropriate.	System failing	

Table 4:3 an example of generating second theme in second stage of data analysis

Figure 4.3: Process of analysis
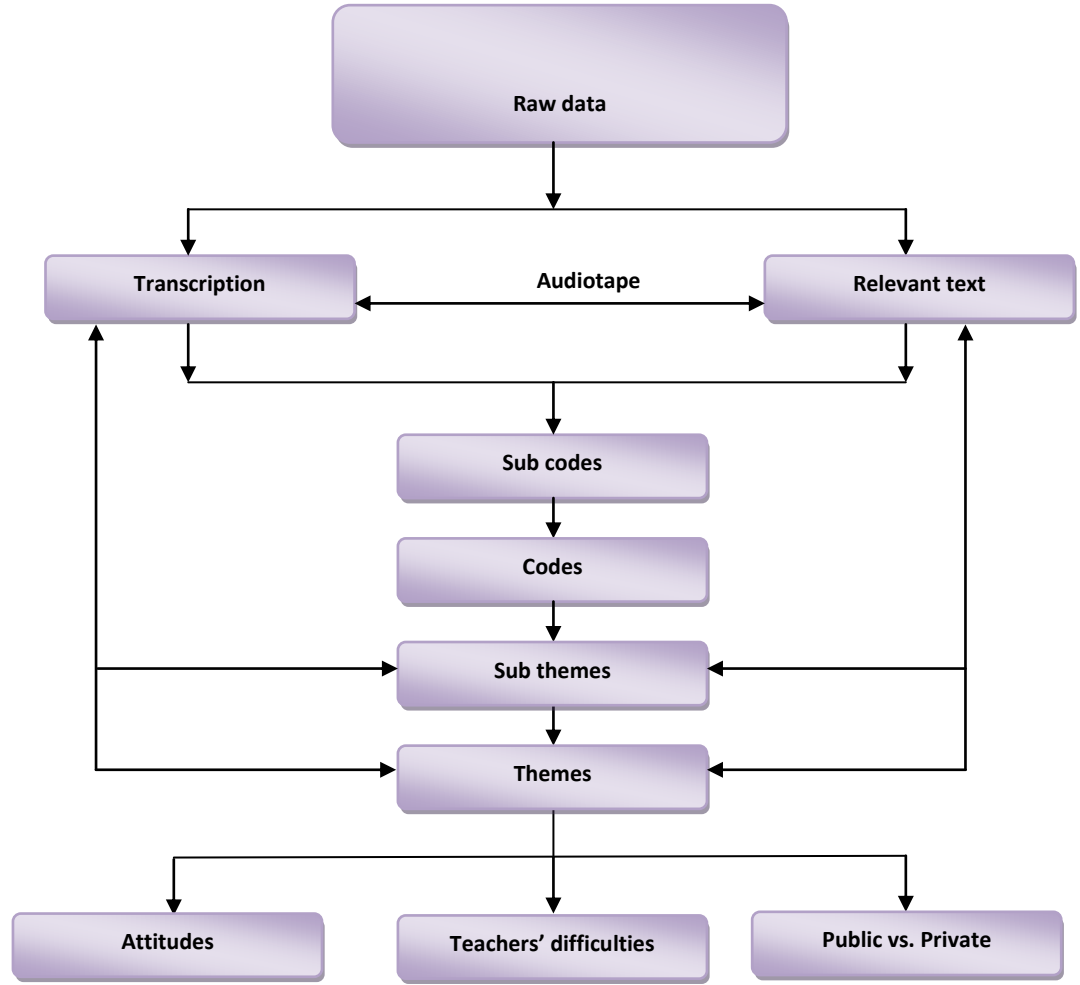
4.12 Conclusion

This chapter has provided an overview of the research process. This also includes an important explanation of the philosophical considerations that I drew upon. Epistemological standpoints were used to understand the data provided by teachers. Moreover, the interpretative approach, which relies on epistemological standpoints, was used to enhance my understanding of the data. In fact, the interpretive paradigm, based on epistemological standpoints, has contributed to the enhancement of my understanding of teachers' narratives and my understanding of it from the teachers' perspectives. This understanding was mainly based on teachers' interpretation of their stories. This interpretation has provided this research with data of the real difficulties that children with LDs face in Jordanian schools, and, more importantly, how their teachers understand these difficulties.

The data were collected in two phases during my second year 2009/2010. The first stage consisted of 23 complete semi-structured interviews with KG and SEN teachers in two major cities in Jordan. The second round was follow up interviews with eight teachers who were interviewed in the first stage (six were re-interviewed and two new). Some participants were not available to be interviewed again which urged me to have new participants using the same sampling method: snowball sampling.

It also provided me with reasons for choosing the sampling method and difficulties facing me in interviewing the participants, and the procedures followed to protect participants' rights. Participants' rights were a very sensitive issue facing me in interviewing female teachers in a conservative society. Some scheduled interviews were cancelled, as some female teachers either refused to be interviewed, or refused to allow recording of the interview.

Data were analysed inductively by interpreting the meaning of participants' perceptions (stories and opinions) as they arose. The process of checking data and transcription was described accurately. The process of coding and analysing was also described in order to draw the final 'stories' of teachers. The following chapter will be the first theme emerging from the analysis, where the findings will be linked to existing literature.

Fifth Chapter- Attitudes towards children with SEN in Jordanian schools

5.1 Introduction

In this chapter, I introduce my first theme which relates to attitudes towards children with SEN in Jordanian schools. Data revealed that SEN teachers in public and private schools face several obstacles and difficulties which prevent them from providing sufficient services for children with SEN. The sources of these difficulties come mainly from parents, school administrators and, to a lesser extent, from students with SEN. In addition to these difficulties, SEN teachers reported that general classroom teachers and head teachers hold negative attitudes when working with the SEN children. Moreover, field notes taken after the interviews painted a bleak picture of the situation, especially in public schools, where some teachers of children with SEN demonstrated their negative attitudes.

The attitudes of some classroom teachers who refused to work with or teach children with SEN took a variety of forms. Apart from the teachers, family members also showed negative attitudes towards their disabled children. Practices such as denying a child had a disability, neglecting the child or his/her needs, not following up on his/her progress in the school, hiding the child from others, and stigmatising children with SEN through inappropriate language, were widely reported by teachers. It appears that these practices reflect local culture and customs, which play a decisive role in shaping attitudes and, more importantly, religious beliefs used by teachers and parents to bolster their opinions.

Some teachers of children with SEN also showed their negative attitudes in indirect ways. Through the interviews I conducted, teachers used unseemly language to describe such children either before or after the interviews. Field notes taken after each interview, some of which I shall use in this chapter, shed light on negative attitudes towards children by SEN teachers.

Thus, the aim of this chapter is to present a vivid picture, using quotes and some stories extracted from teachers' interviews, in order to provide a comprehensive view of the nature of attitudes towards these children. These findings are collated and discussed in relation to the growing literature on inclusive education of children with SEN.

5.2 What are attitudes?

Defining attitudes is vital in having an appropriate understanding of people's attitudes towards children with SEN (Park *et al.*, 2010). 'Attitudes', as a term, have been defined from several perspectives. For example, from a psychological perspective, Thurstone (1943) defined an attitude as 'the degree of positive or negative effect associated with some psychological object' (Edwards, 1983, p.2). Horne (1985) pointed to an early definition presented by Sherif *et al.* (1965), Bogardus (1931) and Triandis (1971) which defined attitudes in terms of different aspects such as psychological and behavioural. Attitude has cognitive, emotional and motivational aspects. In the last, attitudes contain an act against or towards an environmental factor which has a negative value. Triandis combined this idea with emotion to create a reaction towards a specific social situation. Three further components of attitudes stressed in several studies are: cognitive evaluations, emotional feelings and actions (Park *et al.*, 2010). Finally, attitude was defined by Eagly and Chaiken (1993, p.1) as 'a Psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour'.

Despite differences in definitions of attitudes, most of these definitions agree that attitude is 'a learned predisposition to respond in a consistently favourable or unfavourable manner with respect to a given object' (Fishbein & Ajzen, 1985 cited in Horne, 1985, p.2). As stated in the definitions given above, attitudes have more than one component. For example, the three components model suggests that attitudes have cognitive, affective and behavioural components (Olson & Maio, 2003; Eagly & Chaiken, 1993). In this model, people have positive and negative attitudes toward any object when their beliefs, feelings and behaviour express favourability or unfavourability toward this object (Olson & Maio, 2003; Park *et al.*, 2010).

In general, the attitudes of others towards children with SEN play a major role in successful inclusion in ordinary schools (i.e. see Avramidis *et al.*, 2000b; Kalyva *et al.*, 2007), early intervention (Park *et al.*, 2010) and in choosing the type of this intervention and the degree of success of this intervention (McGregor & Campbell, 2001). This can be seen clearly through the social interactions between children with SEN and their social environment. Children who find themselves isolated, ignored and marginalised by others are less likely to be engaged in activities in inclusive schools and more likely to be excluded from social interaction by teachers, parents and peers (see Dill *et al.*, 2004).

Numerous studies have indicated various factors which contribute to the framing of attitudes towards children with SEN in ordinary schools, such as experience, type of disability, and background of teachers, teachers' beliefs, support and so on (Avramidis & Norwich, 2002; Avramidis *et al.*, 2000b). Specifically, this includes media, beliefs, culture, parents and peers (see Park *et al.*, 2010). In Jordan, it has been argued that parents and ultimately teachers see disability as shameful (Hadidi, 1998; Turmusani, 1999). Thus, despite developments in the field of special education in the last three decades, the social view of disability in Jordan still sees disabled people as a burden (Turmusani, 1999). This view mainly comes from parents and extended family members, parents of other typically developing peers, teachers (classroom teachers and some SEN teachers), and policy makers. Specifically, the first law for disabled people was passed in the Jordanian parliament in 1993, describing them as 'handicapped'. When the act was reviewed in 2007, stigmatising words still existed and little progress had been made. Moreover, vague terms were used to define disability and describe inclusion and assessment (Jordanian Legislation, 2007). As a result, the absence of sufficient knowledge and a firm legal framework or policy may have lead teachers to frame less positive attitudes towards children with SEN and inclusion (Avramidis *et al.*, 2000b).

5.2.1 Cultural perceptions

It is important to address the cultural perspective in Jordan in order to understand the way that people frame attitudes towards children with SEN. Cultural values can influence attitudes, especially when disability is seen through or shaped by cultural context. It can be seen that there are some overlaps and contradictions between cultural perspectives and religious faith (Ghaly, 2008) in several Islamic societies, including Jordanian society. I believe that this overlap needs to be explored in depth in order to understand the way that parents, teachers and non-disabled peers react to having a disabled child in the family or class.

People who are in constant contact with children with SEN are influenced by their specific local culture. For example, the father's absence, with strong support from the mother, gives a clear indication of the impact of culture on parents' decisions. Some parents and teachers use their cultural and religious values to their benefit when it suits them. Values such as equality and social justice are absent when it comes to deciding the future of the disabled child. In addition, several cultural values were reinforced and as a result of the continuing confusion

between it and the religious ones, they have risen to the point of holiness (difference between the written holy texts and some of the religious practices).

Interviewees have reported several influential aspects of culture on the acceptance of children with LDs. In Middle East societies, religious faiths are considered as the main key factor in individuals' lives (Turmusani, 2001). Teachers who work constantly with SEN children believe that working with them is a type of voluntary work for God, rather than a professional one. For example, more than one teacher stressed the importance of God being satisfied with them, rather than carrying out their own work to the benefit of the children. The following quote indicates the major motivations of teaching children with LDs.

> *In my opinion they (classroom teachers) are worse than the head mistress. I do not know if they just do not know or they are not interested. I am a bit confused about it. I mean teachers here are all Muslim and, as Muslim teachers, we have to be good to others, especially those who cannot help themselves, and that is in Christianity as well.*

<div align="right">(SEN teacher)</div>

Negative attitudes suggested that SEN teachers rely on religion for motivation and sometimes for justification. Teachers, especially those without adequate experience of working with children with LDs, are affected by having negative attitudes and lack of experience on the one hand, and strong religious belief on the other. To explore this further, I want to introduce and analyse one quote where SEN teacher has explained her views on disability by attributing it to God's will. When I asked her why she wanted to retire, she angrily replied:

> *...Because I have had enough. Firstly, I have a suggestion here; any teacher who works with children with SEN for 15 years should work as an administrator. He/she will feel bored and cannot give any more to those children. The low achievement of those children causes frustration for the teacher. We work very hard with those children and we get poor progress at the end of the year. It is from our God that his progress will be less than I expect. Do you understand?!*

<div align="right">(SEN teacher)</div>

After years of working with children with SEN, this teacher had arrived at the point of being 'fed up'. This was discussed previously, but what has emerged here is the way that professional teachers (in this case) interpret and understand disability. When the teacher did not find any practical solution for the slow progress of the children, she turned to religion as a shelter to protect her from any feeling of failure or criticism of her work. This has its roots in Jordanian culture where many Muslims are confused between religion and local culture (Ghaly, 2008). Hadidi (1998) mentions that there is a common belief in Jordan that having a disabled child is a divine punishment from God for committing acts contrary to religious faiths. This is also partially why many parents refuse to let their child join the resource room, or take medicine, as these are perceived as contrary to God's will (Ghaly, 2008). This belief can also be found among teachers, especially those who have no or limited knowledge of disability.

Attributing disability to God's will originates from parents, who seek a convincing explanation for slow progress, so teachers can deny negligence in their performance. It seems to me that resorting to religious interpretations is the easiest and safest excuse for these parents and teachers for denying disability or for not achieving planned objectives.

5.2.2 Teachers' attitudes toward children with SEN

Interviewees have reported several negative attitudes in ordinary Jordanian schools, mainly from classroom teachers. Social acceptance of differences seems to be the main barrier for children with SEN in these schools. Many parents consider having a disabled child as shameful (Hadidi, 1998), and the same also applies to classroom teachers who come from the same culture. As I noted earlier, in this conservative society, most teachers see disability as punishment for sin, or revenge for some past mistake. This feeling of shame frames negative attitudes based on cultural response to disability (Turmusani, 2001). Indeed, 'this punishment' can be also extended in some cases to the rest of family including non-disabled siblings in schools and parents.

As there is an overlap in teachers' attitudes towards those children in Jordan, it wise to look at their attitudes from the perspective of the whole of society. In the school context (especially in public schools) special needs is seen as a burden on classroom teachers and administrators. Negative attitudes shown by teachers also lead non-disabled children to adopt the same negative attitudes towards their disabled peers, in the absence of any serious

attempts from schools to amend attitudes or present positive models that can be mirrored by students.

Teachers who went to Jordanian schools, colleges and universities are more likely to frame their attitudes towards those children based on their beliefs, behaviours and, more importantly, on their interaction in their local community, rather than based on any training regarding SEN needs. When novice Jordanian teachers start their career in schools, they are more likely to hold the same attitudes, in the absence of adequate training about SEN or acceptance of diversity. As was reported by teachers in the last chapter, most teachers and head teachers have never had exposure to children with SEN, which might lead them to adopt negative attitudes.

5.2.2.1 Failure to provide the required protection

It appears that the teachers' attitudes towards their role in meeting basic needs, including providing protection, is ambiguous or even relaxed. Here are two quotes which point to students' distress in the absence of protection from bullying.

> *Let us be frank here, there are many teachers teaching her class, did they do anything to help? The simple answer is no. I spoke to some of them about that and I have noticed that they do not want her in the class but they are not brave enough to say that out.*

> (SEN teachers)

> *There is a girl called (Maisa'a) who has SpLDs, and she is good and does not have any behavioural problems. She was sent to me by the maths teacher after three months (I do not know if I told you about that before). Anyway, I sat with her, and she was good at maths, I mean she was not superb but good, and just needed the teacher to be slower with her. After the class, I spoke to the teacher and explained to her my opinion about her and you can't imagine her reaction. She shouted, saying that she did not have time for every child and she had had enough of teaching those children. After a while, I spoke to her, a week ago, and she was cool, but she complained about teaching that child and other children with SEN in other classes.*

> (SEN teacher)

These quotes indicate that this kind of neglect takes two forms: firstly, teachers refuse to work with or teach disabled students, and secondly, they do not meet their basic needs regarding protection. In the latter case, classroom teachers have been reported in the interviews as a 'silent witness' when children with LDs were being attacked or bullied by peers. As children with SEN are more likely to be bullied because of their disability (Heinrichs, 2003; Humphrey & Symes, 2010), classroom teachers who witness these offences are less likely to take any action to defend those children, or at least report them to the head teachers. Why do teachers react negatively to students' needs? Classroom teachers, who hold negative attitudes towards children with SEN, and refuse to work with them in their classes, are more likely to focus on the characteristics of the bullied person, rather than the act itself (Pearson, 2005). Specifically, teachers who feel imposed upon to have those children in their classes are more likely not to provide the required support. Much worse, in an indirect way, teachers encourage typically developing peers to bully children with SEN. Moreover, and despite what has been shown in other studies (see Humphrey & Symes, 2010), my research showed that students with SEN did not turn towards their teachers to ask for aid or protection.

> *I have been through the corridor a couple of times last September, I mean in the first couple of weeks of the academic year. I noticed that she was always at the back of the class and two or three of her peers were shouting at her. I just entered the class and asked the teacher 'a silly question', I just wanted to be there, and they kicked her in front of the teacher and she did absolutely nothing to stop that. When I shouted at them and asked them to leave her alone, the teacher turned to me and said: 'she is useless and should not be here.' I said to her, that is wrong, and you should not have said that. Her 'cold answer' was that there are many special education centres in Zarqa where she should have been sent.*

(SEN teacher)

An important point has emerged here relating why students with SEN do not turn to teachers for help when it is needed. I would argue here that there is a kind of trust issue between them, from one side where these children had firsthand experience of not being protected, and on the other side, teachers' attitudes towards inclusion are often negative and apparent. This crisis can be also explained by the absence of proactive initiatives from teachers to protect these students (Humphrey & Symes, 2010). Furthermore, lack of an

appropriate response from teachers, especially during bullying episodes, force children to remain silent (Pearson, 2005).

5.2.2.2 Neglecting SEN children

The above quote illustrates some important points about classroom dynamics. Firstly, the student was located at the back of the class (some classes in public schools contain around 35-45 students and, in a few cases, more) and it transpires from what the teacher said that this was done deliberately. One of the main complaints of classroom teachers was class size, which affects inclusion in ordinary schools (Vaughn *et al.*, 1996 cited in Avramidis *et al.*, 2000b) where teachers do not have enough time to work with all typically developing students and to work individually with children with LDs. Secondly, the quote clearly indicates the low expectations that exist regarding these children, and, more importantly, that such children are included without any proper assessment or a prepared plan (hidden inclusion, where children, mainly with SpLDs, join regular classrooms directly, the assumption being that they have no difficulties, or due to the absence of a proper assessment).

Low expectations in terms of what these children can achieve often led to teachers neglecting them completely. Perhaps it was due to this attitude that they located them physically at the back of the class and did not offer them any protection from their peers. It is a 'live' example of the three components of attitudes model. Cognitive (having low expectations), affective (ignoring these children) and behavioural (locating them at the back of the class and not protecting them). Thirdly, experience seemed to be crucial in framing teachers' attitudes towards children with SEN (Avramidis *et al.*, 2000a; Yazbeck *et al.*, 2004; Tur-Kaspa, 2004). It appears that a lack of exposure to children or adults with disabilities leads to negative or at least neutral attitudes towards children with SEN.

5.2.2.3 Keeping a distance

Based on the quote above, I took this further, in order to investigate whether classroom teachers were interested in working with children with SEN. It appeared from teachers' practices that the minimum limit of acceptance was not found (allowing them in the class or responding physically to them). SEN teachers reported that some of their colleagues who teach regular classes did not have any knowledge or training in special needs. Thus, some teachers simply refuse to work physically with these children.

Nawaf: Let us go back to the teachers, how do they deal with children with SEN in the corridor, for example?

SEN Teacher: Frankly they feel disgust towards them.

Nawaf: How, can you give some examples please?

SEN Teacher: Yes, disability is like a stigma, or shameful. Their way of thinking is, he is an SEN student, so forget him or do not pay any attention to him. When one of them does anything wrong, the simple answer is that he is disabled or 'handicapped'. Instead of talking to him or punishing him, no, they ignore him/her, and their argument is always that he is 'handicapped' or disabled. He is not going to understand anything and he is stupid as he/she studies in the resource room. You understand me? He has LDs.

Teachers who refuse to interact with children with SEN hold on to the traditional view that disability is a sickness, infectious disease or evidence of an evil spirit (Turmusani, 2001) and this strongly connected with local culture perspectives, where views of disability are always influenced by false beliefs (Ghaly, 2008). This lack of knowledge of disability is more likely to hinder predicting any results of any change in governmental policy. Moreover, it emerges that teachers 'look down' on such children by refusing to deal physically with them. This raises concerns regarding their capacity to work with children with SEN in Jordanian schools, if their teachers accept them in their classes under pressure or do not make the effort to know them.

Refusal to work physically with these children, failure to provide them with the required protection and the absence of reinforcement and punishment discipline in public schools (see Seventh Chapter), lead teachers and especially classroom teachers to neglect those children. In fact, teachers can also derive their negative attitudes from their school administrators. It seems that teachers who believe that the educational authorities (mainly head teachers and the MoE) are not interested in their work are more likely to neglect disabled children as a result of inadequate training and support (Avramidis *et al.*, 2000a). In other words, teachers derive their negative attitudes from the disregard of their administrations, supervisors (the MoE) and some parents (Center & Ward, 1987).

Most teachers have never heard about special needs and never dealt with them. I mean the traditional view is that those children should be located at special centres or hospitals, not schools. I had a chat with a colleague when I joined the school and she asked me about my career. When I started telling her that I graduated from the University of Jordan with a very good rating in special education, she looked at me and said: you mean 'handicapped people', I said yes and then she asked Allah (God) to help me with my job, as most disabled children are dirty. When I asked her how she knew this, she simply said that she heard it from her sister-in-law, and changed the subject. I found it very offensive; if you don't know, do not talk about it.

(SEN teacher)

The richness of the quote highlights some important issues related to the way classroom teachers think of children with SEN. Firstly, classroom teachers implement a 'hands off' strategy in working with these children. It is not altogether clear whether this applies to all teachers, as there is neither total inclusion, nor zero rejection (Avramidis *et al.*, 2000b) in public schools. Rather, refusing to work with these children appears as a sign of direct refusal. That mainly happens because of lack of experience (Yazbeck *et al.*, 2004; Park *et al.*, 2010; Avramidis *et al.*, 2000a) and, interestingly, teachers with no experience are more likely to develop negative attitudes (e.g. Avramidis & Norwich, 2002; Park *et al.*, 2010). Secondly, it is clear from this detailed excerpt that classroom teachers see children with SEN as a drain on resources for their non-disabled peers and the school. This can be explained by a lack of training (see Winter, 2006) and poor knowledge in how to respond to their needs, and as Vaughn *et al.* (1996 cited in Avramidis *et al.*, 2000b) stated, teachers implement inclusion under pressure, rather than as a result of their conviction of its importance (hidden inclusion).

Based on systematic neglect of actions without any reactions from others reported by interviewees, classroom teachers also tend to exclude these children from their ordinary classes. Teachers of children with SEN reported that classroom teachers who do not have any experience in working with these children are more likely to marginalise them, or exclude them from class (Avramidis & Norwich, 2002) and moreover frame negative attitudes is structured based on relations between previous experience and environment (Shank, 2002 cited in Park *et al.*, 2010). In this light, classroom teachers took a rigid stance against the presence of these children in their classes in the absence of head teachers' control and

accountability. An SEN teacher drew an image of such a situation in her school in one of quotes above (first quote in p. 119).

It can be seen that classroom teachers do not have sufficient lines of communication or appropriate coordination with their administrators, which compounds the difficulties that children with SEN experience at school, increases the burden on their teachers, and hinders them from participating in the schools' activities. It was sufficiently clear from the interviews conducted that teachers still hold traditional views of disability (e.g. reaction to the SEN teacher), based on the medical model of the disability (Pearson, 2005), and due to lack of experience (see Avramidis *et al.*, 2000b), and lack of support they receive, including from the MoE. These factors both explain and reflect the negative attitudes that these teachers hold.

5.2.2.4 Name calling

The negative attitudes of classroom teachers towards children with SEN have been expressed in various ways: complaining about having these children in their classes, refusing to teach them within the class, judging such students without any assessment, stigmatising them through the use of improper language, and, more importantly, supporting the full segregation of these children.

> *Another case was a child with SpLDs, he is just 10 years old and he is really gorgeous (laughs). He has real difficulty in reading and writing, especially in reading. One of his teachers described him many times as a 'donkey' because he could not read a word in the Arabic language lesson. I am really surprised that our teachers still have this attitude towards these children.*

(SEN teacher)

Stigmatising these children with improper language appeared to be common in most public schools in Jordan (cases were reported from almost all teachers); whilst no cases were reported in private schools. This is hardly surprising, as this problem is common around the world (i.e. see Yurtal, 2004) and in addition, the training that teachers receive in private schools alongside discipline system prevent these behaviours. Further evidence of the overlap between cultural perspectives and poor professional training of teachers appears by the use of some 'words' that are in common use locally to describe these children (e.g. 'handicapped', 'donkey' and 'animal'). It is significant to notice here that these teachers have 'two faces' in dealing with such children. This will be discussed shortly.

...Besides, it is common to hear some teachers describe those children using stigma words such as: stupid, donkey, animal, crazy and so forth. She says that he is donkey and what he is going to achieve? Nothing, I mean they have a low expectation of him.

(SEN teacher)

In the case of the above teacher's quote, classroom teachers went further by not only stigmatising disabled students, but also by demonstrating that they do not have faith in them. Re-reading the quotes above leads to some inferences which might be linked to the general attitudes of those teachers towards children with SEN. Firstly, there was no protection for these children from teachers themselves. In other words, teachers who humiliate such children by stigmatising them are questioned neither by their administration, nor by the MoE and as a result these children have no one to turn to for help. Secondly, teachers seem likely to stigmatise these children in front of their peers, thereby encouraging the other learners in the class to act similarly.

Nawaf: Do non-disabled children describe SEN children with the same words?

SEN teacher: Yes, they do. The most common word is lazy. I cannot blame the children for that, as they see their teachers do the same in front of them.

It is important to notice here that inclusion, as has been reported by teachers, is closer to physical integration (being there or hidden inclusion), rather than genuine inclusion. In several cases, inclusion is already being implemented, where several children are included in public schools. Most of these children have SpLDs or mild difficulties. On the other hand, children who experienced name calling are more likely to hold negative beliefs about other children (Yurtal, 2004). Quite simply, this can lead to reduced social interaction between these different groups, affecting their social skills.

5.2.2.5 Expressed and not expressed

In an interview conducted with a head teacher I found that the control head teachers have over their teachers' behaviour is limited. The head teacher in question expressed her fear that teachers would revert to more negative attitudes, if she left the school:

> *I have noticed that some of the teachers are really arrogant and do not want to do their jobs. I said I would not accept that at all. They thought I was a fool because I did these things, and I heard some of them describing those children with bad words. Before I banned it, words such as 'stupid, crazy, insane and donkey' were quite common.*

> (Head teacher - public school)

This leads to a very crucial point that teachers use implicit ways to react to having children in their classes. In private (not in front of some head teachers, parents or supervisors), classroom teachers and some SEN teachers show negative attitudes by stigmatising these children using improper language. One teacher provided a vivid picture explaining the way that teachers express their views when she was working for a public school:

> *At teachers' meetings, or when you have a chat with the teacher individually, you would hear some things like: (A) is not clever; he is lazy, stupid, a lunatic or a donkey. These are quite common phrases in their conversations, and probably in our culture, while it is completely different here. Teachers at public schools, at least in my experience, present the problem in a bad way, and at the same time they do not know or suggest any solutions. That is the theme here; you have a problem, and you do not report it, and you do nothing to solve it either.*

> (SEN teacher)

Finally, teachers who practise these behaviours towards those children are more likely to hold strong negative attitudes towards them. This is illustrated by some of the teachers' beliefs about the segregation of these children. One teacher had a dramatic reaction when I asked her why she thinks that classroom teachers humiliate children with SEN in their classes:

Why?!! She does not believe in their abilities and she still has the classical view that children with SEN should be kept in hospitals or special institutions. When I told her that this view was fifty years old or more, she replied that she thinks it is still valid and she cannot see the point of having them in mainstream schools. Would you be believe that she thinks that children with SEN are 'crazy' but on a different level?

(SEN teacher)

Trying to change the attitudes of these teachers seems to be a difficult task. Classroom teachers' attitudes and practices are based on their view of culture (as shown in the penultimate quote) and, ultimately, on past experience. As religion plays an important role in the lives of most Jordanians (Hasna, 2003), teachers in mainstream schools see disabled children through a religious lens (informal Islam). However, this view is still confined to showing compassion and empathy, without initiating any practical steps to modify negative attitudes or working with them professionally. This can be referred to the point reported and discussed above - whether teachers have any scientific and adequate knowledge of disability which raises doubts about teachers' qualifications, whether from university or college. In the following quote, a SEN teacher presented her own view of how teachers see disability:

I mean how we look at those people. If the case is very difficult, we will have feelings of sympathy, and if it is not, which is true of the majority, people have very negative attitudes. I mean it is quite complicated. Do not forget the effect of our peers on our decisions at college. I had the chance to study counselling or special education. I chose counselling, and after a while I changed my mind and studied special education.

(SEN teacher - private school)

On the one hand, teachers feel sympathy for these children, and on the other they refuse to work with them. This can be explained to a degree by religious values and cultural perceptions, where working or responding to children with LDs is considered as charity work. In other words, these teachers are strongly affected by their religion, which encourages them to deal equally with these children and help them, yet they are still affected by their local culture, which sees disability as shameful and a source of social embarrassment (Hadidi, 1998; Turmusani, 1999). This mixed view affected the teachers' desire to study special needs

at college. The general view in society could be seen from friends' and colleagues' impact on student teachers' decisions. Most of those effects were negative towards disabled people and strongly rooted in local culture.

On the other hand, classroom teachers argued -according to interviewees- that they deal with complex issues when they have children with SEN in their classes. They mainly complained about class size, accompanied by limited time given to deal with large numbers of students:

> *I think that we give children with SEN extra time, and that is not fair to their peers. I mean, when you have 45 minutes and you want to divide this amount of time between 35 students in your class, how can you do that? I cannot see any way to do it. Do not get me wrong please, I am not against inclusion, but we have got to be realistic.*

<div align="right">(SEN teacher)</div>

Teachers work under stressful conditions and cannot easily shape positive attitudes, especially when they do not have adequate experience to respond to those children (Janney *et al.*, 1995).

5.2.2.6 Student teachers

Another source of negative attitudes towards children with SEN comes from pre-service teachers. Pre-service teachers' lack of adequate training in working with children with SEN prior to entering to the classroom service appeared to be crucial in framing negative attitudes. Teachers who demonstrate negative attitudes are often reflecting the attitudes that exist within their local culture which, as mentioned previously, view these children as inferior and a source of shame. After explaining her difficulties with classroom teachers, an SEN teacher turned to complain about pre-service teachers who receive practical training at the school.

> *On the other hand, there are some university students who are training at our school as part of their final year. As you know, they have to have a supervisor who is supposed to evaluate them. Their main concern is not to be in any class with SEN children. They just do not want any SEN child around them, and they think that having that child will reduce their chances of having a good mark at the end of the year. This is disgusting: I would expect this kind of attitude from the older generation, but not the new generation. What are they going to do*

when they graduate and start working as teachers? Another problem is that the
supervisors from the university do not understand that there is a child with SEN
in the class, and they ask their students to control this class.

(SEN teacher)

It appears that the main concerns of pre-service teachers are their grades, rather than having adequate training. Specifically, these teachers tried to avoid any 'embarrassment' or disruption in front of their supervisors, by excluding disabled children, especially those with behavioural difficulties, from the class (Hastings & Oakford, 2003). Such attitudes are indicative of the quality of training they receive. Those with extensive training have more positive attitudes (Avramidis *et al.*, 2000b). The risk of rejection by pre-service teachers is that they will be more likely to hold onto these attitudes when they start their career after graduation (Hastings & Oakford, 2003) as is shown by current classroom teachers. Park *et al.* (2010) indicated that there is no difference between the attitudes of pre-service teachers and those in service which clearly suggests that student teachers are mirroring teachers' behaviours. This also indicates that attitudes are already set, while the MoE, with no clear policy, seems to be completely absent, as it was not mentioned by teachers. School administrators, meanwhile, are rarely engaged in the teaching process, and might be described as complicit rather than supportive. In fact, this absence is concurrent with false beliefs of teachers.

5.2.2.7 Teachers' beliefs

In Islam all acts carried out by human beings are governed by the will of Allah, and they were written before the creation of human time; nothing happens except by the will of Allah. Religion in this case is taken further and explained by people to their benefit. Islam exhorts believers to look for causes and deal with them. Specifically, the Holy Qur'an mentions clearly five times that every human being is responsible for his actions 'Whoever is guided is only guided for (the benefit of) his soul. And whoever errs only errs against it. And no bearer of burdens will bear the burden of another. And never would we punish until we sent a messenger' (Qur'an, 17; 15). SEN teachers indicated that parents and classroom teachers seem to employ a strategy of 'pick and choose' to respond to the children with LDs, in the absence of a well-defined distinction between culture and religion (Hasnain *et al.*, 2008).

In a combination of professional behaviour with religious observance, teachers appeared to use religion as the motivation for responding to the needs of children with SEN. It was not

clear why teachers of SEN linked working with these children to their religious beliefs. It seems that religious values such as helping other, equality and justice, influenced the thinking of several teachers. It is not surprising perhaps given the lack of support from the MoE and parents and the lack of clarity of vision for the future of the child. I would like to argue here that when teachers or parents fail to understand a disability or respond to it, they tended to attribute it to God's will (see Turmusani, 2001). In fact, knowledge about disability is critical in affecting professionals' beliefs and attitudes towards the disability (see Prelock, 2006).

In the case of one teacher, Hassanah, religion appeared to be the primary motive for teaching students with SEN in her class.

> *After two weeks and a good chat with my friend, I decided: no, I have to pay attention to him again, and to the other children with SEN in the class, and we have to persuade the parents to do something with him. I think those children are our responsibility, and we have been asked by God and our Prophet to deal with them and help them.*

> (KG Teacher)

Hassanah depended on unscientific resources in order to obtain information about some difficulties she had experienced. This clearly indicates a prior rejection of the disabled child by parents and other teachers in the absence of adequate support. She replaced the parents and works with the child. However, this replacement includes the sharing of religious values and cultural beliefs about disability as a divine intervention (Turmusani, 2001). When Hassanah was asked to clarify this issue, she re-stressed her religion as a major motivation for working with these children:

> *Well, as you know, we as Muslims have to help poor people and weak people, I mean people with SEN. The Qur'an and our Prophet urged us to help them. At the end of the day I expect reward from Allah, not from his parents or my headmistress. I strongly believe that we have to help those children to acquire our Allah's satisfaction. I cannot hide the fact that I come from a religious background, as I told you in our first interview, if you remember?*

> (KG Teacher)

Instead of demonstrating her professionalism, Hassanah focused on the satisfaction of God and stressed that she works for God rather than her own career. Her religion was far more important to her than her profession. I would argue here that lack of experience was a crucial factor in this teacher's use of templates such as her religious beliefs to guide her in her work. Thus, it appears that working with these children is seen as a form of voluntary work, motivated purely by religious beliefs, in the absence of appropriate professional guidance from administrators or the MoE.

I decided to analyse the above findings further by investigating whether there is any contradiction between working for God and doing a proper job. Two quotes and a field note (written after the interview) are offered as supplementary evidence.

> *Nawaf: Ok, Miss Hassanah but aren't you forgetting that you have a salary at the end of the month?*

> *KG teacher: Yes, I have. I cannot see any contradiction there. Do not forget that Jordanian society is religious in general; I cannot see the point of your question.*

When I asked for more clarification, she replied angrily:

> *...Let me make it clear here for you. Yes, I have a salary at the end of every month from the MoE, and I work with them (SEN children) from my own perspective and I cannot see any contradiction, is that clear?*

I wrote in my field notes immediately after the interview describing the way that the teacher responded to me after I had asked her about a possible contradiction between her religious beliefs and working with LDs children:

> *I noticed that Hassanah, the teacher, changed the way she dealt with me after I had asked her about whether she saw any contradiction between her religion and work. She was nice, and I had a good recommendation from the head teacher, who came to see me during the interview. Hassanah's answers after that were short, and she seemed not to be interested. After finishing the interview, she walked me to where the head teachers' office was located and asked me if I was Muslim. When I confirmed this, she asked me if I pray regularly. She then said: 'I do not know why you asked me about salary and religion. You should not have done that'. When I tried to explain why I had*

asked her, she used her hand to indicate the head teacher's office, saying 'Miss Ahlam is waiting for you' and walked away.

<div align="right">(Field notes)</div>

The teacher insisted on two occasions that her religious values supported her work and provided her with the motivation to do it. That is acceptable when we discuss professional work where others perspectives play a role. In the case above, it appeared that the teacher blended her own beliefs and her duties as a professional and in the absence of proper supervision, her view of the inferiority of disabled people in society came forward.

Beliefs also play a role in deciding whether an individual wishes to embark upon a career in special education and the attitudes surrounding it (Dupoux *et al.*, 2006). Teachers and parents are influenced by an overall view of disability in society (see Dyer, 1996). SEN teachers themselves reported that they were under pressure from friends, parents and society not to engage with children with SEN professionally. One teacher presented his 'story' of how he studied special needs at college:

Nawaf: Why did not you like special education?

SEN teacher: Well, that was very complicated. I think the main factor was our culture. As you know, people in Jordan look at a teaching career as inferior. I mean I think that teachers do not have any respect in our community anymore. In the old days, when we were at school, teachers had great power. We used to run away when we saw them, but not anymore. Another thing with our culture is the way we look at disabled people. I mean in which way we look at those people. If the case is very difficult, we will have feelings of sympathy, but if someone is different from the majority, people have very negative attitudes. I mean it is quite complicated. Do not forget the effect of peers on our decisions at college. I had the chance to study counselling or special education. I chose counselling and after a while I changed my mind and studied special education. It was a kind of personal matter. I was ok with counselling until I had a big fight with one of my tutors. It was a really bad period in my life, and I do not really like talking about it; I have had talked about it enough (laughs). At the same time, you graduated I think at that time, so I mean many of my friends encouraged me

to study special needs and at that time we had the chance to work in Saudi Arabia, even without any experience. So I just moved to special needs from counselling, and I think I am happy now here.

The above quote illustrates the whole 'story' of one of the young teachers studying SEN at university. It was understandable that the teacher described culture as the main factor in excluding special education from his choices. Absence of exposure to children with SEN in their lives leads them to form negative attitudes towards SEN in general (Tur-Kaspa *et al.*, 2000; Park *et al.*, 2010). In addition, this can easily be traced back to the general view of seeing disability as an undesirable thing or what called by Goffman (1963) as a courtesy stigma. In courtesy stigma, people who work with stigmatised children (teachers in this case) are more likely to bear a courtesy stigma because they share a network of connections with the stigmatised children. Moreover, the reason for moving from studying one subject to another in the case quoted above was purely personal, i.e., good career prospects abroad, rather than personal conviction.

5.2.3 Head teachers

Finally, from the interviews it appeared that administrators in schools were not particularly interested in planning, implementing, supervising or protecting children with SEN in public schools. Teachers reported several cases where head teachers were more likely to neglect SEN children in their schools; moreover, the head teachers did not appear to have any clear ideas or views about special needs in their own schools, in general, or inclusion in particular.

Some head teachers, especially veterans, still have the traditional view of disability where there is an odd mix of local cultural beliefs, some simple academic expertise and the adoption of a medical approach which maintains that children with SEN should be placed in hospitals (Yazbeck *et al.*, 2004). When a child with SEN needed help at school, particularly when he was a victim of bullying, the reaction from head teachers was extremely problematic:

…I just stopped them (non-disabled children who had been hitting a disabled student). I also reported the matter to the headmistress but nothing happened. The simple answer is that we cannot do anything more.

(SEN teacher)

…I went to see her in the afternoon and she was alone in her office. It was a friendly chat. I told her that I was very upset and I explained to her what I had

done. She listened to me, but I did not feel that she was serious or interested. I mean, she did not treat it as a serious matter. Why? I do not know, and I was not interested in finding out, as I was really angry and so upset.

(SEN teacher)

Firstly, it appears that the head teacher did not have a clear clue about the children with SEN in the school, nor had she a planned strategy to work with them and her reaction was very poor. Secondly, she failed to justify her reaction, and more important she did not seem to have the power or interest to respond to emerging situations (responding to bullying or attacking her staff by angry parents who refuse SEN teachers' initial assessment of their children). Finally, she was not interested, neither implicitly nor explicitly, in working with children with SEN and their teachers. This can be explained by the radical movement towards inclusion without proper preparation by the MoE, which did not help teachers or head teachers in developing a compassionate understanding of SEN (see Avramidis *et al.*, 2000a; b). In fact, this is another area of confusion in providing services where leaders were not prepared enough to respond to diversity in their schools.

SEN teachers suggested that the implicit rejection of inclusion by their head teachers can have several causes. Lack of experience, local cultural beliefs, and not having any direct contact with these children (Murray, 2000) seem to be the major reasons for such apathy.

Head teachers' negligence of children with SEN and their teachers takes several forms. In addition to those mentioned above, some head teachers do not take the provision of services for these children seriously. This can be clearly seen from the way some react to teachers, students and parents. The following teachers' stories show that head teachers were either 'out of touch' or a source of stress for teachers. One SEN teacher said 'teachers and the headmistress don't take my job seriously' and, much worse, is concerned about the way they see her position in the school:

They think that I am a baby sitter rather than an SEN teacher (laughs). Sometimes I think that the resource room is like a police station. Any child in the school who has any problems, I have to deal with them. Some teachers who have students with behavioural problems in their classes are really worried about any disruption, and some of them do not have sufficient skills to control the classes they teach.
(SEN teacher)

Head teachers' view of disabled children as being inferior was passed on to the teachers in the schools. The following quote provides a vivid illustration of one head teacher's reaction to an SEN teacher.

> *I argued with her and when I discovered that she did not understand what was going on, I went to talk to the head teacher and I was really angry. To be honest, I did not expect much of her, but I had to talk to her. I met her firstly in the corridor and we then walked to her office. I complained, saying that teachers do not understand my role and my class, and that the resource room is not a jail for children with behavioural difficulties. She smiled and said that no one understood my role. I was shocked, but I don't blame her, as she does not know anything about children with SEN.*

<div align="right">(SEN teacher)</div>

This SEN teacher went to complain to the head teacher in the belief that she might get some response. It can be concluded here from what was reported by interviewees that some head teachers in Jordanian public schools hide their lack of experience behind different pretexts. In addition, lack of support and understanding towards these children and their teachers might increase the frustration of the teachers and lead them to quit their jobs, adopt some negative attitudes (Center & Ward, 1987) or become less interested in implementing the integration of children with SEN (Chazan, 1994).

5.3 Family members' engagement with the SEN child

5.3.1 Parents

Family structure will be affected by having a child with SEN, from different aspects (Turmusani, 1999). Indeed, parents, grandparents, siblings and other relations to the family will be directly affected. In this study, teachers of children with SEN presented compelling evidence concerning the way in which parents and siblings, especially those in the same school, face difficulties in responding to the situation (Cox *et al.*, 2003). Parents and siblings often find themselves faced with several inappropriate questions from others which need to be answered and requirements which need to be met.

As discussed previously, it is difficult for parents to accept having a child with a disability for various reasons, including the cultural milieu. It was also shown that social embarrassment seemed to be a crucial factor in responding to the disability. In my interviews, SEN teachers provided some examples of how parents of disabled child react to questions.

> *I met the mother again after 3 or 4 months at the parents' meeting. I said: 'Hi' and I could tell that she tried to avoid me and not to talk about 'Hassan'. I do not know why she attended the meeting. I looked straight at her, and I could tell that she was very embarrassed, it was quite obvious.*

(KG teacher)

The mother's distress can be seen very clearly. In this quote, on the one hand, she had to attend the meeting, and, on the other, she had to face the social embarrassment of being the mother of a disabled child. What the teacher did not realise was that the mother was trying hard to avoid such embarrassment. In this case, the stigma of having this child extended to the mother also (Goffman, 1963; El-Islam, 1994):

> *I have never dealt with any fathers, just mums. When mums come here, they just complain about their child's behaviour. They do not mention their academic performance. I have never been thanked by any mums. When you talk to her about her child's disability, she seems not to be interested at all.*

(SEN teacher)

Two situations are highlighted here: neglecting, and the absence of fathers from the scene. It was not clear from the above quote why fathers do not participate in their child's education. Cultural perceptions may play a part, where women who have an inferior position in society to men and have to stay at home (El-Islam, 2008; Turmusani, 2001). They deal with what are perceived as 'female' issues, while fathers play a more dominant role and deal with 'male' issues (e.g. providing money and represent family in formal and social occasions). However, culture is not stagnant (El-Islam, 2008) in Jordanian society, and fathers in general now participate more in girls' issues (e.g. teaching them and in some cases following their academic performance in schools), which strengthens the suspicion of the hidden desire of avoiding social embarrassment (i.e. it is not an isolated case where the teacher indicated that she has never met any father).

You asked me about parents, I wrote to them several times and a few of them replied. Parents have to sign a form to allow their child to join resource room (consent form). Most of them did not sign it, and we had to call them many times just to get them to sign it. I sent it to them with their child and they did not sign or send it back.

(SEN teacher)

Data suggest that teachers infer that parents neglect their child's needs in a systematic way. This manifests in different ways. Parents can either deny their child's disability, or accept the reality of losing their ideal child, without taking any action to respond to the situation. In both cases, the child will suffer. Although they do not participate in behaviour modification plans, parents attach a great deal of importance to their child's behaviour, in order to avoid social exclusion (Gray, 2002).

Socio-economic issues also have a role in deciding the next step for parents. Some parents of a disabled child, especially those from a high socio-economic status, keep 'chasing after their dream' of having a non-disabled child by asking for further assessment (Diken, 2006). This stems from denying the disability, by asking for further assessment abroad. In such cases, parents fail to meet the child's basic needs, because they cannot accept the situation.

...They are a nice couple and they are lovely and they really understood. But our duty and our professional training urged us to do that. Their reaction was complete silence. I was there and to be honest I really wanted to see their reaction. For two or three minutes they did not say anything. I was amazed, as they should have known about their child's case, or at least expected the worst. They were looking at each other and then at the report. Suddenly, the father said, 'What is the next step'? Before I could say anything, I saw tears in the mother's eyes. It was so sad. Miss Basma and I told them our plan. He would join the resource room for now, and then have individual teaching and some extra assistance in his class. His mother's first words were, 'Are you sure of your assessment?' I was going to answer, but I stopped when Miss Basma winked at me. Obviously, she has more experience than me, and she knew that was not a real question, as she told me later. She said that was just a kind of polite immediate denial. She spoke to them nicely, telling them that we did our best in the assessment, and that they could trust our assessment, as we have two

different reports. They did not say anything, but Miss Basma spoke to them about the kind of SEN services and about the future of children with SpLD. When they left the office, I could see the sorrow in their faces. Anyway, after ten days they came back, actually just the mum, telling us that she had been advised by a friend to carry out another assessment abroad. We told her she could have the assessment abroad, but she had to realise that it was February, and she could have it during the summer, otherwise the child would have to be absent for at least a couple of weeks. She agreed with us, although she wanted to have it as soon as possible. She probably just wanted to prove that our assessment was wrong.

(SEN teacher - private school)

In the case above, the quote presents a vivid picture of the situation from two perspectives. Firstly, the difference in ways of dealing with parents between public and private schools (see Seventh Chapter). Secondly, working on the assumption that dealing with a child with SEN is a matter of dealing with social-cultural restrictions (Green, 2007). Parents from the upper middle class deal with the discovery of their child's disability in a different way from those from the working class families in public schools. In the latter case, most parents experience temporary denial, and then deal with it by deciding to neglect it or not to pay any attention to it. It can also be suggested here that some of these parents use religious values as the basis for accepting the disability, by linking it with destiny or divine justice (Turmusani, 1999).

As the previous quote above demonstrated, parents keep chasing the dream of having a non-disabled child by taking further assessments abroad, which can be a traumatic process for parents (Murray, 2000) and the child where the child will lose several opportunities to deal with his/her situation early (Murray, 2000) and this can lead parents to adopt or form some negative attitudes.

It seems that parental educational level or background also plays an important role in deciding how to respond to a disabled child. Stoiber *et al.* (1998) found that parents with higher academic qualifications hold more positive attitudes towards inclusion. In some cases, especially in private schools, parents sometimes refuse to let their children have any assessment or even withdrawing them from the school. Neither do parents follow their children's progress at school, nor in the resource room. It seems to me that the poor

educational level of parents combined with poor knowledge of the disability led parents effectively to 'wash their hands' of their child and cease to care about even his basics needs.

> *No they do not, or at least most of them don't. I don't really know what their mothers do at home. I mean -as you know in Jordan- most mothers look after children and do not go to work, or at least that's the case in the local community here. We start at 8am and you see a child has not washed his face or is wearing dirty clothes. When I ask them where their mother is, he replies, 'asleep'. I do not know what she does at home. It is a real shame.*

(SEN teacher)

Finally, SEN teachers argued in order to reassure themselves, parents tend to compare their disabled child to themselves or his/her older siblings, and pretend that they will pass through this stage as they did. The following quote summarises the ordeal of a mother with a disabled child and the way she reacted:

> *She was so scared of having a daughter with a disability because of her relatives and friends. She said that to me. She thought that this would affect her daughter's future in society and believes that females come second. You know our society (laughs). I think she was under pressure from her husband's family. She told me that her father and mother -in- law had told her not to pay any attention to what I said to her and not to have any assessment. Their justification for this was that their daughter had been in the same position when she was her daughter's age and that there was nothing to worry about. I could sense the strain she was under. She just wanted to do something and did not know what to do.*

(SEN teacher)

An important point emerging from the SEN teacher's response is the way that some parents were pushed into either denying their child's disability, or justifying their negative attitudes. In the case above, the mother was reported to have received very traditional advice from family members to reassure her and play down the problem. Over involvement of extended family members in Arabic culture (El-Islam, 2008) leads to collective rather than individual decisions which protect the family reputation (El-Islam, 1994). In Jordan, this

normally comes from mothers-in-law from both sides, due to the fact that the mother-in-law plays a central role in maintaining the good reputation of the whole family.

In addition, the interviews showed that some parents' refusal to accept their child's disability was a direct response to concerns about the future of the child, especially females. For example, parents and grandparents who engage in arranged marriages for their 'sick' family members (El-Islam & Abu-Dagga, 1990) are worried about not finding a proper husband for a disabled girl (Turmusani, 2001). Indeed, Goffman (1963) argued that stigma (disability) destroy reputation and minimised the opportunity of finding a husband. Further support for this comes from a statement of one of the female head teachers who had firsthand experience of dealing with girls with SEN.

> *Because they think that the ultimate objective for any girl is to get married and have children, I think having any difficulty in this matter will affect her image and reduce her chances of finding a good husband in the future.*

(Head teacher - public school)

Another concern in relation to framing attitudes towards disability, was brought to light through interviews, and focused on the relationship between mother and father.

> *...I strongly believe that she was worried that her husband was going to leave her or something like that. It was quite obvious, but she has never said that explicitly. Our problem is that our culture sees disability as a very bad thing and a source of shame which will affect all the family members. I think that people in general think about bad things and discuss them more than good things.*

(SEN teacher)

In an Islamic society where men are allowed to have four wives at the same time (Qur'an, 4), mothers were scared that having a disabled child would cause their husbands to take another wife and leave them to raise the child alone. Research carried out in Islamic societies in the Middle East shows that having a disabled child within the family can cause tension between husband and wife (Uskun & Gundogar, 2010).

In the light of the above, it is worthwhile taking another look at the significance of fathers' absence from the whole scene, since, in a conservative society such as Jordan, males are more likely to deal with the 'outside' affairs of the family. Surprisingly, when the family has a

disabled child and needs an assessment, fathers simply relinquish the responsibility and leave it to the mothers. It is believed that mothers are better able to deal with practical issues than fathers (Kalyva *et al.*, 2007). This can be seen in the following quote where the mother's wish was to keep her husband away from the scene.

> *She refused, and she said to me that her dad was a doctor and there was nothing wrong with her daughter. I did take the chance to ask about her dad and see if we could persuade him instead of the mother. She said that it was nothing to do with her dad, and she just wanted to stop talking about this.*

<div align="right">(SEN teacher)</div>

5.3.2 Siblings

Non-disabled siblings are also at risk of being bullied at school due to their brother's/sister's disability. One teacher presented a vivid example of the amount of embarrassment that siblings of disabled children suffer from as reported by a SEN teacher who went to work privately with a disabled student at home:

> *What I want to say here is that his big brother was at the school as well. I did not know this at the beginning, and when I met him at home and he introduced himself, I said that I had never seen you at school. He did not say anything, just that he was in a different class. The boy I was working with told me that his brother was ashamed of him and he had told him once that he wished that he was not his brother. When I asked why, he said that it was because his peers always said that, as the brother of a 'handicapped child', he was stupid. I think that this is mainly due to peers' pressure. You can see that in our society pressure is always put on disabled people and their families. However, I just want to say that, in another case, the little brother always tried to protect his disabled older sister from other students. In some cases, yes, some siblings admit that this is my brother or sister. I think, from what I have seen that this depends on the age of the non-disabled sibling. You know young children do not know about disability.*

<div align="right">(SEN teacher)</div>

Teachers reported that parents' concerns also extended to their non-disabled children. In the above quote two cases reveal the amount of bewilderment that brothers and sisters suffer

from. In the first one, the inability to explain the disability and provide rational answers to peers was a direct cause of being ashamed of having a disabled child. In fact, siblings suffer from increased pressure from peers who are looking for answers, and neglect from parents. Parents' role in providing the appropriate answers to their non-disabled children related to the disability was completely absent. This part also discloses the 'contradiction' in parents' behaviour towards their disabled child. From one side, they provide him with a private teacher to work with him privately which indicate a strong desire to assist him or 'keep chasing the dream' of the possibility of curing the disability, and on the other hand, draw a wall of secrecy around the disability. This wall, however, does not hinder non-disabled brothers and sisters from providing the protection to their disabled children when it is needed.

Siblings' attitudes towards their disabled sibling were not sufficiently clear in these interviews. It is common in public schools, especially those where the middle and working classes are taught together, to have all the children in the same school. This is problematic and puts pressure on non-disabled siblings the with peer group. Secondly, most of these siblings are not able to provide a convincing rationalisation of their sibling's disability to their peers which raise the need for their parents to discuss this matter with them. This can lead to loss of self-esteem and more pressure on them, and might be a factor in forming negative attitudes (Dyson, 1996). Indeed, typically developing siblings often have a poor relationship with their peers (Wolf *et al.*, 1998 cited in Naylor & Prescott, 2004).

5.4 Bullying by non-disabled peers

At the beginning of this chapter, I mentioned the assault on a disabled girl in the class in front of her teacher. In the absence of teachers' support, students with SEN sometimes turn to others (peers) for protection. Shockingly, these students do not turn to teachers or head teachers (Monchy *et al.*, 2004; Humphrey & Symes, 2010). Instead, students turn to limited and temporary alternative options.

Data suggests that children with SEN are victims of bullying by their non-disabled peers in different ways. As noted previously, children with SEN are isolated in their schools and more likely to be segregated.

> *…There is as a boy here and he has SpLD; as you know we sometimes work with him in the resource room, he told me that he was alone and had no friends.*

Why? None of his classmates wanted to be his friend. We have tried to talk to them and some of them responded to us, but the majority did not say anything, and I think they were just not interested.

<div align="right">(SEN teacher)</div>

The quote illustrates the isolation of children with SEN in inclusive schools. This can be seen clearly from the poor response of the teachers to their children and is in agreement with what Monchy *et al.* (2004) found that children with behavioural problems are less socially included. In an individual initiative, the teacher tried to encourage the children to get engaged with their disabled peers, but the results were remarkably poor. Moreover, disabled children are marginalised by their peers in class by having fewer friendships and less engaging in class networks compared to their non-disabled peers (see for example Pijl *et al.*, 2008; Mare & Ronde, 2000). Most of them do not participate in any collective activities, including academic work, and are more likely to be left behind. In the case of Ammar, he had been left alone without any friends as the SEN teacher recounted. Not having friends forces these children to withdraw from all activities (Monteith *et al.*, n.d)

I think yes, they are. Do not forget that you cannot force any child to socialise with others, if they do not want to. As I said about Ammar, yes I think they are marginalised by their classmates and peers.

<div align="right">(SEN teacher)</div>

Another negative attitude from typically developing peers towards children with SEN was stigmatising them with abusive language. These peers come from the same culture, which devalues disabled people and considers disability as something shameful which should be hidden from the public eye. In the absence of proper counselling, and due to the use of such language by many teachers and administrators, non-disabled children use the same words to describe these children.

Nawaf: Do non-disabled children describe SEN children using the same words?

SEN teacher: Yes, they do. The most common word was lazy. I cannot blame the children for this, as they see their teachers do the same in front of them.

This short quote speaks volumes; teachers here play a reverse role. Instead of guiding their students in terms of trying to understand and accept differences when dealing with peers, they effectively play the role of instigator by not taking any action. I have already mentioned in the first section that teachers, especially those from the older generation, are more likely to demonstrate negative attitudes towards disabled children due to cultural factors, lack of experience or by poor training, or absence of training, before entering service (Monchy *et al.*, 2004). In the above quote, non-disabled peers were modelling their teachers in describing children with SEN: this includes name calling.

The use of abusive language by peers cannot simply be explained by modelling through others behaviour. The word 'lazy' can be explained by what Marsh and Hau (2003 cited in Lindsay *et al.*, 2008) call 'big fish, small sea' phenomenon, where non-disabled children tend to consider themselves superior. Typically developing children who find themselves in inclusion schools without proper preparation or enough knowledge about the diversity in their school can frame negative attitudes and behaviours towards their disabled peers as was shown in previous quote.

Physically, children with SEN are easy targets for their peers (Humphrey & Symes, 2010; Thompson *et al.*, 1994; Lindsay *et al.*, 2008). Teachers reported that such children were likely to be subjected to abuse in front of their teachers, whose lack of action signalled acquiescence. Physical abuse took the form of hitting, kicking, and beating. I will add some comments to the quote provided above in the teachers' section, and will start by including some of this quote.

> *I noticed that she was always at the back of the class and two or three of her peers were shouting at her. I just entered the class and asked the teacher a silly question, I just wanted to be there, and they kicked her in front of the teacher, and she did absolutely nothing to stop this. When I shouted at them and asked them to leave her alone, the teacher turned to me and said: 'she is useless and should not be here'.*

(SEN teacher)

Two kinds of direct abuse are highlighted by this case: verbal and non-verbal. In fact this quote reveals more than abuse but also indicates to catastrophic failure of the MoE's role in entering inclusion as a concept and practice to its schools. It is critical to notice here that the

situation would be much worse (regarding changing attitudes), if there was not an appointed SEN teacher in the school (teacher's difficulties will be discussed in next the chapter). The teacher in the next quote went further by explaining why she thinks that was happening:

> *Because of the education system and culture. You know our culture gives boys a more important role in life, while girls are shyer than boys. Why teenagers in particular? I think it is because they are developing, and boys start becoming aware of the world around them. Again, as I said, it is limited here and we cannot generalise.*

(SEN teacher)

Perhaps the teacher's explanation was accurate. In general, male rather than female teenagers are more likely to engage in abusing others. What we can glean from this quote is that male non-disabled children are more likely to use physical aggression against children with SEN, while females are more likely to use verbal aggression (see Lindsay *et al.*, 2008).

Name calling is widely used to describe disabled children in the complete absence of any deterrent. Moreover, some of the data proves that school administrators, especially those in public schools, play the role of accomplice in encouraging typically developing children to abuse disabled children. Secondly, as mentioned above, peers and their teachers believe that there is nothing inherently wrong with stigmatising disabled children. Arguably, this view of disabled children in schools is strongly and firmly entrenched, to the extent that it is not considered immoral, a defect, or something punishable by law.

Finally, stigmatising disabled children affects their siblings in schools, and leads to both groups becoming isolated. Teachers and non-disabled children, most of whom consider that academic performance comes first, tend to ignore disabled members of the class, and refuse to socialise with them. This can also be extended to their non-disabled siblings. It has been shown above that classroom teachers tend to seat disabled students at the back of the class as a sign of contempt and lack of interest in teaching them, while their non-disabled peers tend to ignore them or refuse to mix with them.

5.5 Conclusion

Firmly entrenched negative attitudes towards children with SEN in the Jordanian context have been reported to exist among classroom teachers, head teachers, pre-service teachers, peers and family members. These attitudes have taken different forms, from physical action to complete negligence, and the end result is that the specific needs of these children remain mostly unmet.

Such attitudes have their roots in local culture consisting of religious values, habits and traditional beliefs. The most significant of these is that disability carries with it social stigma. However, it appears that the confusion between religious values and local traditions contribute to the type of responding to the disability. This confusion is between religious faiths, which encourage people to work with disabled children and help them to benefit as much as they can from what abilities they have, and their locally influenced views, which see disability as a source of shame to be hidden from the public eye. Interestingly, this blended is not going against the view taken by other studies (e.g. Farrugia, 2009); rather, this contradiction might lead to a personal and individual method of working with these children by their teachers and parents.

The findings of this research also indicate that parents of children with SEN are under significant pressure from different sources when they are raising their children. As a result, parents often deny their child's difficulties. According to teachers, this denial of the disability depends mainly on the educational level and social class of parents.

Data analysis also showed that non-disabled siblings are affected by their parents' attitudes. These often fluctuate between shame and the desire to protect their disabled siblings from bullying at school. Many classroom teachers have negative attitudes due to lack of interest and experience, and also to their workload (i.e. class size). Negative attitudes are held, not only by teachers, but also pre-service teachers, who do their training in schools. The practices and attitudes of these newly-trained staff members are not, for the main part, challenged by other staff members, including head teachers, with the result that such negativity becomes further entrenched.

Head teachers, who believe that they are following MoE education guidelines which call for inclusion, seem to favour typically developing students over their peers with SEN. This was apparent from the way that head teachers reacted to the bullying of disabled children by their peers and classroom teachers. Surprisingly, children with LDs in this study were more

likely to ask for help from others rather than their teachers. Head teachers' failure to react adequately or provide the required protection reflects on the quality of educational services provided in their schools. Moreover, these practices are more likely to encourage classroom teachers and non-disabled peers to hold on to their negative belief.

In general, it appears that cultural and religious perspectives play a significant role in forming attitudes towards disability. It can be concluded that teachers, and peers, are affected by their cultural attitudes, and that this is the prism through which they view disability.

Sixth Chapter- Difficulties Facing SEN Teachers in Jordanian schools

6.1 Introduction

Students with LDs and their teachers face varied difficulties and barriers in gaining social and academic acceptance and support. Jordanian teachers also equally experience these difficulties, and this is evident in both public and private schools even in cases of children with mild LDs are concerned. As teachers offer the first professional help and support to children with LDs and their parents, this is often where challenges to a teacher's view are most acute. Hence, my goal in this chapter is to highlight the difficulties and issues that hinder teachers of SEN in providing sufficient educational services for the children they teach. These difficulties continue to be presented in planning and service provision, despite several changes which have occurred in the SEN field in Jordan over the last twenty years. Several teachers spoke to me about the problems they encounter and how poorly the MoE and parents respond to them. There appears to be several missing links between parents, teachers and schools administrators, and ultimately, the MoE.

This chapter will outline the issues that teachers face in an attempt to encourage policy makers in the MoE and private schools to develop practical solutions. I also show how these difficulties link with the two other themes that emerged from the data analysis to paint a comprehensive picture of the situation in schools.

Field notes taken during interviews with teachers and administrators were also used to help provide a rich account of the problem, and to illustrate some practices used by teachers which they did not mention directly in the interviews.

The following common issues have emerged from the teachers' interviews:

- The challenge of working with parents
- How administrative issues affect classroom teachers
- Systematic failings to tackle teachers' difficulties
- Difficulties in working with children with SEN.

The findings from this analysis have been linked to existing literature in order to provide a complete contextual and analytic framework of challenges facing SEN teachers in Jordan.

6.2 Challenge of working with parents

Having a child with a disability is a turning point in the lives of parents and can over-shadow potential joy (Rogers, 2007a). It can also affect the extended family (Mitchell, 2008), particularly in Jordan, where extended families are more common than nuclear families, and play an active role in raising children.

Research suggests that parents of children with SEN can experience shock, anxiety, guilt, grief, sorrow, and stress as a result of discovering their child's disability (Rogers, 2007a; Kearney & Griffin, 2001; Mary, 1990 cited in Ho & Keiley, 2003; Oliver & Sapey, 2006). In order to manage those emotions, parents resort to several sources of support around them; in the early stages, social networking plays an important role in assisting parents to adjust to the child's needs. The networks may include grandparents, siblings, cousins, friends, doctors, teachers, and other professionals (Mitchell, 2008), in addition to other parents of children with SEN. In wide Arabic culture support and respect between family members, especially between 'old and young' members, are common. This is deeply rooted in Islam (El-Islam, 2008) where Prophet Mohammad stresses the importance of patience and mercy when dealing with children and respecting old people in the community (Nisabori, 1998). When parents suspect or discover that their child might have a difficulty, they turn to family and friends for advice and support (e.g. Twoy *et al.*, 2007).

In this study, interviews were carried out with teachers of children with SpLDs and those who teach in KGs. Teachers of children with SEN found it difficult to deal effectively with parents who often argued that their child was not disabled, who do not recognise their academic difficulties or who were shocked at the suggestion that their child had a disability (Duncan, 2003). It has been suggested that the anger and frustration parents experience is sometimes directed at the first professional they meet (Ho & Keiley, 2003; Rogers, 2011) who, in the Jordanian context, are the SEN teachers.

Research suggests that the parents' shock at learning of their child's disability is reflected in difficulties in communication between the professional and the parent (Graungaard & Skov, 2006). Denial, anger, anxiety and panic are very common emotions for parents after discovering a disability (Perryman, 2005). With a 'hidden' disability, as in SpLDs, a child often shows no obvious physical or emotional signs, and of course the main difficulty lies in academic performance which is not discovered until school (usually a discrepancy between

IQ and achievement), and when the case discovered, the parents' shock, combined with personal and cultural factors, can turn to denial (Shin *et al.*, 2008).

The evaluation system introduced by the Jordanian MoE and the Ministry of Social Development is relaxed and requires parents to take their children to assessment centres to be tested for LDs, but SEN teachers are also asked to look out for children who might have SpLDs and other types of SEN (Al-Natour *et al.*, 2008). Although there are several assessment centres, parents who are scared that their fears of disability will founded true often do not initiate assessment by themselves. This puts SEN teachers in a situation in which they become responsible for the investigation and identification of suspected cases. SEN teachers' involvement in assessment, coupled with their teaching role, puts teachers of children with SEN under a great deal of pressure from parents, classroom teachers, head teachers, and other relevant educational institutions of the MoE.

Understanding the social and cultural aspects of Jordanian society is vital in appreciating the difficulties that teachers face in responding to parents. Religious values centred on destiny and submission to God's will, socio-economic class, poor education and local culture all play a crucial role in framing attitudes of people towards children with SEN and ultimately in service provision (Crabtree, 2007). It also helps to provide a clearer picture of teachers' views on disability and the factors which drive them to accept or deny it. Jordanian society has its own culture which is based on Islam and values of procreation (El-Islam, 2008) which is strongly linked with the idea of 'family'. The opinions of a wide range of people in the society around the disabled person or his family have an important role to play in their self-esteem and willingness to participate in social activities (see Uskun & Gundogar, 2010). This is because of the cultural and institutional composition of Jordanian society which comprises several Bedouin tribes and an immigrant population of different ethnic minorities. Most native Jordanians belong to tribes and tribal identity plays its role in social and cultural life where tribal beliefs are a 'constructed reality' and most native Jordanians identified with their tribes rather than nation-state (Al Oudat & Alshboul, 2010).

6.2.1 Total denial
The primary difficulty that teachers reported when confronting parents of children with LDs is denial. Falvo (2005, p.5) defines denial as 'a coping strategy some individuals use to negate the reality of a situation'. In this study, 'denial' describes a strategy used by parents of children with SEN to reject uncomfortable truths and to avoid dealing with them. However,

this allows them to ignore difficult situations to reduce their anxiety and stress and other consequences of the problem (Livneh & Siller, 2004). Most coping strategies, including denial, are temporary mechanisms rather than permanent solutions. Thus, some parents who have a child with a disability use denial as a coping strategy to respond to additional difficulties brought about by having a disabled child (Rogers, 2007a).

Using denial as a coping strategy is useful in responding to stress while overuse can be harmful (Falvo, 2005), leading to negative long term consequences for both the child and the family. Parents' excessive denial can be seen clearly in the case of children with SEN in Jordanian schools as was reported by SEN teachers, where parents deny their child's difficulty owing to various factors, such as: fear of social stigma and embarrassment, their social and economic class, lack of information about disability, and absence of sufficient communication and/or cooperation with the school.

Ho and Keiley (2003) have suggested that people have a tendency to deny things that they are unable to accept. Several teachers provided me with examples from their experience of this in describing the ways that parents reacted to the suspicion or diagnosis of LDs in their children. One teacher described the precise reaction of a mother who had been contacted by the teacher to discuss her child's academic performance.

> When I arrived there, the principal introduced me to her and she did not say anything; just sitting there with a very red face. After a few moments she started talking to me angrily. She said that her son is fine, she teaches him every day and there is nothing wrong with him. I replied that yes, there is nothing wrong with him, but he faces some kind of learning difficulties which we should work on together. She simply refused to listen and accused me of not having adequate experience of dealing with children, which is not true at all. I asked her why she thought that her son has poor marks, but she said nothing; apart from that the school is not good enough for her son.

(SEN teacher)

This suggests that the prior position taken by the parents (i.e. their refusal to admit the problem) influenced the mother's reaction. The mother knew there was a 'problem' but was not ready to either admit or even discuss it. It was not clear why the mother refused to recognise the difficulty. Perhaps, knowledge of her child being different from other children

(cultural expectations) (Goffman, 1959) led this mother to deny her child's difficulty. Therefore, based on Goffman's term of stigma and on what the teacher reported, the mother used denial to blame the teacher for her child's low achievement and created a strained relationship with the teacher by being aggressive (Luterman, 2004). From the teacher's point of view, she had followed a strategy of 'filtering the news' (Rogers, 2007b) for the mother who, nevertheless, reacted, verbally attacking the teacher and the school. Parents who regularly followed their children's academic performance should be able to predict or suspect their children's academic difficulty but it was apparent that the parent did not want to discuss it. The teacher was prudent not to confront the mother as that might have led to tension between them and ultimately delayed acceptance of the disability.

Often, parents use denial as a coping strategy to conceal their fear and anxiety (Ho & Keiley, 2003) and concern about being stigmatised by others. In addition, the lack of understanding of the disability, local cultural beliefs (El-Islam, 2008) and not being consistent with it (Goffman, 1959), and poor cooperation and communication between teachers and parents appeared to be the crucial factors influencing parents' denial of the disability. While some might use denial as a defence strategy against stigmatisation (Ho & Keiley, 2003), others use it to avoid social embarrassment. In a society where the public's opinion can cause concern and pain (Kearney & Griffin, 2001), parents of children with LDs tried to avoid any matter relating to that child's difficulty, and the target for their anger and frustration is often, in the first instance, the SEN teacher. Parents' constant denial also indicates their strong desire to have a non-disabled child.

6.2.2 'Chasing a dream'

While some parents, as in the quote cited previously, denied their child's disability totally and used denial to avoid social stigma associated with disability, some parents suspected the problem but still find it difficult to accept that they do not have a typically developing child. In the case of one teacher, Farah, the parents of a child in her class asked for two assessments, one was conducted in the school and one of which should be outside the school as the teacher suspected after the interview.

> They carried out another assessment in California or Florida, I am not sure exactly. When we met last September, just the mother came and she started talking about how her trip to America was fantastic. She said quietly that she thought Omar really does have difficulty. She gave us the report to read and it

was not much different from the two assessments in Amman. I think that she was

a bit embarrassed that she did not believe or trust the assessment in Amman, but

you know you can understand how they feel.

<div align="right">(SEN teacher)</div>

Shin *et al.* (2008) refer to studies that have explored the reasons for denial. They suggest that parents deny disability because of shame, guilt, and loss of their ideal child. Indeed, these are common feelings in Jordanian families of disabled children who view the disability as punishment for past sins in their life (Hadidi, 1998; Turmusani, 1999). The quote demonstrates the enduring state of denial that the parents still live in and their desire to have a typically developing child. Their socio-economic factors played an important role in how parents, of children with LDs react to the news. In a conservative and religious society like Jordan, some parents especially those from the upper middle and upper classes, hope they have received a wrong diagnosis as it is very traditional in Islamic culture not to give up (El-Islam, 2008; Hasnain *et al.*, 2008). When the parents discovered that their child was disabled, they started a round of 'medical shopping', trying to prove that the first assessment was wrong. It is, perhaps, that chasing the dream was part of how the mother saw her role as a good mother (McKeever & Miller, 2004 cited in Nind, 2008). As the teacher mentioned, there was no problem with seeking a second opinion (assessment), but in most cases, parents do not organise one and instead deny the problem or blame the teacher. However, the mother insisted to be the only channel to reveal or conceal information about her child's difficulty.

As previously mentioned, in most cases of SpLDs, teachers (both classroom and SEN) are the first professionals to communicate to parents and those teachers become a target of the denial. As the first quote illustrated, when parents have to face the fact that their child might have a disability, they tend to vent their anger and frustration towards teachers using another self-defence mechanism, projection (Perryman, 2005) accusing teachers of not knowing how to teach rather than face the problem and to look for alternatives. As SpLDs described hidden, this reaction can be interpreted as the shock of finding out that their child is disabled (Rogers, 2007a). Parents were also surprised at not being involved in the assessment process (Hodge & Runswick-Cole, 2008) and felt that was something was going on behind their back. This was partly because the absence of a written and understandable policy in schools towards children with SEN, teachers are allowed to have an assessment without the parents' permission, and parents feel that they are sidelined.

In the case of Jordanian schools, the idea of a resource room is misleading. For parents, peers and even classroom teachers, a resource room is for low achieving or 'lazy' students. It can be argued here that fears of placing the child in the resource room or receiving additional assistance contributed in urging parents to conduct more than one assessment.

6.2.3 Different interests

Teachers who work with children with SEN reported that they were constantly neglected by parents. As described above, some parents were shocked to know that their child had LDs and shock automatically turned to denial. It is critical to indicate that this study was conducted with teachers; however, existing literature was used where appropriate to reflect the parents' concerns.

Some teachers found that parents of children with SEN were an additional source of stress because they pay no attention to their child's issues and do not cooperate with them. This is due to the state of denial that parents were in.

> *As I said to you, they (parents) are a different story and it is one of the sources of stress for me. Firstly, they do not care about their children or refuse to admit that their child has a difficulty. Secondly, they remain out of touch throughout the academic year, and when you ask them to do something, they just ignore you. As I said you cannot clap with one hand.*

(SEN teacher)

The quote above, described precisely the obstacles with parents. It highlights the distress felt by the SEN teacher in dealing with parents. As a result of denial, parents tend to deal with the teacher differently and neglect their child and his needs completely. This situation can be explained by the stress and anxiety levels that parents experience because having a disabled child and increased their responsibilities dramatically (Uskun & Gundogar, 2010). Those responsibilities include the costs of assessments, and spending more time dealing with professionals. In some conservative societies like Jordan, revealing a disability is an additional source of stress for parents. Public attitudes are a decisive factor in deciding whether to reveal the disability and accept it (Uskun & Gundogar, 2010)

Parents cope with their reluctance to admit a disability by avoiding the whole situation. Those parents who feel embarrassed at discovering their child's difficulty tend to neglect both the teacher and the child. One teacher's story sheds more light on the way that parents

react to teachers. Months after their first meeting, the mother did more than simply deny the disability

> *I met the mother again at the parents' meeting after 3 or 4 months. I said 'hi' and I could tell that she tried to avoid me and talking about her son 'Hassan'. I do not know why she came to the meeting? I looked at her face and I could tell that she was very embarrassed, it was quite obvious. She just walked away.*

(SEN teacher)

Being neglected by the mother was apparent to the teacher who attributed it to social embarrassment. Although the mother had to attend the meeting, she nevertheless tried to avoid contact with the SEN teacher in front of parents with typically developing children. This illustrates what an ordeal it is for parents who experience shame at having a disabled child and how they try to hide it from the public (Udoh *et al.*, 2010). In the quote above, she hid from public shame by avoiding the teacher and to not talk in front of other parents. In fact, it appeared that talking to SEN teachers is an obvious symbol of stigma. It should be noted that in the case above the mother was playing the dual role of stigmatised and stigmatiser as suggested by Goffman (1963). The SEN teacher, a symbol of stigma, was deliberately avoided by the mother for fear of stigmatising the child and in an attempt to shun shame.

The conflict of priorities leads to another kind of disagreement between school and the family. This disagreement between parents and teachers is not surprising. Bailey *et al.* (1993) indicated that there is a conflict between parents and teachers on evaluating the child's abilities especially on social and behavioural skills, and intellectual abilities. Parents, who disagree with the teachers, do not have a tangible reason for doing so and it appears that there is a conflict between parents and teachers on priorities (O'Connor, 2008). In every case reported by teachers, parents' major concern was avoiding social stigma and social embarrassment rather than helping their child by responding effectively to his/her needs.

This disagreement takes several forms. From the parents' perspectives as it was reported by SEN teachers, their responsibility to protect their child requires them to confront the school about the assessment or demand that the school not to provide SEN services for their child.

When I asked her why (would not allow her child in the resource room?) she replied that it is not acceptable in our society and that is so wrong. I said yes, but she is not in an institution, she is in the school with her peers and we just need to work with her for an hour a day. She said no. She did not want people to label her as a child with SEN. I tried to explain to her that she is wrong, that I respect her decision, but she refused to listen.

(SEN teacher)

This clearly suggests that the mother's primary concern was stigmatisation of the child because of its LDs and that her first responsibility was to deal with that, and dominant in the mother's thinking, was to hide the disability from others. In fact, this parent's fears of having a disabled child and being stigmatised reflected her concerns of being perceived as different according to local social norms and cultural expectations (Goffman, 1959). She explicitly admitted that having a disabled child and revealing it is unacceptable in her local society. The difficulty for the SEN teacher was that the mother refused to discuss the matter, instead pointing out her concerns and walking away. The mother's defensive approach can be explained in terms of the distress she was trying to hide. Parents' worry about having a child with LDs appears to be constant and can even extend into the future of the child especially females. Female's future is seen to be destroyed by not finding a husband (Gumpel & Awartani, 2003) and this may be predominant in the mother's thinking. Teachers, who come from the same local culture, can understand these arguments to some extent but not in the long-term. Parents' fears as were reported by participants resulted in teachers developing their own concerns such as: losing the opportunity to teach the child, making it more difficult to teach the child, having to overcome behavioural difficulties, the parents' neglect, or strained relationship with the parents, and losing interest in responding positively to the child.

Teachers reported that parents' refusal to assist or to let the child join the resource room in mainstream schools whether by straight rejection or by not signing or neglecting the consent form demonstrates the tension and lack of trust and understanding between parents and teachers. Expressions such as: 'they do not follow up their children', 'they do not care', 'never attend any meetings' and 'never seen them around' were used widely by teachers to describe parents' lack of cooperation. It is also worth noting that some parents were unaware that the teacher reported that their child and the teacher had reached their limits, in part due to

their lack of interest. The result of this is that teachers were changing their attitudes and it is causing truancy in students.

Moreover, this neglect pushed the SEN teachers in few cases to take the initiative themselves by assessing the child and working with them in the resource room. In several cases teachers reported that parents do not even know that their child has joined the resource room.

> *As I said most of them do not know what is happening to or care about the child. They assume that teaching their son or daughter is the responsibility of the school or teacher, not them. That is completely wrong as I cannot succeed with them without support from parents. I think strong cooperation between us would be very beneficial for both us and the child.*

> (SEN teacher)

The above quote illustrates another aspect of the teacher-parent relationship which is to blame teachers for their child's low achievement. Unlike other studies, where teachers have been found to be very cautious of parents' involvement (Addi-Raccah & Arrive-Elyashiv, 2008), the teacher asked parents to get involved but their reaction was negative. Parents and teachers clearly have different priorities and perhaps agenda as (Dom & Verhoeven, 2006) mentioned that parents and teachers have different schema and this becomes apparent when parents refuse to accept and try to conceal the disability.

The picture can be better explained by studying the background of parents where socio-economic status seems to play its role in framing the relationship between school and parents (Dom & Verhoeven, 2006). Teachers reported that parents who came from a low socio-economic class tended to deny the disability for a short period of time and then paid no heed to the child and teacher completely. This can be also explained by the parents' own poor skills and lack of confidence (Lareau, 1989 cited in Dom & Verhoeven, 2006). However, parents from the upper middle class find it more difficult to accept having a disabled child in the family due to their social position. Their usual reaction is negative which can be explained by social embarrassment (Crozier, 2000). It should be mentioned here that disabled children from less affluent families are at greater risk of being labelled and excluded from mainstream school (Tomlinson, 1981 & 1982 cited in Nind, 2008).

Parents were also reported creating more difficulties for teachers by not acting upon their children's behavioural difficulties and by not helping to improve it. Some teachers reported that parents refused to participate in the implementation of behaviour modification plans. On the contrary, some parents encouraged their children respond to the situation by themselves (which normally consists of a physical reaction) rather than to seek help from the teacher or school. It is clear that there is a strong relationship between the stress that teachers suffer from because of challenging behaviour (Male & May, 1997) and the parents' role in reinforcing this behaviour. As one KG teacher reported: 'We live in a society where parents teach their children to kick back those who kicked them. When they engage in a fight and I ask them to apologise, they apologise without meaning it'. Parents are, perhaps, the most influential in the child's life. They play a huge part in the process of socialisation for their child. This includes teaching the child how to behave appropriately and act as gatekeepers by hiding required information from the teacher (Park *et al.*, 2011) or being uncooperative with teachers in implementing behaviour modification plans. One teacher explained how parents made her job more difficult by encouraging their child to respond negatively when he was humiliated by others:

> *Well, he has been taught that his articulation is poor and if anyone who laughs at him, he should hit him. He has been told by his parents to fight back, if the children where he lives laugh at him. I think his aggressive behaviour started from there.*

(SEN teacher)

It is not clear why parents would encourage such behaviour from their children. Perhaps, cultural expectations are to blame -as mentioned by the KG and the SEN teacher- where boys are expected to be dominant. However, there was no evidence from the interviews that parents' unsupportive attitude is a reaction to teachers' evaluation of the child's academic abilities which raises questions about parents' attitudes (see previous chapter). This also can be explained by the poor communication between schools and parents, parents were generally accused by SEN teachers of not being in regular touch with them.

Another difficulty with parents' attitudes according to teachers is their absence from parent/teacher meetings and their avoidance of contact with them. Perhaps, lack of awareness and unfavourable comparison of the child with his older siblings are behind this behaviour. This also applies to classroom teachers who tend to compare those children to their non-

disabled peers. A KG teacher highlighted how a mother of a child suspected of having a disability treated her:

> *Well, I told you that she refused to take him for an assessment and also did not turn up for any parents' meetings except the last one. She also did not help Ali with any of his homework and she has never written to me. I think she deliberately turned her back on it.*

<div align="right">(KG teacher)</div>

The mother's reluctance to attend the meeting created more difficulties for the teacher. The mother had not assisted the child nor followed his progress, had not communicated with the school, and intentionally avoided school meetings. The teacher was convinced that the mother deliberately neglected the situation and in denial.

Furthermore, SEN teachers were surprised that this lack of understanding extends to their colleagues which reflected in several ways on their view of those children. Often parents and some classroom teachers were not even aware of the availability of the resource room in the school. One of the KG's teachers was very direct when I asked her how she followed up her SEN students after finishing KG stage (KG and primary school are located in the same school), a KG teacher stated that she just followed superb students: 'I don't generally follow them up. I just follow up the more able pupils'. Another teacher in a private school also showed limited understanding of the role of the resource room.

> *Actually I did not follow upon any of them. I know that they have one or more classes in the resource room but I have never been upstairs (where the school and resource room are located) to ask about them.*

<div align="right">(KG teacher)</div>

Both cases indicate an adverse reaction to teachers dealing with apathetic parents. It can be argued that some teachers' with little understanding of SEN react to disinterested parents by neglecting the child itself.

Teachers also mentioned family disintegration, especially divorce, as a major reason why parents make no time for their children and their teachers.

I noticed something about one of our students the first week I worked here. This child, Mahmoud, was always alone and isolated himself from others. We often asked him to join us or to play with us and he refused to participate in any group activity. I made enquiries about him and found that his parents are divorced and his father re-married. He reacted badly and isolated himself. His father used to mistreat his mother and she left him when he was a baby. We worked with him to encourage him to participate in activities or at least to play with his peers. He has improved now but there is still a long way to go.

(SEN teacher)

In the above case, there was a notable absence of communication with parents and in this teacher's case her attempt to teach the child and deal with his behaviour, was with absolutely no assistance from both parents and school administration. She found little personal information in his file (parents and the administration played the roles of gatekeeper). She mentioned later (after the interview) that some children had either no file or the files did not have enough information about them. Research suggests that parents of disabled children constantly report related marriage difficulties (Crabtree, 2007; Uskun & Gundogar, 2010). Local culture does not assist in that as it is very rare to talk about divorce in public, this is considered a stigma (see Al-Krenawi & Graham, 2004), and people avoid mentioning their marital status, if they are not married. In addition, teachers have to work without sufficient support from parents who are either absent of the scene especially fathers or divorced especially with behavioural modification plans or developing social skills.

Parental attitudes explains teachers' reluctant to admit to the true extent of the trust crisis between them and parents. One teacher mentioned that she did not produce any behaviour modification plans any more as she had too many students.

- *Do you have any kind of behavioural modification plans?*
- *No, not really. I do not have time to make them. How can I create time for that? I am trying to do my best, but I am a human being and have limited time; obviously, without support, my success will be limited as well.*

(SEN teacher)

This is a common difficulty for SEN teachers who find themselves overloaded by the additional work with no additional support. In part, this is because there is no compulsory educational policy for SEN children and what limited services that do exist are inadequate.

The situation causes teachers to experience stress, exasperation and low morale (Male & May, 1997).

Poor support from school administration aggravates the difficulties that teachers face. There is a link between head teachers' support, parents dealing more positively with teachers and teachers receiving support from administration (Dom & Verhoeven, 2006) with teachers' reaction to SEN children and their performance. In some cases teachers react negatively to parents' reluctance by keeping parents at a distance.

6.2.4 Keeping parents at a distance

Teachers reported that the difficulties they faced were not only denial, lack of interest and lack of parents' cooperation but also their contemptuousness in telling the teachers how to teach their children

> *A father of an autistic child specified what I should give his son and that made me angry. A mother of another child with autism drove me crazy and gave me no opportunity to speak to her. When we started to teach him numbers, she came to the school and argued that her son knew his numbers and that there was no need to teach him that. I tried to explain things to her, but she would not listen at all. So, I wrote to her saying that you have got to give us a chance to work with him, for example, we used fish to help him learn the difference between the smallest and largest numbers. Although he enjoyed it, his mother was very unhappy and she even refused to let him do his homework. I was angry that she did not give us any alternative approach and that I had been criticised badly. So, I told her that if she knew more than us and has a preferred approach, she should teach him at home. Once she had allowed me to work with him individually we made great progress. Khalid's handwriting and reading are now good and she has written to me to say that Khalid starts doing his homework by himself and to thank me. Would you believe that?*

(SEN teacher)

The above extract shows the mixed reactions of parents in responding to their children's teachers. Parents' involvement is welcomed by teachers only if constructive. A power struggle (Dom & Verhoeven, 2006) is evidenced by the parents' attempt to control the way that teachers respond to the child's difficulty, including what material they had to use.

Another significant factor in misunderstandings between teachers and parents was lack of trust, which results in poor communication between parents and school, causing them more stress. Additionally, the above quote shows that the school administration played a neutral role; the teacher had no support and had to deal with 'voiceless' parents (Dom & Verhoeven, 2006). In some cases, they went further by trying to control the whole process of teaching their child. In general, parents now have the right to be involved in their children's schooling (McAleavy, 2010), but criticism of the teacher's professional expertise produced a negative reaction (Dom & Verhoeven, 2006) and she subsequently attempted to keep the parent away by asking her to teach him at home. This demonstrates a subtle battle between them. In Khalid's case, the fact that the mother gave no alternative solution or approach made the teacher angry and this anger may sometimes be vented on the students themselves (Friedman, 2000).

Although the teacher in the above quote did not ask the mother to present an alternative methodology, the scenario conveys that she was under pressure and without support and understanding. One of the strongest points to emerge from their discussion is that the parent still had some degree of temporary denial (Ho & Keiley, 2003) and it appears that she was trying hard to prove that her child was not disabled. Importantly, not all cases of denial are temporary. In some cases, denial is permanent and many opportunities to educate the child in the early years are lost as a result. It might even lead to dropping out of school at a later stage difficulties become more significant.

6.3 Administrative issues & systematic failings

6.3.1 'Swimming against the tide'

In addition to parental difficulties faced by SEN teachers, they also experience some difficulties dealing with school administration and the MoE. It was reported by SEN teachers that the source of those difficulties comes mainly from lack of understanding of their role by the school and the lack of support they receive when it is required or demanded. In some cases, teachers work with these children without any support or advanced planning and this is evident in the poor communication with other parts of the teaching process.

> *I am really suffering here: I think that everything is just going against me and my work. You work with special needs and know about the duties you have and how many hours you have to work to prepare tools, work sheets, individual*

educational plan and individual instructional plan, and then you face the fact

that your colleagues, head teacher and parents do not care at all.

(SEN teacher)

This quote shows the different aspects of distress felt by SEN teachers in public schools. They received very little support, as most head teachers, especially in public schools; do not know about special needs, in general, or specifically in their schools. Indeed, some head teachers still adopt a traditional view (medical model) of SEN where those children should be located in hospitals or special schools (Yazbeck *et al.*, 2004). Another difficulty these teachers face is the long hours preparing plans and teaching SEN children (Lazuras, 2006). In their attempt to seek support, SEN teachers approach their supervisors who appeared to be unqualified as one teacher explained

I work in a public school and I expect some support from the MoE, but there is

none. I had to deal with an Arabic language supervisor who came to evaluate

my work. He did absolutely nothing. Actually I felt sorry for him because he

should be my supervisor and yet I knew more than he did. I was full of energy

and wanted to work hard and apply what I had learnt at college, but now…, May

Allah (God) help me (laughs).

(SEN teacher)

As most SEN teachers are young and have graduated from universities in the last 15 years (Hadidi, 1998), the need for further training and feedback for new teachers becomes fundamental. In the absence of this supervision and an absence of support, novice teachers are more likely to leave their job (Tickle *et al.*, 2011) which causes continuous loss of SEN teachers. Poor supervision and feedback also has this effect (Yazbeck *et al.*, 2004). Feedback from supervisors, specifically in Jordan, concentrates on teachers' promotion rather than on their difficulties (Bataineh, 2009). Most supervisors also have poor or insufficient knowledge of SEN and proper, related teaching methods (Sari, 2004). As a result, evaluation of SEN teachers by their supervisors is based on general rather than specific materials which are an apparent reason for poor feedback that SEN teachers received. Eventually, the teacher realised that there was a gap between theory and practice, but there was no one available to explain this gap or how to bridge it.

6.3.2 Role ambiguity

Data also indicated that some of the SEN teachers felt that they were unwanted by head teachers and classroom colleagues. This is surprising as SEN teachers' role was to assist children towards full inclusion (Hoffman *et al.*, 2007) and cooperating with classroom teachers. Instead, it was apparent that veteran head teachers were still not clear about the SEN teacher's role.

> *We are not encouraged by the head teacher. Anything that has to be done in the school, the SEN teacher has to do, as they think that we do not work hard enough and have free time to meet parents.*

(SEN teacher)

This teacher reported two main issues in dealing with the schools' administrations. Firstly, lack of communication and encouragement which can cause teachers stress and lead them to lose interest in teaching (McManus & Kauffman, 2003 cited in Yoon *et al.*, 2003). Secondly, the teacher had been asked to do some irrelevant tasks. A heavy workload and limited time produced difficulties for the teachers and affected their attitudes towards inclusion (Center & Ward, 1987). With no demarcation of their responsibilities, SEN teachers had to combine several jobs within the limited time available which lead to conflict within their role (Hoffman *et al.*, 2007). This conflict can be seen through the following field note.

> *When I arrived at the head teacher's office for an interview there was a lady sitting at the headmistress's desk. I noticed that she was very young to be a head teacher and she told me that she is not the head teacher and the head teacher will be here soon. On our way to have the interview in the resource room, I asked her what was she doing, she replied that she had been asked by the head teacher to enter some data into the computer. She also added that she has to help in the canteen and take attendance in the morning. She complained that it was too much and that she is just new in the school and no one wants to understand.*

(Fields notes on a SEN teacher)

Two main issues emerged through linking the above quote with my field notes. Firstly, the head teacher did not pay any attention to the role of the SEN teacher. This lack of interest might be explained in two ways: on one hand there is lack of knowledge about special needs

in public schools (Koutrouba *et al.*, 2006) where veteran head teachers have no knowledge about SEN children and do not attend workshops or seminars related to them. On the other hand, SEN teachers have no power to push for change owing to lack of appropriate experience and skills, absence of a clear policy, and support from supervisors. Head teachers' inadequate knowledge makes them less favourable to including SEN children in their schools (Gyimah *et al.*, 2009) and ultimately less interested in their teachers. Attitudes towards change are strongly linked to teachers' acceptance of new polices (Zimmerman, 2006). An absence of those polices combined with poor follow up from the MoE left SEN teachers to fight the system alone. Where this is the case, it appears that head teachers abused SEN teachers systematically and it also appears that eventually those teachers developed a fear of making waves and felt it is easier and safer to do what they had been asked.

Novice SEN teachers started to graduate from Jordanian universities in 1996 and their courses concentrated on basic concepts of disability and teaching methods rather than other aspects of education, such as dealing with the authorities, colleagues and parents (Hadidi, 1998). Head teachers with a conventional background are often against any changes in their schools; and as a result, attitudes towards children with SEN are in conflict (Timor & Burton, 2006) between older and new generations. Teachers who have appropriate skills are more likely to hold positive attitudes towards inclusion and change negative attitudes (Winter, 2006). In the above case, neither of them was engaged by the head teacher, despite the existence of a resource room in the school, which indicates that the head teacher had a less positive attitude than others, for example, counsellors (Timor & Burton, 2006).

6.3.3 Colleagues' support

An absence of motivation and understanding of a vague SEN policy by others in the team can lead SEN teachers in public schools surrendering the inevitable. Novice teachers with inadequate experience of responding to the needs of children with SEN (Winter, 2006) may be forced to leave teaching (Tickle *et al.*, 2011) or to develop negative attitudes towards those children. Again, lack of experience with SEN students is pivotal in how teachers and head teachers deal with SEN teachers. When I asked a SEN teacher, Sana'a, about the kind of help and advice she receives from her colleagues, she replied in surprise:

> *You must be joking! Not at all and I do not understand why. I started my job full*
> *of energy and I met the head teacher to talk about my work. Firstly, there was*
> *no resource room and I did not know how to start one. I had been asked in the*

first month to take attendance of pupils every morning and to work as a shopkeeper in the break. I cannot blame her (the head mistress) totally, she does not understand and she has never dealt with SEN. That is a big problem as classroom teachers do not have any training in the service related to children with SEN either.

(SEN teacher)

The teacher was genuinely surprised I thought that she might get support from the school, but she did not understand why there was poor assistance from classroom counterparts. The head teacher showed lack of support through physical barriers (no resource room) or by giving the teacher irrelevant tasks. As a result of this misunderstanding, combined with no initiative from the SEN teacher to explain the benefits of a resource room, tension arose between teachers. One of the obvious aspects of tension between teachers is inaccurate referrals to the resource room.

There is a girl called (Maisa'a) who has SpLD, but she is good and does not have any behavioural difficulties. She had been sent to me by the maths teacher after three months (I do not know if I told you about this before), I sat with her and she was good at maths, I mean she was not superb but good and just needed the teacher to be slower with her. After the class, I spoke to the teacher and explained my opinion about her and you can't imagine her reaction. She shouted saying that she does not have time for every child and she had had enough of teaching those children. After a while, I spoke to her when she calmed down and she complained about teaching that child and other children with SEN in other classes.

(SEN teacher)

This extract illustrates how inappropriate referral was made to the resource room by a classroom teacher which reflects lack of skills. Parents who deny their child's disability -as stated above- are less likely to take their children for assessment. As a result, most of referrals to resource rooms are from classroom teachers (Dunn *et al.*, 2009), some teachers take the opportunity to 'get rid' of low achievers and 'trouble makers', especially male (Wehmeyer & Schwartz, 2001). This is not surprising as children with behavioural difficulties put more stress on teachers (Avramidis *et al.*, 2000b). Another possible explanation for wrong referrals was that classroom teachers feel uncomfortable and insecure about teaching and assessing

those children (Koutrouba *et al.*, 2006). Negative attitudes clearly encouraged the teacher to refuse to respond to the child or to send them randomly to the resource room. Classroom teachers' lack of respect and poor cooperation diminished the role of the SEN teacher.

> *I asked teachers to send me any child who they think has LDs. No one did for a week or so. I spoke to the vice-principal and he promised to talk to them but nothing happened. I went myself to classes and it was dreadful. Teachers had no control of the class and children were shouting everywhere. I entered one class (I think 3ʳᵈ or 4ᵗʰ grade) and I spoke to the teacher asking him to refer children with LD to the resource room. From the way he looked at me, he just seemed completely uninterested. He said he would see and let me know. Nothing happened after that. In another class, I spoke to a teacher who was young and just graduated from Yarmouk University. I expected him to be more liberal and to know about children with SEN. He said that 50% of the school were disabled and not just in this class. I think he came from another planet and he does not live in Jordan.*

(SEN teacher)

Poor response from classroom teachers and refusal to cooperate with SEN teachers were examples of strained relationships between teachers. Teachers would be more likely to respond negatively to any changes in responsibilities or policy, if they were not trained and this can lead to negative attitudes developing towards the new policy (Janney *et al.*, 1995 cited in Agaliotis & Kalyva, 2011). This is true in the case of classroom teachers in Jordan when inclusion was introduced without proper introduction and implementation. Even novice teachers who were supposed to hold more positive attitudes towards SEN children seemed to hold the classical view of disabled children explained by dominant local cultural perceptions. It is, therefore, no surprise that SEN teachers complained of poor communication and coordination with classroom teachers in the absence of any authority giving guidelines (head teachers and the MoE).

Research by Avramidis & Norwich (2002) showed that teachers need adequate training in responding to SEN children in schools prior to starting their career. Teachers with appropriate skills would be better equipped to identify children with SEN in their classes, and as a result, would be more capable of making appropriate referrals to the resource room. This cooperation would lead to decrease the pressure on SEN teachers. Classroom teachers saw

the large number of referrals to the resource room as an opportunity to get rid of unwanted children. It should be noted here that before the new system of SENs was introduced in Jordanian schools, 'inclusion' was a fait accompli especially for those with SpLDs and mild difficulties. In other words, those children were included intentionally without proper SEN services or assessment. This led teachers to ignore them and as a result they did not benefit from school. One SEN teacher mentioned the knowledge of classroom teachers, when she spoke to her colleagues about one of her students, their reaction was poor.

> *The teacher turned to me and said: 'she is useless and should not be here'. I told her that she was wrong and should not have said that. Her 'cold answer' was that there are many special educations centres in 'Zarqa' and she should have been located there. Obviously, most of our teachers have never heard about inclusion and human rights.*

<div align="right">(SEN teacher)</div>

When SEN teachers tried to help their children, they were more often than not hampered by opinions of traditional classroom teachers. Those teachers persist in holding the view that those children should be placed in special centres or schools. This is mainly owing to a lack of relevant experience in dealing with children with SEN and not making good use of additional available sources to help them, including resource rooms (Csanyi, 2001). An important point emerges here which is that those teachers have limited knowledge about SEN in general which can be explained by a lack of training or interaction with others.

6.3.4 The MoE support

Another difficulty is the lack of provision of tools provided by the educational authority in the resource rooms. This makes teaching children with SEN more difficult and is reflected on the SEN teachers' performance.

> *One of the difficulties I face as a teacher is the lack of essential equipment in the resource room. I have asked the head teacher many times to resolve this problem but there is no response from the MoE other than that they do not have the budget. They appear to think that having a resource room in our school is a big deal as it is. Ok, that is fine but how am I going to work with them? I am not going to pay for anything.*

<div align="right">(SEN teacher)</div>

168

As mentioned by one teacher, some schools did not actually have a resource room, although they did profess to. There was no room, no furniture and no educational tools. Lack of infrastructural facilities puts more pressure on teachers and moreover can lead teachers to take a cautious attitude to inclusion (Angelides *et al.*, 2006 cited in Koutrouba *et al.*, 2006). The result of implementation of inclusion in Jordanian schools without proper preparation is lack of sufficient financial support which is evident from earlier statements where inclusion took place without taking into account teachers' views.

This lack of infrastructure was also evident in terms of classroom overcrowding. One SEN teacher reported that she works with 43 students in the resource room. Excessive class size can lead to negative attitudes towards including SEN students in schools (Vaughn *et al.*, 1996 cited in Cagran & Schmidt, 2011). There is apparently a shortage of qualified teachers and also a large number of referrals by classroom teachers to the resource room in the absence of any support service (e.g. speech therapists and psychologists). SEN Teachers have also to respond to heterogeneous cases including SpLDs, physical disabilities, LDs, ID and low achievement. As there are many students in the resource room, SEN teachers prefer to deal with children who require less time and management skills (Center & Ward, 1987). For example, in the case of the teacher, Hajar, she preferred to respond to the needs of female rather than male students as they are, in her opinion, quieter and do not present as many behavioural difficulties.

The last aspect of the poor MoE support was the tests used by teachers to identify or assess children with SEN. When I asked a SEN teacher if she used her own test, she complained with bitterness that she did.

> *Yes, I had one (test) when I started working at public school. I am really frustrated. When I start working, I prepared some tests and terms to deal with SEN as I have been taught at college and after that I have been asked to use MoE tests.*

(SEN teacher)

It appears that the MoE was 'out of touch' with teachers' needs and difficulties. SEN teachers, especially those who are university graduates, have theoretical knowledge which needs to be applied in the field and they were surprised by the MoE who asked them to use different tests. Theoretically, reliable versions of universal tests and scales were produced in

Jordan in the last 30 years (El-Roussan, 1996) and most novice teachers were trained to use some of them on their students. Therefore, the gap between teachers and those that supervise them, in the MoE, is partially caused by the imposition of the MoE's methods on the SEN teachers. This discrepancy caused frustration and the SEN teachers feel their voice was not heard which lead them to feel stressed and to loss of interest in teaching their students.

6.4 Teachers' stress

Data analysis showed that SEN teachers experience different kinds of stress after several years in service. That is no surprise as teachers have to deal with several sources of difficulties as discussed above. Discrepancy between teachers' efforts and SEN children's poor progress, compared to their non-disabled peers, seemed to be one of those difficulties.

> *I am really frustrated after 10 years of working with LDs in the resource room. The results are not worth the effort. We work hard with LD students and at the end of the day we see low achievement. I realise that progress with SEN does not match that of a 'normal' children but I am a human being, I like to feel I am making progress and to show my work off and what I have done. As a result, I feel stressed and started paying attention for computer to vent my anger and frustration.*

(SEN teacher)

This quote illustrates the teacher's distress in achieving limited progress with their children. Children's poor performance despite spending a long time with them is likely to cause teachers to have depersonalisation. This is not surprising as most studies indicate that the level of emotional exhaustion and disappointment with personal accomplishment is higher in teachers with longer experience than those with less experience (Sari, 2004). It was apparent that the teacher was looking for support from administration which did not materialise. The teacher mentioned explicitly the level of stress she reached and implied that she suffered from low self-esteem as a result of the difficulties she faces. Constant stress was pushing her to consider alternative options.

> *Yes, I do get bored after ten years of working with disabled children and frequently. Sometimes I think I have had enough and that I do not want to work anymore. Sometimes, when you deal with uncooperative administration, you feel*

frustrated, but when you deal with the administration appreciates and understands your work, you feel happy and want to work. I want some freedom in my work. They ask me to write down everything I do. I think we do not need to write everything down. I am not happy with that at all. We have too much to write.

(SEN teacher)

Conflict between teachers and their head teachers and vice head teachers also appeared to be another source of stress for teachers. Conflict can cause head teachers insist on bureaucratic procedures. Their attitude can be explained in two ways. Firstly, head teachers tended to compensate their poor knowledge of SEN by asking teachers to record tasks. Secondly, head teachers can protect themselves from questioning from education inspectors or supervisors by using the record. This will naturally lead to SEN teachers being dissatisfied in their job (Sari, 2004).

Interestingly, the explanations in the last two sentences above are mutually supportive. SEN teachers do not usually show an explicit negative attitude towards the disabled children, nor do they stigmatise them. Teachers who spend a long time teaching disabled children are more likely to have high stress levels (Male & May, 1997), although these levels are not necessarily different from those experienced by regular classroom teachers (Farber & Wechsler, 1991 cited in Romano & Wahlstrom, 2000). Following the quote above, poor or low achievement appeared to be a crucial factor in the teacher's stress and frustration. This contradicts Trendall's (1989) findings that special school teachers are less stressed than mainstream teachers (Male & May, 1997).

Working long hours was another stress reported by teachers and most teachers in the interviews reported working longer hours than they were contracted to do. This is not supported by a comparison of the working hours between Jordan and the UK. Most SEN teachers in Jordan reported that their official workload is around 19 hours per week while it hits 42.5 hours in the UK (Johnstone, 1993 cited in Male and May, 1997). This could be explained by the extra work that teachers in Jordan do, especially to replace absent teachers in the classroom or in participating in irrelevant administrative work and the poor support from head teachers (Male & May, 1997; Williams & Gersch, 2004).

Teachers use different coping strategies in response to stress and burnout. In the case above, the teacher reacted in different way which is not actually related to SEN situation. The

indirect reaction might reinforce fears of framing negative attitudes towards children with SEN and make teachers less liable to participate in any efforts to change the current situation of special education in Jordan. Williams & Gersch (2004) highlight a study carried out by Kyriacou (1980) who found that trying to avoid confrontation, trying to keep things in perspective and trying to relax after work were the most usual coping strategies used by teachers.

The type of disability appears to be a significant factor in teacher distress.

> *Nawaf: So you feel that you are under pressure?*
> *SEN teacher: Yes, too much.*
> *Nawaf: Do you suffer from that…?*
> *SEN teacher: Yes, I am at the point that I am being treated for a nervous disorder.*
> *Nawaf: Is that because of your job?*
> *SEN teacher: In general the pressures of life together with huge frustration of my job. I am 39 years old, I am still young and it is early to need treatment for nerves. Sometimes, I wish I were dealing with quieter children or with 'normal' children rather than SEN. I am hoping to change to an administrative position.*

The misunderstanding of the role of resource rooms in schools also seems to put more pressure on teachers. As classroom teachers do not pay any attention to children with SEN, resource room teachers have to restart educating them often at a very basic level. In the absence of any planned curriculum and individual educational plan, SEN teachers have to develop their curriculum by themselves and have to depend on inaccurate diagnoses in most cases. In lower and lower middle classes, most children with LDs and mild ID join ordinary schools where SEN services are non-existent; in addition and where classroom teachers' lack awareness of disabilities and of the urgent need for early detection. In most cases SEN teachers have to do everything and fight on many fronts at the same time. Among these are: replacing   classroom teachers, doing   their own assessments, drawing up behaviour modification plans, dealing with changing attitudes of non-disabled peers, dealing with head teachers, teachers' ignorance, and creating time to meet and tackle parents.

William & Gersch (2004) suggest that there are other factors leading to stress which were pointed out by teachers themselves. These include little time to prepare paper work, to attend

meetings, and to have support from head teachers. They also mention negative views portrayed in the media which in some cases in Jordan, stigmatise children with SEN as 'handicapped' and their teachers as 'handicappers' leading to lack of respect from others.

In summary, teachers of children with SEN in Jordanian schools expressed of stressful aspects of working with SEN children. Poor progress of children with SEN, limited time, lack of support and a huge workload were on top of the list of causes of stress. Teachers tend to use many coping strategies to deal with the additional workload and limited support, which appears to be the main barriers to responding effectively to children with LDs. The fear that stressed teachers of children with SEN will vent their anger on their students or turn on themselves and have stress-related illnesses is a considerable cause for concern (Chakraverty, 1989 cited in Male & May, 1997).

6.5 Conclusion

I have shown that teachers of SEN children faced significant challenges in their schools that have hindered them from providing the required services for disabled children. It was shown from teachers' stories that generally parents were a great obstacle in providing the correct and sufficient services. In particular, Jordanian parents tend to deny their child's disability especially when the signs are not obvious.

Teachers make great efforts to respond to parents' denial in the absence of any appropriate support from colleagues and the administration. This denial took more than one form. Most parents in both public and private schools seemed to deny the disability when they first became aware of it. Socio-economic and educational status, however, played an important role determining the parents' next step. Parents in both types of schools shared their fear of social embarrassment, social stigma and the future for their child. These fears were strongly linked with local culture perceptions where the family's reputation is a priority. It seemed that parents from the higher classes tend to fight all the way against labelling their child with disability while parents from working and low middle class were more likely to deny the disability for a short time and ignore the child and teacher as a result. However, denial was the common factor between the two classes.

SEN teachers' distress was not just caused by parents but also resulted from the apathy of their schools and ultimately of the MoE. It appeared that most head teachers and classroom teachers were not aware of disabled children in their schools or classes. This had a negative effect on SEN teachers as it put more pressure on them and more importantly placed many obstacles in their way which prevented them from doing their job. The referral process to the resource room was an apparent example of random referrals by teachers aiming to reduce students in their classes.

The MoE seemed to play a completely inactive role as did many head teachers. MoE specialised supervisors who are supposed to provide SEN teachers with scientific and practical feedback seemed to be unqualified. Most of these supervisors, due to lack of experience, tended to concentrate on administrative issues rather than practical assistance, leaving annual evaluation of SEN teachers for their head teachers. SEN teachers then had to deal with inexperienced head teachers who tried to cover their lack of knowledge by asking teachers to do irrelevant tasks in the school. Constant pressure on SEN teachers- especially

the novices, lead them to develop different tactics to respond to it and in most cases I interviewed it is forcing them to lose their interest in teaching their SEN children.

Seventh Chapter- SEN services in public and private schools in Jordan

7.1 Introduction

My previous two chapters demonstrated that teachers of SEN in Jordanian schools have various difficulties dealing with children, parents, colleagues and management. Indeed, those difficulties and barriers create negativity in their attitudes towards teaching their students and moreover towards those children themselves. The data analysis process has also shown that there was an obvious difference in provision of SEN services between public and private schools.

This is no surprise as parents of children in private schools pay a large amount of money hoping to benefit from better educational services; in public schools, the fees are nominal. In addition most of the private schools I have studied are in the west and richest area of the capital. This is the highest socio-economic area, where service standards are expected to be higher than in rural areas or other cities where there is a shortage in funding and facilities (Turmusani, 1999). It should be mentioned here that, even in the many private schools established in other cities and in the other parts of the capital, services were less standard/uniform and also limited compared to those in the west part of the capital.

In this chapter, I aim to compare services in both sectors from a teacher's perspective. Some of the teachers I interviewed worked in both public and private schools which is important as it enables me to include first-hand experience and provides a wealth of information with which to compare schools. Data analysis of interviews showed that there are differences in service, reactions to students and teachers, that poor services and infrastructure reflect on teachers' performance and inherent issues related to both kinds of schools. Therefore, the following issues will be addressed:

- SEN provision services in public schools.
- SEN provision services in private schools.
- System failing in public and private schools.

7.2 Public Schools

Services for children with LDs in Jordanian public schools appear to be limited and disorganised as it was reported by interviewees. Part of the problem is that these services have been introduced without any proper preparation or a clear policy. The result is an imbalance between schools in levels and effectiveness of services provided, including: an unequal distribution of resource rooms, different child assessment systems, false referrals in some cases, lack of support from in and outside the school and poor results from teaching SEN children in public schools reflecting negatively on the SEN teachers, parents and the SEN system and leading to loss of confidence in the project.

7.2.1 Confusion in services

The first issue raised by SEN teachers regarding services in public schools was lack of the services. In particular, without a plan or any specific support, SEN teachers feel that they are unwanted and burden on the school system. When I asked one teacher to describe her start as an SEN teacher at the school, she painted a bleak picture

> *There was no order in the school and you could see students walking in corridors aimlessly. I discovered there was no resource room. They just gave me an empty room and I had to start from scratch. Many colleagues thought that I was lucky having little to do. I did not do much actually but I was not really happy.*

(SEN teacher - public school)

The above quote raises two major issues which shocked a newly qualified teacher. Firstly, the lack of effective discipline in this public school, and secondly, the poor system in public schools for providing services for SEN children. The link between the two issues would seem to be clear: children with SEN who do not have a resource room to study in or a teacher to guide them are unwelcomed in their classes by their classroom teachers and as a result can be seen not attending their classes.

Novice SEN teachers in public schools are likely to be asked to do irrelevant tasks, as discussed previously, as a result of lack of infrastructure and physical space, role ambiguity, and resistance of veteran head teachers to change in their schools. The teacher above, who was appointed recently at the school by the MoE, had been given no specific role or

responsibilities commensurate with her qualifications and position nor was she given any advice or assistance from her administrators

As mentioned earlier, most novice teachers were full of energy and wanted to work hard to make a difference to the services available to these children. Instead, SEN teachers in public schools are faced with constant ignorance or discouragement which ruins their passion for teaching. This SEN teacher dealt with ignorance of colleagues by not initiating change or defining her role. The teacher's shock affected her ability to apply what she had learnt at college. This kind of ignorance can lead her, as a novice teacher, to withdraw from the field (Ingersoll & Smith, 2003). Lack of support from administrators and counterparts can cause novice teachers anxiety and frustration (Roberson & Roberson, 2009). Those teachers would leave the field they wanted to be in (Bernstein, 1997; Roberson & Roberson, 2009), if they had suitable alternatives as a result of the absence of support.

Establishing an SEN resource room in the public sector seems to be problematic. It appears to be a common problem within the Jordanian public school system that, although teachers are appointed by the MoE in order to provide facilities to SEN children in schools, no physical preparations such as resource rooms are made. Teachers are appointed by the MoE through the Civil Service Bureau and sent to schools by the MoE without any preparation or forward planning resulting in no co-operation or assistance. This produces a gap in novice teachers' expectations and the real situation in schools where teachers have great expectations of school administration (appropriate supervision and feedback on their work and a supportive relationship with the head teacher and colleagues (Roberson & Roberson, 2009) and increasingly are shocked with the reality they find in the field. This gap was summarised by a teacher who was talking angrily during the interview:

> *I mean I read a recent interview with the Minister of Education in a newspaper and he was talking about special education services provided by the MoE. I could not understand what he said because the ideal he talked about was not what we find in the field. Yes, we have 600 resource rooms in Jordan, but what kind of services do we have? Do we have sufficient staff? Do classroom teachers know about special needs? Do we have proper resource rooms? I don't think so.*

> (SEN teacher)

The teacher was guarded in what she said in the interview and avoided saying that she felt the minister was being less than supportive. However, afterwards she admitted to me that she felt he was less than honest and this reflects the lack of preparation for including children with SEN in public schools. In her criticism of what was stated by the minister, the teacher referred to three main issues in the public sector: shortage of staff, absence of resource rooms and lack of training in other parts of the educational process for inclusion of SEN children. This all demonstrates that the implementation of an inclusion policy has taken place without appropriate planning and preparation.

It appears that this application of inclusion is like the one applied in Jordan in the 1980s and early 1990s. At that time, children with mild, moderate or even in some cases with severe SpLDs, were included in public schools where parents and head teachers were satisfied and accepted it. This mainly applied to physical rather than educational disabilities and they were simply placed in the class to be taught collectively with their non-disabled peers.

The three main issues will be discussed here and additional quotes used to illustrate the whole picture of services in public schools and how it affects students.

7.2.2 Teachers drop out

Shortage of qualified SEN staff appears to be the main issue in Jordanian public schools. This shortage is due to a recruitment policy which over-focuses on qualifications or experience leading to enthusiastic, novice teachers failing to apply for these jobs. The policy did not take into account that many teachers are unlikely to wish to relocate from the city and most of the new resource rooms as it appears were established in rural areas.

Another major factor is that newly qualified teachers are reluctant to work within the public schools, or are leaving their jobs in public schools because of the low salaries offered by the MoE and the chaos in service provision. A teacher who worked in a public school before moving to a private one described his experience:

> *In the public school where I worked, you didn't know who supervised whom. It was a real mess. It was a horrible experience. I am lucky to have my current job. If I carried on in the public sector, I am sure I would have changed my career. Again, to be honest, if you don't want to work hard, you should work for a public school, but with a poor salary and poor future.*

> (SEN teacher -private school)

This vivid picture of the situation in public schools shows the comparison between the advantages and disadvantages of working for state schools. The teacher had left his job looking for better standards and salary in better conditions in a private school where the services were also better. It is apparent that teachers who work under difficult conditions are more likely to change their career or jobs. Jordanian teachers' response to the difficulties they face is many faceted. Firstly, as the teacher mentioned, they react to any change by doing nothing. This behaviour can be attributed to not empowering teachers to initiate change (Schroth *et al.*, 1997). The danger of this is the negative effect on teachers' attitudes to how they deal with, and provide services to, their students and parents. It also leads to teachers leaving their positions in public schools to go to private schools, work abroad, or more significantly, leave the field itself. Many SEN teachers, especially male, have gone to work in the Gulf States after graduation, enhancement of their living circumstances being their priority.

Moving abroad to work because of poor salaries and support within Jordan is no surprise. Jordan has faced real economic difficulty since the late 1980s which is reflected in different aspects of people's lives. Newly qualified teachers find a career abroad, with no necessity for experience, an attractive proposition. As a result, most male SEN teachers go to work in Saudi Arabia directly after graduation. Most SEN teachers graduating from the University of Jordan in 1996, who had contracts to work abroad, were offered salaries of more than double the available salaries within the MoE. Those teachers preferred to start building their future abroad rather than waiting their turn to be appointed by the Civil Service Bureau with poor salaries and sometimes far from their current place of residence. This policy has forced unqualified teachers, holders of lower degrees, and female teachers taking SEN teaching positions in Jordan.

In a bureaucratic administration, such as that demonstrated in Jordan, teachers who feel that their role is not supported and that there is no future are inclined to react apathetically and they are reluctant to make creative changes in the resource room. Indeed, working for public schools becomes 'safe' and a job for life. This is supported in the above quote where the teacher described working in public schools as 'doing nothing' - meaning that teachers have been appointed to fill empty positions without specific responsibilities. Their job descriptions are then decided by unqualified head teachers. This is a significant factor in generating mutual distrust between classroom and SEN teachers, creating tension between them and reducing opportunities for cooperation.

7.2.3 Poor training

Poor on-the-job training seems to be another factor affecting provision of satisfactory services for these children. In general, training for teachers seems to be of low quality. In the case of the teacher, Farah, the last session she had been to was two years ago, the benefit of which to her was limited:

> *I went to one of those training sessions a couple of years ago; I think. It was supposed to be about new methods of teaching children with LDs in schools. Ok, the lecturer spent an hour talking about definition of LDs and when one of the attendees reminded him about the aim of the workshop, he just ignored her. In fact, he did not talk much about teaching methods and I could see that most of the teachers were not interested. Their whispering was mainly about the benefit of attending this kind of seminar. As we already knew the material he used, I felt that he ruined my weekend (the workshop was held on a Saturday).*

(SEN teacher)

The training was poor and repetitive and the teacher was very clear that this kind of training is a waste of time. It is not clear on what basis or for what reason the workshops were held and organised, but the point here is that these seminars and workshops are organised without coordination with teachers in order to meet their needs. This is another example of chaotic services in public schools where training does not respond to the teachers' needs, and ultimately those of their students, which can affect teachers' attitudes towards inclusion (Siegel & Jausovec, 1994). This also can discourage SEN teachers not to participate in changing the attitudes of classroom teachers or motivate them to engage in effective implementation of the inclusion. The reaction of teachers to the training material demonstrates the paucity in the guidance provided. It has already been shown that some of the SEN teachers are not sufficiently qualified owing to the reluctance of the best teachers to work in public schools and preferring to work in different areas of the country or abroad. This highlights the need to qualify the current teachers who hold low degrees or have limited experience in dealing with children with SEN. With additional training, the implementation of the inclusion policy will be more successful and better supported (Opdal *et al.*, 2001; Al Khatib, 2007). In conclusion, here is one teacher's reaction after attendance at one of the workshops:

These workshops are run by the MoE and are compulsory, but few turn up, and according to some of my friends who know more than the speakers, they simply repeat the same material. The feeling is that it is kind of a gossip or a social event rather than real workshop training.

(SEN teacher)

The common point made by teachers' views was that these sessions were repetitive and did not support their ambitions. The workshops had become a burden rather than a tool to develop their skills or assist them to solve problems they encounter in the field. The teacher here indicated that the courses were mandatory, but that attendance was poor. Teachers used varied excuses to justify their absence, but that the sessions did not provide useful or new material, was the most common.

The purpose of in-service teacher training is to develop teachers' skills, which seems logical and useful, but perhaps there is another reason behind it. Teacher's own descriptions of these workshops included:

Frankly, there is no useful content and there is nothing new. They just want to take money for running the courses' and 'I do not blame myself, I blame the stupid system which does nothing at all to help development of teachers' skills.

SEN teachers needing to develop their skills are unable to benefit from the MoE training for the reasons given by them. The workshops appear to be organised by the MoE in order to 'fill the file' rather than present practical solutions for teachers' difficulties in the field.

As mentioned in the Sixth Chapter, the response to teacher demand for support and training was poor and insufficient. The support offered should have included training for classroom teachers who are supposed to participate in the implementation of inclusion in schools: Generally classroom teachers lack understanding of the process for SEN children within a school context. Training sessions are particularly poor at addressing the 'weak points' of the educational process especially the cooperation between classroom and SEN teachers (Al Khatib, 2007).

It appears that there is now an urgent need for training classroom teachers (Al Khatib, 2007) and head teachers to respond to SEN children in schools and more specifically practical experience by visiting schools or settings where inclusion is implemented (Schroth

et al., 1997). This is evident in last two chapters of this report where negative attitudes to, and lack of knowledge about, children with SEN were made obvious. General teacher training in colleges does not cover diversity in schools, which is partly why the entire responsibility for discovering, assessing and teaching a disabled child is shouldered by the SEN teachers, alongside the other administrative tasks assigned to them by their head teachers.

7.2.4 Poor support

Support for SEN teachers and for children with SEN in public schools is another area of conflict in service provision. Specifically, most classroom teachers in Jordanian schools do not offer any kind of understanding, support or participation in the inclusion process. It has already been reported in Fifth Chapter and again here that those teachers are more interested in dealing with typically developing children than those with LDs. This attitude is not confined to classroom teachers, and is seen also in school head teachers where there is a clear preference for dealing with able students. This reflects directly on the lack of a competent process for referral to the resource room, teaching and implementing behavioural modification plans for these children. Partly because of this, classroom teachers tend to neglect children with SEN in their classes, fail to identify them, and more importantly, do not involve them in any group or teaching activity. In many cases, the classroom teacher's strategy is to wait for the student to fail before taking any action (Barnes & Harlacher, 2008).

In addition, the absence of appropriate training for classroom teachers, combined with poor communication and coordination with SEN teachers, reflects in classroom teachers' view of this category in their classes and schools. SEN teachers reported various indications of this, including: lack of understanding for the children, failure to provide required protection for these vulnerable children, devaluing the children, stigmatising them with improper language, and showing negative attitudes towards including them with their peers. One teacher described her distress that colleagues did not recognise SEN in children or inclusion in general:

> *Ok, first of all there is no support or understanding from the headmistress and other teachers. I talked about that, and again, I feel that I am fighting alone. I thought that it was going to be difficult working with children with SEN, and then I discovered that it is also difficult dealing with the teachers as well. Our headmistress is such a nice lady and I like her, but I highly doubt that she knows exactly what I am doing in the resource room. I have been asked by her many*

times to do things which are not my responsibility. Some teachers think that doing this stuff is easier than teaching, so some of them are happy to do it. Many teachers also think that the resource room is for low achieving children, not those with LD. I have tried to explain it to them many times, but got nowhere. If one of the teachers doesn't want to do her job in helping a low achiever, they would simply send the child to the resource room. When asked whether they had tested the child's abilities, what the problem is and whether they had worked with them, their answer is always that their performance is poor. They don't want to work with them and do not want to help me, either! It is not fair at all, and there is nobody here to complain to.

(SEN teacher)

This quote draws attention to the main issues with classroom teachers: firstly, classroom teachers often use poor academic performance as the only criteria for appointing a child to the resource room, without any coordination with the SEN teacher, and secondly, there is an absence of a reference point for standards within the school.

The first point can be explained by more than one factor: most of the children have SpLDs, of which there are no obvious physical or emotional signs, and there is a large number of students in each class, resulting in teachers having a limited amount of time to assess each child. However, for all of its importance and accuracy, this does not provide a worthy explanation for doing nothing for children with SEN, and in fact, there is some evidence that, as stated in the quotation above, classroom teachers do neglect this category intentionally.

Wrong referrals to the resource room by teachers aim to reduce the number of children in their class (Al-Natour *et al.*, 2008), especially those with behavioural difficulties, so for some teachers, the most important benefit from the referral process is for themselves rather than for the children, although their ability to identify children with disabilities in the first place could easily be improved (Al-Hroub & Whitebread, 2008). The burden on the SEN teachers is increasing and they find their time distributed between the jobs of assessing, teaching, implementing behavioural modification plans, preparing plans and tools, and dealing with administrative issues (including doing irrelevant tasks). As most public schools have no more than one SEN teacher, it is impossible to distribute these various activities over the limited time available, which in turn reduces the efficacy of the provided services.

Absence of supervision in schools exacerbates the problems. Little or no involvement or contribution from either the MoE or head teachers results in teachers having to create their own mechanisms and tools, such as a test to diagnose children with SpLDs. The quality of these is normally poor owing to an absence of advice, consistency, assistance, resources and supervision and this is reflected in the quality of teaching children.

7.2.5 Benefits and drawbacks of working for public schools

I have mentioned above that there is more than one explanation for classroom teachers' lack of interest in providing services for children with SEN in public schools. In this section, I intend to examine the link between the entrepreneurial spirit and working in the public sector. Analysis of data provided by teachers indicates that there is a conflict between veteran and novice generations of teachers and that this is evident from their attitudes to working in this sector. One teacher described the advantages of working for a public school:

> *Ok, look Nawaf, as we are here and working for the Government, most of us are sure that we will not be fired because of poor performance. I feel secure here. So who would fire me? Nobody, so I do not worry about my job. We are concerned that we may have to work in a school at some distance from home. But that depends on the headmistress's report at the end of the year and on the supervisor's report. I am not worried about my supervisor because he is not specialised and I get on well with the headmistress, I think, as I just helped her with some internet stuff.*

<div align="right">(SEN teacher)</div>

This was a frank account of the way that teachers in public schools see their role, showing that it is because of lack of transparency and an effective reporting system that poor standards are allowed to go unchallenged. It was mentioned that supervisors were 'out of touch' and do not meet the teachers' needs; most of the time supervisors concentrate on issues that do not involve improvement of teaching in resource rooms. As a result, teachers feel secure in their position and not threat of being sacked is almost non-existent. The young teacher above has also drawn up a strategy to avoid being appointed to a different school or area. This consists of ignoring the supervisor and concentrating on the head teacher who has the final word in the teachers' annual reports.

It should be noted here that veteran teachers are against change whilst the new generation of SEN teachers support accountability in schools. One young SEN teacher told me while we were walking towards the head teacher's office after finishing the interview: 'our head teacher is old lady and still lives in 1980s, the world has changed but she does not want to as well as some of 'aunties' here'.

This discrepancy between the generations can be seen in their different reactions to development in the school. New teachers support changes in the system for responding to SEN children and realise that the advantages of the current situation are limited, whereas the veterans (including the head teachers) are reluctant to change, which affects both teachers and students (Bernstein, 1997). It can be concluded that classroom teachers who feel secure in their positions are more likely to resist change in schools and less likely to interact with the changes, particularly if it takes place against their will. In the matter of inclusion in Jordanian public schools, it appears that older classroom teachers and administrators resistance to change in school is driven by fear of losing privileges, or of an increased burden on themselves when they are already overworked. Accompanied by a busy schedule and large classes, poor training and lack of SEN experience, this encourages teachers and head teachers to adopt a negative attitude towards this category of children.

It appears also that having a 'job for life' in public school is comfortable and discourages focus on supporting SEN students. Children with SEN are being neglected by classroom teachers where their own interests are better served through improving their personal relationship with the head teacher by spending time on administrative tasks. This attitude has been transferred to some SEN teachers themselves who have started to adopt the older generation's behaviour.

> *Nawaf: Do you feel secure in your job?*
> *SEN teacher: Oh, yeah definitely. When you work in public school you are not going to lose your job. But at the same time, the opportunity to develop your skills is limited.*

As time passes, teachers feel that their ability to change the school system in the absence of involvement of the MoE is limited, and most of them tend to surrender to the fact that there is no real intention of changing in schools. In addition, training sessions are ineffective and do not assist in changing attitudes or polices. Losing the initiative of SEN teachers to

change or enhance conditions of inclusion negatively affects their motivation to deal with these children and their families, and accelerates their withdrawal from the field. An important point here is that some teachers will be promoted to the post of 'head teachers' and hold the same outdated ideas of segregation as did their predecessor favouring typically developing children.

Younger head teachers who have to deal with the veteran classroom teachers are also suffering because of these negative attitudes and lack of initiative. A head teacher, Ahlam, who took over her position recently, described precisely her experience of classroom teachers relating to disabled children in their classes:

> When I took over as headmistress, I found that everything was a mess here. We are going to talk about children with SEN, aren't we? So let's focus on this for now. The teachers' excuse was that we didn't have a resource room so they could not do anything. I did not accept that and I thought it was just 'rubbish'. If you teach 8th grade, and you can see that there are two or three pupils who cannot read or write, what are you going to do? You cannot simply say: we do not have a resource room. In addition, some of them have never heard of a resource room.

(Head teacher - public school)

The head teacher described a resistance from classroom teachers to any change in the school system or the way they respond to their students. The teachers used flimsy excuses to avoid making changes in their interaction with SEN children, refused to deal with these children or to help them in any activity. Head teacher, Ahlam, gave an example of attempts to evade responsibility:

> The class-sizes are big and some teachers put girls with SEN at the back of class. I asked them to seat them in the middle or at the front, but discovered after a couple of weeks, that they had put them at the back again and I was angry at that. The explanation I had from one teacher was 'those girls are useless and we have to give priority to the more able girls'. I asked her a straight question: 'What do you think we should do with these girls? As a teacher, what is the proper way to teach them?' The answer was complete silence. I think she was

going to say something bad, but she was a coward or not brave enough to say it in front of me.

<div align="right">(Head teacher - public school)</div>

The above teacher, who did not believe in inclusion and who supported segregation, did not try to conceal her negative attitude which is considered a benefit of working for the public sector where real accountability is limited or absent. Knowing that she was safe in her position, the teacher refused to respond to the head teacher's appeals. In the above quote, the teacher was forced to adopt a new approach to responding to SEN children, but it shows here that there needs to be follow up from the head teacher to ensure that changes endure. This clearly indicates the absence of accountability in public schools where head teachers' ability to control the whole situation is limited. It should be mentioned here that the attitude of these teachers is because they have neither the experience nor the inclination to respond to SEN children, partly because of a lack of skills, support services and time for one to one teaching (Centre & Ward, 1987).

7.3 Private schools

Anecdotal evidence from teachers shows that provision of services is better in the private than the public sector in the capital. This is no surprise as most private schools serve children from a high socio-economic background. The schools are accordingly located in the western part of the capital, or in new established districts in Zarqa, and are set up to serve children in accordance to their parents' life style (see Dronkersa & Avramb, 2010). It should be noted, however, that there is a noticeable difference in services between private schools depending on the location. There are hundreds of them in the country, but some of them do not provide services for children with SEN or these services are not standard.

7.3.1 Services in private schools

The discrepancy between services for children with LDs in private and public schools can be seen throughout the whole process of responding to the child from referral, to teaching and to dealing with parents. Teachers or parents in private schools who suspect any signs of SpLDs have a system to follow which teachers reported to be practicable. One teacher, Noor, describes the specific procedures which were followed to deal with a new case:

I have been told by Miss Tagreed that there was a student, Fadi, in the 3rd grade whose teacher thought that he had some LDs. She gave me a report which had been written by his teacher. In general, the teacher had circled some points about his performance. On the top of those points was poor attention and hyperactivity. The process we followed started with observation of the child in and out of class for a couple of weeks. I found the classroom teacher very helpful when I went to observe him. She provided me with useful information about him and his interaction with his peers. When I wanted to be ignored in the classroom, she obliged. Her help was very, very important. Now Fadi receives help from the resource room and he has improved.

(SEN teacher)

There is clearly a system in the school to deal with newly identified cases. That system was already agreed and assigned and every teacher had been asked to follow it. The process started, as it should, with a referral from the classroom teacher who provided evidence in the form of a written report on the child's performance (it is apparent that the classroom teacher had the minimum level of knowledge about LDs). The classroom teacher's role did not end once she had reported it, but continued with helping the assessment team in her class. There is a clear difference with public schools where improvised steps are taken without much enthusiasm or a clear vision.

Another difference is in the absence of prejudice

Their dealings (classroom teachers) with SEN children and their parents is completely different. Here they respect them and their families. The services are brilliant and nobody judges them. We have sometimes some negative attitudes from other students, but in general, no, it is great.

(SEN teacher)

The absence of prejudice is important in the referral process where classroom teachers have to take action on suspicion or observation of any signs of disability. It is important that teachers have a positive attitude and are trained to deal with diversity in schools. The quote indicates that there is also full inclusion of families in private schools on discovery of the disability. While some teachers in public schools dealt with parental denial of their child's

disability with either negligence or indifference, teachers in private schools deal with parents with respect and understanding.

The last part of the extract identifies an important issue: behaviour and attitude of teachers are linked to the discipline system in private schools and the training teachers had. Specifically, private schools expect their teachers to hold positive attitudes towards disabled children under threat of termination of their employment. There is evidence that students' coming from a high socio-economic class may hold prejudiced attitudes, but that these attitudes were being changed positively over time by the teachers. One teacher indicated that the discipline system in private school is strict and that teachers are exposed to reinforcement or punishment:

> *Here, if you don't work hard, you will get fired. To be fair, that is good as I worked in a public school and I know what it is like there. Poor salary, limited chances, poor follow up and 'a job for life', but here it is completely different. It depends on your effort and how hard you work. I left the public school as I felt that I did not really have any future and I would not be able to develop myself.*

> (SEN teacher)

Unlike in public schools, teachers in private schools do not have a guaranteed job and keeping their position depends on their work. This is a possible explanation for development of positive attitudes to SEN by classroom teachers and their willingness to cooperate effectively with SEN teachers. This motivation can also be seen through teachers' respect for children, absence of stigmatising words, and acceptance of SEN children in classes, dealing with them equally and cooperating with SEN teachers.

> *Unlike public school, the head of the department monitored my work and my colleagues in the unit gave advice. I also had a meeting with the teacher who taught this child previously and it was such a useful conversation. In addition, we have complete files for these children and it is easy to get access to information you need.*

> (SEN teacher)

The network of cooperation extended to the head of department who provided the required feedback. Importantly, the system of accountability was working properly, unlike in state

schools. Indeed, relationship between teachers was crucial in deciding the next step for the child and implementation of the educational plans. Effective co-working between teachers seemed to be the key factor in all of the steps in the long assessment and teaching process. Availability of information is also a key factor, and in the above case, full access to information was a result of a system which was put in place in advance and understood by all parties.

Private schools in Jordan, especially those in more affluent areas or with a renowned brand, such as Montessori, Modern English School and American Schools, use their own tests to assess and evaluate children with SEN. These tests were mainly developed internationally and not designed for Jordanian students. Two important points here are that these schools do not trust the MoE test and that the tests they used were not suitable in Jordanian environment.

> *I noticed that he had difficulties in reading, writing and spelling. We contacted parents and recommended further assessment. We thought that we could offer them an assessment at the school where we use LITRE Test or we could use Princess Sarvath College's Tests. We applied both of them and the result was similar. We found that he had moderate LDs. When we spoke to the parents, they did not accept this.*

(SEN teacher)

A strategy is followed in the case above and every member of staff knew his responsibilities and carried them out. In addition, the school was ready with options for parents to agree an assessment and two assessments were carried out which were applied in the school. Those tests are not used widely in MoE schools. In the first part of this chapter, I mentioned that some teachers in public schools try to use their own tests which are opposed by their unqualified supervisors. Coincidentally, both teachers had graduated from the same university in Jordan, but in the public schools they were not able to apply what they had been taught or were not confident. Applying both tests (local and universal) might help to convince parents of the results and push them to accept that their child needs extra help or at least further assessment (which occurred in many cases, as reported by teachers, especially in private schools). The MoE tests were rejected by the schools and teachers as they were not appropriate for students and do not use the basic psychological process (understanding, thinking, cognition, or attention) to discover the disorder. Teachers mentioned that these tests

mainly concentrated on reading, writing, spelling and mathematics. An important point here is that, being unable to differentiate between SpLDs and low achievement; SEN teachers are unable to make accurate decisions on students' eligibility to join the resource room (Al-Natour *et al.*, 2008). This is an important difference between public and private schools where teachers in the latter have the ability, training and required support to respond to suspected cases within an effective environment.

The issue of tests was an example of how well equipped the private schools are. Another aspect is resource room facilities. Teachers in public schools reported that resource rooms were poorly equipped and in some cases there was a resource room without a physical building which was the reason why one of the SEN teachers' changed their role from teaching to administration. In contrast, private schools seemed to be well prepared, as teachers described in their own words: 'To be honest this school provides us with everything we need to work with these children, unlike public schools'.

This extract in the previous paragraph summarises provision of facilities in different schools. Facilities and resource rooms form a significant part of a school's reputation in Jordan. Greater provision is accompanied by the high annual fees that most parents in Jordan cannot afford owing to their low income (the average annual income is around £900, while the average family size is 5.7 (DoS, 2008)). Those who can afford high fees send their children to private school because they are impressed by the services (AlShehab, 2010), and more importantly, to avoid their child being stigmatised. SEN facilities were a part of a big movement in private schools to improve services for SEN children in their schools. The teacher explained that private schools can make available the support that teachers demand which clearly indicates the financial, organisational and managerial advantages in private schools.

In return for the presence of comprehensive and cooperative management in private schools, these schools demand of their teachers that they prove themselves through holding positive attitudes towards children with SEN. As one SEN teacher indicated: 'There is no excuse for not being positive. Here, if you do not like your job, or you do not do it properly, you will get sacked'.

The teacher here has summarised the private school's policy in a few words. This policy is clearly 'work or leave'. Private schools offer every possible assistant for teachers to work effectively with children, but any negligence or negative attitudes would be confronted by superiors. This discipline system seems Westernised to me which is no surprise at all as most of these schools were originally established in Western countries, managed by Westerners, or by Jordanians who studied in Western universities. In other words, these schools reflect Western perspectives in teaching.

Demands of teachers in private schools are varied. Primary requirements are high qualifications, a positive attitude, and working hard with students. This can be seen from the strong discipline system which applies to students and teachers and reflects on the way that teachers and typically developing students react to having a disabled child in their class. It is important to note that there is a modelling process where children model themselves on their teachers. One of the complaints of SEN teachers in public schools was that classroom teachers stigmatise SEN children in front of their peers. An absence of this in private schools can be attributed to the training system adopted by the schools.

> *No, here it is completely different (from public schools). This school is a kind of 'five star' school. I mean they offer us brilliant salaries and allow us to train in service.*

<div align="right">(SEN teacher)</div>

> *We respect diversity in our school and we practice much of what we studied at college. In terms of attitude, we do sometimes suffer with those of peers and parents, but most teachers are supportive. Don't forget that we have a special unit for LDs.*

<div align="right">(SEN teacher)</div>

The above is a summary of the situation in private schools and a comparison with public schools from a teacher who has worked in both. Besides high salaries, in-service training was one of the teacher's reasons for leaving public education to go into private: it was mentioned earlier that some teachers from public schools complained about their future and that they have no opportunity to develop their skills. Unlike in the public sector, teachers here are allowed to have training and in most cases it is compulsory, and more importantly, meaningful. The second quote reflects the benefits of training. The teacher used the words

'here' and 'our school' to compare the situation between public and private schools where services appeared to be better. The benefits can be seen through positive attitudes from teachers (mainly classroom), linking theory and practice, and more importantly, availability of services within a system inclusive of parents, classroom teachers and peers.

This involvement of parents and counterparts is encouraged through availability and implementation of behaviour modification plans in the school. Parents who accept that their child has a special need are more likely to participate when their help is required. Notably, those parents do not play the role of gatekeeper and are satisfied to provide required information when requested.

7.4 System issues

It appears that schools in Jordan, private and public, started to provide services for children with LDs at the same time and gained great momentum at the end of the 1980s. This led to many changes in policy and practices towards children with SEN, their families and teachers. Twenty years on, it can be argued that the private sector has made far more improvements in services and more advances in implementation of inclusion. Despite all these changes, several system issues still remain in this area, especially in the public sector.

On top of these issues in public schools is the gap between theory and practice. Teachers report that they are unable to apply what they have learnt at college. One teacher used an interview with the Minister of Education in one of the local newspapers to criticise what she really found in the field (see quote on page 178).

This interview and quote were used in this study before in order to illustrate the difficulties that SEN teachers face. The quote highlights the impossible situation that the SEN teacher is in. What the teacher would like to see is an honest appraisal of the current services with a genuine and coordinated effort to enhance them, rather than random and ill thought out activity. The teacher felt strongly that there is an obvious gap between theory and practice. This is explained by lack of planning and preparation and a consequent lack of financial support and budget and shortage of qualified staff. Teachers who had been taught at college that they have to start by testing students and assessing their abilities found it impossible to apply what they learnt. This was either due to unavailability of tests or to being forced to

apply an academic one prepared by the MoE. All these external factors influence teachers' inspiration and enthusiasm (Marchesi, 1998).

Another example of system failure is that target groups are not being reached. This is largely due to the availability of services in urban areas and teachers' lack of skills in discovering or reporting children with LDs. One young head teacher described her experience when she started working in her new position:

> *I want to concentrate here on children with SEN as you requested. Before the meeting, I asked the school secretary to prepare a list of all pupils whose academic performance was poor the year before. I was absolutely shocked; out of 350 pupils there were around 35 pupils who at least had low achievement. I am not a special education specialist, but I took some courses when I did my M.A. I did not know what to do and I was frustrated, but I decided that the situation had to be changed. I was once a pupil and I know that some of my former school friends were low achievers. Ok, that was in the old days, but now we live in 2010 and this situation is not acceptable anymore. I am young and we are the generation who is going to change this situation.*

(Head teacher - public school)

Here some important issues are raised. Firstly, around 10% of the school were either low achievers or had suspected LDs. Critically, neither the former school administrators nor the MoE did anything to respond to the situation which is why the head teacher was so shocked. She also expressed her bewilderment at how to deal with what she had just discovered which not surprised since there was nobody qualified to respond to SEN children in the school. The unavailability of a resource room or SEN teacher is not a barrier to assessing those children or contacting the MoE to tackle the situation. It can be seen that most teachers were not qualified to deal with academic diversity found in public schools and most of the children with either low achieved or LDs were left behind without proper assistance. Finally, in this quote, the new generation of teachers appears to be more enthusiastic in dealing with diversity and pushing for change in schools than the older generation of teachers. Those teachers and head teachers were without support or encouragement from the MoE in their fight to eradicate the traditional view held by teachers which concentrated on indoctrination, memorising and recall. Finally, the absence of follow up in schools is another example of confusion of services in public schools. The head teacher mentioned that implicitly when she

indicated her worries that everything she had built would change if she left the school: 'what worries me is that teachers would return to their old ways of dealing with the girls if I left the school'.

Systemic issues also extend to the internal relationship between teachers, administrators and the MoE. It appears that there is poor communication and understanding between these parties, and this misunderstanding covers the role of teachers, individual educational and instructional plans, support services and assessment. Teachers in more than one case reported that their role was not clear enough for them and ultimately for their administrations.

Finally, teachers attributed the better services in private schools to financial ability of parents. These schools charge additional fees for joining the resource room. Parents who pay this large amount of money are likely to expect a high standard of service. Their financial ability, accompanied by the wish to assist their children, leads them to have teachers come to their home. When I asked a teacher in a private school why she worked afternoons with her students at home, her explanation was about the parents: 'I do not know if they feel guilty about having a child with a disability, but then having a teacher at home is a fashion now in West Amman'.

Describing this phenomenon as a fashion shows there is a discrepancy between services in a specific area of the capital and other parts of the country and between public and private sectors. It is not clear how the MoE control private schools in Jordan, but it is apparent that SEN services are not controlled by the MoE which can be considered a positive for more than one reason. Firstly, if these services were controlled by the MoE as in public schools, they would be poorer and there would be a limited opportunity to develop them. That can be deduced from what was reported by teachers in public schools where planning, preparation and attitudes were at their lowest levels. Secondly, SEN provision in the private sector depends on initiative and team work rather than bureaucratic processes as in the public sector. As private schools are financially independent, their ability to create solutions is greater as is provision of proper services. Evidence was seen of this from examining the whole process of responding to a new case of SEN in public and private schools. Referral to final assessment and locating the child in the resource room shows that the children, their parents and teachers are respected and accepted within the school. This suggests that there is a responsibility for management, teachers (SEN and classroom) and the MoE to draw up a clear SEN policy and to ensure its implementation in schools.

7.5 Conclusion

The aim of this chapter was to compare the services of SEN in public and private schools. This comparison has shown that services in private schools are superior to those in public schools for various reasons (see e.g. AlShehab, 2010). Chaos and confusion in services was clear in public schools where a teacher's role is ambiguous with an obvious lack of support and guidance whereas provision of these services in private schools is sufficient and standard.

The teachers in public schools presented a bleak picture of services and attitudes while their counterparts in private schools were positive towards private and negative towards public schools, especially those who had worked in both. It is safe to say that there is a state of general restlessness among teachers in public schools and that the source of that is mainly poor salaries, support, and negative attitudes towards the students and teachers themselves. This situation reflected on teachers and their way of dealing with their students. In many cases, SEN teachers mentioned that they were not able to cope with stress and were consequently more likely to ignore the children. The SEN policy in Jordan, which should provide support for teachers and students, becomes a source of stress in the absence of effective communication between the main parties in the planning and implementation of special education programmes.

At first glance, the picture seems to be more positive in private schools, but the schools fall into two camps. There may be good services in some private schools where children with SEN are respected and being dealt with highly responsibly. This is demonstrated by the way some private schools follow up on early signs of SpLDs and referrals by classroom teachers, and provide proper assessment and teaching. In addition, qualified teachers, well equipped resource rooms, supported services, systematic are all available upon reques. However, these services are not available in all private schools, and are more prevalent in high socio-economic areas where schools benefit from high income. Private schools in other cities or in the Eastern part of the capital are more likely to replicate the state schools, but with some organisation. Thus, it can be argued that the majority of children with SEN, and more precisely with SpLDs, are excluded from standard services as they are either in state schools or poor private schools. Even in schools where high earners send their children, teachers are encouraged to work privately by the school and parents. This could result in poor performance of teachers in the resource rooms hoping to get the chance to work with these children at home.

Eighth Chapter- Research Conclusions

In this chapter, my aim is to combine the results and findings gained from the interviews I conducted with teachers and a head teacher. It starts with an overview of the research, and the main findings of the research are then presented and briefly discussed. The implications of this research will be considered, as well as its contribution to overall knowledge and theory. In the last part, research recommendations based on findings will be presented, as well as an explanation of the limitations of the research, and an identification of further research that might be undertaken in the future.

8.1 An overview of the research process

The main aim of this study was to examine SEN teachers' perspectives on SEN services provision in Jordanian schools. The research was conducted in two stages. The first phase was carried out through interviewing 23 KG and SEN teachers in public and private schools in two Jordanian cities (Amman and Zarqa). During the second stage, eight teachers were re-interviewed, or interviewed for the first time, in order to take the research further by clarifying some themes and issues that emerged from the first round of data collection. Narrative analysis based on thematic analysis was used to study the data and three key themes emerged: (i) attitudes (societal and cultural) towards children with learning difficulties (LDs); (ii) difficulties faced by SEN teachers in Jordanian schools; and (iii) services offered in public and private schools.

8.2 Research findings

8.2.1 Attitudes

Although LDs cases are found widely in Jordanian schools, and despite the tireless efforts of the MoE to include children with LDs in regular classrooms alongside their peers, data analysis showed that in many areas of the education process, negative attitudes were still held towards children with LDs and disability generally in Jordan. As attitudes are considered to be crucial in the success of an inclusion scheme (Chow & Winzer, 1992), understanding these

attitudes becomes vital and a main key to recognising the situation of SEN children in Jordanian schools.

With respect to leadership within schools where there are resource rooms, the interviews showed that the role of head teachers in promoting the inclusion of children with LDs was limited, and showed that many head teachers were felt to hold negative attitudes towards including children with LDs in their schools. These could be seen clearly through three attitude components models (Eagly & Chaiken, 1993). According to the teachers I interviewed, in terms of cognitive response, head teachers in public schools did not seem to show a minimum level of knowledge or understanding of disabilities, and only understood them from a medical model perspective. This ultimately reflects an inadequacy in terms of training and information about disability by the MoE. Although no direct negative behavioural responses were reported by interviewees regarding head teachers' interaction with LDs children themselves, nonetheless their attitudes were reflected in both SEN and classroom teachers' behaviour in the schools. SEN teachers received minimal support from their administrators and that reflected negatively on their performance where these teachers became less interested in responding to their children.

Classroom teachers, the main tributary of the referral process to the resource room (Al-Natour *et al.*, 2008), used their right of referring students to this room to dispose of children with behavioural difficulties and those with low levels of attainment. Their presence in classrooms is seen by head teachers as unfair on other students and requires too many staff to respond to their needs (Rae *et al.*, 2010), staff who are often not available, for a variety of reasons. This research showed that classroom teachers' lack of knowledge of LDs was critical in framing their attitudes. This lack of knowledge was reflected in their behaviour when responding to these children, and more importantly, in the views of parents concerning including their children (lack of knowledge and access to information) (Grove & Fisher, 1999). Responses ranged from holding negative attitudes which translated into behaviours such as neglecting the children, deliberate or accidental failure to protect them from bullying, referring them to the resource room without any proper identification or evident warning signs of difficulties (taking into account lack of knowledge of LDs), using abusive language to describe them, or refusal to cooperate with SEN teachers. This reflects teachers' fear of the level of responsibility they have to take in addition to dealing with their non-disabled students (Scruggs & Mastropieri, 1996).

It should be noted here that inclusion of SEN children in the classroom was an impromptu decision without any preparation to foster social acceptance. In other words, as those children showed no physical signs of disability, inclusion in regular classrooms was taken for granted. In fact, the inclusion often appeared to be carried out by stealth by the school and the family. This applies significantly in the case of Jordan, where classroom teachers and head teachers were reported not qualified or trained to work with children with LDs (see Al Khatib, 2007; Al-Natour *et al.*, 2008), and where some parents insisted that their child should be placed in the regular classroom with his/her peers without any reference to his/her difficulty.

The findings of this research demonstrate that teachers believed that Jordanian public schools were still far from an inclusive culture with the internal structure and practices working against inclusion of children with LDs in regular schools (Clark *et al.*, 1999). Furthermore, teachers reported that cultural perceptions of disability (i.e. that disability is unacceptable and shameful in society and to be hidden from others, creating fears of social embarrassment/stigma to parents of disabled children) played a critical role in shaping attitudes towards children with SEN in Jordan (Hadidi, 1998; Turmusani, 1999). It appeared that fear of social stigma, as reported by participants, was the main focus of concern among parents, followed closely by concerns regarding negative practices in inclusive schools, such as lack of social inclusion and risk of bullying (Boer *et al.*, 2010). Firmly entrenched negative attitudes towards children with SEN in Jordan were reported to exist among classroom teachers, head teachers, pre-service teachers, peers and family members. This is consistent with Goffman (1963) who argued that all community members play their role in the 'stigma game'. In fact, overlap in the stigmatising process was clear where in some cases it appeared that the role played by SEN teachers was reversed. Some SEN teachers, who were supposed to take the lead in terms of amending attitudes in the school context, seemed to play the stigmatiser role. This is consistent with Goffman (1963) who indicates that most people in society can play the roles of 'stigmatised' and 'stigmatiser' at different times.

Teachers reported that, negative parental reaction to a disabled child tended to be focused on the disability rather than on the child itself which translated by refusing to include their disabled children, fearing the consequences of including the child with his/her peers (see Boer *et al.*, 2010). Protecting the family's reputation was a priority for mothers of SEN children (in the obvious absence of fathers) when making decisions regarding their child's future. Fears of negative reflection of disability on non-disabled family members were also the mothers' main preoccupation, for example, their marriage opportunities (Young, 1997;

Gumpel & Awartani, 2003) or their acceptance in their society. In fact, this fear also extended to classroom teachers and some SEN teachers who were scared of transferring the stigma to themselves (fears of being called 'handicapped' teachers) or, what Goffman (1963) described as, 'courtesy stigma'.

Contrary to the findings of other studies, teachers reported that that socio-economic status had a significant role in deciding the next step for parents (Stoiber *et al.*, 1998) to respond to suspecting or discovering the difficulty. In the absence of any apparent signs (physical), parents from higher socio-economic groups (who can afford extra costs but less so social embarrassment) appeared to keep chasing a dream of having a non-disabled child by asking for further assessment, but ultimately accepted the assessment and, therefore, inclusion as a best option for their child. Parents from lower socio- economic groups, as in Italy (Balboni & Padabissi, 2000) were more likely to deny the difficulty and neglect the child's needs and their teacher's advice. In both cases, denial was an instrument used by parents to insulate their child and family in a 'protective capsule' from the prejudice they may encounter in society (Goffman, 1963). In fact, hiding the disability and being the only channel to pass information about the difficulty reflects the state (the child's disability) not being consistent with social expectations (Goffman, 1963).

Social embarrassment and fear of stigma also extended to siblings of children with LDs in schools. Consequently, most non-disabled siblings distanced themselves from their disabled brothers and sisters at school, creating tension in the family (compare Cox *et al.*, 2003; Frank, 1989). A lack of ability to explain their siblings' difficulties produces strong feelings of shame and embarrassment in non-disabled children. This indicates the strong social embarrassment within the family itself which inhibits parents from discussing the situation with non-disabled children, denying them the knowledge they need to repel social prejudice, or help with definition of roles within the family (Pelchat & Lefebvre, 2004). In truth, parents and especially uneducated mothers cannot be blamed completely for this failure, as their poor response was only equal to that of teachers untrained in SEN.

As every stigma has a symbol (Goffman, 1963), low academic achievement appeared to be the main trigger for stigma in the schools where non-disabled students can identify their peers with LDs, and there was an extremely negative attitude towards their disabled counterparts. This could be identified behaviourally through their use of abusive language, name calling, and in some cases, physical and/or verbal aggression. A combination of

negative cognitive and behavioural attitudes was evident through the negative attitudes of teachers towards including children with LDs in their classes and through their reluctance to protect these children from verbal and non-verbal aggression from peers. As previously stated, peers were inclined to model their teachers.

8.2.2 Difficulties facing SEN teachers

Although inclusion is the main target for the MoE in Jordan (MoE, 2010), and some efforts have been made by multiple parties in the kingdom towards including children with LDs, a blurred vision of how to implement the policy, and evaluate it, still widely exists. In particular, teachers reported that the MoE had failed to respond effectively to the needs of children with LDs in Jordanian schools, provide any convincing alternatives, or create a culture of inclusion in schools. This failure was apparent in a variety of ways and negatively reflected on SEN teachers and their performance in the absence of any proper support from the MoE.

Data analysis showed that teachers thought there to be a shortage of resource rooms which are supposed to serve SEN children in public schools. However, it is critical to note that, although the resource rooms were implemented steadily until there were more than 600 in 2011 (MoE, 2011), most of these rooms were established in the suburban areas or low economic areas of big cities, but not in towns, villages, cities or remote areas (desert areas), and the rooms were poorly equipped. As in other developing countries, this lack of materials and facilities was considered a major obstacle towards implementing effective integration (inclusion) (Kholi, 1993).

However, data analysis also showed that neither availability of resource rooms, nor the existence of an SEN teacher, compensated for the mismanagement of service provision. Services were absent in some public schools, and in schools where there were resource rooms, these were either, as mentioned above, poorly equipped, or without assigned SEN teachers. In fact, the failure to assign a teacher was a strong indication of the confusion of services and conceals several details about the true nature of the reality of services, especially in public schools. SEN teachers who were employed in this role with no preparation or groundwork had to negotiate obstacles from administration, classroom teachers and parents and fight to defend their department, or resign and seek another position abroad.

The primary obstacle in schools, according to the SEN teachers, was a lack of understanding and support from administration. As most SEN teachers are young (SEN

teachers started graduating from Jordanian universities with bachelor degree in the mid 1990s), they were more likely to clash with the generally older head teachers who were often set in their ways, who did not believe in the role of SEN teachers, were not ready to provide the required support, and were more likely to be opposed to change in their schools. These findings reflect the lack of knowledge of, or lack of exposure to disability, in a society where hiding disabled children from public is considered acceptable (Turmusani, 1999). As a result, most teachers saw and understood disability from a medical point of view (Yazbeck *et al.*, 2004) rather than a social one, where the focus was on attempting to cure the disability rather than removing barriers. This attitude from head teachers and classroom teachers clearly needs to be addressed urgently to ensure that they understand the required mechanism and respond effectively to the needs of any child with LDs in their school.

SEN teachers reported receiving little, if any, support from the head teachers, which was reflected in their ability to screen, identify and assess children with LDs, despite a lack of appropriate tools (Al-Natour *et al.*, 2008), and place them appropriately and to teach them. SEN policy appears to be at a standstill and has not responded to several changes that have occurred in the country in the last twenty years. Thus, policy makers have to respond by re-examining it immediately and continuously. This re-examination should include attempting to redefine educational needs for these children from social and educational perspectives. They should be assessed to decide where they are to be taught and who should teach them and this criteria should be used to evaluate the quality and professionalism of the teaching (see Gumpel & Awartani, 2003).

The situation worsened when SEN teachers had to depend on their classroom teacher colleagues to identify children to be transferred to the SEN department. Heavy workloads of classroom teachers and large classes encouraged them to use SEN referrals to reduce the number of students in their classes. As a result, a large number of inaccurate or false referrals regularly take place, which also reflects a lack of experience and interest in working with children with LDs from classroom teachers. SEN teachers reported that many classroom teachers saw the resource room as a physical place to locate children with low academic achievement and/or with behavioural difficulties rather than as an appropriate educational alternative. In addition, services available from the MoE in public schools are exclusive to children with SpLDs, mild and some moderate disabilities (Al Khatib, 2007), leaving children with sensory and physical impairments, severe and multiple difficulties neglected and located in special classes or centres administered by the MoSD, indicating negative

attitudes towards including children with severe difficulty and behavioural difficulties (Scruggs & Mastropieri, 1996) or at least a confusion in services where these are provided for some categories and not for others.

Moreover, as most teachers take years to be upgraded to the position of head teacher in Jordan's education system, a gap between two generations of teachers and head teachers still exists which leads to confusion and a difference in priorities. In fact, interviewees indicated that that generation of head teachers, and in many cases classroom teachers, tended to prefer non-disabled children or a minority of children with LDs. This shows a complete lack of experience in head teachers of disability (Idol, 2006) and absence of parental involvement, unlike the younger generation where parents have a voice (Cornoldi *et al.*, 1998). This leads back to the fears of social embarrassment due to cultural factors or concerns of including their children in regular classrooms (see Elkins *et al.*, 2003).

Finally, it appeared that head teachers and some classroom teachers' reluctance to respond positively to SEN children had deep roots in the local culture of Jordanians, where there is an apparent overlap between culture and religious values as well as a lack of understanding of the role of religion in deciding the kind of response to children with LDs. In some cases SEN teachers indicated that they had often been labelled 'handicapped teachers' owing to their work with disabled children. This is linked to courtesy stigma (Goffman, 1963) where teachers and some other parties are at risk of acquiring the stigma as a result of their relationship to the child with LDs or SEN. In addition, some SEN teachers saw working with children with LDs as voluntary work rather than professional, the danger of which is that there is a total absence of accountability and implementing educational plans will depend on teachers' ability, skills and understanding of disability. These skills were, in fact, reported in the interviews as being poor and not up to date in light of the reluctance of many SEN teachers to attend training sessions and workshops held by the MoE.

Lack of training reflects negatively on classroom teachers and head teachers' attitudes (Avramidis & Norwich 2002), which leads to more difficulties for SEN teachers in schools. As mentioned above, there were a large number of referrals to the resource room from unqualified classroom teachers. Most of the SEN teachers sample reported that their role was not understood or respected by their classroom counterparts. This clearly points to the silent crisis between novice and veteran teachers especially in public schools. In fact, a closer look revealed that even the new generation of classroom teachers still holds negative attitudes (e.g.

see Avramidis *et al.*, 2000b) due to the fact that adequate training is lacking in teacher preparation programmes in Jordanian universities.

One difficulty for SEN teachers is that many graduates were trained to use some of Jordanian versions of global tests at university; however, the MoE insisted that they apply different tests, which do not cover all aspects of LDs (El-Roussan, 1996). The teachers' main concern was that these tests were not well prepared and did not cover all aspects of the child's needs which could lead to a false diagnosis and ultimately wrong placement. Most of the tests are screening of academic abilities rather than identification of the real difficulty (e.g. developmental difficulties). This is another aspect of confusion of services where SEN teachers were often confused between applying tests prepared by the MoE, applying their own tests or referring children to more assessment in specific centres. In some cases, SEN teachers took the decision to apply their own prepared tests and paid no attention to the MoE recommendation. Interestingly, this selection was not questioned by head teachers or supervisors which indicated to the absence of accountability and a distinct lack of experience and involvement of administrators.

As a result of the difficulties that teachers of SEN faced, and the complicated issues involved in teaching children with LDs, they reported suffering from constant stress. Part of this stress comes from the children with LDs themselves who caused their teachers stress on more than one front. Children with behavioural difficulties were reported as the most troublesome because of the many different aspects of it and because of a lack of support and/or experience with preparing and implementing behaviour modification plans. Poor progress attained by children with SEN was also reported as another source of stress. SEN teachers found that often there was no noticeable progress when working with these children and some unqualified teachers feel frustrated within a short time of starting their career. An additional concern for Jordanian teachers was poor support from the MoE and school administrators, most SEN teachers in the sample stressed that they received very little or no effective support from their head teachers or supervisors and that they had to face all the difficulties alone, with even the parents being of no use because of their denial.

Another difficulty reported by SEN teachers was working long hours (Lazuras, 2006) without proper support or understanding from management and supervisors, poor salaries and large class sizes were all additional sources of stress in Jordanian public schools. It is critical to note here that not all these arguments were valid. For example, research shows that

teachers in the UK work longer hours than their counterparts in Jordan (Johnstone, 1993 cited in Male & May, 1997). It can be concluded that the absence of a clear SEN policy and implementation procedures in the country, in addition to poor training pre and during service were responsible for teachers' stress. The danger of this is that novice teachers will leave their job (Tickle *et al.*, 2011) and current teachers will lose interest in teaching and responding effectively to children with LDs.

Unlike public schools, SEN teachers in private schools have issues with the parents rather than administrators. In particular, parental denial is the main difficulty that teachers faced in private Jordanian schools, but teachers could use different kinds of available resources to cope and respond to this denial. Essentially, school administration is supportive, and it helps that parents are of a higher socio-economic and education level which assists in understanding and support of inclusion eventually (Balboni & Padabissi, 2000). Most cases of denial were temporary rather than permanent and parents tended to cooperate with teachers after a while. In addition, the advantages presented to teachers in private schools contributed to a reduction in stress levels (e.g. high salaries, social position, allowing them to work privately with students at home). These advantages reflected the high cost fees that parents pay for their children in private schools where schools are able to provide all these rewards in return.

8.2.3 Services in public and private schools

From the interviews I conducted, it was clear that there was a lack of organisation in services provided for children with LDs in public schools. This could be seen through a shortage of resource rooms in some schools, and a shortage of teacher training sessions in-service. In some cases, it was reported that teacher dropout rates were also a difficulty for public schools, especially amongst male teachers. Most SEN teachers were moving to work abroad or looking for higher salaries in private schools. In addition, participants reported that public schools have large class sizes which affected teachers', especially classroom teachers', ability to meet all the students' learning needs; in particular those with LDs. SEN teachers in public schools seemed to suffer from poor support from the MoE and administrators. However, although they are limited, services in public schools are free.

SEN services in some private schools appeared to be better than in public schools and well organised. The differences in services between school types could be clearly seen in the referral and assessment process, the relationship with parents and eventual placement. In

addition, in private schools, where there was better in-service training, there is an absence of teacher prejudice towards LDs children and a distinct positive attitude with a strong co-operation between SEN teachers, classroom teachers, school administration and some parents in order to provide sufficient help for these children. Teachers in private schools appeared to be well equipped and various tests could be used in their schools. Supporting services, such as speech and occupational therapy, were also available. For many parents in Jordan, private schools are expensive and only parents from more affluent backgrounds can afford the fees. Moreover, SEN costs in the private sector are additional to these normal fees.

Data analysis showed that there were different benefits of working in public or private schools. Teachers in public schools were found to work fewer hours, have better job security and an absence of accountability. These benefits suit most teachers, especially classroom teachers, who believe that working with children with LDs is not part of their responsibility - according to one SEN teacher: 'You talk to teachers between classes and you discover that their general view of SEN children is not to have them in their classes'. In private schools, there were advantages to working with children with LDs, such as high salaries, having a good social position and the opportunity to work with the children privately at home to supplement their income. On the other hand, these teachers have to work harder than their counterparts in public schools and much longer hours.

8.3 Implications for policy and practice

Based upon the analyses conducted for this study, the results identified that there is a significant gap between policy and practice in the special education field in Jordan. In order to link the research findings with that practice, my aim is to identify some areas where this research may be beneficial.

This study indicates that there is an urgent need to plan a new SEN policy in the country, or at least reconstruct the existing policy. More important is the need to find proper and practical ways to implement the policy. The Jordanian policy that is used by the MoE appears vague and uses loose and inappropriate terms to define SEN and LDs. All responsibility of teaching children with SEN and LDs should be shifted to the MoE rather than to any other party. The new policy should prioritise studying the difficulties of developing the field of SEN in the kingdom, as well as parental participation in teaching in the process, and altering negative attitudes.

Negative attitudes seemed to be a major hurdle to full inclusion of children with LDs in Jordanian schools, especially in public schools. It would be widely beneficial, if the MoE trained teachers and worked on their negative attitudes, which derive from a lack of knowledge of disability, obsolete cultural legacies, and/or lack of exposure to children with SEN. Most veteran classroom teachers and head teachers appeared to hold negative attitudes towards children with SEN in general and LDs in particular as most children with LDs learn at ordinary schools rather than special. The MoE should train teachers individually or collectively on values, such as diversity, accepting others, respecting professional sources for information about disability and elevating the SEN teaching role to professional instead of voluntary. It should be noted here that the negative attitudes towards these children can also be seen in parents, peers and other parts of the educational process. Training should extend to classroom pre-service teachers who appear to hold the same negative attitudes or poor knowledge of disability and LDs. This seems to be critical, as informative training about inclusion has a positive impact on teachers' attitudes (Avramidis *et al.*, 2000b).

Based on the interviews I conducted, it appears that teachers in service (classroom and SEN) need to be encouraged to attend training sessions which should be designed to cope with new developments in the SEN field, for example, the importance of early intervention, the importance of adopting a social model, disadvantages of adopting the medical model and new approaches in assessing and teaching children with LDs and this should be reinforced for those who are in direct and constant touch with students with LDs. These training sessions should foster and develop positive views and attitudes towards teaching students with SEN alongside their typically developing peers. Finally, schools should be able to support the development of novice teachers and display a positive attitude, which might be gained through understanding their role, providing them with appropriate instruction and support and sending them for apposite training when required.

8.4 Contribution to knowledge

This research is distinctive as it is the first study to examine SEN teachers' perspectives of special needs status in the Kingdom of Jordan. Numerous researchers have investigated attitudes and teachers' difficulties around the world, finding many factors related to them, but, to my knowledge, this is the first one to be conducted on a Jordanian sample. However, few studies have investigated the differences between private and public schools in terms of the provision of SEN services. Thus, this research has found its place in examining attitudes depending on various factors and mainly local culture and religious values.

This research is the first to explore the real status of the special needs service in Jordanian schools and the ability of the current system to meet children's needs. This was conducted through enabling the voice of teachers to be heard clearly. In the interviews I conducted, the voice of parents and students was reflected to a degree in their teachers' opinions. It also reveals the tensions that existed between these parties. More importantly, the research highlights the importance of implementing clear, understandable, and easy to follow educational policies that respond to the needs of children with LDs in Jordanian schools.

As traditional Jordanian cultural practices (e.g. the devaluing of disabled children, lack of social acceptance, stigmatising disabled children with improper language, and feeling empathy with them rather than working professionally with them) impact the way that students participate in education, studying cultural perceptions in Jordanian society was vital in order to understand teachers' and parents' reaction to discovering that a child has a disability. However, using Goffman (1963) was useful in understanding the negative attitudes demonstrated by multiple parties towards children with LDs in schools. Parents' fears of social embarrassment, as reported by SEN teachers, reflect the complexity of local traditions in the country (see below).

This research identified teachers' difficulties in responding to parents and it presents a dispiriting picture of parents' understanding of disability and the way in which they use religious values to support their own views or opinions. Islam urges Muslims to deal equally with disabled people; however, local cultural perceptions give preference to isolating these children in various ways. Strong feelings of embarrassment at having a disabled child, coupled with prejudice by denying the difficulty and not providing any educational alternative, were clearly evident from the interviews conducted. This can be understood from the parents' side, playing the role of discreditable (Goffman, 1963) where parents know that

their child has LDs but refuse to reveal it, due to various factors. To put it more precisely, parents, especially mothers, recognise that their child's academic performance (stigma symbol) is poor, but they tend to use the 'control of information' technique in order not to reveal their child's difficulty. In general, this research argued that cultural perceptions play a crucial role in people's understanding of disability in general, and LDs in particular, and decide the degree of including and excluding children with disabilities (Priestly, 1998). This research suggests that, at least in the Kingdom of Jordan, fear of social embarrassment or stigma is more overpowering than religious values or paying attention to the child's future. I hope that these findings will help to shift the focus on the nature of disability from aetiology to understanding the surrounding circumstances (cultural perceptions).

This study also provides some evidence from data analysis that teachers and parents are sometimes scared of responding to these children owing to their fears of stigma. In 'courtesy stigma', as described by Goffman (1963), there is a tendency to spread the stigma from the 'stigmatised' person to others who are closely connected. Hence, it is not just the children with LDs themselves who experience inequality; evidence suggests that it can affect the life opportunities of the whole family (Barnes *et al.*, 1999) and even extend to their teachers. Goffman also indicates that it was vital to understand the way that parents respond to their child's difficulty. According to Goffman, disability is influenced by cultural expectations (Ewing, 2002); therefore, stigma as deviance from social norms (disability) can be changeable when social acceptance and support are available. This clearly indicates the amount of concern that parents have for their society's norms, where parents' first concern is passing information rather than coping with stigma (Goffman, 1963).

Finally, my experiences during the data collection process exposed another, somewhat veiled, barrier to our understanding of SEN. The MoE, which is supposed to support research into the SEN status in its schools, placed many obstructions in my way to limit the collection of data. There would seem to be a reticence on the part of ministry officials to embrace knowledge or change through enquiry. This again represents the views of older generations of administrators, teachers and head teachers who resist change.

8.5 Theoretical contribution

When Goffman published his classic text 'Stigma: notes on the management of spoiled identity' in 1963, the field of special education was still developing, and the view of a connection between disability and social barriers was still blurred, whereas a medical model was dominant. This study suggests that, despite significant progress in the quantitative provision of SEN services, the deterministic view of explaining and responding to disability is still widely used by various parties in Jordan. This view is still adopted widely by the parents, classroom teachers, head teachers, some frustrated SEN teachers and some policy makers. In addition, evidence reported by participants indicated that efforts of SEN teachers to include these students with their peers and adopt the social model have been in vain.

'Courtesy stigma', as described by Goffman (1963), is, in the context of this study, the fear of teachers, parents and siblings that, as a result of their connection to the disabled child, the stigma of disability might be transferred to them (called by Goffman 'the wise persons'). In this study, the parents' cultural perceptions resulted in them to be scared to reveal their child's disability. Parents tended to use what was described by Goffman as the 'information management' technique to reveal facts, and this study shows that most parents are still controlling -insisting on being the only channel through which information on the disability passes (see previous chapters, especially on private schools). It is critical to note that there was a contrast in parents' attitudes to revealing information depending on their socio-economic status. Parents from upper classes were more intent on chasing their dream of having a non-disabled child and more reserved about divulgence because of their social position, whereas parents from working classes might disclose the disability as long as it does not affect their other children and does not require them to attend the school or make any additional effort or arrangements.

The dominance of a reductionist or non-interventionist approach is attributed to a clear imbalance in the MoE message to its employees, and moreover, to the lack of pre-service teacher preparation and training programmes. In this study, SEN teachers who had been taught to adopt a social model approach towards their students were shocked by practices in schools, where MoE supervision is poor or non-existent and where the medical model is widely adopted which hinders building a coherent practice in the absence of a common view (Reindal, 2010). Instead of concentrating on removing barriers (mainly economic structures) faced by these children, head teachers and classroom teachers were keener to explore possibilities for excluding those children from social and academic activities. Strong parental

desire to have a non-disabled child, and concerns of social exclusion could be seen through their desperation to find a 'cure' for their child's disability. Teachers' motivations behind adopting a medical model, however, were blurred. Perhaps, the explanation provided by interviewees presents a suitable rationale: that inexperienced head teachers try to compensate for their lack of knowledge by neglecting SEN children, whilst classroom teachers compensate for their lack of experience, simultaneously reducing their burden in class, by neglecting these children or by random referrals to resource rooms. It is critical to note that the law in Jordan is loose, unclear and not mandatory about adopting a social model, and many educational procedures developed for inclusion and for teaching these children are also ambiguous.

In contrast to private schools, The MoE tended to adopt the medical approach rather than the social one, albeit indirectly, and this was accompanied by an inadequate focus on its modification of teachers' attitudes in schools. In addition, there was insufficient communication with parents to convince them to respond to the educational needs of their children. Recent graduate SEN teachers are saturated with teaching theories, models and assessment procedures with little practical experience of implementation in the real world. More importantly, those graduate teachers have no experience of how to respond to or amend the negative attitudes of teachers, peers and parents, with some SEN teachers having concerns about how to bring new ideas into an established school and also about courtesy stigma. Thus, it is critical for the MoE to understand attitudes and its roots in order to plan policies and strategies, and more importantly, to prevent hindrances of the acceptance of disabled children (Yazbeck *et al.*, 2004).

Goffman (1963) found that the central reason for stigmatisation of disabilities is lack of acceptance. This mainly comes from other people rejecting and stigmatising the children, and specifically, parents, peers, teachers and head teachers are the main culprits. Regrettably, this study proves that the 'wise people' around the child with LDs are these same parents, siblings (related through social structure) and some of the SEN teachers (related through the environment) who are scared of being tainted by the 'handicap' as a result of their relationship to the child. This was apparent in public schools, where siblings tried to distance themselves from their disabled brothers and sisters at school, and parents denied the disability or neglected the child and ignored his/her SEN teachers without presenting any convincing arguments. This is consistent with a social model of disability mainly focused on attitudes, opportunities of inclusion (Siminski, 2003) and removing social barriers. Thus, there is an

urgent need for exposure to, and increased contact with, disabled children, in order to create better understanding and to amend negative attitudes.

8.6 Research recommendations

Several recommendations emerged from this study that relates to providing SEN services in Jordanian schools, mainly directed towards the MoE because of its central role in Jordan and its apparent lack of planning (Turmusani, 1999).

8.6.1 Early identification and intervention

It is critical to identify children with LDs as early as possible, since most cases are discovered by SEN teachers rather than parents or classroom teachers. This would lead me to recommend that teachers, and especially classroom teachers, have be trained to notice the early warning signs of LDs, and need to be provided with the capability to respond effectively, which will assist in reducing the amount of false referrals to the resource room. The implementation of multi-faceted intervention should be planned by many parties, including parents, teachers, psychologists and other professionals. Thus, building an effective partnership between schools and parents to make parents aware of the early signs of difficulty and to urge them to seek assistance and raise public awareness of disability as part of human diversity becomes vital. This can be achieved by reinforcing trust between them through regular meetings, taking into account parents', especially mothers', concerns and fears over disability and its stigma, and importantly, not blaming parents for the late discovery of difficulties (Rogers, 2011). In addition, explaining the benefits of early discovery of LDs to classroom teachers who appeared in this study as a major barrier to providing sufficient assistance to these children is urgent.

In fact, these teachers, as well as SEN teachers, need to be provided with clear policy steps to follow when they suspect LDs cases. Moreover, it is essential to give SEN and classroom teachers the full opportunity to benefit from existing literature and use some of the currently prepared checklists to apply them to their children in the absence of proper assessment tools. The current assessment tools used by teachers and the MoE in the resource rooms need to be standardised. This would help teachers to respond to the specific needs of these children, and more importantly, to increase their ability to use those tests in different locations and schools.

8.6.2 Attitudes

There is an urgent need for a change in social attitudes towards students with LDs and SEN. In fact, amending attitudes towards both students and also to individuals in society would help to establish a successful national policy on disability (Nagata, 2008). Head teachers, especially veteran head teachers, are the key group to affect a change in attitudes in public schools where teachers are most inclined to adhere to their head teacher's policies. Training both pre and in service is critical to shaping positive attitudes (Avramidis & Norwich, 2002) as well as exposure to children with LDs or SEN and planned and supported contact with them contributes positively to changing educators' attitudes (Nagata, 2008). This might be done through:

i. Creating a partnership with parents and the school to organise workshops and seminars to introduce them to LDs. More importantly, to explain that the disability is potentially a result of weaknesses within the cultural system itself rather than within the child (McDermott & Varenne, 1995).

ii. Including SEN and class management courses within the pre-service curriculum for teachers, such as working with children with behavioural difficulties, since that was reported as a main concern of teachers (Center & Ward, 1987).

iii. Assisting classroom teachers to accept that having children with LDs in their classes is not a negative, rather, it is a part of diversity in society.

iv. There should be some subjects in the educational curriculum which cover diversity in schools and in the community in general, and SEN in particular; in order to send a clear message to students that there is a different student in their classes.

v. Benefit from involvement of the Royal family members as icons in the education sector might be vital. In particular, Queen Rania and Prince Ra'ad pay enormous attention to the education of children, including those with SEN. In a centralised system, like the Jordanian one, these icons can play an effective role in leading change.

8.6.3 Financial support

Providing financial support to Jordanian schools is critical in developing effective work with disabled children. This support could include expenditure on more resource rooms, reducing class sizes, and providing schools and resource rooms with the necessary educational tools and materials. As was shown, there were many resource rooms, especially in more rural areas, totally unfurnished or unequipped. The MoE should pay more attention to the fact that

there is a real lack of infrastructure in schools (e.g. lack of resource rooms, well prepared resource rooms, insufficient rooms that are big enough). An obvious example is schools employing SEN teachers with no provision of a resource room and vice versa. Human and material resources are not adequate to implement successful inclusion; they need to be used effectively (Avramidis *et al.*, 2000a).

8.6.4 Legislation

 As the new revision of the 'Handicapped' People's Law in Jordan (2007) has assured that the responsibility for responding to disabled people's needs lies with the Supreme Council for 'Handicapped' People (second item) and there was no apparent role for the MoE, it is critical to officially state the all responsibilities lie with the MoE. In fact, the law appears to be concentrated on severe disabilities rather than mild and hidden disabilities. Additionally, the law is still loose and there is no specific definition of the relevant terms, for example, although the philosophy of responding to needs stems from Arab-Islamic values, the Jordanian Constitution, the Universal Declaration of Human Rights and the provisions stipulated in international conventions (third item) which all call for responding equally to people, stigmatising terms still exist (Jordanian legislations, 2007). As mandatory policies have a positive impact on implementation of inclusion (Etscheidt & Bartlett, 1999), there is an urgent need for the MoE to have a mandatory policy and make a comprehensible distinction in its terms with regards to LDs as opposed to SpLDs, slow learning, low achievement and ID (SpLDs were excluded in this Law and instead there was concentration on sensory impairments (Turmusani, 1999). This distinction will assist teachers to respond effectively to various cases of SEN and reduce pressure on resource rooms by reducing the number of referrals. Furthermore, the suggested mandatory policy can help to change the attitudes of teachers (Bowman, 1986), to ensure that services are provided equally and to a high standard, to activate the accountability system in public schools and to facilitate financial support.

8.6.5 Teachers' training

Jordan needs a broad programme to train teachers and other relevant parties related to teaching children with LDs. The final objective of training sessions is to provide teachers with the skills required to identify children with LDs in schools, understand the referral process, the teaching, implementation of behavioural modification plans, and more importantly, to work with parents who deny their child's difficulty. Teacher training

programmes and in-service training are not exclusive to SEN teachers, but non-SEN teachers should be included in pre-service training. It is essential to include some SEN sessions for teachers in universities and college curricula. These sessions can be of a general nature whilst the MoE designs and implements incentive sessions in specific areas.

8.6.6 Collaboration among the ministries and agencies

As detection and working with cases of LDs involves more than one ministry and government agency, the need for real partnership between these ministries becomes vital. In addition to those ministries are the Ministry of Health, The MoSD and the Royal Medical Services (military and police and their families benefit from free medical services). Co-ordination between private and public schools is required to share experience and to follow students who move from public to private and vice versa.

8.6.7 Multiple professional inputs

Efficiency in working with children with LDs requires participation from more than one party. Owing to a lack of financial support, most schools suffer from poor support services. Thus, there is an urgent need for a variety of trained professionals, such as speech therapists, occupational therapists and physiotherapists. These services should work in partnership and synchronise with resource room teachers.

8.6.8 Parental involvement

Parental involvement in the discovery, assessment and teaching of a disabled child is vital and a key factor in implementing successful intervention. Schools, and especially public schools, should work towards increasing this parental involvement and need to take into account factors that encourage parental denial, such as socio-educational and social class. Teachers and head teachers need training to deal effectively with parents who have deep feelings of social embarrassment in order to build their confidence and to give them the belief in the ability of schools to respond effectively to their child's needs (Elkins *et al.*, 2003). This training should also include siblings who feel ashamed of their family's disabled members, through family counselling. It should be noted here that most schools in Jordan have a psychological counsellor.

8.6.9 Reduction of class size

SEN teachers indicated that classroom teachers send a large number of students to the resource room for further assessment and most of these cases are not with LDs. This is mainly due to large class sizes and the teachers' lack of experience and it is a major hindrance to meeting the needs of children with LDs. The MoE has to respond effectively to this problem, especially at the primary stage, in order to allow classroom and SEN teachers to give the optimum teaching time to as many children as possible, but still find time for some individual teaching when it is needed. The MoE's responsibility is to create more physical classrooms in schools and employ more teachers in order to reduce class sizes in public schools. Failing to do so could lead to classroom teachers not paying any attention to individual cases as in LDs cases and possibly not responding positively to training sessions regarding disability and changing attitudes towards it.

8.6.10 Teachers' salaries

Teachers in public schools have complained of poor salaries and limited chances to develop themselves professionally and advance in their career. Indeed, poor salaries encourage many SEN teachers, especially male, to look for jobs with high salaries abroad and others, mainly female, to lean towards the private sector. Teachers' salaries are dictated by the government's salary scale that applies to all public sector workers. The MoE should realise that most SEN teachers are willing to relinquish their positions, if there is no improvement in their salaries. Therefore, a salary increase for teachers of SEN is the first step towards preventing them from dropping out of public school. However, any increase in salaries should be accompanied by implementing strong accountability procedures and the capacity to follow up on teachers' professional practice and training. To achieve this, the MoE should to prepare supervisors who should be able to provide the required feedback, participate in finding solutions for difficulties face teachers in the classroom, and evaluate teachers' performance.

8.6.11 Accountability

It appears that public schools have no clear and effective accountability system. Theoretically, there is one, but it appears to be ineffective. Teachers who feel that they have a secure job and little monitoring are not likely to try to go out of their way to foster good attitudes towards children with disability. In this research, it was apparent that most classroom teachers and some of the veteran head teachers tend not to apply accountability or take it seriously. The MoE needs to make sure that teachers and school management are

interested in including children with SEN in their schools and classes and are able to work with them effectively. This can be achieved through regular inspection reports similar to those within the British system that are carried out by the Office for Standards in Education. In other words, a rewards and punishment system should be enabled.

8.6.12 Educational tools

Unlike resource rooms in private schools, most resource rooms in public schools are either poorly equipped or totally unequipped. Teachers who receive poor salaries are not willing to equip the rooms themselves. In many cases, using the excuse of unavailability of resource rooms or lack of equipment, some head teachers and SEN teachers do nothing or assign SEN teachers, especially novices, to do irrelevant tasks. This is a direct result of an absence of accountability, particularly prevalent in state schools.

8.6.13 Testing

It would be beneficial if the MoE took into account teachers' views on applying tests. Most SEN teachers in public schools complained that tests prepared and applied in public schools are not suitable for children with LDs. Chaos ensues when some teachers are obliged to apply tests prepared by the MoE while others refuse to do so as they have no confidence in them. The result is that in many schools there are two kinds of tests used by teachers to assess suspected cases of LDs. In the absence of a central diagnostic system or proper assessment centres, SEN teachers have to organise assessment by themselves. Thus, taking their concerns about tests into account will reflect positively on students by having accurate diagnoses that determine the actual needs of each child.

8.6.14 Early screening

A school's main aim in this regard must be discovering children with LDs as early as possible, but teachers reported that in many cases children with LDs are not discovered until a late stage. This is true especially in the case of hidden LDs where external signs are not obvious. The MoE has to train teachers of young children to identify those who suffer from learning difficulties or problems and to send them for further assessment. These difficulties are reflected in the following two points:

  i.   **Reading difficulties:** it was apparent from interviews that many children were suffering from poor reading and inability to write and that these are key factors in identifying LDs. Most SEN children in both private and public schools have real difficulty with reading which raises the question of the competence of the teaching

process, especially at the primary stage. The schools have to move towards applying early screening for children, especially those with suspected hidden LDs.

ii. **Behavioural difficulties:** Literature has shown that there is a strong correlation between behavioural difficulties and LDs and this causes difficulties for SEN teachers. This correlation can help teachers to predict signs of LDs and can perhaps account for why many inexperienced classroom teachers tend to refer children with behavioural difficulties to the resource room. Implementing behavioural modification plans requires cooperation from classroom teachers and parents, and in many cases, SEN teachers complained that they do not have enough time to design and implement those plans because of the high number of referrals. The MoE and schools have to support SEN teachers in observing signs of behavioural difficulties, and more importantly, plan how to modify those behaviours through cooperation with classroom teachers.

8.7 Research limitations

Although this research was diligently and vigilantly prepared and implemented, there are some limitations which might influence the generalisation of the results of this study. Firstly, only one head teacher was interviewed. This interview was conducted in a public school. Some attempts were made to interview more than one head teacher in public and private schools; however, none of those attempts was successful.

Secondly, due to barriers by the MoE as noted earlier (see Fourth Chapter), I had to use snowball sampling to respond to the ministry's refusal to give me permission to interview teachers. Using this technique reduced the ability to generalise findings.

Thirdly, teachers who were interviewed were mainly from two big cities in the country. This also will reduce the ability to generalise the findings. There was not enough time or available effort to extend the research to some cities in the south of Jordan, where SEN services are said to be less good than the capital and Zarqa. In addition, as the research examined cultural views and religious values, the teachers who were interviewed were Muslims, while Christians were unavailable. However, this unavailability was not expected to make any difference in findings, as Jordanian people have one cultural identity, regardless of their religion, ethnicity and/or race.

Finally, although this research only involved SEN teachers, it partially reflects some of the other parties with a role in education, according to interviewees. However, views of parents, classroom teachers and head teachers were not canvassed and this appears to be a main limitation of the study, one which limits its ability to draw an entirely accurate picture of the current status of providing SEN services in Jordanian schools.

8.8 Further research

Based on the research findings and limitations, further research should be done on the following:

- Investigate the status of SEN provision in Jordan within a larger and more representative sample (geographical areas in Jordan).
- Cultural factors influencing teachers and especially SEN teachers' attitudes towards children with LDs in a Jordanian context.
- To explore parental involvement in identifying and educating children with LDs in Jordanian primary schools (private and state), or more specifically, determine what this role is and the factors affecting it.
- Investigate the resource rooms target and current practices from the perspective of parents and the MoE.
- To explore in depth the role of religious values in framing attitudes towards children with LDs.
- To explore private schools' experience in dealing with parents and children with LDs and the possibility of generalising this in public schools.

8.9 Conclusion

Three themes have emerged from data analysis and showed that teachers in Jordanian schools face various barriers in terms of the current status of SEN provision in the country. These themes were (i) attitudes towards children with LDs in Jordan schools, (ii) difficulties facing SEN teachers in responding to needs of children with LDs, and (iii) differences in services between public and private schools.

These barriers and practices have strong roots related to the local culture, where religious beliefs play an important role. It is my hope that the compilation of this study and the significance of providing clear answers for the research questions will be valuable within the Jordanian context for teachers, SEN teachers, novice teachers, head teachers, parents, SEN students and the MoE, and promote the acceptance of children with LDs in schools (Gilmore *et al.*, 2003). It is to be hoped that the recommendations of this study will help reinforce every SEN child's quest for independence.

References

Abu-Kharmeh, S. S. & Abu-Al Sondos, J. A., 2009. Socio- economic deprivation indices (case study: Jordan). American Journal of Scientific Research, 2, pp.37-51.

Addi-Raccah, A. & Arrive-Elyashiv, R., 2008. Parent empowerment and teacher professionalism teachers' perspective. Urban Education, 43(3), pp.394-415.

Agaliotis, I. & Kalyva, E., 2011. A survey of Greek general and special education teachers' perceptions regarding the role of the special needs coordinator: Implications for educational policy on inclusion and teacher education. Teaching & Teacher Education, 27(3), pp.543-551.

Ahmed, D. A. A., 2007. Gender, disability and Islam: living with visual impairment in Bahrain. Unpublished PhD thesis. University of Warwick. Available on: [http://wrap.warwick.ac.uk/1285/]. Accessed on 16 June 2011.

Ainscow, M., 1997. Towards inclusive schooling. British Journal of Special Education, 24(1), pp.3-6.

Al-Edwan, Z., S. M., 2010. Human rights principles in the social education textbooks of the elementary stage in Jordan. European Journal of Social Sciences, 15(2), pp.183-291.

Al-Hassan, S. M., Obeidat, O. M. & Lansford, J. E., 2010. Education reform and the quality of kindergartens in Jordan. Early Child Development & Care, 180(9), pp.1203-1213.

Al-Hroub, A., Whitebread, D. 2008. Teacher nomination of `mathematically gifted children with specific learning difficulties' at three state schools in Jordan. British Journal of special Education, 35(3), pp.152-164.

AlJabery, M. & Zumberg, M., 2008. General and special education systems in Jordan: present and future perspectives. International Journal of Special Education. 23(1), pp.115-122.

Al Khatib, J. M., 2007. A survey of general education teachers' knowledge of learning disabilities in Jordan. International Journal of Special Education, 22(1), pp.72-76.

Al-Krenawi, A. & Graham, J. R., 2004. Somatization among Bedouin-Arab women: differentiated by marital status. Journal of Divorce & Remarriage, 42(1/2), pp.131-143.

Alloway, T. P., Gathercole, S. E., Holmes, J., Place, M., Elliott, J. & Hilton K., 2009. The diagnostic utility of behavioural checklists in identifying children with ADHD and children with working memory deficits. Child Psychiatry Human Development. 40(3), pp.353-366.

Al-Marashdah, K. 2010. Woman by figures. A report issued by the Jordanian Ministry of Labour. In Arabic. Published on: [http://www.mol.gov.jo/Default.aspx?tabid=90]. Accessed on 14th August 2010.

Al-Natour, M. 2008. Special needs education, program development/ learning disabilities. Final report, submitted for the Ministry of Education. The Hashemite Kingdom of Jordan. (ERfKE 1) project.

Al-Natour, M., Al-Khamra, H. & Al-Smadi, Y., 2008. Assessment of learning disabled students in Jordan: current practices and obstacles. International Journal of Special Education, 23(2), pp.68-74.

Al Oudat, M. A. & Alshboul, A., 2010. 'Jordan First': tribalism, nationalism and legitimacy of power in Jordan. Intellectual Discourse, 18(1), pp.65-96.

AlShehab, A. J. 2010. The impact of private sector competition on public schooling in Kuwait: some socio-educational implications. Education, 131(1), pp.181-195.

Al-Zyoudi, M., 2006. Teachers' attitudes towards inclusive education in Jordanian schools. International Journal of Special Education, 21(2), pp.55-62.
AlZyout, F., 2005. The effectiveness of a behavioural programme in increasing attention span for children with mild mental retardation. Unpublished M.A thesis. The University of Jordan.

Arif, M. and Gaad, E. 2008. Special needs education in the United Arab Emirates (UAE): a systems perspective. Journal of Research in Special Educational Needs, 8(2), pp. 111-117.

Asch, A. & Fine, M., 1988. Introduction: beyond pedestals. In Woman with disability: essay in psychology, culture & politics. Ed. M. Fine & A. Asch. Philadelphia: Temple University Press.

Auerbach, C. F. & Silverstein, L. B., 2003. Qualitative data: an introduction to coding and analysis. NYU Press.

Avramidis, E., Bayliss, P. & Burden, R., 2000a. A survey into mainstream teachers' attitudes towards the inclusion of children with special educational needs in the ordinary school in one local education authority. Educational Psychology, 20(2), pp.191-211.

Avramidis, E., Bayliss, P. & Burden, R., 2000b. Student teachers' attitudes towards the inclusion of children with special educational needs in the ordinary school. Teaching & Teacher Education, 16(3), pp.277-293.

Avramidis, E., & Kalyva, E., 2007. The influence of teaching experience and professional development on Greek teachers' attitudes towards inclusion. European Journal of Special Needs Education, 22(4), pp.367-389.

Avramidis, E. & Norwich, B., 2002. Teachers' attitudes towards integration/ inclusion: a review of the literature. European Journal of Special Needs Education, Vol.17 (2), pp.129-147.

Ayers, H., 2006. An A to Z practical guide to learning difficulties. David Fulton Publishers Ltd. London.

Bagley, C., Woods, P., Woods, G., 2001. Implementation of school choice: interpretation and response by parents of student with special needs. British Educational Research Journal, 27(3), pp.287-311.

Bailey, D. B., Simeonsson, R. J., Buysse, V., & Smith, T., 1993. Reliability of an index of child characteristics. Development Medicine & Child Neurology. (35)9, pp.806-815.

Balboni, G., & Pedrabissi, L., 2000. Attitudes of Italian support teachers and parents toward school inclusion of students with mental retardation: The role of experience. Education & Training in Mental Retardation & Developmental Disabilities, 35(2), pp.148-159.

Barnes, A. C. & Harlacher, J. E., 2008. Clearing the confusion: Response- to-intervention as a set of principles. Education & Treatment of Children. 31(3), pp.417-431.

Barnes, C., Mercer, G. & Shakespeare T. 1999. Exploring disability: a sociological introduction. Cambridge: Polity.

Barnet, C. & Monda-Amaya, L. E., 1998. Principals' knowledge of and attitudes toward inclusion. Remedial & Special Education, 19(3), pp.181-192.

Baron, R. A. & Byrne, D. E. 1991. Social psychology: understanding human interaction. Allyn & Bacon.

Barton, L., 2006. Special educational needs: an alternative look. Institute of Education. University of London.

Bataineh, O., 2009. Sources of social support among special education teachers in Jordan and their relationship to burnout. International Education, 39(1), pp. 65-78. Available on [http://trace.tennessee.edu/internationaleducation/vol39/iss1/4]. Accessed on 13th March 2011.

Bazna, M. S. & Hatab, T. A., 2005. Disability in the Qur'an: The Islamic alternative to defining, viewing, and relating to disability. Journal of Religion, Disability & Health, 9(1), pp.5-27.

Beaton, A., 2004. Dyslexia, reading and the brain: A sourcebook of psychological and biological research. Psychology Press.

Behar, L. & Stringfield S., 1974. A Behavior Rating Scale for the preschool child. Developmental Psychology, 10(5), pp.601-610.

Bernstein, C., 1997. A teacher's story of working in a non-supportive environment. Education, 118(1).

Biasini, J. F., Grupe, L., Huffman, L. & Bray, N. W., 2008. Mental Retardation: a symptom and a syndrome. Chapter in Comprehensive Textbook of Child and Adolescent Disorders by S. Netherton, D. Holmes & C. E. Walker. New York: Oxford University Press.

Birina, V., 2011. Female educational leadership in primary education in Greece: a theoretical framework based on experiences of female school leaders. International Studies in Educational Administration, 39 (3), pp. 37-58.

Black, I. 2007. Rich or poor, a million Iraqi refugees strain the hospitality of Jordan. Hosts worried about importing Baghdad's sectarian violence. The Guardian, 24 January 2007. Available on: [http://www.guardian.co.uk/world/2007/jan/24/iraq.ianblack]. Accessed on 24th January 2011.

Blaikie, N. 1993. Approaches to Social Enquiry, 1st edition, Polity Press, Cambridge.

Bochner, S., Outhred, L. & Pieterse M., 2001. A study of functional literacy skills in young adult with Down's syndrome. International Journal of Disability, Development & Education, 48(1), pp.67-90.

Boer, A. D., Pijl, S. J. & Minnaert, A., 2010. Attitudes of parents towards inclusive education: a review of literature. European Journal of Special Needs Education, 25(2), pp.165-181.

Borg, S., 2006. Teacher cognition and language education: research and practice. Published by Continuum International Publishing Group.

Bowman, I., 1986. Teacher-training and the integration of handicapped pupils: some findings from a fourteen nation UNESCO study'. European Journal of Special Needs Education, 1(1), pp.29-38.

Boxall, K., 2002. Individual and social models of disability and the experiences of people with learning difficulties. A chapter in book (learning disability- a social approach), edited by David Race. Routledge- London.

Brandau, H. & Pretis, M., 2004. Early identification and systemic educational intervention for young children with Attention- Deficit/ Hyperactivity Disorders (AD/HD). European Journal of Special Needs Education, 19(1), pp.17-31.

Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), pp. 77-101.

British Institute of Learning Disabilities. 2005. Learning disabilities- Fact sheet. London. Available on:[www.bild.org.uk/docs/.../Factsheet%20Learning%20Disabilities.pdfSimilar]. Accessed on 18th October 2010.

Browne, K., 2005. Snowball sampling: using social networks to research non-heterosexual women. International Journal of Social Research Methodology, 8(1), pp.47-60.

Cagran, B. & Schmidt, M., 2011. Attitudes of Slovene teachers towards the inclusion of pupils with different types of special needs in primary school. Educational Studies, 37(2), pp.171-195.

Campbell, J. & Oliver. M., 1996. Disability politics: understanding our past, changing our future. London: Routledge.

Carr, E. C. J. 1999. Talking on the telephone with people who have experienced pain in hospital: clinical audit or research? Journal of Advanced Nursing, 29(1), pp.194-200.

Case, S., 2000. Refocusing on the parent: What are the social issues of concern for parents of disabled children? Disability & Society, 15(2), pp.271-292.

Catts, H. W., 1991. Early identification of reading disabilities. Topics in Language Disorders, 12(1), pp.1-16.

Catts, H. W., 1997. The early identification of language based reading disabilities. Language, Speech & Hearing Services in Schools, 28(1), pp.86-89.

Center, Y., & Ward, J., 1987. Teachers' attitude towards the integration of disabled children into regular schools. Exceptional Child, 34(1), pp.41-56.

Chadwick, O., Cuddy, M., Kusel, Y. & Taylor, E., 2005. Handicaps and the development skills between childhood and adolescence in young people with severe intellectual disabilities. Journal of Intellectual Disability Research, 49(12), pp.877-888.

Chaurasia, R. S. 2005. History of Middle East. Atlantic Publishers & Dist.

Chazan, M., 1994. The attitudes of mainstream teachers towards pupils with emotional and behavioural difficulties. European Journal of Special Needs Education, 9(3), pp.261-274.

Cheminais, R. 2006. Every Child Matters: A practical guide for teachers. David Fulton Publishers Ltd- London.

Cheng, M. M. H., Chan, K. W., Tang, S. Y. F. & Cheng, A. Y. N., 2009. Pre-service teacher education students' epistemological beliefs and their conceptions of teaching. Teaching & Teacher Education, 25(2), pp.319-327.

Chow, P. & Winzer, M., 1992. Reliability and validity of a scale measuring attitudes towards mainstreaming. Educational & Psychological Measurement. 52(1), pp.223-227.

Clandinin, D. J., & Connelly, F. M. 1998. Personal experience methods. In Collecting and interpreting qualitative materials, edited by N.K. Denzin & Y.S. Lincoln. Thousand Oaks, CA: Sage.

Clapton, J. & Fitzgerald, J., 2005. The history of disability: A history of 'otherness'. Available at: [http://www.ru.org/human-rights/the-history-of-disability-a-history-of-otherness.html]. Accessed on 17 September 2011.

Clark, C., Dyson, A., Millward, A. & Robson, S., 1999. Theories of inclusion, theories of schools: deconstructing and reconstructing the 'inclusive school', British Educational Research Journal, 25(2), pp.157-177.

Clark-Edmands, S., 2000. Screening checklists: early identification of children at risk for reading failure, handwriting difficulties and spelling error analysis. Learning Disabilities Journal, 10(3), pp.14-18.

Clements, L., & Read J. 2008. Disabled People and the Right to Life. Routledge. Oxford.

Cohen, L., Manion, L. & Morrison, K., 2008. Research methods in education. Routledge- London.

Compton, C. 1980. A guide to 65 tests for special education. Fearon education, a division of pitman learning, inc. Belmont, CA, USA.

Cook, B. G., Tankersley, M., Cook, L. & Landrum. T. J., 2000. Teachers' attitudes toward their included students with disabilities. Exceptional Children, 67(1), pp.115-35.

Copeland, I. C., 1997. The Special Needs Code of Practice: antecedents and outcomes. Cambridge Journal of Education, 27(1), pp77-92.

Cornoldi, C., Terreni, A., Scruggs, T. E. & Mastropieri. M. A., 1998. Teacher attitudes in Italy after twenty years of inclusion. Remedial & Special Education, 19(6), pp.350-356.

Cortazzi, M. 1993. Narrative analysis. Routledge.

Cough, S. & Scott, W., 2000. Exploring the purposes of qualitative data coding in educational enquiry: insights from recent research. Educational Studies, 26(3), pp.339-354.

Coupe-O'Kane, J., Coupe, J. D. & Porter, J., 1986. The Education of children with severe learning difficulties: bridging the gap between theory and practice. Judith Coupe-O'Kane Edition: illustrated. Published by Taylor & Francis.

Cox, A. H., Marshall, E. S., Mandleco, B. & Olsen, S. F., 2003. Coping responses to daily life stressors of children who have a sibling with a disability. Journal of Family Nursing, 9(4), pp.397-413.

Crabtree, S. A., 2007. Family responses to the social inclusion of children with developmental disabilities in the United Arab Emirates. Disability & Society, 22(1), pp.49-62.

Croll, P., 2001. Children with statements in mainstream key stage two classrooms: a survey in 46 primary schools. Educational Review, 53(2), pp137-145.

Crotty, M. 1998. The foundation of social research: meaning and perspective in research, 2nd edition, SAGE Publications Ltd., London.

Crozier, G. 2000. Parents and schools: partners or protagonists? Trentham Books.

Csanyi, Y., 2001. Steps towards inclusion in Hungary. European Journal of Special Needs Education, 16(3), pp.301-308.

Cuskelly, M., Chant, D. & Hayes, A., 1998. Behaviour problems in the siblings of children with Down syndrome: associations with family responsibilities and parental stress. International Journal of Disability, Development & Education, 45(3), pp.295-311.

Dabrowska, A., & Pisula, E., 2010. Parenting stress and coping styles in mothers and fathers of pre-school children with autism and Down syndrome. Journal of Intellectual Disability Research, 54, part 3, pp.266-280.

Danforth, S, & Smith. T. J. 2005. Engaging troubling students: A constructivist approach. California: Corwin Press.

Dembinski, R. J., & Mauser, A. J., 1977. What parents of the learning disabled really want from professionals. Journal of Learning Disabilities, 10(9), pp.49-55.

Dennis, M., Sinopoli, K. J., Fletcher, J. M. & Schahar, R., 2008. Puppets, robots, critics, and actors within a taxonomy of attention for developmental disorders. Journal of the International Neuropsychological Society, 14(5), pp.673-690.

Denzin, N. & Lincoln, Y. 1998. The Discipline and Practice of Qualitative Research. In Denzin, N. & Lincoln, Y. (eds.) Collecting and interpreting qualitative materials. SAGE Publications, Inc., California, pp.1-45.

Department for Education and Skills. 2001. Special educational needs: Code of Practice. London.

Department of General Statistics. 2008. Statistics in Jordan - Annual report. Amman. In Arabic. Available on [www.dos.gov.jo]. Accessed on 24th April 2010.

Department of General Statistics. 2010. Survey of population and family health in Jordan in 2009. In Arabic. Available on [http://www.dos.gov.jo/sdb_pop/sdb_pop_a/index3_o.htm]. Accessed on 24th April 2010.

Department of General Statistics. 2011. Statistical bulletin for the month of March, 2011. [www.dos.gov.jo/dos_home/dos_home_a/archive/newsletter/2011/Mar_15/dosNewsletter_15.htm]. Accessed on 15th August 2011.

Deutscher, B. & Fewell, R., 2005. Early predictors of Attention-Deficit/Hyperactivity Disorder and school difficulties in low-birth weight, premature children. Topics in Early Childhood Special Education, 25(2), pp.71-79.

Diken, I., H., 2006. Turkish mothers' interpretation of the disability of their children with mental retardation. International Journal of Special Education, 21(2), pp.8-27.

Dill, E. J., Vernberg, E. M., Fonagy, P., Twemlow, S. W. & Gamm, B. K., 2004. Negative effects in victimised children: The roles of social withdrawal, peer rejection, and attitudes toward bullying. Journal of Abnormal Child Psychology, 32(2), pp.159-173.

Dockrell, J. & McShane, J. 1992. Children's learning difficulties: A cognitive approach. Blackwell Publishing- London.

Dom, L. & Verhoeven, J. C., 2006. Partnership and conflict between parents and schools: how are schools reacting to the new participation law in Flanders (Belgium)? Journal of Education Policy, 21(5), pp.567-597.

Douglas, J. 1989. Behaviour problems in young children: assessment and management. Published by Routledge.

Douma, J., C. H., 2006. Mental health problems in youths with intellectual disability: need for help and help-seeking. Dutch Health Research & Development Council, Rotterdam.

Drifte, C. 2001. Special needs in early year's settings. A guide of practitioners. David Fulton Publishers- London.

Dronkersa, J. & Avramb, S., 2010. A cross-national analysis of the relations of school choice and effectiveness differences between private-dependent and public schools. Educational Research & Evaluation, 16(2), pp.151-175.

Duncan, N., 2003. Awkward customers? Parents and provision for special educational needs. Disability & Society, 18(3), pp.341-356.

Dunn, M. W., Cole, C. M. & Estrada, A., 2009. Referral criteria for special education: general education teachers' perspectives in Canada and the United States of America. Rural Special Education Quarterly, 28(1).

Dupoux, E., Hammond, H., Ingalls, L. & Wolman, C., 2006. Teachers' attitudes toward students with disabilities in Haiti. International Journal of Special Education, 21(3), pp.1-14.

Dyer, B. 1996. Seeming parted. Middlesex, New York.

Dyson, L. L., 1996. The experience of families of children with learning disabilities: parental stress, family functioning and sibling self-concept. Journal of Learning Disabilities, 29(3), pp.280-286.

Eagly, A. H., & Chaiken, S. 1993. The psychology of attitudes. Fort Worth, TX: Harcourt, Brace, Jovanovich.

Edwards, A. L. 1983. Techniques of attitude scale construction. Ardent Media.

El-Islam, M. F., 1994. Collaboration with families: An alternative to mental health legislation. Care in Place. 1, pp.256-260.

El-Islam, M. F., 2008. Arab culture and mental health care. Transcultural Psychiatry, 45(4), pp.671-682.

El-Islam, M., F. & Abu- Dagga, S., I., 1990. Marriage and fertility of schizophrenic patients in Kuwait. Medical Principles and practice, 2, pp.18-26.

Elkins, J., Kraayenoord, C. E. V., & Jobling, A., 2003. Parents' attitudes to inclusion of their children with special needs. Journal of Research in Special Educational Needs, 3(2), pp.122-129.

El-Roussan, F. 1996. Methods of measurement and diagnosis in special education. Dar Al Fikir. Amman. In Arabic.

ElZein, H. L., 2009. Attitudes toward inclusion of children with special needs in regular schools (A case study from parents' perspective). Educational Research & Review, 4(4), pp.164-172.

Etscheidt, S. K. & Bartlett, L., 1999. The IDEA amendments: A four-step approach for determining supplementary aids and services: Exceptional Children, 65(2), pp.163-174.

European Training Foundation. 2010. Women in education and employment 2010. Published on: [www.etf.europa.eu/pubmgmt.nsf/.../$File/NOTE6RNDPF.pdf]. Accessed on 14th March 2011.

Ewing, D. W., 2002. Disability and feminism: Goffman revisited. Journal of Social Work in Disability & Rehabilitation, 1(2), pp.73-82.

Falvo, D., R. 2005. Medical and psychosocial aspects of chronic illness and disability. Jones & Bartlett Learning.

Faraa, I. 2005. Early diagnostic of learning difficulties in the kindergarten from special education's perspective. A study presented to First Arabic Conference of Special Education. University of Jordan- Amman. In Arabic.

Farrugia, D., 2009. Exploring stigma: medical knowledge and the stigmatisation of parents of children diagnosed with autism spectrum disorder. Sociology of Health & Illness, 31(7), pp.1011-1027.

Feucht, F. C. & Bendixen, L. D., 2010. Exploring Similarities and Differences in Personal Epistemologies of U.S. and German Elementary School Teachers. Cognition & Instruction, 28(1), pp.39-69.

Fink, A. S., 2000. The role of the researcher in the qualitative research process. A Potential Barrier to Archiving Qualitative Data [69 paragraphs]. Forum Qualitative Sozialforschung /Forum: Qualitative Social Research, 1(3), Art. 4, Avalibale on: [http://nbn-resolving.de/urn:nbn:de:0114-fqs000344]. Accessed on 21st September 2010.

Finkelstein, V. 2004. Representing disability. A chapter in disabling barriers, enabling environments. Edited by Swain, J., French, S., Barnes, C. & Thomas, C. Sage. 2nd edition.

Fletcher, J. & Satz, P., 1982. Kindergarten prediction of reading achievement: a seven years longitudinal follow- up. Educational & Psychological Measurement, 42(2), pp.681-685.

Floersch, J., Longhofer, J. L., Kranke, D. & Townsend, L., 2010. Integrating thematic, grounded theory and narrative analysis. A case study of adolescent psychotropic treatment. Qualitative Social Work, 9(3), pp. 407-425.

Florian, L. & McLaughlin, M. J. 2008. Disability Classification in Education: Issues and Perspectives. Corwin Press.

Forlin, C. & Hopewell, T., 2006. Inclusion- the heart of the matter: trainee teachers' perceptions of a parent's journey. British Journal of Special Education, 33(2), pp.55-61.

Forlin, C., 1995. Educators' beliefs about inclusive practices in Western Australia. British Journal of Special Education, 22(4), pp.179-185.

Frank, A. O., 1989. The family and disability- some reflections on culture: discussion paper. Journal of the Royal Society Medicine, 82(11), pp.666-668.

Frederickson, N. & Cline, T. 2002. Special educational needs, inclusion and diversity: a textbook. Open University Press.

Friedman, I, A., 2000. Burnout: shattered dreams of impeccable professional performance. Journal of Clinical Psychology, 56(5), pp.595-606.

Gaines, R. & Missiuna, C., 2006. Early identification: are speech/language-impaired toddlers at increased risk for Developmental Coordination Disorder? Child: care, health & development, 33(3), pp.325-332.

Gates, B. & Wilberforce, D., 2003. Learning disabilities: toward Inclusion. Chapter in book edited by Bob Gates. Elsevier Health Sciences.

Gemmell-Crosby, S. & Hanzlik, J. R., 1994. Preschool teachers' perceptions of including pupils with disabilities. Education & Training in Mental Retardation & Developmental Disabilities. 29(4), pp.279-290.

Ghaly, M. M., 2008. Physical and spiritual treatment of disability in Islam: perspectives of early and modern jurists. Journal of Religion, Disability & Health, 12(2), pp.105-143.

Gijsel, M., Bosman, A. & Verhoeven, L., 2006. Kindergarten risk factors, cognitive factors, & teacher judgments as predictors of early reading in Dutch. Journal of Learning Disabilities, 39(6), pp.558-571.

Gilmore, L., Campbell, J. & Cuskelly. M., 2003. Developmental expectations, personality stereotypes, and attitudes towards inclusive education: Community and teacher views of Down syndrome. International Journal of Disability, Development & Education, 50(1), pp.65-76.

Goffman, E. 1959. The presentation of self in everyday life. New York: Doubleday Anchor.

Goffman, E. 1963. Stigma; notes on the management of spoiled identity.

Golafshani, N., 2003. Understanding reliability and validity in qualitative research. The Qualitative Report, 8(4), pp.597-606.

Graungaard, A. H. & Skov, L., 2006. Why do we need a diagnosis? A qualitative study of parents' experiences, coping and needs, when the newborn child is severely disabled. Child: Care, Health & Development, 33(3), pp.296-307.

Gray, D., 2002. 'Everybody just freeze. Everybody is just embarrassed': felt and enacted stigma among parents of children with function autism. Sociology of Health & Illness. 24(6), pp.734-749.

Gray, D. E., 2003. Gender and coping: the parents of children with high functioning autism. Social Science & Medicine, 56(3), pp.631-642.

Green, S. E., 2007. 'We're tired, not sad': benefits and burden of mothering a child with a disability. Social Science & Medicine, 64(1), pp.150-163.

Grove, K. A. & Fisher, D., 1999. Entrepreneurs of meaning: Parents and the process of inclusive education. Remedial & Special Education, 20(4), pp.208-215.

Gu, W. & Yawkey, T. D., 2010. Working with parents and family: factors that influence Chinese teachers' attitudes toward parent involvement. Journal of Instructional Psychology, 37(2), pp.146-52.

Gumpel, T. P. & Awartani, S., 2003. A comparison of special education in Israel and Palestine: surface and deep structures. The Journal of Special Education, 37(1), pp.33-48.

Gyimah, E. K, Sugden, D. & Pearson, S., 2009. Inclusion of children with special educational needs in mainstream schools in Ghana: influence of teachers' and children's characteristics. International Journal of Inclusive Education, 13(8), pp.787-804.

Haager, D., Watson, C. & Willows, D. M., 1995. Parent, teacher, peer and self-reports of the social competence of students with learning disabilities. Journal of Learning Disabilities, 28(4), pp.205-215.

Hadidi, M. 1998. Educational programs for children with special needs in Jordan. Journal of intellectual & Developmental Disability, 23(2), pp.147-154.

Hall, J., Bramlett, R., Barnett, D. & Cox, F. W., 1994. Classification of risk status in kindergarten screening: A comparison on alternative measures. Journal of Psycho Educational Assessment. 12(2), pp.154-164.

Hall, S., & Moats, L. 1998. Straight talking about reading: How parents can make a difference during the early years. Available on: [http://www.ldonline.org/article/6370/]. Accessed on 12th February 2011.

Hallahan, D. & Monck, D. 2006. Brief history of learning disabilities. A chapter in book: Handbook of Learning Disabilities. Edit by Lee Swanson, Karen R. Harris & Steve Graham. Guilford Press.

Hallahan, D. & Kauffman J. 1976. Exceptional children: Introduction to special education. Prentice-Hall.

Hammarberg, A. & Hagekull, B., 2002. The relation between pre-school teachers' classroom experience and their perceived control over child behaviour. Early Child Development & Care, 172(6), pp.625-634.

Harkess, S. & Warren, C. A. B., 1993. The social relations of intensive interviewing: constellations of strangeness and science. Sociological Methods & Research, 21(3), pp.317-339.

Harvey, D. H. P., 1985. Mainstreaming: Teachers' attitudes when they have no choice about the matter. The Exceptional Child, 32(3), pp.163-173.

Hasler, F. 1993. Developments in the disabled people's movement. Chapter in Disabling barriers- enabling environments (ed. Swain, J., Finkelstein, V. French, S. and Oliver, M.), London: SAGE Publications Ltd.

Hasna, F., 2003. Islam, social traditions and family planning. Social policy & Administration, 37 (2), pp.181-197.

Hasnain, R., Shaikh, L. C. & Shanawani, H. 2008. Disability and the Muslim perspective: an introduction for rehabilitation and health care providers. Center for International Rehabilitation Research Information & Exchange, University at Buffalo, the State University of New York. Available on:

[http://cirrie.buffalo.edu/culture/monographs/muslim.pdf]. Accessed on 19th December 2010.

Hastings, R. P. & Oakford, S., 2003. Student teachers' attitudes towards the inclusion of children with special needs. Educational Psychology, 23(1), pp.87-94.

Hastings, R. P., & Graham, S., 1995. Adolescents' perceptions of young people with severe learning difficulties: The effects of integration schemes and frequency of contact. Educational Psychology, 15(2), pp.149-159.

Hastings, R., 2002. Parental stress and behaviour problems of children with developmental disability. Journal of Intellectual & Developmental Disability, 27(3), pp.149-160.

Hastings, R.P., Kovshoff, H, Brown, T., Ward, N. J., Degli Espinosa, F., & Remington, B., 2005. Coping strategies in mothers and fathers of preschool and school-age children with autism, Autism, 9(4), pp.377-391.

Hatch, M. J. & Cunliffe, A. L. 2006. Organization theory: modern, symbolic, and postmodern perspectives, 2nd edition, Oxford University Press, Oxford.

Hawamdeh, H. & Spencer, N., 2001. Work, family socioeconomic status, and growth among working boys in Jordan. Archives of Disease in Childhood, 84(4), pp.311-314.

Hay-Gibson, N. V., 2009. Interviews via VoIP: benefits and disadvantages within a PhD study of SMEs. Library & Information Research, 33(105), pp.39-50.

Heiervang, E., Stevenson, J., Lind, A. & Hugdahil, K., 2001. Behaviour problems in children with dyslexia. Nordic Journal of Psychiatry. 55(4), pp.251-256.

Heinrichs, R. R., 2003. A whole-school approach to bullying: Special considerations for children with exceptionalities. Intervention in School & Clinic, 38(4), pp.195-204.

Hesse-Biber, S. N. & Leavy, P. 2010. The practice of qualitative research. Sage Publication. Second edition.

Hirisave, U. & Shanti, K., 2002. Scholastic difficulties with behavioural problems. Indian Journal of Pediatrics, 69(11), pp.963-964.

Ho. K. M. & Keiley, M. K., 2003. Dealing with denial: a system approach for family professionals working with parents of individuals with multiple disabilities. The Family Journal, 11(3), pp.239-247.

Hodge, N. & Runswick-Cole, K., 2008. Problematising parent- professional partnerships in education. Disability & Society, 23(6), pp.637-647.

Hodkinson, A. & Vickerman, P. 2009. Key issues in special educational needs and inclusion. SAGE Publications Ltd.

Hoffman, S., Palladino, J. M. & Bamett, J., 2007. Compassion fatigue as a theoretical framework to help understand and burnout among special education teachers. Journal of Ethnographic & Qualitative Research, 2, pp.15-22.

Holborow, P. L. & Berry, P. S., 1986. Hyperactivity and learning difficulties. Journal of Learning Disabilities, 19(7), pp.426-431.

Holst, J., 2008. Danish teachers' conception of challenging behaviour and DAMP/ADHD. Early Child Development & Care, 178(4), pp.363-374.

Hornby, G., 1992. Integration of children with special educational needs: Is it time for a policy review. Support for learning, 7(3), pp.130-134.

Horne, M. D. 1985. Attitudes toward handicapped students: professional, peer, and parent reactions. Routledge.

House of Commons. 2006. House of Common Report on special education needs policy. London.

Howell, A., Hauser-Cram, P. & Kersh, J. E., 2007. Setting the stage: Early child and family characteristics as predictors of later loneliness in children with developmental disabilities. American Journal on Mental Retardation, 112(1), pp.18-30.

Howells, K. D., 2000. Boldly going where angels fear to tread. Intervention in School & Clinic, 35(3), pp.157-160.

Humpage, L., 2007. Models of Disability, Work and Welfare in Australia. Social Policy & Administration, 41(3), pp.215-231.

Humphrey, N. & Symes, W., 2010. Responses to bullying and use of social support among pupils with autism spectrum disorders (ASDs) in mainstream schools: a qualitative study. Journal of Research in Special Educational Needs. 10(2), pp.82-90.

Idol, L., 2006. Toward inclusion of special education students in general education: A program evaluation of eight schools. Remedial and special Education, 27(2), pp.77-94.

Imam Muslim. 1987. Sahih Muslim. Trans. Siddiqi, A.H. Available on: [www.usc.edu/dept/MSA/fundamentals/hadithsunnah/muslim/]. Accessed on 12th January 2011.

Infoplease (n.d). Map: Jordan. Avaliable on: [http://www.infoplease.com/atlas/country/jordan.html]. Accessed on 17th August 2011.

Ingersoll, R. & Smith, T., 2003. The wrong solution to the teacher shortage. Educational Leadership, 60(8), pp.30-33.

Janney, R. E., Snell, M. E., Beers, M. K. & Raynes, M. 1995. Integrating students with moderate and severe disabilities into general education classes. Exceptional Children, 61(5), pp.425-439.

Jessup, B., Ward, E., Cahill, L. & Keating, D., 2008. Teachers' identification of speech and language impairment in kindergarten students using the Kindergarten Development Check. International Journal of Speech-Language Pathology, 10(6), pp.449-459.

Jordan, A., Lindsay, L. & Stanovich, P. J., 1997. Classroom teachers' instructional interactions with students who are exceptional, at risk and typically achieving. Remedial & Special Education, 18, pp.82-93.

Jordan, A., Stanovich, P. J., 2001. Patterns of teacher-student interaction in inclusive elementary classrooms and correlates with student self-concept. International Journal of Disability, Development & Education, 48(1), pp.33-52.

Jordan, A. & Stanovich, P. J., 2003. Teachers' personal epistemological beliefs about students with disabilities as indicators of effective teaching practices. Journal of Research in Special Education Needs, 3(1), pp.1-14.

Jordanian legislations, 2007. Disabled people's rights law. Available on: [http://www.lob.gov.jo/ui/laws/search_no.jsp?no=31&year=2007]. Accessed on 15th May 2011.

Joshi, A., & Taylor, A., 2005. Perceptions of early childhood teachers and parents of teacher- parent interactions in an Indian context. Early Child Development & Care, 175(4), pp.343-359.

Julian, G. & Ware, J., 1998. Specialist teachers for pupils with learning difficulties? A survey of head-teachers in schools and units. British Journal of Special Education, 25(1), pp.28-32.

Kalyva, E., Georgiadi, M. & Tsakiris, V., 2007. Attitudes of Greek parents of primary school children without special educational needs to inclusion. European Journal of Special Needs Education, 22 (3), pp.295-305.

Katsiyannis, A., Yell, M. L., & Bradley, R. 2001. Reflections of the 25th anniversary of the Individuals with Exceptionalities Education Act. Remedial & Special Education, 22(6), pp.324-339.

Kavale, K. & Forness, S. R., 1996. Social skill deficits and learning disabilities: A Meta-Analysis. Journal of Learning Disabilities, 29(3), pp.226-237.

Kearney, P. M. & Griffin, T., 2001. Between joy and sorrow: being a parent of a child with developmental disability. Journal of Advanced Nursing, 34(5), pp.582-592.

Keil, S., Miller, O. & Cobb, R., 2006. Special educational needs and disability. British Journal of Special Education, 33(4), pp.168-172.

Keogh, B. K., Tchir, C, & Windeguth-Behn, A., 1974. Teachers' Perceptions of educationally high risk children. Journal of Learning Disabilities, 7(6), pp.367-374.

Kholi, T. 1993. Special education in Asia. In Mittler, P., Brouillette, R. & Harris, D. (eds.), World yearbook of education 1993: Special needs education. London: Kogan Page. pp.118-129.

Kirk, S. 1971. Psycholinguistic learning disabilities: diagnosis and remediation. University of Illinois Press.

Knapp, J. 2005. Raising a child with autism: The impact on the quality of marital relationships. Dissertation Abstracts International: Section B: The Sciences & Engineering, 65 (10-B).

Koskentausta, T. & Almqvist, F., 2004. Developmental behaviour checklist (DBC) in the assessment of psychopathology in Finnish children with intellectual disability. Journal of Intellectual & Developmental Disability, 29(1), pp.27-39.

Koutrouba, K. Vamvakar, M. & Steliou, M., 2006. Factors correlated with teachers' attitudes towards inclusion of students with special educational needs in Cyprus. European Journal of Special Needs Education, 21(4), pp.381-394.

Kvale, S. 1996. Interviews: an introduction to qualitative research interviewing. Sage.

Larry B., Silver, M. D. 2008. How do you know if your child might have a learning disability? Learning Disabilities Association of America. Available on: [http://www.ldonline.org/article/5735/]. Accessed on 15th April 2010.

Lazuras, L., 2006. Occupational Stress, Negative affectivity and physical health in special and general education teachers in Greece. British Journal f Special Education. 33(4), pp.204-209.

Leung, C., Lindsay, G. & Lo, S. K., 2007. Early identification of primary school students with learning difficulties in Hong Kong: the development of a checklist. European Journal of Special Needs Education, 22(3), pp.327-339.

Lewis, A., 1999. Integrated learning systems and pupils with low attainment in reading. British Journal of Special Education, 26(3), pp.153-157.

Leyser, Y. & Kirk. R., 2004. Evaluating inclusion: An examination of parent views and factors influencing their perspectives. International Journal of Disability Development & Education 51(3), pp.271-285.

Leyser, Y., Kapperman, G. & Keller, R., 1994. Teacher attitudes toward mainstreaming: a cross-cultural study in six nations. European Journal of Special Needs Education, 9(1), pp.1-15.

Lifshitz, H. & Glaubman, R., 2002. Self-efficacy and attitudes towards inclusion of religious and secular student teachers, Journal of Intellectual Disability Research, 46(5), pp.405-418.

Lifshitz, H., Glaubman, R & Issawi, R., 2004. Attitudes towards inclusion: the case of Israeli and Palestinian regular and special education teachers. European Journal of Special Needs Education, 19(2), pp.171-190.

Lindquist, G. T., 1982. Preschool screening as a means of predicting later reading achievement. Journal of Learning Disabilities, 15(6), pp.331-332.

Lindsay, G., Dockrell, J. E. & Mackie, C., 2008. Vulnerability to bullying in children with a history of specific speech and language difficulties. European Journal of Special Needs Education, 23(1), pp.1-16.

Livneh, H. & Siller, J. 2004. Psychodynamic therapy. A chapter in 'Counseling theories and techniques for rehabilitation health professionals'. Edited by: Fong Chan, Norman L. Berven, Kenneth R. Thomas & Kenneth R. Thomas. Springer Publishing Company.

Llewellyn, A., Hogan, K., 2000. The use and abuse of models of disability. Disability & Society, 15(1), pp.157-165.

Luterman, D. 2004. Counselling families of children with hearing loss and special needs. The Volta Review. 104(4), pp.215-220.

MacKay, T., 2009. Severe and complex learning difficulties: Issues of definition, classification and prevalence. Educational & Child Psychology, 26 (4), pp.9-18.

Majali, S. A. & Fadoul, C. G. 2008. The rights of persons with disabilities in the Hashemite Kingdom of Jordan, according to the national legislative system and international standards. National Centre of Human Rights. Amman- Jordan. In Arabic.

Majnemer, A., 1998. Benefits of early intervention for children with developmental disabilities. Seminars in Pediatric Neurology, 5(1), pp.62-69.

Male, D. & May, D., 1997. Stress, burnout and workload in teachers of children with special educational needs. British Journal of Special Education, 24(3), pp.133-140.

Marchesi, A., 1998. International perspectives on special education reform. European Journal of Special Needs Education, 13(1), pp.116-122.

Mare, L. L., Ronde, M. D. L., 2000. Links among social status, service delivery preference in LD, low- achieving and normally achieving elementary aged children. Learning Disability Quarterly, 23(1), pp.52-62.

Margalit, M., Mioduser, D., Al-Yagon, M. & Neuberger, S., 1997. Teachers' and peers' perceptions of children with learning disorders: consistency and change. European Journal of Special Needs Education, 12(3), pp.225-238.

Mash, E. J. (2003). Child psychopathology. Guilford Press.

Masse, L. C. & Tremblay, R. E., 1999. Kindergarten disruptive behaviour, family adversity, gender and elementary school failure. International Journal of Behavioural Development, 23 (1), pp.225-240.

Mazzocco, M. & Thompson, R. E., 2005. Kindergarten predictors of math learning disability. Learning Disabilities Research & Practice, 20 (3), pp.142-155.

McAleavy, T. 2010. Supporting disabled parents' involvement in their children's education. Education Journal, 123, p.9.

McDermott, R. & Varenne, H., 1995. Culture as Disability. Anthropology & Education Quarterly, 26(3), pp.324-348.

McDermott, S., Nagle, R., Wright, H., Swann, S., Leonhardt, T. & Wuori, D., 2002. Consultation in paediatric rehabilitation for behaviour problems in young children with cerebral palsy and/or developmental delay. Pediatric Rehabilitation, 5(2), pp.99-106.

McGee, R., Silva, P. & William, S. 1984. Behaviour problems in a population of seven- year- old children. Prevalence, stability and types of disorders. Journal of Child Psychology & Psychiatry. 25(2), pp.251-259.

McGregor, E. & Campbell, E., 2001. The attitudes of teachers in Scotland to the integration of children with autism into mainstream schools. Autism, 5(2), pp.189-207.

McKenna, B., 1992. Special education research priorities focus on action. Educational Researcher, 21(5), pp.27-29.

McKinney, J. D., 1989. Longitudinal research on the behavioural characteristics of Children with Learning Disabilities. Journal of Learning Disabilities, 22(3), pp.141-150.

McLeskey, J., Tyler, N. C., Flippin, S. S., 2004. The supply and demand of special education teachers: A review of research regarding the nature of the chronic shortage of special education teachers. Journal of Special Education, 38(1), pp.5-21.

McMichael, P., 1979. The hen or the egg? Which comes first- antisocial emotional disorders or reading disability? British Journal of Educational Psychology. 49, pt 3, pp.226-238.

McNicolas, J., 2000. The assessment of pupils with profound and multiple learning difficulties. British Journal of Special Education, 27(3), pp.150-153.

Merrell, K. & Stein, S., 1992. Behaviour problems of learning- disabled, low-achievement and average boys: a comparative study with the Conners Teachers Rating Scales-28. Journal of Psycho Educational Assessment, 10(1), pp.76-82.

Metcalfe, B. D., 2006. Exploring cultural dimensions of gender and management in the Middle East. Thunderbird International Business Review, 48(1), pp.93-107.

Metz, H. C. 1991. Jordan, a country study. Federal Research Division, Library of Congress. Available on: [http://lcweb2.loc.gov/frd/cs/jotoc.html]. Accessed on 11th October 2011.

Miles, J., & Gilbert, P. 2005. A handbook of research methods for clinical and health psychology. Published by Oxford University Press.

Ministry of Education 2006. National strategy of education. Available on: [http://www.moe.gov.jo/MenuDetails.aspx?MenuID=91]. Accessed on 15th October 2009.

Ministry of Education 2007. Statistics of Education in Jordan. Amman. In Arabic. Available on: [www.moe.gov.jo]. Accessed on 15th October 2009.

Ministry of Education. 2010. Real situation of in the schools of the Ministry of Education. Available on: [www.moe.gov.jo/MenuDetails.aspx?MenuID=29]. Accessed on 19th March 2010.

Ministry of Education. 2011. Statistics of schools in Jordan. Available on [www.moe.gov.jo]. Accessed on 17th August 2011.

Ministry of Labour. 2010. An analytical study of the reality of the labour market in Jordan. Prepared by Unit of Policy & Strategic Planning. In Arabic. Published on: [http://www.mol.gov.jo/Default.aspx?tabid=90]. Accessed on 17th August 2011.

Ministry of Social Development. 2010. Disability's figures in Jordan. Available on [http://www.mosd.gov.jo/index.php?option=com_content&task=view&id=204&Itemid=202].

Mitchell, W., 2008. The role played by grandparents in family support and learning: considerations for mainstream and special schools. Support for Learning, 23(3), pp.126-135.

Moaddel, M., 2002. Religion and the state: the singularity of the Jordanian religious experience. International Journal of Politics, Culture & Society, 15(4), pp.527-568.

Monchy, M. D., Pijl, S. J. & Zandberg, T., 2004. Discrepancies in judging social inclusion and bullying of pupils with behaviour problems. European Journal of Special Needs, 19(3), pp.317-330.

Monette, D. R., Sullivan, T. J. & DeJong, C. R., 2010. Applied social research: a tool for the human services. Cengage Learning.

Monteith, M., McLaughlin, E., Milner, S. & Hamilton, L. (n.d). Disabled children and education policy in Northern Ireland. Available on: [www.barnardos.org.uk/disabled_children_and_education_policy-3.pdf]. Accessed on 17th February 2011.

Morgan, P. L., Farkas, G., Tufis, P. A. & Sperling, R. A., 2008. Are reading and behaviour problems risk factors for each other? Journal of Learning Disabilities, 41(5), pp.417-436.

Most, T., Al-Yagon, M., Tur-Kaspa, H. & Margalit, M., 2000. Phonological awareness, peer nominations and social competence among preschool children at risk for developing learning disabilities. International Journal of Disability, Development & Education, 47(1), pp.89-105.

Murray, P., 2000. Disabled children, parents and professionals: partnership on whose terms? Disability & society, 15 (4), pp.683-698.

Nagata, K. K., 2008. Disability and development: is the rights model of disability valid in the Arab region? An evidence- based field survey in Lebanon and Jordan. Asia Pacific Disability Rehabilitation Journal, 19(1), pp.60-78.

Naylor, A. & Prescott, P., 2004. Invisible children? The need for support groups for siblings of disabled children. British Journal of Special Education, 31(4), pp.199-206.

Newby, P. 2009. Research methods for education. Pearson Education.
Nieuwenhuijzen, M. V., Castro, B., Wijnroks, L. & Vermeer, A., 2002. Social problem- solving and mild intellectual disabilities: relations with externalising behaviour and therapeutic context. American Association on Intellectual & Developmental Disabilities, 114(1), pp.42-51.

Nind, M., 2008. Learning difficulties and social class: exploring the intersection through family narratives. International studies in Sociology of Education, 18(2), pp.87-98.

Nisabori, M. A. 1998. 'Mustadrak on Sahieheen'. Dar Alfaa. In Arabic.

Norvilitis, J. M., Scime, M. & Lee, J. S., 2002. Courtesy stigma in mothers of children with Attention Deficit/ Hyperactivity Disorders: A preliminary investigation. Journal of Attention Disorders, 6(2), pp.61-68.

Norwich, B. & Kelly, N. 2005. Moderate learning difficulties and the future of inclusion. London & New York: Falmer/Routledge.

Norwich, B., 2007. Categories of special educational needs: The sage handbook of special education. Edited by Lani Florian. Sage publications limited.

Norwich, B., 2008. What future for special schools and inclusion? Conceptual and professional perspectives. British Journal of Special Education, 35(3), pp.136-143.

Noy, C., 2008. Sampling knowledge: the hermeneutics of snowball sampling in qualitative research. International Journal of Social Research Methodology, 11(4), pp.327-344.

O'Brien, G., 2003. The classification of problem behaviour in Diagnostic Criteria or Psychiatric Disorders for Use with Adults with Learning Disabilities/ Mental Retardation (DC-LD). Journal of Intellectual Disability Research, 47, Supplement I, pp.32-37.

O'Connor, U., 2008. 'Meeting in the middle? A study of parent-professional partnerships.' European Journal of Special Needs Education, 23(3), pp.253-68.

Oakland, T., Shermis, M. D. & Coleman, M., 1990. Teacher perceptions of differences among elementary students with and without learning disabilities in referred samples. Journal of Learning Disabilities. 23(8), pp.499-504.

Obiakor, F. E. 2007. Multicultural special education: Culturally responsive teaching. Thousand Oaks, CA: Corwin Press.

Obiakor, F. E., Beachum, F. D. & Harris, M. K. 2010. African American students' experiences with special education in Milwaukee Public Schools. Western Journal of Black Studies. Available on: [http://findarticles.com/p/articles/mi_go2877/is_4_34/ai_n56868953/]. Accessed on 5th March 2011.

Office for Disability Issues. 2011. Equality Act 2010 Guidance. Guidance on matters to be taken into account in determining questions relating to the definition of disability. Retrieved from: [www.odi.gov.uk/equalityact]. Accessed on: 8th June 2011.

Oliver, M. 1990. The Politics of Disablement, Basingstoke Macmillans.

Oliver, M. 1996. Understanding disability. From theory to practice. Macmillan Press- London.

Oliver, M. & Sapey, B. 2006. Social work with disabled people. 3rd edition. Palgrave Macmillan.

Olson, J., M. & Maio, G. R., 2003. Attitudes in social behaviour. A chapter in: Handbook of psychology: Personality & Social Psychology, 5. Edited by Irving B. Weiner. John Wiley & Sons.

Opdal, L. R., Wormnaes, S. & Habayeb, A., 2001. Teachers' opinions about inclusion: a pilot study in a Palestinian context. International Journal of Disability, Development & Education, 48(2), pp.143-162.

Parasuram, K., 2006. Variables that affect teachers' attitudes towards disability and inclusive education in Mumbai, India. Disability & Society, 21(3), pp.231-242.

Park, J. H., Alber- Morgan, S. R. & Fleming, C., 2011. Collaborating with parents to implement behavioural interventions for children with challenging behaviors. Teaching Exceptional Children, 43(3), pp.22-30.

Park, M., Chitiyo, M. & Choi, Y. S., 2010. Examining pre- service teachers' attitudes towards children with autism in the USA. Journal of Research in Special Educational Needs, 10 (2), pp.107-114.

Patton, M. Q. 1990. Qualitative Evaluation and Research Methods. 2nd Edition. Newbury Park, CA: Sage Publications, Inc.

Pearson, L. 2005. Bullied teacher, bullied student: how to recognize the bullying culture in your school and what to do about it? Pembroke Publishers Limited.

Pelchat, D. & Lefebvre, H., 2004. A holistic intervention programme for families with a child with a disability. Journal of Advanced Nursing, 48(2), pp.124-131.

Perryman, H. P., 2005. Parental reaction to the disabled child: implications for the family courts. Family Court Review, 43(4), pp.596-606.

Pessate- Schubert, A., 2005. Retelling her story: to be a female Bedouin teacher differently. Comparative Education, 41(3), pp.247-266.

Pijl, S. J., Frostad, P. & Flem, A., 2008. The social position of pupils with special needs in regular schools. Scandinavian Journal of Educational Research 52(4), pp.387-405.

Polkinghorne, D. E., 1995. Narrative configuration in qualitative analysis. International Journal of Qualitative Studies in Education, 8(1), pp.5-23.

Porter, J. 2000. Including pupils with severe learning difficulties in the numeracy strategy. International Special Education Congress. Available on: [http://www.isec2000.org.uk/abstracts/papers_p/porter_1.htm]. Accessed on 17th August 2011.

Prelock, P. A. 2006. Autism spectrum disorders: Issues in assessment and intervention. Austin, TX: PRO-ED.

Priestly, M., 1998. Constructions and creations: Idealism, materialism and disability theory. Disability & Society, 13(1), pp.75-94.

Prior, M. 1996. Understanding Specific Learning Difficulties. Hove, Sussex: Lawrence Erlbaum.

Prior, M., 1998. Behavioural problems and learning difficulties in school aged children: studies from the Australian temperament project. Clinical Psychologist, 3(1), pp.8-10.

Prucher, F & Langfeldt, H-P., 2002. How German teachers in special education perceive and describe children with a learning disability? International Journal of Disability, Development & Education, 49(4), pp.399-411.

Pumfrey, P. & Reason, R. 1992. Specific learning difficulties (dyslexia): challenges and responses. Routledge. London.

Quarmby, K. 2006. Inclusion debate treads new ground. Are ministers pulling back from their resolve to educate all pupils in the mainstream? The Guardian, 31 January 2006. Available on:
[http://www.guardian.co.uk/education/2006/jan/31/schools.uk2]. Accessed on 25th January 2009.

Qur'an. 2010. The Holy Qur'an. King's Fahad Complex to print Holy Qur'an. Medina, KSA. In Arabic.

Rae, H., Murray, G. & McKenzie, K., 2010. Teachers' attitudes to mainstream schooling. Learning Disability Practice, 13(10), pp.12-17.

Rafferty, Y., Boettcher, C. & Griffin, K. W., 2001. Benefits and risks of reverse inclusion for preschoolers with and without disabilities: parents' perspectives. Journal of Early Intervention, 24(4), pp.266-286.

Ratrout, F. 2008. The effectiveness of community outreaches efforts of the cause of disability in Jordan. Ministry of Social Development- Jordan. In Arabic. Available on:
[http://www.mosd.gov.jo/index.php?option=com_content&task=view&id=216&Itemid=35]. Accessed on 18th March 2011.

Reid, A., 1997. Mental handicap or learning disability: a critique of political correctness. British Journal of Psychiatry. 170(1), pp.1-2.

Reindal, S. M., 2010. Redefining disability: a rejoinder to a critique. Nordic Journal of Applied Ethics, 4(1), pp.125-135.

Richards, C. M., Symons, D. K., Greene, C. A. & Szuszkiewicz, T. A., 1995. The bidirectional relationship between achievement and externalising behaviour

problems of students with learning disabilities. Journal of Learning Disabilities, 28(1), pp.8-17.

Richdale, A., Francis, A., Gavidia-Payne, S. & Cotton, S., 2000. Stress, behaviour, and sleep problems in children with an intellectual disability. Journal of Intellectual & Developmental Disability, 25(2), pp.147-161.

Riddick, B. 1996. Living with dyslexia: the social and emotional consequences of specific learning difficulties. Published by Routledge- London.

Riessman, C. K. 2004. Narrative analysis. In M. S. Lewis-Beck, A. Bryman & T. Futing Liao (eds) Encyclopedia of Social Science Research Methods, pp.705-709. Newbury Park, CA: Sage.

Riessman, C. K. 2008. Narrative methods for human sciences. Thousand Oaks, CA: SAGE.

Roberson, S. & Roberson, R., 2009. The role and practice of the principal in developing novice first-year teachers. Clearing House, 82(3), pp.113-118.

Roberts, C., Mazzucchelli, T., Taylor, K. & Reid, R., 2003. Early intervention for behaviour problems in young children with developmental disabilities. International Journal of Disability, Development & Education, 50(3), pp.275-292.

Rogers, C., 2007a. Disabling a family? Emotional dilemmas experienced in becoming a parent of a child with learning disabilities. British Journal of Special Education, 34(3), pp.136-143.

Rogers, C. 2007b. Parenting and inclusive education. Discovering differences, experiencing difficulty. Palgrave Macmillan.

Rogers, C., 2011. Mothering and intellectual disability: partnership rhetoric? British Journal of Sociology of Education, 32(4), pp.563-581.

Rolland, J. S. 1994. Families, illness and disability: an integrative treatment model. New York: Basic Books.

Romano, J. & Wahlstrom, K., 2000. Professional stress and well-being of K-12 teachers in alternative educational settings: a leadership agenda. International Journal of Leadership in Education, 3(2), pp.121-135.

Rookes, P. & Wilson, J. 2000. Perception: theory, development, and organisation. Published by Routledge- London.

Russell, F., 2003. The expectations of parents of disabled children. British Journal of Special Education 30(3), pp.144-149.

Russell, P., 2003. 'Access and achievement or social exclusion?' Are the Government's policies working for disabled children and their families? Children & society, 17(3), pp.215-225.

Rutter, M., Tizard, J., Yule, M., Graham, P. & Whitmore, K., 1976. Research Report: Isle of White Studies, 1964-1974. Psychological Medicine, 6, pp.313-332.

Sadler, G. R., Lee, H., Lim, R. S. & Fullerton, J., 2010. Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy. Nursing & Health Sciences, 12(3), pp.369-374.

Salibi, K. S. 1998. The modern history of Jordan. I.B. Tauris.

Salvesen, K. & Undheim, J., 1994. Screening for learning disabilities with teacher rating scales. Journal of Learning Disabilities, 27(1), pp.60-66.

Sari, H., 2004. An analysis of burnout and job satisfaction among Turkish special school headteachers and teachers, and the factors effecting their burnout and job satisfaction. Educational Studies, 30(3), pp.291-306.

Saxby, H. & Morgan, H., 1993. Behaviour problems in children with learning disabilities: to what extent do they exist and are they a problem? Child: Care, Health & Development, 19(3), pp.149-157.

Schachter, D. Pless, I. & Bruck, M., 1991. The prevalence and correlates of behaviour problems in learning disabled children. Canadian Journal of Psychiatry, 36(5), pp.323-331.

Schalock R., Luckasson R., Shogren K., Borthwick-Duffy, S., Bradley V., Buntinx, W., Coulter, D., Craig, E., Gomez, S., Lachapelle Y., Reeve, A., Snell, M., Spreat, S., Tasse´, M., Thompson, J., Verdugo M., Wehmeyer, M. & Yeager, M., 2007. The renaming of mental retardation: Understanding the change to the term Intellectual Disability. Intellectual & Developmental Disabilities, 45(2), pp.116-124.

Schalock, R. L., & Luckasson, R., 2005. AAMR's definition, classification and systems of supports and its relation to international trends and issues in the field of intellectual disabilities. Journal of Policy & Practice in Intellectual Disability, 1(3-4), pp.136-146.

Schroth, G., Moorman, M. A. & Fullwood, H. 1997. Effects of training on teachers' stages of concern regarding inclusion. In D. Montgomery (Ed.), Promoting progress in times of change: Rural communities leading the way-Conference Proceedings of the American Council on Rural Special Education (pp.67-74). Manhattan, KS: Kansas State University, American Council on Rural Special Education.

Scott, M. S., Fletcher, K. L., Jean-François, Urbano, R.C. & Sanchez, M., 1998. New screening tests to identify young children at risk of mild learning problems. Journal of Psycho Educational Assessment. 16(4), pp.302-314.

Scruggs, E. S. & Mastropiere, M. A., 1996. Teacher perceptions of mainstreaming/inclusion 1958-1995: a research synthesis, Exceptional Pupils, 61(1), pp.59-74.

Seidman, I. 2006. Interviewing as qualitative research: a guide for researchers in education and the social sciences. Teachers College Press.

Seligman, M., & Darling, R. B. 1997. Ordinary families, special children: a systems approach to childhood disability (2nd Edition) NY: Guilford Press Link. Semrud-Clikeman, M. 2007. Social competence in children. Published by Springer.

Sequeira, E. M., Madhu R. P., Subbakrishna, D. K. & Prabhu, G. G., 1990. Perceived burden and coping styles of the mothers of mentally handicapped children. NIMHANS Journal, 8(1), pp.63-67.

Sheu, S.-J., Wei, I.-L., Chen, C.-H., Yu, S. and Tang, F.-I., 2009. Using snowball sampling method with nurses to understand medication administration errors. Journal of Clinical Nursing, 18(4), pp.559-569.

Shin, J., Nhan, N. V., Crittenden, K., Valenti, S. S. & Hoang Hong, T. D., 2008. Agreement on childhood disability between parents and teachers in Vietnam. International Journal of Disability, Development & Education, 55(3), pp.239-249.

Shunnaq, M., 2009. Cross-cultural cyber-marriages: a global socio-economic strategy for young Jordanians. Social Identities, 15(2), pp.169-186.

Siegel, J & Jausovec, N. (1994). Improving teachers' attitudes toward students with disability. Paper presented at the Conference of the International Council for Teaching, Istanbul, Turkey.

Siminski, P., 2003. Patterns of disability and norms of participation through the life course: empirical support for a social model of disability. Disability & Society, 18(6), pp.707-718.

Simmons, B. & Bayliss P., 2007. The role of special schools for children with profound and multiple learning difficulties: is segregation always best? British Journal of Special Education. 34(1).

Singh, V. & Ghai, A., 2009. Notions of self: lived realities of children with disabilities. Disability & Society. 24(2), pp.129-145.

Siraj, A., 2011. Isolated, invisible, and in the closet: the life story of a Scottish Muslim lesbian. Journal of Lesbian Studies, 15(1), pp.99-121.

Slavin, R. 1997. Including inclusion in school reform, in: D. K. Lipsky & A. Gartner (Eds) Inclusion and school reform: transforming America's classrooms (Baltimore, MD, Paul H. Brookes), pp.375-388.

Smith, S. W., Brownell, M. T. & McNellis, J., 1994. Reflections on career decisions in special education: current and former teachers' personal views. Exceptionality, 5(2), pp.109-112.

Snow, C., Burns, M., & Griffin, P. 1998. 'Predictors of success and failure in reading' in preventing reading difficulties in young children. Washington, D.C.: National Academy Press.

Sonbol, A. E. 2003. Women of Jordan: Islam, labor & the law. Syracuse University Press.

Soodak, L. C., Podell, D. M. & Lehman, L. R., 1998. Teacher, student, and school attributes as predictors of teachers' responses to inclusion. Journal of Special Education, 31(4), pp.480-497.

Spratt, E., Saylor, C., & Macias, M., 2007. Assessing parenting stress in multiple samples of children with special needs (CSN). Families, Systems, & Health, 25(4), pp.435-449.

Steele, M., 2004. Making the case for early identification and intervention for young children at risk for learning disabilities. Early Childhood Education Journal, 32(2), pp.75-79.

Stoiber, K. C., Gettinger, M. & Goetz, D., 1998. Exploring factors influencing parents' and early childhood practitioners' beliefs about inclusion. Early Childhood Research Quarterly, 13(1), pp.107-124.

Strauss, A.L. & Corbin, J. (1990). Basics of qualitative research: grounded theory procedures and techniques. Sage Publications.

Stunkel, L., Benson, M., McLellan, L., Sinall, N., Bedarida, G., Emanuel, E. & Grady, C., 2010. Comprehension and informed consent: assessing the effect of a short consent form. IRB: Ethics & Human Research, 32(4), pp.1-9.

Sugai, G. & Evans, D., 1997. Using teacher perceptions to screen for primary students with high risk behaviours. Australian Journal of Special Journal. 21(1), pp.18-35.

Swanson, H., Harris, K. & Graham, S., 2006. Handbook of learning disabilities. Published by Guilford Press.

Taanila, A., Syrjala L., Kokkonen J. & Jarvelin M., 2002. Coping of parents with physically and/or intellectually disabled children. Child: Care, Health & Development, 28(1), pp.73-86.

Tafa, E. & Manolitsis, G., 2003. Attitudes of Greek parents of typically developing kindergarten children towards inclusive education. European Journal of Special Needs Education, 18(2), pp.155-171.

Taraki, L., 1995. Islam is the solution: Jordanian Islamists and the dilemma of the modern woman. British Journal of Sociology, 46(4), pp.643-661.

Taylor, H.G., Anselmo, M., Foreman, A. L., Schatscheneider, C. & Angelopoulos, J. 2000. Utility of kindergarten teacher judgments in identifying early learning problems. Journal of learning disabilities, 33(2), pp.200-210.

Taylor, S. S., 2005. Special education and private schools. Principals' point of view. Remedial & Special Education, 26(5), pp.281-296.

Tervo, R. C., 2007. Language proficiency, development and behavioural difficulties in toddlers. Clinical Pediatrics, 46(6), pp.530-539.

The Jordanian Parliament. 2010. The Jordanian Parliament. Available on: [http://www.representatives.jo/Default.shtm?LanguageAction=Arabic]. Accessed on 17th September 2011.

Thompson, D., Whitney, I. & Smith, P. K., 1994. Bullying of children with special needs in mainstream schools. Support for Learning, 9(3), pp.103-106.

Thompson, P. & Upton, D., 1992. The impact of chronic epilepsy on the family. Seizure, 1(1), pp.43-48.

Tickle, B. R., Chang, M., Kim, S., 2011. Administrative support and its mediating effect on US public school teachers. Teaching & Teacher Education 27(2), pp.342-349.

Timor, T. & Burton, N., 2006. School culture and climate in the context of inclusion of students with learning disabilities in mainstream secondary schools in Tel- Aviv, Israel. International Journal of inclusive Education, 10(6), pp.495-510.

Toro, P. A., Weissberg R. P., Guare, J. & Liebenstein, N. L., 1990. A Comparison of children with and without learning disabilities on social problem-solving skill, school behavior, and family background. Journal of Learning Disabilities, 23(2), pp.115-120.

Troquer, Y. L. & Al-Oudat, R. H., 1999. From Kuwait to Jordan: the Palestinians' third exodus. Journal of Palestine Studies, 28(3), pp. 37-51.

Tur-Kaspa, H., 2004. Social- information- processing skills of kindergarten children with developmental learning disabilities. Learning Disabilities Research & Practice, 19(1), pp.3-11.

Tur-Kaspa, H., Weisel, A. & Tova Most, T., 2000. A multidimensional study of special education students' attitudes towards people with disabilities: a focus on deafness. European Journal of Special Needs Education, 15(1), pp.13-23.

Turmusani, M. 1999. Disability Policy and Provision in Jordan: A critical perspective. A chapter in Stone, E. (ed.) (1999). Disability and development: learning from action and research on disability in the majority world, Leeds: The Disability Press, pp.193-209.

Turmusani, M., 2001. Disabled women in Islam. Journal of Religion, Disability & Health, 5(2), pp.73-85.

Turner, J., Biesecker, B., Leib, J., Biesecker, L. & Peters, K. F., 2007. Parenting children with Proteus syndrome: Experiences with and adaptation to courtesy stigma. American Journal of Medical Genetics. Part A 143A:2089-2097.

Twoy, R., Connolly, P. M. & Novak, J. M., 2007. Coping strategies used by parents of children with autism. Journal of the American Academy of Nurse Practitioners 19(5), pp.251-260.

Udoh, O. S., Ekpenyong, A. S. & Ekpenyong, M. S., 2010. Management of Disability Amongt the Ikono People of Akwa Ibom State South- South Nigeria: an Assessment. Culture & Religion Review Journal, 3, pp.83-91.

United Nation Educational, Scientific and Cultural Organisations & The Ministry of Education and Science, Spain. 1994. The Salamanca Statement and Framework for Action on Special Needs Education. Salamanca, Spain. Available on: [unesdoc.unesco.org/images/0009/000984/098427eo.pdf]. Accessed on 18th June 2011.

United Nations Children's Fund (UNICEF), National Council for Family Affairs (NCFA), 2007. Children in Jordan: Situation analysis2006/2007. Available on: [http://www.crin.org/resources/infodetail.asp?ID=17753]. Accessed on 17th October 2010.

United Nations Relief and Works Agency. 2008. UNRWA'S statistics. UNRWA Report.

Uskun, E. & Gundogar, D., 2010. The levels of stress, depression and anxiety of parents of disabled children in Turkey. Disability & Rehabilitation, 32(23), pp.1917-1927.

Vallance, D. D., Cummings, R. L. & Humphries, T., 1998. Mediators of the risk for problem behaviour in children with language learning disabilities. Journal of Learning Disabilities, 31(2), pp.160-171.

Vaugh, S., Zaragoza, N., Hogan, A. & Walker, J., 1993. A four-year longitudinal investigation of the social skills and behaviour problems of students with learning disabilities. Journal of Learning Disabilities, 26(6), pp.404-412.

Villa, R. A., Thousand, J. S., Meyers, H., & Nevin, A. 1996. Teacher and administrator perceptions of heterogeneous education, Exceptional Children, 63(1), pp.29-45.

Wall, K., 2006. Special needs and early years: a Practitioner's Guide. Pine Forge Press.

Ward, J., Center, Y. & Bochner, S. 1994. A question of attitudes: integrating children with disabilities into regular classrooms? British Journal of Special Education, 21, pp.34-39.

Warnock, M. 1978. Report of the Committee of Enquiry into the education of handicapped children and young people. Her Majesty's Stationery Office: London.

Warnock, M., 1979. Children with special needs: the Warnock Report. British Medical Journal. 1, pp.667-668.

Warnock, M., 2005. Special educational needs: a new look. London. Philosophy of Education Society of Great Britain.

Wedell, K., 1990. Children with special education needs: past, present and future. Chapter in book 'special education: past, present and future'. Edited by Peter Evans & Ved Varma. The Falmer Press.

Wedell. K. 1982. Identifying and helping pupils with learning difficulties in ordinary schools in Jordan. United Nations Educational, Scientific and Cultural Organisation. Paris. Available on: [unesdoc.unesco.org/images/0005/000513/051324eo.pdfSimilar]. Accessed on 15th July 2010.

Wedell. K., 2008. Confusion about inclusion: patching up or system change? British Journal of Special Education, 35(3), pp.127-135.

Wehmeyer, M. L. & Schwartz, M., 2001. Disproportionate representation of males in special education services: biology, behavior, or bias? Education & Treatment of Children, 24(1), pp.28-45.

Westwood, P. 2000. Numeracy and Learning Difficulties is a guide to teaching mathematics more effectively. Australian Council for Educational Research. Westwood, P. 2004. Learning and learning difficulties: A handbook for teachers. Australian Council for Educational Research.

Wight, M. & Chapparo, C., 2008. Social competence and learning difficulties: teacher perceptions. Australian Occupational Therapy Journal, 55(4), pp.256-265.

Williams, M. & Gersch, I., 2004. Teaching in mainstream and special schools: are the stresses similar or different? British Journal of Special Education. 31(3), pp.157-162.

Williams, V. & Heslop, P., 2005. Mental health supports needs of people with a learning difficulty: a medical or a social model? Disability & society, 20(3), pp.231-245.

Wilson, J., 1999. Some conceptual difficulties about 'inclusion'. Support for Learning, 14(3), pp.110-112.

Winckler, O., 1997. Population growth and migration in Jordan. Sussex Academic Press. London.

Winter, E. C., 2006. Preparing new teachers for inclusive schools and classrooms. Support for Learning, 21(2), pp.85-91.

Winzer, M., 1993. The history of special education: from isolation to integration. Gallaudet University Press.

Wong, B., Graham, L., Hoskyn, M., & Berman, J., 2008. The ABCs of Learning Disabilities. Academic Press.

Wong, S. Y., Wong, T. K. S., Martinson, I., Lai, A. C., Chen, W. J. & He, Y. S., 2004. Needs of Chinese parents of children with developmental disability. Journal of Learning Disabilities, 8(2), pp.141-158.

Woolfson, L. M. & Brady, K., (2009). An investigation of factors impacting on mainstream teachers' beliefs about teaching students with learning difficulties. Educational Psychology, 29(2), pp.221-238.

World Bank (2011). Jordan data. Available on [http://data.worldbank.org/country/jordan]. Accessed on 19th October 2011.

World Health Organization. 1993. International classification of diseases: 10th revision. Ann Arbor, MI: Commission on Professional & Hospital Activities.

Yazbeck, M., Mcvilly, K., & Parmenter, T., 2004. Attitudes toward people with intellectual disabilities. Journal of Disability Policy Studies, 15(2), pp.97-111.

Yesseldyke, J., Thurlow, M., O'sullivan, P. & Bursaw, R., 1986. Current screening and diagnostic practices in a state offering free preschool screening since 1977: implication for the field. Journal of Psycho Educational Assessment. 4(3), pp.191-201.

Yoon, J. S. & Gilchrist, J., 2003. Elementary teachers' perceptions of 'administrative support' in working with disruptive and aggressive students. Education, 123(3).

Young, W. C., 1997. Families and the handicapped in northern Jordan. Journal of Comparative Family Studies, 28(2), pp.151-170.

Yu, J., 2009. Qualitative research on the attitudes toward teenage sexual behavior of Chinese British families. Journal of Transcultural Nursing, 20(2), pp.156-163.

Yurtal, F., 2004. Name-calling and peer beliefs among primary school children in Turkey. Pastoral Care in Education, 22(2), pp.39-41.

Zambelli, F., & Bonni, R., 2004. Beliefs of teachers in Italian schools concerning the inclusion of disabled students: A Q-sort analysis. European Journal of Special Needs Education, 19(3), pp.351-366.

Zanting, A., Verloop, N. & Vermunt, J. D. 2003. Using interviews and concept maps to access mentor teachers' practical knowledge. Higher Education, 46(2), pp.195-214.

Zigler, E. & Hodapp, R. M. 1986. Understanding mental Retardation. Cambridge University Press: Cambridge.

Zimmerman, J., 2006. Why some teachers resist change and what principals can do about it. National Association of Secondary School Principals Bulletin, 90(3), pp.238-249.

Zollers, N. J., Ramanathan, A. K. & Moonset, Y., 1999. The relationship between school culture and inclusion: how an inclusive culture supports inclusive education. Qualitative Studies in Education, 12(2), pp.157-174.

Appendices

Appendix A: Information Sheet

Brunel
UNIVERSITY
WEST LONDON

(To be translated into Arabic)

Information Sheet

I am Nawaf Al-Zyoud, a PhD student within the School of Sport and Education at Brunel University (UK) and I am developing a checklist to assist kindergarten teachers monitor and support children with general learning difficulties.

As you will know, in Jordan, children are not assessed for general or specific learning difficulties until the age of 9, which is considered by many educators and researchers as too late. This study aims to provide a means of alerting teachers to the early signs of general learning difficulties (behavioural, attentional and motor skills...), and to facilitate early detection and intervention by the Ministry of Education.

All data collected will by anonymised to assure confidentiality. You may request the return of your data or interview transcript at any time.

If you have any questions or concerns relating to this study, please contact me: Tel, E Mail or alternatively you may contact my supervisor at Brunel University supervisor at the following address:

Ian Rivers, PhD
Research Professor (Education)
School of Sport & Education
Brunel University
UXBRIDGE UB8 3PH, UK
E-mail: ian.rivers@brunel.ac.uk

Appendix B: Informed consent form

INFORMED CONSENT FORM:

DEVLOPING A CHECKLIST TO IDENTIFY EARLY WARNING SIGNS IDICATING LEARNING DIFFICULTIES AT PRESCHOOL STAGE (4-6) IN JORDAN.

Brunel University requires that all persons who participate in research give their written consent to do so. Please read the following and sign it if you agree to participate in this study.

Declaration

I freely and voluntarily consent to be a participant in the research project on the topic of early warning signs of general learning difficulties to be conducted by Nawaf Al-Zyoud, who is a postgraduate student in the School of Sport and Education at Brunel University.

I understand that this study aims to provide a means of alerting teachers to the early signs of general learning difficulties, and to facilitate early detection and intervention by the Ministry of Education.

I understand that, specifically, I have been asked to undertake and interview/complete a questionnaire (delete as appropriate), which should take no longer than 45 minutes for the interview and 15 minutes for the checklist.

I confirm that I have been told that my data will be anonymised. I also understand that if at any time during the interview/questionnaire I feel unable or unwilling to continue, I am free to leave.

I confirm that I understand that my participation in this study is completely voluntary, and I may withdraw from it at any time without negative consequences. [In addition, should I not wish to answer any particular question or questions, I am free to decline.]

I confirm that I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in any report subsequently produced by the researcher.

I confirm that I have been given the opportunity to ask questions about the study, and my questions have been answered to my satisfaction.

I confirm that I have been informed that if I have any general questions about this project, I should feel free to contact the researchers or his supervisor using the contact details provided on the information sheet.

I have read and understand the above and consent to participate in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

_____   _____

Participant's Signature   Date

I have explained and defined in detail the research procedure in which the respondent has consented to participate. Furthermore, I will retain one copy of the informed consent form for my records.

Signature of researcher   Date

Appendix C: Data Collection- first phase

No.	School	Teacher	City	Gender	P/P	KG/SEN	Post-Test	Date	T.	Notes
1	A	Sana'a S.	Zarqa	F	Public	KG	√	28.10	√	√
2	A	Sana'a A.	Zarqa	F	Public	SEN	√	28.10	√	√
3	C	Raja'a	Zarqa	F	Public	SEN	√	29.10	√	√
4	B	Hajar	Zarqa	F	Public	SEN	√	29.10	√	√
5	D	Khairia	Zarqa	F	Public	KG	√	02.11	√	√
6	E	Tagreed	Amman	F	Private	SEN	√	02.11	√	√
7	E	Dina	Amman	F	Private	SEN	√	02.11	√	√
8	E	Meena	Amman	F	Private	SEN	√	04.11	x	Voice
9	E	Nour	Amman	F	Private	SEN	√	04.11	√	√
10	F	Iman	Zarqa	F	Private	KG	√	05.11	√	√
11	G	Tahani	Zarqa	F	Public	SEN	√	05.11	√	
12	H	Mohammad	Zarqa	M	Public	SEN	√	09.11	√	√
13	I	Feda'a	Zarqa	F	Private	SEN	√	11.11	√	√
14	J	Hassanah	Zarqa	F	Public	KG	√	16.11	√	√
15	K	Yasmeen	Zarqa	F	Private	KG	√	22.11	√	√
16	K	Rula	Zarqa	F	Private	KG	√	22.11	√	√
17	L	Heba	Amman	F	Public	SEN	√	-	√	√
18	M	Maha	Amman	F	Public	SEN	√	-	√	√
19	E	Bassam	Amman	M	Private	SEN	√	3.12	√	√
20	E	Louai	Amman	M	Private	KG	√	06.12	√	√
21	E	Sera'a	Amman	F	Private	KG	√	06.12	√	√
22	N	Ruba	Amman	F	Private	KG	X	07.12	√	√
23	N	Raghed	Amman	F	Private	KG	X	07.12	√	√

24	N	Elda	Amman	F	Private	KG	√	05.01.10	√	√

P: private school or kindergarten, P: public school or kindergarten, KG: kindergarten, SEN: special education needs teacher, Post- Test: a prepared test from literature contains some early warning signs of LDs, Date: date of interview, T: transcription

Appendix D: Data Collection- second phase

No	School*	Teacher	City	Gender	Pub./Pr.	SEN/H	Date	Transcription
1	A	Sana'a A.	Zarqa	F	Pub.	SEN	26.6.2010	√
2	E	Bassam	Amman	M	Pr.	SEN	6.4.2010	√
3	J	Ahlam	Zarqa	F	Pub.	Head teacher	4.7.2010	√
4	G	Tahani	Zarqa	F	Pub.	SEN	4.7.2010	√
5	B	Hajar	Zarqa	F	Pub.	SEN	11.4.2010	√
6	E	Nour	Amman	F	Pr.	SEN	23.5.2010	√
7	J	Hassanah	Zarqa	F	Pub.	KG	9.5.2010	√
8	I	Fadia	Zarqa	F	Pub.	SEN	18.5.210	√

Pub.: public school, Pr.: private school, SEN: special education needs teacher, Date: date of interview.

* Same schools mentioned in appendix C.

Appendix E: Interview sample

Interview with teacher Hajar- public school, Zarqa.

Sunday 11th April 2010

- Good afternoon Miss Hajar.

- 'Waliuekuem Assalam' (and to you peace).

- I really appreciate your help. As I said in my last email, I have been asked by my supervisors to ask you more questions. So, I would like to ask further questions and to clarify some points that we spoke about it.

- No problem, I am ready when you are ready.

- Thanks. Miss Hajar what kind of difficulties, do you face?

- Most children with SEN are hyperactive…

- Sorry Miss Hajar, I meant some difficulties you face which affects your job.

- Oh, ok. Most of children with SEN prefer to stay in the resource room. I have a real problem when I ask them to go back to their classroom. I say, 'you can go back to your classroom now', and they always answer, 'No, can I stay here for another class please?' It takes a huge effort from me to persuade them to go to their classroom. They also have problems with each other. They fight with each other, but that is all right. I mean, it is normal at their age.

- Ok, I want ask you why they want to stay in the resource room. Why don't they want to go to the classroom?

- They enjoy it in the resource room. I use the computer to teach them and I do other things that I think are quite useful and they really enjoy that. I think also that they feel free here.

- All right Ma'am, Let me ask you about children with SEN in the regular classroom. How do classroom teachers deal with them?

- In general, they neglect them, unlike in the resource room.

- Ok, let us talk about those students without mentioning any names, how do they deal with them?

- They just ignore the student, whatever they achieve. As you know, their progress is slow, and it is not easy to spend time with them. Because of that, teachers tend to ignore them. In the resource room, I am able to observe their progress and performance and to reinforce it.

- Ok, so do teachers refer students to the resource room?

- Yes.

- In the referral process, do classroom teachers care about this child or support him?

- Not really, there is a programme for that, but it is not usually followed. When the teacher has 40 students in her class for 40 minutes, it is impossible to pay extra attention to them. At the same time, she has a curriculum she has to get through. Their target is to finish the curriculum on time and do as much as she can to benefit as many of the students as possible. In this situation, one or two students will be left behind. I mean she would have to abandon them for the sake of the majority.

- Do teachers talk to you? Do they talk to you about them?

- We have difficulty with management now.

- How?

- I have no chance to talk to them. If any child is in the corridor, the headmistress would ask why she is there. I am not comfortable in working with management now at all.

- Does the headmistress ask you about your work? Does she follow your work?

- No, and I will tell you something. When I went to get the files signed by the headmistress, I took one paper out from the files on purpose and she did not notice anything. I just wanted to see if she noticed or paid any attention, but unfortunately, she did not. I understand now that the headmistress does not know about my work at all.

- What about classroom teachers? Do they know anything about these children?

- They know that a child has special needs, but do not know what to do with them. What to prepare for them? They pay little attention to them and those that came to my room to see what I am doing were not interested.

- Ok, Miss Hajar, let us firstly talk about management, do they know what LDs are…

- The real meaning of LDs, no.

- Ok, they do not know?

- No, they do not know. It is just something from the MoE and we have to do it. Do you understand me? It is something we are obliged to do.

- Do you mean for the management or for you?

- Not me, just management. Because I like my job. I spend hours on the Internet finding computerised lessons and educational tools with which to teach my students. Thank God I am well known for my work in the local community.

- Let us go back to the teachers, how do they deal with children with SEN, in the corridor, for example?
- Frankly they feel disgusted by them.
- How, can you tell me some examples please?
- Yes, disability is like a stigma. Their way of thinking is that they are SEN students so forget them or do not pay any attention to them. When one of them does anything wrong, the simple answer is that he is disabled or handicapped, not to talk to them or punish him. No, they ignore them and argue that, as they are handicapped or disabled, they won't understand anything and that they are stupid as they study in the resource room. You understand me? He has LDs.
- Is that difficult for you?
- Actually students suffer more than I do. I hope that teachers will change their attitudes which would help me in teaching them. I talk to my students and tell them that it is ok to have SEN. Just let me know what problems you have in any class and I will help you as much as I can. In some classes they help each other and I always remind them to ask me not their peers.
- Ok ma'am, why do you think that teachers deal with those children in this way?
- Because they are an extra burden on them. They have to make extra effort to deal with them. What are they are going to do? The easiest is to ignore them. As I said before, we have big classes, 35-40 students at least, which puts an additional load on the teacher. Every lesson runs for 40 minutes which means that every child will have one minute, and do not forget the curriculum has to be finished on time. Another thing is that we have new curricula in Jordan and it is more difficult than before. What they used to take on in 5th grade, they are taking on in 4th grade, and so on. Pressure teachers are under is an important factor for SEN children as well.
- Ok, don't you have a counsellor?
- Yes, we do.
- Does she run any seminars or workshops for teachers or parents about disability?
- Yes, she does for parents, but not teachers. To be completely frank, we go to her because we are obliged to, not because we want to.
- How?

- Counsellors and teachers don't like their jobs. I have to have a meeting or a workshop, not because I want to, but because I am obliged to, and to keep in my records straight.

- And this is the same with you; you told me that you felt frustrated after ten years of working with children with SEN?

- Yes, I am often fed up after ten years of working with disabled children. Sometimes I think I have had enough and I do not want to work with them anymore. Sometimes when you deal with useless management, you feel frustrated, and when you deal with a management that appreciates your work, you feel happy and are more interested in working, especially when they understand your work. I want some freedom in my job. They ask me to write down everything. I do, but I think that is unnecessary and I am not happy with that at all. We have too much to write.

- You work for a public school now, have you ever worked for private school?

- Yes, I worked for a private school when I graduated from the college. I worked as a speech therapist for one and a half years.

- What is the difference between them?

- To be honest, I prefer working as a language therapist to working as a LDs teacher, more than you can imagine. You feel happy and glad when a child says its first letter when you are teaching them. I cannot describe my feelings. It is just amazing. I also prefer to deal with deaf children rather than LDs, as I studied deafness at the college.

- So do you have any difficulty in dealing with LDs?

- No, it is not difficult, but I enjoy working with children with hearing disability more than LDs. But, I like LDs students and I have done everything I can to learn about them because I like being a teacher of SEN. I like teaching.

- Ok, but you have many disadvantages in your work, have not you?

- There are many disadvantages to our work. The first is the salary. We have a very poor salary and it is not enough. Second is the pressure from management. Third is the post service pension and insurance. I mean after 22 years of working as a teacher, I am not going to have any kind of health insurance, can you imagine that? I have treatment for nerves after working as an SEN teacher and I have to pay for my medication. That is not fair at all. I served my country, but I do not have health insurance. That is unfair and makes me very frustrated?

- You mentioned the salary, is it really not enough?

- Of course it is very poor. I have been working as a teacher for 17 years now and my salary is just JD310. You know the Jordanian economic situation now. What I am going to do with JD310? I have to pay JD150 rent, I have 5 boys and I have to look after their future. They are not girls where they leave the house when they get married. I have to pay for their education as well. Who is going to pay their education fees? The government provides a place at the university, but I have to pay their fees.

- During your service, have you ever attended any training courses?

- I tell you what; we only get training for one or two days every year or sometimes every two years.

- How about the content?

- Mmm (stop).

- Can we talk frankly?

- Frankly, there is no content and there is nothing new. I mean they just want to take money for running the courses (laugh).

- So, there is nothing new on them?

- No, nothing new. I am well known in our local community. I have been chosen by my supervisors with two other colleagues to discuss the Ministry policy about SEN, although I only have a diploma when the other two hold BAs.

- Ok, great. What criticism do you have about special education in your city or your school?

- Well, in Zarqa there is not enough furniture and or educational tools. Also, we have a problem with the MoE tests.

- How?

- From my experience in applying those tests, I feel they are not appropriate for these children and need to be changed. They evaluate the child on some letters, but not all of them and that is not right at all. Some children know some letters and don't know the rest. From my perspective, I think it is not right and not enough. In my room, there is not enough furniture and we need more educational tools. Another thing is that our school is divided into two sessions. When you come in the next day, you find everything has changed which means that you do not have freedom to organise your room. Put the furniture in order and so on. We have two in charge here instead of one, so there are some disagreements between us. Sometimes educational tools are used

which I do not think appropriate, so I have to remove them, but I cannot say anything to her.

- Why?

- Because she is my colleague and she thinks that is the right thing. It is up to her. She has the right to organise her class any way she wants to. Also, I have little contact with her. To be frank with you, I do not believe in her methods and she doesn't believe in mine. We could be both wrong, but there is no chemistry between us.

- I see, Hajar, how did you see parents of children with SEN?

- There are two kinds of parents and they are completely opposite. There are some parents who are keen that their child should be brilliant after they join the resource room, and some parents who do not ask about their child at all. There is nothing in the middle.

- Ok, can we talk about those parents who are ignorant about their children; can you give me some examples?

- A dad came to me complaining about his son's performance. His son cannot read or write. He shouted, 'what's the point of a resource room if my son still can't read or write?' Well, the capacity of the resource room is 20 students. Parents who don't take an interest in their children expect the resource room teacher to teach their children privately. They think that the resource room is set up to teach children privately. As I said before, they do not know what a resource room is.

- About those parents, do they not contact you regularly?

- No, no, no. They just send their children to the resource room and we don't hear from them until the end of the academic year. We don't see them at all. I do some worksheets at home and I pay for printing it out and then I send them home with my children as homework. A few of them repay me or write to thank me, but very few. Others I have never heard from, and if their child loses it, it would not be completed, nor would the parents write to me or ask about it.

- Ok, how do you explain that, why do they do that?

- Because they wash their hands of them.

- Sorry, I did not understand that?

- I mean they get to the point of despair. "My child is not going to amount to anything in the future, it is clear now? (Laugh).

- Ok, ma'am, do those children come from low class or poor families?

- Maybe, but they completely wash their hands of them. They think 'he is a donkey, what he is going to achieve?' That is the general view of children with SEN.

- Can you explain 'this general view' for me, please?

- Whatever he is given, he will stay with. A 'donkey' is a 'donkey' from birth until death. As I said earlier, most of the time the child with SEN is from uneducated parents.

- Are they rich, poor people or…?

- (Laugh) The whole of the Ramzi District is a 'humanitarian cases'.

- Ma'am, you mentioned some stigmatised words like 'donkey' and so on. Who uses those words? Do teachers use them?

- Teachers, no. Some of them use those words privately when they talk to me, but not in front of the child.

- Right, so this teacher who told you that this child is a 'donkey'. What does she think about children with SEN?

- She says that he is a 'donkey' and will achieve nothing. Nothing. She has a low expectation of him.

- Is this the teachers' opinion as well?

- Not all and not in all cases. This opinion when… (Stop). Well for example, there is a child in my class who I had taught the letter (kh) for a month and he still insists it is (d). I cannot find the connection between them; I do not know what it is. I taught him other letters and he was ok with those. If I did not leave this letter, I would spend all my time teaching him that. I paid particular attention to it and then excluded it to prevent him getting bored.

- Ok, he did not learn this letter in his other class?

- (laugh) Well, he did, but not properly. If he had done, he would not be in the resource room.

- Why would she send him to you?

- Well…The child's performance is not in line with that of his peers or he did not master his letters. Sometimes it would be because he can't read, write or spell. In general, his progress is less than his peers.

- Do classroom teachers send you random cases, just to get rid of them?

- Yesssss, especially the hyperactive ones. 'Please take him for God's sake'.

- Even if he does not have LDs?

- No, he would have. But if the teacher had done a behaviour modification plan, there would be no necessity to take him to the resource room. She can do that, but the aim is to get rid of them.

- I understand from what you said that classroom teachers have no clue about special needs?

- Well, they think that the lazy boy is a child with SEN.

- So they do not know the difference between them?

- No, they do not. They presume that the child who is lazy or doesn't want to learn has LDs. Some of their parents do not care about him either, so he does not have a LDs, but there is insufficient follow-up from parents, so classroom teachers presume he has SEN without asking me.

- Ma'am, you said that you prefer to work with deaf pupils. If we are going to talk about the gender, do you prefer working with male or female students?

- Girls, girls, girls.

- Why?

- (Laugh) Generally, girls are quieter than boys. I am the kind of person who gets very upset when there is noise around. My concentration will reduce to 50% when there is noise around. I need quiet to work properly and girls are quieter than boys. I have had enough of boys, as all my children are boys; do I need more boys at school? Of course not (laugh).

- As a resource room teacher; do you think that the MoE provides you with what you need?

- No.

- Why?

- Firstly, the MoE has to provide me with a printer to print the worksheets and to prevent me having to hand-write everything. I have computer and Internet access, so what we need is a printer. We have a problem when we ask for stationery and you would think we had asked the school's secretary to pay out of her own her money. Sometimes, she counts everything. We have asked many times for new furniture and they did absolutely nothing. Again, we don't have enough stationery and printed worksheets for students.

- Great, let me ask you about you. After ten years of working with children with LDs, how do you feel?

- My feelings? I want to retire today- before tomorrow.
- Why?
- Because I have had enough. Firstly, I have a suggestion about this: any teacher who has worked with SEN children for 15 years should be able to take up a post in administration. He/she will feel drained and cannot give anymore to those children. The children's low achievement causes frustration in the teacher. We work very hard with them and we get poor progress at the end of the year. It is God's will that his progress will be less than what I expect. Do you understand?
- Do you think that some teachers deal with those children in a kind of sympathetic way, rather than professionally?
- I tell you what. It is my work and what I get my salary for. I imagine that this child is my son; he has the right to receive good teaching. On the other hand, I have got to the point where I can give no more. The MoE has to do something to support us, for example, give teachers extra money or some other reward. I will say something and I do not want you to laugh at me…
- No, I am not going to.
- Some entertainment for teachers who work with children with SEN. Hello, did you laugh at me?
- No, I did not. I worked with children with SEN myself and I know what you are talking about.
- When I say we need some rewards, I mean we need something more than classroom teachers as we work harder than them and our job is more frustrating than theirs. We work with a weak group of children.
- So you feel that you are under pressure?
- Yes, too much.
- Do you suffer from that?
- Yes, I am at the point where I am having treatment for my nerves.
- Is that because of your job?
- General pressures of life, and on top of that, my work and the huge stress I am under. I am 39 years old, I am still young and it is early to be in need of treatment for nerves. Sometimes, I wish I were dealing with quieter or normal, children rather than SEN. I hope that they will change my position to one in administration.
- Would you like to work for a private school?

- No, no. I am happy here.
- Why?
- If there are some stresses in public schools, there are still more in private schools. We have 15 classes a week here, while they have more there, and more students. They only care about money, so they will give you more lessons and students. I mean they advertise that they have a resource room, while their aim is to get more benefits, I mean more money.
- But I have heard that they offer teachers good salaries?
- No, you are wrong. In Jordan, that is wrong. Salaries in private schools here are very poor. Compared to my salary, they really have a poor salary.
- Do you feel secure here, I mean, working for the government?
- Yes, I do. The problem is that we do not have any kind of health insurance after retirement. The benefit of working for public school is that you won't be fired at all. If the headmistress does not like you in a private school, she can fire you. But here it is good and I feel secure.
- Do you want to add anything?
- No, thank you. I hope that this research will be beneficial for special needs in Jordan, and if you need anything, just let me know.
- Many thanks.