

Review of the Literature on Children with Special Educational Needs

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Abstract

This study outlines the literature relevant to the Cross-cultural issues and the politics of SEN and the different perspectives arising from the literature on this widely debated issue are addressed. In addition, the origin of the term 'special educational needs' (SEN), its definitions and the types of special education needs are presented. Appropriate pedagogy for children with SEN is also discussed. The results from the literature review indicated a number of gaps in the present frameworks. As a result, this has led the scholar to work additional on these frameworks for the aim of this study.

Keywords: Cross-cultural issues, the term and the types of SEN, Politics of SEN and Models of disability, and pedagogy for children with SEN.

In this paper, I will review the literature related to the present research. This review is divided into four sections: section one will explain Cross-cultural issues. Section two will touch on the politics of SEN and the different perspectives arising from the literature on such widely debated issues. Section three will review the origin of the term 'Special Educational Needs' (SEN), its definitions, and the types of special education needs as well as discussing the definitions and models. Section four will review the pedagogy of children who are SEN.

1. Cross-Cultural Issues

In order to properly understand the needs, actions, behaviour and development of the individuals, groups and organisations in a given society, it is essential to first understand the culture of that society. However, it can potentially be challenging to find a universally agreed upon definition of culture, with several definitions existing in the literature, generally reflecting the particular bias, specialties and backgrounds of the authors. One popular definition was provided by Haralambos, who states that "The learned, shared behaviour of members of a society is known as culture" (1996:8). In contrast, Hofstede argues that national culture can be best understood as "...collective programming of the mind that distinguishes the members of one group or category of people from another" (Hofstede, 2001:9).

This former definition holds that individual values are the core of a national culture and it is this definition that will be utilised for further analysis and discussion in this study. In acknowledging the difficulty in changing culture, Hofstede argues that actions and behaviours rarely changing, making individual and societal values an important aspect of culture. These values can be argued as being "the basis of concepts of right and wrong, of high quality and low quality, of what's preferred and what is rejected" (Petrie, 1994:60)

There is broad agreement in the literature that social values are found within individuals, although they are influenced by many internal and external factors, such as family patterns, religion, political or social systems, and training. Therefore, in order to properly understand the effect that society has on the attitudes and behaviours of people, it is necessary to understand society itself and the individuals that make up that society (Petrie, 1994). Petrie also investigates that the ways in which personal values are affected by the mass media, which is an important factor in modern cross-cultural interactions and is therefore likely to be important in the development of values.

However, it should also be recognised that the process of changing values and norms in society is normally quite slow, perhaps because the values are passed between generations and are therefore programmed into individuals. State power can also be an important part of this, with state philosophy being able to manipulate the values of people within a society over a long period of time through the introduction of new rules and regulations. An illustration of this is in the changes in power in Eastern Europe in the last few decades. The move from strict to increasingly liberal political systems has resulted in changes to the common norms and values of the people living in these countries. This may have been partially due to the influence of Western European states, in which individuals have traditionally been given more freedom to express their beliefs, culture and traditions. For example, in many Western countries, people are free to open both churches and mosques. The issue of religion is another important factor in the culture of a society, with religion shaping the accepted rules and behaviour of society since the earliest periods of history.

Despite these broadly applied factors, individuals are still different, with different perceptions and values regarding important topics, such as the rights of children with special needs. Armstrong and Barton have claimed that "Within and across societies, individuals and groups have different understanding, values, interpretations and discourses with regard to issues of human rights and disability" (Armstrong and Barton, 1999:20).

In essence, it can therefore be said that national culture affects individual values, which then inform the way that people behave. A number of models exist in order to explain national culture, one of which is Hofstede's (1993) five-dimensional model of national culture. The dimensions that Hofstede uses are: (i) Power distance; (ii) Individualism/collectivism; (iii) Masculinity/femininity; (iv) Uncertainty avoidance; and (v) Long-term/short-term orientation. These dimensions are summarised in more detail below:

Power Distance (PD)

This dimension describes culture in terms of unequal levels of social status in a society, which means that power is not allocated evenly or fairly between members of the population.

Individualism versus Collectivism (IC)

This describes "the relationship between the individual and the collectively that prevails in a given society" (Hofstede, 2001: 209). This dimension therefore describes the degree with which an individual is integrated into a particular society.

Masculinity versus Femininity (MF)

This dimension refers to how clearly gender roles are defined in a society. For example, the gender roles are classically very clear in masculine societies, where men are expected to be tough and women are expected to be gentle.

Uncertainty Avoidance (UA)

This refers to how stressed individuals feel when they are not sure about their future.

Long-term versus Short-term Orientation (LSO)

This is the last of Hofstede's dimensions is that the values are characteristically associated with short-term orientation, such as protection of reputation, fulfilment of social responsibilities and a respect for tradition, are balanced by those values that are deemed to be long-term: perseverance and the ability to make sacrifices for long term gains (Hofstede, 2001). These make it possible to understand what people are focusing on and especially whether they are more concerned with a short-term or long-term approach to life.

The ways in which these attitudes manifest in different countries and different cultures can be explained by means of Hofstede's cultural dimensions (Routamaa, Hautala and Mohsin, 2007). For example, the countries of Northern Europe could be seen as individual and feminine, in contrast to Arabic countries which are collective and masculine. In addition, there are often systemic differences in values and attitudes of these cultures (ibid).

By using these five dimensions above, it is possible to more fully understand a culture, which can enable deeper understanding of the individual actions and beliefs within that particular society. Hofstede (1980, 1997, and 2003) claims that Western societies tend to be orientated towards individualism, with people being motivated by personal or family needs, and which suggests that historical or cultural issues are less important in these societies than in Eastern countries. According to Dimmock and Walker (1999:98) stated that "eastern and less- developed societies are more collectivist". However, the caveat to this is that immigration is making these Western countries more multi-cultural. In this theory, Eastern societies are more collectively orientated, placing greater emphasis on culture and history, which affects individual behaviour within the societies. For example, this perspective is likely to influence the attitude of people towards those with special needs. The individualistic approach of Western people manifests in a strong sense of human rights, with the development of human rights, guidance and laws to protect children with special needs. This position holds that the state has a responsibility to implement policies and run institutions that meet the special needs of children and guarantee the protection of their rights. It is therefore evident that improved understanding of national cultural values and norms is an essential step in understand the perception and attitudes about children with special needs, as "In terms of child-rearing practices or childcare, we derive our meaning and understanding of childhood from our culture" (Owusu-Bempah, 1999: 20).

Cross- cultural issues have been extended to include at least in the Arab world. In cooperation with UN Convention, many of the Arab countries such as Saudi Arabia; the United Arab Emirates; Jordan; Syria; Morocco; Bahrain and Egypt signed an agreement in 1991 to deal with the Principles underpinning of special education policy (ElZein,2009). The Arab countries began for providing the needs and rights for children with SEN in 1991(ibid).

2. Children with Special Education and Politics

Politics plays an important influence over individuals and societies. It can have an enormous effect on markets and commerce, as well as on the manner in which state services are administered. For instance, welfare care is influenced by formal policies which determine how the requirements of individuals and the community should be met. To discuss the terms of children with special needs and politics, one should approach the definition of disability from a pressure group's point of view. Oliver's (1990) argues that: "If disability is defined as social oppression, then disabled people will be seen as the collective victims of an uncaring or unknowing society rather than as individual victims of circumstance" (Oliver, 1990: 2).

If such a point of view is acknowledged, it will lead to social approaches that will be directed toward the reduction of repression instead of towards compensating for the disability. The significance of a formal (political)

definition of disability lies in the rising number of the urban poor in contemporary industrialised nations. With regard to the process of identification and categorisation, disability has often become an essential classification which offers an appropriate social status to those who might be described as unable to acquire a job, in comparison to those who might be categorised as disinclined to do so, as argued by Oliver (1990). One can also provide another key factor for the significance of a political description when considering the financial consequences on a disabled child.

In terms of the most important challenges facing parents of a child with special needs or disability, they include offering a useful plan for their child's mental and emotional growth with suitable care and learning. The major impacts on the growth of such children, this is the part played by the government and its national policies. There are several rules for children with special needs, including policies for separation or inclusion in the educational process. These regulations and rules can affect families and how their special needs children develop. This in fact brings forward the 'for or against' family rights debate. As notes by Pugh (1968:39) the impact of state intervention on the family can be seen in the fact that: "How far parents are able to share in making realistic plans for their child will bear some relation to their intelligence and emotional maturity. It will depend on their capacity for looking ahead; on their ability to see the child as an individual with needs differentiated from their own; on the extent to which they have been able to come to terms with the separation and with the role of the local authority". The next Section presents the origin of the term 'special educational needs' (SEN), its definitions, and the types of special education needs as well as discussing the definitions and models of disability.

3. The Origin of the Term 'Special Educational Needs'

Special education is one of the more recently developed areas in the field of education and psychology. The scientific study of this aspect of education can be traced to the beginning of the last century. Whilst children with exceptional needs have always existed, special education programs are a relatively recent development. Considerable controversy exists about the history of this field, and its legal and moral implications (Armstrong, 2003). Therefore, in this section the historical and cultural perspectives of special education needs are discussed. In the eighteenth century, French and American academics conducted investigations into the educational needs of individuals with certain types of disability, such as deafness. In the nineteenth century, this interest widened to include a focus on those children with mental disabilities. Classically, the services provided to these children tended to focus on the provision of protection, sheltering them from the outside community "*Institutionalization*" because of the difficulties they faced in adapting to everyday life. The democratic ideals championed by the French and American revolutions led to a call for the education of these exceptional children in special schools or institutions of their own (Weijers, 2000).

The modern notion of special education began in the nineteenth century with the emergence of associations specialising in the legislation surrounding special education, and in the creation of programs for each category of special education. Specific legislation has subsequently been drawn up and implemented in many countries to ensure that children receive a minimum level of appropriate education (Fred, 1986).

In the last few years, developed countries such as the United Kingdom and United States of America have taken the initiative to pass various legislations to support the education of individuals with SEN (Frederickson, Osborne and Reed, 2004). The current research outlines some of the legislation for people with special educational needs in the United States and Britain. An example in the USA is the 'Education for all: Handicapped Children Act (1994)' which sought to ensure that the following objectives were met: "...to follow and assess the case in proportion to the circumstances of disability; to provide Special Education and Related Services... [to ensure that] disabled children with special educational needs receive Support Services to face their educational needs" (Turnbull, 1986).

Provisions intended to serve those individuals with special needs have evolved through a number of stages, however. In the USA changes began with the Individuals with Disabilities Education Act (IDEA), first issued in 1975. IDEA aimed to ensure appropriate education for all students with disabilities throughout the various states. Section 504 of the Rehabilitation Act was subsequently adopted in 1977 and guaranteed individuals with disabilities involvement in any federal program or activity regardless of their disability. Finally, the Family Education Rights and Privacy Act of 1974 attempted to protect the rights of disabled children and parents and supported funding for their education (Brookshire and Klotz, 2002). These were positive Acts towards proper special education provision. However, these Acts still focused on the principle of ensuring provision of the Least Restrictive Environment (REI). Under This REI, the environment would be more similar to the educational environment provided for their non-disabled peers where parents can be involved in their children's educational programs and related decisions. In general, the concept of the REI has been developed to ensure a '*free appropriate public education*' (Rodger, 1995). What is more, the REI seeks to achieve two main goals; first, determine eligibility of students for special education services regardless of the circumstances of their disability; second, to determine the nature of special education services that a disabled student will receive. The debate around the concept of 'least restrictive environment' has centred about the nature of the educational programs rather than the

educational placement. The educational placement is normally an open option which is not determined by the needs and characteristics in the same way as it controls the nature of the educational programs, which should reflect their needs and characteristics in an individual manner. In other words, the placement of children in special education programs should be constantly justified, not only in determining the validity of the educational placement, but in the value of the program and its impact on their abilities (Smith and Hilton, 1994).

The UK is one of the countries to focus on the introduction of legislation for people with SEN; this interest started to materialise after the introduction of Law No. 142/94 in the United States of America (Tod, 1999). Over the past two decades, the field of special education has undergone some significant changes. In the early 1970s, educators viewed learning difficulties as an issue resulting from the child's interaction with their environment, as opposed to difficulties emanating from the child itself (Riddell and Brown, 1994). This was acknowledged in the Warnock report (DES, 1978) where policy developments in the 1980s and 90s were rooted in this perception. According to Riddell and Brown (1994:9) "the legislation abolished statutory categories of handicap, established the concept of special educational needs and provided for assessment procedures and the drawing up of an official document stating the nature of the child's special needs and the measures proposed by the education authority to meet these needs."

A new system of social values and education was introduced by the 1988 Education Reform Act for England and Wales (Riddell and Brown, 1994), and major results of implementing this Act were the National Curriculum and national assessment. Riddell and Brown (1994) also believed that several educationalists considered a change in education to be beneficial for children with special educational needs; in particular, this National Curriculum and assessment. One of the most significant requirements of the 1993 Education Act for England and Wales provided by the Code of Practice was to give practical assistance to Local Education Authorities (LEA) that guarantee that children's rights are protected. The Code of Practice on the Identification and Assessment of Special Educational Needs (DfE, 1994) specifies criteria on educational development. This Code of Practice contains the implementation of an Individualized Educational Programme (IEP) for each child with special needs. In other words, the IEP has been designed to help children with special needs to receive special education services in mainstream schools. Furthermore, in 1997, the Code of Practice concentrated on inclusive education. In addition, the revised Special Educational Needs Code of Practice (DfES, 2001) and Education for Persons with Special Educational Needs (EPSEN) have served as useful documents for each disabled child (Prunty, 2011). EPSEN involved rights for children, which included the provision of free education for persons with special educational needs and the implementation of an IEP for each child.

During 1997, inclusion played a very important role in the Labour government's policies by increasing opportunities for vulnerable individuals. Furthermore, in part 4:27 of the SEN Code of Practice, for example, the IEP indicates whether students have been making significant progress toward the short-term goals incorporated in the program. IEPs are only implemented with pupils who are diagnosed as having needs which are 'additional to' or 'different from' other pupils on a general curriculum plan. The IEP is a written document comprising various components. Under this code, parents and the child should participate in the preparation and implementation of the IEPs (DfES, 2001).

Some academics have taken a stronger view, arguing that the scientific research into special education over the past two decades is the most significant development in the history of education, due to the degree of support it has received from legislation (Gersten and Woodward, 1990). This view holds that 'special education' was a construction that enabled the education system to provide appropriate facilities for students with disabilities. The opposing view is that the development of this distinct area of education has introduced problems, due in large part to the complex issues it raises and the difficulty of properly defining the field (Lipsky and Gartner, 1996). Marshall (2008) claims that the term of 'children with additional needs' could be considered more appropriate term rather than the term of SEN. It has been suggested that 'special educational needs' considers classification as 'a necessary evil' (Hunt and Marshall, 2002: 32).

Critics argue that a lack of clarity in the definition of 'special education', and the segregation of those needs from mainstream education, do not ultimately benefit those children it aims to protect. Slee (1998) claimed that research in relation to special needs has not introduced a new idea but rather it has reformulated old ideas that fail to protect children with SEN and their rights. It is clear that the position of these two countries (USA and UK) demonstrates the belief of governments that the rights of children with special education needs will be lost without appropriate legislation or the introduction of a separate, distinct and visible system. It has been argued that this growing awareness regarding the rights of persons with special needs should be consistent with a rise in the awareness of the rights of people from Black and Minority Ethnic (BME) communities and women in general, and the rise of the civil rights of persons with disabilities (Macmillan, 1988). This clearly implies that the legislation reflects new movements in the field of special education, which aim to protect the rights of all children.

On the other hand, According to Sackel (2006) Special education policies in the UK and the US seem to conflict on different levels. While the British system appears to be flexible in the assessment of student needs and successful in its accountability policies without being too punitive, the American counterpart is said to be strict by

placing too much accountability on educators and policymakers. Unlike the US model, the British model gives children with disabilities the option to withdraw from high stakes exams, but no consequences for the school administration. In addition, inspectors in the UK have to ensure students with disabilities have access to the whole curriculum and are provided with a balanced curriculum of their own. Such job description seems to be absent in the American system, with students losing out on some type of enforcement measures (ibid). Another difference between the two countries refers to the movement of students between schools. Parents in the UK can move their children freely, as opposed to the US where parents have to pay for the education of their children if they move them out of their local schools. He claims that, "The United States should also learn from the English system that maintaining accountability in schools does not necessitate the use of punitive sanctions" (P: 612). Therefore, Children with SEN need the special Safeguards of regulation created to safeguard them.

3.1 Defining the Term 'Special Educational Needs'

The definition of 'special education' has raised considerable debate among professionals, parents and the individuals directly involved. Certain terminologies have emerged to describe those people needing particular types of education, including: '*exceptional children*', '*handicapped children*' and '*children with special education needs*'. These children are recognised as having mental, emotional, physical or social needs which, following a diagnosis may require therapeutic intervention or special care by qualified specialists (Foreman, 2009). The term 'Special Educational Needs' (SEN) was proposed by the Warnock Report (Department of Education and Science, DES, 1978) in an attempt to raise social acceptance of individuals with disabilities, as well as to re-conceptualise special education in Britain (Adams, Swain and Clark, 2000). Prior to this term, statutory categories had been used, which also included terminology such as 'disabled'. However, the use of the term 'special educational needs' has been controversial and has generated extensive debate in the academic literature. For example, Gross (2002) regards the term as nebulous and inappropriate, while others claim that it encourages discriminatory practices, arguing that any child might, at times, experience learning difficulties (Solity, 1991).

A further argument suggests that 'special' emphasizes the powerlessness of these children rather than giving them dignity (Corbett, 1996). Meanwhile, Tomlinson (1985, cited in Skidmore, 2004) questions whether this new terminology created an administrative label that effectively determined the educational careers of children. Regarding the most appropriate terminology, I argue that the term 'special needs', used to describe individuals, could reduce stigma and marginalization. Previously, terms such as 'handicapped' or 'mentally retarded' were used and are examples of the deficit model of disability (Adelman, 1996). The concept of 'special education' encompasses a wide range of disabilities and special characteristics. As Farrell (2004) stated: "every child is unique and there is a wide spectrum of SENs that are frequently inter-related" (p: 13).

Over the last three decades many of the above terms have been used synonymously with 'special education', despite having different meanings. For example, the term 'handicapped' refers to difficulties in performing a task the way it is normally performed (Farrell, 2001). While '*disabled*' refers to lasting physical or mental impairment that causes an individual difficulty in performing particular functions, therefore reflecting deficit in the functional performance and effectiveness of an individual (Kittay and Carlson, 2010). '*Developmental disability*' describes factors that affect the development of a child, mentally, physically or as a functional limitation in major life activities which requires the provision of special services or treatment for a long period (James and Harris, 2010). In contrast, '*special education*' can be described as the science that deals with the categories of exceptional children in terms of measurement, diagnosis and the preparation of educational programs and teaching methods appropriate to them (Rousan, 1998). Therefore, 'special education' refers to the provision of suitable education for those children who do not have typical needs; it does not necessarily describe education for those children who are disabled or handicapped, as per the definitions above. For this reason, there is considerable controversy and confusion over the use of these terms (Ronald, 1992). Formal definitions have also been provided in this area. The Special Educational Needs Code of Practice (DfES, 2001) defines the term 'special educational need' as: "a learning difficulty which calls for special educational provision to be made" (p: 6).

This Code of Practice issued by the DfES reveals that children have a learning difficulty if they:

- "a) have a significantly greater difficulty in learning than the majority of children of the same age; or b) have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority ;c) are under compulsory school age and fall within the definition at (a) or (b) above or would do so if special educational provision was not made for them" (p:6).

According to the International Standard Classification of Education (1997, cited in Gymah, 2006: 24) the concept of children with special educational needs included those failing in school for various reasons, adding that

SEN includes the need for additional support. In other words, it relates to the extent to which schools adapt their curriculum, teaching and organisation in order to encourage efficient and effective learning for these pupils. Following this definition, specific disabilities could be understood to mean conditions such as difficulties with listening, reading, arithmetic, writing, written expression, handwriting and spelling.

The UK government's Green Paper on Excellence in Education suggested that SEN children form a readily defined group with common characteristics and that this group includes children from disadvantaged families as well as those pupils with a Statement of SEN (DfEE, 1997). Therefore, children are identified as having SEN on the basis of the difficulties they experience in school, rather than impairments or medical conditions (DfES, 2001). Dyson (2005) point out that since this system of identification lacks 'objective' measures of impairment, around 18% of children in primary schools can be identified as having SEN. This can make it difficult for teachers to understand the various categories of children with SEN (Pearson, 2005). The Special Educational Needs Code of Practice (DfES, 2001) did not classify various types of SEN. Similarly, many feel that categorisation should not be used (Hunt and Marshall, 2002) since it does not fit the concept of inclusion, which seeks to remove barriers and ensure equal opportunity for all (Ainscow, 2005). This lack of coherence can have long-term consequences. Florian, (2003) says that those children: "rarely fit categorical descriptions of difficulty and not all disabilities give rise to special educational needs, nor are all special educational needs a result of a disability" (p:102).

This definition emphasised that categorisation may have no educational relevance. Furthermore, notions of special educational needs have not eliminated categorisation from the education system, (Adams et al, 2000:234), and this has resulted in difficulties with resource allocation in relation to children with SEN (Florian, 2002). In contrast, Armstrong, (2003) claims that effective categorisation can be helpful to describe a condition, indicate a cause and predict the long-term future. Categorising children as having intellectual disabilities or emotional and behavioural difficulties, or any other category, is therefore likely to continue. This debate highlights the fact that the changes in the field of special education have not been universally accepted, although these debates have endeavoured to solve problems faced by, and attitudes towards, persons with disabilities (Slee, 1993).

It can be concluded that the aim of the provision offered by education authorities is to ensure that student with special educational needs achieve a degree of social acceptance and vocational education which meet the needs arising from their disability. It can be seen from the above definitions that special education takes the form of a series of specialized educational programs, which are used with individuals with SEN, most of whom show a marked deviation from the level of their peers. The aim of these programs is to help them to achieve their best, develop their abilities to the fullest extent, and adapt and actively participate in the construction and development of their society.

3.2 Types of 'special educational needs'(SEN)

As the Special Educational Needs Code of Practice (DfES, 2001) notes that, there are many types of special need, and this has resulted in controversy over the categories used for identifying special educational needs (Farrell, 2004). However, this present research will explain the most common terms used both nationally and internationally to describe student with intellectual disabilities, including 'learning disabilities' (UK), 'developmental disability' (Canada and Australia) and 'Intellectually Disabled' (I/D) (USA). In this literature review, I will discuss some thoughts on the specific or synonymous term I/D and the rationale behind it.

3.2.1 Learning Disability (L/D)

'Learning Disability' (L/D) is also refers to as a 'learning disorder' or a 'learning difficulty', and can refer to several disorders. The common feature of these disorders is that the person experiences difficulties in learning through conventional methods of education. The UK uses the term, 'learning disability' to describe student with an intellectual disability, which denotes a series of developmental disabilities or conditions accompanied by a more or less severe cognitive impairment, such as dyslexia (Emerson and Heslop, 2010). As Kwok and Katz (2009) found, there are several terms used globally, and the most common term is 'intellectual disability' (I/D). In contrast, in the United States, The American Association on Mental Retardation (1992) uses the term 'learning disability' which is defined as: "... a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, speak, read, write, spell, or do mathematical calculations" (Yvonne and Batshaw, 1992: 366).

It should be noted that this definition contains the idea of psychological process. Birnbaum (2010) notes that the term 'learning disability' refers to children who either have a learning disability in acquiring new skills or who learn at a different rate to their peers (p:11). Student with learning disabilities are not a dissimilar group, regardless of the defined terminology, or the wording of different terms (World Health Organization, 1996). Conventionally, the UK has provided services for people with learning disabilities through four categories: mild, moderate, severe and profound (Department of Health, 2010). Luckasson et al (2002) highlighted the controversy about the diagnosis and classification of I/D through institutional care. In the UK, researchers concerned with special education are concerned with the process of diagnosis and measurement for student with intellectual disabilities. Additionally, diagnosis has begun to be conducted through collaboration between paediatricians,

educators, social service providers and mental health professionals. There are many barriers to the identification of appropriate services for a diversity of reasons, including shortage of in-service training courses for professionals and inadequate quality criteria for the measurement and diagnosis of people with mental retardation, especially in developing countries (Bhaumik, 2009). There is considerable controversy around the world about the criteria of diagnosis and assessment for people with 'learning disability' due to the fact that these are not appropriate for the diagnosis and evaluation of people with I/D. It is apparent that there have been several terms for 'learning disability' over time, which may have increased the social stigma. According to Emerson and Heslop (2010), some countries, and particularly the US and Canada, use the definition of 'learning disability' to indicate a person with a problem such as dyslexia.

3.2.2 Developmental disability

In the USA and Canada, the term 'developmental disability' refers to a permanent disability that occurs due to mental and/or physical defects evident prior to the age of 18. 'Developmental disability' includes disorders such as mental retardation, autism, cerebral palsy, epilepsy and other neuropathy (Odom et al., 2009). The term 'developmental disability' was used in the US in 1970 within the Developmental Disabilities Services and Facilities Construction Act (PL 91-517) as a term interchangeable with the term 'mental retardation' (Foreman, 2009: 18). However, Australian health services use the same term to describe people with mental retardation. According to Roberts (1994:1) developmental disability' can be defined as:

"..... a severe chronic disability that results from mental and/or physical impairments that are manifest before the age of 22 and are likely to continue indefinitely, resulting in substantial functional limitation in two or more of the following areas of life: self-care, receptive and expressive language, mobility, capacity for independent living, learning, and economic self-sufficiency".

It can be seen that the age of 22 is the cut-off point for a person being deemed to be intellectually disabled, while the previous definition in the AAMR Act (2002) set the age at 18. Regardless of the precise age (whether 18 or 22), a defining feature of this type of disability is that it occurs during a person's formative years.

3.2.3 Intellectual Disabilities (I/D)

There has been much discussion and controversy regarding the history and evolution of 'Intellectual Disabilities' (I/D). This interest began through the making of provision for individuals but there was no general academic interest in the area (Armstrong, 2003). It was seen that children with special needs were not able to benefit from the educational programs provided for the general population without additional support. They could not be provided for unless account was taken of special legislation made for the handicapped (Adams, 1989). Tuffrey (2003:1) shows that: "People with intellectual disabilities are among the most disadvantaged groups in society".

In recent years, the field of Intellectual Disabilities (I/D) has been subject to significant amendment which has clearly affected what is contained in the legislation, as well as educational programs captioned for each category of I/D. This I/D field has received a great deal of interest from many countries, where legislation has been enacted to ensure that the children with I/D receive the optimum education. In the US context, the concept of I/D first appears in legislation such as the general law 1994 / 142 (the Education for All: Handicapped Children Act) which was designed to improve and develop services for children with I/D. In addition, throughout history, negative attitudes have been displayed towards children's with special needs (Weijers, 2000). A disabled individual was seen to be a financial burden on society (Rousan, 1998). The field of I/D has witnessed many changes, both negative and positive, towards members of this category throughout time (Azza, 2001: 149).

The term I/D developed through the efforts of individual organizations which were concerned with certain disabilities (Slater, 1979). For example, in the early nineteenth century, efforts were made by educational pioneers around the world, such as Itard, Seguin and Montessori. According to Karyoti, et al, (1995), there have been four basic stages in the history of attitudes to I/D. The first stage was genocide. Human societies in ancient times got rid of weak and disabled children, the most prominent example being "Plato's Republic" which recommended the removal of persons with disabilities outside the boundaries of the state until they were destroyed. The second stage was neglect, in which people with intellectual disabilities were left alive in the community, but abandoned without any help. The third stage related to fundamental care, as with the weak, sick, disabled and other disadvantaged groups in society, where people with intellectual disabilities were provided with homes, food and drink. Finally, the fourth and current stage is to provide special education and rehabilitation services.

3.2.3.1 Definitions of I/D

At present, a variety of terms, definitions and classifications of 'intellectual disability' are accepted. Practitioners in the UK tend to use the term 'learning disability'. According to the Emerson and Heslop (2010), the term 'intellectual disability' should be considered interchangeable with the term 'learning disability'. There are several interchangeable terms in common use, including 'intellectual disability', 'developmental disability', 'learning disability' and 'mental retardation'. In this present research, the definition of these terms will be discussed. The last century witnessed the emergence of many of the terms which reflect the concept of mental

retardation, such as 'mental impairment', 'mentally handicapped', 'mental deficiency' as well as the term 'mentally feeble minded' (Wen, 1997). According to Gulliford and Upton (1992), the concept of I/D is hidden and encompasses a wide range of difficulties. There is considerable controversy about classification and terms in specific use for people with I/D.

In the 1970s, there were a lot of issues presenting obstacles to children with I/D in terms of their inability to achieve their educational needs. These were the subject of controversy and confrontation on the pages of scientific and professional journals (Macmillan, 1988). The definition of 'intellectual disability', in terms of its classification and measurement, was at the heart of the controversies, and was considered one of the main obstacles to improving the structure of programs that serve the needs of people with intellectual disability (Reid and Knight, 2006). The definition of I/D is very 'uncertain' particularly as there is no single unique approach for the identification of these 'disabilities'. As a result, a child might be deemed to fall into this category in one school setting but not in another. Hallahan and Kauffman (1994) confirmed that the widespread interest in mental disability by the various categories of scientists and professionals led to an evolution in the understanding of this phenomenon and the determining of its causes. The difficulty has arisen in arriving at a definition of 'mental retardation' which is comprehensive, accurate and acceptable to various scientific and professional groups. Some of the definitions reflect the theories of causation, while others attempt to describe I/D.

Forness and Polloways (1987) stated that those who are working and interested in the field of mental retardation were still unsure of the appropriate way to define and classify the people who suffer from mental retardation, specifically the category of 'mild retardation', around which there was still a great deal of controversy (p:221). MacMillan (1988) also indicates that the pluralism in the label of 'mental retardation' had increased vagueness concerning the definition and diagnostic potential in this category, which has weakened the credibility of its scientific description. Kavale and Forness (2000) emphasised that:

"Although L/D has experienced unprecedented growth and has had a significant impact on special education, it remains among the most problematic classifications because of vagaries and antagonisms surrounding definition" (p: 239).

According to Kidder-Ashley, Deni and Anderton (1990) "...since its introduction roughly 40 years ago, the special education category of 'specific intellectual disabilities' has been the subject of ongoing debate and controversy." (P: 65).

Thus, the modern trend in special education is to use the term 'intellectual disability' (Meservy, 2008). He also explained the reasons for the change in name:

"The name 'mental retardation' has been associated with negative connotation and does not always communicate dignity or respect. A quick dictionary search of the term 'mental retardation' includes several definitions with the connotation 'derogatory term' linked to them. 'Retardation' further implies a static course instead of a dynamic and variable one. This is often causing for the practitioner, health insurers and providers to classify problems in the individual's functioning as a 'long-standing' function of the individual's mental retardation" (p:7).

Also, he indicated that there were four reasons for changing the use of 'intellectual disability': the abolition of stigma; improvement in the level of understanding; using measurement and evaluation for the diagnosis of the situation; and the ability to describe people with mental retardation depending on the category (ibid). In contrast, Klitze (2008) asserts that the notion of mental retardation often related a negative significance and denoted a lack of human respect. The rationale for using this term appears to be linked to a combination of social, scientific and philosophical factors. Clearly, it can be seen that the most important of these reasons is that the use of the terms 'mental retardation' and 'mental deficiency' can produce a negative reaction in the families of those who suffer from low mental capacity, whereas the use of the term 'intellectual disability' offers the general impression that the process of growth in all mental processes is ongoing, but not at the same rate as the general population.

With regard to the American Association on Mental Retardation (AAMR) definitions, the AAMR emerged as a result of criticisms targeting the psychometric definitions, which depend solely on criteria for mental capacity standards in the definition of mental retardation. Its origin was also a result of criticisms of the social definitions of social validity being used in the definition of mental disability. As a result, AAMR (1992) adopted the Heber (1961) definition, which indicates that:

"Mental Retardation refers to sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behaviour." (Smith, 1999: 381)

The above quote emphasises that the most important characteristic of this definition is its comprehensiveness, which made it a basis for other definitions (AAMR, 1992), although it also faced criticism with regards to the level of decline of the overall average in measures of intelligence. Under these standards, with a population mean of 100 and standard deviation of 15, any score of 85 or less might be diagnostic of mental retardation (Smith, 2007). Moreover, the Heber (1961) definition was reviewed and revised by Grossman (1983)

who defined 'mental retardation' as: "Significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period" (p:5)

This definition indicated that there are clear differences between the definitions of Heber (1961) and Grossman (1983). This specification meant that an IQ test which represents the boundary between individuals with and without a disability is defined by Heber as being between 84-85 points on the Wechsler and Stanford Binet Scales, while the Grossman definition suggests a score of 85 to 70 on the same standards. The second difference is that, on Heber's definition, the proportion of mentally retarded individuals in the community was 16%, in contrast to the proportion of mentally retarded individuals in the community as defined by the Grossman scale being from 16% to approximately 2.25%. As a result, Grossman's definition remained acceptable in the field of special education and has been adopted by AAMR (1992). According to this definition, I.Q. and adaptive behaviour standards are considered as major points in the definition of mental retardation.

3.2.3.2 The American Association on Mental Retardation (AAMR) Definitions

The AAMR published the most recent revision of its manual on the definition and classification of mental retardation in 1992. This definition involves crucial changes. It stated as follows:

"Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18" (Lukasson et al., 1992:1).

As illustrated above, there was almost unanimous agreement on the formula by which to determine mental disability: mental performance should be below average, and deviate from the average by two standard deviations or more. Mental performance should be accompanied by deficiencies in adaptive behaviour in two or more areas and mental retardation should occur before the age of 18 years. This definition has also sought to bring about the abolition of the traditional classifications of mental retardation i.e. mild, moderate, severe or profound. It provides the concept of support to include the capabilities, resources and necessary strategies for an individual who has a mental retardation in order to be able to learn and progress, while also establishing relationships within the work and home environments. This provides an opportunity for enhancing self-reliance, productivity and the ability of these individuals to integrate into the community.

In addition, there are different levels of support available, related to the strengths and weaknesses of individuals with mental disabilities, varying from 'intermittent' to 'pervasive'. 'Intermittent support', either high or low intensity, occurs during transition periods in a person's life, such as job loss or health crisis. 'Limited support' occurs on a regular basis for a short period of time, but the nature of support tends to be more intensive than in intermittent support. 'Extensive support' occurs on a daily basis in home, school or work, often over a long time. 'Pervasive support' is the most intense and is provided in home, school and/or work over the course of the individual's life (Wehmeyer, 2003). However, on the definition of mental retardation used by the AAMR (2002): "Mental retardation a disability characterized 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" (Lukasson et al., 2002: 8).

This definition includes three core elements of (a) significant limitations in intellectual functioning, which refers to the individual's ability to think, plan, solve problems faced in everyday life, understand complex ideas and learn quickly, all of which involve a degree of intelligence that can be inferred from the results of intelligence tests; (b) significant limitations in adaptive behaviour, which includes conceptual skills in receptive and expressive language, the ability to read and write, social skills and scientific skills that are embodied in the personal activities of daily life such as eating and drinking habits, and the ability to move safely in all environments where the individual lives, and (c) onset through the developmental period. These were the most prominent elements in the definition of the American Association on Mental Retardation in 1992 and 2002 (AAMR, 2002).

With regard to the use of classifications with the intellectually disabled, as Zigler and Phillips (cited in Keogh, 2005) has emphasised that: "systems of classification must be treated as tools for further discovery, not as bases for polemic disputation" (p: 100). Reindal (2008) adds that the classification process in the field of special educational needs has actually served to increase the stigma within the discipline. It can be suggested that here are different kinds of I/D such as mild I/D; moderate I/D and severe I/D. The levels must be diagnosed and then appropriate educational programs must be provided through Individual Educational Plans.

It should be noted that the concept of 'mental retardation' went through several stages, aiming to formulate a comprehensive and clear concept which can determine the eligibility of individuals for special education services in the field of mental retardation. As a consequence, this category requires appropriate training and developmental programs. The old definitions of 'mental retardation' were primarily focused on the level of

disability of the individual, in contrast to the more modern definitions of the AAMR (1992; 2002). These have focused on the amount of support and assistance needed by an individual, and the importance of their role through knowledge of the necessary sources and strategies for the individual. This in turn works on supporting the progress and the learning issues of the individual with mental retardation (Wehmeyer, 2003). Schroeder and Stephen (1981) believes that the history of intellectual retardation in the US indicates enormous growth in setting the legislation required to bring about free education, treatment and work.

Having examined the development of terminology and provided a brief overview of the various recognised forms of disability, the next section will conduct an examination of the models of disability and the different perspectives arising from the literature on such a widely debated issue.

3.3 Disability Models

It has been argued that the shift in emphasis from the individual level to the social level has enabled the promotion of a fundamental re-examination of the way in which people with perceived impairment are viewed by society (Priestly, 2003). This change provides the potential for the implementation of more enabling alternatives.

Some academics have argued that the oppression of individuals who are physically or mentally impaired can be seen as being a product of industrial capitalism (Finkelstein, 1980; Ryan and Thomas, 1980). Priestly (2003) argues that models should incorporate different approaches to explaining disability. For example, structural changes in the mode of production should be examined to better understand how they affect cultural understanding of a particular society regarding the actual meaning of being disabled. Effectively, the cultural values and norms of a society shape the identity of special need individuals and groups in that society.

There are two important models underpinning the definition of special educational needs; based on medical as well as social models, each one has several key beliefs. The next section will explain these two models in the context of my own research.

3.3.1 Medical Model

Disability is explained by supporters of the medical model as a problem directly caused by psychological and medical factors (Oliver, 1990). This model holds that the performance of an individual with special needs is associated with his or her individual medical situation. Hahn (1986) states: "disabilities impose a presumption of biological or physiological inferiority upon disabled persons" (p: 89). A main criticism with the medical model of disability is that it focuses on the situation, the symptoms and the causes. The central argument from supporters of the medical viewpoint is that medicine is a health problem. Hence, it seeks to intervene and treat the individual and return them to a 'normal' state, that is to say, able-bodied. The view of medical scholars is crucial because Barton (1986) revealed the medical model as the predominant view held by non-disabled individuals. However, Adams et al (2000) discuss two models: the 'individual medical model' and the 'individual educational model'. Their definition of the 'individual medical model' is important as, although they see it as more humanistic, it still views disabled people as having impairments, and adheres to the deficit model.

3.3.1 Social Model

Oliver (1990) and Abberley (1987) proposed an alternative discourse that explains the emergence of a 'social model' of disability. This proposed model emerged as a direct result of criticism directed at the medical model. The social model considers social interaction and challenges as a basic variable in relation to disability. Thomas and Corker (2002) stated that many people focus on the response to social requirements as a basic variable as regards disability. They also explained disability as a form of social oppression due to barriers in the way of disabled individuals accessing activities, and that this impacts on their confidence and self-esteem, and ultimately their mental and physical well-being. This model occurred as a result of criticism of negative views held about children with SEN. It can be seen that these views have as their basis the notion that individuals with SEN are unable to contribute to or participate meaningfully in society.

In the latter part of the last century, scholars such as Oliver (1990, 1996) Beresford (1994) and Middleton (1999) proposed an improved social model which directly criticises the pathological model. Middleton (1999) favours a social model "Disabled children are construed by the majority of society as non-contributing. This model implies they will also be perceived as non-participating" (p: 121).

The previous attitudes underpinning the medical model have taken a stronger view. They encourage the segregation of people with special needs as well as the exclusion of disabled people from society. This view is discriminatory, and critics argue that it demonstrates a lack of understanding of the notion of the 'social model'. In contrast, Middleton did not support the notion of exclusion:

"There is no rational basis for exclusion. Disabled children share the same right to be included as a child without impairment, and any segregated treatment should be justified with their short and long term well-being in mind." (Middleton, 1999: 139)

In a similar vein, Oliver (1990) claims that an unwillingness to accept children with special needs can be seen as a problem within society. In fact, a negative attitude towards people with special needs frequently prevents

them from using their right to be involved in society. Therefore, this model proposes a change from the 'individual medical model' to the 'social model' of disability. The purpose of the individual medical model is to explain disability by diagnosing individual impairment as the basis for intervention and cure as opposed to changing attitudes in society. Given that such an opinion is acknowledged, it can be seen that the social model puts forward its aim to accept disabled students in society (Oliver, 1996). The social model of disability seeks to place responsibility for additional problems faced by disabled children on society. In addition, this model of disability criticises social obstacles and constructs. An example of these is a lack of access for wheelchair users, architectural inadequacies which prevent or limit physical access to buildings, and lack of sign language interpreters (Longmore, 1987). In addition to the beliefs underpinning the medical model, the term 'disability' is associated with the medical diagnosis relating to disabled individuals and is an attempt to cure their disability as opposed to helping the disabled individual to adapt, not the person. According to Hahn (1986): "Disability stems from the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities rather than from the inability of a disabled individual to adapt to the demands of Society" (p: 128).

Priestly (2003) reports that the social model of disability highlights on the social processes and motives that lead people with perceived impairments to be disabled and marginalised within society. Therefore, the social model is more focused on explaining the social motives and processes which result in the segregation and re-classifying of individuals with so-called impairments as „disabled" people in society.

4. Pedagogy for children with SEN

There are a number of essential factors involved in properly fulfilling the needs of individual students and helping them to obtain the benefits of education. The knowledge and skills of teachers, the appropriate use of behavioural interventions, and an appropriately designed curriculum are all fundamental in the success of students with these difficulties. Generalising a universally applicable strategy is difficult given the previously stated variations among children with SEN in general and I/D in particular, other than to underline the importance of creating and implementing an Individual Education Plan (IEP) to ensure that instruction and curriculum design meet the needs of particular students. Thus, one of the most effective learning strategies is one based on individual learning which a teacher can employ in the planning of educational procedures to meet the difficulties faced by students with intellectual disabilities (Hawsawi, 2002).

Gibb and Dyches (2000) mentioned that, in terms of preparation and application, an individualised educational plan is based on a set of steps as follows. With regards to the first step, it concerns identifying the practical performance level of the student, by starting to teach the special education skill, which should be done individually through standardised reference tests, as well as those based on curricula and scientific observations. The data from these evaluative tools should give a true picture of the child's unique and special needs in the designated skills to be taught. The second step takes account of the formulation of the behavioural objective in light of the child's unique and special needs. This behavioural objective is formulated in terms of special sequential behavioural skills to be learned by students in order to achievement a wider skill. As for the third step, it involves the division of the behavioural goal, by using task analysis, into the elements of which it is composed starting from that part of the knowledge already possessed by the student. In this sense, the task of analysing the behavioural objective is the process by which the teacher recognises the elements of the behavioural objective on the one hand, and the student's mental characteristics, cognitive abilities and past experience, as well as how they learn, on the other; in so doing, these students should be provided with the most appropriate learning environment. In other words, this process of segmenting the skills represented in the behaviour target includes small gradual steps which together permit the more complex steps to be constructed leading to the achievement of the annual goals (McCormack, 1976).

Conclusion

The presented chapters review a framework for the research, which focuses on four major parts. The first part involves cross-cultural issues. The Second part refers to special education needs policies. The third area is an overview of the term of SEN and its definition and disability models is presented. The fourth area is appropriate pedagogy for children with SEN

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