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**The Role of Centers in Enabling Schools with Inclusive Practices in  
Dubai:**

**A Focus on the Collaboration and Communication System**

**By**

**Lubna A. El Lawand**

ID # 110128

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**Dissertation Tutor: Prof. Eman Gaad**

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## **Glossary**

SEN:	Special Education Needs
MOE:	Ministry of Education
MOSA:	Ministry of Social Affairs
MOH:	Ministry of Health
ST:	Speech Therapist
OT:	Occupational Therapist
IEP:	Individualized Educational Plan
LEA:	Local Educational Authorities

## **Executive Summary**

Services in three main areas; education, health and employment, are to be provided to persons with special needs to protect their rights. Education is one of the rights given to learners with special needs however schools are not the only place to provide it. The law offers many options for providing education for learners with special needs for example article 9 stated the special centers' role for people with special needs and articles 12,13,14 and 15 talk about the education of those learners.

Stakeholders who have long awaited the 2006 law of children's right for education have a main concern regarding the vagueness of the procedure for the implementation process. The issue of persons with special needs facing the bureaucracy of being included in mainstream schools will still be there until the procedures are clarified, stated, and implemented. Accordingly the following study will be focusing on the role of centers in supporting the implementation of the law; mainly the implementation of inclusion in schools. Since the process of collaboration, coordination, and communication between the centers and schools is unclear and the centers play an important part in supporting children with special needs, thus further investigation towards the established system and process is highly required.

The purpose of the study is to find out what types of centers exist in UAE and what services do they provide for children with special needs and for schools with inclusive practices. What approach do centers in UAE follow as a base for their cooperation, coordination, and communication system, and how does the system work in the center itself and between the center and schools. The researcher

interviewed three different directors of centers in Dubai and one shadow teacher assigned by a fourth center in Dubai. An analysis of data is done based on theories in the field and some recommendations are provided accordingly.

A collaborative approach must be adopted for support services to work effectively to ensure a unified, balanced approach to the family and their child with special needs. Different terms are used to describe people working together such as multi-disciplinary, inter-disciplinary, and trans-disciplinary. The first two are not team focused to support the child and family as a whole across the curriculum unlike the latter which provides the structure to enhance collaborative working.

### **Structure of this project report**

A brief introduction to the topic and the situation in UAE is introduced in Chapter I including the rationale and the aims behind the research. Chapter II includes what literature focus on when it comes to centers working with schools for better inclusive practices. Chapter III goes deep into the methodology chosen for the study. Chapter IV follows with an explanation of the results and a discussion based on literature. Chapter V concludes the study with some recommendations and further research suggestions. The references used in the study are listed in Chapter VI. The final Chapter VII includes the Appendices.

### **Methodology**

The study was done using a qualitative method. Semi-structured interviews were conducted as a mean for data collection including four main questions that focus on the children's categories catered for, the services provided by the centers, the process of collaboration that take place between staff inside the center and with the school for implementing inclusion, the challenges faced by the centers and some recommendations suggested. Four centers located in Dubai were accessed and the interviews were conducted with three directors or heads of teachers and SEN

department which represented three centers and one shadow teacher who represented the fourth center.

### **Results and Discussion**

Findings were summarized into four tables where the first represents the different children categories catered for by the centers, the second shows the different services and programs provided by the centers, and the last two represent the challenges faced and the recommendations suggested by the centers. Results have shown that centers do not have a unified policy or system that obliges them with specific services to provide since not all centers provide all services, neither there established a collaborative system to follow inside the center and with the schools which effects the IEP planning and its implementation and hence the absence of curriculum modifications, and assessments are not discussed between all staff. The centers are aiming for a trans-disciplinary approach but on ground it is not the case. The implementation of collaboration is not taking place properly where professionals are ending up working separately with minimal communication and coordination throughout the month.

Many reasons stand behind the improper implementation of collaboration and difficulty in maintaining proper inclusion in the classrooms. Some of the problems rely heavily on the lack of bureaucratic process put by the local educational authorities in UAE regarding how to go about such a system. Other challenges are more focused on the daily operation of the center's work such as the lack of time for preparing regular meetings and daily reports. No policy obliges the staff to collaborate and work in a certain system with the schools which is leading the professionals to work according to what suits them and their children. Finally the lack of teacher training to manage such a collaborative system and accept change and suggestions from others, as well as the absence of knowledge of how to meet the needs of a child with SEN are part of the limitations discussed by the interviewees.

### **Conclusion**



The study identified some of the different categories of children with SEN that the centers in Dubai cater for and explored the services and different programs provided. The communication and collaboration system that take place in the centers and mainly between the centers and schools was discussed with a focus on the making of the child's IEP and assessments. The study identified some challenges faced by the centers today and gave some recommendations to improve centers' support to schools with inclusive practices. The study followed a qualitative method of research using semi-structured interviews as the tool for data collection.

The education system in UAE lack uniformity which does not support those with special needs or who are differently able. To insure smooth transition of services and resources, effective and well-planned collaboration between the MOE and the MOSA need to take place expediently to assess the education services offered in the various centers, and to plan to allocate human and physical resources for the UAE schools.

Joint planning between school principals and therapy managers or clinical supervisors is required since it will lead to effective working policies, protocols and practices to develop collaborative classroom working strategies. Joint working practices should take place between education and health authorities as well to create joint service standards of best practices. Teachers and all team members whether from school or other agencies need to plan, record, and report progress in an integrative system.

### **Recommendations for Future Area of Research**

Further research is required to view the collaborative system from the school's perspective and parents' perspective. Hence a triangulation method can then take place for more reliable and valid results. An experiment can be conducted on implementing a policy and structured system of communication and collaboration between a center and a school supporting one child's needs for better implementation of inclusion in the classroom.

**موجز تنفيذي:**

هناك خدمات في ثلاث مجالات: التعليم، الصحة والتوظيف يتم توفيرها للأفراد من ذوي الإحتياجات الخاصة لحماية حقوقهم، إن التعليم هو أحد الحقوق تعطى لمتلقي التعليم من ذوي الإحتياجات الخاصة علما بأن المدارس هي ليست المكان الوحيد لتوفير ذلك، إن القانون ينص على خيارات عديدة لتوفير التعليم لذوي الإحتياجات الخاصة، مثال ذلك البند ٩ الذي ينص على دور المراكز الخاصة لذوي الإحتياجات الخاصة والبنود ١٢، ١٣، ١٤ و ١٥ تتحدث بشأن هؤلاء المتلقين للتعليم.

إن المهتمين الذين إنتظروا طويلا قانون سنة ٢٠٠٦ لحقوق الأطفال لديهم ذات الإهتمام بخصوص ضبابية الإجراءات لعملية التنفيذ، إن موضوع الأفراد ذوي الإحتياجات الخاصة في حاجة لمواجهة البيروقراطية لجعله ضمن المسار الرئيس للمدارس الوضع الذي سوف يستمر قائما لحين توضيح، إقرار وتنفيذ الإجراءات، عليه فإن الدراسة الحالية سوف تركز على دور المراكز في دعم تنفيذ القانون وبصورة رئيسة تنفيذ دمج وتضمين المدارس، وحيث أن عملية التعاون، التنسيق والتواصل بين المراكز والمدارس غير واضحة، بينما تلعب المراكز دورا مهما في دعم الأطفال ذوي الإحتياجات الخاصة، عليه فإن مزيد من التحري حول النظام والعملية القائمة حاليا أمر مطلوب بدرجة

إن الغرض من الدراسة هو إكتشاف ماهية أنواع المراكز القائمة في الإمارات العربية المتحدة وماهية الخدمات التي تقدمها للأطفال ذوي الإحتياجات الخاصة والمدارس ذات النظام التضميني، ما هو الأسلوب الذي تعتمده المراكز في الإمارات العربية المتحدة كأساس لنظام التعاون، التنسيق والتواصل وإلى أي درجة يعتبر النظام فاعلا داخل المركز ذاته وما بين المركز والمدارس،

إن الباحث قام بإجراء مقابلات إستطلاعية مع مديري ثلاث مراكز مختلفة في دبي وأحد المدرسين مبعث من مركز رابع في دبي، تم إجراء التحليل على أساس النظريات العملية وبعض التوصيات تم تقديمها تبعا لذلك،

إن الأسلوب التعاوني يجب تبنيه في خدمات الدعم حتى يعمل بفاعلية في تأمين مقاربة موحدة ومتوازنة للأسرة وطفلها من ذوي الإحتياجات الخاصة، إن عبارات مختلفة تم استخدامها لوصف الأفراد العاملين معا مثل "متعدد الانضباطية، بيني الانضباطية وشامل الانضباطية" إن التعبيرين الأولين لا يمثلان تركيزا جماعيا لدعم الطفل والأسرة كاملة من خلال المنهج الدراسي بخلاف الأخير الذي يوفر بنية لتعزيز العمل التعاوني،

**المثيوودولوجيا "علم المنهج"**

تمت الدراسة باستخدام الأسلوب الكمي، المقابلات شبه المنظمة تم إجراءها كوسيلة لجمع البيانات شاملة أربعة أسئلة رئيسة تركز على فئات الأطفال، الخدمات المقدمة من المراكز، عملية التعاون التي تجري بين الموظفين داخل المركز ومع المدرسة لتنفيذ التضمين، التحديات التي تواجهها المراكز وبعض التوصيات المقترحة، أربعة مراكز في دبي تم الدخول إليها وتم إجراء المقابلات مع ثلاث مديرين أو كبار المعلمين ودائرة ذوي الإحتياجات الخاصة بالإضافة لمدرس غير رسمي.

**النتائج والمناقشات:**

إن النتائج تم إيجازها في أربعة جداول حيث يمثل الأول الفئات المختلفة للأطفال المتلقين للرعاية في المراكز، الثاني يبين الخدمات المختلفة والبرامج التي تقدمها المراكز، الجدولين الأخيرين يمثلان التحديات التي تتم مواجهتها والتوصيات المقترحة من المراكز، أظهرت النتائج أن المراكز ليس لديها سياسة أو نظام موحد يلزمها بتقديم خدمات محددة إذ ليس جميع المراكز تقدم جميع الخدمات كما لا يوجد نظام تعاوني قائم يتم إتباعه داخل المركز ومع المدارس يؤثر في تصميم خطة التعليم الإفرادي، حيث أن إنعدام التعديلات في المنهج التعليمي والتقييم لم تتم مناقشتها بين

الموظفين، إن المراكز تستهدف نظام الإنضباط الشامل ولكن واقع الحال على الأرض ليس كذلك، إن تنفيذ التعاون لا يتم بصورة صحيحة حيث أن الإختصاصيين ينتهي بهم الحال في العمل منفردين بالحد الأدنى من التواصل والتنسيق خلال الشهر،

أسباب عديدة تكمن خلف التطبيق الغير صحيح للتعاون والصعوبة في المحافظة على تضمين صحيح في الفصول الدراسية، بعض المشاكل تعود وبشكل مكثف للإفتقار للعملية البيروقراطية الموضوعية من قبل سلطات التعليم المحلي في الإمارات العربية المتحدة بخصوص الأسلوب الذي يتم تبنيه في هذا النظام،

تحديات أخرى تركز أكثر على التشغيل اليومي لعمل المركز مثل الإفتقار للوقت لإعداد إجتماعات منتظمة وتقارير يومية، لا توجد سياسة تلزم الموظفين بالتعاون والعمل في نظام محدد مع المدارس بما يدفع بالإختصاصيين للعمل بما يرضيهم ويرضي أطفالهم، أخيرا فإن الإفتقار للتدريب على إدارة مثل نظام التعاون ذلك وقبول التغيير والإقتراحات من الآخرين بالإضافة لإنعدام المعرفة في كيفية الإستجابة لإحتياجات الأطفال في تعليم ذوي الإحتياجات الخاصة التي تمثل جزء من حالات القصور التي تمت مناقشتها مع من أجريت معهم المقابلات.

### الخلاصة:

تعرفت الدراسة على بعض الفئات المختلفة من الأطفال ذوي إحتياجات التعليم الخاصة التي توفرها المراكز في دبي ، والخدمات والبرامج التي تقدم، إن نظام التواصل والتعاون القائم في المراكز وبصورة رئيسية بين المراكز والمدارس تمت مناقشته وبتركيز على خطة التعليم الإفرادي للطفل والتقييم، تعرفت الدراسة على بعض التحديات التي تواجه المراكز اليوم، وإعطاء بعض التوصيات لتحسين دعم المراكز للمدارس ذات الممارسات التضمينية ، إعتمدت الدراسة الأسلوب الكمي في البحث مستخدمة المقابلات شبه المنتظمة كأداة لجمع المعلومات،

إن النظام التعليمي في الإمارات العربية المتحدة يفقر للإتساق الأمر الذي لا يدعم ذوي الإحتياجات الخاصة أو ذوي القدرات المختلفة، ولضمان التواصل الطبيعي للخدمات والموارد فإن تعاون فاعل وجيد التخطيط بين وزارة التعليم و MOSA يجب تأسيسه بصورة عاجلة لتقييم الخدمات التعليمية المقدمة في مختلف المراكز وللتخطيط لتأسيس

إن التخطيط المشترك بين مديري المدارس ومديري العلاج أو مشرفي العيادات أمر مطلوب حيث يؤدي لسياسات عمل فاعلة ، بروتوكولات وممارسات لتطوير إستراتيجيات عمل الفصول الدراسية التعاونية ، إن ممارسات العمل المشترك يجب تأسيسها بين سلطات التعليم والصحة وأيضا لتحقيق خدمة مشتركة لأفضل الممارسات، إن المعلمين وجميع أعضاء الفرق إن كانوا من المدارس أو وكالات أخرى في حاجة للتخطيط ، تسجيل ، تقديم ورفع التطور في النظام التضميني

### توصيات بحقل البحث المستقبلي

يلزم مزيد من البحث للنظر في النظام المشترك من منظور المدرسة ومنظور أولياء الأمور، عليه فإن أسلوب "المثلثاتية" يمكن أن يحقق نتائج أكثر موثوقية وفاعلية، ويمكن إجراء تجربة لتطبيق سياسة ونظام مصمم للتواصل والتعاون بين مركز ومدرسة دعما لإحتياجات أحد الأطفال من أجل تنفيذ أفضل للتضمين في الفصل الدراسي.

## **Chapter I: Introduction**

### **a) Introduction**

The international phenomenon of including learners with special needs into mainstream schools is now paving its way to the UAE. The world leaders declared that they will make sure that the rights of every child will be protected without any discrimination including children with disability to stay in line with the trend of ‘education for all’, and to reaffirm the pledge in the Salamanca Statement (UNESCO 1994 cited in Gaad 2011). The UAE issued the Federal Law No. 29/2006, on the rights of people with disabilities, including those with special educational needs (SEN), to be educated after taking some time to respond to the declaration (Farouk 2008 cited in Gaad 2011). The law states that as a fundamental right, learners with special needs are to be educated in the least restrictive environment (Gaad 2011).

Services in three main areas of education, health and employment, are to be provided to persons with special needs to protect their rights as it is the aim of the law in general. Education is a basic right of every learner with SEN, however schools are not the only institutions for this provision. The federal law offers many options for providing education for students with SEN, including article 9 which states the special centers’ role and articles 12, 13, 14 and 15 that discuss about the education of these children.

Article 9 stated that: “The Ministry shall establish, in collaboration with the competent authority centres, organizations, and institutes specialized in the care, training and rehabilitation of persons with special needs.” (Article 9:b cited in Gaad 2011 p. 73).

Article 12 stated that: “The state guarantees to the person with special needs access to equal opportunities of education within all educational institutions, professional preparation institutions, adult education, and continuous education, whether in normal or private classes when necessary.” (Gaad 2011, p. 73)

Stakeholders who have long awaited the law have a main concern regarding the vagueness of the procedure for the implementation process. The issue of persons with special needs facing the bureaucracy of being included in mainstream schools will still be there until the procedures are clarified, stated, and implemented (Gaad 2011). Accordingly, the following study is focusing on the role of centers in supporting the implementation of the law; mainly the implementation of inclusion in schools.

### **b) Problem**

It is difficult for a single source to manage tasks such as to support students with SEN and their families, since children with SEN need the support and intervention of professionals that are experts in the students' case or needs (Lacey & Lomas 1993). For example, a child might need a speech therapist and an occupational therapist to meet his/her needs. Those therapists are professionals that work in parallel with the school. Hence, support services and agencies are to aid the school in meeting the child's needs in a holistic approach. Since the child's special needs are varied, the agencies that provide the support services will be varied as well. The child will need health services, education, social services, and sometimes voluntary services depending on individual needs. In order for all agencies to work together to best meet the child's needs, a system of collaboration, coordination, and communication should be established. Such a system has not been elaborated upon neither researched in the UAE, which was one of the limitations of the study. Since information on this subject is lacking in the UAE, it acted as a trigger for carrying out the present study.

### **c) Purpose – Research questions/specifications**

The purpose of the current research was to explore the types of centers existing in UAE and the services provided by them for children with SEN and schools with inclusive practices. This study also investigated the approaches followed by these centers in the UAE as a basis for their cooperation, coordination, and

communication system, and how the system work in the center itself, and between the center and schools. Hence the main three research questions are:

- What kind of children with SEN do centers in Dubai cater for?
- How do centers collaborate and communicate with the school staff for proper implementation of inclusion?
- What approach do centers follow as a result of their collaborative system?

The research questions are tackled with a focus on joint planning between professionals at the centers and school staff for better making of an IEP and its implementation including curriculum and assessment modification.

The researcher interviewed three different directors of centers in Dubai and one shadow teacher assigned by a fourth center in Dubai. An analysis of data is done based on theories in the field and some recommendations are provided accordingly.

## Chapter II: Theoretical Background

In recent years, issues of how to attain integration has moved into concerns of how to make a system of inclusive education, where children, whatever their educational needs, have the right to be educated in mainstream schools. The dilemmas faced by support services in the variety of roles they assume within the education system have started to be clarified by the above debate (Clough 1998). Before dwelling deep into the centers' systems and models that provide the services needed for children with special needs, a brief explanation of collaboration, cooperation, coordination, and communication is given.

According to Engestrom et al. (1997 cited in Daniels 2000), 'co-ordination', 'co-operation' and 'communication' are the three-level notion of the development forms of epistemological subject-object-subject relations. Actors pursue different goals following their scripted roles within the general structure of co-ordination (See Appendix E, figure 1).

Actors focus on a shared problem within the general structure of co-operation. Actors, within the confines of a script, try both to conceptualize and to solve problems in ways which are negotiated and agreed (See Appendix E, figure 2) (Daniels 2000).

Rogers and Whetton (1982 cited in Daniels 2000, p.178) define and compare co-operation and co-ordination as follows:

“Co-operation is defined as deliberate relations between otherwise autonomous organizations for the joint accomplishments of individual goals. This definition stresses more informal relations, autonomy and individual goals.

Co-ordination, by contrast is the process whereby two or more organizations create and/or use existing decision rules that have been established to deal collectively with their shared tasks environment.”

Engestrom et al. (1997 cited in Daniels 2000, p. 179) discuss reflective communication “in which the actors focus on reconceptualizing their own organization and interaction in relation to their shared objects and goals (See Appendix E, figure 3). Both the object and the script are reconceptualized, as is the interaction between the participants”.

A collaborative approach must be adopted for support services to work effectively to ensure a unified, balanced approach to the family and their child with special needs. Different terms are used to describe people working together such as multi-disciplinary, inter-disciplinary, and trans-disciplinary. The first two are not team focused to support the child and family as a whole across the curriculum unlike the latter which provides the structure to enhance collaborative working (Lacey & Lomas 1993). Further explanation of each approach is presented.

### **Multidisciplinary**

Many children have special needs deriving from non-educational roots such as children with physical and sensory difficulties, speech and medical problems, social or behavioral difficulties. Those children need the support of professionals other than teachers. The more complex needs the more professionals are likely to be involved. Such a big team or a number of professionals need to be organized to prevent children and their families from being totally overwhelmed by their ministrations. Multi-disciplinary team work is one of the ways to harness the expertise offered by the professionals.

The multi-disciplinary approach is a model where experts in different areas employ their particular knowledge based on the patient’s case that is discovered during the initial stages of diagnosis and formal assessment procedures. The teams from various disciplines assess the child to identify the child’s level of functioning and special needs. Since changes has taken place towards considering the child as a whole and realizing the importance of integrating all knowledge about the child’s various aspects for the child to achieve the maximum from his/her education, this approach has evolved (Lacey & Lomas 1993).



The multi-disciplinary approach results in a child being observed by many professionals and then the data gathered is sent to one member of the team. Hence, a group decision including finest procedures to be followed is taken. There is a high possibility of conflicting recommendations, and the implications of some of the recommendations may be lost and omitted from the final report if the person collating reports does not have certain knowledge and expertise, as stated by members of the multi-disciplinary team (See Appendix E, Figure 4)( Lacey & Lomas 1993).

### **Inter-disciplinary**

Similar to the multi-disciplinary approach teams but with an attempt to lessen the findings' fragmentation is what defines an inter-disciplinary model. The team sit together to discuss the child's recommendations after seeing the child individually by each member (See Appendix E, Figure 5) (Lacey & Lomas 1993).

Both approaches include assessments and a report followed by recommendations that explain the type of intervention and the amount needed for the child (Lacey & Lomas 1993).

One of the limitations of the above approaches is the lack of follow up with regard to the recommendations and lack of regular contact of many professionals involved in the initial assessment with the child. An example is the educational psychologists which include recommendations that suggest the type of programme needed but does not include the amount of support to be given to the teachers in order to implement the programme (Lacey & Lomas 1993).

### **Transdisciplinary /Collaborative Approach**

The most advanced practice however can be clearly related to trans-disciplinary teamwork (Daniels 2000) or collaborative teamwork (Lacey & Lomas 1993). Those two words are seen as synonyms where the first is emanated from the United States of America and the other is from the United Kingdom. According to Lacey and Lomas (1993) trans-disciplinary approach evolved to overcome the

limitations of the previous approaches by decreasing the fragmentation and compartmentalizing of services. Hence, a person is put in charge of directly contacting the child and his/her family. Each professional assesses the child and gives recommendations similar to the above approaches however the difference is in the implementation of the recommendations. The members of the team work collaboratively demonstrating willingness to share expertise, assume some of the responsibilities of the other team members and become a learner in addition to a specialist (See Appendix E, figure 6). In such an approach the team will address the child as a whole across the whole curriculum.

It is easy for each agency to concentrate on one aspect of the child's needs for which they are directly responsible such as the occupational therapist in hand function. The child will then be working in completely different and even conflicting ways with different people with such a fragmentary view. Children's services have developed in a piecemeal way which explains the reason for fragmentation (Daniels 2000).

Each member of the support team will aid the child and family with certain skills. A different line manager and different level of involvement will be identified for each member. Organizing initial support and managing it is essential in order to avoid conflict of information and advice suggested or duplication of resources (Lacey & Lomas 1993).

The discussed approaches are models used in intra-agency work and inter-agency work. Intra-agency work is when agencies work flexibly together to meet the special educational needs of individual pupils. Policies and protocols which ensure that there is a seamless service should be communicated and agreed by SENCOs and staff. Schools must have published policies or data that clarifies the partnership with LEA support services, health, social services, the connexions service and any relevant local and national voluntary organizations. External support services can play a major role in supporting schools identify, assess and make provision for pupils with SEN (Gibson & Blandford 2005). On the other hand, inter-agency work is the collaboration and coordination that take place inside one agency or school

between staff with a focus on supporting the child (See Appendix E, figure 7). Further discussion of both, intra-agency and inter-agency work is found in Appendix D.

### **Situation in UAE**

The education of children with special needs in UAE was the responsibility of three ministers; the MOH, MOSA, and MOE before declaring the law. Students who used to stay in hospitals were provided with informal education by the MOH. Learners who used to attend physiotherapy sessions regularly were as well provided with some education. However, those services do not exist today. Learners with special needs who were placed in outside segregated settings instead of mainstream school were provided education by the MOSA. Those services are still practiced however the function is being changed since learners are now being urged to be included in mainstream schools under the authority of the MOE. A welfare model was mainly adopted by those centers with less emphasis on education. Speech therapy and physiotherapy were the main services usually provided (Gaad 2011).

The public sector is providing early intervention as a service to children with special needs (Bradshaw et al. 2004). Children are assessed by a team of professionals including educational psychologists and/or speech-language pathologists. Public schools do not accept children with obvious physical characteristics and learners with obvious exceptional intellectual learning needs are denied access to mainstream schools (Gaad 2004 cited in Gaad 2011). Those children are usually enrolled in special needs centers-previously known as ‘preparation and rehabilitation of the handicapped’- provided by the MOSA. Unfortunately, those centers have long waiting lists and a priority is given to ‘national’ children (Bradshaw et al. 2004). Few centers, private and public, are specialized for children with neurological development disorders that may hinder social interaction. A main issue faced as well is that private centers charge high fees (Gaad 2011) and parents should pay for any extra service, which in some cases should be part of the main services provided by the center, such as having the center meet with the mainstream school staff to

discuss the student's progress. Many ethical issues can be raised here as well as the fact that many learners are on long waiting lists (Gaad 2011).

Providing an integrated, high quality, holistic support that focuses on the needs of the child is the main objective. There should be a shared perspective, mutual understanding and agreement where all voices are heard for such provisions to be built on. A flexible child-centered approach should be adopted by the services to ensure that the changing needs and priorities of the child and the parents can be met at any given time (Gibson & Blandford 2005). Accordingly the study investigates the processes and system established in UAE by the centers, and provides recommendations to improve the inter-agency and intra-agency work.

## **Chapter III: Methods**

### **a) Methods**

A qualitative study has been chosen as a research method to investigate the role of centers in UAE to have a rich and contextualized picture of the social and educational situation (Denzin & Lincoln 2000; Schwandt 2001 cited in Mertens & McLaughlin 2004). The aim of the study is to look deep into what centers provide as services and how they approach schools and help meet the child's needs from their own perspectives. To reach such a purpose, detailed information regarding each center's collaboration and communication system is needed. Such information will not be clearly given in its details unless a qualitative method is used (Patton 2002 cited in Mertens & McLaughlin 2004) such as the one used in this paper; semi-structured interviews. It is important to have profound analysis of different systems and approaches used by the centers in Dubai and see the gap between each center. Such information is best gathered using qualitative methods since according to Patton (2002 cited in Mertens & McLaughlin 2004), individualized outcomes are the main emphasis of qualitative methods programs as the case in each center. According to Mertens & McLaughlin (2004, p. 99), "qualitative methods have led to insights into the cultural values, institutional practices, and interpersonal interactions that influence special education practice" and since centers play a big role in meeting the child's needs which cannot be done without their interaction with other involved parties, hence, the one of the best ways to study the centers' work and practices in regards to children with special needs is by conducting qualitative methods during research.

### **b) Design**

Semi-structured interviews were conducted as a mean for data collection since in a qualitative study interviews are usually conducted in an unstructured or minimally structured format (Mertens 1991). Interview was used as a method since it serves better gaining in-depth information about the topic from the interviewee's perspective (Denscombe 2003 and Rose & Grosvenor 2001), in this study the

center's perspective. Since the information aimed for in this study is shown in the daily operation and in the base and structure of the center, hence one of the best ways to reach such data is by interviewing the heads of the centers who are part of establishing this daily operation and system and are responsible of it. This interview was conducted to have an insight view on the daily operation from one of the staff's perspective and what challenges he/she faces in such an operation. There were four main questions in which the interviews were led by (See Appendix B). The interviewer had the chance to develop his/her ideas and speak openly about the topic since the questions were open ended ones which, sometimes, lead the interview to be "conducted as a casual conversation" (Mertens 1991, p.321). This happened during the interview with the shadow teacher since he felt comfortable to open up his emotions, experiences, and feelings which as well explain why interviews were used as data collection method for this study not others (Denscomeb 2003). The interviewer sometimes had to act as moderator to make sure the interviewee remain on topic (Rose & Grosvenor 2001).

### **c) Sample**

The four interviews conducted were with four different people, each representing a center. Because of confidential purposes the centers will be referred as Center 1, Center 2, Center 3, and Center 4. Center 1 is charity based and the other three are private. (The head of teachers in center1, the director of center 2, the shadow teacher of center 3, and the director of center 4 were interviewed). Purposeful sampling was used where centers were chosen to represent somehow a general view of what centers look like in Dubai and how they work. The type of sample chosen is a maximum variation one where each center is different from the other in different ways (Mertens & McLaughlin 2004), for example, Center 1 is a charity based center and one of the oldest in Dubai. Center 2 is a unique center that provides specific programs to enhance cognitive skills of all people. Center 2 is a typical private center that caters to for specific SEN groups. As for Center 3, it is a brand new center with a developing and growing system that just opened its doors for children and it did not begin the real battle. Such a variety of centers were aimed for to have

different views of different centers and see the differences and similarities in their approaches and services in Dubai. Hence, the uniqueness of each situation and the commonalities across these diverse places would be the indicators of the result (Mertens 1998). Having such variability between each center would allow for determining significant differences.

#### **d) Reliability and Validity**

The semi-structured interviews were conducted with each individual on a one-to-one manner since it allows the interviewer to narrow down the source of data and be able to locate specific ideas mentioned (Denscombe 2003). For credibility there was a prolonged and substantial engagement where each interview took one to two hours (Mertens & McLaughlin 2004). The interviewer was recording on a paper the interviewee's answers where sometimes the former had to pause between questions to complete writing the responses, and then filled the gaps created by the interview process directly after the interview was over for the interviewer to stay as objective as possible (Mertens 1991). As the data was being recorded and analyzed, the researcher was taking into consideration his/her personal identity and trying to be as objective as possible since age, sex, ethnic origin, and accent are attributes that cannot be altered by the researcher (Denscombe 2003). Although interviews allow direct contact with the interviewee which help the researcher check the data's relevancy and accuracy yet, interviews are time consuming and some non-standard responses will be given which will be difficult to code, especially using a semi structured interview, during data analysis. Hence, the researcher had to manage the time problem and tried to be as standard as possible when analyzing the data and the coding system (Denscombe 2003).

#### **e) Ethics**

Since it is important to establish a relationship between the interviewee and the interviewer, hence the interviewer was starting off the interview with an explanation of the study taking place and its aims for ethical reasons (Mertens 1991). Letters were then given to the interviewee that claims what has been discussed and the

confidentiality of the interviews and responses (See Appendix A). The interviewee had the chance to explain his/her concerns and an agreement was established to ease and solve the issues that he/she had, for example having the participants ask for an anonymous name in the study. Such an approach helped the interviewer protect ethically the participants' responses and establish a mutual trust for the interview to begin with (Mertens 1991). The participation was completely voluntary and the participants had the right to withdraw whenever they wanted. The purpose of the study was explained and anonymity and confidentiality are assured (Bell 2005).



## **Chapter IV: Results and Discussion**

The purpose of the study is to find out what services do centers in UAE provide, to whom they provide it, and how do their collaboration and communication system work in the center and with the mainstream schools to have proper inclusion. Accordingly, the interviews were analyzed based on the responses of the four main questions asked by the researcher and results were summarized into four main tables (See the summary of all four interview responses in Appendix C ). Table (1) shows the different SEN categories in which the centers cater for. Table (2) shows the different services provided by the centers. The services are classified into specific themes that will be tackled in a discussion which will follow and include an in-depth analysis, based on the interviews, about the collaboration and communication system that take place across the services in the center and with the school for implementing proper inclusion. Finally, Tables (3) and (4) will show the challenges faced by the centers in UAE and their recommendations. A discussion will follow as well that will provide some common challenges faced by centers in general regarding supporting schools for inclusion practices and some suggestions based on recent literature and theories.

### **Child Categories**

Table (1), found in Appendix D, shows a variety of children categories in which centers work with. The variance of categories from one center to another depends on the services provided by the center, whether it caters to the child's needs or not. Further discussion of the results is found in Appendix D.

**Therapy and Services**

Center	Center	Center	Center
1	2	3	4

**Therapy and Services**

Occupational therapy	*		*	*
speech therapy	*		*	*
ABA therapy			*	*
Physio therapy	*			*
sensory integration therapy	*		*	*
Behavior modification	*		*	*
Educational Psychologist			*	*
School shadowing			*	
Academic tutoring				*
Early intervention program	*		*	*
Educational Program	*		*	*
Vocational Program	*		*	
Brain training program		*		
Inclusion program			*	*
IEP	*	*	*	*
Diagnostic Report with recommendation			*	*
Assessments	*	*	*	*
School placement	*			
Transfer/transition system			*	*
Social services	*		*	*
Counseling	*		*	*
Consultation	*		*	*
Teacher training		*	*	
Parents' training		*	*	

*Table (2): Different Therapies and Services provided by the four centers*

Table (2) shows a variety of services provided by the four centers in Dubai. The services are divided into themes; therapies, extra educational services, center programs, reports, recommendations and assessments, placements and the transition phase, social services including consultation and counseling sessions, and finally training workshops. Although support services do not have a finite definition, however there are expectations that they should meet and supporting the child for proper inclusion is now the main part of it. Thus a detailed discussion regarding the journey that the child takes when he/she enters the center till the end will follow.

The centers have some similar enrollment criteria for the child such as an application to be filled by the parents that includes all the details about the child's history. This could take place via an online application or at the center. An interview with the parents takes place and in some centers with the child as well. In one center, the child is observed in the center. Accordingly, assessments follow. Since the assessments are expensive, not all tests are done by default. Mainly an OT and ST do their own assessments for the child and a behavioral assessment is done as well. Further assessments such as IQ tests are done based on the parents' requests. Yet Center 2 does only cognitive tests since the service provided by the center only focuses on the brain and cognitive skills, believing that once progress takes place in the child's cognitive skills an automatic influence will happen towards the other skills such as behavior and academics, but that does not mean the child would not need support in the other skills. In those assessments, the center does not work with the child's school, consequently, does not observe the child at school, does not interview his/her teacher, does not have a look at the child's school reports and assessments throughout the year. The absence of this initiative affects the results, recommendations, IEP and the report which will be issued afterwards since the assessors did not have a holistic view about the child's abilities, needs and work. Since inclusion takes place in the school and the center provides push up services for better implementing inclusion at school, hence the school's records should be looked through for better results about the child. After the assessments are done, the assessors sit together to discuss the findings and the supervisor/leader would write

the IEP, recommendations or report if they have an educational psychology background. This model follows the inter-disciplinary approach where each professional does his/her part then the entire team members meet to discuss the results. This approach is less fragmented than the multi-disciplinary approach (Lacey & Lomas 1993). Not all centers provide a diagnosis because they do not have an educational psychologist who is qualified to issue the report. Afterwards, the parents would either stick to the report or IEP only or continue with the center's programs since they are expensive. Regarding placement, some centers have established networks with some schools who have inclusive practices and some centers would not provide any schools since they 'do not want to advertise any', as two interviewee said. However they talk about their previous clients' experiences in some schools as an advice for the parents.

After assessments the IEP is set. This IEP is put for the child to follow inside the center. Hence, the child's school IEP is a complete different one from the center's unless the parent gives the school the child's center IEP to consider when developing the school IEP. This shows that the team members collaborate between each other when it comes to developing the child's IEP however, they do not sit with the school staff to join both IEPs into one for more coherent and joint work. This demonstrates the lack of communication and collaboration between the centers and schools which will accordingly be the same when it comes to the intervention process which is shown in the absence of support to modify the child's school curriculum to include all the child's center targets in order to integrate them with the school goals. This is because most of the centers provide social, speech, occupational, cognitive, behavioral and counseling services but not educational services. As the interviewee of Center 2 said, "we don't do content" and interviewee of Center 3 explained "we don't provide academic services as we should do nor modify the child's school curriculum". For successful inclusion and to reach the child's optimal educational progress, members need to collaborate and communicate together on regular bases (See Appendix E, figures 8 and 9). IEP meetings and legal partnerships, planning and implementing instruction, sharing of information, and

shared decision making are all forms of collaboration that can take place (Wolpert 2011). Hence, for proper collaboration, participants should have a shared vision, a developed collaborative strategic plan (which means informal meetings and emails are not enough), meetings with organized and structured rules, and build consensus about decision-making (Friend & Cook, 2010 cited in Wolpert 2011).

When collaboration happens, all members will then meet together to plan jointly the child's IEP, hence merging the center's IEP with the school IEP which will then lead all the members to work together in order to modify the child's curriculum according to his/her targets. Such planning will allow for ideas to integrate and produce in all members a clarity of purpose and perception (Wolpert 2011). As Wolpert (2011, p.64) says: "Collaboration is legally built into the inclusion process, or organized through the formation and implementation of an IEP." When planning together and setting the IEP goals, the members will then specify their roles and responsibilities to avoid duplication and confusion. This will then be clear to everyone and all will be aware of others' roles. However, it may be the classroom teacher's responsibility to implement the IEP on daily basis, and the parent or guardian who must agree on the document, even though there is shared accountability (Salisbury & McGregor 2002 cited in Wolpert 2011). As for therapists, their intervention takes place mainly in the centers. Some therapists observe the child in his/her school and some do not. This shows that there is no one criteria to follow, each therapist is doing what best suits him/her and the child. Yet, therapists in general are expected to work with the child at school as well and have a regular communication with the child's teachers in regards to his/her application of skills taught (Wolpert 2011).

Formal structures and systems are required to secure educational entitlement for schools and improve life chances for all students and to use the local resources and expertise. This will then lead to interagency cooperation, which is cooperation between all agencies working for the child's needs (Clough 1998).

Detailed Discussion on the role of shadow teachers as part of the centers' services in supporting inclusive practices and the evaluation processes are attached in Appendix D.

#### Limitations and challenges

	Center 1	Center 2	center 3	Center 4
<b>Challenges</b>				
Payment and funding issues (private/Public)	*			
Cultural barriers and acceptance	*	*		
professional development	*			
therapy license	*			
child placement in school	*			
child placement in center	*			
Educational psychologists' availability	*	*		
Consistent educational system for inclusion		*	*	*
Unified communication system(school, center)		*	*	*
Length of bureaucratic process				*
Unified curriculum		*	*	
IEP: modified curriculum			*	
Availability of academic support( center)			*	
Specific action plans			*	

*Table (3): Different Challenges and limitations faced by the four centers*

Table (3) shows a variety of limitations and challenges faced by each center based on its own experiences. Yet there are couple of challenges that are agreed upon across some centers such as the lack of consistency in the educational system for implementing inclusion at schools, lack of a unified communication and collaboration system between schools and centers since there is no policy set by the higher authorities (the Ministries of Education and Social Affairs) that discuss this matter and explains how it should take place in Dubai. Having cultural barriers, lack

of educational psychologists in the country, and the absence of a unified curriculum across schools are other limitations faced by some centers as well. There is a relationship between the challenges faced by the centers and the services provided by them which explains the presence of one challenge in one center and the absence of the same challenge in another center. Hence, it does not mean that this limitation does not take place at the center, yet, it means that limitation does not exist because the service that leads to this challenge is not offered at the center. For example, the funding problem is faced by Center 1 since it is a charity based center and the services and resources provided for SEN children are very expensive, hence it is a limitation. However it does not exist in other centers because the others are not charity based and they receive their income from parents on each service they provide. Another example is the lack of professional development for school staff. This limitation exists in Center 1 since the center does not provide teacher and parent training. However, Centers 2 and 3 provide this service hence the limitation does not exist. If the centers saw that the school staff needs training, the centers will provide it to them. On the other hand, Center4 does not provide training and did not face such a challenge yet, perhaps because the center is still new and haven't started working with schools yet. Maybe this is why the challenge is not applicable here.

These challenges and many more are faced daily by such centers. One of the cultural barriers discussed by most of the centers is the parents' unwillingness to share their child's data and findings to the schools and one of the main reasons behind it other than its cultural reason is that most of the schools will not accept the child who is diagnosed with SEN, which is another limitation on its own. The parents would hold the information from schools and then the schools will later suspect that the child has some difficulties that need to be catered for. This would affect the child's progress since his/her needs are not catered for and might cause many problems to the child, school and center which would have been avoided if the school knew about the child's case and true background (Daniels 2000). According to the Home Office et al. (1991) cited in Daniels (2000, p. 162), "confidentiality may not be maintained if the withholding of information will prejudice the welfare of the

child". This puts the center in a sensitive situation between the parents from one side and the schools on the other side since the center is responsible to collaborate with the school and parents to better meet the child's needs and implement inclusion at school. There should be mutual trust established between the members of the team being the center staff and school staff working with the child and the parents (Daniels 2000).

A detailed discussion regarding one of the main challenges faced by centers; the collaboration between centers and schools is attached in Appendix D.

### **Recommendations**

Table (4), found in Appendix D, shows different recommendations given by the centers to enhance their work in supporting schools for inclusion. Some recommendations were repeated from one center to another such as training teachers to work with children with special needs and to collaborate with other agencies. Appropriate programmes, including regular follow ups, should be introduced by therapists and educational authorities to train teachers, therapists and therapist's assistants (Standards and Guidance for Promoting Collaborative Working to Support Children with Special Needs, 2006). Similarly Lacey and Lomas (1993) and Kotter (1996) believed that training for accepting and successful change should take place and that is implemented through the organization's type of leadership; whether it is open to change, to share vision, allow for suggestions coming from the staff, its flexibility to implement change, and its collegiate culture which allows for staff to work together and plan with opportunities for observation and discussion between members.

An "Interactive Collaboration Plan" form (See Appendix E, figures 10 and 11) has been created to clarify each professional's main goals to help the child with special needs to be included in the general education classroom. This will improve the communication between the staff and organize the structure of the planning and joint work. The form will allow the classroom teacher to recognize all parts of



services available to the child during instruction planning for the whole class, as well as the child's instructional goals that are in the IEP. Related service personnel can also see how their goals fit into classroom instruction (Wolpert 2011).

Further Recommendations are discussed in Appendix D.

## **Chapter V: Conclusion**

The study identified some of the different categories of children with SEN that the centers in Dubai cater for and explored the services and different programs provided. The communication and collaboration system that takes place in the centers and mainly between the centers and schools was discussed with a focus on the forming of the child's IEP and assessments. The study identified some challenges faced by the centers today and gave some recommendations to improve centers' support to schools with inclusive practices. The study followed a qualitative method of research using semi-structured interviews as the tool for data collection.

### **Discussion and implications for practice**

The UAE society is a caring one (Gaad 2001 cited in Gaad 2011) however the education system lack uniformity which does not support those with special needs or who are differently able. It is important as a role of the MOE to manage certain aspects of inclusive education and encourage schools that initiate inclusion. Effective and planned collaborative work should take place between the MOSA and the MOE to insure smooth transition of services and resources and, to assess the education services offered in the various centers, and to plan to allocate human and physical resources for the UAE schools (Gaad 2011). Accordingly, a collaborative system needs to be established between the centers and the schools in order to support children with special needs in the classroom. The goal of inclusion, whether successful or not, highly depends on the communication and collaboration work between the educational professionals. The communication and organization of personnel involved in inclusive practice are enhanced by the proposed interactive collaboration planning form. As a result, a positive learning experience for all students should take place (Wolpert 2011).

### **Limitations**

The study used a small sample, four centers, to research such a wide topic, hence it is not possible to generalize the findings. The use of interviews as the only

data collection tool limited the research findings regarding the collaboration between schools and centers. Conducting interviews was a time consuming method and not an easy task to do since writing down the interviewees' responses as leading the interview to keep the focus on the topic and analyzing the data was a challenge. Some interviewees felt the need to talk and discuss this topic because it is not tackled and they are facing challenges that need to be overcome for proper inclusion, however, this led to long interview hours. The topic chosen is not researched about much and very few recent studies have tackled it especially that it focuses on the collaboration system from the center's perspectives. It was difficult to find recent literature about the topic that is why some main books were relied on heavily by the researcher. Most of the studies found talk about the SENCo's role in collaborating between school staff and outside agencies hence it is coming from the school's perspective. Another limitation is the word count, 5000 words. It is a small number of words for such an important yet infamous topic. The system in UAE includes many defaults and the challenges faced by the centers are essential to discuss in detail as well as the description of how the unstructured process of intended collaboration takes place. Hence, some important information had to be put in the appendices. Last but not least is working a full time job while conducting the research.

### **Recommendations for Future Area of Research**

Further research is required to view the collaborative system from the school's perspective and parents' perspective. Hence a triangulation method can then take place for more reliable and valid results. An experiment can be conducted on implementing a policy and structured system of communication and collaboration between a center and a school supporting one child's needs for better implementation of inclusion in the classroom. Such a research will show how such a system can be implemented and what kind of challenges take place throughout the experiment to improve them on ground and evaluate the system implemented.

## Chapter VI: References

- Bell, J. (2005). *Doing Your Research Project: A Guide for First Time Researchers in Education, health, and social sciences*. 4th ed. UK: Open University Press.
- Bradshaw, K., Tennant, L., & Lydiatt, S. (2004). Special Education in the United Arab Emirates: Anxieties, attitudes and aspirations. *International Journal of Special Education*, vol. 19(1), pp. 49-55.
- Cheminais, R. (2008). *Effective Multi-Agency Partnerships: Putting Every child Matters into Practice*. London: Sage Publications.
- Clough, P. (1998). *Managing Inclusive Education: From Policy to Experience*. London: Paul Chapman Publishing.
- Daniels, H. (2000). *Special Education Re-Formed: Beyond Rhetoric?* London: Falmer Press.
- Denscombe, M. (2003). *The good research guide*. 2<sup>nd</sup> ed. England: Open University Press.
- Department of Education, Department of Health, Social Services and Public Safety, & The Education Training and Inspectorate- Promoting Improvement (2006). *Standards and Guidance for Promoting Collaborative Working to Support Children with Special Needs* [online]. [Accessed on 10 February 2013]. Available at: [http://www.deni.gov.uk/collaborative\\_working\\_document.pdf](http://www.deni.gov.uk/collaborative_working_document.pdf)
- Gaad, E. (2011). *Inclusive Education in the Middle East*. New York: Routledge.
- Gibson, S. & Blandford, S. (2005). *Managing Special Educational Needs: A Practical Guide for Primary and Secondary Schools*. London: Paul Chapman Publishing.

Kotter, J. (1996). *Leading change*. Boston: Harvard Business School Press.

Lacey, P. & Lomas, J. (1993). *Support Services and the Curriculum*. London: David Fulton Publishers.

Mertens, D. (1998). *Research Methods in Education and Psychology: Integrating Diversity With Quantitative & Qualitative Approaches*. London: Sage Publication.

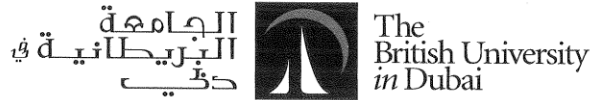
Mertens, D. & McLaughlin, J. (2004). *Research and Evaluation Methods in Special Education*. California: Crown Press, Inc.

Roaf, C. (2002). *Coordinating Services For Included Children: Joined Up Action*. Buckingham: Open University Press.

Rose, R. & Grosvenor, I. (2001). *Doing Research in Special Education*. London: David Fulton Publishers.

Wolpert, G. (2011). Use of an Interactive Collaboration Plan Form to Meet Collaboration and Communication Challenges in the Inclusive Classroom. *International Journal of Humanities and Social Science*, vol. 1(16), pp.63-71.

## Chapter VII: Appendix A



20 January 2013

### To Whom It May Concern

This is to certify that **Ms Lubna El Lawand (Student ID: 110128)** is a registered student on the **Masters of Education – Special and Inclusive Education** programme in **The British University in Dubai** since January 2012.

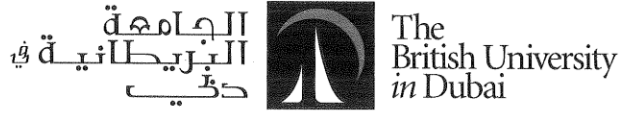
As part of her course requirements, Ms Lawand is required to complete a dissertation. She is conducting a research for this purpose. We kindly request you to assist her so that she can conduct her visit for data collection as appropriate.

This letter is issued on Ms Lawand's request.

Yours sincerely,

  
**Nandini Uchil**  
 Head of Student Administration





20 January 2013

**To Whom It May Concern**

This is to certify that **Ms Lubna El Lawand (Student ID: 110128)** is a registered student on the **Masters of Education – Special and Inclusive Education** programme in **The British University in Dubai** since January 2012.

As part of her course requirements, Ms Lawand is required to collect data by observing a learner with special educational needs and conduct interviews appropriately. She also will require the centres to provide documental evidence such as samples of the learner's assessment tests, worksheets, progress report etc to help draw out the impact of the learning process.

We kindly request you to assist her in this matter, so that she can conduct her visit as appropriate.

This letter is issued on Ms.Lawand's request.

Yours sincerely,

**Nandini Uchil**  
**Head of Student Administration**



## Appendix B

### Interview Questions

Name of Center:

Date:

Name of Interviewee:

Time:

Position:

1. What categories of children with special needs do your center cater for?
2. Can you tell me all about the child's journey in your center?  
Enrollment  
Assessment  
Referral  
Placement  
Implementation of IEP/Curriculum modification  
Evaluation  
Transition
3. What limitations and challenges do you face today as a center?
4. What recommendations can you provide for better services and implementation of inclusive practices in schools?



## **Appendix C**

### **Interviews**

#### Interview # 1 – Center 1

Head Teacher:

1-Cerebral palsy; conductive area physical & academics therapy general LD Down Syndrome some with physical disability English and Arabic students

2- Senior School prepares them for work, Do work experience. Men's workshop carpentry, Shop attached to it for selling.

Lady's workshop crafts cooking, Saving for future employment

Oral education

Sign language is an aid

ISL: Sensory learners severe difficulties

Hearing impairment

Young children with hearing difficulties are included in other classes.

3 therapies physio – occupational speech and language (Arabic and English)

Out patient therapy for all.

Educational psychologist: Outside school come for therapy sessions.

Even if they attend in this school.

2- online we call them referrals or in person or phone up. Fill it keep the assessment until there's a place available in the classes he require.

We don't offer clinical diagnosis only assessments

When available we call for assessment.

Done by class teacher and 3 therapists.

4 people discuss it with me and then see if he can fit in this class.

Can we meet his needs in this environment and accordingly we offer a place.

Normally new ones come in September and if we have space then we can fit people.

No summer classes. No dorms. They travel by buses.

Cerebral Palsy conduct Education Area

They stay till 12 because we don't have the facilities.

Give the skills and work on physical and then they go look for mainstream.

List of schools we support them home visits

Phone calls to school on behalf of the parents.

If the child is able to cope in mainstream school then we assist based on the teams agreement and assessment.

Couple of hours a week in school.

We send the IEPs and reports to the school as info but the school does its own IEP.

Once they are there, we don't follow their progress.

Invite school to come to center to see what the child does and send some teacher to school but do it regularly is costly as we are a charity center.

Keep in touch verbally if the child written report and end of term have meetings with the lady.

The inclusion is just an experience for the child. The child doesn't pay for school the transition would be via the parents.

18 years kids are assessed to see if they get benefit of workshop place.

Sometimes stays till 22 year old.

Ministry of social affairs.

Cerebral palsy = British curriculum

Other = Rashid = put together based on needs.

3-Challenges: trouble nothing for work for the kids in Dubai.

Having the staff to do that the practicality.

We survive on charity and there are some charity pay and this is very tough.

We try to get sponsorship for children we need financial assistance.

No government funding for special needs unlike the U.K which are placed.

Lack of understanding of people from outsider which is getting better but people sometimes want to give inappropriate support.

We have an education to do so we can't let the child go whenever the parents want.

Some have homework

We don't put the child out unless we are in need and there are reasons for that or we think there's a better placement for the child outside getting professional's difficult because its expensive.

License for therapy DHA license tricky procedure that they have to do.

We provide names of therapist but now we are trying to have 1 educational psychologist to refer all the time.

4-Have trained teachers for special needs attitude that look at the child as a person rather than a diagnosis to cater for his needs and track themselves accordingly.

They should do research of the child come to the center and see what the child does and then smoothly transfer instead of a complete sudden change.

We need more hearing impairment students in primary sometimes its right sometimes its wrong.

## Interview # 2 – Center 2

1- 50% have diagnosis already ADHD on Med. Some not Dyslexia.

Asperger, Autism, behavior oppositional OPD

Sensory Motor integration issue

80% regular

Some are registered L.D at school.

2- Parents know their kids struggle at school, Memorization, writing, spelling, concentration.

H.W – 20 min – 5 hrs. serious learning issues not succeeding at school

5% purely to improve exam results. (better grades) had some gifted with ADHD

Cognitive skills but attentive problems.

Gap between skills and level of performance academically.

No diagnosis, cognitive skills test

No test attention (parents school rating)

Parent: Behavior – for frustration in schooling

Assessment: Processing speed, Memory, logical reasoning, visual and auditory process.

Meeting parents after assessment.

Parents questionnaire sometime school fill the questionnaire by the parents.

Above 16 we engage students we like them to do the decision.

10% or can you email the teacher (center mail)

Some parents can't understand the question (Arabic and English) difficult understand the concepts of fluency....

Some don't want to tell the schools sometimes schools send sometimes its fine with the parents for the center to contact center.

Student struggling the most: We don't give content, we train the memory process and cognitive skills.

Some students give the e-mails and phone numbers of teachers.

Some I initiate by parents.

Some we have established a relationship by the school.

Some parents send you an e- mail to call the school

Some we meet all of us (school, parents, center)

Not all parents want

Parents ask us about curriculum, changing schools, we offer to parents to ask other parents (cases), give space for investigation for parents.

We have tried to help offer school, long waiting list schools and don't want SEN

Secondary school very difficult transition

Parents end up with  $\frac{3}{4}$  different schools because of the students needs

Sometimes parents don't tell the school so he'll be accepted

We don't diagnose but if we think they have LD we help, we don't name, we suggest

We have educational psychologists because of previous parents older experiences even schools based on parents experiences

Parents ask the center about educational psychologists and physicians for the experiences the children are going through. We ask people experienced and then give advice.

Medications given by physicians might help us with our work (better results)

37% of children with training might stop medications

I might advise by giving articles for parents to read

We tell parents about groups of support

After assessment we give:

70%: 14 weeks program training: 5/week 1hour each to move above 50% (average), assess again 20% gain in each area.

30%: low cognitive skills below 25% for them we give more, it depends on the child's profile and cognitive skills.

We sometimes modified the program for her longer journey.

Depending on parents and assessments some do booster program every now and then.

Parents sign that the 2 programs is needed

Payment one by one but the issue is time to get the child daily

First program slow, second program boost up

The school sometimes pushes parents to take the child to the center.

Program: 1-1 designed for the person only based on weaknesses, goals for the parents / Kids

What we want to improve. Same trainer with each child – build relationship.

24 tools used differently

6-7 tools each day 10min each no mental breaks

One day computer 10 different tools ( timing , level of difficulty , speed)

Trainer supervises the computer

Computer gives loads of report, how many level were past timing – waste time Max, 5min.

Procedure: how do you think you did

C: confident

O: Okay

N: Need more practice

It's like a sport, you need to practice little bit with repetition.

Every day a bit harder we focus on effort knowledge gap is explained No H.H

Communicate with parents on daily basis progress diff from 1 child to another teachers see first differences.

Some by e-mails or when we visit the school.

We meet with school for suggestion of goals to inform them that we don't do content either at midpoint or end ( meet with the schoo)



Class teacher, SENCO (principles attend for general understanding of the program).

We sometimes go through the IEPs depending on the SENCO + teacher. We might share tricks, motivation tools, share things that help, specific areas of strength and weaknesses.

Plan: Change it according to progress.

By session monitor constantly + collect data

Director of training monitor the plans + Instructor

For content gap a 3<sup>rd</sup> party might be used (referred to).

3-challenges:

Different types of curriculum, SEN departments with no system, different types of school systems.

Cultures we work with: Like shame, it's wrong (with the labels) you don't us to work with the school. Diversity in culture, more culturally sensitive.

Better to communicate with school in severe cases.

How do we reach, make others know what we do.

4. Having more similar consistent level of system

Costs are difficult, inconsistency in services and cost

No department or specific person in charge to talk to or go to.

## Interview # 3 – Center 3

1- Mostly autism Spectrum ADD. ADHD need intervention.

Assessments assess undiagnosed children only.

Refer child to counseling

Speech therapy

Occupational: he's referred if he doesn't have autistic traits.

2- parents if they want to be diagnosed to make sure of the diagnoses

Assessments: report: packages

Shadowing

Intervention in the center by hours

Included in school

OT

ST

ABA

Admission application: Mini Interview

History of pregnancy

Biological problems: allergy

Observed symptoms: peer attraction, eye contact

2 persons in the room: the child is observed in the room as the parents are filling the application.

Assessment: all assessments by default: speech, occupational and behavior.

If required advise the parents to take IQ further test, if agreed the center does this test (educational psychologist and counselor)

Personality and cognitive test:

Report with IEP draft or recommendation:

Followed by a meeting paper or skype.

American IEP very descriptive, each team write his part.

Clinical director puts everything together.

Parents check packages and they choose whether to take one package and continue or stick to the report only. (it depends highly on the budget because the services are costly).

Chooses packages: therapist bilingual OT, ST ( depending on availability and parents preference, if no availability, center re-meet for specific children or have the parents wait until one is available).

Put schedule timing: therapist coming home, or in center, parents may ask for further assessment, therapist might ask for further assessment if seen needed by asking the supervisor, who will ask the clinical director.

Start working with the assessments and the IEP reports, one month trial to see how flexible the child is his potential.

Case supervisor is put for each child and observes quality of service in the center, home, at school and the child situation.

Supervisor asks for school location ahead of time, but doesn't inform when the observation will take place.

If changes in schedules, the supervisors is informed by phone, text (sudden changes), mainly e-mail.

Parents preference of school placement, center advice according to previous clients in order not to advertise a specific school.

Center puts the shadow teacher or check the parents preference.

Problems with school: services given by center

Shadow teacher, ask for a meeting with academic controller, SEN coordinator to adapt curriculum.

Unit is given to shadow teacher, shadow teacher collaborate with SEN by meetings and back and forth e-mails (happened once).

Modifications for curriculum, modified quiz, SEN not updating.

No communication or coordination

Supervisor checks if staff of school know the child's potential.

Second meeting: academic controller home room teacher SEN shadow teacher and supervisor.

Center modified IEP to become more practical and discuss it in meeting.

Follow up in sending unit

School didn't provide the IEP to discuss it.

Shadow teacher is the one praising the child in the class and modifying tasks.

SEN school not contacting the center for the services or following up.

Shadow teacher advice SEN to update the goals based on the ST work clinical work meeting and center services.

Everyone month clinical meeting with parents

Shadow teacher updates goals weekly.

ST gave the modified IEP in the center to the school and accordingly the school changes the IEP.

Parents support but no teacher support program, the teacher struggles working with the child because she doesn't know how to cater for his needs (Skills) hence the shadow teacher takes over.

No specific recommendations are given to the home room teacher for proper inclusion.

No systematic communication between the center and the school: no daily report or e-mails or weekly meeting to discuss the child's work and progress and it's done informally with the SEN only.

This report is sent daily to the parent from the shadow teacher.

Monthly clinical meetings to refer about the child.

Weekly informal meeting with the case supervisor.

Main concern of center is his behavior

Center has dealt behavior but not academically, no academic services in the center, no academic recommendation for the school.

No specific systematic follow up over the shadow teacher from the center.

Shadow teacher communicates the child needs to the SEN for them to initiate  
SEN very accommodating to shadow teacher's need( printing , room, meetings,  
sheets...etc.)

No specific coordination or collaboration with the school

Shadow teacher didn't have a role in KHDA meeting at school

Center system:

IEPs updated, communicating in the monthly clinical meeting which includes all  
staff and parents.

E-mail and informal communication between OT, shadow teacher and speech  
therapists.

Therapists give resources to shadow teacher.

Each therapists does it's role.

Shadow teacher go across objectives but doesn't know how to apply speech or OT  
goals.

Staff meeting monthly (Professional development recommendation).

There are gifted programs lead by counselor

Evaluation: yearly assessment, goals are changed whenever met.

Fill up the data binder (observation, frequency of connect answers and graphs,  
function of stems and recommendations)

Shadow teacher give recommendation of new target

Each therapist changes their targets and supervisors approves.

Monthly clinical meetings are the only meetings done between staff and parents are always there.

Occupation therapist observes the child in class but not speech therapist.

Supervisor does observation every now and then.

Follow up plan if asked by parents. No transition system done by default.

- 3- IEPs needed based on curriculum more present in his education and inclusion.

Center shouldn't only give behavior support, need to give academic.

Put serious action plans

- 4- school does workshops for their teachers about their cases

Consistency and systematic communication coordination and collaboration.

Self-assessment wording can't be changed in IB curriculum so that is a challenge.

Interview # 4 - Center 4

1-Asperger

Autism

Speech language disorder

Cerebral palsy

Dyspraxia – dyslexia

LD

2-Online / Phone registration form – client relationship

Call and go through the needs ( developmental history form very detailed from conception issues to birth – ask it once)

Therapist look at it in details and makes an appointment

If not assessed – initial consultant – Ideally Assessment – IEP therapy plan (payment issue)

Assessments: therapy side and education side up to age 18

Intensive 8-1 birth to 6 integrated therapy with ST and OT

Early interventions assessment resources, early-years education

Term by Term 6 weekly reviews review IEP and report

Transition plan use IEP to do a transition plan

We contacted the school proactive means of work

Ministry of social affairs



It's the government job to allow for placement.

We can suggest.

Therapists offer school consultation and observe but its paid go speak to the teacher  
some children move from

Government workshops for teachers

Provide workshops for teachers

Case manager if child is enrolled in education then the key person id the teacher.

A folder open to all Case management meeting every month.

Transition plan for school (school involvement)

Future discussion if we train shadow teacher in the center and allow them to go to school.

Good induction training package to be able to be good in shadowing.

3-Challenges: lack of strategic over side and direction

Length of bureaucratic processes in UAE.

Consistent approach to their education system.

Have standards for inclusion, they want to do it but they're not there yet.

No consistency

Communicate each school is very difficult because there's no unified system.

## **Appendix D**

### **Extra Information and Further Discussions**

#### **Inter-Agency Work**

Complex, difficult, time consuming and hard to sustain are what construed interagency work (Webb 1982 cited in Clough 1998). Others challenged this view believing that lack of co-operation leads to increased distress and community dysfunction.

Models of co-operative working have been operating within agencies for some time (Higgins and Jaques 1986 cited in Clough 1998). But practitioners and policymakers have failed to recognize that effective inter-agency models can be adapted for inter-agency use (Hambleton et al. 1995 cited in Clough 1998). These are now emerging between agencies.

In the personal and social services these models are designed to bring focused support to people. They tend to have certain characteristics in common. In general they appear to focus on the client group at three levels, through:

- Senior management policy and planning groups
- Middle management teams; and
- Formal networks operating informally and open to all.

Effective models focus on solution and encourage creative thinking. Through them professionals can be challenged to overcome agency boundaries, professional jealousies and vested interests and consider more collaborative ways of working.

Teams and Networks:

There is an important distinction between teams and networks. Teams consist of small groups which share common tasks, similar values and hold distinctive

knowledge and skills. In the personal and social services they tend to work with the client group to secure long-term planning, individual case management and preventive work. Much of the team's efficiency is secured through effective co-ordination, communication and information exchange (Clough 1998).

Networks consist of a range of people with different knowledge and skills who may meet infrequently, yet who work on a common task when the occasion demands (Muir 1984 cited Clough 1998). Through their regular meetings, networks discuss issues raised by members in the course of their work (Clough 1998).

Teams and networks function most effectively when fully supported by policy-makers and strategic planners, including local authority elected members. In some local authorities, joint strategy-making bodies have been set up for this purpose. Without commitment to co-operation at this level, interagency project teams run the risk of being short lived.

Teams and networks cannot achieve their potential without effective leadership, network broking and co-ordination. This requires attention to the communication systems used in an institution or community. It also requires access to reliable, up to date information about the legislation governing each agency, the cultural and ethical beliefs of participating agencies and their working methods (Clough 1998).

Although progress towards more effective interagency working is hindered by lack of a common language and local structures to implement legislation collaboratively, schools can help by developing theory policies and definitions of 'need' in collaboration with the agencies they work with (Clough 1998).

Interagency co-operation can help schools secure educational entitlement and improved life chances for all their students but requires formal structures and systems to make the most of local resources and expertise (Clough 1998).

SENCOs and the teams are now responsible for liaising with other agencies and have much to contribute to our understanding of interagency cooperation. Schools

should recognize this and endorse the further development of effective interagency models in their communities (Clough 1998).

Agencies appear to focus on downstream problems and the legislative, organizational, financial and professional practice obstacles standing in the way of interagency cooperation. Effective interagency cooperation should be directed more firmly towards improving the quality of young people's lives in general (Roaf 2002).

What is interesting is the question of how successfully upstream and downstream work can be integrated. It is claimed that downstream work is important for two reasons- lives and life chances may be saved that would otherwise be lost, and lessons are learnt which can feed into upstream endeavor. We have as yet limited experience of large-scale upstream inter-agency work, through practice is developing fast in the new climate of support for it (Roaf 2002).

Huxham and Macdonald (1992 cited in Roaf 2002, p. 36) distinguish:

- Collaboration: when participants work together to pursue a meta-mission while also pursuing their individual missions.
- Cooperation: when organizations interact only so that each may achieve its own mission better.
- Coordination: in situations where there may be no direct interaction between organizations, but where an organization aims to ensure that its own activities take into account those of others.

### **Collaboration**

It is possible for each person to identify changes in needs as they arise if everyone in the team is aware of the holistic needs of the individual children. Anyone of the team can respond immediately to the new needs of the child. Specialists will help if needed yet it is all offered under the team's umbrella so that everyone is advised similarly (Daniels 2000).

### **Communication**

Communication is central to effective school operations since SEN leaders will communicate with colleagues, parents, pupils and other agencies. Different methods of communication are used for different purposes by school practitioners and managers. The extent to which communication is a positive or negative force in a school is influenced by the conditions in which ideas, information and feelings are exchanged. Co-operative working relationships that lead to effective data gathering and transfer is promoted by a supportive communication climate. Supportiveness is communicated most clearly by the following kinds of responses; using descriptive statements that are informative and not evaluative, using solution-oriented responses to focus on solving problems, being open and honest even when criticizing, being caring by showing empathy and understanding, being egalitarian by valuing everybody regardless of their role, forgiving by recognizing mistakes and minimizing them, and giving positive feedback to maintain high levels of performance and good working relationships (NPBEA 1993 cited in Gibson & Blandford 2005).

Depending on the situation, some methods of communication may be more effective than others. Communication is the exchange of information, which can range from an informal discussion with a colleague to a full report to school governors. Channels of communications in school can be oral by directly talk to the person, written by sending letters, memos, reports, and emails which can be tracked later on for documentation, meetings where two or more people sit to discuss formally or informally planned or unplanned agenda in a structured or unstructured manner, and telephone calls which is immediate, time consuming and shows a high degree of personal contact. Each channel has advantages and disadvantages (Gibson & Blandford 2005).

Communication is done for different purposes such as seeking information, instructing, motivating, encouraging, supporting and persuading (Hall & Oldroyd 1990 cited in Gibson & Blandford 2005).

## **Intra-Agency Work**

Flexible working of statutory agencies is required to meet the special educational needs of individual pupils. Policies and protocols which ensure that there is a seamless service should be communicated and agreed by SENCos and staff. Schools must have published policies or data that clarifies the partnership with LEA support services, health, social services, the connexions service and any relevant local and national voluntary organizations. External support services can play a major role in supporting schools identify, assess and make provision for pupils with SEN (Gibson & Blandford 2005).

Providing an integrated, high quality, holistic support that focuses on the needs of the child is the main objective. There should be a shared perspective, mutual understanding and agreement where all voices are heard for such provisions to be built on. A flexible child-centered approach should be adopted by the services to ensure that the changing needs and priorities of the child and the parents can be met at any given time (Gibson & Blandford 2005).

The needs for effective collaboration of services involved with the pupils and parents will need to be recognized by all agencies. Accordingly clear identification of the consultative responsibilities and effective communication systems at management and practitioner levels will then take place (Gibson & Blandford 2005).

Central to the effectiveness of LEA support teams and other support agencies is their ability to communicate their role to classroom teachers. Often the point of contact in schools is the SENCo. Procedure will need to be developed if teacher are to receive support from other agencies in the education of pupil with SEN (Gibson & Blandford 2005).

Coordinating structures within agencies is as important as interagency work. There are somehow similar structures in both works such as network which is easily overlooked within agencies as it is between them. Network do exist however it is formally unrecognized and that because of the assumption made that informal

networking is sufficient and will happen automatically without having to be planned. The same applies on policy-making which might be there however not connected to the whole structure, or it has been put separately and not followed up. Hence the major issue is that models exist however not functioning and neglected (Roaf 2002).

A team is group of people who continue interacting together sharing a common task, similar values and hold distinctive knowledge and skills (Muir 1984 cited in Roaf 2002). A network is group of people with different knowledge and skills meet infrequently with a changing constituency and sometimes work on a common task (Muir 1984 cited in Roaf 2002).

Developing organizations is the result of developing teams since teams do not work alone and have to interact with others in the organization. “leadership and teams need to be established throughout the organization, not just at one or two levels.” (Owen 1996 cited in Roaf 2002 p.135).

According to McCabe et al. (1997 cited in Roaf 2002, p.135) networks operate “through relationships between individuals with shared interests, values or goals. They tend to have indistinct boundaries and fluid memberships.” An integral part of organizational structures relies on networks, providing the feedback to inform and evaluate inter-agency meta-strategy, as well as the agency strategy (Roaf 2002).

When discussing teams it is important to mention team leadership. According to Lacey and Lomas (1993, p.144) team leaders allow “direction and moulds the individual parts into a whole”. Final decisions are as well part of their jobs (Roaf 2002). Coordinating skills of the team leader is where team synergy rest in. team leader is in turn guided by the senior manager in the organization who must then, in Kanter’s (1984 cited in Roaf 2002, p.137) phrase, “honor their social responsibilities to act for the larger good” by ensuring that the work of similar teams in other agencies is not undermined or does not conflict with the work of the teams for which they are responsible of.

Various examples within agencies helping young people exist such as health service paediatric assessment teams; social services adolescent services teams; LEA special

educational needs support services (SENSS); education social work teams. In most cases referral to these teams requires only intra-agency intervention, even though the initial referral may have been prompted by another agency. The majority of referrals to primary care services are straightforward and require only minimal inter-agency cooperation. However, crisis may be only one step away, and a successful outcome may depend on the existence of effective coordination within agencies, as well as between them and the development of the role (Roaf 2002).

In schools committed to inclusion, teams perform in much the same manner as an inter-agency team working between actual agencies. They may have set up centers which act as 'holding bay' between the classroom and home or street, and take referrals from colleagues in any part of the school system needing support. Team members, as network brokers, coordinate existing school resources and mobilize additional resources from other agencies or the local community, provide key workers and undertake independent assessment. The team itself will be supported by senior management within the school. Special needs teams emphasize on commitment and support from senior management, networking and regular inter-agency meetings to discuss ethical issues, changes in legislation and practice, gaps in provision and information sharing, common work practices, agreed definitions and joint training. SENCOs and their teams understand as much as anyone the importance of coordinating structures and of maintaining systems to promote the circulation of feedback (Roaf 2002).

The team promotes effective liaison and collaboration with faculty and year teams, encouraging them to support students more fully themselves. The staff thus feels more skilled as a result of the team's intervention. The team can move flexibly between the other school teams to fill gaps in provisions, and research to find new resources. The team is also able to arrange regular network meetings to promote further collaborative work, to maintain an overview of the provision available and as a vehicle for feedback (Roaf 2002).

Coordinating structures within agencies are required:



- To clarify and assert agency policy;
- To use knowledge about the needs of the most complex to identify good practice and suggest improvements to meet community needs as well as individual needs;
- To reprioritize energy and resources;
- To combine skills and resources effectively;
- To encourage feedback;
- To identify areas for research and development;
- To monitor and evaluate progress.

## Results and Discussion

Child categories

center 1	center 2	center 3	Center 4
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### Child Categories

Autism Spectrum	*	*	*	*
Asperger	*	*	*	*
ADD/ADHD	*	*	*	*
ODD	*	*		
Motor integration	*	*		*
LD	*	*	*	*
gifted		*	*	
Speech/language disorder	*	*	*	*
cerebral palsy	*	*		*
Dyslexia		*	*	*
Dyspraxia		*	*	*

Down syndrome	*	*		*
Physical Disability	*	*		
hearing impairment	*	*		
All children		*		
All adults		*		
children with low IQ	*	*		*

*Table (1): Different SEN categories that are catered for by the four centers*

Table (1) shows a variety of children categories in which centers work with. The variance of categories from one center to another depends on the services provided by the center, whether it caters to the child's needs or not. For example, Center (3) has a one month trial program that allows the team to check how flexible the child is and how much the program will help the child progress. Accordingly, either the center continues serving the child's needs or stops and advises the parents to other better services which the center cannot cater for because of lack of staff, resources, or services. Similarly centers (1) and (4) cater for specific children. The variance show that there is no one agreed upon policy that obliges centers in general to work with specific categories of children and cater for their needs, hence the inconsistency between centers. Center (4) however caters to all children because the service given is mainly a brain training one that works with all people's brains to enhance their cognitive skills. Each child has his/her own individualized program set however all programs work on cognitive skills which are skills found in all people including adults. However, according to Roaf (2002), centers are to cater to the needs of homeless people, child protection, adolescents' mental health, young offenders, special education needs and children 'looked after' and leaving care but those categories were not specified by the centers when being interviewed and their websites do not tackle any category other than SEN children.

**Shadow Teachers:**

Shadow teachers play a big role in the children's lives. Some centers provide those teachers and some do not (table (2)). The reasons behind that are centers provide shadow teachers with a high cost since those teachers are trained enough for such a job, however, if parents are to provide shadow teachers it is less costly on them but the teachers might not be trained enough. Some centers are willing to train those shadow teachers as Center 4 interviewee suggest however there is no one clear cut system to follow. Shadow teachers are the closest to the child and are the ones that are put in all the child's situations; in the classroom, in the resource room, in the therapist's room, and sometimes at home. Hence it is important for them to be trained to work with the child and to be part of the collaboration team since they have a big role in implementing the intervention plan. Regardless of these facts, shadow teachers still struggle to communicate with all the other members of the team since it is mainly in an informal manner. If the shadow teacher is put by the center then collaboration and communication within the agency might be better however it all depends on the system and policy put inside the agency, which is in most cases unclear. Center 3 interviewee explains that monthly meetings take place to check the child's progress in the center with the parents and that is the only formal meeting done. There are no other meetings during the month that take place to collaborate between the team members. Some emails and informal conversations take place since all members are willing to help, but the center lacks a structured collaboration system inside the center and with outside agencies. As the interviewee of Center 3 puts it "there is no policy, there is no collaborative system, and there are no proper communication processes to work accordingly".

**Evaluation:**

Similarly when it comes to evaluation, each member evaluates the child according to the targets set for him/her and changes the goals accordingly. In the center, those changes are discussed with the case manager or leader, sometimes discussed with other members and sometimes not. Those progress meetings are done

monthly. Those changes might be communicated to the school and might not. However, Center 2 although communicate with the schools via the parents most of the times, they have a slight difference when it comes to evaluation within the center and that goes back to the reason that their program is a different one where it only focuses on the child's cognitive skills. Center 2 does regular observations, training, and follows up with the case manager or instructor. Hence meetings are done couple of times during the month to track the child's progress. Yet this is not enough. Those findings should be communicated to the school.

Once an individual or small group of planners lights the spark of collaboration, school leaders join with families, community leaders and representatives, and health and human service providers to forge individual programs into comprehensive strategies. This core group evolves into a collaborative effort by (1) understanding the context for collaboration, (2) expanding to include parents and other community partners, (3) forming a partnership, and (4) establishing an effective governance structure (North Central Regional Educational Laboratory n.d).

## **Challenges**

Collaboration is essential however it is one of the biggest challenges faced by the centers and schools. There are different reasons behind this challenge as some centers mention the lack of clarity in the roles and member's responsibilities, "so I end up doing the teacher's job" as the shadow teacher of center 3 explains regarding the teachers who are untrained to work with children with special needs in the classroom. Another reason is lack of time to collaborate and meet with the members of the team and supervisors as discussed by Cheminais (2008) and Wolpert (2011). The main concern that Centers 2, 3, and 4 discussed is the lack of coherent policy or system established to explain how the communication and collaboration system should take place. Each center has arranged meetings which take place monthly, weekly or yearly in the center depending on their plans and the meetings include specific people which differ from one center to another. As for the meetings done with the schools, there is no established number of meetings that take place. It is all

according to how things work and go throughout the year. Hence it is not consistent and lack coherency and organization. As the interviewee of Center 4 explains that in UAE we need directive bureaucratic processes that explain how to go about the collaboration system. According to Roaf (2002), lack of strategic planning across agencies leads to difficulties in collaborating with agencies. Without an organized means of communication and collaboration with other agencies, being centers or schools, the members of the team will not know who to turn to if their own agency cannot help anymore and that is the effect of practitioners working on their own and not allotting time to cooperate with others and plan jointly for the child's best needs (Roaf 2002). "Agencies therefore had difficulty in seeing 'cases' through the 'system'" (Roaf 2002, p.96). This will definitely affect the child's placement in school and the inclusive practices taking place at the school to best meet his/her needs.

Other challenges faced by centers as well regarding collaboration such as absence of coherency in the goals, intentions and joined-up thinking between different agencies. This results in overlapping roles and duplicated services. Within the educational setting and among multi-agency practitioners, staff tends to resist change because of their misunderstanding of the causes and its benefits. Sometimes understanding the language of other professionals and protocols is difficult because of the variance in the staff's backgrounds especially the ones coming from medical and health departments (Cheminais 2008). According to Mapstone (1983) cited in Roaf (2002, p.38), "organizational fragmentation (in particular, separated budgets, different administrative hierarchies, procedures and priorities and employment of the various administrative and professional staff to different authorities and agencies) can defeat the best intentions of those involved in providing mental health services to children and young people."

## Recommendations

	Center 1	center 2	Center 3	Center 4
<b>Recommendations</b>				
Teacher training	*		*	
Acceptance of children with SEN	*	*		
Smooth transfer and transition	*			
Curriculum modification			*	
Consistent and systematic communication, coordination and collaboration			*	*
Consistent costs		*		
Specific senior leader		*		

*Table (4): Different recommendations suggested by the four centers*

Table (4) shows different recommendations given by the centers to enhance their work in supporting schools for inclusion. Some recommendations were repeated from one center to another such as training teachers to work with children with special needs and to collaborate with other agencies. Appropriate programmes, including regular follow ups, should be introduced by therapists and educational authorities to train teachers, therapists and teacher and therapist's assistants (Standards and Guidance for Promoting Collaborative Working to Support Children with Special Needs, 2006). Similarly Lacey and Lomas (1993) and Kotter (1996) believed that training for accepting and successful change should take place and that is implemented through the organization's type of leadership; whether it is open to change, have shared vision, allow for suggestions coming from the staff, its flexibility to implement change, and its collegiate culture which allows for staff to work together and plan with opportunities for observation and discussion between members. Transition period is one recommendation in which a smooth plan should be put for the child in collaboration with schools to properly transfer the child into

an inclusive classroom. Some centers believe that such goals can be included in the child's IEP, however with no proper follow up and collaborative works the plan would not be implemented properly. Hence another recommendation discussed during interviews is the need for a systematic collaborative and communication process agreed by all team members working with the child.

Such a system can take place by encouraging joint planning between school principals and therapy managers or clinical supervisors as named by some centers. This will lead to effective working policies, protocols and practices to develop collaborative classroom working strategies. Joint working practices should take place between education and health authorities as well to create joint service standards of best practices. Teachers and all team members whether from school or other agencies need to plan, record, and report progress in an integrative system to avoid duplication in the roles and responsibilities which was one of the challenges discussed above. Assessment is an integral part that needs to be planned, modified, and reviewed together by all members of the team to promote common approaches to assessment and intervention. All roles and responsibilities of all members should be explained and defined clearly and evaluated throughout the process to avoid clashes and crisis (Standards and Guidance for Promoting Collaborative Working to Support Children with Special Needs 2006). Yet this does not mean that each member should not have an idea about what the others do. Since the collaborative approach is a trans-disciplinary one, hence all members should be aware of all roles and have some training in way or another across most of the roles. This will allow the staff to understand what the others are doing and how it is done.

Adapting the work of Smale (1996 cited in Horwath & Morisson 2007), five key steps should inform our approach to planning interagency development and change.

- Establish a shared analysis as to the strengths and weaknesses of the current arrangements and agreeing upon a rationale as to the reasons for change.
- Anticipate potential winners and losers and what will be the most likely gains and losses from the change.

- Identify how evolutionary/adoptable or radical/revolutionary the proposed change is. Changes built on pilots where there has been evidence of effectiveness are much more adoptable than ‘all or nothing ventures’ especially where the change involves major changes of attitude or culture, and or major fiscal outlay.
- Create a powerful core coalition, shared commitment, leadership, and compelling joint narrative that creates the critical mass to drive change forward [Kotter \(1996\)](#).
- Plan a viable and realistic critical pathway for change with clear timescales, staging posts, and accountabilities. Successful partnerships have the tenacity and adaptiveness to persist when the going gets tough.

The stages in the development of a multi-agency team

Bruce Tuckman’s (1965) theory of team development and behaviour is helpful in assisting multi-agency practitioners to understand the four stages they work through, in order to become an effective team.

1. **Forming:** (clarifying roles and establishing relationships). Multi-agency team members:

- will be introducing themselves and getting to know each other
- will be trying to establish their individual identities
- will be discussing the team’s purpose
- will be exploring the scope of the task
- may be avoiding serious topics and feelings.

2. **Storming:** (resolving any tensions and disputes). This stage may involve:

- multi-agency team members competing with one another
- conflicting interests between team members arising, as the group becomes more focused on tasks
- bending ideas, attitudes and beliefs to suit the team organization
- questioning about who is responsible for what
- discussing the multi-agency team’s structure



- conflicting views about structure, leadership, power and authority.

3. **Norming:** (starting to build the team identity). At this stage there will be:

- more cohesive multi-agency team relations
- a higher level of trust between multi-agency team members
- a greater focus on tasks
- accepted leadership of the multi-agency team
- a creative flow of information to inform the tasks.

4. **Performing:** (the multi-agency team has a shared vision, and it knows clearly what it is doing and achieves its goals). At this stage:

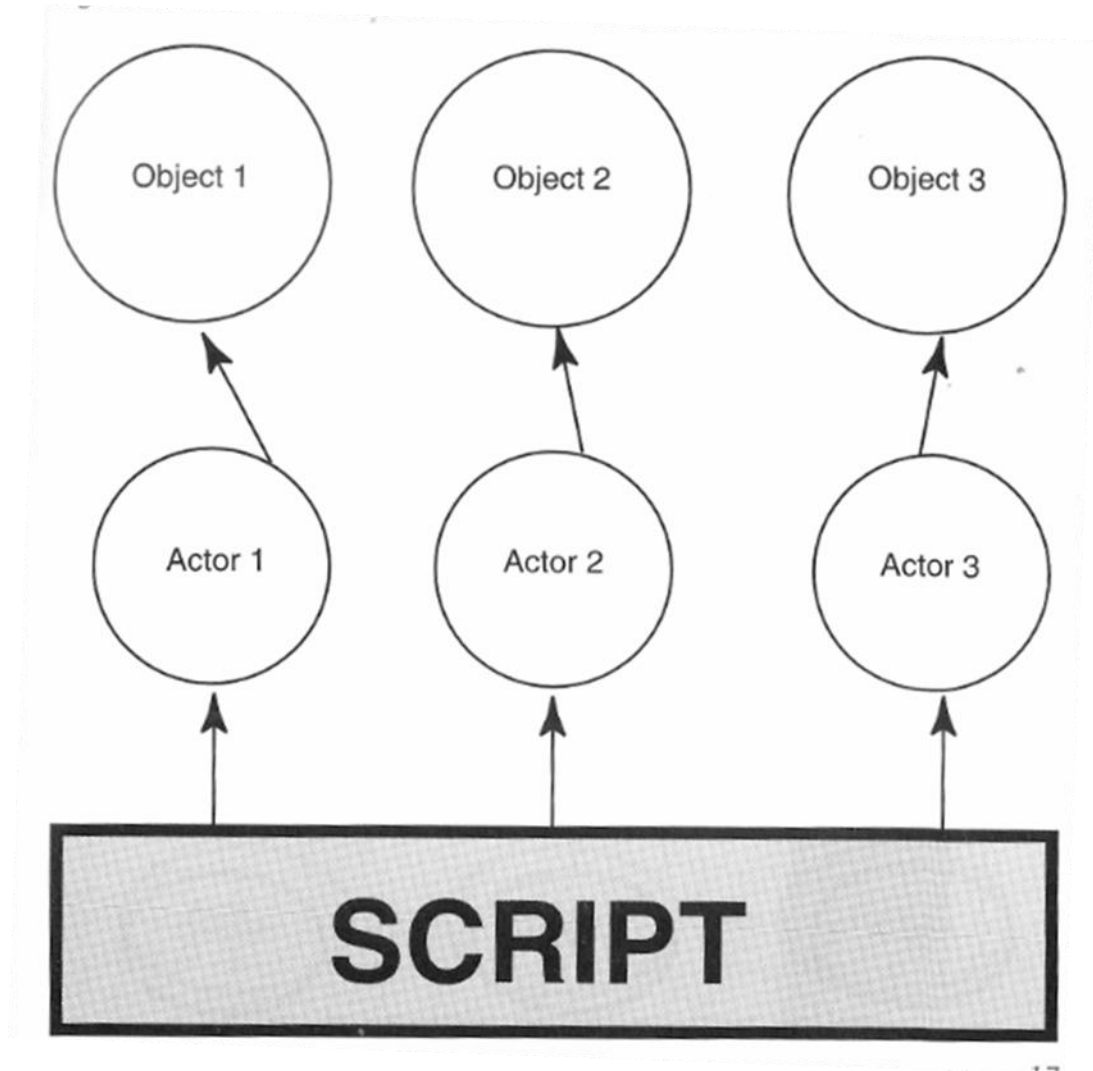
- multi-agency team members show a high level of dependence on one another
- there are deeper relationships between people
- the multi-agency team becomes good at problem-solving and there is more experimentation
- individual team members become more self-confident
- the multi-agency team is at its most productive
- team members review what they are doing

(adapted from ContinYou 2005 cited in Cheminais 2008)

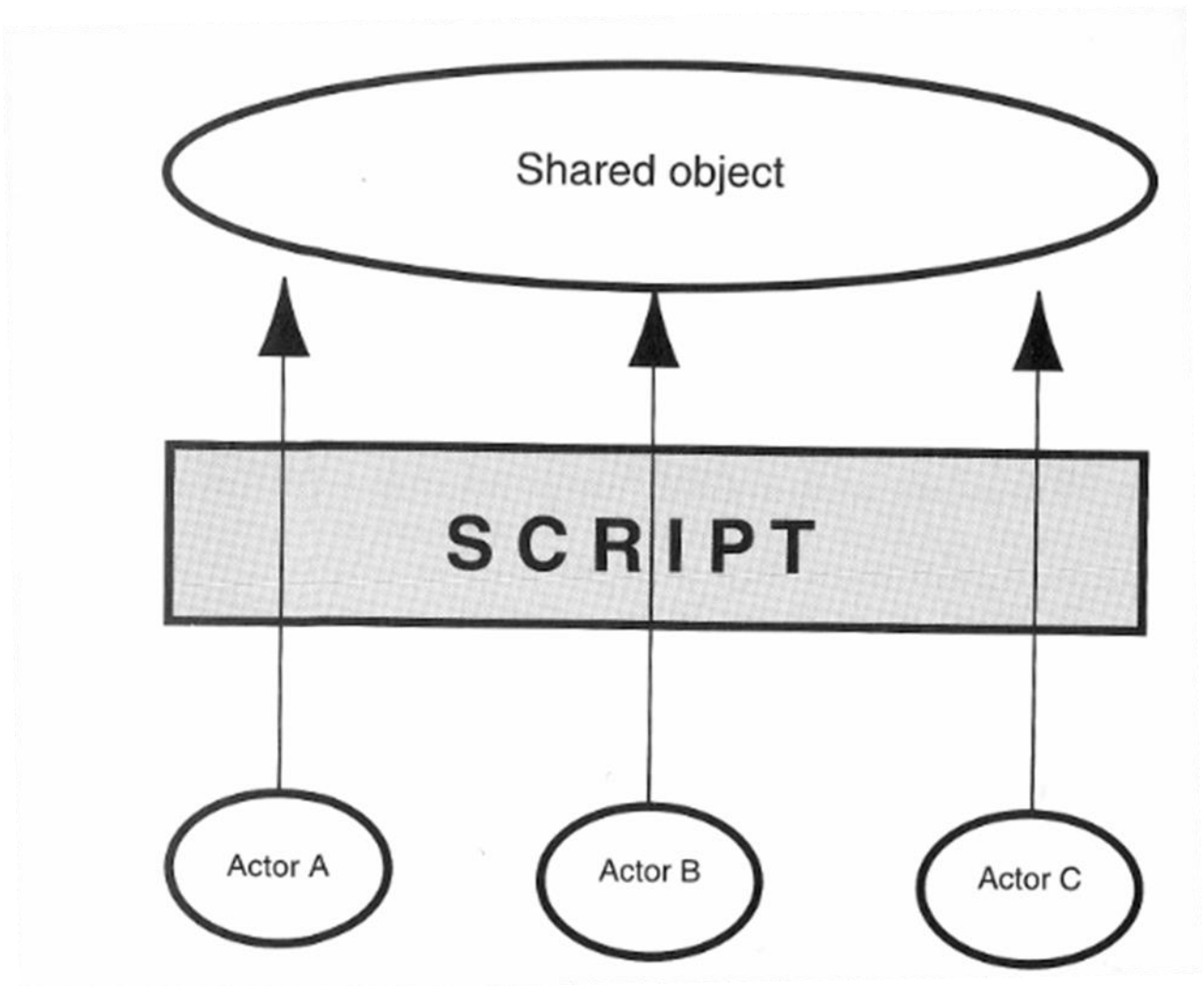
## Appendix E

### Figures

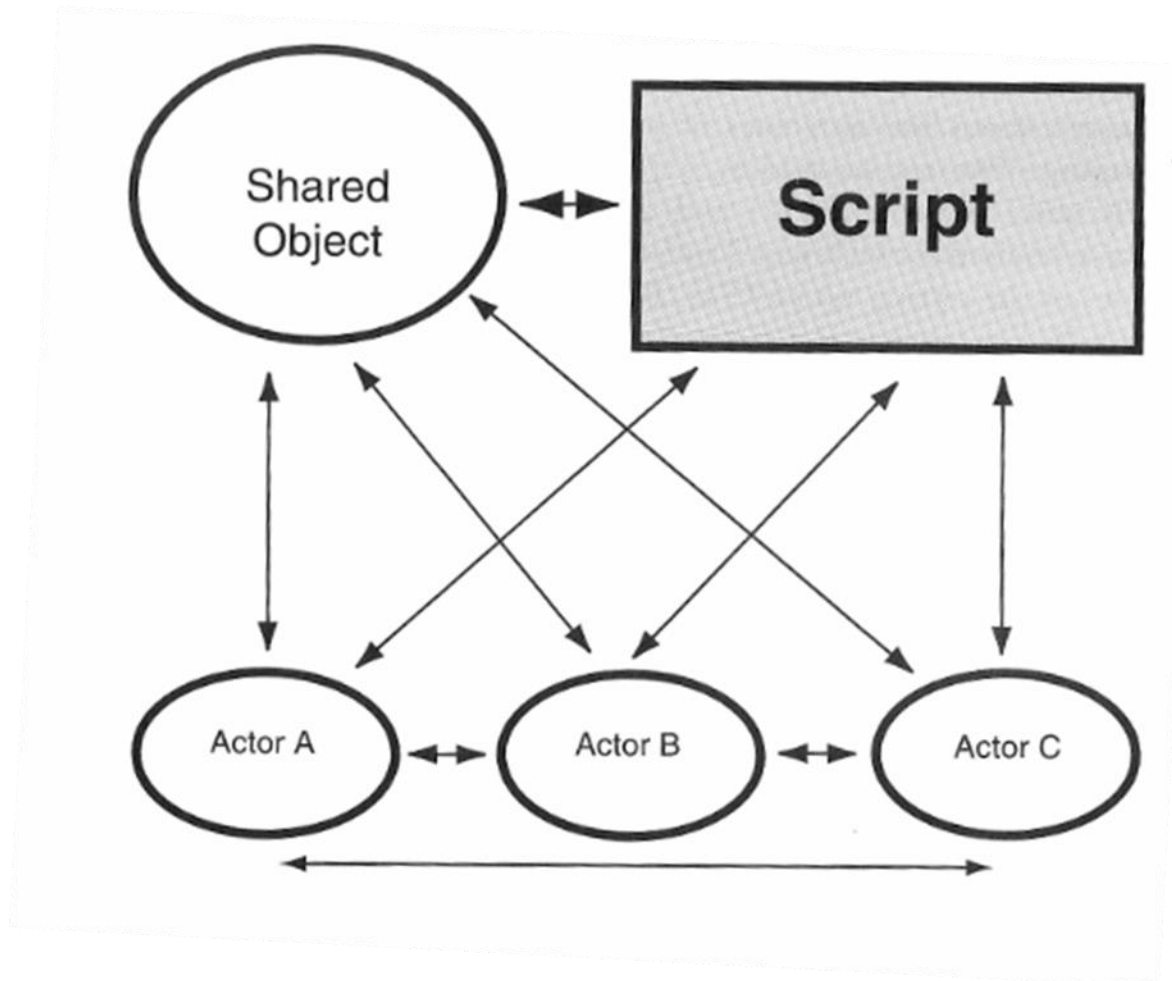
**Figure 1. The general structure of co-ordination** (Daniels 2000, p.177)



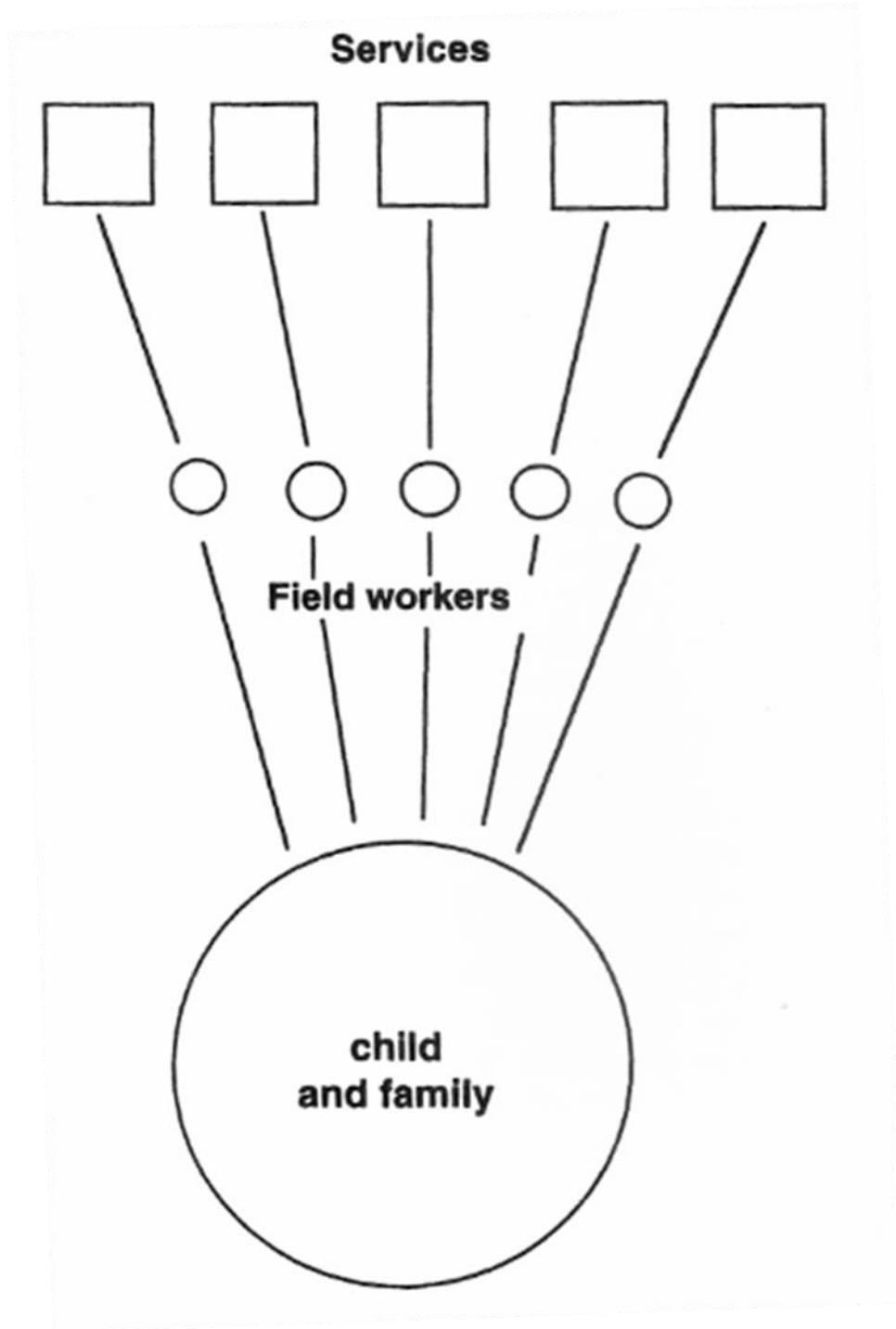
**Figure 2. The general structure of co-operation** (Daniels 2000, p.178)



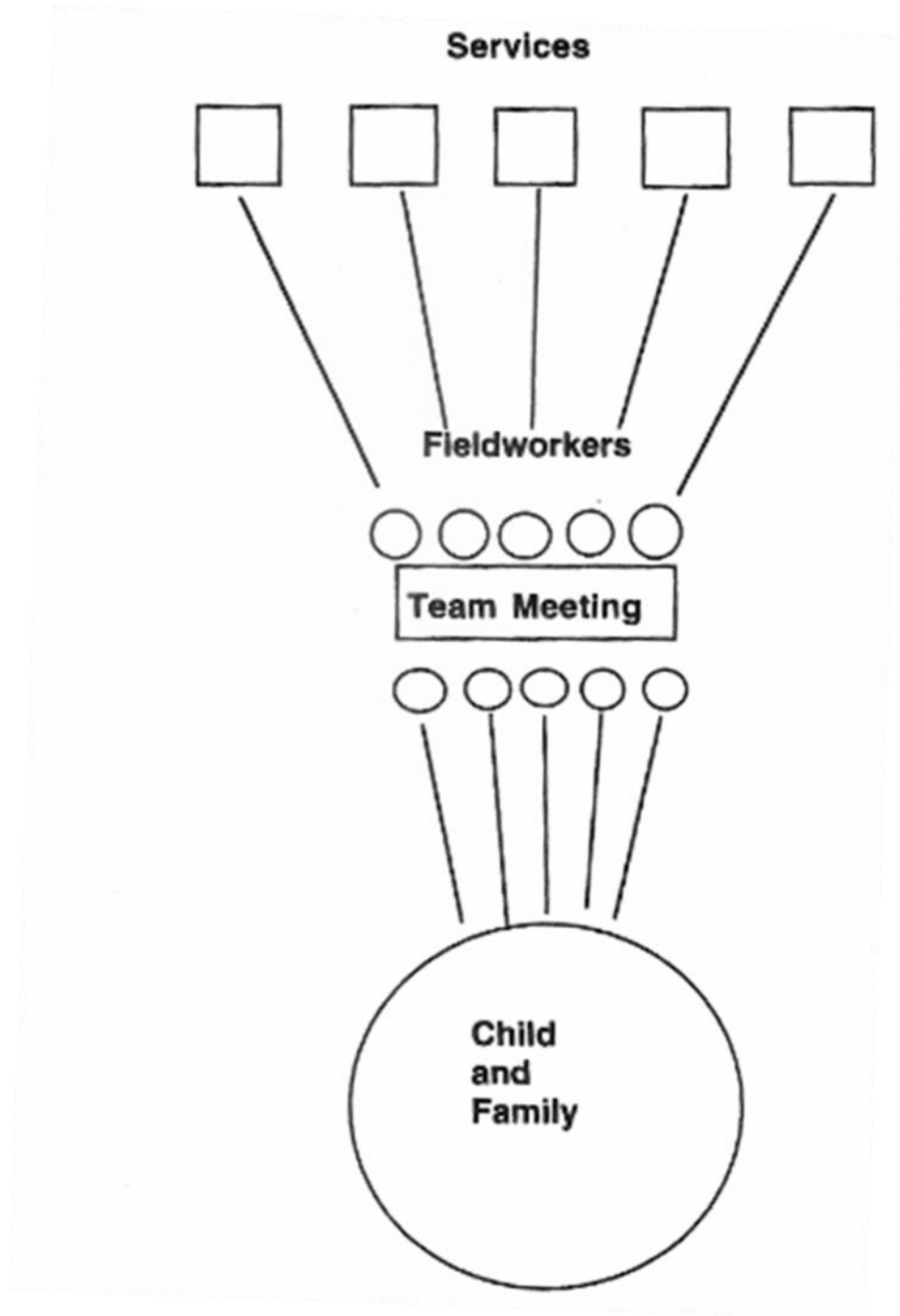
**Figure 3. The general structure of communication** (Daniels 2000, p.179)



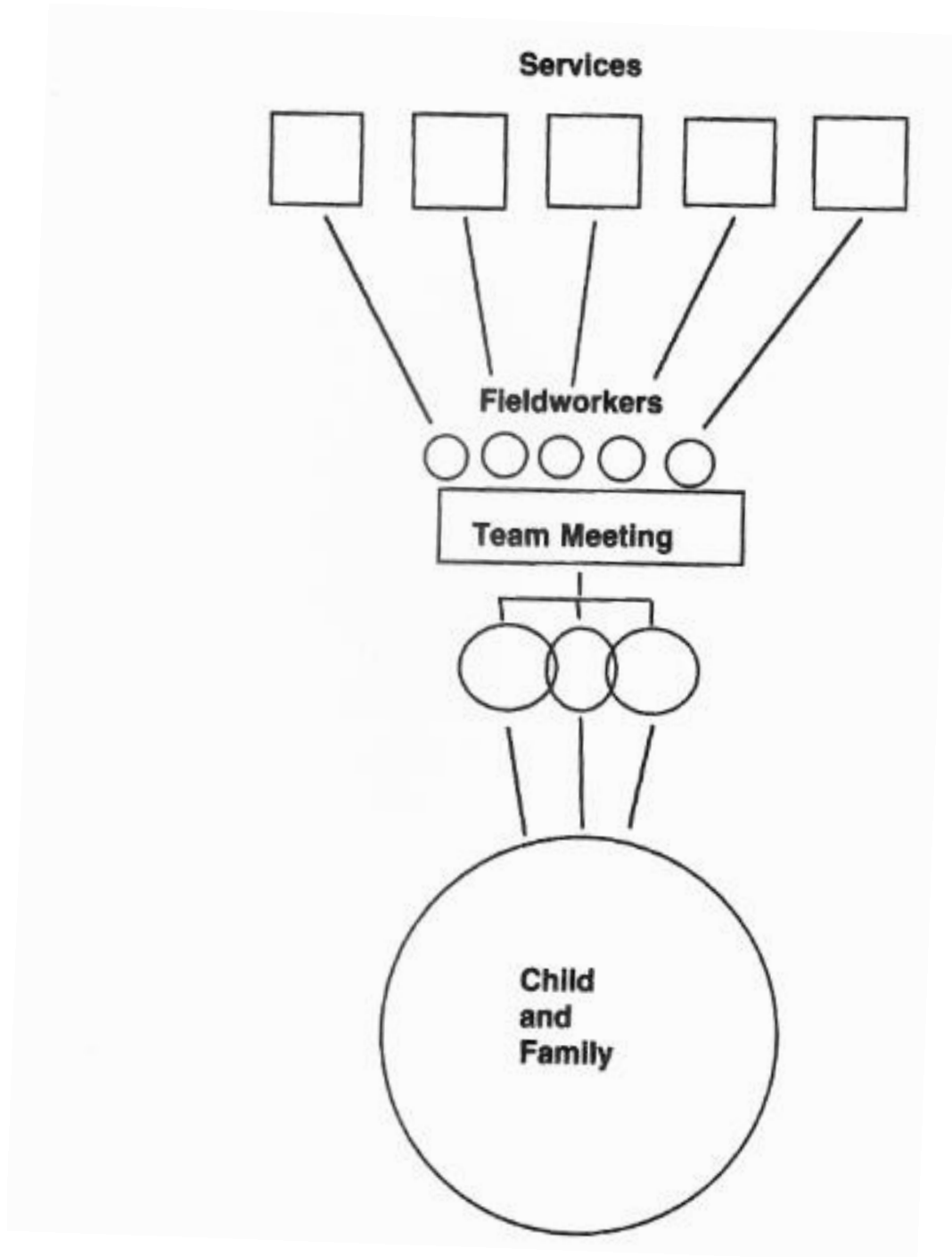
**Figure 4. A Multi-Disciplinary Approach** (Lacey & Lomas 1993, p.15)



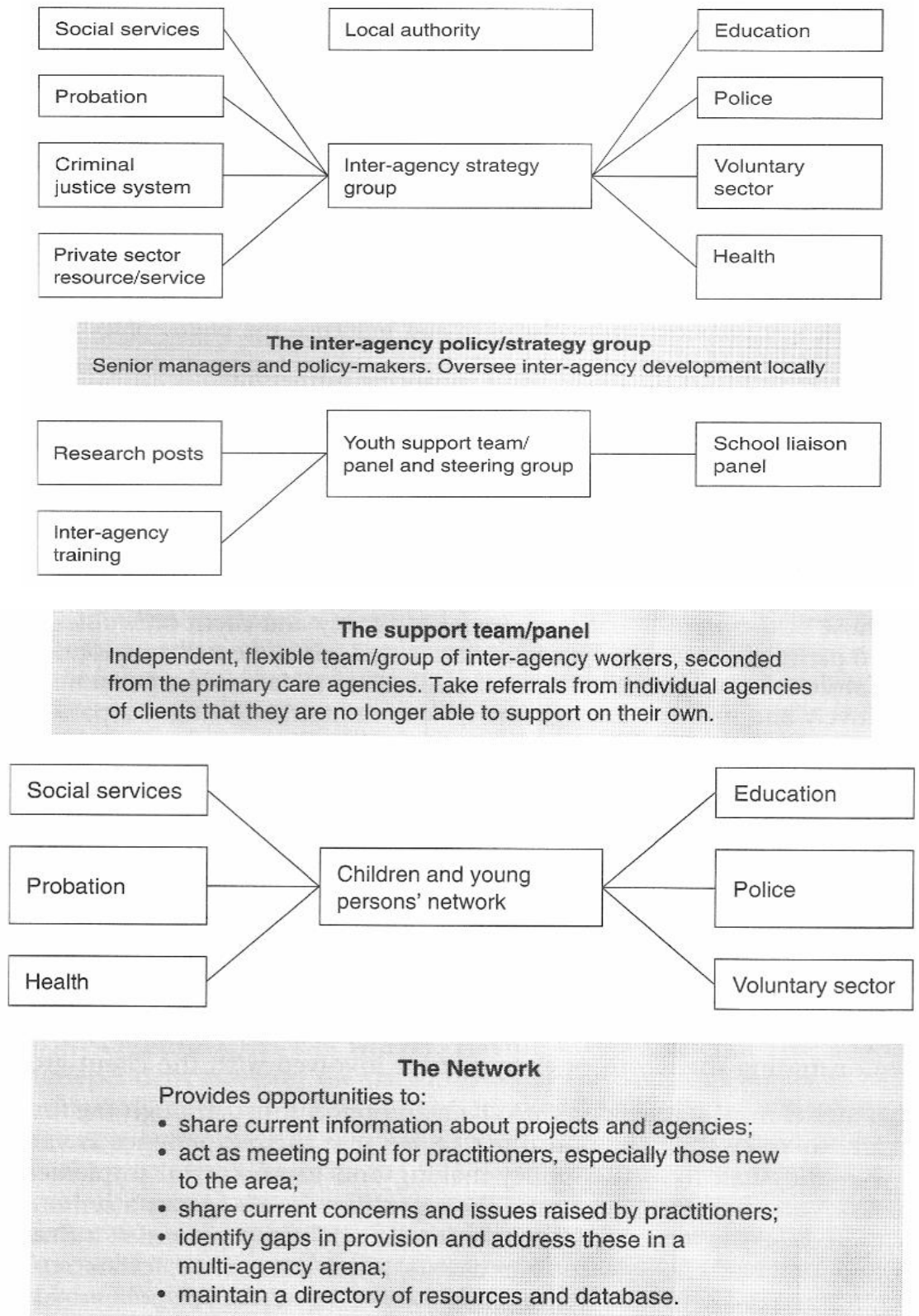
**Figure 5. An Inter-disciplinary Approach** (Lacey & Lomas 1993, p.17)



**Figure 6. Transdisciplinary or Collaborative Approach** (Lacey & Lomas 1993, p.19)

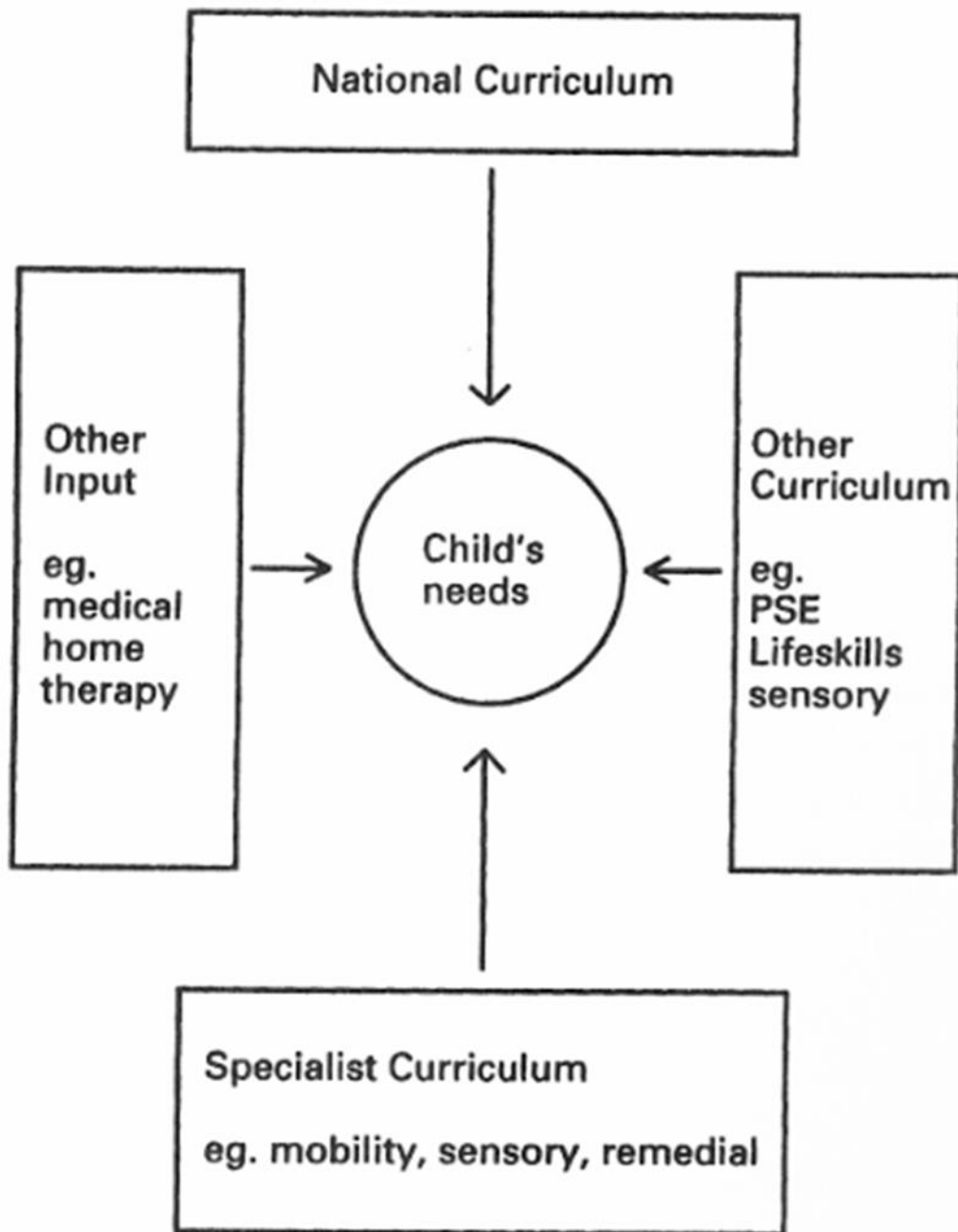


**Figure 7. Inter-agency coordinating structures** (Roaf 2002, p.103)

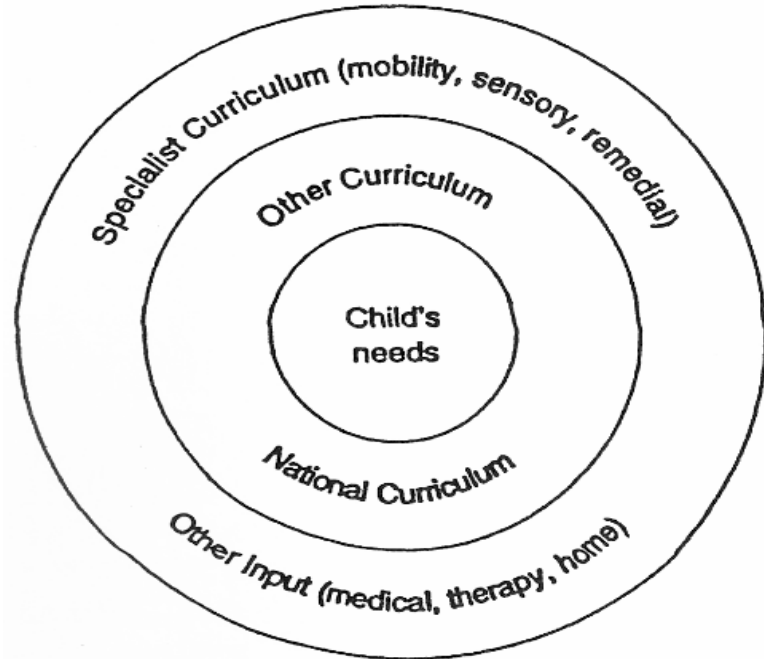




**Figure 8. Fragmented Curriculum** (Lacey & Lomas 1993, p. 100)



**Figure 9. Collaborative Curriculum** (Lacey & Lomas 1993, p. 101)



**Figure 10. Blank Interactive Collaboration Plan (ICP)** (Wolpert 2011, p. 70)

This figure illustrates how to consider several different perspectives in planning inclusive instruction.

<p style="text-align: center;"><u>Related Service Goals - IEP</u></p> <ol style="list-style-type: none"><li>1. Speech</li><li>2. OT/PT</li><li>3. Other</li></ol>	<p style="text-align: center;"><u>Content Driven General Ed Goals</u></p> <ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li></ol>	
State Standards Addressed	Goal Modification Necessary? Yes / No	
Input vs. Output		
<p style="text-align: center;"><u>Input Accommodation Indicators</u></p>	<p style="text-align: center;"><u>Lesson Plan Procedures for Class</u></p>	<p style="text-align: center;"><u>Output Accommodation Indicators</u></p>
Who will do what?		

**Figure 11. Completed Interactive Collaboration Plan (ICP)** (Wolpert 2011, p. 71)

This figure illustrates how to combine related service and content goals into one planning form.

