



# Journal of Exceptional People

2020 – Volume 2; Number 17

Institute of Special Education Studies  
Faculty of Education – Palacký University Olomouc



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# Introduction

Dear readers and supporters of our magazine, You have just opened either the electronic or printed pages of our magazine, which is intended for readers dealing with special pedagogical matters. Also in this issue, interesting articles await you, which our editorial staff received not only from the Czech Republic, but also from various parts of the world. This diversity can enrich you and support your interest in the issue of “exceptional people” that our magazine deals with.

We structured the content of the magazine as follows:

The first post takes us to Africa. Four Nigerian authors (A. O. Onojah, A. A. Onojah, O. K. Amoniyi, T. B. Alaka) working at the Federal College of Education (Special) in Oyo and the Department of Educational Technology, Faculty of Education, University of Ilorin report on extensive research on hearing-impaired students and their ability to master modern technologies that enable them to cope with the problems of everyday life.

The following extensive article by J. Athiende. K. Pančocha, M. Murugami, and J. Muthee is actually a continuation of the research published in the previous issue of our journal. Their now published paper deals with the matter of an analysis of plans and legislative influence in psycho-educational assessment for learners with learning disabilities in Brno (Czech Republic).

The author of the third article, V. Hloušek, sent us a paper devoted to the issue of seniors. He reports on extensive and long-term research conducted in the hospital for patients with long-term illnesses. This research mapped the satisfaction of these clients with the services provided to them, including, for example, quality of food, quality of room equipment and free entry of visitors.

Slovak author B. Vodičková sent us an article entitled “Identification of supporting phenomena and barriers of inclusion in the pedagogical practice of teachers in

a kindergarten in Bratislava” (Slovakia). Her research team focused on how teachers can respond to differences among children, how they can react flexibly to what is happening in the classroom and expand their educational offer by what is commonly available in the daily life of the classroom.

The following review paper by English author A. Smith presents the evolving role of the Special Educational Needs Co-ordinator (SENCO) in mainstream primary schools set within the changing political / ideological National Educational landscape in England.

The offer of professional contributions is concluded by an article by L. Kantorová from the Czech Republic, which describes the Czech national project of clinical practice guidelines development and its implementation in special education.

After these principal professional articles, we (as usual) placed three reviews of interesting books. The first concerns early care and describes the models and practices of social work with young children in the Czech Republic, and the second introduces us to the stories taking place in child psychotherapy and the third is focused on the area of philosophical consideration of living in society. The first book is recommended by Z. Haiclová, second by J. Kameník and the third by Lin Li.

Nice autumn reading

Pavel Svoboda, J. Chrastina, executive editors of JEP

# Special education students exploitation of assistive technology for learning

(scientific paper)

Amos Ochayi Onojah, Adenike Aderogba Onojah,  
Oladiran Kayode Omoniyi, Tawakalit Bukola Alaka

**Abstract:** Assistive technology refers to technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. This study examined special education students' exploitation of hearing assistive technology for learning. The study was a descriptive research. Sample comprised of 250 hearing impaired students of Federal College of Education (Special) Oyo. Stratified random sampling technique was used for the selection of sample. Data was analysed using frequency count and a simple percentage to answer the research questions while inferential statistics of t-test, Kruskal Wallis and Jonckheere-Terpstra Test were used to analyse the two hypotheses. The findings of the study revealed that Telephone adaptations, TV decoder, TV amplifier, Computer, Personal amplification, FM Amplification system, Infrared amplification system, Induction loop systems, Telecommunication Device for the Deaf (TDD), Hearing Aid, and Audiometer are mostly available to the respondents. There was no significant difference between students' utilization of assistive technologies for learning based on gender and academic level. The study concluded that special education students utilize available assistive technology for learning. This implies that assistive technology for learning could assist the performance of special students. It was therefore recommended that schools should employ Educational Technologists that can facilitate effective use of assistive technology tools to supplement classroom teaching.

**Keywords:** special education students, exploitation, assistive technology, learning, gender

## 1 Introduction

The process of education is one which involves a number of activities on the part of several people, including the teacher, the pupil, parents, the government and every citizen of the country. Education in Nigeria is based on a 6-3-3-4 system, which in-



volves three levels of institutional learning processes; primary education, secondary education and tertiary education (Abdullah, 2014). Formal education is designed with fixed aims and objectives and provided according to the curriculum. It has fixed time table, examination system and discipline (Sarma, 2018). Formal education usually takes place within the four walls of the school, where a person learns basic, academic, or trade skills. This takes place at early childhood, primary, secondary and tertiary levels. Informal learning takes places at home, work, and through interactions and shared relationships among members of society in form of language acquisition, cultural norms, and manners. In informal learning, there is often an elderly person, a peer or expert, to guide the learner and it has no curriculum (Rogoff, Callanan, Gutierrez, & Erickson, 2016). Non-formal education is any organised systematic educational activity carried outside the framework of the established formal system. Non-formal education is provided at the convenient place, time and level of understanding or mental growth of children and adult (Sarma, 2018).

Special Education is also defined as a formal special educational training given to people (children and adults) with special needs, who fall into the categories: the disabled, the disadvantaged and the gifted (Federal Republic of Nigeria (FRN), 2013). The special education general curriculum program is both demanding and rewarding. It is designed to provide the future special education educators with the knowledge and pedagogical skills that will allow them to provide intensive and explicit individual and small group instruction to students with disabilities. Advocating for more technology use in teaching and learning is ineffectual without the context of how it could result in improved learning outcomes, why it could result in less effortful teaching or learning skill, and if it would result in better communication with or engagement of students (Eden, 2015). Just like a car parked may not be active until it is been driven, also learning technology without its usage remains dormant and its influence will not be felt. Thus, there is need to always put the engine of education in action or else it will just be parked on a stand still without crusade. Graduates from the programme are recognised for their academic performance and leadership skills as well as their abilities to provide intensive and explicit instruction and to plan and maintain positive behaviour supports for students with disabilities (Nolan, 2019).

Technology has opened many educational doors to children, particularly with disabilities. With technology, an individual who is physically unable to speak can communicate with spoken language. Using a portable voice synthesizer, a student can ask and respond to questions in the 'regular' classroom. Invention and use of assistive technology are based on the fact that there is always some degree of residual hearing left in everyone with hearing impairment, which can be amplified in manner similar to how a loud speaker boosts sounds to make them loud enough for hearing people to hear properly (Ademokoya, 2016). Information and communication

technologies (ICT) have expanded the assistive technology field to new dimensions, opening new doors, broadening horizons and enabling autonomy for many individuals with special needs. Technologies for special students with disabilities range from simple spellcheckers to more complex speech recognition systems and educational software (Scherer & Stefano, 2017). Technology desires to help students or young people to develop deep subject knowledge and understanding (Moynihan, 2014). The increase in the use of technological know-how to improve educational access and methods is becoming key to the growth of all areas. Effective and reliable technology can dramatically strengthen teaching and learning (Telkom, 2015)

Assistive technology has been defined by numerous scholars but all are pointing to the same thing. Assistive technology is technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. Assistive technology can include mobility devices such as walkers and wheelchairs, as well as hardware, software, and peripherals that assist people with disabilities in accessing computers or other information technologies. Radabaugh (2014) opined that for most people, technology makes things easier, and for people with disabilities, technology makes things possible. Assistive technology often refers to devices that help a person to hear and understand what is being said more clearly or to express thought more easily. Assistive technology could also be described as a device that helps a person with hearing loss or a voice, speech or language disorder to communicate (Johnson, 2015). Assistive technology can provide equality between visually impaired individuals and their sighted peers within the emerging information society. With the aids of the appropriate technological devices, visually impaired persons can independently access, process, store and transmit the same information handled by sighted people (Hogg, Minihan & Sullivan, 2015).

The primary purpose of utilizing assistive technology in the teaching and learning process for special needs students is to make teaching more effective and to facilitate a speedier learning process. It should, however, be put into cognizance that utilizing assistive technology in the process of teaching and learning is not an end in itself. Microsoft, (2012) stated that, an increasing number of people with disabilities are participating in sports, leading to the development of new assistive technology among which are prosthetics device. Disability is not liability nor incapability because there is ability in disability. Accordingly, the opportunity offered other students to learn can also be rendered to the special students so that the bridge between learning gap can be bridged and the goal of education for all becomes a reality. Nigerian universities are to adopt e-learning to change the old strategies and ways they deal with educational program's execution through the utilization of e-learning which is driven by educational modules via the PC and the web (Eze, Chinedu-Eze, & Bello, 2018). Use of ICT in education could be for the purpose of making teaching-learning

technique convenient and interesting. Judicious use of ICT technologies together with new functions and roles of education personnel can bring about more efficient and effective teaching learning-process (Reetika, 2017).

Gender is the range of characteristics pertaining to, and differentiating between masculinity (male) and femininity (female) (Soetan, Onojah, Alaka, & Aderogba, 2020). Litt (2013) findings indicate that boys seem to report higher levels of ICT literacy than girls. The United Nations Children Education Fund (UNICEF, 2013) stated that people with disabilities are faced with extreme disparities and daunting challenges to the enjoyment of academics, social and community participation in low-income and middle-income countries. Female users typically prefer visual platforms. Men, on the contrary, like more text-oriented ones. Abdulazeez (2014) stated that gender issues has been associated with ability, skill and competence of teachers and students to use instructional resources but without any definite conclusion because the findings vary per research. Indeed, Facebook and Instagram have a larger female user base, whilst online discussion forums such as Reddit or Digg depend on more male users (Aleksandra, 2016). Gender is implicated in blended learning education in a range of different ways. One set of problems relates to the relative participation rates of boys and girls in programmes of science, technology and vocational education (Edgar, 2016).

### **1.1 Statement of the Problem**

There are a lot of disabled students who have the right to get the best education as their normal peers. These students deserve the same right with their normal peers in the Nigerian education system (FRN, 2013). Students with disabilities usually have the same level of mental capability as the normal hearing students in terms of studying but are only lacking other capability and not intelligence level (Soetan, Onojah, Alaka, & Aderogba, 2020). Although, availability of technologies for the special students is germane but its utilization is also very important because without its usage, it is similar with 2019 benz car parked without anyone driving it. Technology offers the opportunity for access to up-to-date research reports and knowledge globally which can be accessed through proper utilization of different search engines (Nwokedi & Nwokedi, 2017). Thus, this study intends to investigate the exploitation of assistive technologies by special students for learning.

### **1.2 Purpose of the Study**

The purpose of this study was to examine special students' exploitation of assistive technology for learning. Specifically, the study;

- i. assess the type of hearing assistive technology available to hearing impaired students,

- ii. examine the assistive technology that are being exploited for hearing impaired students,
- iii. determine the influence of gender on students' utilization of assistive technology for learning,
- iv. determine the influence of academic level on students' utilization of assistive technology for learning.

### **1.3 Research Questions**

The study provided answers to the following research questions:

- i. What are the types of hearing assistive technology available to hearing impaired students?
- ii. What are the hearing assistive technologies that are functioning for hearing impaired students?
- iii. How does gender influence special students' utilization of hearing assistive technology for learning?
- iv. How does academic level influence special students' utilization of hearing assistive technology for learning?

### **1.4 Research Hypotheses**

The following hypotheses was tested in the study:

H<sub>01</sub>: There is no significant difference between male and female hearing impaired students' utilization of hearing assistive technology for learning.

H<sub>02</sub>: There is no significant difference among special students' exploitation of hearing assistive technology for learning based on academic level.

## **2 Methodology**

This section focused on the methodology that was adopted in carrying out the study on respondents' special students' exploitation of assistive technology for learning. This section was arranged under the following sub-headings: research design, population, sample and sampling techniques, research instrument, validation of research instrument, procedure for data collection and data analysis techniques.

### **2.1 Research Design**

This study adopted descriptive research design of quantitative survey type. This enabled the researcher to collect information as it exists without any form of manipulation.

## **2.2 Population, Sample and Sampling Techniques**

The total population of the hearing impaired students across all levels at the Federal College of Education (Special) Oyo was 405 students. A sample of 250 hearing impaired students of the institution was randomly selected for the study. Male and female of hearing impaired students from all levels in the Federal College of Education (Special) Oyo was considered.

## **2.3 Research Instrument**

The study was carried out using researcher-designed questionnaire to gather necessary information from respondents. The questionnaire titled “Students’ Utilization of Hearing Assistive Technology for Learning” contains three (3) sections. Section A seeks information about demographic data of the respondents such as gender, level and department. Section B elicits information on types of hearing assistive technology available to Hearing Impaired (HI) students and the expected mode of response was Likert-type response-mode of Available, Not Available but Section C elicits information on the hearing assistive technology which Hearing Impaired (HI) students utilize for learning and the mode of response was Utilized and Not Utilized.

## **2.4 Validation of Research Instrument**

In order to ensure the face and content validity of the questionnaire, it was given to three experts in the Department of Educational Technology. Their comments and corrections were used to produce the final draft. The questionnaire was later administered on the study sample.

## **2.5 Procedure for Data Collection**

A letter introducing the researcher to the college authority was obtained and presented to the head of institutions. The researchers personally visited the college of education to administer the questionnaire. Permission was sought from the administrator of the college of education concerned. The researcher personally collected the questionnaire from the students for data analysis. The ethical issues were duly considered. No students were forced to complete the questionnaire. Participation in the study was made voluntary, and information given by respondents was treated with utmost confidentiality.

## **2.6 Data Analysis Techniques**

The data obtained from the questionnaire was coded and subjected to inferential and descriptive statistics. Percentage, frequency count and mean were used to answer the research questions, t-test statistics was used to test research hypotheses one while

Kruskal Wallis was used to test hypothesis two. Data collected was coded using Statistical Package for Social Sciences (SPSS) version 25.0 windows.

### 3 Results and Findings

#### 3.1 Demographic Information

Table 1: *Percentage Distribution by Gender*

Gender	Frequency	Percentage (%)
Male	121	48.4
Female	129	51.6
Total	250	100.0

Table 1 revealed that female students have the highest frequency and percentage of 129 which is 48.4%, while male students were 129 (51.6%).

Table 2: *Percentage Distribution by Level*

Level	Frequency	Percentage (%)
NCE 1	80	32.0
NCE 2	110	44.0
NCE 3	60	24.0
Total	250	100.0

Table 2 revealed the educational level of the students. It is observed that 80 (32%) of the respondents were in NCE 1, 110 representing 44% of the respondents were in NCE 2, while 60 respondents representing 24% were in NCE 3.

### 3.2 Research Question 1

What are the types of hearing assistive technology to hearing impaired students?

*Table 3: Respondents Response on the Types of Hearing Assistive Technology*

S/N	Hearing Assistive Technologies	Available (%)	Not Available (%)
1	Alert/Signal systems	104 (41.6%)	146 (58.4%)
2	Telephone adaptations	168 (67.2%)	82 (32.8%)
3	TV decoder	196 (78.4%)	22 (21.6%)
4	TV amplifier	192 (76.8%)	58 (23.2%)
5	Computer	202 (80.8%)	48 (19.2%)
6	Personal amplification	201 (80.4%)	49 (19.6%)
7	FM Amplification system	189 (75.6%)	61 (24.4%)
8	Infrared amplification system	180 (72%)	70 (28%)
9	Induction loop systems	152 (60.8%)	98 (39.2%)
10	Telecommunication Device for the Deaf (TDD)	218 (87.2%)	32 (12.8%)
11	Hearing Aid	199 (79.6%)	51 (20.4%)
12	Audiometer	189 (75.6%)	61 (24.4%)

Table 3 revealed results on respondents' types of hearing assistive technology. It indicated that Alert/Signal systems was available to 41.6% representing 104 respondents while 58.4% representing 146 respondents revealed that the item was not available. Item 2: indicated that 67.2% representing 168 respondents revealed that the item was available while 32.8% representing 82 respondents revealed that the item was not available. Item 3: indicated that 78.4% representing 196 respondents revealed that the item was available while 21.6% representing 22 respondents revealed that the item was not available. Item 4: indicated that 78.6% representing 192 respondents revealed that the item was available while 22.4% representing 58 respondents revealed that the item was not available. Item 5: indicated that 80.8% representing 202 respondents revealed that the item was available while 19.2% representing 48 respondents revealed that the item was not available. Item 6: indicated that 80.4% representing 201 respondents revealed that the item was available while 19.6% representing 49 respondents revealed that the item was not available. Item 7: indicated that 75.6% representing 189 respondents revealed that the item was available while 24.4% representing 61 respondents revealed that the item was not available. Item 8: indicated that 72% representing 180 respondents revealed that the item was available while 28% representing 70 respondents revealed that the item was not available. Item 9: indicated that 60.8% representing 152 respondents revealed that

the item was available while 39.2% representing 98 respondents revealed that the item was not available.

Item 10: indicated that 87.2% representing 218 respondents revealed that the item was available while 12.8% representing 32 respondents revealed that the item was not available. Item 11: indicated that 79.6% representing 199 respondents revealed that the item was available while 20.4% representing 51 respondents revealed that the item was not available. Item 12: indicated that 75.6% representing 189 respondents revealed that the item was available while 24.4% representing 61 respondents revealed that the item was not available. From the findings, it can be established that Telephone adaptations, TV decoder, TV amplifier, Computer, Personal amplification, FM Amplification system, Infrared amplification system, Induction loop systems, Telecommunication Device for the Deaf (TDD), Hearing Aid, and Audiometer were mostly available to the respondents.

### 3.3 Research Question 2

How do special students exploit hearing assistive technology for learning?

**Table 4:** Respondents Response on the functioning of Hearing Assistive Technology

S/N	Hearing Assistive Technologies	Utilized (%)	Not Utilized (%)
1	Alert/Signal systems	104 (41.6%)	146 (58.4%)
2	Telephone adaptations	140 (56.0%)	110 (44.0%)
3	TV decoder	129 (51.6%)	121 (48.4%)
4	TV amplifier	102 (40.8%)	148 (59.2%)
5	Computer	156 (62.4%)	94 (37.6%)
6	Personal amplification	131 (52.4%)	119 (47.6%)
7	FM Amplification system	112 (44.8%)	138 (55.2%)
8	Infrared amplification system	119 (47.6%)	131 (52.4%)
9	Induction loop systems	101 (40.4%)	149 (59.6%)
10	Telecommunication Device for the Deaf (TDD)	156 (62.4%)	94 (37.6%)
11	Hearing Aid	163 (65.2%)	87 (34.8%)
12	Audiometer	173 (69.2%)	77 (30.8%)

Table 4 revealed result on respondents' exploitation of hearing assistive technology. It indicated that 41.6% representing 104 respondents stated that they utilize Alert/Signal systems while 58.4% representing 146 respondents revealed that they do not utilize it because it was not functioning. Item 2: shown that 56% representing 140 respondents revealed that they exploit telephone adaptation for their learning while 44% representing 110 respondents revealed that they do not use it for learning.



Item 3: indicated that 51.6% representing 129 respondents revealed that they use TV decoder while 48.4% representing 121 respondents revealed that they do not. Item 4: indicated that 40.8% representing 102 respondents revealed that the TV amplifier is been utilized by them for learning while 59.2% representing 148 respondents revealed that they do not use TV amplifier. Item 5: indicated that 62.4% representing 156 respondents revealed that the they have a functioning Computer which they use to aid their learning but 37.6% representing 94 respondents don't use it.

Furthermore, item 6 shown that 52.4% representing 131 respondents revealed that Personal amplification was functioning and utilized while 47.6% representing 119 respondents revealed that the item was not utilized by them. Item 7: indicated that 44.8% representing 112 respondents revealed that the FM Amplification system was utilized by them while 55.2% representing 138 respondents revealed that the item was not utilized by them. Item 8: indicated that 47.6% representing 119 respondents revealed that the Infrared amplification system was adopted by them while 52.4% representing 131 respondents indicated that the item was not utilized. Item 9: indicated that 40.4% representing 101 respondents revealed that they use Induction loop systems for their learning while 59.6% representing 149 respondents revealed that they do not utilize the item.

Item 10: indicated that 62.4% representing 156 respondents revealed that the Telecommunication Device for the Deaf (TDD) was functioning and utilized by them while 37.6% representing 94 respondents revealed that they do not use the item. Item 11: indicated that 65.2% representing 163 respondents revealed that they exploit the Hearing Aid while 34.8% representing 87 respondents revealed that they do not use the hearing aid due to its unavailability. Item 12: indicated that 69.2% representing 173 respondents revealed that the item Audiometer was functioning and being utilized while 30.8% representing 77 respondents revealed that the item was not utilized by them.

From the findings, it can be summarized that Telephone adaptations, TV decoder, Computer, Personal amplification, Telecommunication Device for the Deaf (TDD), Hearing Aid and Audiometer were the assistive technologies mostly exploited for learning by the respondents.

### **3.4 Hypothesis One**

There is no significant difference between male and female special students' exploitation of hearing assistive technology for learning

In an attempt to determine whether there was any significant difference between male and female special students' exploitation of assistive technologies for learning, independent t-test was used for the null hypothesis as shown in Table 5.

**Table 5:** *T-test on male and female special students' exploitation of hearing assistive technology for learning*

Gender	N	Mean	SD	Df	T	Sig. (2-tailed)	Remarks
Male	121	3.1054	0.4598	248			
					0.119	.617	Accepted
Female	129	3.0299	0.6610				

Table 5 showed that degree of freedom (df) = 248,  $t = 0.119$ ,  $p = 0.617$ . This means that the hypothesis was accepted. This was as a result of t-value of 0.119, resulting in significant p value of 0.617 which was greater than 0.05 alpha level. The hypothesis was accepted. There was no significant difference between male and female special students' exploitation of hearing assistive technology for learning.

### 3.5 Hypothesis Two

There is no significant difference among special students' exploitation of hearing assistive technology for learning based on academic level.

In an attempt to determine whether there was any significant difference between special students' exploitation of hearing assistive technology for learning based on academic level, Kruskal Wallis was used for the null hypothesis as shown in Table below.

**Table 6:** *Kruskal Wallis Analysis on special students' exploitation of hearing assistive technology for learning based on Level*

Level	N	Mean Rank	Chi Square	df	Asymp. Sig
NCE 1	80	126.47			
NCE 2	110	118.80	0.694	2, 249	0.707
NCE 3	60	122.92			
Total	250				

Table 6 showed that degree of freedom (df) = 2,249,  $X^2 = 0.694$ ,  $p = 0.707$ . This means that the hypothesis was accepted. This was as a result of chi square value of 0.694, resulting in significant p-value of 0.707 which was greater than 0.05 alpha level. The hypothesis was accepted. There was no significant difference among special students' exploitation of hearing assistive technology for learning based on academic level. Jonckheere-Terpstra Test was further used to examine the direction of the differences if any.

**Table 7: Jonckheere-Terpstra Test on the Direction of differences on Exploitation based on Academic Level**

Jonckheere-Terpstra	Exploitation
Number of Levels in Academic Level	3
N	250
Observed J-T Statistic	8693.000
Mean J-T Statistic	9031.500
Std. Deviation of J-T Statistic	550.927
Std. J-T Statistic	-.614
Asymp. Sig. (2-tailed)	.539

a) Grouping Variable: Years of Experience

## 4 Discussions

The results from the findings clearly indicated that Telephone adaptations, TV decoder, TV amplifier, Computer, Personal amplification, FM Amplification system, Infrared amplification system, Induction loop systems, Telecommunication Device for the Deaf (TDD), Hearing Aid, and Audiometer are mostly available to the respondents. This view was supported by Rehabtool (2014) which revealed that with the development of digital and wireless technologies, more and more devices are becoming more available to help people with hearing loss or a voice, speech or language disorder to communicate more meaningfully and participate more fully in their daily activities. According to Deafweb (2010), hearing assistive technology is an assistive technology designed to improve hearing by making sound audible to a person with hearing loss. It helps hearing impaired students at home and school.

From the findings, it is indicated that Telephone adaptations, TV decoder, Computer, Personal amplification, Telecommunication Device for the Deaf (TDD), Hearing Aid and Audiometer are mostly utilized by the respondents. This is in support by Ologe (2014) who observed that structure and functioning of hearing apparatus are always complex and prone to damage or diseases that may end up incapacitating the hearing acuity of disables people. Bakare (2013) described hearing impairment as absence of normal hearing. Hearing impairment is the type of impairment that affects person's auditory and may be as a result of congenital or adventitious injury. Assistive technology coupled with auditory oral training have accounted for the huge success recorded in recent times, on enabling persons with hearing impairment to regain hearing, use speech and learn effectively.

Also, Smaldino, Russel, Heinich and Molenda (2005) asserted that if teachers incorporate assistive learning devices in the special education classrooms, they will be able to meet the needs of all learners. The primary purpose of utilizing assistive technology in the teaching and learning process for special needs students is to

make teaching more effective and to facilitate a speedy learning process. Kpolovie and Awusaku (2016) submitted that ICT is a science of production and utilization of computer equipment, subsystems, software and firmware for automatic analysis, acquisition, storage, manipulation, management, movement, transformation, control, display, interchange, transmission and retrieval of data, quantitative and qualitative information most appropriately to meet human need. It should, however, be put into cognizance that utilizing assistive technology in the process of teaching and learning is not an end in itself. It cannot entirely replace old fashion interaction between the teacher and the students in the classroom settings (Smaldino, et al, 2005).

There is no significant difference between male and female special students' exploitation of hearing assistive technology for learning. In similar finding, Osuafor and Ofor (2015) reported that there was no significant difference between male and female lecturers on utilization of e-learning facilities in teaching in colleges of education. Herath and Hewagamage, (2015) reported that there was no significant differences on overall ICTs usage of the academic staff based on gender. But, Kpolovie and Awusaku (2016) reported that gender has no significant influence in the attitude of lecturers towards ICT adoption in research both in federal and state institutions. There was no significant difference between special students' exploitation of hearing assistive technology for learning based on academic level.

## 5 Conclusion

The study concluded that special education students utilize Telephone adaptations, TV decoder, Computer, Personal amplification, Telecommunication Device for the Deaf (TDD), Hearing Aid and Audiometer as assistive technologies mostly exploited for learning irrespective of their gender and academic level (NCE 1, NCE 2 and NCE 3). If these technologies are effectively utilized, the gaps in students learning might be spanned. Bicycle, car and airplane could journey the same and arrive at the same destination but time of arrival, conveniences and experiences differ, so its with the use of assistive technologies for learning.

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Based on the findings of this research, the following recommendations are made:

1. Government should establish educational resources centers where students can have access to available assistive technology tools to enabled self-study.
2. Students should be allowed to use assistive technology equipment services in the school, if they cannot be allowed to use it in their dormitories.
3. Curriculum planners should assist in designing strong minimum standards that support the integration assistive technology for learning.

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# An analysis of plans and legislative influence in psycho-educational assessment for learners with learning disabilities in Brno, Czech Republic

(Scientific paper)

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**Abstract:** *This research study aimed to analyze the determinants of psycho-educational assessment in particular, psycho-educational assessment plans and legislative influence. In-depth interviews were used to investigate issues and to discover how the psycho-educational assessors, teachers and parents felt about the whole process. Interview data from parents of school-age children with LD who had psycho-educational assessments done within the past one year were used in the current study to find out their experiences with the assessment process. Teachers from elementary and primary schools and psycho-educational assessors were interviewed. This study used descriptive research design and mixed method to collect data from primary and secondary sources. The study applied Critical Disability Theory (CDT) within the paradigm of transformative perspective. ATLAS.ti computer software was used for conceptualization, coding and categorizing of the qualitative data. Findings showed that psycho-educational assessments were done at different times and different levels within the education system. The initial psycho-educational assessments were done for purposes of school entrance at compulsory education or for school postponement. There was substantial variation in both policy and practice across the various PPCC included in this study. This study recommends that the education regulations be explicit to all stakeholders to ensure maximum degree of access to psycho-educational services and inclusion of learners with LD without discrimination.*

**Keywords:** *learning disability, psycho-educational assessment*



# 1 Introduction

This study sought to understand the assessment plans, assessment placement practices, legislative influence and challenges facing psycho-educational assessment of learners with LD.

## 1.1 Significance of the Study

Psycho-education assessment is one of the most extensive and comprehensive ways used to inform educational placement in schools and for career development for learners with special needs. Schools may use the information to develop assessment guidelines for their respective schools. The findings may also be useful to the psycho-education assessors and teachers on how to assess students; they could inform training to improve and enhance the quality of education for learners with LD. The training of teachers on psycho-education assessment is a good proposal but can only be effective if the designers of the training program know what teachers are already doing and what they are not doing well.

Research in this area can inform the design of the training program. For instance, the institution with the Mandate of Curriculum Development and which is responsible for the professional development of teachers may use the results to develop an in-service course on psycho-educational assessment for learners with LD and those with intellectual disabilities. Moreover, the findings from this study add to the existing literature on psycho-education assessment practices. This study provides a different dimension to literature on psycho-education assessment and has the potential to contribute to the development of a system of a more effective and appropriate psycho-educational assessment processes and procedures for learners with LD in Czech Republic. The objectives of the Study were:

1. To examine psycho-educational assessment plans that influence psycho-educational assessments for learners with LD in the Czech education system.
2. To explore educational legislative influence on psycho-educational assessments for learners with LD in Brno City.
3. To borrow good practice in psycho-educational assessment for proper identification and placement of learners with LD in Kenya.

## 1.2 Review of Related Literature

This chapter presents literature related to this proposed study by focusing on the objectives which are: psycho-educational assessment plans and legislation in psycho-educational assessment and summary.

### 1.2.1 Psycho-educational Assessment Plans and Learners with LD in the Czech Republic

Psycho-educational assessments are designed to provide greater understanding of a child's cognitive, learning, behavioral or social-emotional difficulties, to make informed treatment decisions. Psycho-educational assessment uses objective, standardized measures to determine the learners' cognitive ability (i.e., intelligence), to evaluate their information processing skills (i.e., memory, attention, graphomotor coordination, processing speed, executive function, phonological processing, etc.) and academic skills. Certain tests will also aid in determining possible behavior, social, emotional, and psychological diagnoses that could interfere with learners' education or relationships. The assessment might lead to a diagnosis or the results may necessitate more testing.

Psycho-educational assessors need to provide concrete and accurate information on learner's abilities to be able to facilitate placement for proper intervention (Tzurriel & Samuels, 2000). The results of the assessment can change a learner's educational future in significant ways, allowing the learner to meet or exceed educational expectations. The report may enable the school to make accommodations during tests and exams, classroom accommodations, access to individual or small-group educational help, the use of assistive technology and software, and modification of the learner's educational program. The specific interventions depend on the learner's profile and are reflected in the learner's educational plans, according to the recommendations found in the psychological report. In addition, the parents get a better idea of how to work with their children at home and what kind of instruction and support they should provide. When a learner's struggles are left unaddressed, the learner may develop dislike for school and this may result in academic delays and low self-esteem.

Moreover, the practitioners should incorporate their skills to prevent blame and misconceptions during feedback sessions with parents and guardians (Scipioni, 2014). The parents have the right to see all of the testing scores and to get a full explanation of all the results, but they may not see the actual testing materials and protocols as they are protected by the publisher's copyrights. While it is helpful to provide parents with hand-outs and the written report generated from the assessment, the verbal information that is conveyed to parents during the feedback sessions and the way it is done have important implications for parents' experiences and subsequent views and opinions about the assessment processes.

Psycho-educational assessment protocol requires that feedback on assessment also be provided in person with the presence of the individuals concerned (American Educational Research Association, 2011). This is imperative since such sessions provide opportunity for interpretation of the written report and other printed sources

that are recommended as deemed to be more reliable forms of a back-up to the recommendations and further information by the assessor. It is critical for the interdisciplinary team to develop and to gain important information about the learner with LD to be able to encourage the learner and the parents to cope with emotional impact of a potential diagnosis and to better understand how to access educational services. Psycho-educational assessment should be focused on the special educational needs of a learner with consideration on a multidisciplinary and holistic approach. The results of the test can shape a learner's education through their entire academic career. Many parents are worried that having a psychological report in their child's file will adversely affect their future. However, in all my years of working with private clients and in school boards, I have never heard of any negative effects of having a psychological assessment done.

In the Czech Republic, the assessment process is carried out either at the PPCC and or at Special Education Centres by trained professionals who include special needs teachers and psychologists. Sometimes psycho-educational assessments are performed both at schools and at the centers depending on the nature and severity of the LD and the underlying factors at the assessment centers (European Agency for Development in Special Needs Education, 2010).

Pedagogical Psychological Counselling Centre PPCC in Brno provides services for children from the age of 3 years to the time they finish secondary education. Special educator (educational assessment) and psychologist (psychological assessment) assess each child. However, they have different roles and use different techniques. The assessment centers provide various services which include educational intervention, re-education which includes services for instance, visual and audio perception, methodological leadership, and cooperation with psychologists and special needs teachers, therapy, and prevention, psychological counseling and therapy, special education and social diagnostic (OECD, 2014). When the learners join the tertiary or university education, the institutions have specific centers within to carry out the assessments for educational access and provisions.

Under guidance, using the expertise provided for further educational steps, the centers offer the following educational courses of action. School entrance or postponement, special school or classroom entrance, integration of students with special needs, proposal of individual education plans, conceding of special conditions for students with SLD testing and final examinations, program for children with their parents and conceding of special conditions for early retirement and remunerations for eligible students with SNE.

The recommendations to undergo psycho-educational assessment are given by the class teacher through the school principal in consultation with the parent, the learner and physician or by another person who is in direct contact with the learner who is suspected of having learning disability. Therefore, recommendations for any

form of psycho-educational assessment made should not be done without the approval of the parent.

The psycho-educational assessment of a learner entails a detailed description of individual learner's needs, the way the needs are to be met, the professional contact person as a consultant, the procedures concerning the process of educational needs and its organization including assessment of the pupils school performance, placement practices and additional necessary support for instance personal, technological, teaching materials and special text books (OECD, 2012). These recommendations are embodied into the individual educational plan of the learner with special needs.

Parents are active participants and need to be encouraged to ask questions and express their feelings during the feedback session (Scipioni, 2014). This is important because parents play a great role in decision making about when their child should start school and the placement option for their children. An early start to schooling is becoming very popular among parents. A survey of parents who moved their children to school at the age of four found out that most were happy with their decision (Blake & Flinch, 2000).

According to the European Agency for Special Needs and Inclusive Education (2014) parents must approve the plans for their child with LD. This means that the respective parent(s) or legal guardian can, however, object to the placement decision made by the practitioners. The head of the school also has the obligation to initiate changes in the placement or educational program of the learner with LD whenever the situation of the learner concerning special needs changes.

Moreover, there should be a 'free track' of the learner's progress and response to intervention, from special school into inclusive school and vice versa (OECD, 2012). Determining whether a learner has LD or SLD, like any other disability determination under IDEA, should not be established on a single report, but rather, a range of criteria.

A thorough and quality assessment of a learner suspected to have LD must therefore include but not be limited to a variety of assessment tools, proper legislations, cultural consideration, proper funding of resources and collaboration of all stakeholders, qualified personnel, and appropriate placement recommendations. Psycho-educational assessment must therefore include a solid input from the learner's parents, learners with LD and all the stakeholders (European Agency for Special Needs and Inclusive Education, 2014).

Determination should be made in considering the need for equal opportunity and access to education since each learner has the right to be educated with respect to individual needs. This implies that the curriculum and programs must be adapted to meet the needs of each learner and the diversity of their needs. A positive school environment also needs to be accounted for, to ensure an environment with the ability

to offer the learner an opportunity to improve his or her practical skills, personality and behavior. The classroom atmosphere should be founded on friendly relations, positive social interaction and a feeling of security with the participation of all pupils (Riddell et al., 2010), supporting inclusion of learners with learning disabilities.

According to the European Agency for Special Needs and Inclusive Education (2014), the classroom teacher is the one who, for the majority of the day, deals with the special needs of a learner, in collaboration with resource centers and counseling services. The parents too have the responsibility to fulfill their part according to recommendations and to support the school in the implementations of assessment recommendations.

### **1.2.2 Legislation and Psycho-educational Assessment in the Czech Republic**

The federal legislation is established to protect the rights of children and adults with LD. They ensure that all citizens receive needed and appropriate special education services, as well as fair treatment in public schools, postsecondary education settings and the workplace.

The American Psychological Association (APA) emphasizes the fact that the Individuals with Disabilities Education Act (IDEA) provides guidelines on special education practice and related services for children and youth with disabilities from the age of three years through to the age of 21 years. All measures with regards to psycho-educational assessments should be agreed upon in accordance with appropriate psycho-educational assessment legislative provisions. The learner's parents should receive copies of the assessment reports along with full and precise explanations of the assessment results and how the eligibility group reached its determination.

It was not until 1975 when the Education for All EFA Act was passed to become law. EFA goals assure each learner a free and appropriate education which is tailored to meet the individual needs within the least restrictive environment. Moreover, it guarantees the learner and the parents or guardians the right to timely assessments, access to the meetings, progress documents and planning of individualized education program. Disability Rights Oregon (2012) specifies that children with special needs in education for instance SLD are eligible for the services. The law provides several ways to address disputes between schools and parents which include mediation, due process hearings and written complaints to the state.

According to an independent report prepared by the European Commission (2010), systems may be used to plan additional support and reasonable adjustments but may also be used to stigmatize and segregate. The meaning and use of labels may change over time. This policy implies that countries should examine carefully the cultural meanings attached to the labels they use and their practical implications in terms of education and employment outcomes. In terms of legislative definitions, there are no absolute central definitions and understanding of the position of people

with disabilities. The issues with definition are one of the major factors that make it very difficult to make international comparisons on special education needs policies and assessment and placement practices. Some countries use psycho-educational assessment for identification of learners with disabilities mainly to initiate special school placement. European Commission (2010) indicates that countries within European Agency for Development in Special Needs Education (EADSNE) have tried to demonstrate the diversity but have not attempted to recommend any system of classification that is standardized.

The legislations relating to LD are often characterized, to address issues of education at the levels of compulsory or basic education with little emphasis on tertiary and life after school. In contradiction to this, according to the Hungarian Law on Public Education (1993) and the Government Decree 79/2006 on implementing the Higher Education Act, dyslexia-specific official regulation applies to various levels of educational provision including primary, secondary, higher education and even adult training, even though there are no laws that address specifically issues related to adults with dyslexia.

The Education Act No. 29 of 1984 amended as No. 561 (2004) aims at integrating children with disabilities in general schools whenever possible. Where evaluation confirms that the behavior of a learner with LD impedes integration, referrals are made to different settings depending on the type, nature and severity of the condition. Such recommendations may lead to placement in special schools (known as primary or practical schools) for learners with disabilities.

Governmental Educational Ordinances of 1992, 1994, 1998 provide for Individual Education Plans, Special Education Centres, assistive technologies and other support that are provided by the state to address the barriers to education. Learners with LD are particularly likely to leave school with few or no qualifications. Therefore, the national and local policy makers and schools are in the process of putting in effort to ensure that learners with LD leave school with the considerable educational qualifications for their lives to be more meaningful in involvement and inclusion within the society after schooling.

According to EADSNE (2010), trends in attainment should be monitored over time, with targets set for improvements. Learners with profound LD often need the same level of support for long periods of time while learners with mild learning disabilities tend to require a variable level and type of support. Organizations for and by persons with disabilities have for a long-time united effort to challenge the personal tragedy discourse, campaigning for a new understanding of disability as socially constructed and created, rather than the inevitable outcome of impairment.

Making sure that there is equal access to education, training and lifelong learning has been a fundamental focus for the struggle for human rights and equal educational opportunities. Article 24 of the UN Convention on the Rights of Persons with

Disabilities (2014) emphasizes the importance of inclusive education as a means of enabling people with disabilities appropriate and effective participation in the society in general.

Article 24 stipulates that states have a collective responsibility to ensure the European Disability Strategy 2010-2020 however the participation is only meaningful with provision of reasonable accommodations and appropriate support tailored to individual learner's needs. The solid mandate of the EU and member countries to improve the social and economic situation of people with disabilities involves the aspiration of creating a barrier-free environment for learning to take place and to achieve their educational goals and expectations (European Commission, 2010).

The development and implementation of inclusive approaches within education, training and employment support systems within Europe and other parts of the developed world is also mired with issues of disproportionalities in psycho-educational assessment of learners with LD in relation to gender, social background, and ethnicity. According to the European Commission (2010) the discourse of inclusion is espoused by all European countries; however, the over-representation of socially marginalized groups within special education raises questions about whether this provision is promoting or undermining social inclusion.

The terminologies special educational needs, re-education, integration and dysclasses are more realized at school level, while the term disability and disadvantaged are common among individuals at a post-school level, reflecting the different discourses which are deployed at different life stages. The dominance of the special educational needs discourse at school level reflects the power wielded by professionals in identifying difficulties and allocating resources, and the discourse of disability as informed by a rights discourse (Riddell & Weedon, 2009).

Statistics on the prevalence of children with special needs reveal different assessment practices that often depend on local decision making within the specific EU member countries (European Agency for Special Needs and Inclusive Education, 2014). All EU member countries have their own categorization system of children with special needs in education; hence, international comparison becomes a great challenge when looking at identification policies and assessment procedures, as well as placement practices.

Special educational needs research has tended to be informed by psychology rather than sociology, hence, there is very limited research literature on social class to special educational needs. There is a continuous attention to disability social forces (Riddell et al., 2010), however, professionals have not readily embraced the efforts made to introduce a stronger rights discourse into education. Policy and practice lay more emphasis on how to solve individual learner's educational challenges, rather than identify and change the factors which cause disabilities that hinder learning in the first place.

The European social policy documents, such as the EU Social Agenda (2005–2010) and the Strategy for Social Inclusion (2004), provides for human rights in relation to social policy. The main objective is to diminish discrimination and inequality throughout Europe. The 2010-2020 Strategy in the European Commission (2010) is one of the most recent policy documents, formulated in the advent of the economic crisis. It particularly aims to ensure sustainable and inclusive development by making sure that equity and efficiency are realized. Specifically, the commission indicates the fields of education and training as one of the eight pillars for implementation.

### **1.2.3 Assessment of Learners with LD in Kenya and Other Parts of Africa**

Most African governments' commitment to provide education to learners with SNE began in the 1970s. While countries within the advanced economies have gone beyond categorical provisions to full inclusion, most countries in Africa are still grappling with the problem of making provisions for psycho-educational assessment of learners with LD.

Psycho-educational assessment in Africa remains a challenge to many of its nations. Many African countries have shown theoretical interest in the assessments by formulating policies around psycho-educational assessment to ensure access to funding the education of learners with SNE showing the desire to give concrete meaning to the idea of equalizing educational opportunities for all children. Dissatisfaction with the progress towards SNE has caused demands for more radical changes in many African countries according to (MacDonald & Butera, 2010).

Financing psycho-educational assessment remains one of the core challenges facing many countries in Africa. Most of the governments depend upon donor support, which more often than not, come with strings attached (MacDonald & Butera, 2010). These governments are often financially strained due to a number of factors ranging from political and economic instability to governance. Thus, they are not able to support sustainable implementation of education for all, including the psycho-educational assessment. Kenya, Uganda, Tanzania, Nigeria, Rwanda are among other African countries that continue to face a number of challenges in psycho-educational assessment. These challenges are mainly associated with lack of human resources, equipment and facilities (physical resources) (UNESCO, 2005). The root cause of all these challenges is lack of adequate financial resources.

In Kenya, psycho-educational assessments are carried out at the Educational Assessment and Resource Centres (EARCs) established on 1st September, 1984, by the government of Kenya. At first the government set up 17 (EARCs) as a national project funded by the Danish International Development Agency (DANIDA). Later in 1987, an agreement was signed between the Government of Kenya and the Government of Denmark extending the EARCs project. As a result of this agreement, each of the 41 districts in Kenya established its own EARC in 1988. By 1991,



an additional 250 sub-centres had been established. The EARCs were set up to provide support to children with special needs and disabilities. Due to the success of the EARCs programme, expansion of provision has taken place to a level where currently, every sub-county in Kenya either has an EARC or can access the services provided by an EARC.

The total number of operational EARCs is currently 200. At the sub-county level, EARCs are directly line managed by the District Education Officer (DEO). The EARCs are led and managed by a coordinating assessment teacher assisted by assessment teachers who are trained in different disciplines of special educational needs and disability. These teachers and other professionals form the assessment team. The main objective of the EARCs is to ensure the early identification, assessment, intervention and placement of learners with a disability in an appropriate education or training programme. The assessment of learners involves several resource persons and professionals including referrals to a doctor, nurse, clinician, counsellor, physiotherapist, vision therapist, and special needs education teacher in the school or at the EARC, regular teacher, parents, audiologist and any other relevant professional. The Educational Assessment and Resource Centres consists of a co-ordinator and teachers trained in special needs education who work together and liaise with other professional staff to support learners with SNE.

Despite the Kenya's government efforts towards the realization of success in psycho-educational assessment by setting up EARCs and the funding from (DANIDA), it continues to experience a number of challenges. Most of the screening tools and equipment used in the EARCS are for children with visual impairment, hearing impairment, intellectual impairment and physical disabilities, which are inadequate, and need revision, updating and validation. There are no diagnostic tools for assessing specific cases such as learning disabilities at the EARCs. Hence, most learners with LD end up being misdiagnosed and given an inappropriate placement (MOEST 2003). Some parents opt to go to private and independent assessors; however, they are very expensive due to the limited numbers of qualified assessors and expensive appropriate assessment tools.

Other challenges facing the government in providing special needs education include identifying and rehabilitating all those with special needs, increasing budgetary support for special education, training more teachers, providing more resources and initiating integration programmes for learners with SNE in regular schools (UNESCO, 2005). Because of the challenges facing psycho-educational assessment, a lot remains to be done if learners with LD are to be catered for. Teachers still need practical skills to assess and manage LD and the training of teachers in assessments is more theoretical than practical.

There is also the challenge of collaboration, especially parental involvement in the assessment process, as most parents do not have the awareness of LD and the

assessment processes and procedures. To close the legal framework gap, the Persons with Disabilities Act 2003 was introduced, which, however, does not mention anything about psycho-educational assessment of learners with disabilities.

### **1.3 Research Design**

This study used descriptive survey design. Participants answered questions which were administered in the form of interviews and questionnaires. This enabled the researcher to describe the responses given and to make observations and gain valuable information. Mixed method was used in which both qualitative and quantitative approaches were applied. Critical Disability Theory (CDT), which guided this study has its own methodology, “ideology critique and critical ethnography” (Creswell & Creswell, 2009; Mertens, 2009) therefore suggest mixed methods in the approach of a critical paradigm approach. Mertens (2007), states that mixed methods allow dialogue leaned towards improving social justice hence enriching quantitative data collection process. Mixed methods were also used in the assumption that the researcher, by understanding the social and education world, would be able to collect evidence rich data depending on theoretical the orientation of the study. A study using mixed methods involves not only collecting data through interviews but intentional collection of quantitative and qualitative data for the success of the study (Pasick et al., 2009). This study used mixed method to ensure triangulation, using both primary and secondary data sources to examine the same factors as shown in the earlier publication 2020 – Volume 1; Number 16 of this journal publication.

### **1.4 Target Population**

The participants of the study included teachers in pre-schools and elementary/primary school education (Basic Education), psycho-educational assessment practitioners at the Pedagogical and Psychological Counselling Centres, and parents of learners with LD. These respondents were important in the current study because they were major stakeholders in the assessment whose roles were of great importance in psycho-educational assessment of learners with LD.

### **1.5 Sampling Technique**

Purposive sampling was used to select teachers and PPCC assessors who had worked with learners with LD for the past three years hence had good information and parents of learners with LD whose children had been assessed in the past 12 months. Sampling of definite cases was reached based on the study purpose. Purposive sampling method (also known as subjective sampling, judgment or selective is a non-probability sampling method and occurs when Elements selected for the sample are chosen by the judgment of the researcher. Purposive sampling according to Mason

(2010) is done in consideration of the total population. Mason adds that to obtain purposive sample being the theoretical sample, selecting participants according to the needs of the study should be done. Researchers often believe that they can obtain a representative sample by using a sound judgment, which will result in proper representation of a population.

## 1.6 Sampling Size

Purposive sampling was used in this study to select a representative sample that could bring accurate results. The researcher purposefully sampled psycho-educational assessment stakeholders (service providers and parents) and stratified this purposeful sampled by practice settings (pre-primary schools, elementary or primary schools and PPCCs). Hence, 14 pre-primary schools, 7 primary schools and 3 PPCCs that cater for learners with LD were sampled. A stratified purposeful sampling approach lent credibility to this research study since enough information was known to identify characteristics that could influence how the assessment for learners with LD was manifested.

The interviews involved 40 participants from 8 pre-primary schools, 7 primary schools and 3 PPCCs that consented to the request from the contacts sent to the sampled institutions and parents; hence, the group met the homogeneous group criteria. Participants in this study were service providers and parents of learners with LD and were drawn from the larger sample of participants. They were selected from the larger sample because they met the same criteria, in this case, playing a specific role in the psycho-educational assessment of learners with LD as parents, teachers and assessors. Stratified sampling was used to get a sample representation of the total population; this was random within target groups since there were specific elementary schools and PPCC to investigate. Guest, Bunce, & Johnson (2006) states that twelve and above interviews of a homogenous group is enough for saturation.

Three of the five PPCCs in Brno with different personnel participated in the current study. The personnel in the centers included special needs educators and psychologists, guidance and counseling professionals and social workers; however, for the sake of the current research the pedagogical assessors were interviewed. Brno City has about 137 pre-schools and number of teachers in the pre-schools is 987. There are 66 primary schools with 2268 teachers. The total number of children in pre-schools and primary schools is 43084.

## 1.7 Data Analysis

ATLAS.ti was used for coding and analyzing qualitative data. The software facilitated quick segmentation, annotation and categorization of the documents without fragmenting the original documents.

## 2 Findings

### 2.1 General Information to Include the Return Rate and Any Research Problems

Teachers interviewed included male and female. It was not possible to interview equal number of male and female teachers from the participating schools since there were significantly fewer male who were directly involved than female teachers.

A total of 15 schools from across Brno (8 pre-schools and 7 primary schools) and 3 PPCCs were visited for the interviews with the teachers. Parents from 12 schools were interviewed (six parents from pre-school and six from primary schools). From the institutions, 20 teacher (8 pre-school and 12 primary school teachers) and 8 PPCC assessors were interviewed.

#### 2.1.1 Teachers Age, Education and Experience

Twenty teachers were interviewed, of whom eight were pre-school teachers and 12 were primary school teachers. All the teachers in the study held a wealth of experience, with 90% of them having experience of more than 5 years. 60% of teachers' age ranged between 30 and 40 years which forms most teachers. 30% teachers had Bachelor level of education from the universities, 60% with Masters in pedagogical studies showing most teachers had higher level of education, however only 40% of teachers had training in special needs education (see Table 1).

*Table 1: Teachers Age, Education and Experience*

Respondent Teachers													
School	N	G	No. of Resp	Age			Level of Education			Experience			
				20-30	30-40	40-50	B. Ed	M. Ed	Sp. Ed	0-5	6-10	11-15	15 <
Pre-School	8	M	2	0	2	0	1	1	1	0	2	0	0
		F	6	1	3	2	2	4	3	1	3	1	1
<b>Total</b>			<b>8</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>1</b>
Primary	7	M	4	0	3	1	1	3	0	0	3	1	0
		F	8	2	4	2	3	5	4	1	4	1	2
<b>Total</b>			<b>12</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>2</b>
<b>G total</b>			<b>20</b>	<b>3</b>	<b>12</b>	<b>5</b>	<b>6</b>	<b>12</b>	<b>8</b>	<b>2</b>	<b>12</b>	<b>3</b>	<b>3</b>

#### 2.1.2 Psycho-educational Assessors' Age, Education and Experience

Eight psycho-education assessors from the Pedagogical-psychological and counseling center participated in the interviews, of whom six were male special educators and two female psychologists. The majority of the assessors ages range between 40 and

50 years. Six assessors out of eight of those, 80% had more than 10 years of experience in assessing learners with LD. Moreover 80% had Masters and above of training in assessment (see Table 2).

**Table 2: Psycho-educational Assessors' Age, Education and Experience**

Respondents Assessors										
Gender	No. of Resp	Age		Level of Ed			Experience			
		30-40	40-50	B. ED	M. ED	Doc	1-5	6-10	11-15	15 <
Male	6	2	4	2	2	2	0	2	0	4
Female	2	1	1	0	2	0	0	0	1	1
<b>Total</b>	<b>8</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>4</b>	<b>2</b>		<b>2</b>	<b>1</b>	<b>5</b>

### 2.1.3 Parents, Age, Education and Employment

A total of 12 parents; 3 fathers and 9 mothers provided information about their children's psycho-educational assessment, which had been conducted within the last 12 months prior to the interview with the fathers at 25% and mothers making 75% of the parent respondents. The parents interviewed had tertiary education and all had full-time employment.

**Table 3: Parents Age and Education**

Respondents								
		No. of Resp	Age		Level of Ed		Employment	
			30-40	40-50	Basic	Tertiary	Part-time	Full-time
Parents	M	3	0	3	0	3	0	3
	F	9	6	3	0	9	0	9
<b>Total</b>		<b>12</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>12</b>

## 2.2 Psycho-educational Assessment Plans for Assessing Learners with LD in the Czech Republic Education System

The first task was to examine psycho-educational assessments plans for learners with LD within the Czech Republic Education System. Annual reports by the Ministry of Education on primary schools were studied, interviews with teachers in the primary schools were administered and the White paper – National Program for the development of Education the Czech – Government strategy in Education was analyzed.

### 2.2.1 Education System and Student Age

Findings showed that psycho-educational assessments were done at different times and different levels within the education system. The initial psycho-educational as-

assessments were for school entrance at compulsory education or postponement. When proper intervention model is implemented, schools can gain more confidence in terms of their educational service provision as appropriate to all students while ensuring early identification of students with SNE.

*'We carry out psycho-educational assessment at different times and depending on the learner's level, depending on the parents or teachers request, for reasons associated with government funding, placement reasons or for entry or postponement of schooling, the education system is structured in that manner that we can conduct assessments as requested'.* A psycho-educational assessor explained.

The findings also indicated psycho-educational assessment for learners with LD done at a later age when the students were to join grade two level of education at 8 years. School referred students whom were already within the education system for psycho-educations assessment when they suspect LD. The recommendations from the PPCC determined the school placement for the learners.

### **2.2.2 Preferred Assessment Tools**

Assessment tools commonly used and preferred by the assessors at the centers are the Woodcock-Johnson Tests and the Yale Children's Inventory. Psycho-Educational Assessor

*'There is a scale for children, for instance the Woodcock-Johnson Tests for Identifying Students with Special Needs new edition, Yale Children's Inventory (YCI); to evaluate students with ADHD and LD. These two are the most commonly used and most preferred and there are lots of other further tests in which we may choose to use based on what we want to assess. So, in the case of LD there are also some standardized tests and this PPCC, this year completed a specific European Union project which was focused on the testing battery which is used for children from pre-school age till 4<sup>th</sup> grade and it is a diagnostic tool which majorly focuses on LD'.* PEA03 explained.

The tests have been widely praised by leading figures in the psycho-educational assessment arena as a cleverly-produced mechanism for the measurement of cognitive abilities. Considering that the Woodcock Johnson Tests of Achievement are already in their third edition, this therefore means they are being well used by teachers across the USA and other parts of the world, however, there is still demand for vigorous improvement.

*'We have to understand validity and reliability to be able to locate and interpret relevant information. We also must understand the effect of reliability in limiting interpretation of scores and how validity must be interpreted in reference to specific use of assessment batteries'.* Psycho-Educational Assessor PEA01 explained.

All the validity data of the Woodcock-Johnson Battery appears to be somewhat questionable (Reynolds et al., 2006). The test is designed to assess the upper levels of knowledge and skills of the test taker using both power and speed to obtain a large amount of information in a short period of time. It becomes questionable to explore issues that lie at the heart of human development, for instance, growth, advancement, positive change, achievement, and standards for improved performance and the learning experience.

### 2.2.3 Parental Responsibility

Findings showed that parents had the responsibility to decide to take their children to the recommended placement option or to a different school placement. Whereas parents were a key stakeholder in the assessment process, some parents were likely to make a wrong placement decision if they went against the recommendations given by the assessors. According to the European Agency for Special Needs and Inclusive Education (2014) parents must approve the placement of the child into special education and or placement alternatives into any of the Special Needs Education models. This brought a challenge to the schools since the teachers had to create adjustments to meet students' needs where the resources were sometimes not available. The teachers felt that parents did not want to take responsibility to meet the academic requirements in fulfilling the recommendations by the assessors.

*'If your child has problems with sight, or vision, and he or she does not see the writings from the writing board, you buy him or her the glasses, and if he or she breaks them you buy him or her new, and in this rare moment when your child has dyslexia you just change the system of picking the syllables, using the words and working with the words because he or she is unable to use the them in this particular situation'.* Teacher TR07 explained.

Psycho-educational assessment must therefore include a solid input from the learner's parents, learners with LD and all the stakeholders (European Agency for Special Needs and Inclusive Education, 2014).

### 2.2.4 Professionals in LD Diagnosis

There were wide variations across PPCC regarding the range of the professionals involved in the diagnosis of LD. The findings showed that the plans were easily influenced by forces and interests from outside the assessment guidelines. Some reports from assessors did not accurately portray the reality about the learner's educational needs but of other parties especially the parents.

*'I really remember a particular mother of a child who really wanted her child to be assessed with specific learning difficulties because their child had not been successful by (sic) schoolwork'.* Teacher TR12 explained.

Grigorenko (2009) emphasizes that when trained professionals are adequately staffed, they identify and intervene early enough in the educational process, thereby eliminating academic gaps among students.

## 2.3 Legislation Influence on Psycho-educational Assessment of Learners with LD

### 2.3.1 Policy on categorization of LD

There was substantial variation in both policy and practice across the various PPCC included in this study. The policies were not elaborate on categorization. Variation also occurred across school and centers within Brno terminology and categorization of disabilities and the international provisions in defining LD.

In the Czech Republic Act (2005) the term *medical disadvantage* is used for what is a CNC B and at the same time what appears in the Czech educational documents as medical disadvantage is translated as LD. It was convenient to use the expression LD, instead of verbatim translation of what belongs in the Czech education system under CNC B. This was because the expression medical disadvantage was used also for adults, beyond education, for a different situation, definition of and recognition of a handicap and disability. LD was a continuously discussed issue for which there was no straightforward solution. The attempts to define LD usually depend on the purpose of the definition thereby creating an incomplete image of the terminology issue (Country background report, Czech Republic 2013). The legislation provisions targeted significantly, severe and profound disabilities and could be a compromise to learners with LD. For a learner with LD to receive accommodations within the classroom, assessments were carried out to specifically point out disability.

*'He was not able to sit for the same exam as the rest of the peers in the class because he wouldn't score anything from it and the teacher wouldn't give him another test because she was not allowed to do that without an assessment to state that. Once the assessors write on the report that the child had learning disability it's difficult for teachers too because of low expectation from the labeling. She thought my son lacked some skills and this was making learning difficult for him...'* Parent PR03 explained her experience with such restrictions.

Legislation which accounts the LD through appropriate measures to eliminate the challenges should be put in place to enable the learner with LD equal opportunity to participate (Shima & Rodrigues, 2009).



The findings also showed that all professional respondents in the current study acknowledged there was medicalization of disabilities in the Czech Republic.

*'We are using a definition which is because LD is described as partial destruction in structural abilities of the child so the way from which we are working based on my many years of practice and experience on assessments. I think that the definition, of (sic) which we are working, really has medical bearing how it is. I believe that the abilities are somewhat partial difficulties or partial development, it is the way in which students' function'.* Teacher TR02 explained.

The attempts to define the terms depend on the purpose of the definition, thereby creating an incomplete image of the terminology issue. Labeling a learner can be extremely perilous and may lead to social segregation and identity destruction (Shima & Rodrigues, 2009). Some labels may generally culminate to social stigmatization, which diminishes future life opportunities while others may lower the self-esteem and create negative perceptions of students with LD. They can actively be a creation of schools and pursued by parents for example the use of the term 'dysclass' for learners with dyslexia.

### **2.3.2 Policy on Schooling Onset**

Parents strongly showed that schooling should start at later years;

*'I think that a child's future academic success is dependent on readiness and successful kindergarten experience. But it can be a difficult effort because when the child goes to school there are many requirements on the homework and many things as a parent. Children enter kindergarten with widely varying skills, knowledge, and levels of preparedness but they level up well when they start schooling early'.* Parent PR05 explained.

*'I know that in every school teacher (sic) think that it isn't a good idea to postpone the start of schooling, but we requested for it to allow us time to bond with our child because we were going to be busy in the future. Most parent were happy with their decision to postpone schooling'.* Parent PR08 explained further.

A majority of parents may need to postpone schooling to have more time with the children as this is critical aspect of child development (Blake & Flinch, 2000). However, most teachers felt that there was a problem with postponing the school year and this caused inequality and reduced educational outcomes. Teachers in the preschool preferred no postponing to the time of starting schooling even though some teachers preferred postponing especially teachers in the primary schools and for teachers this was a problem at the psycho-educational centers.

*'Another case of difficulty with psychological educational assessment centres relates to postponing of compulsory education because sometimes it can happen that the parent is ... you know... Just really begging the psychological education assessors so much that they are writing the recommendation that their child should have the postponing of the education itself. So sometimes it can happen that parents want to postpone the compulsory education and they are really begging, begging and begging till the end of the psycho-educational assessment till they decide to write the recommendations, oh your child should stay home for one year longer. I really remember a particular mother of a child who really wanted her child to be assessed with specific learning difficulties because their child had not been successful by school work... Teacher TR10 explained.*

*'Many parents take their children to PPCC for assessment, they then insist for postponement of schooling and this challenges the learner's ability when they join school as their peers will always be ahead under normal circumstances'. Teacher TR04 added.*

The Centre for International Cooperation in Education (2014) indicates that the first stage (internationally recognized as ISCED 1) covers the first five years of formal education (starting at 6 years of age and could be postponed to 7 years of age). There is value of an extended period of playful learning before the start of formal schooling. Teachers felt that an early start to school empowered learners to be powerful learners and problem-solvers.

### **2.3.3 Placement Policy**

The findings showed that teachers felt that some assessors did not necessarily follow legislation on placement when making recommendations on placement options for learners with LD. The teachers reported that some of the recommendations did not elaborate or depict the needs of specific learners with LD even though there were some set standard procedures for report writings for all learners diagnosed with LD.

*'Every child who comes here we must have a confirmation from the parents, so they have to fulfill the agreement concerning providing services and the using of the private data, so it is the information agreement or confirmation that the parents agree with the assessment. And then the client is also added into the evidence of this psycho-educational centre which list part of the activity which shows that the child came into this psycho-education centre has to visit the entry office and then in that office he/she has to give the evidence (sic)'. Teacher TR14 reported.*

In addition, Teacher TR16 commented on the recommendations from the PPCC, *“These recommendations are also still more or less the same. It seems that they are not preparing them for the individual child. It seems they are just the same.”*

Victoria Schmidt and Jo Daugherty Bailey (2014) in their Case of Path Dependency study emphasize that appropriate and effective psycho-educational assessment needs to be provided to ensure factors that contribute to the success of the PPCC can be continued for institutions to achieve successful assessment domains. Through this, legislation on placement options should be student-centered, and the recommendations must depict the needs of specific learner to be able to provide appropriate intervention. The findings also indicated some denial form of negative attitude towards special schools and dysclasses. Parent PR04 stated.

*‘I don’t think there are proper instructions in classes for students with the condition. I think it’s too simple work they are given, and my son would easily start losing touch with reality about life. He may think he is different from what is true about the whole society. I don’t want that for him. He may stop having interest and to work hard in his education’.*

This reflects a deep-rooted reaction; usually a temporary stage in the process of acceptance of a child’s LD, but it could be persistent and could reflect justification, for example in protecting the child from labeling and negative stereotyping.

*‘I never expected any damaging news. The only part I did not agree with was the group integration. You see..... today my son is not separated but he is doing well. I believe with time he will adjust and will not require even the teacher assistant’.*  
Parent PR06 highlighted.

The denial of some of the parents as to the seriousness of the disability may place the child at risk for inappropriate or inadequate treatment or intervention. European social policy documents, such as the EU Social Agenda (2005-2010) and the Strategy for Social Inclusion (2004), provides for human rights in relation to social policy. The main objective is to eliminate discrimination and inequality throughout Europe. The parents through legislative provisions had the upper hand in determining or making the decision on the educational destiny or avenues. They could decide not to follow the learner’s placement option at any given point.

Teachers felt that the parents who were in denial of the conditions of their children were seeking means to justify their own interests to evade the stigma of disability hence insisting on regular schools without necessarily taking into consideration the needs of the children.

## **2.4 Good practice transferable to Kenyan context for proper identification and placement of learners with LD**

In 2016, the Czech Republic implemented major amendments to the Education Act of 2015 (Act No. 82/2015 Coll.), which significantly modified the rules for education, especially regarding inclusion. These subsidiary regulations included the Decree No. 27/2016 Coll., on the education of student with special educational needs (SEN). The amendment removed the unreasonably strict definition of SEN, which took the form of a list of specific types of disabilities; an approach that significantly restricted the support measures available to students who truly needed them.

It was evident that there were clear assessment policies and a lot of effort had been made to ensure the implementation of the assessment processes in the Czech Republic. The School Act reinforced the trend towards the inclusion of students with LD in mainstream schools. It recognizes that students with SEN should attend their local school, unless their parents choose another school. Parents have a crucial role in making decisions about their children's education and the parental involvement in psycho-educational assessment is significant as there is proper awareness on the assessment process.

Findings showed that in the Czech Republic the in-service teacher training, counselling and guidance system has an important role in developing inclusive education as they all share important role in psycho-educational assessment for learners with LD. Multi-disciplinary teams in pedagogical and psychological counselling centres provide counselling and guidance support. These teams consist of psychologists, special education teachers, speech therapists and social workers. They co-operate with professionals from other sectors, such as medical doctors and family/ students social care professionals in the area. Close co-operation with parents and class teachers is essential.

The Education Act of the Czech Republic codifies the teaching of pupils with special needs through additional provisions and support measures that may be described in each student individual educational plan. The support measures include, for example: specific assessment arrangements.

The assessment centres PPC in the Czech Republic are well equipped for proper assessment even though the numbers of students needing the services are high hence the need for more resources including assessment tools and human resources. The assessment practitioners are highly trained to provide the assessment processes.

## **3 Conclusion**

The main determinants of the psycho-educational assessment of LD included a high level of parental involvement in the assessments of their children. Community back-

ground had an influence on the psycho-educational assessment process and placement option with more students diagnosed with LD from the Roma Community.

The policies needed to be clearer to ensure effective psycho-educational assessment process. The time taken in carrying out the assessment were also a challenge considering the number of students requiring the assessment services. There was substantial variation in both policy and practice across the various PPCC. There were plans for assessing learners with LD. Czech Education System provided for assessment of learners at different educational levels and times.

## **4 Recommendations**

The following are the recommendations of the current study.

### **4.1 Funding Education**

The Ministry of Education and Sports should keenly monitor all its departments in order to realize the obligation of enabling students with LD to acquire appropriate and effective psycho-educational assessments. This involves funding assessment needs such as resources for instance a variety of research-based assessment tools for use by the psycho-educational assessment assessors, recruitment of more psycho-educational assessment experts and teacher assistants at school. Moreover, the remuneration of the teachers dealing with learners with SNE in general and including the assistant teachers should be reviewed.

The Government should increase the education budget for provision of better educational programs and services. There should be an equal distribution of funds to learners with different types of disabilities based on accommodation of the needs of individual learners ensuring that each student irrespective of type of disability has fair access to education. Proper adequate funding will enable education institutions to effectively implement inclusive education.

### **4.2 Policy Recommendations**

Education regulations need to be explicit to all stakeholders. Amendments to the Education Act, especially explaining requirements for students with LD on placement alternatives to ensure the maximum degree of integration and access is necessary.

In line with Article 3 of the Salamanca Statement on inclusive education, the government should introduce legislation that unequivocally protects students' rights. There should be a policy that regulates the salary scales of the assistant teachers and the extent of their role. The regional governments should intensify supervision in relation to assessment procedures at the assessment centers.

### **4.3 Recommendation for Psycho-educational Assessment for Learners with LD in Kenya**

Kenya can derive from the parental involvement in the assessment process as identified in Brno in the Czech Republic. There was awareness of the processes and procedures involved and parents had made significant efforts to ensure psycho-educational assessment for their children. Stakeholders should develop an operational definition of LD and objective diagnostic criteria in Kenya and sensitize all stakeholders on the prevalence of learners with LD and ways of managing the challenges.

Even though there were challenges with placement policies in the Czech Republic, it was evident that there were clear assessment policies and a lot of effort had been made to ensure the implementation of the policies. Kenya can create and implement clear policies, which are lacking in the area of psycho-educational assessment to help guide how psycho-educational assessments are administered. The funding of psycho-educational assessment in Kenya should be streamlined to ensure provision of adequate resources for proper assessments of learners with LD. The assessors at the EARCs in Kenya should be properly trained in psycho-educational assessments to ensure no misdiagnosis of learners with SNE and any discriminative aspects hence, promoting proper placement and recommendations for learners with LD.

### **4.4 Inclusive Psycho-educational Assessment System for Learners with LD**

The Ministry of Education and Sports may reform the assessment process for learners with LD by ensuring compulsory inclusion of students with LD, encouraging and closely monitoring all stakeholder participation in the assessment. Assessment should be student-centered paying more attention to the needs of learners with LD. The vast majority of children categorized as having 'special educational needs' in mainstream schools are actually those with LD, however, only a fraction of them are children with disabilities. Historically, Romani children as well as children diagnosed with disabilities have been diverted to this situation (Schmidt and Baily, 2014). The researcher therefore proposes an inclusive psycho-educational assessment systems model where all stakeholders are involved for effective administration of psycho-educational assessment (see Figure 1).

The participation of a multidisciplinary team in decision making should be more interactive and consultative. The voice of the learners with LD should be put into consideration. The Ministry of Education and Sports should discourage the use of negative terms and labels for instance "dysclass" and enact in all policy and legislation a terminology replacement that is more positive in connotation, such as "progress classes, elevation classes" or "remediation plan". Typically, the psycho-educational assessment is a process that cannot simply be completed in a onetime sitting.

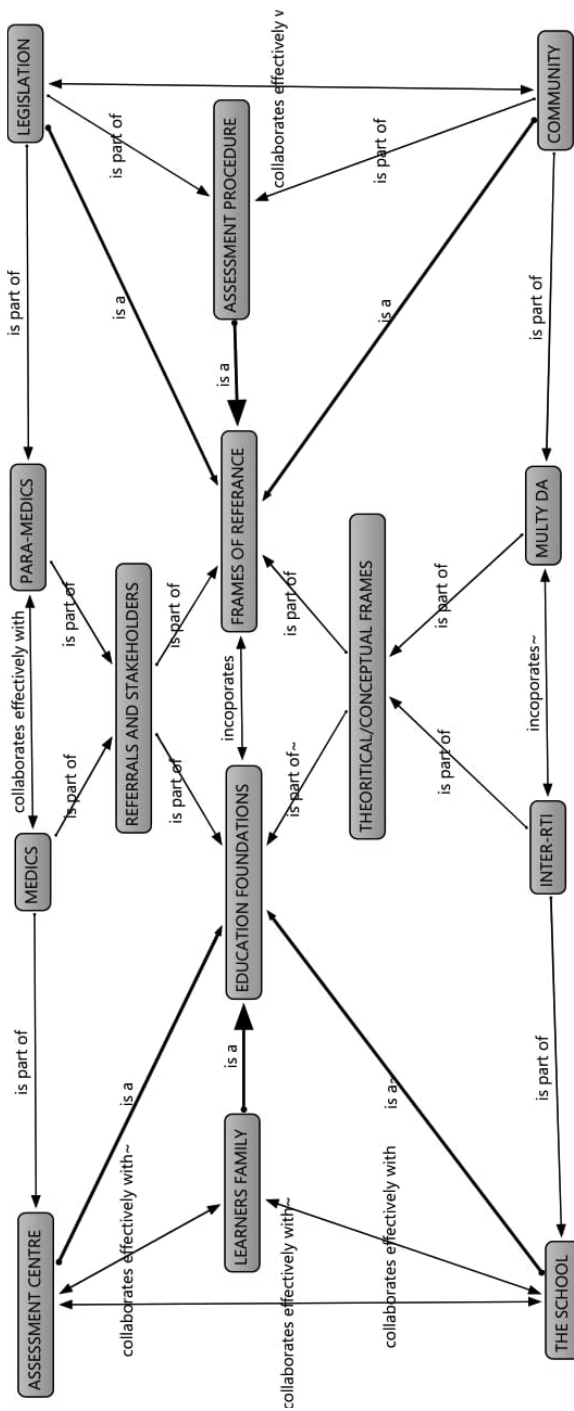


Figure 1: Inclusive Psycho-educational Assessment System Model (IPAS Model). Source: Researcher on emerging theory

The inclusive psycho-educational assessment system model IPAS Model is a theory that emerged from the current research that emphasizes the collaborative efforts of all the stakeholders in psycho-educational assessment and the link between assessment processes, programs, activities, and concepts. The assessment centres and schools are the major focal points in the assessment process from which assessment and intervention processes are coordinated. Education foundations and the frames of reference play a major part of the IPAS Model (see Figure 1) and the two are intertwined, for instance they incorporate each other. It takes the efforts and commitment of all the stakeholders to accomplish the assessment tasks.

The assessment results and recommendations should be shared with the school during a “team meeting.” This meeting should incorporate a range of stakeholders – professionals from the school and in different fields. It should include the learner, learner’s teacher, the special educator, a school psychologist and the parents. The meeting psycho-educational assessment is review to determine how the learner’s needs can best be accommodated and the possible interventions that are effective and realistic. Several accommodations can be implemented and or support services provided depending on the outcome of psycho-educational assessment.

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# Elders' satisfaction with health care in the hospital for patients with long-term illnesses

(Scientific paper)

Vladimír Hloušek

**Abstract:** For six years, we monitored the rating of hospitalized elders to doctors' expertise, care and helpfulness of nurses, willingness of ambulance workers and behaviour of cleaners. The responses were monitored according to the elders' gender and age. We also monitored their satisfaction with the quality of food, quality of room equipment and free entry of visitors. The willingness to recommend the hospital to friends showed a statistically significantly closer relationship ( $p < 0.0002$ ) to most of the selected signs of health care than a feeling of improved health. Statistically significantly more negative attitudes were expressed mostly by men ( $n_{women} = 168$ ,  $n_{men} = 89$ ;  $F < 0.02$ ;  $p < 0,05$ ).

**Keywords:** elder, hospitalization, satisfaction, health, recommendation

## 1 Introduction

At the request of the hospital management, we have monitored patient satisfaction with the care provided for six years. The collection and evaluation of data was done annually by an own anonymous survey. Its results have been published in the final reports of the hospital (Královcová, 2018). Besides doctors, nurses, ambulance workers and support staff, patients were also looked after by physiotherapists, a speech therapist, a psychologist, a health-social worker, churchmen and volunteers. According to their gender and age, we monitored elders' reactions to doctors' expertise, care, helpfulness of nurses and ambulance workers and nurses' behaviour. We monitored their satisfaction with the level of diet, the equipment of rooms and free access of visitors.

## 2 Aims

Our aim was to examine how patients according to age and gender during 2013 and 2018 assessed selected signs of health care provided in relation to the feeling of health and the willingness to recommend the hospital to acquaintances.

## 3 Methods

### 3.1 Anonymous Survey

We put forward ten statements to patients and asked them to assess each of them by school marks from 1 to 5. "I like the diet (DIET). Nurses are helpful (HELPPFULNESS OF NURSES). I am going to recommend the hospital to acquaintances (RECOMMEND). Doctors are very good at their jobs (DOCTORS). The equipment of my room is suitable for me (ROOM). Nursing care is very good (NURSING CARE). My health state has improved (HEALTH). Visitors can enter my room whenever (VISITORS). Ambulance workers are willing to help (AMBULANCE WORKERS). Cleaners are pleasant (CLEANERS)." In the heading of the form, patients filled in their age under or over 70 and their gender.

### 3.2 Research Sample

At our disposal, we gained 400 survey forms filled in from 1 January 2013 to 31 December 2018 by patients of Letovice Hospital ( $n_{2013} = 99$ ;  $n_{2014} = 88$ ;  $n_{2015} = 74$ ;  $n_{2016} = 44$ ;  $n_{2017} = 55$ ;  $n_{2018} = 40$ ).

The survey was completed either by patients themselves at the end of their hospitalization or by voluntary inquirers who were not employees of the hospital. We gained 257 fully completed forms from 168 women, 89 men; from 76 respondents under the age of 70 and 181 over the age of 70. As regards remaining forms, some of the anamnestic data were missing in the heading. The average duration of a patient's stay in chronic disease hospital was 60 days. Between 2013 and 2018, 4407 patients were hospitalized (Králóvcová, 2018). Data about a number of repeated patients' statements cannot be found due to the anonymity of the survey. The sample includes 6% of fully completed ( $n = 257$ ) and 9% ( $N = 400$ ) of fully and partly completed forms from all theoretical evaluations. The study recorded reactions of lucid and perceiving patients who were able and willing to communicate.

### 3.3 Null Hypothesis

H1: There are no statistically important differences in the distribution of school classification in all items in comparison with hypothetical dispersion in percentages ( $n = 257$ ).

- H2: There are no statistically important differences in the assessment of items DIET, HELPFULNESS OF NURSES, RECOMMEND, DOCTOR, ROOM, NURSING CARE, HEALTH, VISITORS, AMBULANCE WORKERS, CLEANERS (further in the text described as “items”) by elders according to gender (n = 257).
- H3: There are no statistically important differences in the assessment of items among elders under and over the age of 70 (n = 257).
- H4.1: There is not a single middle and higher dependence between items (n = 257).
- H4.2: There is not a single statistically important difference between the dependence of items RECOMMEND and HEALTH in relation to other items (n = 257).
- H5: There are no statistically important differences between follow-up pairs of years 2013–2018 in the assessment of individual items (N = 400).

### 3.4 Data Analysis

By data processing *ex post facto* (Kerlinger, 1972) we analyse the structure and development of elders’ attitudes expressed by school classification towards ten statements about care in chronic disease hospital. In order to verify hypotheses, we used data (n = 257 a N = 400) from an own anonymous questionnaire (Hloušek, 2012) administrated from 1 January 2013 to 31 December 2018. H1 was verified by the calculation of chi-quadrats, H2, H3, H5 were analysed by F-tests and unpaired one-tailed t-tests, H4.1 by Pearson correlation, H4.2 by a paired t-test and U-test (Chráska, 2007). For all items of the survey, we assumed content validity (Kerlinger, 1972). Respondents were evaluating the statements in ten items of the survey using school classification from 1 to 5 either independently or with the help of an enquirer. Some elders spontaneously added verbal expression to the classification. We made a qualitative (Miovský, 2009) assessment of these respondents’ spontaneous verbal expressions and outputs of methods of mathematical statistics.

## 4 Results

The percentage distribution of marks in items DIET and HEALTH does not statistically differ from from a hypothetical distribution at 5% level of importance. Other items show statistically important one-sided inclination towards mark “1”. The null hypothesis is confirmed in two mentioned items, in other items it was rejected – see Table 1 ad H1.

**Table 1:** Distribution of classification, *chi*-quadrat, F-tests and t-tests according to gender (women = 168, men = 89) and age (under the age of 70 = 76, over the age of 70 = 181). Legend: in bold disapproval of the null hypothesis (*chi*, t-test) and heterogeneous distribution (F-test)

		DIET	HELPFULNESS OF NURSES	RECOMMEND	DOCTOR	ROOM	NURSING CARE	HEALTH	VISITORS	AMBULANCE WORKERS	CLEANERS
adH1	mark: 1	58%	82%	76%	90%	75%	86%	59%	92%	88%	82%
	2	28%	15%	14%	7%	14%	12%	26%	5%	9%	12%
	3	10%	2%	5%	2%	8%	1%	12%	1%	2%	4%
	4	3%	0%	1%	0%	2%	0%	3%	0%	0%	1%
	5	1%	1%	4%	1%	1%	1%	0%	2%	1%	1%
	<i>chi</i>	0,19	<b>0,01</b>	<b>0,03</b>	<b>0,00</b>	<b>0,04</b>	<b>0,01</b>	0,18	<b>0,00</b>	<b>0,01</b>	<b>0,01</b>
	pointedness	2,01	17,28	6,83	27,35	4,84	27,17	1,25	30,79	25,83	11,84
	inclination	1,47	3,65	2,66	4,86	2,22	4,49	1,33	5,30	4,55	3,19
adH2	F tests women, men	<b>0,00</b>	<b>0,00</b>	<b>0,00</b>	<b>0,00</b>	<b>0,02</b>	<b>0,00</b>	<b>0,01</b>	<b>0,00</b>	<b>0,00</b>	<b>0,00</b>
	average women	1,52	1,17	1,25	1,07	1,38	1,11	1,49	1,07	1,08	1,14
	average men	1,74	1,37	1,73	1,30	1,47	1,28	1,80	1,28	1,30	1,46
	t-tests women, men	<b>0,04</b>	<b>0,02</b>	<b>0,00</b>	<b>0,00</b>	0,20	<b>0,02</b>	<b>0,00</b>	<b>0,01</b>	<b>0,00</b>	<b>0,00</b>
adH3	F-test < 70r <	0,70	0,76	0,09	<b>0,01</b>	0,26	<b>0,01</b>	0,90	<b>0,00</b>	<b>0,00</b>	0,76
	average < 70r	1,65	1,25	1,40	1,15	1,30	1,16	1,57	1,05	1,13	1,28
	average 70r <	1,58	1,23	1,43	1,16	1,45	1,17	1,61	1,18	1,17	1,24
	t-test < 70r <	0,29	0,41	0,40	0,44	0,09	0,41	0,36	<b>0,01</b>	0,29	0,33

#### 4.1 Influence of Gender

The results of F-tests exceed the critical value  $p \leq 0,02$ , assemblages of men and women can be considered to be heterogeneous. Except an item ROOM, the results of t-tests show the statistical importance of differences of averages between men and women at higher than 5% level. Men classify items significantly more negatively. The null hypothesis can be confirmed in an item ROOM, in other items it can be rejected – see Table 1 ad H2.

#### 4.2 Influence of Age

The results of F-tests in six items exceeding the critical value reflect the homogeneous distribution. The results of F-tests in items DOCTOR, NURSING CARE, VISITORS and AMBULANCE WORKERS not exceeding  $p \leq 0.01$  demonstrate the heterogeneous distribution. T-tests confirm the null hypothesis in an item VISITORS, in other items they exclude it – see Table 1 ad H3.

### 4.3 Relations within Items

The calculation was made for 45 relations among the items. The choice of Pearson coefficient (Chráska, 2007) was made in order to ascertain the relations between pairs of classification degrees. We would lose this information using additional order in case of Spearman's correlation of school marks. The problem is the highest occurrence of classification "1" – see Table 1 as H1. Pearson's correlations among the items achieve the average 0,46 in standard deviation 0,13. The pointedness of coefficients' distribution is 0,005, the inclination is -0,030. Correlation higher than two standard deviations in items NURSING CARE versus HELPFULNESS OF NURSES ( $r = 0,77$ ), NURSING CARE versus AMBULANCE WORKERS ( $r = 0,75$ ) represents higher dependence (Chráska, 2007). 28 correlations represent medium (significant) dependence. Correlations lower than two determinant derogations can be found in items HEALTH versus DIET ( $r = 0,17$ ), HEALTH versus VISITORS ( $r = 0,19$ ). Upon the occurrence of two correlations expressing high dependence and 28 ones expressing medium dependence, we reject the null hypothesis – see Table 2.

Table 2: Pearson's correlations among the items( $n = 257$ )

		HELPFULNESS OF NURSES	RECOMMEND	DOCTOR	ROOM	NURSING CARE	HEALTH	VISITORS	AMBULANCE WORKERS	CLEANERS
ad H 4.1	DIET	0,48	0,37	0,40	0,31	0,42	0,17	0,38	0,35	0,37
	HELPFULNESS OF NURSES		0,48	0,55	0,50	0,77	0,27	0,49	0,60	0,51
	RECOMMEND			0,60	0,49	0,52	0,32	0,43	0,52	0,46
	DOCTOR				0,53	0,61	0,27	0,50	0,59	0,42
	ROOM					0,62	0,36	0,39	0,46	0,51
	NURSING CARE						0,32	0,53	0,75	0,64
	HEALTH							0,19	0,31	0,36
	VISITORS								0,56	0,53
	AMBULANCE WORKERS									0,62

### 4.4 The Relation within RECOMMENDATION and HEALTH

The calculation of the percentage of mutual determination among the items (Chráska, 2007) enabled to add the data to expected outputs of health care according to content validity (Kerlinger, 1972) which are expressed by the statements as follows: "I will RECOMMEND the hospital to my acquaintances"; "My HEALTH STATE has improved" (HEALTH). The difference of averages of determination percentage that was analysed by a pair t-test is statistically important at the level  $p < 0,0002$ . Sums in the



columns cannot total one hundred percent due to an overlap of determinations. The strongest mutual dependence can be found in items RECOMMEND versus DOCTOR, the weakest one in RECOMMEND versus DIET, HEALTH versus DIET and HEALTH versus VISITORS. As for the statistics, significantly tighter determinations are connected with an item RECOMMEND rather than with an item HEALTH. The results of a pair t-test confirm calculations of U-test (Chráska, 2007) of normal quantities except items ROOM and CLEANERS. Using a double statistical analysis of correlations, we reject the null hypothesis (that expected outputs of health care RECOMMEND and HEALTH are determined with equal intensity with other items of the survey – see Table 3.

**Table 3:** T-test showing the determination of probable health care outputs RECOMMEND and HEALTH; U-test showing the importance of differences of dependence in items and outputs (n = 257)

adH 4.2	The percentage of mutual determination among the items	RECOMMEND	HEALTH	U-test recommend + health	Standardized normal values $U_{0,05} = 1,96; U_{0,01} = 2,58$
	DIET	14%	3%	2,44	<b>0,05</b>
	HELPFULNESS OF NURSES	23%	7%	2,77	<b>0,01</b>
	DOCTOR	36%	7%	4,52	<b>0,01</b>
	ROOM	24%	13%	1,79	unimportant
	NURSING CARE	27%	10%	2,76	<b>0,01</b>
	VISITORS	19%	3%	3,02	<b>0,01</b>
	AMBULANCE WORKERS	27%	10%	2,88	<b>0,01</b>
	CLEANERS	21%	13%	1,36	unimportant
	average	24%	8%		
	Standard deviation	6%	3%		
F-test	0,20				
paired t-test	<b>0,0002</b>				

#### 4.5 Year-on-year's changes

Using unpaired t-tests, we analysed 50 year-on-year changes between 2013 and 2018 (N = 400) without taking into account respondents' age and gender. We confirm the null hypothesis in 39 year-on-year changes – see Table 4.

**Table 4:** T-tests of year-on-year changes ( $n_{2013} = 99$ ;  $n_{2014} = 88$ ;  $n_{2015} = 74$ ;  $n_{2016} = 44$ ;  $n_{2017} = 55$ ;  $n_{2018} = 40$ ). Legend: disproof of the null hypothesis in bold

Years compared	DIET		HELPFULNESS OF NURSES	RECOMMEND	DOCTOR	ROOM	NURSING CARE	HEALTH	VISITORS	AMBULANCE WORKERS	CLEANERS
average 2013	1,67	1,34		1,51	1,23	1,36	1,26	1,90	1,06	1,17	1,31
average 2014	1,49	1,15		1,32	1,09	1,26	1,11	1,62	1,06	1,08	1,18
<b>ttest 2013, 2014</b>	<b>0,07</b>	<b>0,02</b>		<b>0,08</b>	<b>0,03</b>	<b>0,17</b>	<b>0,02</b>	<b>0,03</b>	<b>0,47</b>	<b>0,08</b>	<b>0,08</b>
average 2014	1,49	1,15		1,32	1,09	1,26	1,11	1,62	1,06	1,08	1,18
average 2015	1,76	1,27		1,38	1,30	1,51	1,23	1,56	1,14	1,19	1,22
<b>ttest 2014, 2015</b>	<b>0,02</b>	<b>0,06</b>		<b>0,32</b>	<b>0,01</b>	<b>0,03</b>	<b>0,06</b>	<b>0,33</b>	<b>0,13</b>	<b>0,07</b>	<b>0,35</b>
average 2015	1,76	1,27		1,38	1,30	1,51	1,23	1,56	1,14	1,19	1,22
average 2016	1,52	1,30		1,50	1,12	1,45	1,23	1,77	1,19	1,25	1,34
<b>ttest 2015, 2016</b>	<b>0,08</b>	<b>0,42</b>		<b>0,27</b>	<b>0,10</b>	<b>0,38</b>	<b>0,48</b>	<b>0,10</b>	<b>0,33</b>	<b>0,32</b>	<b>0,17</b>
average 2016	1,52	1,30		1,50	1,12	1,45	1,23	1,77	1,19	1,25	1,34
average 2017	1,62	1,20		1,31	1,05	1,22	1,07	1,37	1,26	1,11	1,24
<b>ttest 2016, 2017</b>	<b>0,30</b>	<b>0,25</b>		<b>0,16</b>	<b>0,25</b>	<b>0,05</b>	<b>0,07</b>	<b>0,01</b>	<b>0,31</b>	<b>0,11</b>	<b>0,23</b>
average 2017	1,62	1,20		1,31	1,05	1,22	1,07	1,37	1,26	1,11	1,24
average 2018	1,40	1,18		1,42	1,13	1,59	1,15	1,86	1,11	1,21	1,28
<b>ttest 2017, 2018</b>	<b>0,10</b>	<b>0,42</b>		<b>0,29</b>	<b>0,14</b>	<b>0,00</b>	<b>0,14</b>	<b>0,00</b>	<b>0,15</b>	<b>0,13</b>	<b>0,37</b>

#### 4.6 Verbal expressions of respondents

DIET – Very good diet, especially soups are very good; the lack of fruit.

HELPFULNESS OF NURSES – Very pleasant; I praise nurses.

RECOMMEND – Thank you very much for the care for my mother, Outstanding! Great honour to this institution, to its management and staff. Wonderful! I would like to thank everyone for exemplary leadership of this hospital in which patients are certainly satisfied as miracles causing recovery can be expected here. I am very satisfied in this hospital.

DOCTOR – Yes, they are very attentive to our problems; Well, it depends. Some are, some are not.

ROOM – There is no need to be demanding; toilet chairs in a room (bad smell); bedlinen is clean but really worn out.

NURSING CARE – nurses are really helpful.

HEALTH – I will assess over time; I am satisfied with rehabilitation.

VISITORS – the lack of intimacy.

AMBULANCE WORKERS – they are willing to help.

CLEANERS – rarely pleasant; they are pleasant and clean well.

## 5 Discussion

Attitudes containing cognitive, emotional and conative parts (Hartl, 1994) adaptively head towards a mutual balance. We can also doubt if an attitude towards any of the items is based on respondent's own experience with the health care in the hospital or if it was created before hospitalization under the influence of their relatives' experiences or due to respondent's conformity with public opinion. One-sided distribution with a predominance of classification "1" is undoubtedly caused by patients' inclination to take socially desirable positions on "white coats". Also the study (Sikorová, 2011) has detected 80%–86% satisfaction with approach and trustworthiness of nursing staff in clients of a retirement home ( $n = 70$ ) and there was a similar evaluation in the area of dressing, undressing, positioning, assistance in eating and preserving personal intimacy.

Can significantly more negative evaluation carried out by men in nine out of ten items of the survey in the mentioned hospital be caused by a higher number of beds in men's rooms or is it caused by probably more vigorous masculine behaviour? "We do not have any chance to say anything objective about men and women" (cit.: Vybíral, 2005). Using a questionnaire "Attitudes towards old age and ageing" (AAQ), a Czech study (Urbanová, 2016) on elders in retirement homes over the age of 65 ( $n = 121$ ) has shown an influence of gender, age, level of education and self-sufficiency rate on a self-evaluation within areas such as psychosocial losses, physical changes and psychological growth. The study has ascertained elders' more negative attitudes towards old age and ageing in comparison with younger population. Men over the age of 65 perceived old age in the area of psychosocial losses better than women over 65, highly dependent elders assessed attitudes towards old age worst, old respondents over the age of 85 perceived old age best.

Another Czech study (Portlová, 2017) has ascertained an insignificant difference of symptoms of depression in 50 men and 150 women in centres of follow up health-care and residential social care. A Slovak study (Halama, 2014) has proved that social relations, especially a household type, represented an important source of meaning in life in 180 elders aged between 65 and 75 years. In an Iranian study (Farzianpour, 2016) on persons over the age of 60 (240 men, 160 women), men statistically evaluated a general feeling of their health state much better in comparison with women. The authors think the difference is caused by a lower socioeconomic status of Iranian

women. Using telephone interview (Borders, 2004), American researchers were discovering collective occurrence of sceptical attitudes and worries about their health, evaluation of doctor quality and quality of general health care in 4076 Americans over the age of 65. Persons who were worried about their health state statistically evaluated doctor quality and the quality of general health care much worse. However, the study has not determined whether sceptical attitudes preceded health care or followed it.

A Danish study (Jensen-Dahm, 2012) examined the difference between subjective pain perception in 321 elders suffering from Alzheimer's Disease and assessing pain of these patients by their closest carers. 31% of monitored elders stated they felt pain whereas their carers stated that 52% of elders suffered from pain. The difference was significant on  $p < 0,001$ . Women were depressed more, had more neuropsychiatric symptoms and assessed the quality of life as lower.

The age criterion under and below the age of 70 was chosen randomly. Therefore, confirming the null hypothesis H3 about the impact of age does not significantly distinguish respondents' attitudes. For the future, it will be convenient to divide respondents into cohorts in decades. We find our current results to be in conflict with Czech psychometric analysis of a questionnaire "Health and satisfaction SF-8 Health Survey" (Bartůšková, 2018). According to the author, as people get older, subjective evaluation of both physical and mental health gets worse, which is confirmed also by studies from abroad (Farziampour, 2016; Borders, 2004).

As regards examining of mutual dependence of items, Chráska (2007) suggests interpreting the values of correlation  $0,70 < r < 0,90$  as "high dependence",  $0,40 < r < 0,70$  as "medium dependence",  $0,20 < r < 0,40$  as "low dependence",  $0,01 < r < 0,20$  as "very low dependence". High dependence between the items NURSING CARE versus HELPFULNESS OF NURSES leads to a possible merging of both survey questions. High dependence of HELPFULNESS OF NURSES versus AMBULANCE WORKERS probably reflects an operational practice of the hospital where ambulance workers working in many wards are called to take care of patients mostly by nurses. Very low dependence of the items HEALTH versus DIET and HEALTH versus VISITORS needs to be analysed by a well-designed research project as well as statistically very significant difference of tightness and structure of determination by other items of probable outputs "I will RECOMMEND the hospital to my acquaintances" and "My HEALTH STATE has improved" (HEALTH).

Monitoring of the year-on-year changes ( $N = 400$ ) provides feedback to the hospital management. It reflects ongoing construction works in wards, temporary reduction and subsequent increase in comfort of both patients and staff. From a statistical point of view, significantly more positive evaluations were recorded between 2013 and 2014 in items HELPFULNESS OF NURSES, DOCTOR, NURSING CARE, HEALTH and between 2016 and 2017 in items ROOM, HEALTH. The verbalization of respondents' attitudes is in line with allocated classification including various qualities

of ambivalence towards items DIET, ROOM, DOCTORS, HEALTH, VISITORS, CLEANERS.

## 6 Conclusion

We were analysing the survey data assessing statements about the quality of health care in the hospital for patients with long-term illnesses. The data collection lasted six years and we got data from 400 respondents. However, from data obtained in this manner, we cannot definitely determine whether elders' attitudes arose before hospitalization or during it. Men were expressing more negative attitudes than women with statistical significance in nine survey items except the satisfaction with the room equipment. A tendency to recommend the hospital to acquaintances was due to statistically much stronger dependence and another structure of bonds with other items in case of a dominant statement "DOCTORS work very well". The feeling that the health state has improved showed weaker dependence with items ROOM, CLEANERS, NURSING CARE, AMBULANCE WORKERS. Monitoring of year-on-year changes as well as six year evolution of classification do not constitute a reason for generalization. An anonymous survey does not take account of elders' individuality as well as the dynamics of their personal stories and behaviour context. Humanist and phenomenological aspect exceed a positivist paradigm (Miovský, 2009). A biopsychosocial concept of research raises the issue of subjective feeling of health (Bartůšková, 2018). In case of elderly car, there is the need for psychotherapy aimed at a client (Nykl, 2012), cognitive behavioral therapy (Praško et al., 2019), systematic family therapy (Gjuričová, 2009), and video interaction guidance (Stolker, 2003).

## 7 Strengths and Limits

The strengths of the study seem to be six year data collection, anonymity of 400 respondents and the spontaneity of their verbal expressions. An anonymous survey that has been used raises two perspectives: a) the added value lies in the concreteness of the order formulated by the hospital management and also in the feedback given to that institution, b) it is limited by the absence of an item analysis and relying on content validity.

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# Identification of supporting phenomena and barriers of inclusion in the pedagogical practice of teachers in a kindergarten in Bratislava, Slovak Republic

(Scientific paper)

**Barbora Vodičková**

***Abstract:** The paper deals with the issue of identification of supporting phenomena and barriers of inclusion in the pedagogical practice of teachers in a kindergarten in Bratislava from the perspective of an internal professional. We focused on the performance of direct educational practice of teachers with children. We observed how teachers in their work approached all the children in class who found themselves as a part of their mainstream group in this particular kindergarten. We were interested in how teachers can respond to differences among children, how they can react flexibly to what is happening in the classroom and expand their educational offer by what is commonly available in the daily life of the classroom. The data were obtained, processed and analysed by qualitative methodology. As part of the content analysis of the text, we extracted important categories, which we identify as supportive and, conversely, as barriers in the application of inclusive practice.*

***Keywords:** inclusion, kindergarten, teachers, supporting phenomena, barriers*

## 1 Introduction

Kindergarten is a place where children with different levels of development, skills, abilities and needs meet. Children also come from different family and cultural backgrounds due to population migration or mixed marriages. More and more children with a different mother tongue are appearing in kindergartens. Furthermore, already at the level of pre-primary education, children are often divided into those with special educational needs (SEN) and intact children. Jursová-Zacharová et al. (2019) write that the number of children with diagnoses is increasing exponentially and thus the need for experts for children with SEN is growing, that the terms categorisation, deficit, SEN have become too established. At the same time, the issue of children with



difficulties in mainstream education is much broader and does not have to relate only to children with identified SEN or assigned diagnoses. Most children, in whom we observe various difficulties in mainstream education in a kindergarten, do not often have a diagnosis due to the nature of the dynamics of early childhood development. We often observe delayed development in various areas. Today, the teachers have to reckon with the fact of the diversity of children in their classrooms.

The Slovak Republic has adopted the UN Convention on the Rights of Persons with Disabilities (2006), which imposes a commitment to access to quality education at all levels for all children with disabilities on the same basis as others (Jursová-Zacharová et al., 2019). It is a challenge for mainstream education to ensure good conditions – material, personnel and professional. Meeting this challenge is a high standard for inclusive practice. Inclusion is becoming a very important topic in Slovakia and the key players of inclusion in their schools and classrooms are the teachers and newly created so-called inclusive teams. However, Danz (2019) emphasises, that inclusion does not mean paying attention to some children ('Inclusionskinder'). It is not a question of certain children integrating, but of achieving a common education for all children. This requires a shift in the teachers' work towards a rich educational community characterised by sufficient educational opportunities for all children to participate in life in their classroom and peer group (Florian & Black-Hawkins, 2011). Kováčová (2010) also writes about an inclusive classroom, where learning is organised in a way that respects the needs of each child. Such classroom is a space, where each child is conveyed what he or she needs. The main thing is to be able to expand in the pedagogical practice of the teacher what is commonly available to all children, and that is a complex pedagogical effort.

The ways in which teachers construct such an environment are not easily visible to observers, nevertheless we tried to do so from the point of view of our possibilities and from the point of view of an internal professional employee – a therapeutic pedagogue in a kindergarten in Bratislava. It was a private kindergarten, with a maximum of 40 children divided into four groups. The kindergarten also included children of foreigners living in Bratislava, as well as children with diverse dynamics of development, difficulties and individual needs. The kindergarten declared an inclusive philosophy and created conditions for the teachers, especially by forming groups with lower numbers of children, as well as providing constant leadership support, educational opportunities and the daily presence of professional staff for children who needed support until they were able to fully adapt and work independently or with an assistant in the classroom environment.

**The aim** was to monitor how the teachers approach in their work all the children in the class who found themselves as a part of their mainstream group in this particular kindergarten. We were interested in how teachers can respond to differences among children, how and whether they can include all children in the educational

process and how they can react flexibly to what is happening in the classroom and expand their educational offer by what is commonly available in everyday life (Florian & Black-Hawkins, 2011).

We asked ourselves two research questions:

1. What helps in teaching practice to increase the participation of all children in learning together, including those who require some level of support?
2. What are the obstacles and barriers in teachers' work in increasing the participation of all children in learning together, including those who require some degree of support?

## **2 Research methods**

### **2.1 Sample composition**

The selection of participants was intentional. It was an available sample of teachers, colleagues in a specific kindergarten in Bratislava. The criteria for their selection was qualification in the field of preschool pedagogy and long-term cooperation lasting for at least four years. Thus, there was a presumption of long-term cooperation to gain insight into their way of working and to identify the phenomena we focused on.

### **2.2 Data collection methods**

Three data collection methods were used in conducting this research study:

- Observation of what is happening in the classroom with a focus on teachers' strategies, reactions, verbal formulations and statements towards children, mutual interaction and communication
- Participatory observation for the profound insight into the behaviour and thinking of the observed persons
- Narrative interview, where teachers were encouraged to talk freely about their teaching work with children.

### **2.3 Data analysis methods**

Recording, documenting, transcription and content analysis of data were conducted. We recorded individual observations and outputs from the interview in writing on a record sheet. Subsequently, we re-wrote the notes. Each record sheet was provided with information of the time and place of observation. We obtained a substantial amount of text, which we analysed in terms of content and formulated significant categories. We focused on the essential topics and phenomena that led to answering the research questions.

### 3 Results

**Question number 1: What helps in teaching practice to increase the participation of all children in learning together, including those who require some level of support?**

**Supporting phenomena of inclusion:**

#### **Positive attitude of the teacher and responsibility towards the child**

In the interview, some teachers expressed their positive attitude towards children at risk or with difficulties they had in their classroom. They declared that they realised that such children needed to be supported in kindergarten and that the teachers were the key to it.

BI14 *“I am learning with all children, but those who have a problem are a challenge for me and I seem to be looking for the ways to help them.”*

#### **Expertise and knowledge**

Teachers often mentioned that they needed to be educated and expand their professional skills.

NI35 *“It helps me a lot to learn, whether about the different needs of children or the issues I can encounter in the kindergarten, but also such practical things as how to set up a classroom, how to teach in a modern way.”*

They also perceived it as necessary to have knowledge of individual children, their family background, difficulties and socio-cultural context and tried to take this into account in their approach to children. Tóthová (2020) deals with the importance of eco-systemic view of the child in her work.

#### **Focus on educational process and open expectations**

Within the observed sample, we identified a teacher who was more focused on the process of education in the sense that the children enjoy the activity and that they are interested in it. She was less concerned with the intention for children to learn or perform. Rather, she declared that she was satisfied that they had worked together and that every child was involved. She often built and organised her educational activities in this way; her educational activities had a very wide range and were well-developed and well-thought out.

DI22 *Description of a weekly project focusing on a fairy tale Grufallo:*

*The children were reading the story, made costumes, played theatre and made a moving Grufallo puppet. “I was surprised, I was worried of how they could do it, but they did very well, I was happy how well they all did, we were happy with what we were doing. Nobody was interrupting because their activity drew them in, everyone*

*found their place in the activity and the children were looking forward to continuing the next day.”*

### **Satisfying primary needs and creating a basis for learning**

As a part of the observation, we extracted a category that we included as a support in relation to the inclusion of all children in educational activities. It is about mapping and satisfying the needs of a child, who may be uncomfortable, not involved, or be experiencing something, or who is not focused on the activity. Needs that include physiology, safety, sense of belonging, respect and self-realisation are extremely important in caring for very young children. (Dodge, Rudick & Berke, 2012). Maslow's theory is very well known. Teachers were not always aware of its sequence and importance when working with preschool children. From our point of view, within the philosophy of 'involving' everyone, it is very important to think about mapping and then satisfying the primary needs of the child before he or she starts learning, as this teacher has shown:

*BP3 The teacher in the morning circle asks children: 'How are you today?' She sees that one child is turned around and is holding his toy. Children answer using emoticons, the teacher approaches the child and asks how he is. The child is not answering. The teacher naturally sits down next to him and sits him down on her lap. The child leans on her and is watching the others while the teacher can continue and pay attention to the other children. In a short while, the child moves and sits next to her and starts to cooperate.*

### **The diversity of the offer and the deliberate transformation of educational activity for the benefit of the child**

*DP11 The teacher initiates the staging of the heard tale. One child is disruptive, runs away and then comes back. The teacher assigns this child the role of an animal – a frog, which is constantly running away from the pelican. The other children have roles within the heard tale. Some remain in the role of spectators; some are holding the scenery they drew in the morning.*

The teacher noticed the child's restlessness and responded flexibly to his need for movement and used it to benefit the child's learning. She did not stigmatise this child but incorporated his demonstrations so that he would take part in the events. She did not use the simplest possible strategy – exclusion. She also had a wide offer within the range of education.

From the previous two categories, there is one category left which we characterised as supportive and pro-inclusive named **Details and Self-reflexive learning**. As a part of the educational process, it is important to constantly evaluate situations in the

classroom in favour of inclusion from the teacher's position – thinking about what is going on in interacting with children. These are often small details, for example at the level of nonverbal communication or perception. The teacher must often act effectively in the best interest of the child in the class and she must be aware of this as a part of her consistent self-reflection. She can also weigh in a small detail which will or will not support the child. This is well illustrated in the demonstration of DP11, where the teacher noticed the child's behaviour and considered what she can do best in the given situation for the benefit of the child and the group.

**Question number 2: What are the obstacles and barriers in teachers' work in increasing the participation of all children in learning together, including those who require some degree of support?**

### **Barriers of inclusion:**

#### **Ignorance**

Teachers sometimes declared ignorance verbally, but also, by observation, we detected situations with inadequate intervention stemming from, for example, ignoring the child's developmental needs and limitations.

II44 *"I don't know how to work with this child, we didn't learn this at school."*

SP8 *The teacher has a child from Ukraine in adaptation in the first week of kindergarten, the child does not understand. He is sitting in the dining room, his legs turned sideways. The teacher is turning the child to sit correctly. The child is starting to cry and is apparently experiencing stress. To my question: Why doesn't she leave the child like that, after all, he is in the adaptation process and getting acquainted with the environment, she replied: He must learn how to sit properly.*

This is a case of ignorance of developmental psychology and the principles of the adaptation process.

#### **Label – Deterministic thinking**

This category declares that the teachers unnecessarily labelled or 'diagnosed' some children in advance or determined in advance what the child could not do without giving him a chance to express himself.

NI12 *"Why is this child here, why isn't he in a special needs kindergarten?"*

SI5 *"This child is walking on his tiptoes, it will be a nerve related problem."*

#### **Weak self-confidence and transfer of responsibility**

Especially for more 'complicated' children, who required more thought and work from the teacher, the teachers declared that this was not their job and they automati-

cally assigned the child to a professional, despite the fact that they had received the support in the educational process. We understand weak self-confidence in the sense that the teacher did not reflect her position of key importance in relation to the child with the identified need.

II33 *“I will not do this, let an expert do it, I cannot teach like this.”*

### **Focusing on the child’s individual performance as a reflection of his or her success rate**

As we mentioned, we noticed a teacher who focused more on the process, the wide range, the child’s freedom of choice and mutual learning. The children in this group achieved good results.

We also followed the strategies of another teacher, who was more focused on the performance of her group of children, so they would learn, so she would teach them. This teacher was more directive, the children achieved good results, but there was more discomfort and there were more stressful situations in the classroom.

SI28 *“I need them to know and I will give some children things to work on, to make the picture look more beautiful. You know what I mean.”*

### **Exclusion as the most natural problem-solving strategy**

Sometimes teachers used exclusion from the classroom as the most natural strategy if someone was disturbing or just needing a change, or movement or had other difficulties.

NP5 *The children went to sit with the activity at a table. It was a worksheet of simple mathematics. Two children were already sitting, the others were just sitting down. Two children got ‘distracted’ in the surroundings and came a little later. The teacher got angry and directly excluded two latecomers from the events into another class.*  
SP56 *Counting activity. The teacher selects the children and assigns them tasks. She tells one boy, ‘You stay, this is not for you.’*

### **Weak communication skills**

Speech in preschool children is evolving and it is important to know and apply the right communication strategies with them – in addition to verbal, also non-verbal. Non-verbality can negate verbal statements or signal positions of power, which does not support proper interaction with the child.

HK12 *The child is sitting on a bench and does not know how to put his shoes on, the teacher is standing above him and is giving him instructions in a flow of speech, which the child does not catch. The child is crying.*

## 4 Discussion

The observations and the interviews we conducted provided us with a lot of material and were the subject of thinking about teaching. We focused on direct teaching practice in terms of how teachers approach all children in the classroom, who found themselves as a part of their group in mainstream education in this particular kindergarten. As teachers, they were able to involve everyone in the educational process as a part of their pedagogical work with children. When they did not, we were interested in what the barriers and obstacles were on their side.

Within some categories, we have found similar findings in the professional literature. For example, the category **Positive Teacher Attitude and Responsibility to the Child** can be compared to Rouse (2008), who writes that a common topic emerged during discussions with teachers and that many teachers believe they can change children's lives. Many said they were motivated to help vulnerable children but were frustrated that not all teachers shared this view. Jursová-Zacharová et al. (2019) stated that one of the essential factors of inclusion are teachers' attitudes towards inclusion and diversity, the ability to engage and motivate children and to form a relationship with the parents. The authors also talked about the so-called teachers' internal setting, which either helps or prevents inclusion. The categories **The diversity of the offer and the deliberate transformation of educational activity for the benefit of the child** and **The Focus in education on the process and open expectations** can be compared with the research of Florian and Black-Hawkins (2011). The authors describe the pedagogical action of a teacher Helen, whose steps lead to finding a way of how to support the child to make progress and success in the classroom in educational activity here and now. Helen is willing to look for other ways to help children engage in classroom activities by experimenting with different ideas and approaches and is expanding offers for children. Hornáková (2019) talks about the learning community. Kobelt Neuhaus (2012) emphasises the ability to treat the child as a co-designer of one's experience and action in the world. **Satisfying primary needs and creating a basis for learning** is, again, illustrated by the skill of the teacher Helen who is able to adapt her teaching to the needs of children by expanding what is normally available to all children (Florian & Black-Hawkins, 2011). The categories **Knowledge** and vice versa **Ignorance or Weak Self-Confidence and Transfer of Responsibility** are interesting from the point of view of Rouse (2008), who argues that knowledge is important, but evidence suggests that it is insufficient to improve practice in schools, as many teachers who had participated in special training did not act on this knowledge when returning to class.

Forlin (2001) writes that one of the biggest obstacles to the development of inclusion is the fact that most teachers do not have the necessary knowledge, skills and attitudes to do the job.

**Labeling-Deterministic thinking, Exclusion without the need for detection as the closest problem-solving strategy and Focusing on the child's individual performance as a reflection of the degree of their success**, Horňáková (2017) also describes many similar barriers. Within the category **Weak communication skills**, we considered how important it is to have knowledge of verbal as well as non-verbal communication and their effect on children in the sense of positives and negatives. As Kostrub writes (2018, p.140), *“Educational communication is an essential tool, so it must be conducted intentionally, prudently and responsibly. The educator intercedes with the child and the child responds to the challenge with his/her speech and his/her actions.”* Waclawik, Bavelasová and Jackson (2012) say, that the ability to adequately meta-communicate is not only a necessary condition for successful communication, but is closely linked to the extensive issue of awareness of oneself and others, which is also related to the category **Details and self-reflexive learning**.

## 5 Limitations of the study

This was a research sample within one kindergarten that had an exclusive philosophy and attitude in terms of supporting those who needed it and who found themselves in mainstream education at that school. In kindergarten, efforts were made to ensure the inclusion of those who were excluded or marginalised. On the other hand, it was not possible to direct all teachers to this attitude, which could distort the observation of supportive inclusion strategies when working with children. Fortunately, we identified a few teachers who were naturally able to expand this attitude and their skills in terms of increasing the participation of all children in learning together, including those who require some level of support. Also, we recognise that understanding inclusion can take many forms and still goes a long way to grasping the phenomena of inclusion and putting them into practice.

## 6 Conclusions

We have identified some phenomena of inclusive practice and vice versa, those that do not support it. We sought to support our findings with research from abroad and we agree with Florian and Black-Hawkins (2011) that inclusive pedagogy aims to expand what is commonly available as a part of routine classroom life as a way to respond to differences among students and not a specific individualization for some. From our point of view, it was interesting to follow the work of teachers who used more strategies that we included in the categories: **The diversity of the offer and the deliberate transformation of educational activity for the benefit of the child, Focus on process education and open expectations, Satisfying primary needs and creating a basis for learning, Details and self-reflexive learning** and which we



would identify as those that helped increase the participation of all children in learning together. It would be interesting to find out why teachers used these strategies. It would also be a good idea to expand the research by asking teachers directly what they consider to be pro-inclusive and, conversely, what they say does not support inclusion in the educational process. In our research we also captured phenomena that were not supportive of all children in the group, but we realise that the teachers' practice is multi-layered, and they make many decisions during the day the background of which we do not know. However, in research, we have noticed that there are types of teachers we could consider more 'inclusive' than the others. It would also be interesting to find out why this is so.

Finally, we would support the idea that a kindergarten is a good place to start an inclusive journey and that the teacher has to reckon with the fact that children in mainstream education need support due to the nature of their variability, development dynamics and high vulnerability in this period. It is important that teachers are professionally and personally trained. Furthermore, it would be useful to strengthen their pedagogical skills in knowledge of psychology, communication, special and therapeutic pedagogy, and for inclusive teams to appear in kindergartens, or at least an internal professional, who is absent in most kindergartens. As Jursová-Zacharová et al. (2019) write, the very attitudes of the teachers towards all children in their classrooms and their mindset are important.

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# Special educational needs/disabilities and the evolution of the primary school Special Educational Needs Co-ordinator (SENCO) in England

(Reviewed paper)

**Andrew Smith**

***Abstract:** This review paper presents the evolving role of the Special Educational Needs Co-ordinator (SENCO) in mainstream primary schools set within the changing political/ideological National Educational landscape in England.*

***Keywords:** Special Educational Needs Co-ordinator (SENCO), primary school*

## 1 Introduction

The SENCO's role is, in the main, forged through compliance with legislation which creates their 'legal contract', this forms the core duties and responsibilities which they must do within their schools. However, this key school role cannot be generalised across all English primary schools due to the diversity and types of primary school existing, the differing priority placed on supporting and developing provision for special educational needs and disability by individual Head-teachers and the SENCOs' differing conditions of service according to this priority. While a general overview of the SENCOs' role, based on their duties as presented through the latest Code of Practice on Special Educational Needs (DfE/DH, 2015) is possible, a true picture of a primary school SENCO requires an in-depth and longitudinal study in order to identify and critically reflect upon the complexity and diversity of their individual working lives.

## 2 Aims

The purpose of this review paper is to provide an overview of the role of the Special Educational Needs Co-ordinator (SENCO) in an English mainstream primary school; it is designed to present a model for further comparative study with provision for

special educational needs and disabilities (SEND) and the leadership/management of this provision in other international contexts.

### 3 Methods

In order to achieve this purpose, this review paper locates the English SENCO in the context of their evolving role from that of Remedial Teacher to their current status of leaders within their schools. This current status, as defined through three national Codes of Practice on Special Educational Needs (DfE, 1994; DfES, 2001 and DfE/DoH, 2015), identifies the SENCO as a manager, an administrator and a teacher with the potential to be an agent for strategic change by acting as a transformational leader; this potential either being empowered or restricted by their own knowledge of special educational needs and disabilities, their vision for developing provision for SEND in their schools, the amount of delegated responsibility given to them by their Head-teachers and the requirements of a national high-stakes assessment and inspection regime which influences the ethos and culture of their individual schools in relation to the priority placed on the provision made for children with barriers to their learning.

The field of special education in England is a wide and fluid one in that it is constantly being re-assessed, re-structured and re-imagined through waves of legislation, statutory guidance, media commentary and research. Although the first Department for Education (1994) *Special Educational Needs Code of Practice* was instrumental in formalising/structuring the core role of the SENCO, earlier literature, research and legislation provided the first steps to this formalisation; hence the importance of the *Warnock Report* (1979) as the 'seed' from which the mature SENCO 'tree' grew.

The SENCO has his/her main body of work in the field of special educational needs, but this is not exclusively so as a SENCO can also have a significant role across the whole school, particularly in terms of developing a school's drive to become an inclusive learning community and in the continuing professional development of their colleagues (teachers, teaching assistants and other school staff members). In this context it is important to first define what is meant by an English mainstream primary school because it is in this professional space where the SENCO role exists. It is also important to define the phrase 'special educational needs' as this area provides the professional, vocational, pedagogical and theoretical field in which SENCOs operate as specialists and practitioners. In this review paper, the evolving SENCO role is explored through this dual definition set within a discussion, informed by literature, focusing on the nature of the SENCO role in its current format as structured by the Training and Development Agency for Schools (TDA) endorsed (2009) *National Award for SEN Coordination* learning outcomes and the statutory guidance

of the Department for Education/Department for Health's (DfE/DH) (2015) *Code of Practice: 0 to 25*.

## 4 Results and Discussion

### 4.1 Setting the Context: The English Primary School

In England, it is commonly accepted that a mainstream primary school is the first stage of formal education. Children are usually admitted from the ages of five years old through to eleven with some schools being divided into infant and junior levels (Gov.uk, 2016). The infant age range is from age five to seven and equates to Key Stage One of the National Curriculum for England and Wales, whilst the junior age range equates to Key Stage 2 of the National Curriculum. *The Education Act* (1996) stated that primary education means:

- a) Full-time or part-time education suitable to the requirements of children who have attained the age of two but are under compulsory school age.
- b) Full-time education suitable to the requirements of junior pupils of compulsory school age who have not attained the age of 10 years and six months; and
- c) Full-time education suitable to the requirements of junior pupils who have attained the age of 10 years and six months and whom it is expedient to educate together with junior pupils within paragraph (b).

(Chapter 56. Part 1. Section 2. p. 2)

*The Education Act* (1996) included pre-school age children in its overall definition of primary education, children whose education is usually met in pre-school or Foundation settings. It is at the end of Key Stage 2, when the pupils are in Year 6, that National Curriculum Standardised Assessment Tests (SATs) are taken. For this review the focus is on the SENCO role as it is performed in a primary school setting with pupils aged from five to eleven (National Curriculum Key Stages 1 and 2), excluding the pre-school/Foundation stage. An overview of the English Education System is provided through the following table:

Table 1: *The English State Education System*

NC KS 1 (Pupils aged between 5 and 7 years old)			NC KS 2 (Pupils aged between 8 and 11 years old)				NC KS 3 (Pupils aged between 12 and 14 years old)			NC KS 4 (Pupils aged between 15 and 16 years old)		NC KS 5 (Pupils aged between 17–18)	
Foundation	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
<b>PRIMARY SCHOOL</b>							<b>SECONDARY SCHOOL</b>						
<b>Infant</b>			<b>Junior</b>									6 <sup>th</sup> Form	
					<b>MIDDLE SCHOOL</b>		MIDDLE SCHOOL						
ALL-THROUGH SCHOOLS (there is a growing trend for some Academies to adopt an 'all-age' profile and intake – from Foundation through to the end of compulsory education at KS 5)													

The Primary focus is shown emboldened with ‘NC KS’ representing the National Curriculum Key Stage. The age ranges of the pupils shown do, in reality, have a cross-over into the next Key Stage as there are pupils who will still be 7 years of age at the beginning of KS 2, 11 years of age at the beginning of KS 3 and 14 years of age at the beginning of KS 4, this being due to where their date of birth falls during the traditional academic year which the majority of schools adopt according to the timings of national assessments, pupil intakes and transitions.

### a) The Complexity of Special Educational Needs (SEN)

Special Educational Needs in English schools has had a long history and evolution. *The Education Act (1944)* originally established that children’s education should be based on their age and ability with eleven categories of ‘handicap’ being used to label the needs of children with perceived barriers to their learning. These categories included, for example, ‘delicate’, ‘blind’, ‘maladjusted’ and ‘educationally sub-normal’ (Ministry of Education, 1944). The term ‘Special Educational Needs’ was introduced in the *Warnock Report* (Department for Education and Science (DES) 1978) to move away from this overly medical classification/categorisation of pupils and terminology as originally used in the 1944 Act.

Warnock considered the complex meaning of ‘handicap’ in an educational context in her Report and stated that:

...we called attention to a wide range of things which a child needs to learn as part of his education. Besides his academic studies he must learn, for example, how to accommodate himself to other people. He must also learn what will be expected

of him as an adult. Any child whose disabilities or difficulties prevent him from learning these things may be regarded as educationally handicapped... There is no agreed cut and dried distinction between the concept of handicap and other related concepts such as disability, incapacity and disadvantage.  
(p36)

Warnock further stated that it was impossible to establish any precise criteria for defining what constitutes 'handicap' as the idea of two categories of children (the handicapped and the non-handicapped) was so deeply entrenched in educational thinking at the time, with those deemed to be handicapped requiring special education, and the non-handicapped 'ordinary education'. Warnock called for a more positive approach and highlighted that the complexities of individual needs were far greater than this dichotomy implied; this idea was presented through the adoption of the concept of Special Educational Need (SEN) which related to the whole child – abilities as well as disabilities plus factors which had a bearing on a child's educational progress – rather than a deficit 'handicapped' model with its focus on a child's disabilities only. There was a clear message that all children needed to be viewed holistically, not by any labelled condition, and that their needs should be met within the mainstream school. The 1978 Warnock Report proved to be a milestone in the history of education particularly relating to the creation and development of school provision for pupils with SEN and the creation of the contemporary SENCO role in its embryonic form.

A year after the Report's publication a Conservative government, with Margaret Thatcher as Prime Minister, returned to power. Two years later, the Warnock Committee's recommendations formed the basis of the 1981 *Education Act* which gave parents new rights in relation to special needs, urged the integration of children with special needs into mainstream classes and introduced the concept of 'statementing' for children with special needs with entitlement to support and funding. However, although this was radical for the time and far-reaching in terms of generating positive change for pupils with special educational needs, thirty years later in 2006 Warnock herself described the system she had been instrumental in creating as being 'needlessly bureaucratic' and called for the establishment of a new enquiry. Warnock commented on the very limiting nature of grouping all pupils into a single, named category (SEN) regardless of the nature of their individual need or area of difficulty. Warnock stated that:

One of the major disasters of the original report was that we introduced the concept of special educational needs to try and show that disabled children were not a race apart and many of them should be educated in the mainstream... the



unforeseen consequence is that SEN has come to be the name of a single category, and the government uses it as if it is the same problem to include a child in a wheelchair and a child with Asperger's, and that is conspicuously untrue. (House of Commons Education and Skills Committee, 2006. p. 16)

The idea that SEN is a single category creating a range of problems associated with conceptualising the continuum of need without a more explicit understanding (Ekins, 2012) had been further complicated by the varied use of the terminology across the range of services engaging with pupils and families where the language of special needs frequently became over-complicated and exclusive, generating significant consequences around confused communication between the services and the general understanding of a child's need. This over-complication and confusing use of language was identified by the Office for Standards in Education (OFSTED) (2010) who stated that,

The language of special educational needs has become highly contentious and confusing for both parents and professionals. Health services refer to 'disabled' children; social care services to 'children in need'; education to 'special educational needs,' or, after the age of 16, to 'learning difficulties and/or disabilities.' The children and young people may find themselves belonging to more than one of these groups but the terms do not mean the same thing and they have different consequences in terms of the support that the young person will receive. (OFSTED, 2010. p. 8)

OFSTED noted that the legislation around SEND was far reaching with a, 'tendency to add to rather than replace what is already there' (OFSTED, 2010. p. 59). However, previous to OFSTED's commentary, some measures were taken in order to provide clarity for the parents of children with SEN. Established as a response to the October 2007 House of Commons Education & Skills Committees' report on Special Educational Needs: Assessment and Funding, the *Lamb Inquiry into Special Educational Needs and Parental Confidence* (Department for Children, Families and Schools (DCFS), 2009) chaired by Brian Lamb, reviewed and explored a range of approaches where parental confidence in the SEN assessment process could be enhanced. Lamb commented on the inconsistency of SEN practice:

Throughout the Inquiry one of the most striking features of the SEN system has been the variation that we have seen. We have seen widely varying levels of parental confidence and there is variation at local authority level in the wide range of different indicators: from overall levels of SEN and the SEN-non-SEN attainment gap, to levels of exclusions, the number of statements issued and the time in which they are issued. (p. 52)

In connection with these variations, OFSTED (2010) reported that the term SEN had been over-used and was too often applied to pupils who did not have a special educational need at all. This view was supported by Florian (2010) who stated that,

When students who encounter difficulties in learning are identified as having 'special educational needs,' an intractable cycle is formed – students are assigned membership of the group because they are judged to possess the attributes of group membership, and they are believed to have the attributes of the group because they are members of it.

(p. 65)

There had been increases in the numbers of pupils identified with SEN, from 10% of all pupils in 1995 to 18.2% of all pupils in 2010 (Department for Education, 2011) along with changes in the nature and range of the areas of need. The Department for Education (2011) identified that the term 'SEN' was associated with pupils falling behind in learning and achievement rather than with having a specific educational need thus resulting in groups within the overall school population being over-represented, such as pupils with SEN being more than twice as likely to be eligible for free-school meals, 'Looked-After-Children' being three-and-a-half times more likely to be assessed as having SEN compared to other children and summer-born children who had been assessed as having a 60% greater chance of being identified as having SEN than those children born in September of the same intake year.

Ekins (2012) believed that the frequent identification of such flaws called for radical reform of the system (p 32), this supported previous calls for reform which noted a significant need for improvement and change. The Department for Education (2011) used this variability in practice to plan for a series of reforms aiming to create a,

radically different system to support better life outcomes for young people; give parents confidence by giving them more control; and transfer power to professionals on the front line and to local communities.

(p. 4)

This commitment eventually led to the publication of the DfE/DH (2015) *Special Educational Needs and Disability Code of Practice for 0 to 25 years*. This new Code built on the earlier definition of SEN presented in the Education Act (1996) and the Department for Education and Skills' (2001) *Code of Practice* where it was stated that children had special educational needs if they had a learning difficulty which called for special educational provision to be made for them which was additional to, or different from, general educational provision made available for children in the school. The DfE/DH (2015) Code includes an additional statement which recognises

the broad definition covering young people from 0-25 years of age and that where a child/young person has a disability or health condition which requires special educational provision to be made, they will be covered by the SEN definition with the Code clearly referencing the legal obligations that schools and local authorities have towards children and young people who are disabled under the *Equality Act* (2010).

It is within this field of complex and detailed debate around the medical, social, psychological, economic, ideological and political nature of special educational needs that the SENCO operates, with questions on the nature of learning difficulty and how it results in a special educational need being at the core of a SENCO's understanding (Edwards, 2016). The next section of this review paper focuses on the evolution of the SENCO role in the context of this complexity, the challenges of defining special educational needs and the lack of clarity around their work in schools.

### 4.3 Defining the Role and Professional Identity of the Special Educational Needs Co-ordinator (SENCO)

The DfE/DH (2015) *Code of Practice 0 to 25* states that in an English school the SENCO has the day-to-day responsibility for the operation of SEN policy and the coordination of specific provision made to support individual children with SEN. In this role, the SENCO acts as the agent for their Head-teacher and board of governors who hold the responsibility for the overall management and quality of that provision within their school. The SENCO is also engaged with the Head-teacher and governing body in determining the strategic development of SEN policy and provision in the school. The *Code* makes it clear that, 'They will be most effective in that role if they are part of the school leadership team' (p. 97) and that Governing bodies of maintained mainstream schools and the proprietors of mainstream academy schools (including free schools) '**must** ensure that there is a qualified teacher designated as SENCO for the school' (DfE/DH, 2015. p. 97). It is interesting to see the emphasis (as indicated through their use of bold text) that the Department for Education and Department for Health place on the SENCO being a qualified teacher. A direction is also made that if the appointed SENCO in the school has not previously been the SENCO at that or any other school for a total period of more than twelve months they '**must**' achieve a National Award in Special Educational Needs Coordination within three years of appointment.

National standards-based training was not a new concept as the Teacher Training Agency published a set of National Standards for the teaching profession in 1998 which were then used by a variety of higher-education providers to create the learning outcomes for specific courses targeted at SENCO professional development. These National Standards for SENCOs (Teacher Training Agency (TTA), 1998) listed the following areas of SEN coordination: The strategic direction and development for

the provision to support pupils with special educational needs within the school; leading and managing staff; the effective development and deployment of staff and resources, and teaching and learning.

As National Standards for SENCOs were not new, neither was the requirement for schools to appoint a SENCO to coordinate provision for pupils with SEN as this had existed since the adoption by all state funded schools of the Department for Education and Employment (DfEE) (1994) *Code of Practice on the Identification and Assessment of Pupils with Special Educational Needs*. In their position within the school, the SENCO became central to the provision, procedures, funding and practices related to meeting the needs of pupils with SEN. The current DfE/DH (2015) *Code of Practice 0 to 25* has built upon this range of responsibilities in the light of significant change by stating that all schools must ensure that there is a qualified teacher designated as SENCO and that the SENCO has sufficient time and resources to carry out their role. All maintained schools, academies and free schools accept that they have responsibilities for special needs and that someone has to be named as their SENCO (Cowne et al, 2015). However, primary school SENCOs were already, before the introduction of the 2015 Code, full or part-time teachers and these SEN coordination responsibilities were additional to their normal class-teaching work-load (Wall, 2006; Rose, & Howley, 2007). This was a multi-faceted role which usually resulted in a busy SENCO trying to balance their varying responsibilities. This dual identity is difficult to define as the SENCO job and role are both embedded within the identity of the SENCO as first and foremost a teacher, albeit a teacher having a specialist remit within the school with a linked wide-ranging portfolio of responsibilities for the day-to-day management of provision for pupils with special educational needs and disabilities. However, this is not just specific to SENCOs as other teachers in primary schools combine a range of duties such as subject coordinators with their whole-class teaching commitments.

The terms 'job' and 'role' are often used interchangeably but there are arguments defining their difference: Armstrong (1997) defined a job as consisting of a group of finite tasks to be performed and duties to be fulfilled in order to achieve an end result, whereas a role described the part played by people in meeting their objectives by working effectively within the context of the organisation's objectives, structures and processes. The concept of a role is much wider as it is people and behaviour-orientated and is concerned with what people do (beyond the group of finite tasks allocated to them) and how they do it rather than concentrating narrowly on the job content. Hogg and Vaughn (2008) expanded this idea further by stating that roles represented a division of labour, furnished clear-cut expectations, provided information on how people within an organisation related to one another and furnished those in a role with self-definition and a place within that organisation. In this way, Armstrong (1997) stated that people at work were enacting a role and, through their

own interpretation and perceptions of how to behave within their work context, performed effectively within their situation. The SENCO role can, therefore, be defined through its inter-relation with being both a teacher and through being a school leader, someone who is both line-managed and who manages others.

For SENCOs there is a potential conflict within this multi-role as a teacher and a leader. The role contains the specific responsibilities and requirements of the job and what somebody holding it should or should not do. Boddy (2011) defined management as the activity/process of getting things done with the aid of people and resources, with a role in this case becoming the sum of the expectations that other people have of a person occupying a position, 'other people' in the SENCO case being fellow teachers, school managers, the pupils themselves, parents and external services/professionals. However, the 'job' of the SENCO is not defined only by others as the attitude of the SENCO to their job (whole and in parts) is a key factor as, according to Curtis and Curtis (1995), attitudes help to shape a person's behaviour at work providing a basis for expressing their values and helping them to adapt to their work environment. Davis (1989) stated that there is a need to understand this kind of 'multiple positioning that any person takes up in their day to day life' (p. 8) in an attempt to conceptualise the relation between each individual's day-to-day existence and social structures. In effect the *role* of the SENCO is determined by the key managerial and administrative duties and responsibilities outlined in the succession of Codes of Practice (DES 1996, DfES 2001 and DfE/DH 2015) and then finely tuned through the adoption of the learning outcomes and criteria as set out in the compulsory TTA (2009) National Award for SEN Coordination then further interpreted through the perceptions and expectations of other people (colleagues, parents, pupils, external services etc.). The *job* of the SENCO is determined by their different school contexts and direction from Head-teachers and line-managers set above the SENCO in the hierarchy of the school with the SENCO acting as teacher, administrator, manager and managed with both role and job changing according to the fluidity of special educational needs in relation to changing legislation and their schools' needs. This situation, to some extent, reflects the attitudes and beliefs of the society of that era (Soan, 2005) with the SENCO's attitude being affected by factors such as the nature of the work, their own individual needs and the school culture relating to the way things are done, the organisational structure/hierarchy and their own place within it (Curtis and Curtis, 1995). The nature of this type of change was identified by Shuttleworth (2000) who observed that the SENCO role encompassed more than being good at the job and that:

...it is a matter of joining the ranks of an army of dedicated professionals who have left the minimal Code of Practice definition far behind and who are now exercising real influence over the curriculum...'

(p. 2)

Farrell (2001) questioned the specialist role of the SENCO as *The National Standards for Special Educational Needs Co-ordinators* (TTA, 1998) presented principles of good teaching which applied to all teachers and pupils. Beyond the core purpose of the SENCO and the outcomes of SEN co-ordination and the *professional knowledge and understanding, skills and attributes* (Farrell, 2001, p. 75) there were statements in the TTA 1998 Standards which Soan (2005) identified as being relevant for every teacher but with the role and responsibilities of the SENCO changing in many schools in order to complement the developing inclusion agenda. Soan further stated that, 'The core purpose remains the same in essence, but the practical aspects of the role are altering in line with developing teacher expertise and individual children's needs. SENCOs have, during the last decade, been the conduits of knowledge and support in the field of SEN, helping individual pupils with SEN and staff in mainstream environments adjust to the changes demanded, first from integration and now inclusion policies. Bureaucracy and workload pressures undoubtedly have also influenced the rethinking of the responsibilities of a SENCO.' (p. 31)

Soan concludes her discussion with a key question: 'Is this role becoming a 'dinosaur', outstaying its usefulness, or is it going to survive as long as inclusive practice fails to be fully implemented?' (p. 31)

Garner (2009) strengthened the concept of the evolving SENCO when he identified that in many (but certainly not all) schools, the SENCO was a member of the school's senior leadership team and was able to influence strategic planning and policy decisions; that it was this aspect of the SENCO role which had created a significant move away from the coordination function to a more leadership-orientated one. However, twelve years before this, Crowther (1997) identified the range of the SENCOs' work and the different conditions they had in their varied schools before Garner noted the movement from coordination to leadership. Although the generic role title was the same, Crowther noted that the responsibilities of their role and the resources individual SENCOs had at their disposal to effectively realise this role were very different: SENCOs work in a very wide range of contexts. Some have no dedicated time for their work and manage few resources; others are full-time SENCOs managing large teams of teachers and assistants and have a responsibility for a significant budget. (p. 1)

Although now 'historical', the resonance of this statement still reverberates and still applies to the current situation for a significant number of SENCOs in their schools as there appeared to have been very little, if any, change over twenty years. Where

significant change did occur was in the requirement for SENCOs to successfully complete a programme of National training at Master's Degree Level as it became, in 2011, a Central Government requirement for new SENCOs to participate in compulsory training based upon a series of SEN Coordination criteria in order to be confirmed in their status. This created a new group of professionals as the 'traditional' educational landscape related to inclusive theory and practice changed along with the orientation of their management/leadership role.

Educational change in policy and practice continued as the previous Coalition (Conservative and Liberal Democrat) Government (2010–2016) followed by the current Conservative Government presented their ideology underpinned by a 'rolling back' of Local Authority influence through giving greater autonomy to individual Head-teachers and the forced establishment of Academies/Academy Trusts and Free Schools which determine their own curricula and conditions of service for teachers. This continuing change contributed to the reforms in the SENCO role which have occurred since the DfES (2001) *Code of Practice*, culminating in the recent requirements for SENCOs to have accredited status, although the central core of the SENCOs' responsibilities remained the same. With the emphasis on Head-teachers and Academy Trust Chief Executives determining the ethos/philosophy of their individual schools and/or group of schools the SENCO role, no matter how well defined through new legislation and national policy, was ultimately dictated by the views and priorities of their Head-teachers, school governing bodies or Academy Trust CEOs. In short, SENCOs must comply with their school's ethos even if the school's senior leadership team has a low priority for meeting the needs of children with SEND/developing special provision or in establishing an inclusive learning community.

The management of the DfE/DH (2015) *Code of Practice: 0 to 25* graduated approach to special educational needs created the core of a SENCO's 'Legal Contract', this being the key elements within the Code which SENCOs *have* to address according to legislative and statutory guidelines. This consists of a process of identifying, assessing and analysing children's needs; SENCOs and teachers (working in partnership with parents) planning adjustments and then putting in place effective interventions and provision with the teacher remaining responsible for working with the children on a daily basis but with the SENCO supporting/advising the class teacher on the implementation of provision. The SENCO plays a key part in reviewing the effectiveness of the support and interventions, with children holding an Education and Healthcare Plan (EHC) which is formally reviewed every twelve months. This graduated approach created the stages that children progress through on the way to having their personal needs fully met and crafted the core of SENCOs' duties, along with the planning and preparation for transition planning for children with SEND. The 2015 *Code* stated that SENCOs should be aware of the local offer

for the provision of pupils with special educational needs as provided by the Local Authority and school and that they should work with other professionals in order to support families, making sure that children with special needs received support and high-quality teaching (DfE/DH, 2015. 6.89). The key components of effective communication and successful liaison/partnership working had been previously identified nearly twenty years ago by Cowne (1998) who stated that SENCOs needed to develop excellent listening skills to participate in productive dialogues. To be able to listen and to participate in these dialogues the Teacher Training Agency stated that SENCOs required the attributes of confidence, enthusiasm, reliability, flexibility and good communication skills (TTA, 1998).

But what does a contemporary English primary school SENCO actually 'do' in 2019? The 2015 Code lists the key responsibilities of the SENCO as follows:

- Overseeing the day-to-day operation of the school's SEN policy;
  - Co-ordinating provision for children with SEN;
  - Liaising with the relevant Designated Teacher where a looked after pupil has SEN;
  - Advising on the graduated approach to providing SEN support;
  - Advising on the deployment of the school's delegated budget and other resources to meet pupils' needs effectively;
  - Liaising with parents of pupils with SEN;
  - Liaising with early years providers, other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies;
  - Being a key point of contact with external agencies, especially the local authority and its support services;
  - Liaising with potential next providers of education to ensure a pupil and their parents are informed about options and a smooth transition is planned;
  - Working with the Head-teacher and school governors to ensure that the school meets its responsibilities under the Equality Act (2010) with regard to reasonable adjustments and access arrangements;
  - Ensuring that the school keeps the records of all pupils with SEN up to date.
- (DfE/DH, 2015, p. 97–98)

## 5 Conclusion

In the light of this range of responsibilities, Edwards (2015) stated that, 'The SENCO role is huge! (p. 28), but these responsibilities only list the procedural and 'legal contract' expected of SENCOs and does not reflect on how the role is interpreted and moulded in each individual school irrespective of the Code or the compulsory



SEN Coordination Award learning outcomes. This makes any attempt to create a 'generic' SENCO model or any precise definition which is designed to capture the full extent of the role and the job redundant in the end. Thus, any reflection on what a contemporary SENCO *does* and what their role *is* cannot be properly made without a detailed critical exploration of their diverse range of duties, their different working practices, their own specialist knowledge of special educational needs and disabilities, their unique professional/personal experiences, individual school priorities, differing conditions of service, their support from school leaders and colleagues and the degree of autonomy given to them by their Head-teachers and governors for them to act as transformational leaders across the whole school community. As Edwards did correctly state, the SENCO role is, indeed, 'huge'!

## Postscript

In this review paper, the point is forcibly made that the field of Special Education in England is constantly being re-assessed, re-structured and re-imagined. Most of this re-structuring is through the ideological influences of a succession of political parties (both Left and Right wing) being in Government; each 'new' Government generally making significant changes to the legislation, policies and guidelines set out by the previous Government. The field of Special Education in England only mirrors the general situation for educational policy as a whole; one example of political/ideological intervention in this context is the frequently changing name of the Government department responsible for national educational policy. In this review paper the different names used for the department are mentioned several times in relation to legislation and guidance; in order to maintain clarity, and to maintain the provision of a general overview for comparative purposes, the following table is provided:

**Table 2:** *Overview of Government Education Department Nomenclature (according to political party in office) 1976 to 2019*

Year(s)	Title for the Education Department	Government	Prime Minister	Examples of Milestones (directing national policy for SEND in England and impacting on provision for SEND in schools)
1964 to 1979	The Department for Education and Science (DfES)	1974 to 1979 Labour	Harold Wilson (1974 to 1976)  James Callaghan (1976 to 1979)	<ul style="list-style-type: none"> <li>• 1977–78 Warnock Report (<i>The term 'Special Educational Needs' first used</i>)</li> </ul>

1979 to 1992	The Department for Education and Science (DfES)	1979 to 1997 Conservative	Margaret Thatcher (1979 to 1990)	<ul style="list-style-type: none"> <li>• 1981 Education Act (<i>Warnock Report is 'activated'; the role of the 'SENCO' is established</i>)</li> <li>• 1988 The Education Reform Act (<i>Introduction of the National Curriculum, OFSTED inspections, local management of schools, SATS and school league tables</i>)</li> <li>• 1993 Education Act (<i>Promoted the education of pupils with SEN in mainstream schools</i>)</li> </ul>
1992 to 1995	The Department for Education (DfE) then...		John Major (1990 to 1997)	
1995 to 1997	The Department for Education and Employment (DfEE)		<ul style="list-style-type: none"> <li>• 1994 (the first) Code of Practice on the Identification and Assessment of SEN (<i>Role of SENCO made mandatory</i>)</li> <li>• 1994 UNESCO Salamanca Statement (<i>A call for international action on Inclusion for all children and adults</i>)</li> </ul>	
1997 to 2001	The Department for Education and Employment (DfEE)	1997 to 2010 Labour	Tony Blair (1997 to 2007)	<ul style="list-style-type: none"> <li>• 1998 SENCO Standards (<i>A set of non-compulsory standards for the role of SENCO established</i>)</li> <li>• 2001 (the second) Revised Code of Practice (<i>Increased parental &amp; pupil involvement in decision-making. Improved administration of identification and provision for SEND</i>)</li> <li>• 2001 Special Educational Needs and Disability Act (SENDA) (<i>Strengthened rights of parents &amp; pupils to access mainstream education. Included 'reasonable steps' &amp; practical advice for including pupils with disabilities</i>)</li> <li>• 2003 Every Child Matters (ECM) (<i>Introduced agency collaborative working. Working towards social as well as educational inclusion</i>)</li> <li>• 2004 Removing Barriers to Achievement – the Government's Strategy for SEN (<i>A sustained programme of action supporting integrated services and provision for all</i>)</li> </ul>
2001 to 2007	The Department for Education and Skills (DfES)		Gordon Brown (2007 to 2010)	

			<ul style="list-style-type: none"> <li>• 2004 Children Act <i>(The legal framework for the above programme of reform – with a focus on vulnerable children)</i></li> <li>• 2006 Primary Review <i>(Recommendations made for future policy on SEN)</i></li> <li>• 2006–2020 Vision: The Children Plan <i>(Focus on the development of 'personalised/differentiated learning')</i></li> </ul>
2007 to 2010	The Department for Children, Schools and Families (DCSF)		<ul style="list-style-type: none"> <li>• 2007 The Inclusion Development Programme (IDP): A part of the National Strategies <i>(Materials designed to improve the skills &amp; knowledge of teachers: strategies for pupils with SEN– Dyslexia; Social/Emotional &amp; Behavioural Difficulties, Speech/Language &amp; Communication Needs and Autistic Spectrum Disorders)</i></li> <li>• 2008 The Bercow Report <i>(A series of recommendations on transforming provision for children and young people with Speech/Language and Communication Needs (SLCN))</i></li> <li>• 2008 The Education (Special Educational Needs Co-ordinators: England) Regulations <i>(A SENCO is now required</i> – <i>To be a qualified teacher</i> – <i>To complete an induction period under regulations made under section 19 of the Teaching and Higher Education Act 1998</i> – <i>To be working as a teacher at a school)</i> – <i>To successfully attend a compulsory national qualification at Master's Degree Level)</i></li> <li>• 2008 The Lamb Inquiry: Special Educational Needs and Parental Confidence <i>(51× Recommendations made on improving the identification, assessment and meeting individual needs)</i></li> <li>• 2010 The Equality Act <i>(Reviewed the 2001 Disability Discrimination Act and structured all equality-related legislation into one)</i></li> </ul>

				<ul style="list-style-type: none"> <li>• 2010 Improving Parental Confidence in the Special Educational Needs System: An implementation plan (<i>All 51 of Lamb's 2008 recommendations were accepted and implemented</i>)</li> </ul>
2010 to 2019	The Department for Education (DfE)	2010 to 2014 Coalition (Conservative/Liberal Democrat) then  2014 to 2019 Conservative	David Cameron (2010 to 2014)  David Cameron (2014 to 2016)  Teresa May (2016 to 2019)	<ul style="list-style-type: none"> <li>• 2010 OFSTED: The Special Educational Needs and Disability Review (a statement is not enough) (<i>Report commissioned to evaluate how well the legislative framework and arrangements serve children &amp; young people with SEN</i>)</li> <li>• 2014 The Children and Families Act (<i>Reformed legislation relating to children and young people with SEND</i>)</li> <li>• (2014) Reformed in 2015 (<i>the third</i>) Special Educational Needs and Disability Code of Practice: 0 to 25 years (<i>Joint Department for Education and Health providing statutory guidance for organisations that work with, and support, children and young people with SEND</i>)</li> </ul>

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# Czech national project of clinical practice guidelines development and its implementation in special education

(Scientific paper)

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**Abstract:** *This statement paper provides a brief and clear background to the evidence-based medicine concept, systematic reviews and the development of clinical practice guidelines using the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) system and focuses on their application in the field of special education.*

*Its main objective is to suggest ways of applying clinical practice guidelines in the field of special education. The paper presents the first Czech national project for developing clinical practice guidelines mainly in the field of medicine and clinical practice with the main investigator being the Czech Health Research Council (AZV ČR). Some of the guidelines prepared within the project are relevant to special educators and the paper suggests that special teachers use the recommendations in their practice and in higher education. Moreover, it proposes that it is possible and useful to develop guidelines using the rigor of the GRADE methodology as described above, for issues directly pertaining to the field of special education, or education in general. In that process, it may be necessary to identify the challenges typical for the field of education and to suggest possible solutions. Finally, recommendations for special educators, for future research and for policy-makers are formulated. Specifically, the paper suggests that policy-makers, such as the Ministry of Education, Youth and Sports, develop national strategies for special-educational diagnostics and intervention based on rigorous methodology as described on the example of the Czech national project of guideline development in medicine and place special focus on the ethical aspects, social impacts and values and preferences of target populations.*

**Keywords:** *clinical practice guidelines, GRADE, special education, special educational needs, national educational policies*



## 1 Introduction

In medicine, traditionally, physicians had been forming their clinical decisions on the available knowledge and clinical expertise. Logically then, the highest ranking experts with the presumably most accumulated knowledge and practice had been the ones to make the final decisions on the course of action and to guide the less experienced clinicians under their care.

As the medical field became more and more complex in the 20<sup>th</sup> century, some limitations to the above described approach have been observed; below are only a few of many examples:

- In case of rare diseases and conditions, the clinical expertise of one or few clinicians is insufficient to draw reliable conclusions.
- The view of one or few clinicians may be influenced by various biases, be it cultural and political norms, any form of prejudice, a form of specialisation that may draw a certain group of patients more than others and create the illusion that the condition is more common.
- Decisions may be based on the available knowledge, skills or equipment, rather than the best recognised standard of practice.
- Decisions in medicine are seldom a direct result of knowledge, information or evidence. Usually, there is a great number of factors to be taken into consideration (patient values, feasibility, cost effectiveness and many others) – this is a formidable task for any clinician to attempt to undertake alone.

Moreover, as we are dealing with an increasing number of information and research evidence, it is creating an added strain on the medical doctors, young and old alike. Much of the evidence, it must be noted, is invalid or irrelevant or too biased to be considered trustworthy. The issues of differentiating between the reliable evidence and of drawing conclusions from the growing body of information pose a pressing challenge. Evidence-based medicine is currently considered to be the best method of dealing with the described issues and the field is rapidly evolving.

### **Evidence-based medicine**

*“Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.” [1]*

It should be noted here, that the common misconception that evidence-based medicine only draws on randomised controlled trials (RCTs) and considers any other evidence as invalid is outdated. There are many clinical questions that cannot

be supported by evidence from RCTs and in EBM it is possible and necessary to incorporate non-randomized studies (NRS) into the decision-making process. [2] To describe this issue in more detail is outside of the scope of this article, however.

An integral part of evidence-based approach is the development of secondary research in the form of a systematic review. Organisations such as Cochrane Collaboration [3] or JBI Collaboration [4] have dedicated to improving health outcomes globally by producing research evidence related to evidence-based healthcare. Some organisations (eg. The Campbell Collaboration, [5]) include special subsections dealing with other than healthcare fields (eg. disabilities or education). Evidence-based approach may be applied to any field of human endeavour.

### Systematic reviews

Systematic reviews, a form of secondary research, “aim to provide a comprehensive, unbiased synthesis of many relevant studies in a single document using rigorous and transparent methods. A systematic review aims to synthesize and summarize existing knowledge.” [6] [7] One form of data analysis used in systematic reviews is called a meta-analysis. A general overview of the most commonly used steps in the process of the systematic review development is shown in Table 1.

**Table 1:** General steps in the formation of a systematic review (JBI, [6])

General steps in creating a systematic review according to the JBI manual [6]	Notes
Formulating a review question	Should be sufficiently detailed and use a PICO format (or modifications as applicable)
Defining inclusion and exclusion criteria	Detailed and defined ahead of the search
Locating studies through searching	Specified databases, date of search, search terms, the whole search strategy in appendix
Selecting studies for inclusion	A list of excluded studies and reasons for exclusions in appendix, detailed and transparent
Assessing the quality of studies	Using standardised assessment tools
Extracting data	Using a standardised and pre-specified data extraction tool
Analysing and synthesizing the relevant studies	Meta-analysis or other forms of analyses as applicable
Presenting and interpreting the results, potentially including a process to establish certainty in the body of evidence (through systems such as GRADE)	Transparent, describing the rationale in detail, including conflict of interest, funding and other important information

### Clinical practice guidelines

Systematic reviews, then, as a body of evidence accumulated and systematically analysed to answer a specific review question, are the stepping stone for the development

of clinical practice guidelines. The process of guideline development aims to formulate specific recommendations for action and practice to end-users. [8]

*“Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.” [9]*

Although, the paper has, so far, been focusing on the field of medicine, it must be emphasised at this point, that guidelines may concern professionals from all kinds of fields and each guideline should, ideally, clearly and in a visible space specify the end-users and state all the concerned professions and stakeholders. There are medical guidelines that, although primarily dealing with medical issues in the clinical setting, also concern, in part, special educators. Examples are presented in the paper.

It should also be mentioned here that, in the process of implementing evidence (ie. going from evidence through guideline development to practice), both individual clinical expertise and the best available external evidence needs to be considered and neither alone is enough. *“Without clinical expertise, practice risks becoming tyrannised by evidence, for even excellent external evidence may be inapplicable to or inappropriate for an individual patient. Without current best evidence, practice risks becoming rapidly out of date, to the detriment of patients.” [1]*

Currently, the most respected organisation dealing with the methodology of guideline development is the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) Working Group. [10] The GRADE Working Group is a collaboration of various experts, mainly methodologists and clinicians. In 2000, the group proposed a system for developing recommendations, which is described in the GRADE Handbook. [11] The GRADE system has been used by an increasing number of organisations across the globe. Although the development of guidelines or sets of recommendations is not new, what is new is the systematic methodology that is being continually revised and refined and the aim to adopt a unified approach by professional organisations developing guidelines. Table 2 lists simplified general steps in the guideline development.

**Table 2:** *General steps in the guideline development (GRADE, [11])*

Specifying health care/clinical questions
Choosing outcomes of interest and rating their importance (e.g. mortality as an outcome may be more important in the decision-making process than minor adverse events)
Evaluating the available evidence (not based on the study design only – a more rigorous methodology needs to be used)
Considering evidence in light of values and preferences of patients and society, feasibility, cost effectiveness, equity, and other important factors
Formulating recommendations based on evidence and expert consensus, if needed
Suggesting ways of implementation into practice

## 2 Guideline development in the Czech Republic

Many professional medical organisations in the Czech Republic develop guidelines in one form or another. At present, however, there are no Czech organisations that use the GRADE system for developing guidelines. The methodology of developing guidelines by Czech medical organisations is not transparent. They usually only contain a general statement that the guideline was developed based on the current evidence, often without a direct link to the supporting evidence. [12–14]

There is a pressing need, therefore, to develop and implement a national strategy for developing guidelines that would reflect the latest scientific and methodological standards. The first Czech national project for developing clinical practice guidelines that was formed based on the identification of that need is currently underway and has over 40 guidelines in different stages of development (see Figure 1 for example). [15] The project's main investigator is the Czech Health Research Council (AZV ČR) and is partnered by the Ministry of Health of the Czech Republic and the Institute of Health Information and Statistics of the Czech Republic. The project guarantees a consistent level and quality of the developed guidelines, and hopes to improve the provided health services.

The project involves experts in epidemiology, biostatistics, public health, health services agencies and in the respective medical fields. It already prepared a uniform methodological approach [16] for the preparation of guidelines, education [17] and training in the guideline development and established cooperation with many professional medical organisations in the Czech Republic as well as abroad. The list of guidelines underway is available online. [18] The topics range across all medical fields, such as cardiology, neurology, oncology, many of which concern more health care professionals and in some cases also other professionals within or outside of the health care system. Some guidelines touch on public health issues such as vaccination or deal with diagnostic methods that are being used in all medical fields.

### **The methodology of guideline development**

The purpose of the Czech clinical practice guidelines is to:

- provide recommendations and procedures for the diagnostic and therapeutic process in clinical practice when deciding on the course of action;
- ascertain priorities by Ministry of Health;
- provide basis for determining the need of equipment, medications etc.;
- enable the development of quality assessment criteria in healthcare;
- provide materials for undergraduate and postgraduate education;
- foster communication between patients and healthcare personnel and provide information for patients.

## 2. Léčba HCV

### 2.1 Detekce viremické HCV infekce a rozhodnutí o léčbě

Klinická otázka 4: Detekce viremické HCV infekce a rozhodnutí o léčbě

P (Patient)	Osoba s prokázanou HCV infekcí
I (Intervence)	Detekce sérové HCV RNA
C (Komparace)	HCV negativní populace
O (Výstup)	3. Prevalence HCV RNA pozitivní infekce v testované skupině 4. Procentuální část infikovaných osob, u kterých byla zahájena protivirová léčba přímo působícími virostatiky (DAA).

#### Doporučení 4

Doporučení/Prohlášení	GRADE	
	Úroveň	Síla
Phi reaktivním serologickým vyšetření anti-HCV protilátek je doplněnou a preferovanou strategií ke stanovení diagnózy viremické HCV infekce vyšetření HCV RNA kvantitativní nebo kvalitativní metodou detekce nukleových kyselin (NAT). Eseje detekující HCV core (p22) antigen, které mají s NAT srovnatelnou klinickou senzitivitu, jsou alternativou NAT v indikasi diagnózy viremické HCV infekce <sup>1</sup> . Legenda: 1. Metody detekce HCVcAg nejsou v ČR dostupné, zanechávají další významnou pozici.	ⓈⓈⓈⓈ	↑↑
	ⓈⓈⓈⓈ	↑?

#### 2.1.1 Vychodiska pro použití detekce nukleových kyselin pro průkaz viremické HCV infekce

Detekce anti-HCV protilátek slouží k průkazu aktivní nebo prodělané HCV infekce (ji. expozice HCV) a k rozlišení, kdo potřebuje další vyšetření (konfirmaci aktivní virové replikace) a kdo nikoliv. Přibližně 15–45% osob, které jsou infikovány HCV je schopno spontánně HCV infekci eliminovat<sup>(27)</sup>. Tyto osoby jsou anti-HCV pozitivní, avšak nejsou infikovány HCV. Diagnóza viremické HCV infekce u osob anti-HCV pozitivních odliší osoby, které jsou aktivně infikovány a které jsou indikovány k léčbě od osob se spontánní eliminací infekce. Tato diagnostika se provádí použitím NAT technologií, které detekují HCV RNA.

##### 2.1.1.1 Testování nukleových kyselin (NAT)

K detekci viremické HCV infekce jsou dostupné kvantitativní a kvalitativní metody. Kvantitativní NAT se ve velké míře používá pro hodnocení virové nálože a identifikaci osob

Národní portál  
klinických doporučených postupů  
Projekt: Klinické doporučené postupy  
registrační číslo: CZ.03.2.63/0.0/0.15\_039/0008221

## Časná diagnostika a léčba chronické virové hepatitidy C

Adaptované doporučené postupy:

1. Guidelines for the care and treatment of persons diagnosed with chronic hepatitis C virus infection. WHO; Vydáno Ženevě v červenci 2018, dostupné [DĚ](https://www.who.int/hepatitis/publications/hepatitis-c-guidelines-2018/en/)

<https://www.who.int/hepatitis/publications/hepatitis-c-guidelines-2018/en/>

2. Guidelines on hepatitis B and C testing. WHO; Vydáno v Ženevě v únoru 2017, dostupné na

<https://www.who.int/hepatitis/publications/guidelines-hepatitis-c-b-testing/en/>

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Figure 1: An example of a title page and a chapter containing recommendations in clinical practice guideline on the testing and treatment of hepatitis C virus infection

Guidelines may be developed using the process of adaptation, in which the available guidelines are assessed using the AGREE II instrument [19] and the methodologically best guideline is translated and applied in the Czech Republic. Another option is the process of adolopment, which is used when an existing foreign guideline needs some changes to be applicable to the Czech healthcare. The most time-consuming and resource demanding process is developing guidelines *de novo*. It is used when there are no existing guidelines available for the given clinical question or the existing guidelines are not suitable for adaptation/adolopment.

In the GRADE system, evidence compiled by systematic reviews is assessed based on criteria for downgrading and upgrading and a final quality of evidence level is determined (see Table 3). Observational studies start with low quality of evidence and can be upgraded, if we are certain in the results. RCTs start with high quality of evidence and can be downgraded for risk of bias and other factors.

**Table 3:** *Quality of evidence using the GRADE system*

GRADE		
Quality of evidence	Symbol	Explanation
high	⊕⊕⊕⊕	We are <b>very confident</b> that the true effect lies close to that of the estimate of the effect.
moderate	⊕⊕⊕⊖	We are <b>moderately confident</b> in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
low	⊕⊕⊖⊖	Our confidence in the effect estimate is <b>limited</b> : The true effect may be substantially different from the estimate of the effect.
very low	⊕⊖⊖⊖	We have <b>very little confidence</b> in the effect estimate: The true effect is likely to be substantially different from the estimate of effect.

Recommendations that are formulated by a wide expert panel can either be strong, if we are confident in them, or weak, if new evidence is very likely to change the recommendation (Table 4). Strong recommendations can sometimes be made based on low or even very low quality of evidence. Similarly, even high quality of evidence can lead to formulating a weak recommendation. It is *not true*, therefore, that RCTs are always of high evidence and always lead to strong recommendations.

**Table 4:** *Strength of recommendations using the GRADE system*

GRADE	
Strength of recommendation	Symbol
Strong for an intervention	↑↑
Weak for an intervention	↑?
Weak against an intervention	↓?
Strong against an intervention	↓↓

Within the Czech guideline development project, guidelines using various methodologies are adapted, and consequently transformed into the GRADE methodology. An example of a transformation table from one methodology to GRADE is provided below. (Table 5)

**Table 5:** Transformation of the quality of evidence according to SIGN methodology to the GRADE system

SIGN		GRADE	
Level of Evidence	Quality of evidence	Symbol	Explanation
1++	high	⊕⊕⊕⊕	We are <b>very confident</b> that the true effect lies close to that of the estimate of the effect.
1+			
1-	moderate	⊕⊕⊕⊖	We are <b>moderately confident</b> in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
2++			
2+	low	⊕⊕⊖⊖	Our confidence in the effect estimate is <b>limited</b> : The true effect may be substantially different from the estimate of the effect.
2-	very low	⊕⊖⊖⊖	We have <b>very little confidence</b> in the effect estimate: The true effect is likely to be substantially different from the estimate of effect.
3			
4	EC	EC	<b>Expert consensus</b>

### Using guidelines in special education

As mentioned above, some guidelines being developed by the Czech national project may concern non-healthcare professionals, i.e. special teachers, among others. Some of the guidelines that are being prepared and may be of use to special educators are guideline on Diabetes mellitus type I, on the treatment of autoimmune neuromuscular diseases and on the treatment of convulsive status epilepticus in children and adults. [18] As the project progresses, more guideline topics will be added. For quick orientations and use in practice, executive summaries (see Figure 2) will be prepared for each guideline that will serve as overviews of the most important messages and recommendations.

Moreover, it is also possible to develop guidelines using the rigor of the GRADE methodology as described above, for issues directly pertaining to the field of special education, or education in general. In the world, the practice of guideline development is slowly spreading from the fields such as medicine, clinical practice or nursing to all other fields of human endeavour. Even in fields such as education, in which there are few RCTs and many issues may only be dealt with based on qualitative evidence, it is possible and useful to create systematic reviews and develop guidelines using the GRADE system. In that process, it may be necessary to identify the

# Použití inzulinové pumpy a glukózových senzorů u pacientů s diabetem léčených inzulinem

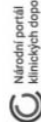
Adaptovaný doporučený postup

Diabetes Technology — Continuous Subcutaneous Insulin Infusion Therapy and Continuous Glucose Monitoring in Adults: An Endocrine Society Clinical Practice Guideline (2016)

Continuous Glucose Monitoring: An Endocrine Society Clinical Practice Guideline (2011)

a update výše uvedených

Advances in Glucose Monitoring and Automated Insulin Delivery: Supplement to Endocrine Society Clinical Practice Guidelines (2018)



Národní portál  
klinických doporučených postupů

Projekt: Klinické doporučené postupy

Registrační číslo: CZ.03.2.69/0.0/0.0/15\_039/0008/21

2.1.2. Doporučujeme použití otevřené kontinuální monitorace glukózy u dospělých pacientů s diabetem 1. typu s výjimečnou kompenzací, kteří jsou ochotni a schopni používat tyto přístroje téměř denně. [1] [1] [1] [1] [1]

## Důkazy

Studie IDEE ukázala, že v porovnání se standardním selfmonitoringem osobními glukometry dokáže použití otevřené kontinuální monitorace glukózy u pacientů s diabetem 1. typu s glykemickým hemoglobinem nižším než 53 mmol/mol snížit výskyt biochemicky potvrzené hypoglykémie (definované jako glykémie nižší než 3,9 mmol/l) a udělat hodnoty glykovaného hemoglobinu pod 53 mmol/mol během 6 měsíců trvání studie. Ze 129 osob zahrnutých do studie bylo 62 (48 %) mladších 25 let a 67 (52 %) bylo starších 25 let. Medián denní doby strávené s hladinou glukózy pod 3,9 mmol/l byl u skupiny s otevřenou kontinuální monitorací glykémie nižší než v kontrolní skupině; ovšem rozdíl nedosáhl statistické významnosti. V této studii vyšly téměř všechny analyzy (včetně denní doby s 3,3 mmol/l, denní doba mezi 4,0 a 10 mmol/l a kombinovaného cíle zahrnujícího glykovaného hemoglobinu a hypoglykémie) ve prospěch skupiny s otevřenou kontinuální monitorací glykémie v porovnání s kontrolami. Léčebný efekt byl obdobný napříč všemi věkovými skupinami [89]. Pro uživatele otevřené kontinuální monitorace glukózy ve věku od 25 let byla míra incidence těžké hypoglykémie během 6měsíční studie 21,8 udiostí na 100 pacient/rok a během 6 měsíců observace po studii 7,1 udiostí na 100 pacient/rok. U pacientů s glykovaným hemoglobinem pod 53 mmol/mol byla míra incidence těžké hypoglykémie během 6měsíční studie

Použití inzulinové pumpy a glukózových senzorů u pacientů s diabetem léčených inzulinem

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23,6 případů na 100 pacient/roků a 0 případů na 100 pacient/roků během 6měsíčního sledování uživatelů kontinuálního monitoru po skončení studie [91]. Tyto důkazy dlouhodobého zlepšení kompenzace glykémie ukazují na význam schopnosti a znalosti uživatelů technologií kontinuální monitorace glukózy a mohou sloužit jako východisko pro další výzkum a rozšíření hypoglykémie [91, 93]. V evropské/irizské multicentrické randomizované kontrolované studii zahrnující dospělá pacienty s diabetem 1. typu s glykovaným hemoglobinem <58,5 mmol/mol ukázala post hoc analýza, že u dospělých pacientů došlo ke snížení času stráveného v hypoglykémii pod 3,5 mmol/l o 50% (P<0,02) [94].

## 2.1.2.1. Pediatrie

Předchozí doporučené postupy ES doporučují CGM pro pediatrické pacienty s hodnotami HbA<sub>1c</sub> 53 mmol/mol pro snížení rizika hypoglykémie a pro pacienty s HbA<sub>1c</sub> nad 53 mmol/mol, kteří jsou schopni používat přístroj téměř na denní bázi. Tyto doporučené postupy ovšem nebyly určité pro děti pod 8 let. Doporučené postupy ES z roku 2011 doporučovaly občané používat CGM pro porozumění výkyvům glykémie a/nebo změnám v inzulinovém režimu [95].

Nedávno publikovaná doporučení od Lafuze et al. [96] poskytují přehled, kdy použít CGM (např. u pacientů <2 roky, intenzivně léčených dětí s diabetem 1. typu, syndromu těžké hypoglykémie, vysoké variability glykémie, neschopnosti řídit inzulinovou terapii, sňahu obtížnosti sledování glykémie, u pacientů s cukrovkou, kteří chtějí používat CGM na téměř denní bázi, ochota se naučit přístroj používat a dále se edukovat, věk pacientů <6 prokoncepcií fetů). Autoři prezentují praktický přístup k použití trendových šipek na systému Dexcom G5 u dětí a adolescentů s diabetem.

Přístup navržený Lafuze et al. [96] kombinuje doporučení z Directive [97], Scheinera [98], a Pettuse a Edelmannem [99]. Pro dospělé pacienty je potřeba individuální přístup při volbě přístroje vhodného pro daného pacienta, se znalostí přednosti a slabín každého ze systémů.

Existují další témata ke zvážení při použití CGM u pediatrických pacientů. Situace ve škole může učinit CGM a vzdělání monitorování nurodným, protože rodiče mohou mít obavy a při narození, než co je schopni složit systém poskytnout. Eire et al. [100] ukázala doporučí 33 rodičů z 177 pokračovat v detakci pacientů s těžkými kontinuitním monitor se pediatrickým onemocněním, takže a pečují osoby uvedly zřetelné obavy a širší při použití CGM a celkové použití doplní a počet kontroly z použití přístroje.

Figure 2. An example of an executive summary of a Czech clinical practice guideline on the use of continuous insulin infusion therapy in diabetes mellitus type I (title page and one of the pages with recommendations)



challenges typical for the field of education and to suggest possible solutions and it is suggested that researchers and methodologists deal with this issue in future research, starting by performing a search of literature on the methodology of guideline development in education and special education, analysing existing guidelines and consulting with respected organisations dealing with guideline development in the fields, and concluding by forming a list of possible challenges and solutions. (See *Recommendations for future research* below.)

In the Czech Republic, moreover, a system of supportive educational measures is being preferred for education of pupils with special educational needs and it is declared that the system aims for the preference of the inclusive form of education of that group of pupils. The practical implementation of the system of inclusive education has, so far, been drawing primarily on expert opinions and experience and is lacking research evidence. It is in the interest of the Ministry of Education, Youth and Sports of the Czech Republic as well as of the university research institutions to develop guidelines for special-educational diagnostics and intervention based on rigorous methodology as described on the example of the Czech national project of guideline development in medicine. Some of the most pressing issues to be addressed by developing guidelines are:

- the identification of populations of pupils with special educational needs (according to age, type of needs and functional abilities and other characteristics) for whom other forms of education besides the full or partial inclusion should be preferred. The outcomes to be considered here are the effect of inclusive education on peer-relationships and social competencies, academic outcomes, cognitive skills, self-concept, etc.
- the identification of the most effective teaching methods that may be transferred to the socio-cultural specifics of the Czech educational environment.
- the integration of research evidence dealing with the experiences of pupils with special educational needs (and their parents, teachers and classmates) with inclusive education within the process of the national educational policies development, with emphasis on the ethical aspects of inclusion.
- the identification of the most effective strategies for fostering the transformation of the educational environment in light of the philosophy of inclusive education and their implementation in the national setting; meaning strategies related to policy making, transformation of the school climate, attitudes of the teaching staff and all learners, teaching strategies, etc.
- the identification of the risks of inclusive education (e.g. bullying, ridicule or social exclusion of pupils with special educational needs) and the formation of strategies to overcome them.

A noteworthy development in this regard is the formation of Palacky University Evidence-Based Education working team: Mentee Centre, at the Faculty of Education in Olomouc, Czech Republic, that is affiliated with the Czech National Centre for Evidence-Based Healthcare and Knowledge Translation at the Medical faculty of the Masaryk University in Brno, and is the pride owner of the status of a mentee group under the JBI Collaboration in Adelaide, Australia. The aim of the working team is to establish, in due time, the Palacký University Center for Evidence Based Education and Arts Therapies and to dedicate to the creation and implementation of a secondary research in the field of education and arts therapies. One of the partial objectives of the working team could, in time, also be the use of guideline development methodology in the field of inclusive and special education.

### **3 Conclusions**

The article provides a brief and clear background to the evidence-based medicine concept, systematic reviews and the development of clinical practice guidelines using the GRADE system. Its main aim, however, is to suggest ways of applying clinical practice guidelines in the field of special education. It does so by introducing the first Czech national project of clinical practice guideline development with a rigorous and unified methodology based on the GRADE system and how the project is relevant to the field of special education. Special educators may find recommendations related to their field on the website of the project, although not all will be relevant. [18] Furthermore, the paper provides examples of Czech clinical practice guidelines and the methodology of their development. It also suggests to implement the GRADE system [11] into the guideline development processes in the field of education/special education and proposes ideas for future research below.

#### **Recommendations for special educators**

- to identify Czech clinical practice guidelines that are relevant to the field of special education and to use them in practice and in higher education [18].
- to become familiar with the rigor of methodology of developing guidelines using the GRADE system [11].
- to apply the GRADE system in developing guidelines in the field of special education.

#### **Recommendations for future research**

- to identify the challenges in developing guidelines in the field of special education and propose possible solutions in light of the current scientific knowledge in collaboration with the GRADE Working group – performing a search of literature,

analysing existing guidelines, consulting with respected organisations and providing recommendations for guideline development in the field of education/special education.

### **Recommendations for policy-makers**

- to develop guidelines for special-educational diagnostics and intervention based on rigorous methodology as described on the example of the Czech national project of guideline development in medicine.
- to integrate research evidence into national educational policies development process with rigorous methodology.
- to place special focus on the ethical aspects, social outcomes and all target groups' experiences, values and opinions (eg. that of pupils, their parents, teachers, assistants, classmates and others) in formulating recommendations for educational interventions and strategies.

### **Acknowledgment**

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# Practices and methods of early care in the Czech Republic: a guide to the social model

Hradilková, T. *Praxe a metody rané péče v ČR: Průvodce sociálním modelem*. Praha: Portál, 2018

## Reviewed by Zuzana Haiclová

Terezie Hradílková, who is the main author of the book, is the founder of the first early care center in the Czech Republic. She has been working with families in which a child with a disability was born for more than 25 years.

The book “Practices and Methods of Early Care in the Czech Republic: A Guide to the Social Model” by the author Terezie Hradilková and the team was published in 2018 in the publishing house Portál. The authors try to bring the reader closer to how early care works in practice in the Czech Republic and what work with families with a child with a disability entails. The publication provides an overview of the field of early care and all the components that belong to it.

The book is divided into ten chapters. The first chapter is entitled “Introduction, why and for whom the publication was created”. The author introduces the publication and acquaints the reader with the main reason for writing this book. She describes the importance and significance of early care. “Once upon a time” is the title of the second chapter. Readers can learn a brief history of early care. How this service came into being and how it has changed over time to its current form. By reading all the contexts that were linked to the development of early care, it is easier to understand why early care has a place in social services today. “The parents’ journey with early care” is the title of the third chapter. This is a very practical part of the book, which describes the course and forms of the service and introduces the reader to how the cooperation between the family and the early care counselor takes place. With the help of the chapter, the reader can go through the whole process and imagine the service better. The fourth chapter “What is the” social model “of early care in the Czech Republic?” explains what is the main goal of early care, approaches concepts such as social service, field service, etc. The fifth chapter entitled “What does quality early care mean” describes which specific areas of early care should not be underestimated.

Quality should be reflected in the methodology, early care management, but also, for example, in careful preparation for each consultation in the family. The sixth chapter provides a specific description of how early care is provided. It describes to whom the early care counselor pays attention and where this attention is directed. The beginning of the chapter outlines the situation in a family with a child with a disability. The circumstances and factors that the family experiences and that they have to deal with are described. The author also describes how the counselor works with the family. It brings the reader closer that outside the child with a disability and the parents, attention is also paid to the child's siblings and the whole community. "Specifics of early care by the type of disability" is the topic and title of the seventh chapter. It is gradually described here how to work with children with mental, combined, physical, visual impairment, with children with autism spectrum disorder, with children with hearing and rare neuromuscular diseases. Each of these groups of disabilities needs to be approached differently and the specifics of each type of disability need to be taken into account. In the eighth chapter entitled "Early care counselor and the provider's team" we can get acquainted with the prerequisites for performing the work of an early care counselor, what qualities, skills and experience she should have in order to perform the work well. The last, ie the ninth chapter acquaints the reader with the current situation of early care in the Czech Republic, is entitled "The current situation of early care in the Czech Republic in numbers". The content of the chapter points out that despite the fact that early care is expanding its capacity and the whole system is improving, this service is still not provided to all families who need it and the capacity of this service is insufficient. It also deals with the financing of early care, availability and awareness of early care.

The book continuously contains tips, advice, but also the lived experiences of client families, which pleasantly enrich the reading. The publication also contains several photographs that capture, for example, direct work with a child, a photo from joint events, or, for example, specific aids that are used in direct work with a child. The book is nicely and clearly structured, so the reader is better acquainted with the chapters and has the opportunity to find specific information that interests them more quickly.

After reading the book, the reader will be able to imagine what all early care work entails and involves. The publication legibly, clearly and sometimes even humorously describes the practice of early care. It provides a lot of answers to questions that can be asked by the parents of a child with a disability which might not occur to an expert. The book could be appreciated by people who are considering becoming early care clients, but also by social workers who are thinking about working in early care.

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# The Power of the Unspoken

PÖTHE, Petr. *Síla nevysloveného: příběhy z psychoterapie dětí a dospívajících*. Praha: Portál, 2020.  
ISBN 978-80-262-1589-9

Reviewed by Jiří Kameník

The unexplored corners of the human soul have fascinated readers around the world for decades. Intricate fates, old traumas and current problems of the main heroes find their way into readers hands in a form of a psychological thrillers (the one in front of me, Devilish games), autobiographical works on psychiatric treatment (**Sylvia Plath** – Under the Glass Bell, **Barbara Gordon** – I Dance As Fast as I Can) or in many fictional bestsellers by Irvin David Yalom (When Nietzsche Cried, Treatment with Schopenhauer, or Lies on the Sofa). **Torey L. Hayden** deals with the issue of therapy with a focus on the child client (Brat: The story of a child that no one loved, She-dragon and the fair-haired boy, The girl they didn't want).

This year, in the colorful cover of “**The Magician**” by Veronika Holcová, the Portal publishing house provided us with a title with a mysterious title: “**The Power of the Unspoken**”, which captures the fates of five children and adolescents in the process of psychoanalytic psychotherapy.

Through individual sessions, we delve deeper and deeper into the fates of these children, whose natural behaviour in the form of game transports us into the middle of the battlefield of inner emotions of loss, betrayal, sadness and self-blame. In the majority of cases, the battles last for many forlorn years and destroy not only the landscape of the children's souls, but also disrupt the functionality of relations with those around them. So where to look for a safe space in which one can discover, put into present, and find a way to manage your inner doubts about your own worth?

Peter Pöthe, the author of this book, a trained physician and psychoanalytic psychotherapist, sees the starting point in creating a secure therapeutic relationship that will allow creating space for negotiation with the seeming enemy. He considers observational ability, empathy and imagination to be the most important tools of cognition, which he tries to implement as much as possible in the presence of a child.

In the company of three-year-old whippet Whiskey, he describes to readers the course of individual sessions in understandable language, which combines professional psychoanalytic terms and easy to understand narration, and provides the professional and lay public the opportunity to taste the “daily bread” of his many years in the field. The continuity of the stories, captured in the working week, allows the reader to observe the development of the relationship, its progress, stagnation or premature end of cooperation for various reasons.

The introductory dialogue with the thirteen-year-old client Veronika, with whom he reflects on the course of therapy and the intention to process the content of some sessions into a literary work, together with the internal monologues form a preface of this work.

The first client to visit an old tenement house in Malá Strana is a 16-year-old high school student, Alice. Although at first glance it seems that the main problem is the gradually deteriorating school performance, during the first sessions, a not very happy family history begins to unfold. Long-term cohabitation with her stepfather from an early childhood co-created the conditions for the emergence of states of anxiety and panic, which manifested themselves in situations in which various aspects of intimacy were disrupted. During 37 sessions as the sword of Damocles hangs not only the unresolved trauma from the childhood, but above all a violation of trust in many areas of life.

In the case of the supervision of eleven-year-old Oliver, in which the author positively evaluates the possibility of professional accompaniment of beginning therapists, the problem of defining the function of a psychologist and therapist in a facility for institutional and protective education arises. The staff of the children’s home, i.e. educators and teachers, have different expectations and the management itself recommends that the beginning therapist defines his own role. The boy Oliver, who has lived in the children’s home since he was seven, has already experienced the pain of losing his mother during his lifetime and at the same time experiences permanent rejection by not only his classmates but also adult authorities, including his own father. Due to serious behavioral problems, the boy is in danger of being transferred to a facility for young offenders, in the best case scenario to a psychiatric hospital. How demanding is the implementation of a therapeutic relationship in conditions in which both the worker and the client experience existential uncertainty associated with determining their own place in the children’s home collective?

Eight-year-old Roman was awaiting examination and subsequent therapy due to his aggressive behaviour. An integral part of working with a child client is an interview with a parent or guardian. When faced with the question: “What good came out of your child?”, they answer: “...none...”. In Roman’s case, however, we meet very loving and accepting parents. The unclear origin of maladaptive behaviour is gradually being uncovered by an insidious disease that turns the life of this family upside down. With the suspicion of attention deficit hyperactivity disorder, Roman literally

throws himself into a struggle with feelings of helplessness and hopelessness. The threat of losing a loved one throws Roman's world into chaos, from which the only way seems to be to learn the Israeli fighting style Krav maga, with which he is able to defeat even the strongest enemy.

Even the best interests of a child can become means of scramble between hostile parents caring for a child in residential custody. Two mutually devouring worlds abuse a child's love to achieve their own destructive goals. With the identity of a false double agent, Sandra lives a double life without the possibility of openly expressing the need to be with both parents. In an effort to suppress her emotions and keep her parents' favour, 12-year-old Sandra always tries to be an obedient daughter and meet wishes and demands without any opposition. Will the therapy provide a safe enough environment for Sandra to express her feelings openly without having to remain in a reconciling self-preservation position?

Rejecting your own family is an extremely stressful situation, especially when you see your place being replaced by a younger step-sibling. Honzík, a six-year-old blond boy with blue eyes, was taken to a children's home by his biological mother three years ago, and after two years he received foster care. He is still actively seeing his own mother, but he is still unable to find a secure bond with an unconditionally accepting person. Recurring rejection of foster families due to uncontrolled behaviour prevents Honzík from entering into relationships with confidence in creating strong and lasting bonds.

Many of these stories can leave us with strong feelings of hopelessness and skepticism towards the family system that has surrounded these young clients. Manifestation of negative emotions within a psychotherapeutic relationship and in a safe environment of therapy becomes a healing means to correct an unsatisfactory quality of life. Due to the standard length of therapy, not all stories are definitively closed, leaving readers with no choice but to create ending scenarios to their own liking.

If you are interested in stories from the environment of psychoanalytic psychotherapy, another publication from the same author can be recommended: "Emotional disorders in childhood and adolescence", which will enrich the reader not only with further case studies of child clients, but thanks to its theoretical focus, complement the theoretical basis of this psychotherapeutic field.

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# Society in its Challenges: Philosophical Considerations of Living in Society

Santiago, Sia. *Society in its Challenges: Philosophical Considerations of Living in Society*. Cambridge Scholars Publishing, 2014

## Reviewed by Li Lin

We live in a society which is full of challenges. Marx believes that the relationship between human beings and society more reflects the reality of society, and people cannot exist alone without society (Marx, 1956). The development of mankind and society is unified (Li, 2018). To improve the quality of life, various challenges from society need to be resolved. So how to deal with the challenges is always a hot topic to be discussed. However, society is changing day by day, and the challenges are also constantly changing. It seems to have not a standard, unchangeable answer to meet the challenges of society. Pursuing and creating a better life is the motivation for social development. So doing our best to deal with the challenges is a certain onus for all of the members in society. The excellent philosopher and educator Professor Santiago Sia took on the responsibility. He wrote the book to show the relevance and importance of philosophical considerations of the challenges of living in society, and hopefully to add to its enrichment.

The structure of the book is reasonable and readable. Because of the focus of the respective essays, the book is mainly divided into two parts: Theoretical Considerations and Contextual Considerations. Interestingly, readers can choose which part to start depending on their background and interests. Start from part I or II has little effect on reading this book. Just like the writer said: this work is a volume of essays rather than a monograph. This book has 12 chapters in total. Every part has 6 chapters, part II also contains the conclusion of the book. Besides, after the conclusion, the author uses two appendices to show a special challenge confronting society and the meaning of society to its members.

The content of the book is plentiful and exhaustive. The 12 chapters of this book cover very plentiful content. Chapter one introduces philosophy and philosophizing, and their relationship to the social context. It lays out the point and method of the book. Chapter two analyzes and compares the public and individual interests,

and provides some practical guidelines. Chapter three is based on a dualistic conception of society and using critical analysis to interpret the relationship between the individual and society. Chapter four combines to the writing of Martin Buber to quest human relationships in its various forms. Chapter five draws largely on Charlse Harshorne's philosophy, and tries to answer the question: How should one understand one's identity and status in society? It also anticipates and responds to possible criticisms of the notion of a social self. Chapter six focuses on the discussion of ethics issues. It analyzes the content of the ethical challenge, that is, the importance of ethical thinking, of developing ethical sensitivity, and of taking a moral stance. Chapter seven shows the tension between image and reality, and discusses the question of truth and the related issues of right. Then it offers some guidelines to deal with these challenges and issues. Chapter eight discusses whether human beings are truly free, and to what extent they should be free? It also provides some guidance on how we are to conduct our lives in society. Chapter nine combines the Confucianism and its teaching to discuss the subject-matter of ethics in the public scene. It looks closely at the ethical responsibility attached to roles and the ethical living out of a role in society, particularly to public office. Chapter ten discusses the issues of the economic crisis. It explores the reason for the economic crisis and discusses the issues of accountability in the context of "moral hazard" and "moral luck". Chapter eleven discusses how education should meet the changing demands and global marketplace, and how to adapt to the knowledge and competitive society, basing on the Bologna process. Chapter twelve sketches some specific challenges and particular issues in higher education and gives the reasons for the challenges and issues, as well as corresponding suggestions. This book philosophically considers the essence of philosophy, individuals and society, power and obligation, morality and freedom, economics, education, and so on, and addresses the challenges in society from all aspects. Its content is detailed and comprehensive. In the chapters, there are several cross-references. It shows a certain vision, despite the differences in style and content of the various essays.

The creation process of the book is logically meticulous, strongly academic, and worth learning. Every chapter of the book is like a themed thesis. We can get a lot of information from it. It does not give you the information in a big write, but using differently related essays to discuss and demonstrate. For example, the title of chapter one is *Philosophizing, Philosophy, and the Social Context: A Reflection on Human Living*. It includes *Philosophy, Questions and Question, Question in Context, Philosophizing and its Source, Question and Context, The Social Setting, Turning to Philosophy as Resource, Philosophy in Context, The Quest as a pursuit of Wisdom*, 9 parts in total. All of the parts are related and supportive of chapter one, and the order of each part is logical. For example, the first part is Philosophy. It gives a brief introduction of philosophy, especially discuss "What is philosophy?". The second

part is Questions and Question. It starts with a simple sentence: What is philosophy? Then it uses philosophizing to answer 4 questions: Why do we ask questions in the first place? What enables us to raise questions? Why does it matter that we seek answers? What kind of answers can we expect (Santiago, 2014)? The part three is Question in Context. It explains that many questions are taking place in context, and questioning in context is useful to address “why and what” of philosophy. The book is strongly academic and worth learning. The definition of the philosophy, firstly, the writer quotes the definition as “love of wisdom”, but he thinks the definition is not sufficient. So he defines the philosophy to “pursuit of wisdom” because the word of pursuit can show active participation in our full development as human persons (Santiago, 2014). The difference is only one word, but it is enough to reflect the writer’s high academic requirements for the work. Apart from this, most of the views in the book can find the resources or further explanations by footnotes. It not only helps readers to understand the book, but also shows the attitude of the rigorous academic of the writer.

The value of the book is outstanding. First, the book is well-founded and appropriate. It will not use many gorgeous rhetorics and languages to overstate something. For example, even if the theme of this book is to explore the effectiveness of philosophical consideration on social challenges, in the conclusion, the writer just tells us that philosophical step may lead us in the right direction, alerts us to wrong avenues, opens up other routes, or even redirects us to another destination (Santiago, 2014). In the book, most of the views’ resources are marked by footnote. It is not only readable, but also trusted. Second, this book has a realistic reference significance. Because every chapter of the book discusses the different society’s challenges in particular situations, so the advice for addressing the challenges is diversity and particularity. Third, the impact of this book is sustainable. This book not only gives us much information on how to address the challenges in society, but also teaches us to build up a frame of philosophy vision for confronting the challenges of living society. It makes us own a strong reminder of our responsibility to the whole universe, and own the ability to promote the development of society.

This book has almost no weaknesses, except for one small error. There are too many footnotes and references in the book. The use of punctuation is confusing. Some of them end with a period, some of them end with no punctuation, some of them even end with a comma. But it is understandable in such a long monograph. This book is still worth reading. In this book, the philosophical considerations are well used to meet the challenges in society and give a lot of practical information and inspiration from different perspectives. I hope it will receive serious attention from philosophers that it deserves.



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# Information for authors



## Basic information about the JEP

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