HIF-Rapport

Special Education in a Comparative Perspective

Report No 2

Gunnar Stangvik

Finnmark University College

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Author:
Gunnar Stangvik
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Faculty:
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Summary:
This is the second of six reports from a project. This report consists of five chapters. It outlines the author's theoretical pre-knowledge of the special education issues studied in the project. The report shows that quality is a fluid concept that is difficult to grasp. The special education professional community is found to be in a state of crisis offering very divergent views of how problems should be understood and acted upon. There is no single way to define 'best practices' is found, and thus no single procedure for validating quality seems to be available. In this case a social validation procedure which utilises different techniques seems to be one viable option. By this procedure priorities of stakeholders and qualitative judgements of practices may be observed. This strategy is chosen for the project. Furthermore, a global agenda for special education has been adopted and the principle of inclusion has been written into policy documents of many nations. Social validation studies may help to understand the problems met when attempts are made to implement qualities associated with this principle.

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Gunnar Stangvik[1]

Special Education in a comparative perspective

Report No. 2
from the project:

" Special Education at the Bottom Line.
A cross-cultural study of the quality of special education practice[2]

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INTRODUCTION

This is report no. 2 from the project "Special Education at the Bottom Level. A comparative Study of quality of Special Education Practice. Stangvik (2002) presents the background of the project and describes how the project was designed and put through. Three reports present field studies of special education in Russia, New Zealand, and the USA. The project is summarised in the final report. All reports are listed at the end of this report.

Comparative research in special education raises a number of theoretical and methodological issues. In the report some basic questions confronting special education are discussed and it is shown that these questions may be answered in very different ways. The report is a reference tool for the analysis of interviews.

AIM OF THE REPORT

It seems necessary to me to make my approach to the process of interviewing as explicit as possible. In order to do so I shall have to outline how I perceive the problems I am studying. Interviewing is a process of encoding and decoding information. The interviewee encodes available information in specific ways according to ideologies, social interests, practical context, political ideology and paradigms of knowledge, and the interviewer decodes the information received in basically the same way. The objective of this part is to outline an interpretative framework for the interview study. The main objective of the research is to study judgements of quality of special education among a number of stakeholders in different countries. It seems reasonable to believe that such judgements are dependent upon national contexts as well as well as the particular experiences of stakeholders to the questions asked. Experiences of parents may be quite different from the experiences of bureaucrats as it may safely be assumed that their different roles impute different perceptions of the subject matter at hand.

The report consists of five chapters. The first chapter discusses a number of prominent issues, which always seem to pop up in the special education discourse. To each of these issues there is a number of specific questions to be asked. These

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questions outline the thematic framework for the interviews. The second chapter discusses commonalities and differences between countries and pinpoints some of the difficulties of drawing conclusions from comparative studies. The third chapter presents some divergent assumptions about disability and special education. Conflicting theoretical orientations to special education are uncovered, and some of the practical consequences of these orientations for the implementation of special education practice are outlined. The personal relationship of a respondent to the subject matter of the interview is important. Therefore it seems safe to assume that a parent, an administrator, a teacher and a researcher will respond differently due to different roles. Hence, the last chapter in this report outlines a framework for the interpretation of the answers to the questions of the interview by the different audiences interviewed.

CHAPTER ONE. SPECIAL EDUCATION ISSUES

It is difficult to distinguish between rhetoric and reality in special education. Policy documents appear frequently to serve as impression management designed to create political legitimacy and have less to do with the realities people perceive. Empirical research shows rather consistently that the discrepancy is considerable. Therefore, it is not sufficient to study public versions of special education. One has to ask what is really going on, and not only what should be going on according to public policy. There are several reasons for this situation. New and progressive ideas are easily adopted at the policy level, as this level of special education may both be sensitive to contemporary ideologies and to new research. However, policies have to be implemented in practice. In a democratic society it means that they have to be made real through negotiations. For a number of reasons the end product of such negations may look very different from the ideology and principles that started the process. Practice has its own life with its own rules. To understand these rules we have to look at practice in terms of culture. Professional and organisational cultures have developed their own values, standards and operational procedures, which restrict the choice of strategy and tend to accommodate new ideas to these values, standards and procedures.

My basic aim is to study quality orientations to special education practice in a number of selected audiences - they are teachers, parents, managers, and policy-makers. Their response in an open interview on special education will be studied to see how they look upon goals, organisation, planning, implementation and evaluation. Having the opportunity to respond more freely may give unity to their experiences. On the other hand there is also the question if the fragmentation of the post-modern world allows for unity of subjective experience? I am well aware of the fact that there are several important structural factors at the macro level that influence the teaching of children with specific needs. However, people bring these factors into effect in interaction with each other. The ideas they carry to these interactions are therefore of utmost importance. In fact, they are the immediate constructors of special education. On the other hand, their narratives may also be used to mirror the status of special education in their country. When a particular orientation to practice is expressed, there is always the question of why these particular people have these particular

orientations. How do they argue? The orientations have their antecedents. They may be situational, contextual and cultural as they may have to do with specific circumstances in a person's surroundings; they may have to do with what is considered pragmatic in a given context and they may be trained and valued in a professional culture. There seem to be some cardinal issues in the history of special education, and how people position themselves in relation to them is of great interest.

The management of learning disability raises a number of important issues and questions. However, as society and ideology have changed the ways those issues are looked upon have changed. This is a historical dimension. But, there is also a cultural dimension. This refers to a common set of ideas, values, principles, life style, etc. constructed under a specific set of historical, social and economic circumstances. What people say indicates value assumptions as well as implicit models of thinking and decision-making. How do they look upon disabilities? What do they consider to be causes and effects? What are their priorities when making, or evaluating, decisions in special education? What do they regard as right or wrong decisions? What do they think should be done in order to improve teaching of students with specific educational needs? These questions raise both ethical issues and issues of human rights as well as issues of knowledge and competence. Do they look upon specific educational needs as inherent in individual characteristics, or do they pay attention to disabling conditions in social contexts? How do they view decisions being made? What is the basis for saying that a decision is right or wrong? Is what is going on in special education compatible with their views?

Statements people make about special education cannot only be accepted at their face value. In order to understand cultural differences it is necessary to study the logic of the argument. In turn the logic of argument in educational and social matters cannot be understood without relating them to the common sense world of societies and cultures. This common sense world of culture may define how students with educational needs are treated in the regular school system, the most important priorities in education, the policy of special education, and the degree of state intervention.

ALTERNATIVE WAYS OF ORGANISING EDUCATION

Services may be organised in different ways. Persons with specific needs may be served by the same organisation that gives services to all, or they may be served by a separate organisation that only gives services to individuals with specific learning needs. Differences between the two are studied along a number of dimensions. In the research literature they have been related to the principles of integration, mainstreaming, normalisation and inclusion. Each principle catches a somewhat different aspect of the difference between the two forms of organisation. Presently, normalisation is the overriding principle. In its first stage the principle meant that service organisations should allow for the same patterns of life for individuals with specific learning needs as for individuals without them. Taking this point of departure, organisations may be described as regards geographical location, access to society, grouping of individuals, and life styles. The second stage of development focuses on how others perceive an organisational context. It was assumed that organisations ascribe their users valued or devalued roles. The principle of inclusion may be regarded as a third stage of development of the principle of normalisation. This principle says that organisations for individuals with specific needs should allow for full participation and co-operation between disabled and non-disabled individuals.

Questions to be asked:
1. How do people look at different educational alternatives?
2. Which arguments are used?
3. Is organisation and choice of alternative related to participation, social roles, co-operation?
4. What are the perspectives on inclusion?
5. Is inclusion related to the choice of educational setting?
6. Is inclusion related to individual characteristics?
7. Is the choice of setting only related to the school setting, or is it related to broader aspects of the student's life?
8. Is the choice of educational setting treated as a human rights issue?
9. Are there any variations between the early, primary, intermediate, secondary education sectors?

CATEGORISATION OF EDUCATIONAL NEEDS

Educational needs may be described in different ways - in terms of individual characteristics or/and in terms what a person needs in order to develop and to make learning progress.

Systems often classify individuals into categories which are assumed to have a common set of characteristics. For a number of reasons this rationality has been and still is a cornerstone in the development of services even if policies advice differently. There are many reasons for this. Categorisation supports a "deficit culture". It makes organisational differentiation legitimate, rationalises distribution of scarce resources, and may give comfort to parents who need a publicly accepted explanation of a disability. For many different reasons categorisation has become obsolete, theoretically speaking, as an educational principle. Social inclusion defies the reliance on categorisation for education and moves the individual more strongly into focus. Studies of relations between individuals and their social habitat have improved the understanding of the ecological and individual character of these relationships and demand individual programming. Such programming has to be based on the personal characteristics of the individual and his/her social context and prospects for the future. It should be pointed out, however, that, individual programs may be perceived as categorisation in practice if they are singling out individuals, or specific groups of individuals, without being naturally embedded in the daily processes of regular education.

Questions to be asked:
1. Are specific needs understood in terms of individual characteristics, or/and in relation to social contexts?
2. Is the person approached as a member of a category, or as a person having some specific needs?
3. How are needs defined? Are they only defined in relation to curricula or are they defined more broadly?
4. What information is considered most important when programming for a student with specific learning needs?
5. By what criteria are specific needs defined?

6. How are needs assessed?
7. Are there any variations between the early, primary, intermediate, secondary education sectors?

EDUCATIONAL SCOPE

The scope of services has changed dramatically during history. Special education began in institutions, which were mainly established for care, protection, and social control. The deficiency of the person was primary and the educational scope was mainly to train the senses and/or to learn to perform simple duties. Deficiency-oriented sense training and compensatory approaches to education have formed the basis of special education from those days and occupy a considerable space in the library of special education methods. The basic ambition of these methods seems to be to correct deviations, and to help the person to respond normally to stimuli. However, the breakdown of the institutional model dramatically changed the educational setting. In a normalised and inclusive social setting education had to concentrate on "survival needs" in those settings and education had to be de-centred from individual characteristics to social needs. In normal settings it became evident that disabilities are relational concepts and ecological insights served to broaden the scope of education. Special education methods could not any longer only focus on individual deficiencies, but also had to focus on deficient contexts. Hence, special education methods had to be framed within a concept of change. These changes are paralleled by changes of paradigms in disability sociology. More room is given today to understanding the impacts of social interaction, social systems and society on ability and behaviour. These developments created a novel setting for assessment and programming in special education.

Questions to be asked:
1. How is the practical goal of special education/inclusive education defined?
2. Are teaching goals based on the needs of the student or are they based on specific educational need?
3. Are they based on the goals of regular education or are they based on special education as a separate education?

4. To what degree do goal setting and teaching take the students' future into account?

5. To what degree do goal setting and teaching take the students' social context into account?

6. How is transition approached?

7. Does special education aim to change the social and educational environment of the student?

8. What practical co-ordination is there between special education and the other social and learning environments of the student?

9. What is regarded as the short-and long-term effects of special education?

10. Does the IEP include a transition plan?

11. Are there any variations between the early, primary, intermediate, secondary education sectors?

POLICY ORIENTATIONS

Policy is used here in a general sense. It includes both legislation (i.e. political level), regulations (i.e. department level), and principles and programs for everyday decision-making). However, a distinction should be made between intended policy and actual practice. Historically speaking special education policy-making was not a part of general education policy. Frequently its own laws have separated it. State policy in this period seems mainly to aim to protect the development of a general public school system from being hampered by these pupils. In addition, education for specific groups, e.g. the mentally retarded, was under the auspices of social care and welfare, not education, in some countries. This was the case in Norway where their education first became regulated in the 1950s. It seems fair to say that the time up to World War 2 is characterised by a policy of separation. Laws, programs and resources seemed all to work in that direction. Real changes in policy-making in this sector didn't take place until after World War 2. These changes have to be seen in light of the development of the modern welfare state. A basic ambition of this was to give the whole population access to welfare and education. For schooling this meant access for all to a common public school system. This turned the presence of a heavily resourced separate system of schooling and care with its own laws and regulations into a political problem, which instigated intensive debates in some

countries. These debates were of course also broader issues of institutionalisation. This was the case in Norway and in the USA. In these debates quality of life and rights issues were heading the agenda. Participation in all domains of life on an equal basis and the eradication of all laws, regulations and structures that hampered this goal became the target of the proponents of the principle. Supported by new economy and a changing role of educational institutions in post-modernity they succeeded in creating a global ideological agenda of social inclusion in special education. However, while the agenda of seclusion was clear a national agenda of social inclusion seems to rely heavily on negotiations with cultures and professions. Thus, its meaning becomes utterly ideographic and void of practical references. In some cases inclusion means the mere existence of special classes within a regular school system. In other cases it means true social interaction and education within regular education. The proponents of the latter demand true changes of educational organisation and curricula in order to cater for students with learning needs within regular education. In order to secure so-called "adaptive teaching" it is demanded in Norway that individual education plans are to be integrated with school plans and with the teaching plans of regular teaching. This is but one expression of the present development. Policy-making may accordingly be analysed in terms of the seclusion–inclusion dimension. To what degree do laws and allocation of resources and implementation programs support social inclusion?

Questions to be asked:
1. Is there a clearly developed State policy for pupils with specific educational needs?
2. Is State policy general over groups, or, is it targeting some groups more strongly than others?
3. Do arguments refer to laws, regulations or general principles?
4. What are the orientations of these policies in relation to the issues of goal setting, resourcing, categorisation and programming?
5. How are the orientations towards these policies? What are the arguments for and against?
6. What are the perceived practical consequences of policies?
7. What actual and potential conflicts are reported as regards policy?

8. What are the relations of special education policy to other policies? Health? General education? Social Services? Work?

9. What is done to implement policies?

10. Are there any variations between the early, primary, intermediate, secondary education sectors?

RELATIONSHIP TO REGULAR EDUCATION

It may be difficult to understand what all the implications of the principle of inclusion are. One reason for this is that the practice of the principle has to be based on professional discretion. Their decisions are often more based on pragmatic considerations than on theory and principles. However, as a principle its degree of implementation on a systems level may be judged by studying the relationship between special and regular education.

Questions to be raised are:

1. How are borders drawn between special and regular education?

2. What are the arguments for drawing these lines?

3. Are these borders supported by law and resource schemes?

4. Do teachers and management support them?

5. Are teachers trained in special education?

6. How do teachers in special education look upon children with specific needs?

7. What kind of relationship does actually exist between special education and regular education?

8. How is the social relationship between the two settings?

9. How is the curricular integration between settings?

10. Does the planning of the regular learning environment take learners with specific needs into account by utilising varied teaching models?

11. Are students with learning needs simply referred to separate learning environments?

12. Are teachers trained for catering for children with learning needs, and what type of training do they get?

13. Are there any variations between the early, primary, intermediate, secondary education sectors?

RESOURCING SCHEMES

The need for resources is brought into question when an educational problem is non-manageable. There are several types of resources related to the education of students with educational needs, and a division may be made between human resources, capital resources, and operational resources. The first refers to the availability of people and competence, the second to the overall investment in the area, and the third to the resources needed for everyday operation. The most important one of these is to give the disabled learner access to appropriate teaching models, more teaching time and special competence.

Resources may be distributed in different ways. The school system may have been credited a certain amount of resources which may be distributed by the schools themselves according to their own professional judgement. These are the school internal resources. These resources are often distributed in informal ways. In addition there may be specific extra resourcing schemes. Such schemes may be targeting all children with learning needs, or they may target specific groups. These groups may be defined by individual characteristics or/and by specific needs. As the resources are scarce, distribution is made dependent upon professional assessment.

Questions asked:
1. Are these resources sufficient for all categories of students with specific educational needs?
2. Do they hit their targets?
3. What groups get these resources?
4. Are there any negative consequences of resourcing for students?
5. What are the consequences if not getting resources?
6. Is the utilisation of resources compatible with policy?
7. Is the use of resources compatible with "good practices" of special education?
8. Are there any variations between the early, primary, intermediate, secondary education sectors?

CONCLUSIONS

The problems that are raised when an individual has a learning disability are treated differently in different cultures dependent upon governance structures, power

relations, value structures, and economy. However, the issues that are raised are very similar in cultures, which utilise school systems to educate their populations. All of them seem to be confronted with the same general questions.

1. How is a learning disability to be defined?(e.g. the definition/assessment problem)
2. What are the basic values on which State policy is based? (e.g. the ideology problem)
3. What should be the goal of teaching individuals with learning needs, and by what laws, regulations and programs are these goals to be implemented? (e.g. the policy problem)
4. How is their teaching to be organised? (e.g. the setting/grouping problem)
5. What is the role of the school in supporting the students in the process of having/maintaining positive valued roles in society? (e.g. the transition problem)
6. How are these children to be taught? (e.g. the programming problem)
7. What is needed to teach them, and how are resources to be distributed? (e.g. the resourcing problem)
8. What competencies are needed to teach those children, and how is teacher education to be organised? (e.g. the teacher education problem)
9. What should be the short-term and long-term results of special education? (e.g. the outcome problem)

It seems to me that the question of ideology and ethics is an overriding problem. How this question is answered will set the agenda for answering the other problems, which are raised above. Adherence to the principle of social inclusion may set the agenda for policy-making, definition and assessment, choice of education setting, programming, relationships between school and society, resourcing, outcome criteria, and teacher education. A divisive discourse will focus difficulties, individual pathology and needs, outcomes and compensation, special teachers, distribution of resources, research which purports to improve special education, ability dependent participation. An inclusive discourse, on the other hand, focuses normal variation, adaptive teaching for all learners in regular schools, educational consultation to improve regular teaching, change of schools and the adoption of common curricula for all and participation as democratic rights. Decision-making processes in special education should also be considered from the perspective of social justice and ethics. What are

the arguments for the decisions that are made? How are they justified? Who are served by the decisions? Are there any that may suffer from them? Who are the beneficiaries of decisions – teachers, pupils, the pupils with specific educational needs or the other children? However, policies are not only rationally founded, but also results of negotiations between political discourses and discourses in the field of practice. In these processes the conscience expressed by ideology will be accommodated to different political interests and to what is regarded as convenient in the field of practice. Thus the questions may always be answered differently, and a coherent set of policies as regarded the questions above are not to be expected. Lack of congruence may also be supported by feedback from research. Research based on different knowledge paradigms of learning disabilities may give different answers. Due to these processes policies have to be considered as prescribed practices which should not be confused with the actual practices. There is a vast room for local interpretations. What do the narratives of parents, teachers, principal, policymakers, and research tell about how the questions above are answered, and how does this compare to policy?

CHAPTER TWO. SPECIAL EDUCATION IN A COMPARATIVE PERSPECTIVE

Comparative studies raise a number of problems. How to describe and explain differences and similarities between countries? How to understand relationships between observed facts? What theoretical models are best suited to explain those relationships?

What are the assumptions underlying comparative studies? The intention of this chapter is to shed some light on commonalities and differences as far as special education is concerned.

ASSUMPTIONS BEHIND COMPARATIVE STUDIES IN SPECIAL EDUCATION

Mazurek & Winzer (1994) discuss assumptions behind comparative studies in special education. First, there is the assumption *"that we can see solutions to our own problems a lot more clearly if we draw upon the collective wisdom and experiences of others around the world"*(pxix). They point out, however, that the possibility of generalisations may be strongly restricted due to social, political and economic idiosyncrasies in the various national milieus in which special education is practised, and the potential danger of imposing ideas of dominant nations and cultures on other nations and cultures. Secondly, there is the assumption of a *"a body of empirically precise information on education around the world"*. Such information is important, but it is necessary to question if basic data can be compiled due to the lack of shared definitions of what constitutes the subject matter. External observers may simply not recognise phenomena in the same terms as native observers. Thirdly, there is the assumption that the meaning of ideologies, policies, and practices may be found within the parameters of the culture itself. This functional approach to comparative studies has certainly the virtue of not imposing values of observers upon contextual ideas and practices. The weakness of this approach is that it does not allow for evaluations, judgements and recommendations. Mazurek & Winzer (1994) express it in this way: " *It leaves us informed, but also leaves us impotent to act or even to draw significant conclusions"*(xxi). Without some external criteria of evaluation there are

few possibilities for proposing directions and changes. Fourthly, there are the assumptions of the developmental approach to comparative studies which set universal standards independent of time, geography, and cultural idiosyncrasy (e.g. United Nation's Declaration of Human Rights). These standards may serve as a frame of reference for judging a country's degree of "civilisation". The notion of hierarchy and evaluation is inherent in the concept of development. It is assumed that differences between nations may be placed on the general continuum of development and judged satisfactory or non-satisfactory. Due to the inherent inadequacy of the developmental paradigm of comparative research researchers are refrained from doing qualitative judgements, which may inform and improve regional practices.

To draw conclusions about commonalities and differences between nations seems a hazardous task at least in an evaluative sense due to the contextual character of the antecedents to those differences and commonalities.

COMPARING PRACTICES: A SYSTEMS PERSPECTIVE

The importance of the context for the practice of special education is skilfully analysed by Murray-Seegert (1993). I have chosen to present her analysis more fully in the following sections.

She shows the socio-cultural ecology of special education by comparing how different countries implement school integration – a principle that most countries support. In spite of this she finds great differences between the same countries as regards integration practices. Comparisons are made between Germany, Italy, Sweden, Norway, Denmark, the United States, England and France. She finds the greatest contrast between Germany and Italy. The former, she contends, has the most completely segregated schools in Europe and a strongly differentiated system for categorisation and educational grouping. The latter, on the other hand, she finds, has almost 90% of all children with disabilities in regular classrooms.

Drawing heavily upon Bronfenbrenner (1979) Murray-Seegert (1993) describes how material surroundings impact on the teaching and interaction of students with disabilities.

Bronfenbrenner defines the 'micro system' as a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics. Here, one is immediately struck by the impact special education placement has on the microsystem. Research clearly shows that setting differences have been shown to affect student learning and peer relations. Teaching practices also interact with setting characteristics, changing as teachers make use of the opportunities available in heterogeneous, community-based programs. In Germany, France and Britain the setting is commonly a separate school in a classroom with peers who have similar impairments. Here, especially if the children have severe disabilities, interactions among students take place infrequently. Instead, most interactions are likely to be with adult staff. In Sweden and the US, placement in a special classroom at a regular school site is common. Here, the potential for peer relations (with disabled and non-disabled peers) is greater, but must still be strenuously promoted. In Italy, 90 per cent of students needing special educational services, regardless of the degree or type of disability, spend the day in a general education class in the local neighbourhood school (as is also the case in model German and US integration programs). Where schools support intergroup relations, children learn to accept individual differences -positive attitudes they carry with them when they leave school.

The 'mesosystem' is made up of linkages between different microsystems in which the developing person actively participates. Although the individual's active participation is the primary link between microsystems 'indirect linkages' can occur. A third party may serve as a link between persons in two settings *when messages* pass from one setting to another through intersetting communications or through 'intersetting knowledge - attitudes, information, or perceptions shared between settings. For example, a yearlong ethnographic study conducted in San Francisco high school identified student homes, the local church, teen hangouts', general and special-education classrooms, and the high school's guidance office as mesosystem. Elements linked either by disabled student participation in multiple setting or by

non-disabled peers who travelled between settings (Murray-Seegert 1989). A hypothesis central to Bronfenbrenner's body of work is that the density or quantity of these linkages is strongly correlated to individual development, satisfaction with schooling, and school success. According to Murray-Seegert (1993) this hypothesis receives support from special-education research documenting improved retention and generalisation of material taught across a number of varied settings and persons. Contrasts between nations with loosely linked and densely linked systems are dramatic. In nations like Germany, a centralised system of separate schools works to deter the formation of inter-setting linkages. Children are typically bussed long distances from their homes and have more hours of school than non-disabled students. Dispersal makes it hard to visit school friends in their homes, and contacts with peers or neighbours, in the home community are disrupted by the long hours in school and on the bus. Similarly, distance deters parent participation, so school-home and school-neighbourhood linkages are unlikely. Separated buildings discourage linkages between general and special education classrooms, and a pullout therapy model makes exchange of information between therapeutic and educational settings difficult. Where special facilities are built on isolated grounds - as is often the case school-community linkages also suffer. The extra travel-time disabled students need to reach distant shops makes it difficult for teachers to schedule vocational or daily living training in actual community settings. In contrast, Murray-Seegert believes the success of Italy' s model can be attributed to the extraordinary density of the mesosystem linkages it promotes. This model is characterised by assignment to general education classes in neighbourhood schools, frequent parent participation in classroom activities, specialist and therapeutic services provided in situ, and easy access to neighbourhood shops and small businesses. Here, peer relations formed in *school* can generalise to student homes. Siblings can advocate for disabled family members if they also attend neighbourhood schools. Functional skills can easily be taught in the neighbourhood settings students are already most familiar with. In such a densely linked system, integrated work and the transition to community living benefit from natural supports. The Italian model creates a school-centred network that mirrors and complements the extended family that is such an important element in Italian society.

This 'exosystem' is made up of settings that do not involve the developing person as an active participant but in which events occur that affect, or are affected, by what happens in the setting containing the developing person. The 'exosystem' is settings in which policies are created, programs evaluated and teachers trained. Political parties can also be seen to act at the exosystem level - exerting indirect influence on school policy-makers. At the level of the exosystem it is interesting to look at the structure of general education. For example, in some nations, history, politics and culture support the continued existence of exclusive school structures. This sorts out students from an early age into tracks closely connected to future social status and income. Where a high value is placed on lock-step progress through standardised curricula, where there is continuous competition on standardised national exams (with scores used to justify the allocation of public funds to *schools),* then there is little room for students who learn differently or who don't conform. Those who can't keep up must transfer to other, lower-status schools so that students who fit the mould aren't held back. Murray-Seegert contends that it is probably no coincidence that Germany and France, nations that have resisted the general trend toward comprehensive schooling, are among the most segregative nations (the UK, with the current call for returning to the 11 +, is close behind). Inclusive education, on the other hand, is seen in nations such as Sweden, Italy and the United States that embody egalitarian ideology in inclusive, comprehensive school structures. Here competition for university education is postponed until the end of secondary school, and schools accommodate students with varying abilities and career interests under one roof.

According to Bronfenbrenner, the outermost ring of the ecosystem is the 'macrosystem'. It is composed of broad, culturally differentiated patterns of organisation together with any belief systems or ideology underlying such patterns. Pattern elements may include the economic, political, legal, medical, and educational systems. They also include cultural beliefs and values. These combine to create what Bronfenbrenner terms the 'societal blueprints' responsible for contrasts we perceive when we compare similar institutions - such as schools across nations. Comparative data suggest that cultural factors strongly affect opportunities for community inclusion. For example, culturally transmitted beliefs explaining the 'dilemmas of disability' can affect individual attitudes and behaviour leading to three types of

response to integration. In cultures where social explanations for handicap prevail (as in the Nordic countries and Italy), integration is viewed as a civil right and is currently progressing most rapidly. In countries where medical explanations prevail, integration must be earned - either by demonstrating productivity or by learning to conform to strict societal norms of behaviour and appearance. Where ancestors' anger, taboo-breaking, or other supernatural explanations blame the family for disability (as in many Asian cultures), the need for concealment is likely to contravene the impetus toward community integration. Feelings of shame and self-blame can motivate parents to conceal persons with disabilities, in hopes of preserving face and avoiding family disruption.

Culture and ethnicity also mould familial attitudes in ways that can interact with special-education efforts. In multicultural societies like Australia and the United States subcultural beliefs and values can conflict with educational practices (such as devolution or parent empowerment) that are positively valued in Anglo culture. Therefore, teachers and therapists are strongly urged to consider cultural differences when working with families. Cultural and ethnic factors may also affect peer relations in integrated *schools. For* example, in the San Francisco study Murray-Seegert observed more interactions between students with disabilities and their African-American and Hispanic peers, and fewer interactions with Asian-American peers than would have been predicted from school demographics. Similar patterns of acceptance and rejection have been reported elsewhere.

In another example of macrosystem influence, cultural differences in social organisation result in differential access to social power and consequently to community participation. One mechanism by which this occurs is the assignment of stigma to certain categories of persons. Ethnographic evidence convincingly demonstrates that stigmatised individuals experience restricted access to goods, power, and social status across all cultures; the basis for assigning stigma, however, differs from group to group. In other words, a specific disability might lead to handicap in one culture but not in another. Another mechanism by which this occurs is that social stratification may have the result that a person may be disempowered twice: individuals with disabilities whose access to social power is further limited because of the additional stigma of age, sex, servitude or deviant identity.

Bronfenbrenner's interest is mainly to relate the structural organisation of systems to development and learning of individuals. It has also to be recognised that people who interact within particular systems develop rules and standards of behaviour. These same rules and standards may reproduce the systems. The cognitive organisation of a system by its participant is therefore of great importance. Giddens 1993) catches this point in his concept 'structuration'. *By the duality of structure, I mean that social structure is both constituted by human agency and yet is at the same time the very medium of this constitution"*(129).

Actors are communicating with each other on the basis of specific rules of understanding. These rules express a 'cognitive order' shared by a particular group. In this process this order defining meaning, moral and power relations is continuously reproduced (165). Dale (1989 p40) who makes the same point by explaining how shared understanding is reproduced in organisations when their member co-ordinate activities by means of signs that carry meanings for them.

A GLOBAL AGENDA FOR SPECIAL EDUCATION

To compare differences and commonalities may be an approach that put knowledge *«in the service of the cause of ameliorating the major social inequalities of our day* (Mazurek and Winzer 1994 pxxiv)". Presently there is a global agenda for ameliorating those inequalities. Mitchell (1999p259-269) makes a summary of the participating organisations.

- The Universal Declaration of Human Rights, adopted by the UN General Assembly (1948)

- The Declaration on the Rights of Mentally Retarded Persons adopted by the UN General Assembly (1971).

- Declaration of the Rights of Disabled Persons, adopted by the UN General Assembly (1975).

- The International Covenant on Economic, Social and Cultural Rights adopted by the UN General Assembly in 1966, and entered into force in 1975.

- The International Year of Disabled Persons (IYDP) (1981).

- The UN Decade of Disabled Persons (1983-1992), and the associated UN World Programme of Action Concerning Disabled Persons (1983).

- The International Labour Organisation Convention concerning Vocational Rehabilitation and Employment of Disabled Persons (1983).

- The Convention on the Rights of the Child adopted by the UN General Assembly in 1989, and entered into force in 1990.

- The World Declaration on Education for All (1990).

- The Standard Rules for the Equalisation of Opportunities for Persons with Disabilities adopted by the UN General Assembly (1993).

- The Salamanca Statement and Framework of Action on Special Needs Education, adopted by UNESCO (1994).

Taking the foregoing organisations together, the philosophies expressed by them cohere, according to Mitchell, around principles such as the following:

- Disability should be seen in a societal, rather than an individualised context

- Persons with disabilities should be treated as being self-responsible, rather than dependent

- Persons with disabilities have the right to access physical environments, information, education, health care services, rehabilitation services, communication, employment and recreation; and to make choices, develop individuality and participate fully in citizenship;

- Multi-sectorial approaches to dealing with disability should be implemented at national levels, with co-ordinated, complementary, and collaborative approaches among different agencies and Ministries

- The public should be educated and informed about the rights of disabled persons to participate in and contribute to various aspects of economic, social, and political life;

- Persons with disabilities should be helped in their physical and psychological adjustment to society

- Every child has a fundamental right to education, and must be given the opportunity to achieve and maintain an acceptable level of learning

- Those with special educational needs must have access to regular schools which should accommodate them within a child-centred pedagogy capable of meeting these needs;

- Regular schools with an inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving an education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system;

- Greater effort should be invested in early identification and intervention strategies

- Transition programs should be seen as an integral part of a continuous process of development ranging from early childhood and school to post-school programs; these programs need to include greater employment opportunities and/or other appropriate activities;

- Emphasis should be placed on the provision of programs that include the development of vocational skills.

The texts show the global agenda is based is based on a model that is best described as holistic, constructivist, transactional, post-positivist (Clark, Dyson and Millward, 1998), or relational (Emmanuelsson, Persson and Rosenquist 2001). This line of reasoning will be further expanded in the next chapter.

ISSUES INVOLVED IN THE TRANSFER PROCESS

According to Mitchell (1999 p274) convergence or diversity is probably the key issue of the transfer process. Globalisation of knowledge and belief presupposes that ideas generated mostly in industrialised societies and cultures may be transferred to very different cultures. However, they all may be understood differently in different cultural contexts. The question is to determine how far indigenous philosophies, ideologies and practices should be encouraged, respected, challenged, overthrown or blended with those from 'outside'. He asserts that while education systems can normally be expected to have some degree of synchronicity with the societies in which they are embedded, there can be no question that they should be restricted merely to reproducing their host societies[3]. According to Mazurek & Winzer (1994) there are ultimately three approaches to this dilemma. One is to adopt a position of social relativism which asserts that since social enterprises reflect their cultural milieu, it would be inappropriate and culturally imperialistic to seek to radically change their policies or practices, even if authorities in the importing country would seem to encourage such new ideas. A second approach is to have recourse to such human and cultural universals as can be identified and accepted. The third perspective represents a mid-point and would see change arising from a process of reflection upon existing policies and practices, with countries taking ownership of the process and being supported in the development of their own models.

Mitchell (1999) discusses the global agenda for policy-making, which has recently been established. The world organisations may be a driving force in transferring

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[3] See David Mitchell " Globalisation's challenge to education". Future Generations Journal, 1999 (in press)

knowledge and beliefs on which policies may be based. In the course of time this may serve to harmonise policies between countries. He makes a necessary distinction between on the one hand adopting ideologies and principles, lawmaking, making regulations, and adopting operative principles, and on the other hand on enforcing them by means of resources and implementation programs, and change. The first he calls "policy-in-theory" and the other "policy-in-practice". There are all reasons to keep this distinction in mind. Emmanuelsson, Persson and Rosenquist (2001) find that the national Swedish policy for special education is clearly 'relational' oriented (versus categorical). Comparing research in special education to this policy they find present research in Sweden predominantly categorically oriented.

CONCLUSIONS

First, the chapter underscores the complexity of the construction of special education. Therefore, comparisons are threatened by specific risks. An approach that is too relativistic runs the risk of making differences legitimate, and an approach that is too universalistic runs the risk of overlooking basic economic, political, cultural and historic facts defining the national trajectory of special education. National practices are constructed in unique ways dependent upon social history, and there are strong indications that when practitioners share meanings as regards these practices they are reproduced. In the following chapter it is shown that these may result in specific paradigms of knowledge, which serve to make those shared meanings professionally legitimate. Secondly, a considerable transfer of knowledge and experiences is taking place between nations. Through this process a global agenda is set for special education containing a number of principles and practices acclaimed by global organisations. However, critical analysis of national systems clearly indicates that many of these systems preserve structures and meanings which make it difficult to turn the global agenda into a national agenda of practice.

CHAPTER THREE. UNDERSTANDING SPECIAL EDUCATION

The management of learning disabilities in the western world has progressed through a number of rather distinctive stages. Each stage represents a particular "gaze" - a way of looking upon disabilities.[4] This "gaze" is an integral part of the cultural ethos of the period. Hence, it seems justified to reason in terms of management paradigms. A paradigm of disability is a set of corresponding features that are kept together by some unique ways of looking at disability. The paradigm may be inferred both from actual practice and from discourse. Discourses are ways in which knowledge is organised to legitimate certain forms of truth. The power of a discourse depends on how far they are able to confer "common sense" or "taken for granted" status on understandings which have specific historical or cultural origins.[5] Practices, knowledge paradigms and discourses of a specific period converge to form its episteme - the particular modality of the period. Vested with power these ways of acting, talking and thinking may be thought of as regimes that define what is correct to do, to say and to think.

Special education theory and practice in a particular time period may be thought of in terms of its most prominent goals, philosophical underpinnings, educational scope and methods, organisational prototype and discourse. The following table represents an attempt to combine these corresponding features into specific patterns. These general patterns are called basic orientations.

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[4] The word "gaze" is used by M. Foucault to describe the development of medicine in The Birth of the Clinic

[5] Cf. Harrison, R. Records of Achievement: Tracing the Contours of Learner Identity. In Carrie Praechter et. Al. (Eds.) LEARNING, SPACE, and IDENTITY. London: Paul Chapman, p161

ORIENTATIONS TO SPECIAL EDUCATION						
BASIC ORIENTA TION	**THEORY AND PRACTICE IN SPECIAL EDUCATION**					
	Goals	**Philosophical Basis**	**Organisational prototype**	**Educational Scope**	**Educational Methods**	**Primary discourses**
Custodial[6] State control	Control & Protection	Rationalism Naturalism Biological determinism[7]	Institution, special school	Self management & simple work skills	Training survival skills	Social control & differentiation
Develop- mental Local control 1960s	Re-mediation	Analytical philosophy, Logical empiricism & positivism	Special class systems Specialisation & professionalisatio n	Repair, corrections & stimulation of functions (intelligence, perception)	Deficit training and compensatory education	Correction & integration
Normalising De- institutionali sation and need-based education 70s and80s	Social role valorisation	Critical theory Marxism	Mainstreaming & resource rooms	Social competence	Behaviour modification and modelling, Activities of daily living (ADL)	Equity &Democracy
Interactive, relational[8] and constructive 90s	Supporting individual trajectories Systems development	Empirical and moral relativism constructivism Postmodernism Local knowledge Power Epistemologica l pluralism Valuing diversity	Inclusion, adaptive education "Discursive interdependence" adhocracies[9]	Individuality, self determination and choice Needs "personalised instruction (and services) through collaborative problemsolving "	Individual educational planning and system's change and modification Interdisciplin ary & co- operative	Outcome - based education Accountability Social inclusion

When special education is looked upon in this holistic way, it seems to me that a paradigmatic analysis may make descriptive comparisons of different countries more complete. This raises the following question: On what knowledge/management paradigm do my respondents seem to base their view on special education?

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[6] Custodial is used as a general term that even includes the de-coupling of special education from ordinary education

[7] Cf. Stephen Jay Gould (1981) The Mismeasure of Man. N.Y.: W & W Norton and Company

[8] The right to special education is dependent upon the amount of flexibility of and adaptability of ordinary education Cf. Sjøvoll p 61)

[9] Thomas Skrtic, Th. Special Education and Student Disability. A Social/Political Perspective. In Special Education Research in an International and Interdisciplinary Perspective. Specialpedagogisk kunskap: Dokumentation nr. 1 - 1997. Department of Special Education. Stockholm Institute of Education, p53)) plays on the words bureaucracies and adhocracies to denote a new form of work organisation made necessary by the change from a industrial period characterised by standardisation of work process to a post-industrial period characterised by a need for invention which is dependent upon empowerment and collaboration and reflective problem solving though discourse

The ambition of comparative special education should be to widen its scope to become a part of critical social science. By presenting the methodological framework of a comparative study of integration Meijer and Pijl's (1994) exemplify the descriptive approach to comparative studies. They say:

> *This implies a description of, among other things, referral and placement procedures, the organisation of regular and special education, instructional arrangements for children with special needs within regular education, and support and facilities for teachers in integrated classrooms. Our guiding theory is that the level of integration of students with special needs ultimately depends on the teacher and on the attitudes of parents and students. (p3)*

Here we se how integration, i.e. the inclusive-divisive dimension of special education, is turned into a question of attitudes of teachers and parents. The antecedents of those attitudes are not touched upon. This restricted approach to the formative factors of special education offers little room for the study of the practical construction of special education in different countries. In order to do so it is necessary to dig a little deeper into the political, cultural and knowledge base of the different countries as all these are present and negotiated in decision-making and discourse. Values and attitudes of decision-makers and negotiators should not be separated from these bases. This is not to say that those parents and teachers are not important formative actors in the field. At this point I conform to Giddens' (1993) views on the duality of structure:

> *By the duality of structure I mean that social structure is both constituted by human agency and yet is at the same time the very medium of this constitution. (p128-129)*

Baez (1998) supports this stand. In a discussion of comparative research in special education she wisely points out:

> *Attempts should be made by nations to critically examine the ideas underpinned in its current practice rather than the emphasis on presenting a general image according to current trends of the field (p63)*

What is the value of examining ideas underpinning practices? Even if special education is constructed on the basis of some 'objective' psycho-medical, social and economic facts these facts become realities in human interaction. People are both structured by reality and at the same time structuring the very same reality. In addition, special education can only become real through the professions. They have to mediate all ambitions and objectives. Therefore, there are all reasons to try to uncover the 'knowledge paradigms' on which discourses and practices of special education are based as they serve to structure realities in the field.

According to Giddens (1993), "The notion of "paradigm" refers to taken-for-granted, unexamined assumptions shared by communities of scientists, who confine their attention to small-scale puzzle-solving within the bounds of those assumptions" (p149). More positively spoken paradigms may be more or less explicit conventions of scientific communities. A current example is the positivist knowledge paradigm, which forms the basis of design and analysis quantitative research data. The point of departure here is that assumptions about disability and learning inherent in a paradigm of knowledge may have several impacts on the construction of special education. It may define how learning is understood; the outlook on the relationships between the individual and society; the objective of intervention; the method of intervention; what should be the efficacy criteria of special education; and so on. In this discussion paradigms and models may be used somewhat interchangeably. Models are used to describe more specifically how relations between symptoms and actions may be understood in particular areas of special education. In a somewhat broader sense I use the term 'model' to denote the ways theories and practices are connected in particular settings. There may be many models belonging to the same basic knowledge paradigm. 'Paradigm' is the more general term and refers to the models, theories, and refers to the metatheoretical assumptions on which practices are based. In other words they are "frames of meaning"(cf. Bailey 1998, Stangvik 1998). Therefore, one way of looking at special education in different countries is to look for their prominent models for organisation, teaching and care in order to understand the assumptions on which they are based. This approach may make it possible to move from a purely descriptive to an analytic level and to make more coherent analyses.

THE ANTECEDENTS OF PARADIGMS AND MODELS

To look for paradigms and models is an attempt to discover some specific rationality in special education discourses and practices. It means to look for specific ' frames of meaning' which seem to control interactions of the actors in the field and to control and monitor decision-making. This doesn't imply an idealistic stand. I don't think that human action is based solely on the ideas of the actors, but, as pointed out, I do think that the actors play an important role in structuring the world around them. This is particularly the case with professionals who are able to exert a certain amount of freedom in their decision-making. In this processes they are both constructed and constructing. They are constructed by their specific social, economic and cultural setting, and they themselves become constructors in the course of their decision-making and social interaction.

CULTURAL AND POLITICAL CONTEXT

Models in special education have history. Stangvik (1994) shows how societal conditions in certain historical epochs tended to generate specific ideologies of treatment and care of people with disabilities. Education has had different functions in different phases of development dependent upon the developmental level of the society. One developmental trend, which may have had tremendous implications for special education is the broadening of the concept of education in modern societies to encompass more groups of students. This development has of course strengthened the arguments of social constructivism. There is also a tendency of postmodernism to pay more attention to the individual and the unique and to deconstruct general categories, and to look at them as reflections of a gaze based on specific historical and mental conditions.

In a comparative perspective there are strong reasons to believe that the development of special education is dependent upon the development status of a country. Baez (1998p61) refers to three groups: (i) with sustained human development (ii) interrupted human development and (iii) missed opportunities for human development. Putnam (1979) underscores the importance of the development status. She offers evidence for a stage theory within countries. She found that most countries showed the following pattern: blind - deaf - mentally

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retarded - physically handicapped - emotionally disturbed-speech impaired-gifted - learning disabled. She also found that a country's wealth was the best predictor of the quantitative development of special education. Certainly, this adds some credibility to convergence theory, and to technological and economic determinism, as regards ideologies and policies in special education. In any case it seems reasonable to suggest that the development status of the country in general and special education in particular may influence the agenda of practice and reasoning as regards disabilities and their management. Bogdan and Kugelmass (1984) also underscore this point. They point out that teaching of the handicapped cannot and should not be isolated from those systems of which it forms a part.

Structural differences between countries may result in different perceptions of social reality. Hofstede (1994) analyses different cultures in terms of four dimensions:

(i)   Power Distance; i.e. the degree of acceptance by weak members of institutions and organisations of the inequality of power

(ii)   Individualism - collectivism; i.e. the individual is in the centre and responsible to the self and the family as compared feelings of belonging to a group or a culture with strong feelings of contact with each other

(iii)   Masculinity - femininity

(iv)   Uncertainty avoidance; i.e. the degree to which members of a culture feel threatened and unsecured by new situations

There are all reasons to believe that special education is constructed upon 'objective social facts'. Social actors accomplish these social facts. The paradigms that these actors apply to special education may have their objective basis in conditions at the macro level, but they can only become 'real' to the actors by being negotiated within particular cultural settings. During those negotiations the four dimensions above may be important structural elements.

The openness of holistic and constructivist paradigm in the definition of needs and intervention is based on a close relationship between special education and social sciences. A reasonable hypothesis would be that such a paradigm would depend upon a critical relation to power structures in society and raises questions of equity and equality. The open relation between school and society would demand a

collectivist perception of the role of schooling in society, and a willingness to accept uncertainty in decision-making processes. This probably implies that the adoption of paradigms in special education may be dependent upon sex, and that there is a close affinity between the holistic constructivist paradigm and feminine values in the western societies. Such a paradigm may have strong affinity to feminine values of social expressiveness in these societies while males may show stronger preference for an instrumentally based paradigm. The position taken by women in the debate on positivism may point in this direction.

This culture bound character of words has to be taken into account in comparative studies. People often behave as if concepts like inclusion and normalisation are ascribed the same meaning in different cultures. That is not the case. In order to understand these differences one has to observe how concepts are used in actual discourse. At a general level particular interpretations of special education phenomena are dependent upon cultural values and available concepts, politics and legislation, school policy and organisation, and available support systems. These phenomena are related and interpreted through a number of discourses. In our case we have a classification discourse, an inclusion discourse, a rights discourse, a teaching and learning discourse, etc.

This point of view on comparative studies is in accordance with a social constructionism. Froestand & Söder (2000) formulate the basic tenet of this perspective:

> We construct our categories and interpretations of the world. What we see of a phenomenon is founded on our particular historic and cultural context. Our knowledge about the phenomenon is closely related to societal power and influence as regards prevailing categories and definition used to describe nature and society (pp17-18)[10].

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[10] My translation

PRESENT PARADIGMS AND MODELS IN SPECIAL EDUCATION

How are educational problems defined and explained, and what are the assumptions about relationships between individual characteristics and learning and behaviour?

Poplin (1988a,b) contrasts four models in special education - the medical model; the psychological process model; the behavioural model; and the cognitive learning strategy model - and asserts that they all belong to the same reductionist paradigm by the fact that they share some reductionist commonalities as regards learning:

1. Learning disabilities are seen as a discrete phenomenon rather than an explanation of a phenomenon.
2. Each model ultimately places the onus of responsibility for cause and/or the cure for learning disabilities directly on the student.
3. Each model proposes a diagnosis, the goal of which is to document specific deficits
4. Each model attempts to segment learning into parts.
5. Teaching techniques proposed under each model assume that instruction is most effective when it is most tightly controlled, leaving the learner predominantly passive.
6. The proposed diagnosis for each model also forms the essence of the intervention.
7. Instruction in each model is deficit driven.
8. Teaching and learning are viewed in each model as unidirectional; that is, the teacher knows what is to be learned and the student is to learn it.
9. Each model assumes a right and wrong posture about the teaching and learning process.
10. Each model almost exclusively promotes school goals rather than life goals.
11. Each model supports the segregation of students into different categories.
12. Steps and sequences are valued within the delivery system itself.

In contrast to this reductionistic paradigm a new paradigm is emerging in special education. Lewis (1998 p99) calls this paradigm holistic constructivism. According to Poplin (1988b) the principles are as follows:

1. The whole of the learned experience is greater than the sum of its parts.
2. The interaction of the learned experience transforms both the individual's spiral of learning (whole) and the single experience (part).
3. The learner's spiral of knowledge is self-regulating and self-preserving.
4. All people are learners, always actively searching for and constructing new meanings, always learning.
5. The best predictor of what and how someone will learn is what they already know.
6. The development of accurate forms follows the emergence or function and meaning.
7. Learning often proceeds from whole to part to whole.
8. Errors are critical to learning.
9. Learners learn best from experiences about which they are passionately interested and involved.
10. Learners learn best from people that they trust.
11. Experiences connected to the learner's present knowledge and experience are learned best.
12. Integrity is a primary characteristic of the human (learner's) mind.

In contrast to medical models of disability holistic constructivism is based on transactional understanding. Transactional approaches to disability do not define disability as something per se, but as a social construct, i.e. the social meaning of the concept arises from the interaction between individuals within specific social settings. Thus differences as regards the concept of learning is but one expression of the different knowledge paradigms. In reality the whole concept of disability is at stake. Based on German writers in the field Stangvik (1998p143) makes the following distinction based on the unit for analysis of disability:

1. " The individual-theoretical paradigm" (i.e. 'disability as a medical category').
2. " The interaction-theoretical paradigm" (i.e. 'disability as a label').
3. " The system-theoretical paradigm" (i.e. 'disability as a system result').

4. " The society-theoretical paradigm"(i.e. 'disability as a product of society').

The first of these conceptualisations forms the basis of the reductionist paradigm. The last four belong to the holistic constructivist paradigm taking into account the construction of disability by the interaction with social contexts. The individual-theoretical paradigm is the basis of most learning disability models, the knowledge basis of which is found in medicine and biology. In other words, disability is treated as a medical category. As a result of this approach inadequate social interactions and deficient systems are easily overlooked because the 'blame' is placed on the individual as victim. Bailey (1998) discusses the 'medical model', which seems to have been the prominent model of special education in most countries, and says:

> In terms of medicine, the medical model appears to be a professional orientation which is highly focused on pathology, not normalcy, on sickness, not wellbeing, on the nature and aetiology of the presenting problem itself, not on the individual who has the problem, on dealing with the specific pathology in a centred way, not on the social or ecosystem which surrounds the problem, that is, the patient, his or her family, social and financial circumstances, values and attitudes. (p. 49)

A review indicates that the critiques appear to stem from resistance to the notion of professional-centred care and support for a participatory model for health care management, a model in which the patient plays an active role. Bailey (1998), however, also draws attention to the strength of the model in making informed decisions when saying that the medical model suggests to us the scientist-practitioner model in diagnosis, prognosis, selection of interventions, and review of the efficacy of our professional programs.

These different ways of looking at disabilities have vast implications for practice and intervention. The advent of sociology served to introduce a social systems perspective into special education. Stangvik (1989 p92) contrasted the tentative meanings of specific special education activities and concepts from a social systems perspective and an education systems perspective in order to underscore different approaches to special education.

EDUCATIONAL SYSTEM PERSPECTIVE	SOCIAL SYSTEMS PERSPECTIVE
DIAGNOSIS	LABEL
Differentiation	Social stratification
Homogeneous group	Social class
Individualising	Segregating
Teaching	Symbolic learning
Subject learning	Role learning
Special education arrangements	Symbolic sanction of system norms

Jantzen (1995) reviews German literature. He shows that the two paradigms above represent an immanent crisis in special education, which started in the 1970s. At the surface level this is the crisis between the paradigm of special and the paradigm of integration education ('Integrationspädagogik'). At a deeper level this crisis has to do with the conflict between a natural science and a social science approach to special education rooted in social changes. Social expressions of these changes were the conflict between medicine and education, of behaviourism and its application to education, the debate on deinstitutionalisation and changes in the parent-expert relation. In sum, the quest for new paradigms should be seen as a part of a critique of social institutions, testing their traditional authority and making more space for individuality and communication. In order to show the conflict that is taking place in special education. Jantzen (1995) refers to Kanter to show this new vein in special education:

> This new way of thinking demands that one should radically dissociate oneself from attitudes and practices that make disabled people objects of education (or/and therapy) and that overlook that people can only develop their own individuality through when being treated as a subject in the communication processes (p.370)[11]

Clark, Dyson & Millward (1998) show that there is also a considerable consensus in the English-language literature about the history of theorising about special

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[11] My translation

education. The knowledge paradigm, called the 'psycho-medical' paradigm is characterised by the following features:

- An essentially positivist view of the world, in which differences between learners were taken to be objectively 'real' and susceptible to investigation using the methods of the natural sciences;

- A concern with those differences which were held to take the form of deficits and difficulties and which were understood largely through the disciplines of medicine and, increasingly, educational psychology;

- An essentially functionalist view of special education as a rational response to these difficulties and deficits developed on the basis of scientific inquiry and offering scientifically proven interventions leading to cure or amelioration.(p 95)

They find a major shift away from this paradigm in the last three decades. They propose a new post-positivist paradigm is emerging which distances itself from the former in a number of ways:

Whereas the psycho-medical paradigm saw special needs as arising out of real characteristics of children, these newer positions see special needs as in one sense or another being the product of essentially social processes. These processes are usually seen as encompassing:

- The social use of discourses out of which concepts and categories of need are constructed

- The functioning of social institutions (schools or education systems as a who which generate failure and develop special needs provision as a means of managing that failure

- Structural social and socio-economic processes whereby some groups are systematically disadvantaged and marginalised (p96)

Is this paradigm shift observed in the field of practice? Emmanuelsson, Persson & Rosenquist (2001) set out to answer this question. Based on a proposal by Dyson (1999) they made a tool, which they used to classify special education research, higher education and committee proposals, in Sweden. Developments in the other Nordic countries as well as in England, Greece and the USA are even included.

They distinguish between a 'categorical' and a 'relational' perspective as shown in the table.

ORIENTATIONS TO SPECIAL EDUCATION		
ORIENTATIONS	CATEGORICAL	RELATIONAL
Ontology of Special needs	Special needs refer to actual characteristics of individuals	Special needs are social constructs
Approach to difference	Differentiating & categorising	Unifying
Major contribution	Mapping and systematising the field	Problematising and deconstructing the field
Disciplinary basis	Establishing special education as a 'scientific' discipline	Establishing special education as a *social* scientific discipline
Implication for provision	Special provision	Integrated/inclusive provision
Understanding of special educational competence	Superior support directly related to diagnosed difficulties among students with difficulties	Superior support for incorporating differentiation into instruction and content
Reasons for special educational needs	Difficulties are either innate or otherwise bound to the individual	Difficulties arise from interactions in educational settings and processes

As regards current research in Sweden they conclude:

> *A rough preliminary - almost ocular - quantitative analysis of the material collected indicates a obvious dominance of the categorical perspective in current special education research in Sweden. Four of five of the research projects identified are based on this perspective (p.119)[12].*

Most research seems to be tailored to the established education and the school's need for special education for individual children who deviate from the norm. They find that research governed by a 'relational perspective' often take place outside special education research milieus and do not explicitly focus special education has to do with the school organisation, consequences of decentralisation, management principles and leadership. They assert that this situation is not typically Swedish, but closely parallels the other countries they have studied (p.127).They conclude that their overview doesn't indicate any clear paradigm shift, but a competition between paradigms. This result is in contrast to the white papers, which are mostly based on a 'relational perspective' on special education.

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[12] My translation

Haug (1998) gives an account of Norwegian special education history that shows the same paradigm conflicts and crises arising from the movement of integration and normalisation in the 1970ies. In discussing the possibilities of adopting new paradigms he makes some necessary distinctions. The first one is between the level of formulation and the level of realisation. There is usually a difference between stated intentions and what actually happens in the practical work. The other distinction he makes is between idealistic and pragmatic models of change. He asserts that the main basis of the knowledge-tradition in special education mostly consists of transfers of experience-based material from practical work, and says that that knowledge consists, in principle, of historical transmission of institutional conceptual means and solutions (p.35). And later on:

Special education knowledge has developed from a special school institutional tradition and to a great extent overtaken the professional constructions, which were there and has been transported into elementary school. (p. 36)

The deficit model formed the basis of the special school tradition and the construction of professional knowledge. Stangvik (1998) analyses the development of a new restructuring of special education in Norway which supports Haug by showing how the disability categories are carried over to the new structure.

The reductionist paradigm tends to support individualist and non-contextual interventions. Holthe (2001) sets out to *analyse and describe the users' concrete meetings with a specific material, social, and cultural school-organisation by highlighting the users' own experiences and descriptions of finding themselves between wind and water.* He draws attention to the fact that interventional decisions are based on categorisation of students into specific deficiency units, and that assessment of functionality is based on criteria without sufficient reference to the personal knowledge of the student and/or her personal context. In this way the didactic of intervention becomes compensatory and oriented to adaptation of students to normative expectations. Special education should take into account the social context in order to help the student to get access to tools which may help to close the gap between present capabilities and the competencies needed to master her social context.

The teaching model easily becomes what Kobi (1977) denotes as "exorcist" - a model that aims to free students from "evil spirits". Holistic constructivism would pay a lot more attention to particular contexts, the interactions of students with these contexts as well as the subjective perceptions of students.

The didactic implications of this paradigm are manifold. At the curricular level one would expect that priority be given to tool handling of students in their social contexts and that assessment aims to understand critical relationships between students' disabilities and those contexts in order to close these gaps. A holistic approach would be "structuralist" taking into account the structuring impact of the whole of a given situation. As pointed out by Stangvik (1998 p152) special education practitioners often select narrow targets of education which do not compare well to the actual needs of their students. The 'watered-down curriculum' delivered in 'ecological niches' in the school environment is often the only answer to complex needs. At the organisational level, transactional approaches have to be translated into interagency models which makes it possible to solve special educational needs throughout the social life space of the individual.

It seems to me that there is an important demarcation line between practices supported by each of the two paradigms. The most visible one is the line drawn between divisive and inclusive practices. How this line is drawn ought to be seen as part of a theoretical and political discourse i.e. we have to look for the particular language categories used to support intervention strategies. It seems to me that the holistic constructivist paradigm is based on principles, which support relational and contextual oriented strategies. This transactional approach to disabilities will eventually raise the issue of participation and focus conflicts between inclusive and divisive practices in special education, taking an inclusive stand. Divisive practices, on the other hand, are based on "normalising judgements" expressed in the methods of assessment, placement and methods of teaching and care, serving to objectify disabilities and to reify 'otherness' (cf. Stangvik 1998 p.151).

CHAPTER FOUR. THE FOUNDATION OF PRACTICE

There are different ways of looking at practice. It may be looked upon as the procedural consequences, or the implementation, of some underlying knowledge paradigm, or it may be considered to be the outcome of negotiations between political, ideological, ethical, social and economic interests. In practical decision-making in special education these two bases of decisions will be intermingled. However, as pointed out in previous sections, there is reason to believe that interventional decision-making may be analysed in terms of its paradigmatic foundation. This may be observed when all piecemeal decisions are put together and the question what do they signify is asked? How is disability and learning understood? What are the underlying assumptions about action? What are the underlying assumptions about disability? Are these assumptions valid?

As pointed out by Holthe (2001) disability is a relational and contextual matter that cannot be understood in terms of individual characteristics per se. By taking the departure in these characteristics the social and psychological consequences of not being able to handle the tools necessary to bridge the gap to the social and material surroundings may easily be overlooked. This questions individuation and normatively based relativisation and totalisation of disability inherent in diagnostic, standardised and specialised models of management and care. The answer to these principles by a relational and contextual oriented management paradigm is the principles of normalisation and inclusion.

From these principles a number of best practices may be derived (Bradley et. al. 1994):

- Choices about the nature of services and supports should be vested in the person with a disability.

- Families of children with developmental disabilities should be supported, and professionals should treat them as collaborators and partners.

- The aim of the service system should be to provide fimctional supports to individuals in their own homes and in their chosen work places instead of moving people through a continuum of residential and vocational programs.

- Planning for people with developmental disabilities should begin with the individual's aspirations, preferences, and dreams rather than with the imperatives of the service system.

The outcomes of publicly supported interventions should be measured in terms of their ability to increase the individual's quality of life, to enhance participation in the community, and to assist in establishing and maintaining human relationships (p. 2-3).

It seems reasonable to suggest that schooling should play its role within this broad concept of best practices. As the holistic/constructivist strongly suggests that in its outcome learning disabilities and needs are socially defined the role of schooling in maintaining - or counteracting - these definitions becomes important in the processes of defining the best educational practices. The principles for the implementation of such practices have been discussed in the introduction to this report. They will have a number of consequences for education (cf. Mitchell 2001):

- The needs associated with learning disabilities are redefined from being defined as defects by the medical model to being responses to structural inequalities at the macro level which are reproduced in institutional forms, or they are treated as a mismatch between individual abilities and environmental opportunities. This draws attention to measuring the quality of the instructional environments and to identifying and bringing about change in schools/teachers who create barriers to students' learning

- The educational role of assessment is given priority at the cost of its role in the selection process. A relational paradigm suggests that assessment of educational needs be based on an interaction and transaction paradigm. This paradigm doesn't only put the person into focus when needs are assessed but takes into account the organisational frames of teaching as well as the curricular content, activity patterns and the methods of teaching and learning

- The organisational model is assessed in relation to its social and ecological impact on the social role of the person and should be based on the criteria of participation and inclusion

- The outcomes of the teaching-learning process is assessed in relation to their significance for assisting the person in the transition to social, cultural and civic roles. The outcomes are the systematically planned results of individually tailored instruction with the explicit objective to assist a particular individual to master and maintain inclusive roles in society

The social relational orientation obviously has a number of consequences for professional roles. The specialisation, differentiation and standardisation of the reductionistic model have to be balanced by the co-ordination and interdisciplinary work made necessary by the holistic/constructivist model. The ecological role of schooling in the life of the person broadens the concepts of co-ordination and

interdisciplinary work to encompass the wider social and material environment of which the student is a part. This creates a clash between the specialist role model of special educators based on the study of disabilities and a generalist role model based on social sciences. This clash has become increasingly evident during the last decades.

THE IMPLEMENTATION PROCESS

The general idea here isn't to entangle all constitutive elements of special education, but rather to plot differences between special education discourses, which may indicate different stands as regards present and emerging paradigms in international special education. The basic question is what basic paradigm seems to monitor management and intervention? Or, are there paradigmatic conflicts? How are these conflicts expressed?

This approach needs some further explanations. The first point to be made is that it is social constructivist. The implication is that the tenets and principles of special education are outcome of social activities of which institutional practices are a significant part. Social constructivism teaches that social and institutional activities take particular individual forms by the fact that individuals construct meaning through the interaction with outward reality. Secondly that those tenets and principles are implemented through a social process. This means that all tenets as regards goals, methods and organisation of teaching and management of individuals with disabilities have to pass through a number of social, cultural and institutional filters, through a purgatory of social and institutional practices so to speak. Thus comparative studies have to take into account the ideographic character of institutional development as well as the cultural, social and historical antecedents of human experience in a particular country.

Let me explain this a little bit more. Inclusion is a key principle for special education services in all western countries. The basic philosophical ideals are according to Bailey (1998):

The first is that the use of diagnostic labels for students with disabilities is unacceptable. The assignment of labels has the potential to limit one's view of the student by a focus on the negativity of the disorder. The second ideal is similar to the labelling issue, that is, that a non-categorical approach is more considerate and equitable.

A third ideal is that the assessment of a student should be as functional as possible that is, the tools and content of the assessment should be directly connected with the programmes being provided by students. (p. 47-48)

It is observable from the text that inclusion is primarily treated as a school-based concept. This is mostly the case in English speaking countries.

Terms such as 'special educational needs', integration', 'normalisation', 'mainstreaming', 'exceptional learners' and 'inclusion' (this list is not exhaustive) merge into a loose vocabulary variously applied to manage the issue of disability as it collides with the regular education system. (Slee 1988 p.131)

This is also the case in Scandinavian countries. But, in those countries inclusion is more strongly related to civic rights and societal roles of the individual. Inclusion becomes an all-the-way concept that applies to all the roles, not only the student role. The background is found in the political ideology of the post world war era. Equality and equity became cornerstones of social democratic policies. The ambition was to create 'normal' living conditions for all citizens. 'Normalisation' was the key word that signified these policies (Stangvik 1994 p71). Hence, Scandinavian interpretations of inclusion have to be related to the interpretative framework of these countries.

LEVELS OF INTERVENTION

The concept of intervention encompasses the definition of symptomatology and conceptualisation of the curative process, which leads to action. According to Bayliss (1998 p62) programs of intervention can operate at macro-societal or legal-legislative levels, and at the level of the individual: at psychological-educative or biogenic micro-levels. The first level has to do with legislative and funding measures, codes of practice and assessment and specific programs for support and assistance for detecting anomalies. Intervention at individual level has to do with specific learning programs for dyslectics and hyperactive children, prescription of Ritalin, and different kinds of individual support programs. The big question is how the relationship between symptoms, the curative process and action is understood? What kind of

knowledge paradigm forms the basis of action at different intervention levels? Is action based on a "reductionist" or a holistic constructivist paradigm?

In order to answer these questions it feels necessary to clarify a little more closely some practical implications of knowledge paradigms for intervention that may serve as a heuristic tool in the course of the research. In the real world differences may be more difficult to detect. In order to describe intervention I will utilise some more levels than the two discussed by Bayliss (1998).

Policy level

This level refers to the programmatic dimension of special education as it may be read indirectly from official documents, or formulated more explicitly in programs[13]. The sources of policy and policy change are manifold. New policies are both responses to new problems raised by public debate and research, and at the same time production and reproduction of ideology. New policies may give priority to new objectives, create a new framework of intervention by establishing new codes for assessment and curriculum-making, and demand new codes of professional conduct for the interaction with students and parents, new funding systems and ways of organising work.

Legislative level

This level refers to laws and regulations issued by states and state departments saying who has the right to education, for how long and in what form. Laws and regulations also establish procedural mechanisms for assessment and classification of disabilities and procedural safeguards. Important questions are who qualify for services, for how long time, and for what type of service?

Administrative-organisational level

This level refers to how services are organised and administered. Important questions to be raised are: Is the administrative organisation characterised by integrated service delivery, or is it characterised by strongly differentiated delivery

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[13] New Zealand has such a program called 'Special Education 2000'.

practices outside general education? Is the delivery of special education a part of a broad package of service delivery, or is it characterised by delivery on its own terms?

The level of teaching and interaction

This level has to do with what is actually done, and how it is done. Which are the intervention strategies used? What roles do these strategies ascribe to students and teachers? What are the learning theories on which strategies are based? What seem to be the principles of teaching, treatment and care on which interaction is based?

Professional level

This level refers to the research and education on which the relevant professions are based. What is the dominant paradigm of research and training? How is the balance between disability theory and social theory of the emergence of disabilities? In what settings are professional people trained? What seems to be the basic principles given priority in those settings?

IMPLICATIONS OF PARADIGMS FOR PRACTICE

In the following table an attempt is made to capture some implications of the reductionist and the holistic constructivist paradigm on these five levels of intervention.

IMPLEMENTATION PERSPECTIVES			
LEVELS OF INTERVENTION	THE REDUCTIONIST PARADIGM	THE HOLISTIC AND CONSTRUCTIVIST PARADIGM	COMMENTS
POLICY	The policy model is deficit driven and categorical; i.e. disabilities are regarded as inherent in the individual. Access to funding is based on individual diagnosis, and the main approach to support is individual and therapeutic. The service setting is category based and special.	The policy model is non-categorical and relational. Disabilities are regarded as distorted relations between the individual and her social surroundings. Seeing individual function as responses to social settings locates policy within a systems perspective. This gives more room for preventive measures directed at distorted social relationships and demands flexible models of funding. Policy enhances participation in ordinary settings.	Different views on the disability condition may explain differences in policy. The main difference seems to be between a systems approach that consider disability within a social systems framework, and an individual oriented approach that consider disabilities as innate objective and identifiable characteristics. Inclusion and normalisation are key words, which underscore the difference between the two paradigmatic positions.
LEGISLATION AND REGULATIONS	The basic objective is to secure access to care and education for groups whose needs may be well defined. There will be a number of separate laws which regulate access to education and care for those groups, and which define available service settings.	The systemic and holistic approach to disability demands access to ordinary systems of education and care be broadened, and that the need for labelling be reduced. Therefore, separate laws will tend to be integrated with common laws.	The main difference between paradigms has to do with the degree of separateness of laws and regulations and the type of assessment rituals necessary to get access to services and funding.

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ADMINISTRATION AND ORGANISATION	Favours a two- partite organisation of services. The basic organisational paradigm is the idea of a service spectrum adaptable to type and severity of disability.	Favours an integrated system of services. The main focus is on the social role of the person. Administrative organisation and funding support an integrated service pattern.	The holistic and constructivist paradigm would tend to work inter- organisational and inter-disciplinary while the reductionist paradigm favours a differentiated system with great autonomy of the different parts.
TEACHING AND INTERACTION	The objective-diagnostic approaches to disability controls and prescribes needs and the modes of intervention. This subsequently defines the agenda for teacher-learner interaction. Professional interaction will be compensatory, individual and oriented toward adaptation of students to pre-established norms.	The basis for interaction and needs definition are found in the gap between individual capabilities and the particular activities and social contexts of which the person is a part. Interaction will be oriented towards improving relations between the person and her social setting.	The basic difference between paradigms has to do with the concept of needs. The holistic and constructivist paradigm draws all aspects of the social systems of which the person is, or to become a part into the need analysis.
PROFESSIONAL DEVELOPMENT AND RESEARCH	Focus a specialist orientation and the development of separate systems for professional training, research and dissemination of research results. The individual is the basic unit of research	Focus a generalist orientation to professional work and strive to integrate special education training with general teacher training. Research on disabilities is more strongly based on social sciences giving room for social interaction, systems and macro social problems related to disabilities.	The main difference has to do with the scientific basis of professionalism. The reductionist paradigm draws heavily upon medicine and biology and prescribes intervention on the basis of individual assessment while the other one draws upon social sciences and focus social interactions, activities and contexts.

CONCLUSIONS

The material presented in the two preceding chapters underscores that narratives of special education need to be contextualised. This process of contextualisation is a complicated matter. From the point of view narratives are social and mental constructions. The objective of the chapter has been to see how they may be deconstructed into social and cultural categories. The assumption is that different ways of responding to special education issues are rooted in the economic, social, and cultural context and values of the country to which the respondent belongs. The implication is that answers cannot be taken at their face value, and it becomes necessary to investigate how answers to questions as regards special education practices are underpinned. The literature clearly shows that there are differences in the way practices are underpinned. In order to clarify differences the notions of the reductionist and holistic/constructivist paradigm has been used. The material presented indicates that there are conflicts between these paradigms as regards theory and practice of special education in all Western countries. It seems like nations on high status of development ideologically and ethically favours a holistic/constructivist paradigm. It was also shown that the global agenda that is

established for fighting disabilities is clearly based on this paradigm. This development has to do with the extension of civic rights that serves to extend the concept of special education. The principle of inclusion may be taken to signify this development. In addition, the reductionist paradigm does not adequately explain the rapid development of the special education population in well-off societies, or gives an adequate base for management of this development. At the level of implementation the situation may be perceived differently. As the special education system traditionally has been tailored to the reductionist paradigm the expectation of the holistic/constructivist paradigm may lay a heavy pressure on this system. What kind of pressures is indicated by the proceeding table, which accumulates some of the implications of the two paradigms discussed. Demands for a more systemic and interdisciplinary approach would be an important aspect of this pressure on the present system. Research from the seemingly social progressive Nordic countries clearly shows the problems of adopting in practice perspectives and principles that have been adopted in theory by governments There is no simple explanation to this. Some explanations have been discussed in the introductory part of this report. Some additional comments to the preceding somewhat polarised presentation of paradigms. First, disability is a complicated matter. Medical and technical problems are often individual matters, which may best be resolved by the paradigms and methods of natural sciences. These paradigms and methods are inadequate for explaining the social interaction part of the construction of disability. Thus, the paradigm and methods of social sciences are needed. This line of reasoning would argue for an eclectic approach. As a consequence of this argument the function of the polarisation into two contrasting paradigms is to produce two 'ideal types' which may work as a conceptual tool in the course of the research. These ought to be understood not as objective facts, but as mental constructions for the study of differences and commonalities between particular phenomena (cf. Emmanuelsson, Person and Rosenquist 2001 p 22-23).

What are the antecedents of these mental constructions? From a universalistic point of view they may be regarded as products of what Foucault denotes *normalising judgements* making it possible to make cut off points between persons with specific needs and the generality of pupils. Marshall says (in Stangvik 1998 p141-142) that these judgements serve to objectify and subjectify the person through organisation of

space and time. People are allocated to spaces in which they may be surveyed at any time, and by placing activities according to timetables prescribed by the disciplines and establishing a set of rhythm for these activities and breaking activities into stages to be performed in particular sequences. Hence, a particular mentality form may be associated with a particular mode of action. In our case we may conclude that the products of objectification described has been segregated special education. The conclusion is that particular modes of thinking are associated by particular modes of action. The research material accumulated in the preceding chapter seems to verify this conclusion.

In this study several parties are interviewed. These are parents, teachers, principals, policy makers, and university people working in the area of special education teaching and research. They are all asked about their perceptions of special education – about the present situation in their country, about what goals they judge important, about barriers to realise those goals, and about the future. There are all reasons to believe that these different parties approach special education differently. The realities of their situations shape a different logic and raise different questions. Parents relate differently to these problems from researchers and policy-makers' approach problems in other ways than teachers. In this way they come to engage in different discourses. However, they are all parts of a common discourse of special education. The ambition of this project is to improve practices, and to differentiate criteria, which may be used to evaluate practices. In order to do that it is felt necessary to understand how different parties respond to disability. Teachers, parents, policy- makers, and researchers represent functionally different reference points for understanding disability. Therefore, it seems necessary to understand the logic of their response.

THE PARENT DISCOURSE

The parent approaches special education from the perspective of just being a parent of a child with a learning disability. This experience is strongly personalised and emotional as all experiences of the child play on the deeper levels of personality of the parent.

Parent and child are parts of a common life plan. When the child has a disability this becomes a double bind embracing love and dependency, and the educational goal of parents becomes teaching the child habits and competencies needed in order to be less dependent. This makes parents sensitive to all changes in the life situation of the child as they may affect transition and independence. Consequently, independence – dependence becomes one important dimension affecting parents' view on special education. Basic to this dimension is the concept of time. The question for them may

be put in this way: To what degree does the school influence the child's predicted trajectory?

When observing and feeling all the impacts of the school situation on the child another dimension becomes apparent to them. This is a social dimension that has to do both with the child's relationship to herself and to others. This is the identity dimension. One important aspect of this dimension is the feeling of acceptance – a feeling of being valued in social relationships. What social roles does the child identify with? Are these roles conductive for fostering independence?

Education interferes with these dimensions in many and complex ways. Children are grouped into more or less homogeneous categories. A separate curriculum and teaching and learning styles may be adopted that serve to reduce pressure on teachers and children as compared to heterogeneous groups. As a consequence parents also may perceive less pressure. In a long-range perspective they may feel, however, that such a school situation serves to label the child as different and to suspend the child from the mainstream of society. There is always a feeling of ambivalence and trade off by parents.

Special education is most frequently thought of as an adjunct to regular education. Thus, distribution of resources for special education is made dependent upon needs. Parents and children always have to have these needs verified. This creates feelings of uncertainty and lack of permanence as regards the school situation and relates particularly to parents of children of no professionally established category. This shows the two faces of special education: On the one side decategorisation is a strongly applauded policy. On the other side categorisation is an important part of practice. As a result parents have to negotiate very conflicting feelings within themselves. From a social point of view they may feel categorisation of their children as a social stigma. In practice, however, they may have to support categorisation in order to access resources for their children.

Furthermore, the practices of special education may interfere with what parents perceive as their legal civil rights. The right to have an education for their children is one of them. Parents may perceive this right being violated when what they perceive

as needed support is made conditional by continued assessment and formal procedures. In addition, such feelings in parents may be reinforced by a policy rhetoric, which supports parental choice. In reality, however, the school system may develop practices that seriously restrict their possibility to exert choice.

Practically spoken, schooling only occupies a minor part of a child's life. Psychologically, however, it may be otherwise. Parents may have to change their life style in order to be able to follow up children with disabilities throughout their school career. Lack of permanence as regards resources and programs, assessments and transitions create a turbulent life situation that demands considerably more output of energy for this child than for their other children who may slide smoothly through the school system. This may serve to develop critical attitudes to this system in parents.

Summing up, parents' view on special education for their children utilises sources at different levels. The most important source is the social interaction with the child. By means of this interaction they become the keenest observers of the effects of special education on the child. Being a parent serves to create a specific context for interpreting these observations. Interactions with the education system become another main source of parental observations and conflicts. Lack of correspondence between what parents judge to be the needs and rights of their children and the practices of education forms an other level in the construction of the parent view. The parental mandate is to support transition of children into increasingly mature roles. The social values regulating these roles are always symbolically present in the parent's mind and serve as a frame of reference when they observe their children. Being compelled to admit that the development of their children do not compare to those values parents often come to challenge the values themselves. The parenting children with disabilities therefore often foster social critique – even if the parents themselves do not express it as such.

THE TEACHER DISCOURSE

The teacher is a professional. An organisation and a professional culture define her context. These two elements form important cornerstones in her perception of education and disability. The organisation of her work defines the practical setting as regards hours of work, size of class, curricula, etc. The professional culture defines

legitimate standards and strategies of work and the symbolic expectations associated with the teacher's role. These standards and strategies may vary according to different cultural codes. Anyway, the teaching culture forms a basis for restricting the educational mandate of schooling from full goal fulfilment to partial fulfilment. Metaphorically, school organisation and school culture filter long – range goals and turn them into minute to minute work operations and time tables, and into particular organisational settings, groupings, methods, and interactions. These processes construct the teacher work.

The teacher's concept of her work forms a frame of reference for her responses to learning disabilities. Important questions for her are: Will I be able to fulfil my curricular obligations? Will I be able to control my class? Is it possible to keep up my standards of teaching? These kinds of judgements have to be negotiated with her perceptions of the needs of the particular child. This double bind is a significant element in the teacher's construction of disability in classrooms. On a general level learning disabilities in classrooms are subjectively related to teaching by the perception of the teacher of being able to teach up to standards, to control, and to evaluate learners and to monitor classroom processes to fulfil teaching goals and objectives. These interactions between teaching and disability will be dependent upon the type of disability as well as the particular context of teaching. Behaviour difficulties may primarily affect the control dimension of teaching while intellectual disabilities primarily affects the content and level of teaching. Changing the context of teaching by organisational differentiation has been a main strategy of appeasement by reducing the heterogeneity of classrooms. However, present ideologies and policies underscore the cultural and social role of schooling in society. This has made social inclusion and mainstreaming basic principles for managing disabilities in schools. Organisational differentiation is no longer a viable option. Fundamental changes of teachers' work seem to be needed.

This is the general context in which the teacher's social construction of the disabled child takes place. Special education adds on to this process. By processes of assessing and defining special education adds credibility to teachers' observations of the child as different and difficult to manage, and serves to dislocate the child with specific needs physically and subjectively from a particular learning environment. In this way special education may in reality work against the goals which it purports to

foster, e.g. social inclusion. The public nature of these processes opens up for collegial communication in the school environment, which may increase the social differentiation of the child educationally from the learning environment.

Summing up, teachers continually evaluate the child as regards their criteria of work. Goals, standards, frames of work, support, etc. interact in shaping the context of evaluation. As soon as the social differentiation of the child starts special education may serve to increase the speed of the process by making it public and a part of collegial discourse. Through such processes of differentiation of the child from the classroom environment the child's instrumental and social value in the pupil's role are subjectively determined, judging the child as similar or different. These are processes of "systemic" categorisation immanent in the school system itself. As pointed out special education interacts with these processes by processes of assessment and support that focus individual defects.

THE POLICY DISCOURSE

Policy means to translate politics into principles, programs and regulations. There are at least two criteria for evaluating policy. The first criterion is legitimacy. The question to be raised is: Is a policy politically legitimate. Does it feel right for the people affected by that policy? Does it feel right for the general public? Is, for example, social inclusion regarded as a true viable option? This question brings me to a second criterion for evaluation policy – feasibility. Does it seem practicable, manageable, or convenient for those who are responsible for the implementation of the policy? There are reasons to believe that policies pass through a series of accommodations as they progress through different levels of implementation. Due to such accommodations practically adopted policies in different parts of a system may be considerably different and possibly in conflict with what they who adopted that policy in the first place had in mind. By the "grounding fathers" social inclusion was thought of as a quality of the social relationships between disabled and non-disabled persons in different domains. In national statistics implementation of this policy may be registered as the number of children taking part in regular education. In order not to become rhetoric policies have to be translated to the systems level, e.g. social inclusion has to be vested with the concepts, standards, and values of the people in

practice. Teachers have to make their decisions in complex situations. Hence, educational decision – making cannot be regulated by rules. The freedom attributed to the professional makes her concepts, standards and values of paramount importance. Accordingly, education and attitude are basic element of implementation of policies in the educational sphere.

It is necessary to scrutinise both constitutive and operational definitions of policy principles. The first defines the scope of the principle. What meanings are associated with the principle of inclusion? Does the principle refer to organisation of pedagogical work, or does it even include content, processes and results of teaching? What is the scope of the principle? Is there a long – range perspective embracing transition from one developmental stage to another and between different domains in the life – space of the child? Or, is inclusion restricted to schooling? Surely, the scope of the principle will define the scope of policy. As regards operational definitions they are dependent upon scope. A wide scope demands a broad cascade of interventions, which includes all levels of inclusion targeting organisations and systems, which in different ways influence the inclusion agenda. The scope of the policy is also affected by policy-makers' perceptions of applicability of the principle to a particular system. Is social inclusion applicable to the whole disability population, or is the principle restricted to a part of the normal curve? Who defines the context of definition? Which are the important constituencies in practical policy-making? Politicians, parents, the general public, schools, researchers?

Summing up, policy-making takes place between change and tradition. It may vary from just a "muddling through" accepted practices to policy interventions which may be in conflict with traditional professional standards and values. The success of active policy interventions is dependent upon the ability of policy makers to translate general policy principles into professionally supported practices. For this to happen practices must be perceived as legitimate and feasible. In other words they have to be compatible to present values, and they must be considered to be practical. The generality of a particular policy defines its scope. The scope of policies related to special education is defined by the concept of special education and general education on which policies are based. Special education may be regarded as a separate policy domain, or it may be regarded as an integral part of a common policy

area of schooling and education. The choice of approach has many important implications. When special education is regarded as a distinct policy domain, the disability population becomes the main target of policy. The main policy problem becomes to define and to resource this population, and to monitor processes towards policy goals. On the other hand, when special education is considered from the point of view of schooling for all children the base of policy changes and demands new questions to be answered. What changes will have to be made in general education in order to achieve the goals and objectives of special education? The adherence to the principle of inclusion, it seems to me, has made the need for a new base of policy paramount.

THE RESEARCH DISCOURSE

Research is continually feeding input to special education and influencing its agenda. The research may be the target of public debates, researcher may participate directly in policy-making at the State level, and research often becomes textbooks and part of professional training at universities and colleges. Research may be undertaken within different paradigms of knowledge. Implications of research done within an individually oriented biological paradigm may be radically different from research done within a macro-societal paradigm that relates disability to the societal context. The first would mainly attribute disability to individual characteristics while the other focus the disabling characteristics of society. Or, research may focus social interaction between people, or the functions of systems and their impact on people participating in those systems. In special education the social interaction between disabled and non-disabled would be of particular interest. From a policy point of view the quality of these interactions may be considered to be of the greatest importance. From a systems point of view one may ask if research focus relationships between systems development and learning disabilities. Does it question what is done by the general school system to accommodate organisation, methods, and content to learning disabilities. Or, is the strategy for accommodation to learning disabilities mainly to increase the organisational differentiation of the school system. These are some of the questions that may be raised by disability related research. By studying questions raised by research one may get an idea of the paradigm of disability on which knowledge it is based. But, of course, the nature of disability deserves multiple

paradigms of knowledge. Hence, the research discourse may dissolve into a number of discourses.

Summing up, questions raised by researchers in special education indicate the paradigm of knowledge on which the research is based. The most prominent paradigm, historically spoken, has been the individual oriented paradigm. This paradigm has successively been broadened to cater for social relationships. New policies of inclusion and normalisation interact with this development, and are dependent upon a broad research base.

PRECAUTIONS

An important objective of this research is to distinguish relevant criteria for defining the quality of special education. The background for this endeavour has been explained in the introductory report. The analyses in part II clearly shows the relative character of these criteria. Decision as regards quality criteria may have several sources. First, one may ask what society demand from special education? White papers would then be an important source of information. Secondly, research comparing different solutions to the management of disabilities may be another source of information. Thirdly, decisions as regards quality may be based on 'good practices' defined by stakeholders. The material presented clearly shows that special education may be founded on different knowledge paradigms, and that different foundations have different priorities as a result. The reductionistic paradigm closely parallels a segregated system of special education and care while a holistic/constructivist paradigm supports normalisation and inclusion. It is also shown, however, that the practical validity of the theoretical constructs may be questionable. National policies and the research favour a holistic/constructivist paradigm both theoretically and ideologically. Research fails, however, to observe sufficient practical implementations of this in special education. One explanation might be that the reductionistic paradigm fits perfectly to the present category based special education system. From a structuralist point of view change of knowledge paradigms is closely correlated with institutional change. This link is between actors and structure is interactive, not causal. Therefore, the study of the perspectives of actors is relevant for the study of special education. Here, some precautions have to be made. There are strong indications that the narratives of the actors as regards special education

are based on national discourses of disability and education. Such discourses are embedded in the values, customs, economy and politics of a specific country. The meaning of narratives may therefore only be partly understood by an outside observer. On the other hand, the global agenda on special education and the research community have served to make paradigm alternatives explicit by raising the discussion on inclusion (Pijl, Meijer and Hegarty 1997).

This analysis clearly shows that there is no universal way of defining quality and best practices of special education even if there is a global agenda supporting ideologically a holistic/constructivist paradigm. At the level of practice, however, it seems sufficiently clear that different models of special education are associated with different assumptions about disability and that these assumptions are rooted in national values and practices. Therefore, the validity of the management paradigm may be analysed at different levels. It may be regarded as a particular valid cultural artefact and at the same time considered to be inconsistent with the present knowledge of disability. The majority of the research community today seems to support a holistic/constructivist knowledge paradigm for understanding disability and special education while the field of special education practice and research seems to be predominantly based on a reductionistic and category-based knowledge paradigm. This has created a gap between theory and practice in special education that is seemingly difficult to bridge. This gap can only by bridged by the adoption of new values and concepts of the actors in the field and the subsequent operationalisation of these values and concepts in new plans of action. Adoption in theory has to be followed by adoption in practice. This conflict between theory and practice forms the cornerstone of this research. Metaphorically spoken the respondents may be regarded as arenas for the study of these conflicts.

CONCLUSIONS

A common culture creates commonality of response to special education and disability. This has to do with its history, value base and present economy. Such differences result in different life trajectories. In some countries parents generally have two main options when the have a disabled child, i.e. sending them to an institution or to have them at home with practically no support. In other countries children live at home and attend a neighbouring school. Such differences a

tremendous impact on how parents, teachers, researchers, and policy makers perceive the situation for special education. On the other hand, the personal relationship to the issues at hand may create a commonality of response of different stakeholders in and between countries that may at times overshadow differences between them. Therefore, it is expected that people respond differently to special education issues dependent upon their socio-cultural context and relationship to them. These mechanisms make it difficult to be conclusive about differences and commonalities in cross-cultural studies. They have to be understood in context. Methods and principles of education that work in one context may not work in another.

Differences in existential relationship to special education problems by the different parties should not be overlooked. There is a fundamental difference between being a parent, or being a professional. I have tried to show that these relationships release different special education discourses. In the following table I have tried tentatively to describe the general logic of these discourses of care and education.

STAKEHOLDERS PERSPECTIVES ON SPECIAL EDUCATION				
Aspects of special education	**Special education constituencies**			
	Parents	**Teachers**	**Management**	**Educational policy-makers**
Concept of needs	Holistic	Particularistic	Particularistic	Situational
Time perspective	Long–range (Life span)	Short–range (Schooling; teaching hours)	Limited (organisation plans)	Long-range
Basis of evaluation ion	Subjective (in interaction with the child)	Objective & controlling	Objective & controlling	Comparative (in relation to politics)
Evaluation criteria	Input & Process	Process & Output (activity, behaviour and results)	Formal & Policy	Economy & Accountability Ideology & politics decision-making
Scope of education	All aspects	Classrooms and schools	Educational systems	Society
Curriculum	Predominantly life oriented & social	Predominantly academic & classroom oriented	Programmatic	Politically Legitimate
Orientation to education	Citizenship	Professionalism	Functionalism	Purposive and goal oriented
Approach to learning	Individual needs	Curricular	Products	Competency
Participation	Human rights, unconditional	Context – dependent; conditional	Functional	Ideological
Relation to the problem	Personal - emotional	Detached, limited involvement	Managerial	Political
Support	All necessary	Pragmatic	Rules and regulations, economy & Resources	Ideological
Goal orientation	Maximum	Restricted (to culturally accepted standards)	Restricted (culturally accepted standards)	Maximum

Parents, professionals and policy-makers are located differently in the thematic space of special education. It is therefore reasonable to believe that they construct their world differently. Parents approach special education from the perspective of love, unlimited support and a life perspective. Professionals, or paraprofessionals, approach their work pragmatically and with adopted cultural and professional standards of what needs to be done – and, of course also, what needs not to be done. School managers suffer from the conflicts between school traditions and scarce resources on one hand and the demands of policy-makers on the other. Policy-makers on their side strive to implement policies, which often lack a political consensus. It seems to me that this conflict-theoretical approach is more justifiable when analysing interview data from the different constituencies of special education than a balance-theoretical approach that underscores consensus between them even if I fully acknowledge the necessity of a negotiating and pragmatic approach to the practice of special education. However, a conflict approach affords a diversity of perspectives on the central themes of special education.

IMPLICATIONS FOR THE PROJECT

As shown in the introductory report of this project (Stangvik 2002a) the quality of special education ought be improved. The aim of the project is to help to improve decision-making how this improvement should be done. The material presented shows that there is no single rationality for deciding what the 'best' practices of special education are. It seems safer to say that several rationalities are available. It is asserted that the quality of practices may be perceived differently by stakeholders dependent upon their socio-cultural contexts and the experiences they have had in these contexts. This underscores that quality in this case is a negotiated construct dependent upon history, cultural values, and the specific context. One may easily say " let us judge the quality of practices by studying their outcomes". No doubt that is a relevant way to do it. But the question of what should be outcome measures has to be raised. This is the research way. Then let us look at the research community. There we find strongly polarised views on how one should proceed. In order to catch differences in understanding of theory and practice I have used the two concepts called 'reductionist' and 'holistic' paradigms of knowledge and shown that such differences have vast implications for choice of practices and outcome measures. Practices are underpinned differently as regards assessment, categorisation, methods, curricula and educational infrastructure. Such underpinnings are understood differently in the light of social theory than in the light of traditional disability theory. These divergences as regards the foundation of special education have created a schism as regards 'best practices'. How to proceed? It was shown that a global agenda is adopted for special education. Review of its tenets indicates that they are predominantly based on a social view on the management of students with disabilities. This clearly signifies that the principle of inclusion has been adopted as international policy for special education. Subsequently, this has also become the policy of several nations and is written into legal documents and guidelines. There is a certain distance between the policy and its implementation. Policies have to be made real by practitioners. Their preferences are dependent upon standard operations procedures that has been established in professional cultures. Where do these lines of reasoning take me? First, the concept of quality should not be reified and separated from the social context. Secondly, as a consequence the assumed qualities by which special education may be evaluated have to be socially validated.

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