

PARENTING A CHILD WITH SPECIAL NEEDS – A STUDY

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ABSTRACT

Special education can include a range of support services, depending on the special needs of the student. Support services may involve physical assistance and therapy, counseling and psychotherapy, modified learning environments and assistive learning devices, educational and psychological assessments, and behavioral modification techniques. Special education refers to a range of educational and social services provided by the public school system and other educational institutions to individuals with disabilities who are between three and 21 years of age. To analyse the special children parents Knowledge, Attitude and practices. This study descriptive design and purposive sampling. The sample consists 30 from multi discipline disability children of parents in Thiruvarur district of Tamil Nadu. There is significant difference between gender of the respondents and their overall KAP.

Key words: Special Education. Special Needs, KAP.

INTRODUCTION

Children's special educational needs and disabilities The SEN Code of Practice stresses the importance of not assuming hard and fast categories of SEN. Each child is unique and there is a wide spectrum of special educational needs, although there are also specific needs that usually relate directly to particular types of impairment. Children with SEN and disabilities have needs and requirements which may fall into at least one of four areas: 1) Cognition and learning, 2) Behavioural, emotional and social, 3) Communication and interaction and 4) Sensory and/or physical.

Many children have inter-related needs. For example, a pupil with general learning difficulties may also have a sensory impairment. Disabled children, however, do not necessarily have SEN. The largest group of pupils who may count as disabled under the DDA but do not necessarily have SEN are those with particular medical conditions.

Special education is designed to ensure that students with disabilities are provided with an environment that allows them to be educated effectively. Disabilities that qualify for special education include physical disabilities, such as deafness or blindness; mental disabilities, such as Down's syndrome and autism; medical conditions, such as oxygen dependence or traumatic brain injury; learning deficits, such as dyslexia; and behavioral disorders, such as attention deficit hyperactivity disorder (ADHD) and conduct disorders.

The Individuals with Disabilities Education Act (IDEA) expanded special education services by mandating that all children with disabilities regardless of the type or severity of their disability between the ages of three and 21 years are entitled to FAPE in the least restrictive environment. That is, children requiring special education must be educated with non-disabled children to the maximum extent possible in an appropriate program to meet their special needs. While the majority of children with disabilities are taught at least part-time in a general classroom setting, many children are segregated, most often due to a lack of staff and resources to support special needs students in general classrooms. This stipulation that special-needs children be educated in the least restrictive environment led to the practice of mainstreaming, which is the policy of placing special education students in regular classrooms as much as possible and using separate resource rooms where the students receive special tutoring, review, and instruction.

Although gifted and talented students are not usually considered candidates for special education and there is no federal mandate to support these students, exceptionally gifted children may also be entitled to receive special education services. Gifted children who are not identified and continue to be taught in a general classroom may develop behavioral issues due to boredom. Specially designed gifted education programs are available in many school districts. In addition, bilingual children may require special education services. Children whose native language is not English may not receive appropriate education due to their language barrier. Bilingual language support services should be provided.

Children with disabilities and their parents have certain legal rights, most importantly, the right to challenge any recommendation made by a school and its staff. Parents who disagree with the school's educational

program can hire legal representation, request formal and informal hearings (due process), and obtain additional evaluation from an independent consultant.

Children with emotional disturbances and related behavioral disorders have historically been unrecognized as being eligible for special education services. However, emotional problems can in fact act as a barrier to education. For children with emotional disturbances to qualify for special education.

PWC report (2010) found parents of Irish children with special educational needs expressed high levels of satisfaction with school support for their children and with the assessment process. They expressed less satisfaction with the length of time it takes to get an assessment, communication between education and health professionals and the process of applying for supports and resources.

REVIEWS OF LITERATURE

Desforges and Lindsay (2010) suggest that evidence from academic theory and research supports the interactionist /ecological model as providing the best fit for the ‘complexities of identifying and providing an appropriate education to children and young people with special educational needs’

Rix et al (2013) also recommend the development of new models of assessment which remove the need for categories and formal health assessments and place the emphasis on educational assessment of need.

Ram Lakhan and Manoj Sharma (2010) This study was to conduct an assessment of knowledge, attitudes and practices related to intellectual disability among families with such children in Barwani, India. A total of 41 parents (tribal - 28 & non tribal – 13) from 43 villages covering 55,366 population of two blocks of Barwani district were interviewed in their own languages in order to understand their knowledge, attitudes and practices toward their children. A questionnaire with 15 items comprising of major rehabilitation components (medical, educational, economical, social and behavioral) was used for the study. Data were analyzed and the results are discussed based on responses of tribal versus non-tribal and male versus female. Implications for practice are presented.

OBJECTIVES OF THE STUDY

- To study the socio demographic profile of the children
- To analyse the special children parents Knowledge, Attitude and practices
- To suggest suitable measures for their future development

METHODS AND MATERIALS

This study descriptive design and purposive sampling. The sample consists 30 from multi discipline disability children of parents in Thiruvarur district of Tamil Nadu.

DATA ANALYSIS AND INTERPRETATION

Overall KAP scale	N	Mean	S.D	Statistical inference
Male	13	37.07	0.976	t =16.782 Df=48 0.004<0.05 Significant
Female	37	62.91	0.413	

Statistical test: Student 't' test was used the above table

There is significant difference between Male (n=13) 37.07 ± 0.976 and Female (n=37) 62.91 ± 0.413 and their overall knowledge, Attitude and practices. There is significant difference between gender of the respondents and their overall KAP. Hence, the calculated value less than table value ($p < 0.05$). So the research hypothesis is accepted.

CONCLUSION

The effect of the family on the all-round development of the child is fully recognised and one of the goals of the project is to promote partnership between teachers and families. This helps to ensure that the demands on the child are consistent and that the skills s/he learns are transferable and of use in both school and the home. Parents are emotions that many parents are exceptional children experience and offer a perspective for living and coping with the impact of disability upon the family.

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