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Parent Opinions Regarding The Services Received In Special Education And Rehabilitation Centers For Individuals With Multiple Disabilities

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Abstract

Individuals with multiple disabilities (MD) could receive services from different institutions throughout their lives. One of these institutions is Special Education and Rehabilitation Centers. Special Education and Rehabilitation Centers provide various services to individuals with MD. The quality of these services affects the quality of life of both the children with MD and their parents. Therefore, this study aims to determine the views of parents on the services received by the individuals with MD from Special Education and Rehabilitation Centers. Eleven female and two male parents participated in this study. The study was designed with the phenomenology pattern, one of the qualitative research methods, and data were collected with the semi-structured interview technique. The interviews lasted between 12 and 18 minutes. The data obtained from the interviews was analyzed with the descriptive analysis technique. The findings showed that parents receive various support services from Special Education and Rehabilitation Centers for both themselves and the individuals with MD, they were very content with the education and physiotherapy services provided by the institutions, and these services were very effective and beneficial for their children and themselves. In addition, it was concluded that the duration of the education services provided was too short and insufficient for their children that the state should support such institutions and that they wanted their children to be hired in a job within their competence.

Keywords: Multiple disabilities, individual with multiple disabilities, parent, education, special education and rehabilitation center

About the Article

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Introduction

Multiple disabilities (MD) is defined as a situation that contains more than one disability and could be seen together with various health problems (Eldeniz Çetin et al., 2020). Individuals with various health problems, in addition to more than one disability could be called individuals with MD. Because children with MD have more than one disability, they may need intensive and systematic special education and rehabilitation services. The term 'special education and rehabilitation' is defined as "all the studies conducted to determine the state of disability or minimize its effects, maximize the skills again and enable them to adapt to society and improve the basic self-care skills and independent living and vocational skills of the disabled individuals with language and speech disorders, intellectual, physical, sensual, emotional and behavioral problems" in the article no. 3 of the Special Education Institutions Regulation of the National Education Ministry (MEB).

It is seen as important that the individuals living in society and having a disability be provided with opportunities for education, work, adaptation to society, environment, treatment, care and rehabilitation (Aykara, 2010) and the educational rights of the children with MD containing their educational services have been guaranteed with the Law on the Disabled no. 5378 introduced in 2005. There are institutions affiliated with the Ministry of National Education (MEB) that provide educational services and supportive services to prepare children with MD for life. Special Education and Rehabilitation Centers are among these institutions affiliated with the Ministry of National Education.

The children affected by MD benefit from the educational services provided by state or private people or institutions and the support services in special education and rehabilitation centers. Special education and rehabilitation centers are defined as "the special education institutions conducting activities for the purpose of terminating and minimizing the speech and language development disorders, voice disorders, intellectual, physical, sensual, social, emotional or behavioral problems of the individuals requiring special education, maximizing their skills again, developing their basic self-care skills and independent living skills and enabling them to adapt to society" in the Law of Special Education Institutions (www.resmigazete.gov.tr/acc. dat.: 28.02.2019).

Individual, group and both individual and group education are given to the individuals seen as convenient for having supportive education in the special education assessment board report in special education and rehabilitation centers. The supportive education program approved by the ministry is applied (Regulation on Special Education Institutions, 2012). The children with MD could have supportive education from special education and rehabilitation centers with the special education assessment board decision. This supportive education has been stated in the Regulation on Special Education Institutions of National Education Ministry no. 28296 as "at least eight-course hours of individual education and/or at least four-course hours of group education should be given in a month in return for the monthly determined sum by the institution to the disabled individual," and the students with MD could also benefit from these services.

It is specified in the Law of Special Education Institutions that the Special Education and Rehabilitation Centers are the institutions established for adapting to society the individuals who cannot adapt due to their intellectual, physical, emotional, social speech, visual and hearing deficits and gaining them the necessary skills and providing services to the individuals taking place in this group (www.resmigazete.gov.tr/acc. dat.: 28.02.2019). These institutions enable the individuals to get ready for life by taking their interests, skills and needs into consideration and using special methods, personnel and tools. They help the individuals with disabilities establish good relations with their surroundings, adapt to the society they live in and be an individual beneficial to their environment (Palas Karaca et al., 2016). Also, there are Special Education and Rehabilitation Centers in our country in unique number and quality. The prices of almost all of the children receiving special education and rehabilitation services from the centers are paid by the state (Kulaksızoğlu et al., 2011).

Both children with hearing, visual, intellectual, physical, speech, emotional, social, mental and learning disabilities, highly gifted children, children with autism spectrum disorder (Mengi, 2020), and children with more than one disability could also benefit from the services given in Special Education and Rehabilitation Centers. Together with the conducted legal regulations (MEB Regulation of Special Education Institutions), the services of individual and group education, physiotherapy, occupational therapy, laboratory training-education, speech, hearing therapy, family consultancy and family education could be provided in these kinds of centers within the direction of the demands and needs of the children with MD and their families (MEB, 2013). In addition; the children with MD are supported with the services of daily life skills, communication skills, self-care skills and social skills and they could also have the services for decreasing problematic behaviors and gaining convenient behavior (MEB, 2015).

The fact that the intensity of the special education services provided to children with disabilities is low in Turkey and the education given to these children taking place in this group cannot be sufficiently met by the Special Education and Rehabilitation Centers makes it obligatory for the parents to take part in the education of their children (Özdemir, 2013). Besides, the studies conducted in special education reveal the requirement that the special education and support provided to the children with disabilities also be provided to the family members of the children (Şardağ, 2010). Therefore, family consultancy and family education services are also given to the parents with children with MD in these kinds of centers and institutions providing special education and rehabilitation services to the children with MD (MEB, 2015), and the parents are enabled to take a role in the education and supportive services of their children. Furthermore, more than one vocational group works in cooperation for the children with MD to be able to have better service in the institutions and centers where they have special education and rehabilitation services. A team consisting of the headmaster, deputy headmaster, preschool teacher, child development and education teacher, teacher of the mentally handicapped, psychologist or advisory teacher and physiotherapist works in Special Education and Rehabilitation Centers (MEB, 2015).

When the studies conducted on Special Education and Rehabilitation Centers in our country are examined, these studies could be divided into three groups. It is seen that in the first group, the studies have been conducted on the expectations and suggestions of the families with children affected rather by intellectual disability and autism spectrum disorder from the Special Education and Rehabilitation Centers (Çetin, 2004; Demirdağlı, 2014; Şanlı, 2012; Yıkmış and Özbey, 2009; Yıldırım and Conk, 2005); in the second group, the studies have been conducted on the general structure of the special education and rehabilitation centers, hardships faced in operation and suggestions for solutions (Akbulut and Sancar, 2012; Altınkurt, 2008; Aydın, 2017; Güven Arslan, 2014; Korucu, 2005; Smagulova, 2009) and in the third group, studies have been conducted on the services given to families in special education and rehabilitation centers (Antmen, 2010; Demirel, 2005; Güler, 2006; Sarı et al., 2017). Moreover, Gürgür et al. (2016) have examined the teacher views on the supportive services provided to the students with hearing loss in Special Education and Rehabilitation Centers. As a result of this study, problems have been detected regarding the reports of the Counseling and Research Center, the cooperation necessary to be conducted, the periods of the given support services and the content of the undergraduate programs.

Upon the studies conducted in the literature, it could be said that the special education and rehabilitation services provided to the students with disabilities outside of the school environment are given to the students and their parents by the special education and rehabilitation centers (Gürgür et al., 2016). However, it is seen that no study has been conducted regarding the quality of the special education and rehabilitation services provided to the children with MD and the views of the parents on at what level these services are beneficial for the children with MD. Therefore, upon the fact that the supportive services (special education and rehabilitation services) provided to the children with MD out of the school environment are given by the Special Education and Rehabilitation Centers, it has been aimed to examine the quality and benefits of these given services and the views of the parents on their expectations in this study.

Aim of the Study

This study aims to examine the views of the parents regarding the services taken by the children with MD from the Special Education and Rehabilitation Centers. The following questions have been tried to be answered within the direction of this main aim:

What are the views of the parents:

1. on the services taken by the children with MD in the Special Education and Rehabilitation Centers,

2. on the educational services taken by the children with MD,

3. on the relations of the personnel working in Special Education and Rehabilitation Centers with the family and
4. what are the views and experiences, suggestions and expectations of the parents from Special Education and Rehabilitation Centers and the state?

Method

The model of the study, participants, data collection, validity and reliability of the study and data analysis are given in this part.

Research Model

Phenomenology pattern being one of the qualitative research methods has been used to determine the views of the parents on the education taken by the children with MD from Special Education and Rehabilitation Centers. Phenomenology is a pattern aiming to reveal the experiences of individuals on any event or phenomenon (Schram, 2003). In this study, this design was used since it was aimed at determinining the views and experiences of the parents regarding the services received.

Participants

The participants of this study consisted of parents with children with MD. The participants were selected using a criterion sampling technique. The determined criteria were having an additional disability to the intellectual disability for their children, attendance at Special Education and Rehabilitation Centers by their children and continuation of taking service from these institutions. The parents of children with MD meeting these criteria formed the participants of this study. The demographic data regarding the parents participating in the study are given in Table 1.

Table 1. *Demographic data of the parents*

Code name	Gender	Age	Education level	Profession	Disability type and severity of the child	Gender and age of the child	The period of the education taken by the child in SERC	The state of having FTS by the child or not
K1	K	52	Primary	Cook	VI and MOID	E-21	16 Years	No
K2	K	44	High School	Housewife	ASD and PD	E-3,5	3 Years	Yes
K3	K	43	Primary	Housewife	SLD and LSD, SP	K-8	4 Years	No
K4	K	35	Secondary	Housewife	MOID and ASD	K-13	9 Years	No
K5	K	42	Secondary	Housewife	PD and MID	E-22	21 Years	Yes

K6	K	45	Secondary	Housewife	MOID and PD	E-16	14,5 Years	Yes
K7	K	42	Primary	Canteen personnel	LSD and MOID	K-10	2 Years	No
K8	E	57	Secondary	Retired officer	MOID and PD	E-28	10 Years	Yes
K9	K	53	High School	Housewife	MOID, PD and DS	K-19	20 Years	Yes
K10	K	44	Primary	Housewife	SID, SP and PD	E-22	14 Years	Yes
K11	K	37	Primary	Housewife	MOID and PD	K-15	8 years	Yes
K12	K	40	Primary	Housewife	MOID and PD	E-15	10 years	Yes
K13	E	55	Secondary	Retired	MOID and PD	E-17	9 years	Yes

Key: SERC: Special Education and Rehabilitation Center, FTS: Physiotherapy Service, MID: Mild intellectual disability, MOID: Moderate intellectual disability, SID: Severe intellectual disability, SLD: Special learning disability, PD: Physical Disability, SP: Cerebral palsy, DS: Down syndrome, ASD: Autism spectrum disorder, VI: Visual Impairment, LSD: Language speech disorder

When Table 1 is examined, 11 of the parents were female and two of them were male. Parents were within the age range from 35 to 57. Six of them were graduates of primary school, five were secondary school graduates and two of them were high school graduates. One of the parents worked as a cook, nine of them were housewives, two of them were retired and one of them worked as canteen personnel. Seven of the children had a physical disability in addition to a moderate intellectual disability; one with cerebral palsy and physical disability as well as a severe intellectual disability; one with an intellectual disability as well as a visual impairment and one had a special learning disability, language speech disorder and cerebral palsy. Eight of the children with MD were male, and five were female. he children received supportive education from the institutions for a period of two to twenty years. While nine of them had physiotherapy, four of them had no physiotherapy.

Data Collection

One of the data collection techniques is interview in qualitative research methods. In this study, the semi-structured interview technique is one of the interview techniques used, and the questions taking place in the interview were prepared by the researchers after examining the literature. The prepared questions were finalized by receiving the opinions of the expert in special education and assessment and evaluation. The interview questions were checked by a linguist to determine whether the questions to be submitted to the participants during the interview were comprehensible or not. Afterward, a pilot interview was conducted with a parent having a child with MD to determine the understandability of the prepared questions by the participants and as a result of the pilot interview, the questions were determined to be understandable. The questions prepared in accordance with the semi-structured interview technique were askedof the parents one by one. The researchers prepared an interview guide, which was used in the interviews.The interview guide was prepared to conduct the interviews carefully and meticulously. ccording to Yıldırım and Şimşek (2005), the interview guide to be used in the interviews was formed to secure the scope of the study's problem status and the research questions. An interview guide prepared by the researchers has been used in this study and the researcher conducting the interview has recorded what s/he has conducted using an interview monitoring device in accordance with the guide. The researcher has first introduced himself in the interviews, explained the aim of the present study and stated to the parents how the interview would be conducted. The consent of the parents was obtained by informing them of the fact that their real names would be reserved and the data of this study would be kept confidential. The interviews lasted approximately 12-18 minutes.

Validity and Reliability

According to Yıldırım and Şimşek (2008), validity and reliability studies in qualitative research are expressed with the concepts of *“persuasiveness, transmissibility and confirmability.”* On behalf of persuasiveness within the scope of this study, the interview questions, the data obtained from this study and the comments made on the obtained data were submitted to the experts, and their opinions were taken. In addition, the findings obtained as a result of this study showed that 25% (3 parents) of the parents voluntarily participated in this study and participant consent was obtained. Besides, what the parents stated regarding the external validity of this study was put in the related parts of this study in quotes.

The raw data attained to provide transmissibility, the results regarding these data and the comments made on the views were submitted to experts and their approval was obtained. Furthermore, the environment where interviews were conducted was specified and details as to how the participants were determined were expressed. To ensure confirmability, a literature review on the subject was conducted and the questions were prepared accordingly. The main aim of the present study has been specified and the answers given by the participants to the questions were transcribed.

Data Analysis

The answers given by the parents of children with MD to the interview questions were transcribed. The reliability of the deciphering process was conducted on 30% of the documents and was calculated at 100%. A descriptive analysis technique was used to conduct data analysis on computer media. The data were summarized and interpreted using descriptive analysis techniques. Furthermore, the researcher coded the responses to the interview questions and created a code key. The code key was filled out by the three academicians who are experts in their areas and conduct qualitative research for each interview form prepared afterwards.

Whether there was consistency among the coders was calculated with the formula "Reliability = Consensus / (Consensus + Dissensus) x 100," as suggested by Miles and Huberman (1994). The average was calculated at 97% due to the calculations conducted.

The questions asked in the interview were accepted as themes. The data were formed and analyzed according to these themes. The parents were given code names and their views were transmitted. The questions taking place in this study were determined categorically and given by taking the utterance frequency into consideration. Direct citations were given place to be able to properly reveal the ideas of the participants in descriptive analysis (Yıldırım and Şimşek, 2008). Also, in this study, the expressions of the parents were directly cited as said in quotes with the codes, such as K1 and K2.

Findings

The findings of the study aiming to reveal the views of the parents regarding the services taken by the children with MD from Special Education and Rehabilitation Centers are given below.

The Views of the Parents regarding the Services Taken by their Children from Special Education and Rehabilitation Centers

The parents having children with MD had specified that their children take services from Special Education and Rehabilitation Centers on group academic education (f:10), physiotherapy (f:9), individual academic education (f:6), education for developing language skills (f:3) and service for developing handicraft. The statements of the parents on the subject are given below.

K2- S/he receives individual education from a physiotherapist. K3- He has a course, my teacher. He takes a language course. They play games with friends, that's all.

K6-S/he is taking courses; I mean, s/he is taking language courses, because s/he is disabled. In handicrafts, we already work with two teachers. There are such things. We do not have physical education.

K9- Math and Turkish; s/he got physiotherapy at first periods of time. Then, literacy courses, I mean, we have taken courses from almost anything.

The Views of the Parents regarding the Services they have Taken from Special Education and Rehabilitation Centers

While some of the parents having children with MD specified that they took services from Special Education and Rehabilitation Centers on guidance service (f:5) and family education service (f:5), some of them expressed that they did not benefit from any service (f:8). The statements of the parents on the subject are given below.

K10- We do not have any education from the institution. We haven't had any education except for the education of our child.

K3- We can talk to the psychologists when we have a problem. I think it is a good service.

K4- I am not taking any education from the institution.

K5-Both necessary notifications and status assessments are made regarding my child and the teachers are so interested. They deal with us very well. For instance, they share everything with us even when U is unproductive. Well, it is good to inform us. They have plans for us to take the children to different places and tours, such as picnics and nice environments. I am content with all of them.

Their views on family education taken from the institution

While some of the parents having children with MD specified that they did not take services from Special Education and Rehabilitation Centers on family education (f:8) and could not regularly participate in the family education services given by the institution (f:3), some of them expressed that they regularly participated in the family education services given by the institution (f:4). They found it very beneficial (f:5). The statements of the parents on the subject are given below.

K5- Well, let me tell you something about family education. I cannot mostly go to the education about the institution and the family education; because I cannot leave the elderly alone at home. But, I heard that most of them are so content, parents are so content and mom and baby education is very good. I know that they are so happy that there are such women. It means they are so productive that they are so content.

K6-Well, actually, a group has been established. Zoom meetings have begun for family education. If you ask me, I couldn't participate.

K8- Family education for me? Of course not. I told you that I went there twice and I didn't get any education like that. I sat there and looked at my child to see what they were doing. I already didn't get anything on behalf of myself except for that.

K13- I am regularly participating. I have information about my child, myself and related situations when I participate. I personally find this education very beneficial.

The Views of the Parents regarding the Educational Services Taken by the Children with MD from Special Education and Rehabilitation Centers

When the views of the parents having children with MD regarding the educational services taken by their children from the institutions were examined, two sub-themes were reached quality and duration of the educational services given by the institution.

Their Views on the Quality of the Taken Education

Parents stated that they found the educational services given to their children qualified for their children (f:8) and they found them productive for their children because this service given to their children developed their children in all aspects (f:7). The statements of the parents on the subject are given below.

K1- It is going well. My child loves the school, so s/he is pleased that s/he is going there with love. S/he loves his/her teachers very much. They are interested, I mean. I cannot deal with him/her due to the heavy workload I have if there is something that is due to me, but I am so content with the teachers.

K6- I mean I am content. If you mean that, I am happy, especially with our hearing teacher. Actually, I am content with both of them.

K10- My child was more introverted before starting this rehabilitation; s/he was silent. Now, s/he can express himself/herself better and communicate more comfortably. S/he had no conversation with anyone. Now, s/he can express himself/herself in a certain way.

Their Views on the Duration of the Taken Education

Parents stated that they did not find the educational services given to their children sufficient in terms of duration. They expressed that the duration of the educational services given to their children with MD should be increased in Special Education and Rehabilitation Centers. The statements of the parents on the subject are given below.

K9- Of course, how productive can a 40-minute lesson be? It becomes different when there is support at home. And the teacher is very important. The lessons become more different when the student loves his/her teacher. Fortunately, I have always met good teachers until now. There is no problem. But, everything gets more different when there is support at home.

K2- Well, I think this special education should not be for two hours. I think it should last for five days, like school, because 40 minutes is nothing. Two 40 minutes per week is not enough.

Views of the Parents on the Benefits of the Educational Services Taken from the Institution

Their views on the benefits for parents

They stated that the education taken by their children from Special Education and Rehabilitation Centers gave them the skills to become aware of themselves for all the children with disabilities (f:5), they gained information regarding the disabilities owned by both their own children and those of other children with special needs and the characteristics of these disabilities (f:5) and they gained information about all developmental fields of their children (f:4). The statements of the parents on the subject are given below.

K2- Well, of course the education taken by my child is beneficial for us and our child. We knew nothing about Down syndrome. We learnt about that from our teachers and the rehabilitation centers.

K5- It facilitates my work. For example, when we come home after the motor education s/he takes and we make repetitions, I continue again after doing the physical education and having a little pain or hurt. S/he relaxes. S/he gets more comfortable. It is productive for me and also for U. He blows off some steam.

K8- I had information from the teachers related to my child, his/her lessons and his/her behaviors in the institution my child goes to. I sometimes go there and ask questions about the development of my child.

Their views on the benefits for children with MD

Regarding the benefits of the educational services taken from the institution for their children, parents stated that their children showed academic development (f:8), they had physical comfort after coming and going to the institution (f:4), their children became happy when they went to the institution. Hence, they reached a positive state of mood (f:3), their movement skills increased. Therefore, it made them independent (f:3) and their self-confidence increased (f:3). Regarding the social skill gains, they stated that their children established positive communication with their friends and interacted with them (f:9), their social circle increased by going to the institution and they made friends easily (f:6), they communicated with their teachers (f:6), they gained greeting and skills (f:6), children positively interacted with their families and communicate with them easily (f:5) and also they gained the queuing skills when they were in the environments where they needed to form a line (f:2). The statements of the parents on the subject are given below.

K10- To himself, namely the benefits for my child … S/he also became more social because s/he communicated more comfortably on the outside.

K9- Yes, at least s/he socializes there. S/he has a circle of friends. That's all, nothing else.

K2- Of course, there are benefits for my child. S/he socialized more and became more different for his/her teachers and society. Before going there, s/he became more aware and different.

K4- His/her pettishness is gone. My daughter was so pettish; she became calm and mature. She would always fidget around. I can say that she is calm now. That's all.

K3- Teacher, his/her self-confidence has increased. I mean, s/he became more social. S/he could never say 'How are you?' even to you. S/he can say that now, for example. I think it is a very good education.

Views of Parents on the Quality of the Education Given in Special Education and Rehabilitation Centers

While some of the parents having children with MD specified that they found the education given in Special Education and Rehabilitation Centers very beneficial for their children and, therefore, specified that the education given to the children with MD was qualified (f:10), some parents stated that they did not find the given education beneficial (f:3). The statements of the parents on the subject are given below.

K2- Well, I think individually it has added too many things. For my child, I mean. It has been very beneficial in good ways.

K3-Teacher, it could be more things. We could stay longer. I would want to, but still, it is good; I am pleased.

K5- They at least support us in a forward-looking way. They help us. They are constructive. Of course, the teachers at the institution are also very important. The institutions that are more aware and in which teachers do their job with love are always productive. For this reason, their awareness and the beneficial education they give my child make me really happy when we consider things in terms of quality. That's why I am comfortable with this issue.

K7- I mean, what shall I say? I haven't filled something like this before. I don't know what to say. I will be more pleased if there are more different things to do in his/her leisure time. We have a game room, but only for the children to spend time in their free lessons; I think it will be better if more instructive and active things are implemented. I don't know; they just sit and talk.

The Views of the Parents on the Physiotherapy Service Given in Special Education and Rehabilitation Centers

The parents having children with MD specified that they were content with the physiotherapy services their children took in the Special Education and Rehabilitation Centers (f:9), the physiotherapy services were so beneficial for their children (f:8) and the received physiotherapy service results were very positive (f:7). The statements of the parents on the subject are given below.

K5- It is very good for U. It is also good for me, too. For example, the relaxed muscles show that the education that day and the support s/he takes there are really productive. And it shows that they are dealing with him/her. For example, U is very tired when s/he comes from there; because s/he had a productive education there on that day, s/he feels more comfortable. I put on some ointment when s/he has some pain. I mean, we are good.

K8- Well, it is a good thing. I saw and looked for some time at the way s/he walks, s/he was doing physical-fitness exercises, and it has benefits.

K10- I can really say that it is a beneficial education for my child. Otherwise, s/he wouldn't even be able to sit. S/he couldn't even sit this way. We attained this much as a result of the exercises s/he has taken.

Views of the Parents on the Relations and Communications of the Personnel Working in Special Education and Rehabilitation Centers with them

Parents stated that the personnel working in Special Education and Rehabilitation Centers showed interest in both the children and parents (f:12). They were so content with this situation and became happy (f:11), and the personnel were very genial towards them (f:9), the personnel were sharing about any issue (f:8) and they were sincere towards themselves and their children (f:5). The statements of the parents on the subject are given below.

K5- I say it is so nice. I say very nice just with a single word. They are really interested, both Mrs. O, Mr. M and the teachers, everyone. For example, they welcomed me when I went there for U. They were really smiling. I don't know if there are other places, but I just went to the center in Karasu, where people are doing their job with love. But it was one of the few places that I went to until today. It is one of the best, so I give them credit for this.

K6- They are much better; I can even drink tea or coffee in the same room, even with the headmaster of the institution and talk when B is in his/her lesson. May Allah bless them; they gave so much importance to B, especially during the pandemic. They have not put him/her in a collective place because s/he has a disorder in terms of different metabolic meanings. B, the headmaster and I are sitting at the breaks directly in the headmaster's room. We can have a good talk with the headmaster when s/he is at the lesson, too.

K7- I am really happy with the place I go. I can ask them something and consult them about anything with comfort. I haven't had any problems until now, I haven't seen any insults or problematic reactions. I can comfortably trust them with my child and ask anything I want. There is no problem; I am content with the staff and the instructors. I haven't had any problems.

Views of the Parents on the Hardships Faced during the Educational Process of the Child with MD

Views of parents on the hardships they face

Parents stated their opinions on the hardships they faced during the educational process of their children with MD. They specified that their children were taken to the Special Education and Rehabilitation Center by the institution within school hours (f:5), they could not sufficiently deal with their children with MD during their educational period due to their intensive working life (f:4), the children could not go to the institution by themselves due to the additional disabilities of the children with MD. Therefore, they went to the institution together with the child (f:4) and they felt stressed stemming from this situation (f:3). Some of the parents participating in this study expressed that they did not have any trouble regarding the issue (f:7). The statements of the parents on the subject are given below.

K2- Of course, we have had some problems during the education process. In the beginning, we felt empty. We didn't know who we were. My child didn't accept the situation and didn't want to go through the educational process. We had some problems during that period. S/he didn't want his/her teachers, cried a lot. I was always with him/her. We had some problems at that time, and we have done many things within these three years. Just now, I can comfortably leave him/her and go to the room. I couldn't before. It took a long period of time for us to get used to it.

K7- Hehe. I was just indecisive about sending him/her alone. Whatever it is, s/he acts a little different when I am there. S/he is so comfortable when I am not there. S/he is so talkative. The only problem is that I am afraid of the road; it is not like being my own child whatever happens. Somebody else could be treated in a calmer way, either on the school bus or at school. For example, I am stricter, s/he is more stable when I am there, but S is more comfortable when I am not there. S/he is comfortable when with me, but still, there is some doubt. Whatever happens, s/he is just a child, I don't know if s/he could make it. I don't say my child never does it. People can make mistakes. I haven't had any problems until now; I have been sending him/her alone for almost a month. They take him/her from the door and leave at the door. But I am more comfortable when I go there myself.

K10-Hardship… I don't know how to say. Rather than being hard, it is easy. The school bus comes to the door and takes him/her. They bring him/her again to the door when the education is over. We didn't have so much trouble.

Views of parents on the hardships the children with MD face

Parents specified that their children are reluctant to go to the Special Education and Rehabilitation Center (f:7), they could not accept their teachers working in the institution (f:7), they had hardships in accepting the institution (f:6), the children came back home tired after the education (f:5), they had hardships in the institution in communication (f:3) and learning (f:3). Thus, the children showed inconvenient behaviors, such as nail-biting (f:2). Moreover, some of the parents expressed that their children did not have any hardship in this process (f:7). The statements of the parents on the subject are given below.

K3- As s/he couldn't speak, s/he started to bite his/her nails. Afterwards, s/he had self-confidence after arriving there. I don't know, I still realize his/her self-confidence myself. For example, we couldn't come this summer, we couldn't start when the center was opened in Kaynarca, s/he got different at those times. He felt empty, but fortunately he is good now. Our self-confidence is back thank Allah.

K4- Of course my child is getting tired. S/he is going to two schools within the same day and gets two lectures. It wasn't like this before. Karasu used to accept students at weekends. He would at least rest mentally and physically. Now, when s/he comes back from there, s/he just falls to the bed. They are already setting off on the road at half past 8 in the morning. There is no other problem for S. I mean, s/he is still going there, no problem; because s/he likes the interest of the teachers, children already love interest very much.

K8- I have really not seen him/her having any hardship in there, but sometimes s/he gets bored.

Views of Parents on their Expectations from Special Education and Rehabilitation Centers

Expectations of the parents on physiotherapy and education

Parents having children with MD specified that their children should have more intense physiotherapy service (f:8), qualified teachers and personnel should work in the institution (f:6), the personnel working in the institution should be more productive (f:5), more qualified education should be given to their children in the institution (f:5), the institution should support the work so that the worker could be more eager (f:4), more intense academic education should be given because the education given in the institution was insufficient (f:2) and they expected the institution to prepare their children for an upper educational institution (f:1). In addition, some parents expressed that they do not have any expectations (f:2). The statements of the parents on the subject are given below.

K1- I don't have any expectations. They are doing what is necessary. May Allah bless all of them. They are doing their best. We are so happy.

K2- Humans expect much more, but unfortunately it does not happen. One thing is so important. I think teachers are very important. If s/he is a person who works by loving his/her job, we can proceed. You cannot get any education from the people who see this only as a job and the child cannot be productive, either.

K4- Well, I want my child to study. Now, s/he is in 8th grade. I want them to be able to prepare him/her for high school. When middle school is over, I don't want him to stay at home and shy away, they should make him finish high school, too. I want him to have a job and work somewhere like a government office. I want them to develop my child.

Expectations of parents on family education

Parents stated that they expect more and more detailed feedback from the Special Education and Rehabilitation Centers for the development of their children (f:7), they should be trained as to the deficiencies of their children (f:5) and more frequent and intensive training and seminars should be arranged (f:4). The statements of the parents on the subject are given below.

K7- It would be very good if they gave us information about the deficiencies of the children. For example, I don't know how to treat this. It would be good if they gave us training.

K11- Well, as an expectation, it would be beneficial for them to give us education related to how my child should behave there, what we should do at home and how we should behave.

Expectations of the parents on the relations and communication of the personnel of the institution

Parents expressed that they had expectations from the personnel working in the institution to be smiling (f:7), sincere (f:5) and emphatic (f:5). Some parents said that they did not have any expectations (f:9). The statements of the parents on the subject are given below.

K5- Sweet talking and friendliness, intelligent feedback, notifications. I do not expect anything else.

K1- I don't have any expectations. Everything is fine.

K10- As I said, they are already doing enough things. They treat children like their families. Everyone from the school bus driver to the teacher already acts like family. I do not expect much other than that.

K9- I swear I do not expect anything; everything is perfect. Everything is good from the staff to the cleaning service. We do not have any complaints. We are also very good with them, too. I don't have any expectations.

Views of parents on other expectations

Parents stated that they expected the institutions to increase the lecture durations left for the children (f:7), employ the children (f:5) and teach leisure time activities to the children (f:2). The statements of the parents on the subject are given below.

K1- All I expect is something like this. I want to be able to employ my child. I mean, my child wants a job and to work. Nobody is hiring him because he has an intellectual disability. For example, there is a personnel cadre we apply to, but s/he is rejected due to being intellectually disabled. My child can work. He can do all kinds of work. All we want is for him to work.

K4- In general , I want my child to have a better education.

K10- I do not have any expectations other than the education of my child. As I said, if s/he could walk as much as s/he could meet his/her own needs, this is enough for me even if s/he is on four hands

The Expectations of Parents from the State on Special Education and Rehabilitation Centers

Parents specified that the duration of the supportive education given to their children in Special Education and Rehabilitation Centers was short. This duration should be increased (f:7); job opportunities should be provided to their children for them to sustain their lives after the completion of their educational life (f:6), social areas should be increased for the children with MD to cohere with society and socialize (f:5), qualified personnel numbers should be increased for providing better service to the children with MD (f:3), and more support should be provided to the special education and rehabilitation centers in these issues (f:3). Some parents having children with MD specified that they did not have any expectations from the state (f:3). The statements of the parents on the subject are given below.

K1- I want my child to be hired. All I expect is that these children should have a job. There must be a job these children could do.

K2- Actually, this is my expectation from the state. This is our expectation from the state, having longer periods of lessons for special children. I think forty minutes, two and eight hours are not enough. We expect this from the state for the rehabilitation centers.

K9- Lesson hours could be a little longer, maybe. I mean, the lesson hour is 40 minutes for Turkish, and 40 for math. What is it per week? Let's say, it takes two hours. This makes it 2,4,6,8 hours per month. It would be better if it was longer.

K3- Teacher, our state is already doing everything; we do not have any other expectations.

Results and Discussion

In this study, the views of parents on the services their children with MD take in the Special Education and Rehabilitation Centers have been examined. When the findings obtained in this study are examined,, themes are seen to have emerged on the services taken by the parents and their children from Special Education and Rehabilitation Centers, views of parents on the educational services, benefits of the given services to parents and their children, quality of the given education, views of parents on the physiotherapy service, views of parents on the communication and interaction of the personnel, hardships faced at the educational process and the expectations of parents. The findings attained in this part of this study have been compared to the findings of previous studies and discussed in light of the literature.

It could be said that interdisciplinary cooperation is needed to reach success in special education. Thus, it is considered to give family education to parents by an instructor and psychologist expert in their areas in Special Education and Rehabilitation Centers (Akçamete and Kargın, 1999). The parents participating in this study have specified that they have also taken guidance and family education services from Special Education and Rehabilitation Centers as well as the educational services taken by their children. While some of the parents have regularly participated in these educations, some of them have stated that they could not regularly participate in them. The parents being able to regularly participate in the guidance and family education have stated that they are content with the education and find it beneficial for themselves.

One of the services taken by the children with MD from Special Education and Rehabilitation Centers is the physiotherapy service which is beneficial for them regarding their physical disability. Parents have specified that they have taken group academic education, individual academic education, handicraft education, and language and speech skills education from these types of institutions providing supportive service. In addition, they have also taken the physiotherapy service, which is very important for their children and they are so content with this service. They have stated that it is significant to the motor development of the children and that it provides physical relaxation. The findings obtained in this study are consistent with Mengi's (2020) study. According to the findings, the participants expressed that they went to the Special Education and Rehabilitation Center twice a week, they had physiotherapy there depending on their disabilities and the individuals with visual impairments had training in walking sticks and braille. The individuals with MS () had the education for massage, stretching and exercises and the individuals with physical disability and Cerebral Palsy (CP) ()had the education of walking on the treadmill, walking, stretching and waist/back working etc. The findings suggest that every child takes supportive services depending on their characteristics and disability types in Special Education and Rehabilitation Centers and they benefit from these services in a productive way although their duration is not enough.

Another finding of this study is that the educational services given to children with MD in the institution have positive contributions to the academic improvement, social skill gaining and motor development of the children. Within this direction, the parents participating had specified that the given educational services support the development of their children and that the given supportive services contribute to the self-confidence improvement of the children. The benefits of the supportive services given to students with hearing loss have been stated in the study conducted by Gürgür et al. (2016). The teachers participating in the study have expressed that the supportive services given by the institution have positive contributions to the academic success and social skill development of the children. This finding of the study shows similarity with the finding that the educational and supportive services given to children with MD support the development of the children.

Parents have stated their opinions on the requirement that the support given to Special Education and Rehabilitation Centers by the state should be increased. In a study conducted by Altınkurt (2008), it has been detected that the only financial resource of the institution, according to the managers of the institution, is the educational fees given by the state. The works related to education delay in the event of the delay in the given fees, and this situation reflects on the students. This finding reveals how important and vital it is for the Special Education and Rehabilitation Centers to be supported by the state.

When the views of the parents on the relations and communication of the personnel working in Special Education and Rehabilitation Centers with the family are examined, the fact that they are smiling towards themselves, they deal with both children with MD and their parents, personnel act sincerely towards the interests and requests of the parents and they are sharing is among the findings of this study. They have stated that they could comfortably share their problems and troubles related to both themselves and their children. In another study (Antmen, 2010), 77% of the parents stated that they share their daily problems and get positive feedback. Also, another study (Güven Arslan, 2014) cites that the problems faced in the institution are solved within the same day and hour, time is adjusted according to the parents and the sensitivity necessary for the parents and their children to benefit from the institution at a maximum level is shown. These results could be said to be in parallel with the findings of this study. Besides, sharing the problems in daily life and the troubles experienced with the children and the professional support taken from the institution could be said to possibly both decrease the burnout feeling of the family and easily solve the problems experienced by the parents related to their children.

The parents stated their views on the hardships they face during the educational process. They have expressed that they have had to go to the institution with their child, they sometimes could not deal with their children. Therefore, they have had some stress about these issues. They have expressed that they have had hardships, especially in the issue of taking the child to the institution after taking him/her from school at the school hour and not making any plans about this. In this way, it could be said that the child goes to the institution in a reluctant way and therefore, the supportive services given to children do not fulfill their function. It could be thought that the child going to the institution, especially during school hours will also hinder the education given to the child at school and this will negatively affect the school success of the child. Moreover, taking the child to the institution within school hours brings to mind the question of where the supportive services are given to the child with MD or where they should be given. Furthermore, it is seen that the children with MD are reluctant to go to the institution, and have hardships accepting their teachers and the institution. In this way, the children show nail-biting behaviors and are reluctant to do the activities and homework given at school because they are tired while coming back from the institution. In light of these findings, it could be specified that the institution managers should make the necessary arrangements by taking the demands of the children and parents into consideration.

When the parents have been asked about their expectations from the Special Education and Rehabilitation Centers related to physiotherapy and its education, they have expressed their expectations on the issue of extending the duration of the period left for the education. Upon this finding, it could be said that the given supportive services should be arranged in terms of duration and frequency for them to be more qualified and beneficial for the children with MD. It is seen in the studies conducted in the literature that not only the parents, but also the teachers and institution managers have expectations about this issue in the same direction (Gürgür, 2016; Güven Arslan, 2014; Korucu, 2005; Sağıroğlu, 2006).

Recommendations

As a result of the study, it has been concluded that the parents having children with MD have various supportive services both for themselves and their children with MD from the Special Education and Rehabilitation Centers. They are so content with the education and physiotherapy services given by the institutions, these services are so productive and beneficial for both themselves and their children, but the duration of the given educational services is low and it is insufficient for their children. The state should support these kinds of institutions and they want their children to be hired within their capabilities Based on the findings of this study, revisions could be made to the frequency and duration of supportive services given to children with MD. Necessary in-service education and seminars could be given to the personnel to increase the quality of the education and services given in the institution and ensure the children with MD benefit from these services at a high level. Awareness work could be conducted on the requirements and needs of children with MD and seminars could be given to both the parents and the instructors and physiotherapists taking place in this group. urther studies could examine the views of physiotherapists on the physiotherapy services provided to children with MD and the difficulties encountered in this process.

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Genişletilmiş Türkçe Özet

Çoklu yetersizlik (ÇY), birden fazla yetersizliği içerisinde barındıran, çeşitli sağlık sorunlarıyla birlikte görülebilen bir durum olarak tanımlanmaktadır (Eldeniz Çetin vd., 2020). Birden fazla yetersizlikle birlikte çeşitli sağlık sorunlarına sahip bireyler ise ÇY sahip birey olarak isimlendirilebilir. ÇY olan çocuklar birden fazla yetersizliğe sahip olduğu için yoğun, sistematik bir şekilde özel eğitim ve rehabilitasyon hizmetlerine ihtiyaç duyabilmektedirler. ÇY olan çocukları yaşama hazırlayan eğitim hizmetleri ve destek hizmetler sunan Milli Eğitim Bakanlığı'na (MEB) bağlı kurumlar bulunmaktadır. Özel Eğitim ve Rehabilitasyon Merkezleri Milli Eğitim Bakanlığı'na bağlı bu kurumlar arasındadır.

Özel eğitim ve rehabilitasyon merkezlerinde, özel eğitim değerlendirme kurulu raporunda destek eğitim almaları uygun görülen bireylere bireysel olarak, grup olarak veya hem bireysel hem de grup eğitimi verilmekte ve bakanlık tarafından onaylanmış destek eğitim programı uygulanmaktadır (Özel Eğitim Kurumları Yönetmeliği, 2012). Çoklu yetersizliği olan çocuklar özel eğitim değerlendirme kurulu kararı ile özel eğitim ve rehabilitasyon merkezlerinden destek eğitim alabilmektedirler. Bu destek eğitim 28296 sayılı Millî Eğitim Bakanlığı Özel Eğitim Kurumları Yönetmeliğinde "Engelli bireye kurumca, aylık olarak belirlenen tutar karşılığında bir ayda en az sekiz ders saati bireysel ve/veya dört ders saati grup eğitiminin verilmiş olması" şekilde ifade edilmiş olup bu hizmetlerden çoklu yetersizliği olan öğrenciler de yararlanmaktadırlar.

Özel Eğitim Kurumları Kanunu'nda Özel Eğitim ve Rehabilitasyon Merkezleri; zihinsel, fiziksel, duygusal, sosyal, konuşma, görme, işitme yetersizliğinden dolayı topluma uyum sağlayamayan bireyleri topluma uyum sağlamak, gerekli olan becerileri kazandırmak için kurulan ve bu grupta yer alan bireylere hizmet sunan kurumlardır (www.resmigazete.gov.tr/erş. tar.: 28.02.2019). Bu kurumlar yetersizliği olan bireyleri, özel yöntem, personel, araç gereç kullanarak bireylerin ilgi, yetenek ve ihtiyaçlarını göz önünde bulundurarak yaşama hazırlanmalarını sağlar. Yetersizliği olan bireylerin çevresiyle iyi ilişkiler kurmasına, yaşadığı çevreye uyum sağlamasına ve çevresine faydalı bir birey olmasına yardımcı olur (Palas Karaca vd., 2016).

Alanyazın incelendiğinde ÇY olan çocuklara sunulan özel eğitim ve rehabilite hizmetlerinin niteliğine ve bu hizmetlerin ne derece ÇY olan çocuklara faydalı olduğuna ilişkin ebeveynlerin görüşlerinin incelendiği bir araştırmanın gerçekleştirilmediği görülmektedir. Dolayısıyla okul ortamı dışında ÇY olan çocuklara sunulan destek hizmetlerin (Özel eğitim ve rehabilite hizmetleri) Özel Eğitim ve Rehabilitasyon Merkezlerince verildiği gerçeğinden yola çıkarak bu araştırmada verilen bu hizmetlerin niteliğine, faydalarına ve ebeveynlerin beklentilerine yönelik ebeveyn görüşlerinin incelenmesi amaçlanmaktadır. Dolayısıyla bu çalışmanın genel amacı; ÇY olan çocukların Özel Eğitim ve Rehabilitasyon Merkezlerinde aldıkları hizmetlere ilişkin ebeveynlerin görüşlerini incelemektir. Bu genel amaç doğrultusunda aşağıdaki sorulara yanıt aranmıştır:

Ebeveynlerin;

1. ÇY olan çocukların Özel Eğitim ve Rehabilitasyon Merkezlerinde aldıkları hizmetlere ilişkin görüş ve deneyimleri,
2. ÇY olan çocukların aldıkları eğitim hizmetlerine ilişkin görüşleri
3. Özel Eğitim ve Rehabilitasyon Merkezlerinde çalışan personelin aile olan ilişkilerine yönelik görüş ve deneyimleri,
4. Özel Eğitim ve Rehabilitasyon Merkezlerinden ve devletten beklentilerine ilişkin görüş ve önerileri nelerdir?

Yöntem

Bu araştırmada ÇY olan çocukların Özel Eğitim ve Rehabilitasyon Merkezlerinde aldıkları eğitime ilişkin ebeveyn görüşlerini belirlemek amacıyla nitel araştırma yöntemlerinden fenomonoloji/olgu bilim deseni kullanılmıştır. Fenomenoloji bireylerin herhangi bir olay ya da olgu üzerine olan deneyimlerini ve yaşantılarını ortaya koymayı amaçlayan bir desendir (Schram, 2003). Araştırmanın katılımcılarını ÇY sahip çocuğu olan ebeveynler oluşturmaktadır. Araştırmanın katılımcıları ölçüt örnekleme tekniği kullanılarak belirlenmiştir. Belirlenen ölçütler ise; çocuklarında zihin yetersizliğine eşlik eden ek bir yetersizliğin olması, çocuklarının Özel Eğitim ve Rehabilitasyon Merkezlerine devam ediyor ve bu kurumlardan hizmet alıyor olmasıdır. Bu kriterleri karşılayan ÇY sahip çocuğu olan ebeveynler araştırmanın katılımcılarını oluşturmuştur.

Nitel araştırma yöntemlerinde veri toplama tekniklerinden biri görüşmedir. Bu araştırmada görüşme tekniklerinden yarı yapılandırılmış görüşme tekniği kullanılmış olup görüşmede yer alan sorular alan yazın incelenerek araştırmacılar tarafından hazırlanmıştır. Hazırlanan sorular Özel eğitim ve ölçme değerlendirme alanında uzman kişilerin görüşleri alınarak son hali verilmiştir. ÇY sahip çocuğu olan ebeveynlerin görüşme sorularına verdikleri yanıtlar yazılı hale getirilmiştir. Yapılan deşifre işleminin güvenirliği dokümanların %30 unda yapılmış ve %100 olarak hesaplanmıştır. Bilgisayar ortamına verileri çözümlemek için ise betimsel analiz tekniği kullanılmıştır.

Sonuç

ÇY sahip çocuğu olan ebeveynler çocuklarının Özel Eğitim ve Rehabilitasyon Merkezlerinde grup eğitimi, bireysel eğitim, fizik tedavi ve el becerileri kazanmaya yönelik eğitim aldıklarını belirtmişlerdir. Ebeveynler, Özel Eğitim ve Rehabilitasyon Merkezlerinden aile eğitimi ve rehberlik hizmetleri aldıklarını fakat düzenli olarak katılamadıklarını ifade etmişlerdir. Özel Eğitim ve Rehabilitasyon Merkezlerinde verilen eğitimi nitelikli ve çocukları açısından verimli bulduklarını ancak verilen eğitimi süre açısından yeterli bulmadıklarını belirtmişlerdir. Çocuklarına verilen fizik tedavi hizmetinin çocukları için faydalı olduğunu ve dolayısıyla kendilerini de mutlu ettiğini ifade etmişlerdir. Özel Eğitim ve Rehabilitasyon Merkezinde çalışan personelin gerek ebeveynlerle gerekse çocuklarla çok ilgili olduklarını, bu durumun kendilerini çok memnun ettiğini, kuruma giriş çıkışlarda kendilerini güler yüzle karşıladıklarını ve samimi davrandıklarını belirtmişlerdir. ÇY sahip çocuğu olan ebeveynler devletten çocuklarını kendi ilgi, istek ve becerilerine yönelik bir işe yerleştirmesine, kurumda verilen eğitim süresinin uzatılmasına yönelik görüş bildirmişlerdir.

Tartışma

Özel eğitimde başarıya ulaşmak için disiplinler arası bir işbirliğine gereksinim olduğu söylenebilir. Bu nedenle de Özel Eğitim ve Rehabilitasyon Merkezlerinde alanında uzman olan bir eğitimci ve bir psikolog tarafından ebeveynlere aile eğitimi verilmesi gerektiği düşünülmektedir (Akçamete ve Kargın, 1999). Araştırmaya katılan ebeveynler, Özel Eğitim ve Rehabilitasyon Merkezlerinden çocuklarının aldığı eğitim hizmetlerinin yanı sıra kendilerinin de rehberlik hizmeti ve aile eğitimi hizmeti aldıklarını belirtmişlerdir. Kimi ebeveynler verilen bu eğitime düzenli olarak katılırken kimi ebeveynler düzenli olarak katılamadıklarını ifade etmişlerdir.

Yapılan araştırmanın bulgularından birisi de kurumda ÇY olan çocuklara verilen eğitim hizmetlerinin çocuğun akademik gelişimine, sosyal beceri kazanmasına, motor gelişimine olumlu katkılarının olduğudur. Bu doğrultuda araştırmaya katılan ebeveynler verilen eğitim hizmetlerinin çocuklarının gelişimini desteklediğini ve verilen destek hizmetlerin çocuğun özgüveninin gelişmesine katkı sunduğunu belirtmişlerdir. Gürgür vd. (2016) yaptığı araştırmada verilen destek hizmetlerin işitme kayıplı öğrencilere olan yararlarını ifade etmişlerdir. Araştırmaya katılan öğretmenler, kurumda verilen destek hizmetlerin çocukların akademik başarılarına ve sosyal beceri kazanımına olumlu katkıları olduğunu belirtmişlerdir. Araştırmanın bu bulgusu ÇY olan çocuklara verilen eğitim ve destek hizmetlerin çocukların gelişimini desteklediği bulgusuyla benzerlik göstermektedir.

Ebeveynlere, çocuğun fizik tedavi ve eğitimi ile ilgili Özel Eğitim ve Rehabilitasyon Merkezlerinden beklentileri sorulduğunda eğitime ayrılan sürenin kısa olduğu, bu sürenin uzatılması konusunda beklentilerini bildirmişlerdir. Bu bulgudan yola çıkarak ÇY olan çocuklara verilen destek hizmetlerin daha nitelikli ve yararlı olması için sunulan destek hizmetlerin süre ve sıklık açısından düzenlenmesi gerektiği söylenebilir. Alanyazında gerçekleştirilen araştırmalarda da sadece ebeveynlerin bu konuda bir beklenti içinde olmadığı öğretmenlerin ve kurum yöneticilerinin de aynı doğrultuda bir beklenti içinde olduğu görülmektedir (Gürgür, 2016; Güven Arslan, 2014; Korucu, 2005; Sağıroğlu, 2006).

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