

## Dismantling the Walls of Jericho: Reinventing the IEP to Include Multiple Perspectives

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**Abstract.** The paper examines various barriers which culturally diverse individuals and families face during the construction and implementation of Individualised Plans (IEP). Language competency, cultural competency, social and cultural constructs, time orientation, assessment, definitions of disability, notions of dependence and self-orientation present various barriers for persons with disabilities and their families. The author highlights these barriers and lists a number of recommendations amongst which are the development of empathetic relationships with parents, the introduction of cultural brokers with the same background of the family being serviced, establishing broader assessment areas before finalising assessments and expanding the role of the extended family during the IEP process.

**Keywords:** Individualized Educational Plan; Barriers; cultures

### Introduction

The mandatory legislation as explained by the Individual with Disabilities Act (2004) has urged schools to promote interlinked participatory experiences between schools and parents. These experiences personified by the various activities organized by schools are being targeted for a more active participation by parents and for more involvements in educational processes, notably the Individualized educational process (henceforward the IEP). The IEP is a process in which a team composed of different professionals work in a transdisciplinary setting. During the process the child's present level of performance is established and goals (both short term and long term) are projected and later evaluated. The IEP must provide a justification of "the extent to which the child will not participate with children without disabilities in the general education class" (Special Focus Issue, 1999, p.9). Various legislations (Eg: Education for all Handicapped Children Act of 1975, The Education of the Handicapped Act Amendments of 1986, the Individuals with Disabilities Education Act of 2004) recognize family involvement as an integrative part of the IEP process.

It is duly assumed that such initiatives are catalysts towards more inclusive and effective participation from parents. Keith et al. (1998) established a positive correlation between the academic outcomes of students and parental involvement in school. This involvement is even more critical for parents whose

children are stated as having a disability due to their mandatory participation in the IEP. By participating concurrently in the IEP process parents and professionals will be ensuring a levelled platform of communicative stance based on mutual understanding and respect.

Notwithstanding such benefits, research conducted by Lynch and Stein (1997) and Denessen, Bakker and Gierveld (2007) has shown that parents whose cultural and linguistic backgrounds differ from the host country are less involved in school matters. On the other hand Harry, 1992b found that children whose parents come from differing cultural and linguistic backgrounds form a significant percentage of the total Special Educational needs services.

Research conducted by Meece and Kurt-Costes (2001) shows that families are becoming more diverse in terms of level of education, occupation, religion, ethnicity, country of origin, beliefs and values. They also showed that Culturally and Linguistically diverse parents are often unfamiliar with special needs terminology, access arrangements, children's and parents' rights and availability of services. It falls within the realm of the school to provide opportunities which mitigate against the barriers towards full parental participation in their child's Individualized Educational Planning.

Communicating effectively with parents is an important precept towards understanding the cultural and linguistic assumptions brought forward both by school personnel and parents. Schools have the moral duty to enable parents to be reflective and critical on the resources available at school in order to assess what is best for their children. School staff should also provide special assistance (such as the provision of an interpreter) to enable parents to provide advocacy for their children. In culturally diverse settings communication in the IEP process tends to be vague with often general terms and devoid of any real mutual interaction between parents and school staff (Porter & Samovar, 1998). Besides, cultural groups have differing expectations about their role with the educational process of their children (Okagaki & Frensch, 1998; Nieto, 2000). Such differences are fertile ground for misunderstandings and miscommunications.

Lack of awareness of one's culture and the limits it might impose on the understanding of other cultures, such as the interpretation of cultural symbols or the ability to move from one reference point to another could be detrimental towards effective communication. The presupposition that there is only one cultural construct or one set of universal truths may lead to the assumption that the other party is familiar with procedures and policies of the existing system. This would invariably lead to significant misunderstandings during the IEP process. Parents and professionals might unwittingly engage themselves in a vicious circle of misunderstandings which could possibly lead to rising levels of anxieties.

### **Language Competency Barriers**

Parents whose linguistic background is different from the host culture are often frustrated at not being able to communicate as effectively as desired. Research (eg: Turney & Kao, 2009; Boone et al., 1999; Green & Nefsky, 1999; Harry, 1992b) shows that proficiency in English language is the primary stumbling block for parents of differing linguistic background in their attempt to communicate effectively with professionals. Parents who experience inadequacies in participating effectively in IEP processes due to limited linguistic skills feel nervous and inadequate. Such discomfort affects negatively their relationship with school professionals and may even shun them from activities involving direct contact with teachers, inclusion coordinators and other school personnel. Such behaviour may be wrongly interpreted as general disinterest in child's welfare.

Parents who find difficulty in English Language usage may find diagnostic terminology difficult to grasp (Harry, 1992a; Zhang & Bennett, 2003). Terms such as "differential diagnosis", "lower cognitive functioning" or "developmental delay" can be difficult to understand, explain or even translate in another language.

Communicating across the subtleties of cultures is by no means an easy task. Body language, silence, colloquial expressions, pitch and intonation and pacing of speech all influence the overall interaction between parents and professionals. Labelling may vary significantly from parents to professionals. Parents may be familiar with "careless," "lazy," "lacks discipline," but may be not familiar with professional terminology such a "autistic," "learning disabled", or "low intellectual functioning". Sometimes there is no direct linguistic equivalence for terms like "autistic," "mental retardation" or "learning disability" (Chan, 1998; Harry, 1992a; Smith & Ryan, 1987).

### **Cultural Barriers**

Barriers to communication also emerge out of cultural barriers. Parents coming from collectivist cultures may find it awkward to challenge the authority of a teacher (Smith, 2001). Their respect for authority, derived from the teachings of religious and political figures such as Confucius may act as barrier towards active involvement of parents in the IEP process (Harry, 1992a; Zhang & Bennet, 2003). Moreover, Denessen, Bakker and Gierveld (2007), in their study on parental involvement in multiethnic schools found out that although parents were supportive of their children and urged them to study, they thought it was inappropriate to involve themselves in school matters and expected the teachers to take important decisions relevant to their child's education. They assumed that while it is the parents' responsibility to educate the child at home, so it is the responsibility of the teacher to educate properly the child at school. Huang (1993) in a study on Asian American families notes that teachers seeking active parental input were perceived as lacking competence and general understanding of teaching duties.

Verbal and nonverbal communication is culturally influenced and lack of knowledge about the influence that culture has on communicative behaviour can lead to unexpected negative outcomes. Non-verbal communication patterns can be easily overlooked or misinterpreted by both parents and professionals.

### **Cultural Competence Barriers**

Goode (2001) explains that definitions of cultural competence have evolved over the years taking into account various social changes, research and state legislations. Culture is used to denote integrated patterns of human behaviours, which include communication patterns, norms, values, actions, customs, beliefs, religious affiliations and values and institutions of a racial, ethnic, religious, or social group.

All definitions of cultural competence found in literature incorporate the following four elements: 1) the value of diversity, 2) the assessment of one's own cultural makeup, 3) the ability to harness cultural knowledge, and 4) having the ability to modify service delivery while fully respecting cultural diversity. Programs which target cultural competency contain a common set of characteristics namely: 1) a clearly defined philosophy and policies, (2) policies that reflect the ethnic composition being served, 3) an emphasis on education, training and curriculum development (Cross et al., 1989, p.39). Goode (2001) expanded the above characteristics and stated that a service delivery system needs to be driven by culturally preferred choice and should be aimed at cultivating self-determination skills to the person or family requesting service.

The National Centre for the Dissemination of Disability Research (NCDDR, 1999) emphasised empowerment as the most important element of cultural competence. Empowerment involves the ability to act as an ally with the people requiring service rather than passively assist them towards the service. Kalyanpur and Rao (1991) further explained that:

Empowerment signifies changing the role of a service provider from that of an expert to that of an ally or friend who enables [individuals] to articulate what they need . . . It involves caring, which builds supportive relationships; respect, which builds reciprocity; and the acceptance of differences, which builds trust (p. 35).

Harry et al. (1995a) warned against developing a surreal sense of cultural competence based on superficial cultural assumptions such as clothing, food, holiday and festivities which are associated to specific racial groups. Professionals need to examine the cultural lenses through which they see the delivery of services of the families they serve.

### **The Social Construction of Disability**

Disability is a socially constructed concept. Luft (1995) observes that disability categories are a result of middle-class developmental norms. Harry (1992b) agrees with Luft's (1995) observations and insists that professionals interpret the

model (of disability) present in the law as the one to be adopted. Professional behave in a way which assumes that the definitions of disability emanating from the pro western culture of the United States are, in fact, universal truths.

Harry (1992b) argues that the universal acceptance of such norms lies in the perception that experts possess unchallenged knowledge and expertise about disabilities. This perception overrides other perceptions and understandings held by individuals, families and communities. This does not mean that disabilities do not exist but the underpinnings surrounding various conceptions of disability vary according to the context in which it evolves and that diagnosis is also culturally derived. Also, the impact that such disabilities have on the individual and his/ her family is underpinned by the cultural norms pertaining to that culture. On a similar note, Smart and Smart (1997) conclude that disability is not only the effect of nature or unexpected circumstances but also society defines and diagnoses disability.

### **Different Cultural Constructs of Disability**

Numerous authors argued that the term “disability” is a socially constructed concept (Harry, 2002). The different conceptualizations of disability is itself a delimiting factor which prevents families from differing cultural backgrounds from seeking the services that they need or are entitled to. Gallagher (2004) observed that all societies recognize that individuals with physical, psychological or sensory impairment stand out from other non-disabled members within that society.

Families from diverse cultures may opt for an extended family member to accompany them during interaction with professionals (Gannotti, Headworker, Groce & Cruz, 2001). Hence decision making processes might include the input of family members who are not nuclear. Such practice may be viewed somewhat negatively by various professionals who expect the nuclear family to take decisions for their children.

### **Time-dependent barriers**

The IEP process is a lengthy process requiring coordination efforts from both parents and professionals. Culturally diverse parents who are unfamiliar with formal, interlinked procedures such as MAPS (Making Action Plans), assessment reports, statementing and appeals procedures may perceive these processes as overly bureaucratic and unhelpful. The technical jargon frequently included in forms, letters, circulars and reports related to the IEP process provides a psychological barrier for culturally diverse parents. Also language translators for parents from diverse linguistic backgrounds may not be readily available and this increases difficulty in communication and creates feelings of impersonality and estrangement.

The inherent structure of the IEP demands certain objectives to be met within specific periods of time. Such structure may be difficult to internalize for parents

whose culture is not driven by particular time constraints. Professionals whose demeanour demands rigid formal structures can be wrongly perceived as indifferent and cold. Harry (1992a) points out that IEPs who are formal and time-bound may be perceived as intended only to satisfy a legal requirement rather than as a vehicle into putting the child at the centre of the IEP process itself. Parents who expect a high level of social communicative patterns may feel indifferent and alienated from poorly articulated interactive patterns of communication.

Working hours could also be a barrier to family participation in the IEP. IEP meetings are usually scheduled in the mornings when parents have work commitments. Also, the family could have other children who would need child care or transportation which might clash with IEP constricted schedules.

In some cultures, a high level of personal interaction is more important than getting down quickly to business. This frequently creates a sense of uneasiness between culturally diverse parents and professionals. Some families may not wish to project much into the future goals of their children. Some families might also wish to take their time and consult their extended family members before taking decisions which affect their children's future.

### **Assessment related barriers**

Assessment procedures requiring determinate answers such as 'Yes' or 'No' may leave little space for parents to express themselves or offer alternative and diverse solutions to a problem. Many a time standardized tests are appropriate only on the population on which standardization has occurred and does not take into account cultural and linguistic diversities within families thus leading to the doubtful validity of instrumentation and consequently on reliability of results (Baca & Cervantes, 1989; Ford, 2004; Ford 2010).

Culturally diverse parents may hold different perceptions as what constitutes a disability. For example it is well known that Attention Deficit and Hyperactivity Disorder is largely misunderstood due to differing cultural norms.

By comparing Korean and US parents/teachers, Moon (2011) studied different perspectives on Attention Deficit Hyperactivity Disorder and concluded that cultural influence was a major determinant in the treatment and diagnosis of Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder. In Korea, teachers and parents whose educational perspectives are largely influenced by Confucianism, feel that children's distractive behaviours is a result of their own incompetence and is a negative reflection on themselves and their authority. They assume personal responsibility for children's distractive behaviours, and have negative attitudes toward medication because the medication does not help to increase academic improvement. In the U.S. parents and teachers, influenced by western culture, tend to focus on independence and hence take no personal responsibility for the children's behaviours. Instead, they

focus on controlling children's behaviour by exploring possibilities and treatment and were more open to external professional intervention. Parents and teachers in the US were more positive about medical treatments because medication helps to reduce children's distractive behaviours. Other barriers, which culturally diverse families face is that service providers in schools lack the training necessary in working with families (Bailey, Buyese & Palsha, 1990).

### **Definition of disability**

The concept of special needs is socially and culturally determined (Lindqvist & Bergström, 2010). Hence concepts of special education in a particular culture may be different from that of another culture. Different cultures may also differ in what is age appropriate behaviour and development. What a particular culture may consider as appropriate another culture may consider it as a disability. In highly collectivistic cultures where possessions are perceived as communal, a child whose behaviour demonstrates a sense of community and belonging is considered to be ideal in that culture. However if that child is observed in a culture where individualism is a highly valued attribute then his behaviour would not be viewed by the host culture as appropriate. On the same line of thought, a child whose cognitive capacities are considered as low within a particular culture may be viewed average or high in another culture. Also, in cultures where access to education is limited, a high academic performance may not be a desired goal.

Culturally diverse parents may perceive their child's behaviour as problematic but may not think of it as sufficiently problematic as needing intervention or may not be ready to have the condition written down, i.e. stated. In her study on Puerto Rican parents (Harry, 1992b) found that parents did not think of their children's reading or challenging behaviour in terms of a possible disability. Instead they interpreted these behaviours as arising from teachers' incompetence, confusion between English and Spanish language or as extreme shyness. Puerto Rican parents frequently point out to the fact that there is an overrepresentation of their children in special education and that professionals attribute their children's lack of competence arising out of disabilities rather than lack of exposure to the teaching of English Language. In cultures where parents interpret academic challenges as a lack of control have difficulty in understanding terminology related to disability such as ADD (Attention Deficit Disorder), ADHD (Attention Deficit Hyperactivity Disorder), Dyslexia, Dyscalculia, etc.

On the other hand, school professionals unfamiliar with parenting practices from other cultures may wrongly interpret different ways of raising children as 'inappropriate'. A case in point is when a parent together with her child visited school during a parent's meeting and did not display any form of regard to her son in front of his teacher. The teacher interpreted this behaviour as lack of interest but when the parent was interviewed later it came out that, in her culture, it was inappropriate to show affection in front of other people. Parents who are reluctant to show emotional affection in front of school professionals

may also find it difficult to advocate for their children in a way which seems appropriate from the lenses of school personnel. Parents who come from a different culture from that of the mainstream may find the principles upon which special educational interventions are based as incompatible with their culture. Professionals must be aware that their cultural assumptions are the linchpins upon which their interventions are based.

Western societies view disability in terms of the equality principle, i.e. a person is viewed as having a deficit of some form or another and so it is society's duty to mitigate against this deficit so as to remediate and reengage that person back into society. However, this might not be the view of parents whose culture is not western. Garcia et al. (2000), in their study on sociocultural perspectives on Mexican- American parents found that mothers believed that their children were just developing at a slower rate and that there was ample time for development later on in life. This perspective influenced the way professionals reacted to parents and the kind of intervention being followed.

Other studies (eg: Weber & Newmark, 2007; Stuart, 2005; Malacrida, 2002; Wong, 2009; Angley, Semple, Hewton, Paterson & McKinnon, 2007) have suggested alternative 'cures' such as acupuncture and consulting mediums together with other interventions. Parents coming from different cultural and linguistic backgrounds may view professional intervention as being a direct violation of the will of a supreme being. Skinner, Corraera, Skinner and Bailey (2001) found that adherence to religious views had a major impact on the way some parents viewed their children's disability as a blessing. In their study they cite parents claiming that they view disability as God's special blessing and as a reward for being excellent parents.

### **Interdependence vs Dependence**

The notion of interdependence vs dependence is also conceptually different between Western and non-western cultures. While non-Western cultures emphasise the importance of family role as the network on which interdependence is based (Olsen & Skogrand (2009), western philosophy rests upon a strong preference for independent skills (Carter et al, 2006). These two rather different approaches can be of a hindrance to the development of the IEP process. Hence, professionals who have been trained in fostering independent skills to children with physical and intellectual disabilities may unknowingly judge parents as being overprotective and hindering the promotion of independent skills. These conflicting views may be difficult to reconcile to the extent that the IEP process is marred from being a tool designed to help the child achieve his/ her full potential. Parents may wrongly be thought of 'lacking knowledge' and 'selfish'. The effectivity of the IEP process depends on the commitment of both parents and professionals towards an integrative and inclusive IEP in which the welfare of the child is put at the very heart of the process. IEP processes and reviews must respect a combination of elements which are at heart to both parents and professionals.



### **Collectivist vs Individualistic Orientations.**

The social construction of disability and the differing contextual meaning of the term 'independence' can affect the extent to which people with disabilities from diverse cultures make use of social services and other supportive social structures. NCDDR (1999) pointed out that the American culture favours individualism as one of the most important values in its mainstream culture. Individualism, as a value orientation, clearly permeates every aspect of services such as social work, counselling, psychotherapy, rehabilitation programs and independent living centres. However, the value of individualism, which is so evident in the United States is not so intrusive in other cultures. In fact people from diverse racial and ethnic groups tend to hold collectivistic value orientations which favour the role of interdependence within the family rather than emphasising independence. People from diverse cultures have also reported perceptions of disability as a reflection upon and responsibility of the entire family.

The National Commission for Disabilities in its bulletin entitled Disability Rights Update found that cultural differences about concepts such as self-determination, self-advocacy self sufficiency, control over one's life, individual decisions, and minimal reliance on others, may be disrespectful or even offensive towards a person with a disability (NCD, 1999, p. 15).

### **Recommendations**

Reaching the desired outcome from an IEP process is only possible through the development of mutual respect and a genuine effort to include multiple perspectives in the IEP itself. Being sensitive to the needs of others, acknowledging differences and working wholeheartedly towards a set of agreed targets are essential prerequisites toward an effective IEP process. The primary goal of the IEP is to come up with a number of targets carefully constructed by parents and professionals to determine the best possible service that meets the child's needs. Hence, it is of utmost importance that a mutual agreement is reached between all stakeholders.

In order to be able to reach a mutual agreement one has to be able to recognise his cultural biases and assumptions. Heads of school, teachers and inclusive coordinators need to re-examine their approaches of working with parents whose culture is different from the host so as to improve communicative patterns. When a child is suspected to have a disability a period of emotional instability begins for the parents (Collins & Collins, 2001). Such emotional instability is frequently exasperated by the need to contact a number of professionals within a short time frame. It is important for professionals to understand that temporal perceptions are also culturally influenced and hence more sensitivity is needed. The following recommendations might help professionals in their quest towards a more smooth course of action when interacting with parents:

- Make initial contact with parents prior to Individualized Educational planning. Evaluate and provide for family difficulties such as childcare, working time of parents, transportation and location of services. This would need to be co-ordinated between local village councils and the School Senior Management Team.
- Identify the cultural underpinnings which shape interpretations of a student's difficulties, the IEP process and implementation. Particular attention should be directed at cultural holidays and special religious periods during the year. A cultural mediator (cultural broker) would need to take this actively into account during initial contacts with parents and the child with disability himself/herself.
- Understand culturally bound behaviour especially non-verbal communication, body language and language prosodics. This requires a genuine effort and open disposition from all professionals within a trans-disciplinary team.
- Acknowledge cultural differences identified and continuously model mutual respect practices.
- Provide a reviewed and simplified version of relevant literature to parents. Allow parents time to digest information and ask for feedback. In particular give culturally diverse parents an explanation of country laws related to disability. Elicit from parents their views on disability, placements, statementing processes and IEP meetings. This would fall within the realm of the inclusion coordinator together with a legal representative of the family or group culture.
- Promote mutual understanding of school policy, practices and procedures with the family being serviced (Green & Nefsky, 1999). This could be negotiated between the senior management team of the school, parents and their legal representatives.
- By means of continuous discussions determine the most effective ways of infusing professional recommendations into the value system of the family
- Advocate for the provision of cultural brokers who would be able to identify areas of significant cultural disparities and be able to work through areas of concern. They would be able to anticipate areas of miscommunication and provide an opportunity to explore stakeholders concern. University trained cultural brokers need to have a cultural background which is similar to that of the family being serviced. Such services need to be maintained throughout the process so as to ensure a positive build-up in relationship between service providers and the family being serviced.

- Since the class teacher and the learning support assistant are usually in close contact with the family they would be able to gauge the family readiness for support. Too much information giving can be a difficult task to handle for most parents.
- Sustaining effective communication is essential for productive and collaborative relationships. The IEP meeting should serve as yet another opportunity for developing awareness of other cultures and deliberately act towards assimilation of practices.
- Trust takes long to build and can easily be lost. Taking the time to develop understanding, concerns, priorities and needs is time well invested in the understanding of the whole IEP process.
- Developing empathy towards other cultures is a preamble towards the facilitation of communication.
- Never underestimate the potential of Cultural and Linguistically Diverse family members. Advocate new roles for family members (eg: being part of a pressure group that promotes equality in Education).
- Use native language to facilitate communication.
- Define goals which are consistent with the family's experiences, religious values, and cultural orientation. The statementing board could help in clarifying these goals, always putting the needs of child as the topmost priority.
- Identify a broad base of assessment areas before finalizing as assessment. Assessments can be made more culturally fair and valid by being administering in the primary language of the person taking the exam and have interpreters translate test questions. Psychometrists together with school personnel need to work on discarding questions that groups perform very differently on and eliminate items that may seem offensive to certain groups, keeping in mind the background of the person. It would be inappropriate to assume that everyone has had the same educational and social opportunities. Also, a range of tests need to be used using multiple sources of data. Never assume that a test is perfect especially when a particular culture group is consistently scoring low on a particular test.
- Keep regular updates of reviews and communicate these reviews effectively. College principals need to be allocated the necessary technological and human resources to be able to cope with the ever increasing demands of printed documentation.

Such recommendations can be infused in the first Individualized Educational Plan of the child and thus serve as a forum for the exchange of ideas. For such

exchange to be productive and effective a genuine effort from both parents and professionals needs to be sustained. Awareness of what constitutes different cultural perceptions and the impact that these might possibly have on the IEP communicative process is essential. Cultivating the skills which mitigate against cultural assumptions is a long process which requires constant reflection and re-evaluations of the points outlined above. It is through such efforts that it is ensured that IEP meetings truly serve their purpose as a tool for inclusion.

### **Call for Action**

This enriching process may take long to establish itself as a common praxis. But, as professionals, we are all duty bound to provide all students with disability with the best possible service. The Individualised Educational plan needs to be reinvented to include multiple perspectives. This is an aspiration to which we must all commit ourselves to for the benefit of students and their families. Pilot studies, conducted by professionals from different backgrounds could target particular culture groups and communicate best practise to other professionals. Focus groups could be set up to work on projects related to multicultural education and disabilities.

### **Conclusion**

Family centred approaches to disability programs and processes are necessary to recognize the unique strengths of each individual family. IEP processes must incorporate unique family setup and strengths rather than fitting in rigid established programs or services. Establishing a strong working relationship based on mutual respect, shared responsibility and collaboration is vital for the overall success of the IEP process (Greene & Nefsky, 1999). Professionals need to urge parents to learn skills to be able to stimulate self-determination in their child's life. Such self-determination skills need be discussed and agreed upon during the whole process of IEP. Professionals need to advocate for more participation of parents and protect their rights, should they be perceived as being infringed. Family support groups and extended family members should be invited to pursue more important roles in the child's IEP. Support groups can advocate for the rights of families and guide in the understanding of legal aspects. Support group may even serve as a bridge between professionals and parents, promoting cultural and diversity training and facilitate decision making processes. Transforming the roles of professionals from experts to allies is of vital importance. This will provide a fertile ground for development, implementation and evaluation of an IEP which will be truly conducive towards the effective functioning of all children within the classroom.

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