

People's Democratic Republic of Algeria
Ministry of Higher Education and Scientific Research
ABD ELHAMID IBN BADIS UNIVERSITY
Faculty of Arts and Literature
Department of English



Mental Retardation in Algerian Educational System

(Case Study: Educational Medical Centers for Mentally Retarded Children of RELIZANE)

**Dissertation Submitted in Partial Fulfillment for the Requirements of Master Degree in
Psycholinguistics of English.**

Board of Jury:

- | | |
|-----------------------------|------------|
| • Dr. Hanan SARNO | Chairwoman |
| • Dr. Rajaa BENSTALI | Examiner |
| • Dr. Ilhem ELOUCHDI | Supervisor |

Submitted by:

Fatiha SEGHIER

Mostaganem 2017

Dedication

I would love to dedicate this dissertation to my lovely mother who was the heart of my motivation; the reason of this achievement, all my love and appreciation goes to her. I want also to dedicate it to my brothers and little sister may Allah recovers them, to my friends and dear teachers; this dissertation is the fruit of your support, care and love.

Acknowledgements

My deep and sincere gratitude and thanks are due to my teacher and supervisor Dr. Elouchdi for her valuable direction, without her this work could not see the light.

My profound thanks goes to my friends and classmates: who deserve the permit of this research. A special thanks to the teachers with whom I had my research on, I thank them for being completely collaborative during the administration of the questionnaire.

Abstract

This study addressed the issue of children with developmental disability by examining the challenges faced by teachers who teach children with developmental disability and how they try to overcome these challenges. The present study is divided into three main chapters. The first chapter is literature review which presents a review of related literature that provides different definitions of disability. The second chapter is devoted to the field of work which describes the findings and data analysis, the findings and discussion of findings. The third chapter shed the light about some suggested recommendations for improving teachers' awareness about the mental retardation through the help of parents. Teachers in this study expressed the need for reduced class sizes, modern teaching materials, motivations to teachers, and additional support services from the government. Most teachers teaching children with developmental disability did not receive any special needs education training from the university, they feel that they are not qualified to teach the children with developmental disability.

Table Of Contents

Abstract	II
Dedication	III
Acknowledgements	IV
General Introduction	1
Chapter One:	THEORETICAL FRAMEWORK
1.1.Introduction.....	03
1.2.Definitions Of Disability	03
1.3.Models Of Disability.....	05
1.3.1. Medical Model.....	05
1.3.2. Social Model.....	05
1.4.Types Of Disabilities	06
1.4.1. Hearing Impaired.....	06
1.4.2. Hearing Impaired.....	06
1.4.3. Mentally Challenged.....	06
1.4.4. The Physically Impaired.....	06
1.4.5. Visually Impaired.....	07
1.5.Overview Of Mentally Challenged.....	07
1.6.Classification Of Mental Retardation	08
1.6.1. Mild Mental Retardation.....	08
1.6.2. Moderate Mental Retardation.....	08
1.6.3. Severe Mental Retardation.....	09
1.6.4. Profound Mental Retardation.....	09
1.7.Causes Of Mental Retardation.....	09
1.7.1. Genetic Factors.....	10
1.7.2. Environmental Factors.....	10
1.7.3. Prenatal Problems.....	10
1.7.4. Prenatal Problems	11
1.7.5. Postnatal Problems (In Infancy And Childhood)	11
1.7.6. Malnutrition.....	11
1.8.Diagnosed Of Mental Retardation.....	11
1.9.Developmental Aspects Affected By Mental Retardation.....	12
1.9.1. Cognitive Functioning.....	12

1.9.2. Memory Deficits	12
1.9.3. Attention	13
1.9.4. Anxiety.....	14
1.9.5. Motivation.....	14
1.9.6. Social Development	14
1.9.7. Self-Care And Daily Living Skills	15
1.9.8. Behavioural Excesses And Challenging Behaviour.....	15
1.10. Special Needs Education For Mentally Retarded Children.....	15
1.11. Parents Of Mentally Challenged Children.....	16
1.12. Conclusion.....	17

Chapter Two: RESEARCH METHODOLOGY AND DATA ANALYSIS

2.1. Introduction	19
2.2. Description Of The Study Area.....	19
2.3. Research Design.....	19
2.4. Sampling And Sampling Procedure.....	20
2.4.1 The Target Group.....	20
2.4.2 Criteria For Choosing The Schools.....	20
2.4.3 Criteria For Choosing The Informants.....	20
2.4.4 Sampling Process.....	20
2.5. Methods Of Data Collection.....	21
2.5.1 Semi-Structured Interview.....	21
2.5.2 Observations.....	21
2.5.3 Informal Talks With The Parents.....	22
2.6. Pilot Study.....	22
2.7. Data Analysis.....	23
2.8. Limitations.....	23
2.9. Research Findings.....	24
2.10. Background Information About The Teachers.....	24
2.10.1. Teacher A1 - School A.....	24
2.10.2. Teacher A2 - School A.....	24
2.10.3. Teacher B1 - School B.....	24
2.10.4. Teacher B2 - School B.....	24
2.11. Teachers Knowledge About Mental Retardation.....	24

2.11.1. Teacher A1.....	24
2.11.2. Teacher A2.....	25
2.11.3. Teacher B1.....	25
2.11.4. Teacher B2.....	25
2.12. Teaching Approaches And Methods Used By Teachers.....	25
2.12.1. Teacher A1.....	25
2.12.2. Teacher A2.....	26
2.12.3. Teacher B1	26
2.12.4. Teacher B2.....	26
2.13. Challenges Faced By The Teachers.....	27
2.13.1. Teacher A1.....	27
2.13.2. Teacher A2.....	28
2.13.3. Teacher B1.....	30
2.13.4. Teacher B2.....	31
2.14. Means Used By Teachers To Overcome Challenges.....	33
2.14.1. Teacher A1.....	33
2.14.2. Teacher A2.....	33
2.14.3. Teacher B1.....	34
2.14.4. Teacher B2.....	35
2.15. Shared Activities Between The Unit For Children With Mental Retardation And The Ordinary School.....	36
2.15.1. Collaboration Between Special Needs Teachers And Regular Teacher.....	36
2.15.2. Shared Activities Between Learners With Special Educational Needs And Ordinary Students.....	37
2.16. Collaboration Between Parents Of Children With Mental Retardation And Their Teachers.....	38
2.17. Additional Opinions Given By The Teachers.....	39
2.18. Findings From Informal Observations.....	40
2.18.1. Informal Observation At School A.....	40
2.18.2. Informal Observation At School B.....	40
2.19. Informal Observation During Break Time.....	40
2.20. Interview Findings From Parents.....	41

2.20.1. Parent 1 From School A.....	41
2.20.2. Parent 2 From School B.....	42
2.21. Conclusion.....	43
Chapter Three: LIMITATIONS AND RECOMMENDATIONS	
3.1. Introduction	44
3.2. Challenges Observed.....	44
3.2.1. Lack Of Teaching Materials.....	44
3.2.2. Lack Of Special Needs Teachers.....	45
3.2.3. Lack Of Classrooms And Poor Learning Environments.....	45
3.3. Acceptance In The Society.....	46
3.4. How Teachers Overcome Some Of The Challenges.....	47
3.5. Teachers understanding of mental retardation.....	48
3.6. Methods And Approaches Used By The Teachers.....	48
3.7. Shared Activities Between A Unit For Children With Special Educational Needs And Ordinary Classes.....	49
3.8. Collaboration Between Parents Of Children With Mental Retardation And Special Needs Teachers.....	50
3.9. Informal Talks With The Parents.....	50
3.10. Recommendations.....	51
3.11. Resources.....	51
3.12. Special Needs Education Teachers.....	51
3.13. Further Research.....	52
3.14. Conclusion	52
General Conclusion.....	53
References.....	54
Appendix.....	58

General Introduction

Children with developmental disability need extra attention in terms of curriculum adaptation, teaching methods, and availability of teaching and learning materials, assistive technology, assessment systems, as well as resources and funds for more assistance in adapting the school environment. This study addressed the issue of children with developmental disability by examining the challenges faced by teachers and parents who teach children with developmental disability and how they try to overcome these challenges.

We often think of a child who is not capable of interacting with others or of behaving in a purposeful way. Mentally challenged or mental retardation refer to significantly sub average general intellectual functioning resulting in or associated with concurrent impairments in adapting behavior and manifested during the developmental period.

The general purpose of this study is to find out the issue of children with mentally challenged by examining; the challenges faced by parents and teachers who teach children with developmental disability in special schools and how they try to overcome these challenges.

The empirical investigation guided by the following objectives:

1. To see if teachers understand children with mentally challenged
2. To find out the approach and method of teaching used by teachers when teaching children with mentally challenged
3. To see if there are common activities between a unit for children with special educational needs and ordinary classes.
4. To find out to what extent the parents of children with developmental disability collaborate with special needs education teachers.

The main research questions for this study are:

1. What challenges do teachers face when teaching children with mentally challenged and how can they overcome them?

General Introduction

2. What is the attitude of parent toward their mentally challenged children?
3. What approach and method of teaching do the teachers use to teach children with mentally challenged learn?

This study is an attempt to define the main problems face teachers when teaching children with mentally challenged and how can they overcome them. This thesis made up of three chapters, which consist of the theoretical framework (literature review), research methodology and research finding.

The first one present various literature review that related to the study, the review discusses the characteristics, symptoms and causes of mentally challenged, this theoretical part also deal with the impact of social, environment and cultural factors of mentally challenged child, whereas it shed light on the reaction of parents toward their mentally challenged child. The second chapter is a practical part

1.1. Introduction

This chapter presents the background of why this study was conducted specifically by examining the statement of the problem, the significance and scope of the study. Furthermore, this chapter provides an overview of the main research question alongside its sub-questions.

1.2. Definitions of Disability

Over the years, there has not been a single, universally acceptable definition of disability, an issue that cut across all category of human diversity: race, gender, sexual orientation, etc. Studies have examined the concept of disability with no specific definition of the subject. People with disabilities are around ten percent of the world's population and are the world's largest minority. The United Nations' (UN) assertion presupposes a "modifier" that could be used to identify people who live with disabilities.

In other vein, (Pelka, 2012,p.4) asserts that disability is a dynamic phenomenon and its definition could be factored on time and social circumstances even as he contends that historically, it has been based on the opinions of the non-disabled majority, with prevailing social attitudes regarding physical and psychological differences determining how people with disabilities are treated . (Davis, 2010, p.303) defines disability as "the process that turns impairment into a negative by creating barriers to access".

These various attempts at conceptualizing disability highlight the fact that its definition is largely dependent on culture, and as cultural practices evolve over time knowledge about disability is expected to improve. For instance, what is perceived as disability in one culture may not be so considered in other culture. As (Pelka,2012,p.4) posits, "in some cases a particular condition, impairment, or illness might be perceived as a significant disability where in other circumstances the same particulars of individual differences are barely noticed, if at all" .

The definition of disability is highly contentious for several reasons. First, it is only in the past century that the term "disability" has been used to refer to a distinct

CHAPTER ONE THEORETICAL FRAMEWORK

class of people. Historically, “disability” has been used either as a synonym for “inability” or as a reference to legally imposed limitations on rights and powers. Indeed, as late as 2006, the Oxford English Dictionary recognized only these two senses of the term (Boorse, 2010). As a result, it is hard to settle questions about the meaning of “disability” by appeal to intuitions, since intuitions may be confused by the interplay between older, ordinary-language definitions and newer, specialized ones.

Second, many different characteristics are considered disabilities. Paraplegia, deafness, blindness, diabetes, autism, epilepsy, depression, have all been classified as “disabilities.” The term covers such diverse conditions as the congenital absence or adventitious loss of a limb or a sensory function; progressive neurological conditions like multiple sclerosis; chronic diseases like arteriosclerosis; the inability or limited ability to perform such cognitive functions as remembering faces or calculating sums; and psychiatric disorders like schizophrenia and bipolar disorder.

There seems to be little about the functional or experiential states of people with these various conditions to justify a common concept; indeed, there is at least as much variation among “disabled” people with respect to their experiences and bodily states as there is among people who lack disabilities. Indeed, some have questioned, in part because of this variation, whether the concept of disability can do much philosophical work.

The World Health Organization (2012) defined disabilities as:

An umbrella term, covering impairment, activity limitations and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty Encounter by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a Complex phenomenon, reflecting an interaction between features of a person’s body and Features of the society in which he or she live.

Barnes and Mercer (2003) provide a critique of established definitions and popular discourses of disability. They highlight that society views disabled people in different ways. Impairment, and disablement are common terms, however these terms are often used interchangeably. This highlights that discourses on disability are indistinct, which makes it increasingly difficult to apply each with precision and in a mutually exclusive way.

CHAPTER ONE THEORETICAL FRAMEWORK

1.3. Models of Disability

Cousins (2006) explained there are two primary ways of viewing disability; “The medical or individual model, and social model”.

1.3.1. Medical model

The medical or individual model of disability is approached by medical or clinical teams in an attempt to cure or improve the impairment through intervention. A diagnosis names the impairment, providing the medical or clinical team with a pathway to some form of solution. The disabled child is often the passive recipient of treatment and rehabilitation. There is a place for the medical model especially when children are ill, however children with a disability, like typically developing children, are not always ill”. Cousins (2006)

Oliver (1990) pointed to the fragility of this perspective, the aim of which, he argues, is to work towards getting disabled people to become “normal”. This is both culturally questionable and, in the light of necessary clinical procedures, may not be personally desirable; it also suggests that the problems belong to disabled person themselves.

Morris (1995) discussed how the medical model results in people becoming objects to be “treated, changed, improved, and made more normal”. Human beings are seen as flexible and alterable, while society is flexible.

1.3.2. Social model

The social model of disability challenges the medical model. It identifies the problem not within the individual but in the wider society. In essence, people may have impairments, however they are not so much disabled by their impairment but by the way society creates barriers to full participation and opportunity. Disabilities are then a society –defined term rather than a condition inherent to the individual, a perspective which radically challenges the medical or health definition of disability .

Morris (1995) research in England gave an account of disability by disabled people themselves: disabled people’s own view of the situation is that while they may have medical conditions which hamper us and which may not need medical treatment human knowledge, and Collective resources are already such that our physical or mental impairments need not Prevent us from being able to live perfectly good lives. It is

CHAPTER ONE THEORETICAL FRAMEWORK

society's unwillingness to employ these means to altering itself rather than us, which causes our disabilities. This is what we call the social model of disability. It puts the problem outside of us, back on to the collective responsibility of society as a whole.

The social model moves away from biological pathology towards a holistic view of human functioning which is recognized as being affected by a variety of social (not just clinical) factors. A combination of the medical model and social model based around the needs of the child disability and their family encouraged a holistic approach to supporting the child and their family

1.4. Types of Disabilities

Disability refers to a physical or mental impairment that substantially limit a person in some major life activity and in effective interaction with the environment. There are eight types of disabilities. These include; the hearing impaired, speech impaired, the mentally, visually, behaviour disordered, physically, multiply and learning disabled (Ndurumo, 1990).

The most commonly known disabilities which have been considered in this study are:

1.4.1. Hearing Impaired

These are children who have problems with their sense of hearing. Some do not hear clearly while others are completely deaf.

1.4.2. Mentally Challenged

These are children with a mental disability who have sub averaged general intellectual functioning. Such children score below average in class work and they also fail to meet standards of independency and social responsibilities expected of their age. They are classified into four categories that is, the mild, moderate, severe and profound.

1.4.3. The Physically Impaired

These are children with a broad range of disabilities. They are classified into three groups that is, the orthopedically impaired, the neurologically impaired, and the healthy impaired.

1.4.4. Visually Impaired

CHAPTER ONE THEORETICAL FRAMEWORK

These are children who are either blind or have seeing (sight) problems. Some of these children wear prescribed glasses. Others whose sight cannot be improved are blind. Children facing any of the above four kinds of disabilities cannot benefit fully from regular education instructions due to a variety of reasons such as the degree of their disability, their psychological, physical, social, economic and communication, among others (Ndurumo, 1990).

However, there is a wave of change towards forward looking legislation to help persons with disabilities to secure access to improved health services, transportation, housing, education, employment and recreational opportunities. However, there are still major barriers to such assimilation in the society including attitudes, beliefs and misconceptions about persons with disabilities .

1.5. Overview of mentally challenged

Mental Retardation is a condition in which there is delay or deficiency in all aspects of development, i.e. there is global and noticeable deficiency in the development of motor, cognitive, social, and language functions.

Mental retardation or mentally challenged is defined by two standards. The first is a person's levels of intelligence. Intelligence levels are usually measured by special tests called intelligence tests. It provides a numerical ranking of a person's mental abilities. That ranking is called intelligence quotient or more commonly called IQ. A person with an IQ score of less than 75 is said to be retarded why IQ of 75 and above is rated as normal (Dykens et al 2000).

The second standard for mental retardation is adaptive skills. The term "adaptive skill" means how well a person can deal with the tasks of everyday life. These tasks include the ability to speak and understand; home-living skills, use of community resources, leisure, self-care and social skill, self-direction, basic academic skill (reading, writing, and simple arithmetic) and work skills .

According to Tredgold (1937) "it is a state of incomplete mental development of such a kind and degree that the individual is not capable of adopting himself to the normal environment of his fellow in such a way to maintain existence independently of supervision, control or external support.

CHAPTER ONE THEORETICAL FRAMEWORK

Mental retardation has merely been considered as a symptom that may result from a variety of physically and socially based disorders all of which manifest themselves in reduced intellectual functioning and hampered abilities to adapt to the requirements of every-day life.

A complete and accurate understanding of mental retardation implies that mental retardation refers to a particular state of functioning, which begins in childhood, having many dimensions, and affected positively by individualized supports. As a model of functioning, it includes the contexts and environment within which the person functions and interacts, requiring a multidimensional and ecological approach that reflects the interaction of the individual with the environment.

1.6. Classification of Mental Retardation

Four categories of mental retardation based on degrees of severity which include: Mild, Moderate, Sever, and profound Mental retardation, these categories are based on the person's level of functioning; specifies IQ ranges of the four categories.

1.6.1. Mild mental Retardation

Here the IQ scores are between 50 to 70.They include about 85 % of mentally retarded population .Individuals in this group can often live on their own with community support, mildly retarded people acquire language with some delay but most achieve the ability to use speech for everyday purposes, to hold conversations, and to engage in the clinical interview. Most of them also achieve full independence in self-care and in practical and domestic skills, even if the rate of development is considerably slower than normal.

1.6.2. Moderate mental retardation

IQ scores between 35 and 50.They include about 10 per cent of the mentally retarded population. Individuals in this group can often lead relatively normal lives provided they receive some level of supervision. Such individuals often live in group homes with other mentally retarded people. Individuals in this category are slow in developing comprehension and use of language, and their eventual achievement in this area is limited. Achievement of self-care and motor skills is also retarded, and some need supervision throughout life.

1.6.3. Severe Mental Retardation

CHAPTER ONE THEORETICAL FRAMEWORK

IQ scores between 20 and 35. Includes about 3 to 4 percent of the mentally retarded population. Individuals in this category can often master the most basic skills of living, such as cleaning and dressing themselves. They often live in group homes. This category is broadly similar to that of moderate mental retardation in terms of the clinical picture, and the associated conditions. Most people in this category suffer from a marked degree of motor impairment or other associated deficits, indicating the presence of clinically significant damage to or development of the central nervous system.

1.6.4. Profound Mental Retardation

The IQ in this category is estimated to be under 20, which means in practice that affected individuals are severely limited in their ability to understand or comply with requests or instructions. They possess little or no ability to care for their own basic needs, and require constant help and supervision.

1.7. Causes Of Mental Retardation

Approximately 3% of the population has an intelligence quotient (IQ) of less than 70, among whom a cause for the mental retardation can be established in less than half of all cases (Flint et al., 1995). A number of environmental, genetic or multiple factors can cause mental retardation. It is also believed that behavioural or societal factors such as poverty, malnutrition, maternal drug and alcohol use, as well as severe stimulus deprivation can contribute to Mental retardation (McLaren & Bryson, 1987). Unfortunately, in approximately 30 to 50 per cent of cases, the aetiology is not identified even after thorough diagnostic evaluation (Cury et al., 1997).

Some persons have a congenital malformation of the brain; others had damage to the brain at a critical period in pre- or postnatal development. Acquired causes of retardation include near drowning, traumatic brain injury and central nervous system malignancy. The leading known cause of mental retardation is Down syndrome, or trisomy 21, with an incidence rate of 1 in 800-1.000 births (Campbell, et al, 2004).

1.7.1. Genetic Factors

A number of single-gene disorders result in mental retardation. Many of these are associated with atypical or dimorphic physical characteristics (Sultana et al., 1995). Such conditions include fragile X syndrome, neurofibromatosis, tuberous sclerosis, Noonan's syndrome and Cornelia de Lange's syndrome (Baraitser & Winter, 1996; Jones

CHAPTER ONE THEORETICAL FRAMEWORK

& Smith, 1997). Genetic disorders or damage to genetic matter can cause mental retardation. Disorders can include chromosomal abnormalities and genetic transmission of traits through families. Down syndrome is an example of a genetic disorder. It is sometimes referred to as Trisomy 21, because the 21st pair of chromosomes divides into three (trisomy) instead of a single pair of chromosomes.

Down syndrome represents 5% to 6% of individuals with mental retardation, and is associated with some specific characteristics, including intellectual functioning in the mild to moderate ranges, short stature, upward slanting of the eyes, and a susceptibility to heart defects or upper respiratory infections. Medical tests can detect the presence of some genetic abnormalities, including Down syndrome, during early pregnancy.

1.7.2. Environmental factors

Environmental influences refer to factors such as poor nutrition during prenatal development that can influence the development of the brain and result in retardation. It has been seen that many premature and low-birth-weight babies may have mental retardation. Although factors such as poverty and lack of early sensory stimulation are associated with retardation, it is more difficult to prove that such environmental factors always lead to mental retardation. Future research may uncover additional important factors related to causes and prevention of mental retardation.

1.7.3. Prenatal problems

Mental disability can result when the foetus does not develop inside the mother properly. Moreover, prenatal causes include congenital infections such as cytomegalovirus, toxoplasmosis, herpes, syphilis, rubella and human immunodeficiency virus; prolonged maternal fever in the first trimester; exposure to anticonvulsants or alcohol; and untreated maternal phenylketonuria (PKU) (Stromme&Hagberg, 2007). Complications of prematurity, especially in extremely low-birth-weight infants, or postnatal exposure to lead can also cause mental retardation (Piecuch et al., 1997).

1.7.4. Prenatal Problems

Prenatal causes involve late pregnancy (complications of pregnancy, diseases in mother such as heart and kidney disease and diabetes and placental dysfunction), during delivery (labour) (severe prematurity, very low birth weight, birth asphyxia, difficult and/or complicated delivery and birth trauma), neonatal (first 4 weeks of life) (septicaemia, severe jaundice, hypoglycaemia) (Kolevzon et al, 2007).

CHAPTER ONE THEORETICAL FRAMEWORK

1.7.5. Postnatal Problems (In Infancy And Childhood)

Postnatal problems include infancy and childhood. It is involved brain infections such as tuberculosis, and bacterial meningitis. As well as head injury, severe and prolonged malnutrition and gross under stimulation (Leonard & Wen, 2002; Zoghbi, 2003).

Exposure to certain types of disease or toxins, diseases like whooping cough, measles, or meningitis can cause mental disability if medical care is delayed or inadequate (Aicardi, 1998; Daily, et al, 2000).

1.7.6. Malnutrition

Malnutrition is a common cause of reduced intelligence in parts of the world affected by famine, such as Ethiopia (Durkin et al., 2000; Wines, 2006).

1.8. Diagnosed of mental retardation

The first and most important step in the diagnosis of mental retardation is to obtain a comprehensive patient and family history. Previous gynaecologic and obstetric history may reveal infertility or foetal loss (Matson &Sevin, 1994). Assessment of maternal health status during pregnancy with the involved child should include questions regarding use of tobacco, alcohol and drugs (prescribed and illicit); lifestyle or other risks for sexually transmitted diseases; weight gain or loss; signs of infection; serious illness or injury; and surgery or hospitalization (Reiss, 1994; Szymanski, 1994).

To establish a knowledgeable baseline history of the child, the physician should obtain information regarding length of pregnancy, premature onset of labour or rupture of the membranes, duration and course of labour, type of delivery and any complications (Kolevzon et al, 2007). Extremes in infant temperament are often the first clue to an atypical course in child development (Kolevzon et al., 2007).

Mental retardation is diagnosed by looking at two main things. These are: the ability of a person's brain to learn, think, solve problems, and make sense of the world (called IQ or intellectual functioning); and whether the person has the skills he or she needs to live independently (called adaptive behaviour, or adaptive functioning). The systems review of the child should be complete, with special attention to growth problems, Inquiry should be made regarding concerns about hearing and vision (Van Naarden et al 1999).

CHAPTER ONE THEORETICAL FRAMEWORK

A complete physical examination can begin with a review of growth curves since birth, if these are available, the child should be examined closely for dysmorphic features or minor abnormalities, such as unusual eyebrow pattern, eyes that are widely or closely spaced, low-set ears or abnormal palmer crease patterns. Minor abnormalities are defined as defects that have unusual morphologic features without serious medical implications or untoward cosmetic appearance. Most minor abnormalities involve the face, ears, hands or feet, and are readily recognized even on cursory examination (Holmes & Hassanein, 1988).

1.9. Developmental Aspects Affected By Mental Retardation

Mental retardation means substantial limitations in age-appropriate intellectual and adaptive behaviour. It is seldom a time-limited condition. Although many individuals with mental retardation make tremendous advancements in adaptive skills (some to the point of functioning independently and no longer being considered under any disability category), most are affected throughout their life span.

1.9.1. Cognitive Functioning

Deficits in cognitive functioning and learning styles characteristic of individuals with mental retardation include poor memory, attention problems, anxiety, and lack of motivation.

1.9.2. Memory Deficits

Researchers have been interested in the effects that mental retardation may have on a person's memory. New experiences providing unfamiliar circumstances require that the individual use previous knowledge and apply it to the situation at hand. A number of research efforts have identified a deficit in short-term memory among retarded individuals (Ellis, 1963; 1970). Conversely, other research efforts have demonstrated that mentally retarded persons retain knowledge over longer periods of time (long-term memory) as well as non retarded individuals (Belmont, 1966). The work completed by Zeaman and House (1963) involving discrimination learning may provide some insight into possible strategies for dealing with a retarded learner's memory deficits.

One explanation for deficits in short-term memory identified during these research efforts was that retarded learners generally do not attend adequately to relevant stimuli in the learning task. This problem in paying attention to the task at hand may be directly related to memory problems.

CHAPTER ONE THEORETICAL FRAMEWORK

Students with mental retardation have difficulty remembering information. As would be expected, the more severe the cognitive impairment, the greater the deficits in memory. In particular, research has found that students with mental retardation have trouble retaining information in short-term memory. Short-term memory, or working memory, is the ability to recall and use information that was encountered just a few seconds to a couple of hours earlier—for example, remembering a specific sequence of job tasks an employer stated just a few minutes earlier.

1.9.3. Attention

Students with mental retardation often have trouble attending to relevant features of a learning task and instead may focus on distracting irrelevant stimuli. In addition, individuals with mental retardation often have difficulty sustaining attention to learning tasks (Zeaman & House, 1979). These attention problems compound and contribute to a student's difficulties in acquiring, remembering, and generalizing new knowledge and skills.

The ability to attend to critical features of a task (e.g., to the outline of geometric shapes instead of dimensions such as their colour or position on the page) is a characteristic of efficient learners. Attention deficits and over activity are common in children with mental retardation and are often consistent with the individual's developmental level. Sometimes they may be particularly marked. There is evidence that certain genetic causes of mental retardation are more likely to lead to these difficulties.

1.9.4. Anxiety

Some researchers believe that retarded people exhibit a higher level of anxiety than do other individuals. Anxiety has been found to be particularly prevalent among institutionalized mentally retarded persons. Enhancing a retarded person's self-concept is generally a much-discussed component of the overall special education curriculum. Unfortunately, self-concept is difficult to define and very often has different meanings among special educators. Generally, self—concept involves the ability to assess one's abilities and disabilities.

Whether or not a person is able to be realistic in that assessment appears to determine the extent of his or her adjustment. The problem of adequately measuring self-concept in people who generally exhibit low verbal skills has contributed to

CHAPTER ONE THEORETICAL FRAMEWORK

considerable confusion (Balla&Zigler, 1979). Some studies have found a low self-concept among the retarded, and some have found no difference between the self-concept of retarded people and that of the general.

1.9.5. Motivation

Some students with mental retardation exhibit an apparent lack of interest in learning or problem-solving tasks (Switzky, 1997). Some individuals with mental retardation develop learned helplessness, a condition in which a person who has experienced repeated failure comes to expect failure regardless of his or her efforts. In an attempt to minimize or offset failure, the person may set extremely low expectations for himself and not appear to try very hard.

When faced with a difficult task or problem, some individuals with mental retardation may quickly give up and turn to or wait for others to help them. Some acquire a problem-solving approach called outer-directedness, in which they seem to distrust their own responses to situations and rely on others for assistance and solutions.

1.9.6. Social Development

Social functioning it is well established that competence in social exchanges is a key factor in school engagement and academic success and that problem in social functioning can signal difficulties in multiple domains. Positive peer relations support adaptive behaviour and can be an indicator of positive social, emotional, and cognitive development, whereas social isolation has been associated with confrontational, aggressive, and self-destructive behaviour in children and adults .

1.9.7. Self-Care and Daily Living Skills

Daily living skills set the stage for subsequent performance in school and independent living. The vast majority of youth with disabilities are able to perform the tasks that are fundamental to self-care. Dressing and severity of mental retardation as revealed by the results which is in consonant with Akpa (2011) report that self-dressing is complex and problematic to mentally retarded children especially in activities of dressing.

CHAPTER ONE THEORETICAL FRAMEWORK

Some mentally retarded persons find it difficult to strictly observe feeding etiquette as such carry food particles in most parts of their body and have difficulty holding and using utensils such as spoons, forks, and other flatware.

1.9.8. Behavioural Excesses and Challenging Behaviour

Mentally retarded children have various behaviour problems that many people have difficulty in dealing with. Behaviours that challenge can include aggression, destruction, self-injury, and other behaviours (e.g. running away) associated with personal or social risks. Children with mental retardation are much more likely to show behaviours that challenge. Individuals with mental retardation and psychiatric conditions requiring mental health supports are known as “dual diagnosis” cases.

Data from one report showed that approximately 10% of all persons with mental retardation served by the state of California were dually diagnosed. Although there are comprehensive guidelines available for treating psychiatric and behavioural problems of persons with mental retardation, much more research is needed on how best to support this population.

1.10. Special Needs Education For Mentally Retarded Children

The Education for Persons with Special Educational Needs Act was passed in Dublin by the Government into law in July 2004. Special educational needs are defined in this act as:

A restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition (NCSE, 2014).

Children with special educational needs are children with a variety of different disability such as health and mental retardation conditions that require special intervention, services, or support. Parenting a child with special needs can be particularly challenging (Kirk et al, 2009). Pupils with special needs are those with learning problems in one or more areas of sensory, physical, cognitive, or other areas of functioning.

It was generally believed that children with special educational needs were different from their peers and that their social and learning needs were so different to

CHAPTER ONE THEORETICAL FRAMEWORK

those of other children that they required separated education outside the mainstream school. For decades special schools were the focus of the education of pupils with special needs. By the mid-1970s there was a network of over 100 special schools and there were a growing number of special classes in mainstream schools (Griffin and Shevlin, 2011).

As stated in the Individuals with Disabilities Education Act of 1997 special education is, "specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings, and instruction in physical education." Vygotsky utilized disciplines such as psychology, philosophy, sociology and political thought to find effective ways to assess children with disabilities and to determine how progress could be made in the learning process of these children.

Special education is the responsibility of the Ministry of Education and the Ministry of Social Affairs, with some additional responsibility shared with the Ministry of Health. The Ministry of Education is concerned with pedagogy and the Ministry of Social Affairs with the administration and resourcing of special education.

1.11. Parents of Mentally Challenged Children

Parenting is one of the most challenging jobs one will ever face. Thompson (2000) affirmed that becoming a parent of a child who is mentally challenged is a thing of great stress. They pointed out that the effect on the family of the birth of a disabled child can be even more profound than that of a normal child. A mentally challenged child is frequently characterized by extremes of behaviour which in some cases influence the interactions they have with parents and siblings. The extra care, extra time, special equipment, special accommodations required to better their lives pose a burden and challenges to parents.

Pritzlaff (2001) maintains that parents who have children with disabilities report higher amount of physically, psychological and financial stress than parents of normal children. Adding to parents stress is the frequent visit to the physicians or specialist, and hospitalizations which may disrupt family life and parent employment. These parents scarcely have time for themselves and others, less time for other children, less time for friends and less time to pursue their interest.

CHAPTER ONE THEORETICAL FRAMEWORK

Consequently, they lose contact with friends and with trends of events around them causing withdrawal from social and cultural activities. (Miller & Janosike 2010). In addition, inadequate financial resources for parents of challenged children may result in change in family eating habits and reduction in amount of money for clothing or recreation. Medical expenses for parents especially those who deny the existence of handicapping conditions in their child, and as a consequence, move from one professional to another hoping for more promising diagnosis will be definitely high.

However, (pritzlaff 2001) noted that the extent of burden depends upon a number of variables such as family's perception of having a child with a disability, the characteristics of the family, the family's internal and external resources and the child's characteristics.

1.12. Conclusion

There has been a marked increase in with the number of people with disabilities in Algeria. This has been associated with various factors as the increase in fatal accidents in our roads, congenital disorders, diseases and poverty leading to malnutrition. The problem caused by disabilities affects the performance of an individual.

This chapter has given a brief description of disabilities and the notion of mental retardation. It provides also information about how the given notions emerged. So, it can be noticed that this study paved the way to the following chapter.

2.1. Introduction

This chapter describes the procedures and methodology used in collecting and analysing data. The aspects discussed here include a description of the study area, the research approach, the design of the study, selection or sampling of informants and the methods of data collection. The chapter also describes the way for data analysis and issues of ethical considerations.

2.2. Description Of The Study Area

This study was carried out in Relizane, two schools for children with special educational needs were selected in this study. A total of four special needs education teachers were selected two teachers from each school. Also two parents from each school were selected. The two schools are located in the same region in Relizane.

2.3. Research Design

This study used a qualitative research design. The main objective was to find the challenges faced by teachers when teaching children with mental retardation and how they try to overcome them. Qualitative research approach can provide answers to the questions of who, what, when, where, and how - relevant to a particular research problem.

In broad terms, qualitative research is an approach that allows you to examine peoples' experience in detail by using a specified set of research methods such as in - depth interviews, focus group discussion, observation, content analysis, visual methods, and life histories or biographies (Bailey, Hennink and Hutter, 2011, p. 9).

Moreover, qualitative approach allows research to be conducted in a natural setting and involves a process of building a complex and holistic picture of the situation of interest (Nicholas, 2006). The natural setting in this case was a classroom where the teaching process occurred. Special needs education teachers were observed in their classes to see how they teach learners with mental retardation, what challenges they faced, and how they tried to overcome these challenges.

Since descriptive research is primarily concerned with finding out what is in the field, it used this study as a suitable way to gather vital information regarding the current status of the problem which was the challenges faced by teachers when teaching learners with mental retardation and how they try to overcome these challenges. This design greatly helped to increase the knowledge about the challenges faced by teachers.

2.4. Sampling and Sampling Procedure

2.4.1. The Target Group

The target group refers to a group of individuals who have some common characteristics that are of interest to the researcher (Kahn and Best, 2006). The target group of this study consist two schools of special needs education teachers from two different schools located in the same town. In order to get rich information related to the research questions, four special needs teachers were selected, and each school was represented by two teachers. Also the parents were other target groups who were selected by the teachers, one parent from each school.

2.4.2. Criteria For Choosing The Schools

Relizane as an Algerian city was chosen for the study. This area had many schools for children with special educational needs. Therefore these two schools were chosen. Using these two schools with a total of three classes with children with mental retardation was considered sufficient to perform the study adequately.

2.4.3. Criteria For Choosing The Informants

As the main research question states, the main target was mental retarded education teachers, and not regular teachers. Therefore the one criterion of choosing informants was based on the fact that only mental retarded education teachers were wanted for the interview. Another criterion for choosing the informants was the number of years a special needs education teacher had been teaching children with mental retardation. For this study it was decided that the special needs teachers, who had been working with children with mental retardation for many years, were a good choice to answer the research questions.

A total of four teachers from two different schools were interviewed. The two schools are represented by letter A and B. The teachers are represented by teacher A1, A2, B1 and B2. The reason for this representation instead of real names is due to ethical considerations, which correspond to the rules of conduct in research (Holloway, 1997).

2.4.4. Sampling Process

Sampling is a process of selecting just a small group of people as representatives from a large group called the population (Nicholas, 2006). In this study, purposive sampling was used; and the informants were selected for a good reason tied to the purposes of the topic.

2.5. Methods Of Data Collection

This study used semi-structured interview as the main method and informal observation of children and informal talks with the parents as supplementary methods. Below is the detailed description of each method starting with interview, observation, and informal talks with parents of the children with mental retardation.

2.5.1. Semi-Structured Interview

To allow collection of detailed information from the teachers about how they teach students with mental retardation and the challenges faced by teachers in the two schools, interview method was seen suitable. Interview is a verbal conversation between two people with the objective of collecting relevant information for the purpose of research (Bailey, Hennink and Hutter, 2011).

An interview was carried out with every teacher selected to participate in the study. The time arranged for an interview was approximately 45 minutes for every teacher. The interview questions were formulated on the basis of the main research questions and sub questions.

The research questions were translated from English to Arabic, the national language and the medium of instruction in these schools. For this reason, all respondents were interviewed in Arabic for better communication between the interviewer and the interviewees.

The interview sessions were as follows: Teachers A1 and A2 were interviewed first. For teacher A1, the interview took place in the morning before the students came to school, and for teacher A2, the interview was done after the students had gone home. Teacher B1 was interviewed while the students were out for break. The interview with teacher B2 was done during class hours.

2.5.2. Observations

Observation was used as a support method to the interviews with the aim of gaining clarity or understanding the problems in detail. The act of observation may sound simple but in reality it involves multiple tasks of work to be done during data collection.

This study used a non-participant observation-approach, which refers to conducting an observation without participating in the activities that you are observing (Leavy and Biber, 2011). In this study several observations were conducted. Observations were carried out in

CHAPTER TWO RESEARCH METHODOLOGY AND DATA ANALYSIS

classrooms that had learners with mental retardation. The focus of observation in the classrooms in the two schools was as follows:

- a. Teacher-learner interaction: here the main focus was to see how the teachers interacted with each other as well as with the students with developmental disabilities during teaching.
- b. Learner-learner interaction: here the focus was the interaction between students involving those with developmental disabilities in the schools.
- c. Teacher's presentation of teaching materials: the focus was on how the teacher was able to manage the teaching material in relation to the children with developmental disabilities.
- d. Possible challenges encountered by teachers when teaching students with developmental disabilities.

The second group of observations was made during break time when students had break consisting of 40 minutes. Again the study used non-participation observation approach during this time and the focus was to see the interaction between students with mental retardation and other disabilities during class or break. For instance, it was to observe if there were any common sports or games shared between the students during this recess time. The observations in both schools were carried out at different times according to the teachers' preferences.

2.5.3. Informal Talks With The Parents

Informal talks were also done with two parents who had children with mental retardation. There was not any interview guide questions made for the parents, only general questions were asked such as the history of a child, challenges faced by parents and any information they wanted to share. The heads of units for children with special educational needs were responsible to choose the parents to talk with.

2.6. Pilot study

A pilot study was planned and it was conducted before starting the collection of data. This helps the researcher to review and to restructure the tools for data collection in order to obtain information that focuses on the research questions and to develop a deeper understanding of the situation to be studied.

CHAPTER TWO RESEARCH METHODOLOGY AND DATA ANALYSIS

Researchers must practice the tools for data collection that they will use in carrying out their studies before conducting the actual research to help them be acquainted with these tools before conducting the research also themselves as researchers (Drew, Hardman and Hosp, 2008)

A pilot study was done by interviewing two special needs education teachers in Relizane. The interview guide questions (Appendix) were in English. Further correction was made to the interview guide questions after the pilot study. Lastly the English interview-guide questions were translated to Arabic due to the fact that the means of communication.

2.7. Data analysis

Transcription is the process of transforming interview notes and audio recording into texts (Johnson and Christiansen, 2012). The data collected were transcribed from Arabic to English. Afterwards, thematic analysis was used to organize the transcribed data. Thematic organization and analysis is the process that identifies analyses and reports the occurrence of themes in the data collected from the research areas.

The interview and observation of each participant were checked and presented in relation to the research questions. In reporting the information collected, some direct quotations were used. Reporting direct statements from research participants is important, because it helps to maintain the originality of data collected (Cohen, Manion and Morrison, 2007). Also, researchers' views based on the informants' answers were given backed up by literatures reviewed.

2.8. Limitations

Some factors were found to limit the study. One of them was the availability of special needs education teachers. Getting teachers who are qualified as special needs education teachers in school A to participate in the study was a bit challenging because all the teachers in school A were regular teachers before who later attended a three month crash program to learn the basic about special needs education.

This was observed by the way they answered the interview questions. Special needs education teachers in school B had a wide knowledge about Special Needs Education compared to teachers in school A. The study was conducted only in one of the regions in Relizane, and it was confined to a small area where school A and B are located. Selection was based on the presence of learners with mental retardation in these two schools.

2.9. Research Findings

This section presents the research findings as summarized after data collected. The general purpose of this study was to find out what challenges do teachers face when teaching children with mental retardation and how do they try to overcome these challenges. Hereby the findings are presented separately for each teacher who was selected and agreed to participate. The anonymity of the respondents in school A and B is ensured by the use of numbers: A1, A2, B1 and B2 respectively.

2.10. Background information about the teachers

2.10.1. Teacher A1 - school A

Teacher A1, 37 years old, has a certificate in teacher education. She has four years of teaching experience in ordinary school and later changed to teach children with mental retardation. She took a short course in special needs education to equip her to work with children who need special care.

2.10.2. Teacher A2 - school A

Teacher A2 53 years old was an ordinary teacher and later went for a short course on special needs education. The course conducted by the Ministry of Education, she learned the basics about special needs children. She has been working at the special needs unit for 7 years.

2.10.3. Teacher B1 - school B

Teacher B1, 44 years old, has a certificate in psychology. In addition, He has nine years of experience teaching children with special educational needs.

2.10.4. Teacher B2 - school B

Teacher B2, 28 years old, attended a Special Needs Education programme at Algiers University. She has three years' experience teaching children with developmental disability; she is specialized in sign language.

2.11. Teachers Knowledge About Mental Retardation

2.11.1. Teacher A1

When responding to this interview question teacher A1 answered by saying that:

I think mental retardation is the outcome of epilepsy if this continues for a long time the brain can be damaged; many children in this class have epilepsy. That is why they are mentally handicapped.

According to her, children with mental retardation are those children who are mentally

CHAPTER TWO RESEARCH METHODOLOGY AND DATA ANALYSIS

handicapped. She said that many children are born normal but later due to epilepsy the brain is damaged leading to mental disability. She explained that all children with mental retardation are given equal opportunity as ordinary students to attend ordinary classes, but for the moment there are no children with mental retardation included in the ordinary classroom due to their low ability in learning, but they expect maybe one of their students can go to an ordinary class later this year.

2.11.2. Teacher A2

When asked this question, teacher A2 had the following explanation.

Many children with mental retardation are born this way; they cannot perform as an ordinary person. They have limited ability to learn or live an independent life thus some for the rest of their life will need support in many aspects.

According to her explanation, she understood children with mental retardation as having limitations in learning ability compared to ordinary children thus making some of them dependent for the rest of their lives.

2.11.3. Teacher B1

Regarding this question, teacher B1 elaborated that developmental disability may be caused by many situations, accidents, problems during birth, cerebral malaria, and genetic disorders.

He concludes that neither of the parents should blame one another for having a child who has a developmental disability. He adds that the good solution to this is to find how to help a child to manage the basics of everyday life.

2.11.4. Teacher B2

Developmental disability according to her means delays in child cognitive development due to several reasons, during birth, due to epilepsy, and genetic disorders. She gave an example of a child with Down's syndrome, saying that his cognitive development is slow compared to an ordinary child. For instance the development of speech of the two children is very different in many ways.

2.12. Teaching Approaches And Methods Used By Teachers

2.12.1. Teacher A1

A1 started by saying the following:

This is a serious problem we face when teaching, our teaching materials are made

locally thus the methods and approaches are difficult when you have unclear teaching material. As some of the methods and approaches I use are involvement of parents and guardians regarding their children's progress, use of peers in the classroom, participatory method in small groups, picture drawings, and approaches of using positive reinforcement.

For A1 good teaching approaches and methods are those that make students enjoy the teaching and learning process.

2.12.2. Teacher A2

Teacher A2 answered this question by pointing out that the approaches and methods differ from one teacher to another depending on the subject.

I normally use teaching methods that help me to get the attention of my students. I use pictures; I divide my students into small groups, I use the reinforcement approach, I use physical material that my students can see and feel.

A2 concluded that a combination of teaching approaches and methods might be used in different contexts and for different purposes. For example children with speech and language communication issues, the approaches and methods will be different from those having behaviour, emotional and social developmental problems.

2.12.3. Teacher B1

With regard to teaching methods and approaches, teacher B1 pointed out how he manages the teaching and learning process in the classroom. The below is the elaboration of the approaches and methods he uses.

I use methods such as role-plays, songs, and pictures. Some of the approaches we use are such as team teaching, reinforcement in a positive way, and including the parents of whatever is happening at school regarding the children. We constantly use the small groups when teaching; dividing students according to their ability of learning. Lastly we also use some sign language to some of our pupils who are not able to communicate verbally but they understand everything you tell them.

2.12.4. Teacher B2

B2 explained that she uses different methods and approaches during the teaching and learning process.

I normally use songs to motivate certain learning outcomes, use role-play which is more liked by my students, use pictures, for instance for matching items, and I use also story-telling, reflecting, for example, how to clean their body. For the approaches I divide the

class into small groups to work together depending on the ability to learn, we use team teaching approach sometimes when necessary, I use positive reinforcement if a child has answered correctly as a means to motivate him or her.

B2 concluded that all the teaching methods mentioned depend on the teaching material used by the teacher. She also added that she uses these methods and approaches because that is how she was taught at college.

2.13.Challenges Faced By The Teachers

2.13.1. Teacher A1

a) Challenges related to teaching material

She said that as a teacher, one should be creative and find his or her own methods to help the students in class with teaching materials. She concluded by saying that small things such as nice blackboards for writing, pictures of different drawings, chalk, and dust boards present a challenge for them since they have to wait for the support from the Government and it takes time to obtain it.

b) Lack of special needs teachers

Responding to this challenge, teacher A1 was very disappointed that potential teachers do not want to specialize in special needs education.

A1 explained that we have few colleges teaching special needs education compared to regular teacher education colleges. Few teachers complete special needs education every year and only a few decide to teach children with special educational need. Lack of enough classrooms and poor learning environment

c) Curriculum structure

A1 disagreed with a top-down structure of the curriculum.

We cannot change much in the curriculum than following what it states to do. Sometimes it is hard to follow the curriculum because children want to do something else.

A1 concluded that the curriculum should be flexible for the purpose of teaching those children who might not be interested in learning what is stated in the curriculum.

d) Acceptance in the society

With this challenge, teacher A1 was disappointed with how the society treats children

with mental retardation.

No one is perfect in this world, and for this reason, I do not understand why some people in the society mistreat these children. They are humans like you and me and due to this fact they deserve to be treated right, making fun of them and calling them all sorts of negative names is against human rights.

A1 concluded that people should accept these children as members of society. She added that they are not handicapped as people often call them; they are capable in doing something more productive in the community.

e) Expectations from the Parents

On this topic, the teacher blamed the parents for expecting rapid changes after their children start school.

A1 said that parents expect to see their child to be able to read and write within a very short time. She said that reading and writing takes time for children with mental retardation and it depends on the ability of the individual child. She concluded by saying that if a child starts school and after some years she or he is able to learn the basics in everyday life, such as hygiene, that can be more important than just reading and writing.

2.13.2. Teacher A2

a) Teaching material

A2 described this challenge as one of the biggest problems when teaching children with mental retardation.

We normally use the locally made teaching materials that are found within our local environments. The nice teaching materials are very expensive to buy. Pupils need to have good and big pictures, books, audio and video teaching aids, and much variety of toys to play with. The local made teaching materials are sometimes less attractive to pupils even though we still use them a lot.

b) Lack of special needs education teachers

A2 explains that this is a national problem because many special schools lack special needs education teachers.

A2 explained that the Government needs to change its policies, otherwise teachers will

CHAPTER TWO RESEARCH METHODOLOGY AND DATA ANALYSIS

keep avoiding the profession; the Government should raise the teacher salaries and give allowances.

c) Lack of classrooms and poor learning environments

She described that good classrooms are very important for children with a developmental disability. She added that this is a place to make them feel safe.

She explains that children with mental retardation need to have good classrooms that are big enough for them to move around while doing various activities.

d) Curriculum structure

A2 explained that the curriculum is prepared by the Ministry of Education whereas teacher have nothing to say than following what is been written.

She concluded by suggesting that those responsible for developing the curriculum should give teachers some room to try out some things that are not in the curriculum for the interest of the children.

e) Acceptance in the society

A2 explains that many people do not accept children with mental retardation because they are not capable of doing any economic activity.

For some people it is a big shame in the family to have someone with a disability. Many tend to hide their children inside their homes.

She concludes that the society should accept them because they have the right to live like any other ordinary person.

f) Expectation from parents

A2 blamed the parents and guardians who take care of children with mental retardation for having overly high expectations.

It takes time before a child with mental retardation learns a certain activity; we need to work together with the parents and guardians to get the results. I help a child at school, but after school the parents or guardians have to take the responsibility to help their children.

She agreed that parents and guardians have the right to look forward to their children learning and progressing, but they need to be patient because changes with these children usually take a long time.

2.13.3. Teacher B1

a) Teaching materials

B1 stated that with good teaching materials a teacher is able to deliver the intended learning outcome to his/her learners

Since we have a low budget from the Government we use only local made teaching materials. We cannot provide good teaching materials such as computers, video and audio systems. When we use the locally made teaching materials, some of the children do not show any interest in learning.

He concluded that teaching materials are one of the most important things a teacher needs to consider before entering a class especially for children with developmental disability

b) Lack of special needs education teachers

Teacher B1 explained that this problem was not only facing special needs education teachers but also regular teachers.

The Government should act on this issue otherwise this problem will not be eliminated - there will always be a shortage of teachers in schools.

The only way to make sure that many special needs units have qualified special needs teachers is by the Government improving the poor working conditions of the teachers in schools.

b) Lack of classrooms and poor learning environments

With such a small classroom, teacher B1 argues that some activities are limited, for example role-plays. By learning environments, teacher B1 meant that the desks, blackboard, windows, the floor, and ceiling boards are not good at all.

The whole classroom environment is not good for the teaching and learning process, especially teaching children with such special needs.

B1 concluded that the classroom environment should be in a good condition all of the time. He added that most of the special needs unit lack good classrooms that motivate the teaching and learning process to take place.

c) Curriculum structure

Teacher B1 was against the way the curriculum was organized by the Ministry of Education:

We are at the bottom and there is nothing we can do to change the curriculum, the policy makers are not here when we face challenges with the children. The curriculum for our pupils should be flexible thus giving us chance to make an individual plan for every child in the unit depending on their ability.

Beside this, teacher B1 concluded that the curriculum should be a bottom-up structure, meaning that the policy makers should get ideas from the teachers regarding what a curriculum should contain because the teachers are the ones working directly with the children, and thus they understand them better than policy makers.

d) Acceptance by the society

B1 concluded that it was time that the society learned to accept that children with special educational needs can be useful in many ways once properly guided.

e) Motivation for teachers and poor salary

Teacher B1 explained that this has been a major problem, as teaching is one of the lowest paid jobs in Algeria.

B1 concluded that there will always be a shortage of teachers if no action is taken regarding raising the salaries of teachers.

f) Expectations from parents

B1 encourages parents and guardians of the children to be more patient.

Parents and guardians have to accept their children the way they are and give teachers time to work with their children and see what they can achieve.

B1 explains that their learning ability is very different from ordinary children. Instead of focusing only on reading and writing, parents and guardians should also practice the simple things that a child is able to learn at school and be proud of small steps as well.

2.13.4. Teacher B2

a) Teaching materials

B2 stated that when teaching materials are well prepared, the teaching and learning process is made easier for both the teacher and the children with developmental disability.

B2 continued to say that it would be nice to teach simple games using a computer. She concluded that with good planning, the Government and society at large could manage to provide the necessary teaching materials for children with developmental disability in the

country.

b) Lack of special needs education teachers

B2 explained that Algeria has few colleges to cover the need of special needs schools all over the country. Many teaching colleges offer ordinary teacher education and not special needs education.

Teacher B2 ended by requesting that the Government should try to build more special needs education colleges and encourage more students to study this discipline.

c) Lack of classrooms and poor learning environments

According to teacher B2, a classroom is a place where students with developmental disability feel safe and happy.

She concluded by saying that building one classroom does not cost that much, and that the society and the Government should work together to support the children. Moreover, as learning environments help students to relax and work freely, she continued that their learning environment makes learning difficult.

d) Curriculum structure

The curriculum is prepared by the Ministry of Education; this curriculum is top down centred, meaning that the teachers do not have any decision-making power, according to teacher B2. She ended by stating that special needs schools need a curriculum that is flexible and not rigid.

e) Acceptance in the society

B2 explained that there has been a series of cases where people with developmental disability are denied access to certain areas or activities.

One needs to know that they are human beings just like us and they deserve love. If showed how to do things I believe they can be productive in our communities.

She argued that the society couldn't leave everything to the Government; the whole society needs to stand up and see how they can include people with disability in various productive activities.

f) Expectations from parents and guardians

Many parents and guardians are anxious to see changes or development from their children soon after they start school. They see special needs education teachers as a solution

to their children's difficulties.

B2 concluded that the home visits they do every Friday and meetings with parents once a month has helped a lot to counsel and guide the parents and guardians who do not have much knowledge about children with developmental disability and their ability to learn.

2.14. Means Used By Teachers To Overcome Challenges

2.14.1. Teacher A1

When faced with this question, teacher A1 had the following to say.

There are some challenges that are difficult to overcome, we just have to accept that this is how it is and hope for the best some time later.

a) Teaching materials

We overcome this problem by using local materials found within our area such as Banana leaves, clay soil and tins.

b) Lack of classrooms and learning environments

We ask parents of children to donate if they are able to. Also we ask for support from different Non-Governmental Organizations to help maintain our classrooms.

c) Lack of special needs education teachers

We sometimes work overtime to help our children. Occasionally, we even visit our pupils on weekends to see how they are developing.

d) Expectations from parents and guardians

Counselling is one of the solutions to this challenge. During parent-teacher meetings, we manage to talk and explain in detail about their children's learning ability.

2.14.2. Teacher A2

A2 responded that some challenges are difficult to solve and therefore she hopes for the best. This is what she said regarding some of the challenges:

a) Teaching materials

As a teacher I need to be creative in making teaching materials. I have to make the materials from wood, boxes, canes, and clay. We would like to have teaching materials such as audio and video but we cannot afford to buy them, the next best thing is to stay cheap and use what we can find in our environment.

b) Lack of special needs education teachers

The numbers of teachers are few and there is much to do. Sometimes I tell my students to come on Saturday for sports which is outside the school program but I am happy to

spend time with them and to see them enjoy sports. I have special calling for these children, therefore working extra hours is not a problem for me.

c) Expectations from parents and guardians

We solve this challenge by educating the caregiver about the situation of their children.

d) Curriculum structure

Sometimes for the sake of my students I do not follow what is in the curriculum. I am the one who knows the children not the curriculum implementers.

2.14.3. Teacher B1

When asked how they overcome some challenges, teacher B1 had the following to say:

a) Motivation to teachers and poor salary

This has been a long-standing issue and I am not sure when this will be solved. We try to overcome this problem simply by tolerating it and hoping for the best to come. For other teachers they solve this problem by earning extra income by tutoring ordinary students after class hours.

b) Curriculum structure

Our curriculum is very rigid and this affects us teachers. Regardless, we always try to do what is best for our students. We try to be more flexible with the way we teach our pupils by using the curriculum.

c) Lack of special needs education teachers

This problem is faced by many special needs units in the country. We are only three teachers at the unit and due to the number of students we sometimes organize ourselves to work extra hours just to help them. I sometimes visit my students even on weekends to see how they are doing at home and also to talk to their parents and guardians. This is out of the school's normal schedule and I am not being paid for doing this.

d) Teaching material

As teachers we have to be creative in one way or another, I mostly use locally made materials even though sometimes students do not show interest but I do try my best. I use wood, plastics, papers, clay soil, tins, and physical things such as fruits as teaching materials to help my students learn.

d) Expectations from parents

Many parents and guardians want their children to be able to read and write as soon as they start going to school. Many parents complain that their children have been to

school for many years and yet they cannot read and write. Children with developmental disability develop differently from the ordinary child and so their learning ability is not the same. Therefore counselling and guidance is the best way we use to make the parents or guardians understand.

After explaining how they try to overcome some of these challenges, teacher B1 concluded that some of these challenges can be solved by the community working together to accept people with disability as humans just like the rest of us. Some of them will need our help for the rest of their lives and it is up to us to make sure that they feel loved and safe.

2.14.4. Teacher B2

According to teacher B2, overcoming the challenges is a hard thing to do because some are very difficult to solve while some can be solved to some extent.

a) Curriculum structure

We cannot change the curriculum but I and my fellow teachers try to be flexible according to our students' needs. We do follow the curriculum but we are very much flexible with what we choose from the curriculum.

b) Lack of special needs education teachers

At our unit we are only three teachers and there are many students. Every student has a special way of being taught depending on their ability, we sometimes work extra hours with no pay just to help our students.

c) Teaching materials

This is a problem due to a low budget for teaching supplies. We try to make local teaching materials that are found with our area, they are not attractive to our pupils but at least we are doing something rather than just waiting for the Government to support us.

d) Expectations from the parents and guardians

We handle this challenge by having meetings with families every Friday and also school meetings every last week of the month. We discuss many things such as the children's development at school. We also use this chance to counsel and guide parents and guardians who have high expectations for their children once they are enrolled at school. So far the meetings have been fruitful, many parents and guardians are beginning to understand their children better than before.

2.15. Shared Activities Between The Unit For Children With Mental Retardation And The Ordinary School

2.15.1. Collaboration Between Special Needs Teachers And Regular Teacher

Teacher A1 pointed out that the special needs teachers have a very minimal relationship with regular teachers. They do attend school meetings where all the teachers meet to discuss various issues concerning the school. They also report to the same headmaster of the school.

Regular teachers consider themselves superior to us. They really do not know that we have more responsibility than they do. In my opinion, regular teachers should see how we work and should probably apply the methods we use to teach their ordinary pupils. I do not see the reason why ordinary students should perform poorly while they have all the resources compared to us.

A1 believes that this superior attitude regular teachers have toward their colleagues is unethical. Teacher A2 was very much disappointed with the relations between their unit and regular teachers.

I sometimes feel like we are two different schools in one compound, that we are not that close, particularly in academics. We do attend common staff meetings for all teachers and we work under the same headmaster. Other than that, we have our classes and they have theirs, we do not share very much. Some regular teachers have never even stepped a foot into our classroom to see what is going on. Regular teachers act superior to us.

Teacher B1 responded to this issue by explaining that:

We have few things that we coordinate with regular teachers, for example we all attend meetings called by the Ministry's Inspectors to discuss various matters such as academics. The other time we coordinate with regular teachers is when discussing a student's progress; we have two children from our unit who are attending ordinary classes. Before we send him or her to the ordinary class we need to discuss with a regular teacher of a class that our student is going to attend. The regular teacher needs to have a short history of a child.

According to teacher B1 the coordination between the two teachers is very minimal, only on a special case basis when the two teachers can discuss matters. However, teacher B1 admitted that most of the children from a unit for children with special educational needs who

CHAPTER TWO RESEARCH METHODOLOGY AND DATA ANALYSIS

are being upgraded to ordinary classes do not do well and as a result they end up being sent back to the special needs unit again.

Teacher B2 explained that to some extent the coordination they do have is due to the fact that all teachers work together under one headmaster. Also, the special needs teachers attend all the staff meetings. But when it comes to helping the children with mental retardation, the regular teachers do not show any support at all. She continued that the ordinary teachers feel superior to the special needs teachers and this creates a gap between them although they are all employees in the same school compound.

We have many ideas that can help their ordinary students to perform better on exams but since we do not talk, we do not help them and maybe we are also missing out on them helping us with our pupils. It is important that we special needs teachers work together with regular teachers.

B2 concluded that if these two groups of teachers do not show solidarity, this negatively affects the possibility of the two groups of learners to play together and learn from each other.

2.15.2. Shared Activities Between Learners With Special Educational Needs And Ordinary Students

Teacher A1 was not happy with the way ordinary students ignore students with mental retardation.

They call them all sorts of negative names. I do feel that somehow our students are being excluded by the ordinary students. Regular teachers should be responsible for educating the ordinary students about our pupils.

Teacher A1 explained that children with mental retardation do not have much of a chance to share with ordinary students.

A2 explained that they sing the national anthem together like the ordinary students in the morning when they line up before going into the classrooms. That is the only common activity.

Teacher B1 was able to address this issue by saying that there were fewer common activities that the two students shared together with the exception of those attending ordinary classes.

The rest of our students do not have any common activities they do together with the mainstream students. We have our own programs we follow from morning until the afternoon when our students go home, our time table and what we do daily does not involve the ordinary classes.

Teacher B2 stated clearly that common activities between the ordinary students and children with mental retardation are very minimal. She concluded that even activities like cleaning the common areas are not done the same way.

2.16. Collaboration Between Parents Of Children With Mental Retardation And Their Teachers

Teacher A1 said that there is regular cooperation between parents and special needs teachers.

Every Friday we visit two or three families to discuss issues concerning their children's progress and also to counsel the parents on how to care for their child. Aside from this we also have meetings every last week of the month where all parents are invited to the school to discuss matters about their children and also to discuss how to solve various problems at our special unit.

She added that some parents show good cooperation by attending the meetings and helping them solve some of problems, while others do not care very much.

On the other hand, teacher A2 said they have good cooperation with the parents of children with mental retardation.

We need to know the conditions of the place a child has come from, we need also to know how the parents and guardians work. We meet two or three parents or guardians every Friday to discuss the progress of their children. Knowing the family and including them in what we do at school is part of our approach of teaching.

She ended by describing that they also have teacher-parent meetings at school once a month where parents and guardians meet to discuss matters concerning their children's progress and also to share opinions that can be helpful for both parents and teachers

Teacher B1 insisted that some of the parents and guardians mistreat children with mental retardation. Thus, cooperation is important to try solving some of the problems which arise and helps to get some counselling for parents when necessary.

There is no way we accept a child without the parents or guardians committing themselves to a level of cooperation with the special needs education teacher when it's needed. Also we do not accept any child until we make sure we get the right details.

Many parents and guardians are helpful when the teachers need additional information, especially during the Friday home visits.

Teacher B2 confirms that there is a good level of teamwork between the parents of children with mental retardation and their teachers. For example, every Friday, they have family home visits to discuss the issues regarding the progress of their children at school and other important matters. Also parents and guardians have meetings at school ones every month to discuss different issues related to their children and to learn from each other.

We have had good relationships with the parents and guardians who show support, but also there has been some up and downs. Some parents are very eager to see sudden progress in their children. It takes time to see changes in children with mental retardation and that is why we meet and counsel the parents about their children.

B2 concluded that they have a good relationship with parents and guardians except for a few parents who need to be educated about children with mental retardation.

2.17. Additional Opinions Given By The Teachers

This question was asked at the end of the interview to give a chance to teacher A1 to add any extra information.

The Ministry of Education should include special needs education in the regular teachers' college curriculum. Regular teachers should have knowledge about special needs education.

A1 said regular teachers do not have the knowledge to support learners with mental retardation when they are in ordinary classes. They have learners with mental retardation in their classrooms but they face difficulties when it comes to including them during the teaching and learning process.

Teacher A2 had the following to add:

Special needs teachers should work together for the sake of all children in the school. This will increase the opportunity for students to play and learn from each other.

When asked about any other opinion he had, teacher B1 has only one concern about the students after they finish school.

As soon as they finish school what are they going to do once they go back home? Many are being mistreated by society. To save these children from maltreatment, the Government should introduce cheap housing for them where they will live under special care and their families can visit them at least twice a month.

Teacher B2 recommended that the Government should take serious measures about the building and transport system to make it more accessible for people with disability.

2.18. Findings from informal observations

2.18.1. Informal Observation At School A

The observation was done in a class that had children with mental retardation only. The class had 28 learners aged between 11 and 18 years old with four teachers; the teachers and the children were all sitting down on the floor in the small classroom. They were dealing with matching items; the children were to identify the pictures that resembled one another. The matching items or teaching materials were big enough to be seen by all children.

The teachers choose a few students to do the task while the rest were looking how it was done. Many of the children did not concentrate on the exercise because they were left idle while the chosen ones did the task. From the observation, the learners had many different abilities. The teachers did not divide the 28 learners into smaller groups that reflected the children's ability to do the task.

There was no control of the class because some children were even running around in the classroom playing other games. The teacher was shouting every now and then to try to bring the ones who were playing back on the floor. The class lasted for thirty five minutes.

2.18.2. Informal Observation At School B

At school B the observation was done in two classes, the first class was that which had children with special education needs only. The second class had only mentally retarded learners who showed improvement at a unit for ordinary learners.

2.19. Informal observation during break time

In both schools, the children with mental retardation did not mix with the children during break time. The pupils played their own games. Children with mental retardation mostly stayed in their classes, only a few were out playing very close to their classroom. No

efforts made by teachers to bring these children together during break time and have a social life together. All teachers were busy with whatever they were doing during break time. The break lasted for forty minutes and all the children went back into their classes.

2.20. Interview Findings From Parents

Two parents with children with mental retardation, representing the two schools, were interviewed. The basic questions were asked such as the history of their children and challenges they face.

2.20.1. Parent 1 from school A

The husband and wife are still married and they have three children. The first-born is sixteen years old and is attending a special needs school while the two young sisters are attending ordinary school at a different location from that of their older brother. Both parents have regular jobs from morning to evening. The below is information given by the wife.

We have been married for twenty-six years now, I work as a secretary and my husband is a bus driver. We learned that our son was autistic when he was three years old. Our

doctor told us that the condition was a result of neurological disorder that has an effect on normal brain function, affecting development of the person's communication and social interaction skills. At the age of thirteen our son had the following characteristics:

- *a tendency to get too close when speaking to someone*
- *very little or no eye contact*
- *preferred to be alone most of the time*
- *making some nonstop noises*
- *easily short tempered.*

He stayed home with a caretaker while we were at work. We later learned that keeping him locked in his room made him more aggressive, so we decided to take him to a special needs school. He seems to have a nice time playing with his peers. We understand that our child will not be like the ordinary students and he will need our assistance for the rest of his life. We are glad that the school has made him friendlier than before. We are able to work knowing that he is in good hands at school. All the three years he has been at school, he has not learned to write or read but we are happy that he shares a social life with friends at school. For us the most important thing is that our boy is able to meet other children and enjoy himself.

The two parents are very much aware that their son will not be like ordinary children, they know that he will need their support for the rest of his life. For their son, meeting other children at school and having a social life means more than reading and writing.

2.20.2. Parent 2 From School B

She is 38 years old, a single mother living with her daughter. She was divorced after the baby was born. Her child is ten years old now and attends school. The mother works at a big market where she sells vegetables to earn money to support her child. Below is her story that she shared with us.

I was married for 8 years and it took us a long time before we got our child. My boy was born in March 2004; being a baby it was not easy to notice that something was wrong. But later I became more aware that something was wrong with my baby. I told my husband who was most of the time out.

At the age of two my baby was not able to walk, so we decided to seek help from a specialist. We had an appointment with the doctor and he told us everything about our boy, I was told that my boy will not develop like any ordinary babies do. I was told that my boy will take time before he can walk and talk. I was told that due to genetic disorder my boy had Down's syndrome.

When he was 5, I could clearly see that my son was very different from ordinary children. My husband left us because he blamed me for our child to be born this way. He left and life was not easy, I had to carry my boy everywhere I went. Even my own relatives did not want to support me with my child. I was working with my boy at my side because I could not leave him alone at home with no one to look after him.

When my son was 7 years old, a friend told me about a special school. I went there with my son to ask them if they would accept him at school. They told me that he can begin school but they needed my commitment to cooperate with the teachers.

This was a big relief for me because I could take my son to school in the morning and then I could go to work at the market and do other things before picking him up later. It has been three years since he started going to school and I can see many changes.

She admits that having a child with a mental retardation is a big challenge especially if one is a single parent. She is happy that her child is attending school and this gives her room to focus on her work, also she views the school as a good place for her child because he is

learning a lot compared to when he was just home with her.

2.21. Conclusion

The study results indicated that special educators were positive in their attitudes toward integration of children with the all disabilities. However, teachers showed more positive attitudes for mentally retarded than other disabilities, but with no significant differences. Minor differences were reported regarding teaching experience and educational level. This study also indicated that the contact variable plays a significant role in the differences between the perceptions of teachers related to attitudes towards the concept of integration. No gender differences were reported regarding the attitudes towards integration.

3.1. Introduction

Data were collected using interview and observation methods. In presenting data, precise statements from the informants are used to maintain the originality of the information collected. The anonymity of the respondents is ensured by the use of letters A1, A2, B1, and B2. Discussions of the findings are presented in relation to the theoretical frame work.

3.2. Challenges observed

Many challenges were identified in this study regarding the education of children with mental retardation.

3.2.1. Lack of teaching materials

Lack of teaching materials was amongst the challenges that were explained by the informants. Findings indicated that neither schools A nor B did have proper teaching materials that could support the teachers when teaching children with mental retardation. The two special need education teachers at school A complained that they had poor teaching material. They explained that books, blackboards and other teaching materials were needed. The informants A1 and B1 indicated that lack of teaching materials was associated with budgetary constraints allocated to the schools by the Government.

The findings further revealed that special needs education teachers were very much interested in having more advanced teaching materials such as audio and TV for teaching. Less emphasis was made to local made teaching materials found in the area that can help learners with mental retardation. This reason also maybe suggestive to why classroom observation showed that no teacher entered the class with proper teaching materials.

Operation of these schools sometimes depended on contributions from parents and Non- Governmental Organizations. Thus, informants from both schools suggested that the government should support the schools by allocating in their budget enough money for children with special educational needs.

3.2.2. Lack Of Special Needs Teachers

The study revealed that limited special needs education teachers in both schools was a problem. It was found that the special needs education teachers in school A were not professionally educated. It was also revealed that the colleges that provide special needs educations for teachers were few compared to ordinary education colleges. Currently, there are three universities that train teachers in the area of special needs education. However, these cannot produce enough teachers to teach special needs education schools in the entire country.

Algeria's national policies on special needs education (presented in chapter two) clarifies the issues of equality in education, meaning that there should be a balance in educating special needs education teachers and regular teachers. Based on this situation all the informants from school A and B suggested that the government needs to develop more special needs education colleges. The findings show that most of the teachers, teaching children with special educational needs, were ones regular teachers who had decided to take short courses that were supported by the Government to learn the basics about special needs education. This was the case at school A where all the teachers for children with special educational needs attended a three month course. This has led to underachievement of many children with mental retardation due to lack of core or basic understanding of special needs education amongst the teaching workforce.

The teachers at school B seemed to have sufficient education.

3.2.3. Lack Of Classrooms And Poor Learning Environments

Classrooms and poor learning environments were other important factors that were identified in this study. The informants involved in the study reported that in both schools there were no satisfactory learning environments. As examples; the class rooms were having no ceiling boards and the desks were not adequate for the children. Some of the learners sat on the floor despite the policy on education in Algeria insisting on having suitable learning environment for all children.

CHAPTER THREE LIMITATIONS AND RECOMMENDATIONS

Vygotsky (1978) views that only a truly differentiated learning environment can fully develop a child with mental retardation through higher psychological functions and overall personality. Special needs education should not be just a diminished version of a regular education, but a specially designed setting where the entire staffs is able to exclusively serve the needs of individuals with mental retardation.

Vygotsky further implies that children with mental retardation should attend the same school as their ordinary peers; he insists on creating a learning environment which would supply a special educational need learner with alternative means of communication and development, on using those "psychological tools" that are most appropriate to compensate for their particular disability (1978).

3.3. Acceptance In The Society

Social stereotype regarding children with mental retardation was also identified in the study. It was revealed that some people within the society deny children with mental retardation and that they have no right to human being needs such as education. For example one of the informants explained that, in some society's, children with mental retardation were hidden during the period of school enrolment. From this view, the study revealed how the acceptance of children with mental retardation is poor in the society despite the fact that these children are human beings just like other human beings who deserve love and care in the community.

Often their needs are not recognized and they are thought to have little to contribute to their community. But this exclusion reduces children's opportunities to learn, grow, and develop and contribute to society. They are disadvantaged from attending local school which is the main way of ensuring that all children are included in society (Bricker, 1995).

The findings showed that many children with mental retardation are been discriminated. Thus this can cause early Experiences of rejection can easily leading to low self-esteem and loneliness (Bullock, 1992). These negative interactions may contribute to "less favourable perceptions of school, higher levels of school avoidance, and lower levels of school performance" (Kemple, 1991, p. 48).

Discrimination can also have adverse effects on higher mental functions. When children have limited opportunity to, or facility in, watching, imitating, and interacting

positively with others, the development of higher social, cultural and psychological skills may be affected negatively. Limited social experiences also may hinder language development, which, in turn, leads to a diminished level of linguistic interaction since the children will have less opportunity to communicate. This lower level of language development completes the critical circle by restricting and therefore affecting social interaction (Vygotsky, 1978).

3.4. How Teachers Overcome Some Of The Challenges

Informants from both school agreed that many of the challenges explained above are very hard to solve. Thus they try to overcome some of these challenges to make sure their learners are attending school. For example the question of motivation and poor salary, the informants lived by hoping that one day things will be ok or another alternative is to find any extra job to earn a little bit money to meet their daily needs. In school B one of the special needs teachers was explaining about the hardship they face to get the money from the Government and that he had to use money from his own pockets to support the learners.

Regarding the challenges of poor teaching materials, both special needs teachers explained that they use locally made teaching material to support them during the teaching process, although the findings from the observations showed that the teachers from both schools only used the local teaching material found in the area in a very limited extent. The teachers were very much more interested in the modern teaching materials, they explained that the local made teaching materials do not motivate the learning process during classes. Probably this lack of teaching materials makes them find it hard to utilise proper teaching methods and approaches in their teaching.

The structure of the curriculum from the Ministry of Education as another challenge faced by the special needs teachers. The teachers from the two schools pointed out that this curriculum, describing the activities to be offered by the school to the children with special needs, was too rigid not letting them adjust to the environment they are working within. The findings moreover revealed that the curriculum was top-bottom structure, meaning that the special needs teachers got instructions regarding what to teach from the top authorities who prepared the curriculum.

CHAPTER THREE LIMITATIONS AND RECOMMENDATIONS

For this fact teachers were quit bond to teach what was presented in the curriculum, the teachers wanted the curriculum to be more flexible according to learner's interest. All four teachers interviewed, concluded that they cannot avoid the challenges; the best way to minimise some of the challenges is to make sure that the learners are not affected to a great extent.

3.5. Teachers understanding of mental retardation

The findings showed that the informants had knowledge about children with mental retardation and that they could explain some causes of mental retardation such as complications during birth and due to genetic disorders (Parette and Peterson-Karlan, 2008). They were able to explain the challenges they are facing in communication and teaching the children. However, the research revealed that special need education teachers from school B had a wider knowledge about learners with special education need compared to the teachers in school A.

The reason for this difference may probably be due to the fact that teachers at school B attended special needs education colleges while teachers at school A only had an introduction course. Thus, the teachers at school B had two years to learn about special needs education while the teachers at school A only had a three month course learning only the basics about special needs education.

3.6. Methods And Approaches Used By The Teachers

The findings revealed that from both schools, special needs education teachers used various approaches and methods teaching the children depending on the subject. For example the teachers used pictures, songs, role play, and team teaching in the class rooms. Teachers from the two schools also indicated that they divided the children into groups to simplify teaching and communication. According to Vygotsky (1978), children learn through their interactions with more knowledgeable peers and adults.

From the findings in chapter four, all teachers only follow the ZPD and Mediation concepts to a limited extent. Even though, during the interviews, many insisted that they were using methods such as team teaching, role play and songs. However, from the study it was observed that many of these methods and approaches were not followed. In other words what was said during the interviews was somehow different from what was observed during classes.

CHAPTER THREE LIMITATIONS AND RECOMMENDATIONS

Daniels, (2007); Thompson, (2012a & b), mentioned various forms of mediation that effect progress within a ZPD (ref. chapter 2.5). According to the findings none of these forms of mediation that effect progress were seen in any of the schools during class hours. These forms are more focused with ordinary students but also special needs teachers can apply some of these forms of mediation to progress ZPD. The teachers did not encourage interaction activities in the class room as recommended by Scardamalia and Bereiter (1991).

Encouraging participation in classroom discussions and other collaborative activities was not done. Further situations where the students are passive listeners for long periods of time were not avoided. The students were not assisted in creating learning goals that were consistent with their interests and future aspirations. Vygotsky and Luria (1994) explain that in the case of school leaning, child development within a Zone of Proximal Development (ZPD) involves social interaction, dialogue, and mediated activity between learners and with their teachers.

The findings also showed that there was no proper follow up by the special needs teachers to make sure that their learners who got promoted were getting the right methods and approach of teaching from their regular teachers.

3.7. Shared Activities Between A Unit For Children With Special Educational Needs And Ordinary Classes

The shared activities between a unit for children with special educational needs and the ordinary classes were observed at school A and B. The findings showed that there were common activities at school B between the unit for children with special educational needs and the ordinary classes. For example the two learners from school B who showed improvements while learning in the unit were promoted to join the ordinary classes.

This corresponds well with international policies such as, the UN standard rules on the equalization of opportunities for persons with disability in 1993 and the Salamanca Statement (1994) in promoting inclusion education for all learners, also learners with mental retardation in ordinary classes. At school A the finding indicates that none of their learners with special educational needs were promoted to ordinary classes and therefore less common activities between the schools.

Even the observation during break time in both schools showed that there were no common activities between children attending the other disabilities classes. They were separate playing their own games. The informant from school A and B felt that teachers were more superior to the special needs education teachers. Maybe this might be one reason for not having more common activities together.

3.8. Collaboration Between Parents Of Children With Mental Retardation And Special Needs Teachers

Another common activity was between parents of children with mental retardation collaborating with special needs teachers. All teachers in school A and B appreciated the importance of collaborating with parents, for the provision of necessary information about their children, which could help teachers in the teaching process. Parents know their children better; they know their educational needs, their interests and what is good for them, therefore, they can plan for the future on behalf of their children (Webster & Roe, 1998).

The findings showed that parents and special needs education teachers have a good collaboration in both two schools, for example teachers and parents meet every end of the month having a meeting to discuss various issues regarding their children. In both schools the teachers explained that they also have family visits every Fridays where two parents are visited

3.9. Informal Talks With The Parents

When a child is born with a mental retardation, parents experience a period of adjustment or response (Smart, 2001). They go through stages of responding to the disability, as well as adapting to the sense of loss of the child they expected to have. From the findings both parents admit that they have gone through a lot to adjust to their children. Life changes because there are a lot of things they need to learn. Typically they need time to adjust to the effects of the disability on their own feelings and perception, as well as to respond to their family members, neighbours, and friends about their child's mental retardation.

The findings reveals that both parents had a difficult time doing their normal routine activities such as work, before their children were enrolled to a unit for children

CHAPTER THREE LIMITATIONS AND RECOMMENDATIONS

with special education needs. With their children attending school things have been somehow better, challenges are always there but the school is helping their children and also the parents. The findings reveal that their children have shown some improvement since joining a unit for children with special education needs.

Education for their children is made possible because of the international policies such as education for all, the standard rules on the equalization of opportunities for persons with disability. All these policy are against any discrimination of people with mental retardation especial in education sector.

3.10. Recommendations

The findings of this study reveal that the Government should give priorities to special case such as learners with mental retardation .The study also reveals that collaboration between special needs education teachers and parents for children with mental retardation is necessary for the wellbeing of their children. Although the results of this study focused on Relizane, the suggestions may be useful for other developing cities or even countries.

In order to improve the poor learning environment for special needs educational for children with mental retardation, the following four aspects are recommended.

3.11. Resources

Provisions of human and material resources are also important for implementation of special education needs. The Department of Curriculum Development and Evaluation should provide more adequate resources, equipment, and teaching material for learners with diverse learning needs. The number of resource centres in Algeria should be increased, and they should provide advice to parents, educators, and others who are in need of information about regulations, evaluation, and support services for children with mental retardation. Some of the units for children with mental retardation may be upgraded to resource centres.

3.12. Special Needs Education Teachers

Although Ministry of Education and have recruited teachers to support learners with mental retardation in many schools, the majority of these teachers are not trained in the area of Special Needs Education. Therefore, these teachers are failing to support

CHAPTER THREE LIMITATIONS AND RECOMMENDATIONS

learners with mental retardation adequately. Ministry of Education should recruit trained teachers, and those who are not trained should be trained through in-service training.

3.13. Further Research

Future research in this area should involve systematic, long-term development work across a range of sites and settings, which also allows for the examination of the impact of the innovations upon achievement. Such research is necessary if we are to advance knowledge about teaching and learning to understand how combinations of teaching approach.

To do this it would be important to consider teaching and learning in real settings in order to take account of the ways in which Special Needs Education teachers do their work in relation to the wide variety of situations they face.

3.14. Conclusion

It is important to remember that this study only covered two classes, a total of four teachers and two parents were interviewed. The study revealed challenges that are quite universal for teaching learners with mental retardation. The study establishes that learners with mental retardation pose challenges to special needs education teachers. Teachers in this study expressed the need for reduced class sizes, modern teaching materials, motivations to teachers, and additional support services from the government.

Most teachers teaching children with mental retardation did not receive any special needs education training from the university, they feel that they are not qualified to teach the children with mental retardation. This study revealed that the classrooms for children with mental retardation in Algeria at large have poor learning environment to support the learners with mental retardation. It could be concluded that placement of learners with mental retardation in an inclusive classrooms with ordinary learners from time to time is not enough, for example two learners with mental retardation at school B placed in an ordinary class for an hour with no proper support. It is important to make sure that learners with mental retardation receive all the necessary support and services for accessing the curriculum facilities.

GENERAL CONCLUSION

General Conclusion

It is important to remember that this study only covered two classes, one class at school A and one class at school B, a total of four teachers and two parents were interviewed. The study revealed challenges that are quite universal for teaching learners with developmental disability especially mentally retarded. The study establishes that learners with mental retarded pose challenges to special needs education teachers.

Teachers in this study expressed the need for reduced class sizes, modern teaching materials, motivations to teachers, and additional support services from the government. Most teachers teaching children with developmental disability did not receive any special needs education training from the university, they feel that they are not qualified to teach the children with developmental disability. This study revealed that the classrooms for children with developmental disability in Algeria at large have poor learning environment to support the learners with mental retarded.

The study reveals that collaboration between special needs education teachers and parents for children with developmental disability is necessary for the wellbeing of their children. Although the results of this study focused on Relizane, the suggestions may be useful for other developing cities.

It could be concluded that placement of learners with mental retarded in an inclusive classrooms with other disabilities learners is not enough, for example two learners with mental retarded at school B placed other disabilities class with no proper support. It is important to make sure that learners with developmental disability receive all the necessary support and services for accessing the curriculum facilities.

Future research in this area should involve systematic, long-term development work across a range of sites and settings, which also allows for the examination of the impact of the innovations upon achievement. Such research is necessary if we are to advance knowledge about teaching and learning to understand how combinations of teaching approach.

REFERENCES

REFERENCES

- Aicardi, J. (1998). *The etiology of developmental delay*. *Seminars in Pediatric Neurology*, 5(1):15-20.
- Bailey, A., Hennink, M. &Hutter, I. (2011).*Qualitative Research Methods*. London: SAGE Publication,Inc.
- Balla, D., & Zigler, E. (1979). *Personality development in retarded persons*. In N.R. Ellis (Ed.). *Handbook of mental deficiency* (2nd ed.). (pp. 143-168). Hillsdale, NJ: Erlbaum.
- Baraitser M, Winter RM. *London dysmorphology database*. New York: Oxford University Press,1996.
- Barnes, C., & Mercer, G. (2003). *Disability: Key concepts*. Cambridge: Polity. Center for Universal Design. (1997). *The principles of universal design*.
- Best, J. & Kahn J. (2006), *Research in Education*. New Jersey: Prentice Hall, Inc.
- Boorse, C., 2010, "Disability and Medical Theory," in *Philosophical Reflections on Disability*, D. C. Ralston and J. Ho (eds.), Dordrecht: Springer, pp. 55–90.
- Bricker, D. (1995).*The challenge of inclusion*, *Journal of Early Intervention*, 19, 179-194.
- Bullock, J.R. (1992).Children without Friends. *Who are they and how can teachers help? Children Education*, 69, 92-96.
- Campbell, J.M., Morgan, S.B., & Jackson, J.N. (2004). *Autism spectrum disorders and mental retardation*. In Brown R.T. (Ed) *Handbook of pediatric psychology in school settings*. New Jersey: Lawrence Erlbaum Associates.
- Cohen, L., Manion, L. & Morrison, K. (2007). *Research Methods in Education*. London: Routledge: Taylor & Francis group.
- Cousin A, et al. (2006) The MAP kinase-encoding gene MgFus3 of the non-appressorium phytopathogen *Mycosphaerella graminicola* is required for penetration and in vitro pycnidia formation. *Mol Plant Pathol* 7(4):269-78
- Curry CJ, Stevenson RE, Aughton D, Byrne J, Carey JC, Cassidy S, et al. (1997). Evaluation of mental retardation: recommendations of a consensus conference: *Am J Med Genet*;72(4):468-77.
- Daily, D.K., Ardinger, H.H., & Holmes, G.E. (2000). *Identification and evaluation of mental retardation*. *Am Fam Physician*; 62(5):961-963.
- Daniels, H. (2007). *Pedagogy*.In Daniels, H., Cole, M. &Wertsch, J. (Eds.), *The Cambridge companion to Vygotsky*. New York: Cambridge University Press. 307-331.

REFERENCES

Drew, J., Hardman, L. & Hosp, L. (2008). *Designing and Conducting Research in Education*. USA: Sage Publications, Inc.

Durkin, M.S., Khan, N.Z., Davidson, L.L., Huq, S., Munir, S., Rasul, E., & Zaman, S.S. (2000). *Prenatal and postnatal risk factors for mental retardation among children in Bangladesh*. *Am. J. Epidemiol.* 152(11):1024-1033.

Dykens, E. M. (2000). *Psychopathology in Children with Intellectual Disabilities*. *Journal of Child Psychology & Psychiatry*: 41: 407-417 to Tredgold (1937)

Ellis, A. (1970). *Reason and emotion in psychotherapy* New York: Lyles Stuart Belmont, 1963.

Holloway, I. (1997). *Basic Concepts for Qualitative Research*. USA: Blackwell Science, Inc.

Holmes, G.E., & Hassanein, R.S. (1988). *Significance of minor abnormalities in children*. *Am Fam Physician*, 38(3):185-189.

Johnson, B. & Christiansen, B. (2012). *Educational Research: Quantitative, Qualitative & Mixed Approaches*. Los Angeles: Sage Publications.

Jones KL, Smith DW. *Smith's recognizable patterns of human mal formation*. 5th ed. Philadelphia: Saunders, 1997.

Kemple, K. M. (1991). *Preschool children's peer acceptance and social interaction*. *Young Children*, July 46, 47-50.

Kolevzon, A., Gross, R., & Reichenberg, A. (2007). *Prenatal and Perinatal Risk Factors for Autism: A Review and Integration of Findings*. *Arch Pediatr Adolesc Med*, 161(4):326-333.

Kolevzon, A., Gross, R., & Reichenberg, A. (2007). *Prenatal and Perinatal Risk Factors for Autism: A Review and Integration of Findings*. *Arch Pediatr Adolesc Med*, 161(4):326-333.

Leavy, P. & Biber, H. (2011). *The Practice of Qualitative Research*. London: Sage Publications, Inc. 5th edition.

Leonard, H., & Xingyan Wen, X. (2002). *The epidemiology of mental retardation: Challenges and opportunities in the new millennium*. *Mental Retardation and Developmental Disabilities Research Reviews*, 8(3):117-134.

Martin-Morris, L.E., Henikoff, S. (1995). *Conservation of brown gene trans-inactivation in Drosophila*. *Genetics* 140(1): 193--199.

Matson, J.L., & Sevin, J.A. (1994). *Theories of Dual Diagnosis in Mental Retardation*. *Journal of Consulting and Clinical Psychology*, 62(1): 6-16.

REFERENCES

- McLaren, J., & Bryson, S.E. (1987). *Review of recent epidemiological studies in mental retardation: Prevalence, associated disorders, and etiology*. *American Journal of Mental Retardation*, 92,243-254.
- Miller, E. (2010). *Learners with disabilities in Bhutan and access to basic education*.
- Nicholas, W. (2006).*Social Research Methods*. London: Sage Publications, Inc.
- Oliver, M. (1990). *Conductive education: if it wasn't so sad it would be funny*. *Disability, Handicap and Society*, 4, 2, pp 197-200 (Ndurumo, 1990).
- Parette, H. P, & Peterson-Karlan, G. R. (2008).*Research-based practices in developmental disabilities*. Austin, Texas: PRO-ED 2nd edition.
- Patton, M.Q. (2006), *Qualitative evaluation and Research Methods*. Thousand Oaks, CA:
- Piecuch, R.E., Leonard, C.H., Cooper, B.A., Sehring, S.A. (1997). *Outcome of extremely low birth weight infants (500 to 999 grams) over a 12-year period*. *Pediatrics*, 100:633-9.
- Pritzlaff CA, 2001; *Genetic basis for the beta-haemolytic/cytolytic activity of group B streptococcus*. *Mol Microbiol*. P39:236–248.rd
- Reiss, S. (1994). *Handbook of Challenging Behaviour: Mental Health Aspects of Mental Retardation*. Worthington, OH: IDS Publishing Corporation. Sage Publications, Inc. 3 edition.
- Smart, J. (2001). *Disability, Society, and the individual*. Gaithersburg: Aspen Publishers.
- Sultana S.A.G., Lam-Po-Tang, T.R.L., Wright, F., Linderman, R., Purvis-Smith, S. (1995). *Fragile X mental retardation in an Indonesian family*. *Medical Journal of Indonesia*, 4:17-17. Akpa (2011)
- Switzky, H.N. (1997). *Individual differences in personality and motivational systems in persons with mental retardation*. In W.E. MacLean, Jr. (Ed.), *Ellis' Handbook of mental deficiency. psychological theory and research*, Third edition. (pp. 343-377). Mahwah, NJ: Erlbaum.
- Szymanski, L. (1994). *Mental retardation and mental health: Concepts, aetiology and incidence*. In Bouras N (Ed.) *Mental Health in Mental Retardation*. Great Britain: Cambridge University Press.
- Thompson, C.E. (2000). *Raising a Handicapped Child*. New York: Oxford University Press, Inc.
- Thompson, I. (2012a). *Stimulating reluctant writers: A Vygotskian approach to teaching writing in secondary schools*.*Changing English in Education*. 46 (1), 84-91.

REFERENCES

Thompson, I. (2012b). *Planes of communicative activity in collaborative writing*. *Changing English in Education*, 19 (2), 209-220.

Van Naarden, K., Decouflé, P., & Caldwell. K. (1999). *Prevalence and Characteristics of Children With Serious Hearing Impairment in Metropolitan Atlanta, 1991-1993*. *Pediatrics*, 103(3):570-575.

Vygotsky, L. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Cambridge: Harvard University Press.

Vygotsky, L. S., & Luria, A. (1994). *Tool and symbol in child development*. R. Van der Veer & J. Valsiner, J. (Eds.). Oxford: The Vygotsky reader. Basil Blackwell. 99-176.

Webster, A. & Roe, J. (1998). *Children with Visual Impairment*: London: Social Interaction, Language and Learning. Routledge.

WHO. *International Classification of Impairments, Disabilities and Handicaps: A Manual of Classification Relating to the Consequences of Disease*. Geneva: World Health Organization.

Wines, M. (2006). *Malnutrition Is Cheating Its Survivors, and Africa's Future*. New York Times, December 28.

Zeaman, D., & House, B. J. (1963). *The role of attention in retardate discrimination learning*. In N. R. Ellis (Ed.), *Handbook of mental deficiency* (pp. 159-223). New York: McGraw-Hill.

Zoghbi, H. (2003). *Postnatal Neurodevelopmental Disorders: Meeting at the Synapse?* *Science*, 302:826-830.

APPENDIX

Interview guide.

TOPIC

Challenges faced by teachers when teaching learners with mental retardation.

THE MAIN RESEARCH QUESTION

What challenges do teachers face when teaching learners with mental retardation and how do they overcome them?

THE SUB QUESTIONS

What is the teacher's understanding of mentally retarded children?

What approach and methods of teaching do the teachers use to teach children with mental retardation learn?

Are there any common activities between the unit for children with mental retardation and the ordinary school classes?

INTERVIEW GUIDE

What is your name?

How old are you?

How long have you been working?

Why did you choose this work?

Tell me about the children in your class.

RESEARCH INFORMATION

1. What do you understand by the term mentally retarded?
2. Tell me how the class is organized
3. How do you coordinate your work?
4. How many special needs teachers are in this school?
5. What have these teachers focused on in their special education
6. What teaching approaches and methods do you use to teach learners with mental retardation?

APPENDIX

7. Why do you choose to use a particular approach and method of teaching?
8. What challenges do you face when teaching learners with mental retardation?
9. How do you overcome these challenges?
10. Is there any coordination between the special needs teachers and teachers in ordinary schools?
11. Is there any coordination between special needs teachers and the parents of learners with mental retardation?
12. What other information would you like to add concerning learners with mental retardation?

THANK YOU FOR YOUR PARTICIPATION.