



EARLY CHILDHOOD SPECIAL EDUCATION SERVICES IN TURKEY

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Abstract:

Early childhood special education services are provided for children with developmental disabilities or at-risk for developmental delays/disabilities, who are between 0-8 years old, and their families. In this study, laws, and services provided in Turkey regarding early childhood special education services are defined; the content of the provided early childhood services programs and the problems faced in their implementations are addressed; suggestion for popularizing these services are provided.

Keywords: early childhood special education, children with special needs, legislations, programs, Turkey

1. Introduction

Development starts with birth and continues for a lifetime. However, the first eight years of life is the period which the development is the fastest and exposure to the influence of surroundings is the most. Hence, 0-8 years old period, which is known as the early childhood period, has an important impact on the future life of the child; and children are ready for learning many skills in this period (Birkan, 2001). Experiencing developmental problems in such a critical period causes children's development to fall behind their peers or delay. As a result, it is underlined that providing early childhood special education services (ECSE) in this period is crucial for children with developmental disabilities (Peterson, 1998).

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ECSE services are provided for children with developmental disabilities or at-risk for developmental delays/disabilities, who are between 0-8 years old, and their families (Bowe, 2007; Raver, 2009). It is reported that with the help of these services, children's development gains speed, developmental differences between them and their peers decrease, and having education in the same schools with their peers in the future becomes easier (Günder, 2014). In the period of the last 30 years in Turkey, changes in the legal regulations regarding ECSE services emphasize the importance of these services. In this context, the purpose of this study is to define laws and services provided in our country regarding ECSE services; and address the content of the provided ECSE programs and the problems faced in their implementations.

2. Development of Early Childhood Special Education in Turkey

Although the first legal regulation in Turkey regarding special education is completed in 1983 with the enactment of Children with Special Education Need Law no. 2916, there are no works on special education needs of children at early childhood period until 1987. The first legal regulation regarding early childhood special education services is circular about the education of children with special needs in 1987. In this circular, it is noted that children at risk and/or with disability need to benefit from pre-school education with adapted programs in special education nurseries and kindergartens; and families with children below the age of four-five need to receive guidance services. In the Decree no. 573 titled "Decree on Special Education", early start to special education is accepted as the essential principle and preschool education has become compulsory for children diagnosed with special education needs. This decree also gives the right to parents to participate in the decision-making process for their children's education and ensures informing families about the preparation of individual education plans and education services results (Prime Ministry Administration of Disability, 2005). Later, it is reported that social rights, social security, adaption to social life and job placement processes of children at risk and disabled children are guaranteed under the Law no. 5378 titled "Disabled People and on Making Amendments in Some Laws and Decree Laws" enacted in 2005. In Special Education Services Regulations (2009), there are comprehensive articles on intervention in early childhood. When these regulations are considered, the age for ECSE services is determined as 0-6 years (0-72 months) old, and these services are grouped in two as 0-36 months as early childhood period and 37-72 months as the pre-school period. In the period titled as early childhood period, it is stated that families should be informed and supported about special education, and education of children, who will benefit from these services, will continue at home and institutions. In the second period titled as pre-school period, it is primarily stated that pre-school education is compulsory for children diagnosed with special education needs; and reported that education provided to children would be in special education schools and other pre-school education institutions. Moreover, it is underlined in the regulation that it is essential that education of individuals with special education needs to continue within the context of

inclusion practices in pre-school education institutions; yet, pre-school special education school/institution and special education classes for these individuals can be opened.

3. Early Childhood Service Programs Implemented in Turkey

Early childhood special education programs are systematic education programs built to evaluate the development of children with developmental disabilities or at-risk for developmental delays/disabilities in the early childhood special education period, and to support them or prepare them for a higher-level program (Birkan, 2001). As there is no extensive evaluation system for ECSE throughout Turkey, there are no systematic models available for young children with disabilities and their families (Diken and etc., 2012). Starting from the beginning of the 1980s, ECSE programs are carried out by specialists of various disciplines and professional or non-profit associations and non-governmental organizations. Services provided in our country are listed below:

A. Early Support Project

Between 1982 and 1986, a project titled “Early Support Project” is started by Bogazici University for families with low income and low education and their young children with the cooperation of universities and volunteer organizations. It is applied to mothers who are mostly factory workers and their children in five neighborhoods of Istanbul with low socioeconomic levels to examine the impact of support provided to children. In the first year of this four-year-long research, case-related information is gathered based on the extensive interviews, observations and test results of mothers and children; in the second and third year of the research, some of the mothers are given mother-children education program; and in the fourth year of the program tests, interviews and observations are redone with mothers and children (Kağıtçıbaşı and etc., 1993). The impact of educating mothers is identified based on the results obtained. In this project, it is aimed to analyze the impact of providing support to children, who are raised in an inadequate environment, at an early age in their development (Kağıtçıbaşı, Sunar, Bekm). Even though children with disabilities are not included, this project, which is regarded as the first early intervention project for supporting cognitive development of children through educating their families, provided home and institution-based services.

In order to survey whether the short-term impact of the project will persist in the future, the follow-up research is conducted after six years of completion of early support project between 1991-1992 to measure the long-term impact of the project; and it is proved that the program had positive impact on children and their mothers (Bekman, 1998).

In 1993, Mother Child Education Foundation (AÇEV) was founded to support mother-children education program. In Mother Children Education Program, in order to develop their educator role, directly mothers are provided with a versatile education. Hence, it is ensured that mother is empowered; her educator role develops, and child’s

developmental needs are met in home environments (Bekman, 1998). In Mother Children Education Program, early childhood education and adult education; and supporting child development and empowering mother are addressed together. There are three essential elements of this mother-child education program (Sucuka and etc., 1997). These elements can shortly be summarized as below:

a. Mother Support Program

During the first part of each meeting, issues like child development, healthy nutrition, and game rules are discussed for an hour and a half. Mothers are actively involved in group meetings, ask questions, express their opinions, and share their ideas and experiences (Bekman, 1998).

b. Reproductive Health and Family Planning

Here, it is aimed to provide information about the importance of reproductive health and factors influencing it within the scope of a group; and mothers are allowed to share their experiences (Bekman, 1998).

c. Cognitive Education Program

The essential purpose of this program is identified as to initiate pre-school verbal and numerical skills of the children and prepare them for school (Bekman, 1998).

At the end of Mother-Children Education Program, it is observed that children that participated in this program are better in pre-school verbal and numerical skills, start school as being more prepared, thus learn reading earlier, have better grades, and considered as more successful by their teachers compared to children that do not participate (Bekman 1998). The most significant result of this program is that inequalities in children's development arising from socioeconomic conditions can be eliminated with Mother Children Education Program (Bekman 1998).

B. Portage

Portage project is first applied as part of the "Handicapped under the Handicapped Children's Early Education Program" as a home-based program by the Bureau of People with Disability in 1969 in the state of Wisconsin in the USA (Reynolds & Fletcher-Janzen, 2002). Portage Education Pack is directed for evaluating developmental skills of children who show normal development in the pre-school period (0-6 years) and have developmental retardation; and prepare development and education program appropriate for their needs (Mittler, 1990). The US Secretary of Education approved the program in 1975 to be popularized across the country. Since that date, the use of Portage Education Pack has spread worldwide, and it was translated into more than 35 languages (Reynolds & Fletcher-Janzen, 2002). Portage, which is also used in our country, is translated into Turkish by Hacettepe University Child Development Department (Güven, Bal, Metin & Atay, 2000). However, this application is not used in the country as country-wide and not supported by the government.

Purposes of Portage are identified as below;

- Ensuring full participation in the daily life of the family and the environment surrounding home,
- Ensuring the application and popularization of home-based education programs,

- Empowering the role of mothers and fathers as educators,
- Providing information to mothers and fathers about child development,
- Providing information to mothers and fathers about preparing the appropriate home environment.

C. Small Steps Early Intervention Program

Small Steps Early Education Program (SSEEP) which is prepared for and applied to children with Down syndrome in city of Seattle in the state of Washington in the USA, is started to be used by Macquaire University in Australia in 1974, with babies with developmental retardation or risk of developmental retardation, who are between 0-4 years old. (Kobal, 2001). SSEEP is brought to Turkey by Istanbul Support to People with Mental Disability Foundation, and its translation and adaptation are completed by four academicians in Anadolu University with the initiative of the Foundation, and it is published by the foundation in 1996. Small Steps is developed as intended for mothers and fathers of children with developmental retardation. It provides easily applicable principles for educating the child at home environment and embraces the idea that mothers and fathers are the best teachers for children. SSEEP is still applied in many special education institutions in Turkey as home-based or institution-based program. However, this application is also not used in the country as country-wide and not supported by the government.

D. First Step to Success Early Education Program

First Step to Success (entitled “Başarıya İlk Adım” in Turkish) early education program, which is developed by Walker, Stiller, Golly, Kavanagh, Severson and Feil (1997) first for children in kindergarten, 1st and 2nd grades of the primary school that demonstrate risk of antisocial behaviors and then adapted to nursery students as well, is intended to prevent antisocial behaviors. The basic purpose of the program is to teach children with risk of demonstrating antisocial behaviors being in positive and coherent relationship with their friends and teacher. The program involves home and school environment of the child, mother-father, teacher and the counselor of the program actively take responsibilities in cooperation. It is adapted to Turkish by two projects directed by Prof. Ibrahim H. Diken from Anadolu University with the financial support of the Scientific and Technological Research Council of Turkey (TÜBİTAK) within the context of a funded project (Çelik, Diken, Çolak, Arıkan, Aksoy & Tomris, 2016; Çolak, Tomris, Diken, Arıkan, Bozkurt & Çelik, 2015; Diken, Cavkaytar, Batu, Bozkurt & Kurtyılmaz, 2010; Diken and etc., 2011).

In the study of Çelik et al. (2016), the effectiveness of the preschool version of the First Step to Success (FSS) early intervention program on antisocial behaviors and social skills of Turkish children aged 36–72 months, who are at risk of antisocial behaviors was researched. At the end of the study, the total problem and externalized problem behaviors of children in the experimental group decreased significantly. However, the program implementation did not result in a significant difference between experimental

and control groups in terms of social skills. Regarding social validity findings, the majority of teachers and parents were happy with the program.

Similarly, First Step to Success Early Intervention Program, was effective in terms of decreasing problem behaviors both at home and at school, and it caused positive behaviors and teacher attitudes in class. Moreover, participants were happy with the program (Beard & Sugai, 2004; Carter & Horner, 2009; Diken & Rutherford, 2005; Diken, Cavkaytar, Batu, Bozkurt, & Kurtyılmaz, 2010; Diken, Cavkaytar, Batu, Bozkurt, & Kurtyılmaz, 2011; Diken, Bozkurt, Arıkan et al., 2011; Golly, Sprague, Walker, Beard, & Gorham, 2000; Rodriguez, Loman, & Horner, 2009; Russell, 2006; Seeley et al., 2009).

E. Responsive Teaching (RT) Early Intervention Program

Responsive Teaching (RT) is an early intervention program developed by Mahoney and McDonald (2007) in the United States of America (USA), whose scientific basis is just being established; and it intends for ensuring mother/father or other adults that spend the most time with the child in a day to improve and support the child's cognitive, communicational and social-emotional skills during interactions. Alongside with children between 0-6 years old, who demonstrate developmental disability (e.g., intellectual disabilities, autism spectrum disorders, etc.) or the risk of developmental delays/disabilities and their mothers/fathers, RT can be used with children demonstrating normal development and their mothers/fathers. RT aims for the child acquiring 16 basic behaviors in the areas of cognitive, communication and social emotional development or improving them by developing responsive interactional behaviors of the specialist/educator or the parent. In RT, 132 discussion points were provided specialists, who implement the RT and need to explain basic behaviors to parents, to understand better why 16 basic behaviors are important. 66 responsive interactional strategies are familiarized to the parent/specialist/educator to make them interact more qualitatively children (Mahoney & MacDonald, 2007). Each session of the RT lasts 1-1.30 hours and the RT can be provided 1 or 2 sessions in a week at home or at center. In each session, 1 or 2 strategies are studied. Approximately in 6 months, strategies in the program are completed, and significant improvements are expected from the child's development (Mahoney & MacDonald, 2007). The copyrights and authority to provide training in Turkey are given to Prof. Ibrahim Diken by Dr. Mahoney. In our country, several studies/doctoral dissertations have been carried on the RT. Two doctoral dissertations (Karaaslan, 2010; Toper Korkmaz, 2015) were carried out at Anadolu University under supervision of Dr. Diken and one (Selimoğlu G., 2015) at Gazi University.

In the study of Karaaslan, Diken ve Mahoney (2011), a randomized control study was conducted to evaluate the effectiveness of responsive teaching (RT) with a sample of 19 Turkish preschool-age children with disabilities and their mothers over a 6-months period. Participants were randomly assigned to treatment conditions: The control group consisted of standard preschool classroom services and the RT group received biweekly RT parent-child sessions in addition to standard services. Compared

with the control group, RT mothers made significantly greater increases in Responsiveness and Affect, whereas their children made greater changes in their engagement or pivotal behavior. There were also significant group differences in children's developmental outcomes. Children in the RT group improved their developmental quotient scores by an average of 42% compared with 7% for children in the control group. When the results of all the studies are taken into consideration, the Turkish mothers with disability children to be in need of support to the parent-child interaction, but the studies carried out in Turkey for this purpose seems to be very limited (Diken, 2014; Diken and Kaymak, 2016; Karaaslan vd., 2011; 2013).

G. State-Run Early Childhood Period Diagnosis, Evaluation and Transition Process in Turkey

In Turkey, services for children with disabilities start with screening, diagnosis, and guidance. However, screening is only used for hearing disorders and phenylketonuria across the country. Hospitals are responsible for medical diagnosis in our country. Diagnosis for individuals with special needs is done by a team in some hospitals and by only doctors in others. As a result of the diagnosis, some individuals with special needs are sent back home with no guidance, whereas others are directed to Counselling and Research Centers (CRC), special education schools or special education and rehabilitation institutions. The process in CRC is conducted by special education teachers, counselor teachers, social services specialists. Yet, there is no interdisciplinary evaluation process in these centers. Specialists generally use tests regarding individual and psychometric problems (such as Denver Developmental Screening Test-II, Wechsler Intelligence Scale, Stanford-Binet Intelligence Test, criterion-referenced tests and other informal tests prepared by teachers). In Turkey, there are other tests used for evaluating children such as Bayley Scales of Infant Development and Small Steps Early Education Program, Scales of Developmental Skills, Gazi Early Childhood Development Evaluation Tool (called GEÇDA in Turkish) and Portage Control List (Pinar, 2006). Individual Education Program (IEP) for children that are placed in developmentally appropriate institutions as a result of the educational evaluation in CTC is applied, and evaluation is done with informal tests prepared by purposes in IEP. Children with special needs also experience problems in transition services that have no legal regulation. It is reported that during the transition period, children with special needs face many problems in preparation to the next educational step, ensuring cooperation among specialists, communications in registering and unregistering from institutions and finding schools (Bakkaloğlu, 2013).

When we consider evaluation and transitions processes in developed countries, it is observed that they analyzed whether the outputs of intervention programs conducted in 1940 and 1950 had an impact on children's intelligence (Sucuoğlu, 2014). In the following years, when evaluating the children, they emphasized the importance of evaluating to what extent the children functionally use their skills in their natural environment by taking into consideration the relationship between children's environment and all developmental aspects. Hence, it is agreed that using multiple

people or multiple evaluation systems application is the best evaluation method (Meisels & Schonkoff, 2010). Moreover, it is noted that it is necessary to check on the effects of the intervention program on mother-children interaction when evaluating it (Mahoney & MacDonald, 2007). As developments regarding transition is observed, it is found that there are no policies about the necessity of mother-father participation in the transition from one program to other before the 1980s. In the mid-1980s, through projects financed by the US Secretary of Education, the first studies on transition are encouraged; then IDEA broadened the services provided for children between 3-5 years old and made it compulsory to prepare a transition plan for each family as part of the Individualized Family Service Plan (IFSP) (Bakkaloğlu, 2004). In this context, it can be argued that evaluation and transition services in Turkey are rather insufficient.

4. Conclusion

Although the latest legal regulations and practices provide various services for children for young children with special needs and their families, there is no ECSE service model in Turkey that is regularly applied across the country (Diken et al., 2012). Works of volunteer organizations, universities or non-governmental organizations are not considered as adequate by themselves. When programs like Portage and SSEEP that are in use are considered, it is seen that there are no full validity and reliability studies of these programs, they are not applied across the country, and they are not supported by the government as opposed to many other developing countries. In fact, investments in early childhood period are investments in the future of the society. In this period, it is seen that children with/without developmental retardation who receive education are academically more successful, have better education and income levels, have less dropout rate, less need for special education and less grade repetition (Campbell & Ramey, 1994; Kağıtçıbaşı and etc., 2004). Consequently, providing support for early childhood programs is considered as important for raising qualified individuals for the future. Additionally, it is critical making ECSE service staff qualified to provide a good education for young children and their families and to reduce the difference between children with developmental retardation and their peers. In terms of our country, it is observed that the number of early childhood special education trainers are little if any.

When considered the roles of families in education in developed countries, it is found that while families were in the position information-receivers until the 1970s, they became information-givers as parents' roles are underlined more after the 1970s (Sucuoğlu, 2014). During the 1980s, mother-father education programs are conducted, families were thought how to teach skills to their children and families became active students (Sucuoğlu, 2014). This is an important finding in the context of Turkey. Since there are not enough number of specialists for early childhood special education program, involving families will relatively reduce this disadvantage. Studies show that children who continue in mother-children education programs benefit from the positive impact of this support in their future education life and it contributes to the continuation of schooling for longer (Campbell & Ramey, 1994; Barnett & Hustedt,

2003). Thus, providing necessary support services for family education and popularizing these services are critical.

There are many problems experienced in diagnosis, evaluation and transition processes in Turkey. As medical personnel completing the diagnosis in hospitals do not have adequate information on early childhood special education program, it is found that they remain incapable of counseling and supporting the family. Hence, children start their education late as many of the families do not have adequate information on early childhood. Consequently, it is suggested that hospitals have the personnel to counsel families and provide information about children's developmental characteristics. When we consider problems about evaluation, families are not able to actively participate in the evaluation process, and children are evaluated only in institutions. In ECSE, evaluation is done in different environments and by different people as it is among requirements of the evaluation. Thus, it is not possible to have information regarding whether children performed the functionally targeted skill in their natural environment. Also, not having observation and evaluation regarding education at home services is considered as an important problem. In this regard, it is found significant to create a culturally appropriate evaluation model with inter-institutional cooperation and popularize this evaluation model; and inform families, as well as the personnel working with children, on this matter. Another problem is the observation and evaluation criteria and services regarding these children being inadequate. Children experience various problems in the transition from one institution to another; many institutions do not accept these children (Bakkaloğlu, 2013). Not having legal regulations regarding transition processes is seen as the essential reason for this problem. Hence, the law on special education services should include the transition process.

Since young children with developmental disabilities or at-risk for developmental delays/disabilities are taken care of at home until their school age, their needs are overlooked by the society and the idea of "Is it possible to have education for these children at early periods?" persists. Similarly, in reports and studies about problems in the pre-school period, it is seen that only young children that are in a socio-economically inadequate environment are considered as the group at risk; and children with special needs have no place in them (Bekman, 2003; Bekman & Gürlelel, 2005). As a natural result of this perspective, ECSE services do not get enough importance, and qualified personnel on this issue are not raised. When children that are not supported enough, reach the school age, their disability become more obvious and the difference between them and their peers increases even more. Creating awareness programs about ECSE services and announcing them with mass communication tools and social media can be seen as a way of changing the public opinion. Instead of waiting for these children to be ready for school, popularizing the early education programs applied for their preparation to school across the country is also important. There are limited numbers of studies on the impact of early special education programs regarding early childhood developmental disability in Turkey. Hence, it is suggested that the number of studies on the efficiency of ECSE services should be increased and the relationship

between universities and educational institutions should be strengthened in order to apply the outcomes of the research.

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