

**THE ROLE OF THE INTERDISCIPLINARY TEAM  
(TEACHERS, PSYCHOLOGISTS, SUPPORT TEACHERS,  
PSYCHOPEDAGOGUES, ETC.) IN MEDIATING  
CONFLICTS BETWEEN PARENTS OF CHILDREN WITH  
DISABILITIES AND PARENTS OF TYPICAL CHILDREN,  
IN ORDER TO EFFECTIVELY INTEGRATE CHILDREN  
WITH DISABILITIES**

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**Abstract:** *Our study wants to find if the success of the functional integration of children with disabilities depends on the degree of involvement of specialists in the mediation of conflicts with the parents of typical children and their opposing attitude towards integration. In order to have a functional integration and all the children in the class, typical or disabled, in order to benefit from education, they need the attention and involvement of specialists, the support of parents, and relationships with classmates. The involvement of specialists in counseling parents with disabilities as well as typical ones, may facilitate a successful integration. In order to identify the benefits of integration for all children, the support of school managers and the support of school inspectorates is essential.*

**Key words:** *functional integration; parents with SCR (special counseling requirements); parents of typical children.*

The integration of children with disabilities in mainstream education is not a new topic anymore. Ever since Salamanca Conference (1994), which promoted the acceptance of diversity by offering equal educational opportunities to all disadvantaged students (Salamanca Declaration on Special Needs Education), the foundations of the principle of normalization were laid. In turn, the principle of normalization, as a concept, favored the integration of

these children into mainstream education. Together with the child, a real and very important partner is the parent who, naturally, wants the best school, the best teachers and the most harmonious development environment for his child. When we talk about the integration of children with disabilities, we expect that in the group of the parents in a class we will have parents of children with disabilities (fewer) and parents of typical children (the majority). Children with disabilities are perceived as different by the other children in the class, implicitly by their parents. Being different for them may become a problem, an obstacle for them in the way of their own chance to achieve performance, to develop harmoniously. They do not understand what a different child is looking for in their classroom, they reject him and demand his removal from their group.

On the other hand, the disabled child, assisted by his parents, in ideal cases, or by legal guardians, often supported by legislation, has the right and wishes to attend mainstream school. The parents of children with disabilities are parents with SCR (special counseling requirements). They choose a mainstream school and want their son or daughter to be accepted, to have access to the best education so that they can be recovered as best as possible and to benefit from the best specialists (Salloum, 2017, page 117).

Becoming a parent does not require to finish some courses, a diploma or certification. In fact, anyone can become a parent, regardless of his or her status, state of health, occupation or background. The human quality of the individual does not change the moment he or she becomes a parent. In addition, every future parent wants a healthy, smart and resourceful child, and the appearance of a different child turns their life upside down. This finds them totally unprepared; they don't know what are the first steps they need to take, and often they waste very precious time in which early intervention cannot be done. The parent goes through the classic stages (denial, anger, bargaining, depression) until he or she can accept the new situation he is facing. Even then, the situation is not resolved, this is only the moment when parents of a child with disability realize the importance of collaboration with teachers, with school specialists, when he or she becomes their real partner, for the benefit of his or her own child.

On the other hand, the stigma faced by the child affects the whole family, many other challenges arise (medical, financial, administrative, relationship problems with relatives, with other members of society, divorces, problems with jobs, etc.) all disrupting parents' lives. They are overcome with too many problems and they need to be advising.

Several studies that focused on the families of children with disabilities concluded that there is a positive correlation between the socio-familial environment of children with disabilities and their educational success. Children's interactions with their mothers, mothers' intellectual level, their language, have an essential impact on children's psycho-intellectual development (Gherguț, 2005, page 286).

Parents of schoolmates of students with disabilities integrated in mainstream education can be grouped into three categories (Salloum, 2011, page 55):

- *Parents who are against accepting children with disabilities* in the respective classes, more or less vehemently. Some of them threaten to transfer their own child if the disabled student does not leave the respective class. Most of them justify their position with statements like:

- The teacher wastes too much time with the disabled student;
- It is a negative example for my child, because he cannot cope with the requirements of a regular class;
- He always expects help from our children, maybe more, but he or she is lazy and takes advantage of others;
- He or she is strange, otherwise, his place is in the special school;
- He or she is dangerous for my child

- *Neutral parents*, who do not refer to the presence of children with disabilities in their own child's class. Such situation is indifferent to these parents.

- *Parents who agree with the presence of a disabled child* in their own child's class. Some of them express their opinions:

- I am happy because this way my child can see how lucky he is to be healthy;
- My child will become more sensitive and kinder to the other people;
- He or she is a disabled child and it is not his or her fault;
- He or she is a poor child, enjoys the presence of children of his age;
- His or her parents are good people and take care of him or her;
- He or she doesn't harm anyone.

One of the possible explanations would be the fact that the parents of typical children do not know the particular situation of children with disabilities, many of their problems being attributed to social disadvantages. In mainstream schools there is a competitive climate and students with SEN are held responsible for lower class results. Also, it isn't well understood what a personalized intervention plan means, namely the differentiated assessment and the high grades obtained by students with disabilities (Buică, 2004, page 360).

Another observation we can mention concerns the severity of the children's disabilities. We have also observed that the parents of typical children are more supportive in the situation of integrating children with mild disabilities than severe ones (Schmidta, Krivecb and Bastičc, 2020, page 699).

One of the possible reasons for the negative attitude of some of the parents of typical children may also be the fact that there are not everywhere specialists trained to support the successful integration of children with disabilities, and then the teachers who teach these classes are overworked, thus the educational level can be affected (Elkins, van Kraayenoord and Jobling, 2003, page 128).

In order to have a successful integration, it would be ideal for the specialists from the school to form a multidisciplinary team, to create together a personalized intervention plan for each child with a disability. Each specialist knows the school curriculum according to which he or she works, he or she can best adapt its content according to the child's limits. It is also very important that the evaluation of the children to be done in accordance with the personalized intervention plan, to be aware that the maximum marks obtained by the disabled child do not mean that he becomes the winner of the class, that there are parallel evaluations, one for typical children and one another for children with disabilities. If this is not done, the disabled child will always be demotivated, he or she will never be able to be rewarded for his or her effort, although the personalized intervention plan has specified the maximum level he or she can reach. The requirements would be above these maximums.

Team members plan the intervention process together, crossing disciplines to maximize communication, interaction and cooperation, and decisions are made by consensus.

### **Methodology**

The **general objective** of our research is the functional integration of children with disabilities.

In order to achieve this aim, we have also proposed some **specific objectives**:

- The awareness of the role of mediator by the specialists involved in the integration process of children with disabilities;
- The involvement of specialists in counseling parents with disabilities (parents with SCR/ special counseling requirements);
- The identifying of the benefits of integration for children with disabilities but also for typical children, respectively for the parents of all children;
- The awareness of the parents of typical children by making them find the benefits of integrating children with disabilities as well as for them.

The assumption from which we started our study is: *There are significant differences in the success of the functional integration of children with disabilities, depending on the degree of involvement of specialists in the mediation of conflicts between the parents and their opposing attitude towards integration.*

**The participants** in our research were 121 specialists:

	<b>Quality</b>		<b>urban/rural environment</b>
	Support teachers	27	24/3
	Psychologists	9	9
	Teachers (V-VIII)	38	23/15
	Teachers (I-IV)	19	11/8
	Kindergarden teacher	21	17/4
	Total	114	84/30

The tools used by us: the study of the children's documents in the personal disability files, the documents in which we found the school results, the observation, the questionnaire, compiled by us and administered online.

### **Interpretation of results**

From the first data collected by us, we found that of the 144 participants, 84 come from the urban environment and 30 from the rural environment. Most of

the support teachers are from schools in the urban environment, in the rural environment, considering the smaller number of students, they are less. Also, there are no school psychologists at rural schools. The integrated children our participants have the following disabilities: intellectually disabled (62), autism (14), down (5), hearing impaired (3), ADHD (9), behavioral disorders (21).

To the question *What problems have you encountered in the collaboration with the parents of the disabled child?*, the most frequent answers were: a) many parents do not accept the fact that they have a disabled child and he or she needs special intervention (38), b) the parents are dissatisfied with the fact that their children are not accepted by other children and feel that they are not helped enough (22), c) parents do not consider that they need to continue recovery activities at home (37), d) the parents are involved, even overprotective (17).

Next question: *What problems have you encountered in working with parents of typical children?* pointed out some predictable perspectives: a) a part of the parents of typical children expressed their dissatisfaction that in the classes where their children learn there are children with disabilities (87), of these 19 threatened to transfer their own child if the disabled children are not removed, only in two cases were there transfers of children.

To the next question: *Have you had complaints from parents of typical children?* The majority of answers were affirmative and the following arguments were mentioned: a) the disabled child is a bad example for my child (34), b) I don't like the fact that there are such children in the class, they can be dangerous (41), c) teachers waste too much time with these children instead of dealing with the other children (27), d) I don't think there are problems (12)

For the question: *What were the most frequent reasons cited by them?* the most reasons cited were: a) too much time is wasted with these children at the expense of typical children, b) they can be aggressive, dangerous for other children, c) their place is in school centers for inclusive education.

Next question: *Were there situations in which the conflict escalated to the school management or ISJ?* confirmed that yes, unfortunately, quite frequently parents complain to the school management, even before talking to the classroom teachers.

Referring to *Which were the disabilities that raised the most problems?* the most complaints were for children with behavioral disorders (49), ADHD (31) and autism (12).

To the question: *What were the methods used by you in mediating conflicts?* the answers were: a) we tried to advise the parents, to invite psychologists to advise the parents (21), b) we held meetings with the parents of typical children with those of children with disabilities to which we invited representatives from the school inspectorate (17), c) we did not manage to do anything by ourselves (24), d) we appealed to the school management (37).

For the following question: *Among the methods used, which were the most effective?* the most useful methods mentioned were a) meetings with all the parents of the class (22), b) individual counseling of dissatisfied parents with the aim of sensitizing them (14)

Trying to find solutions, to the question: *What do you think it could be done to prevent such unwanted situations?* the answers received were: a) self-improvement of teaching staff to be prepared to correctly address the problems that arise (47); b) sensitizing parents of typical children (12), c) counseling parents of children with disabilities (19).

The next question: *How did you manage to collaborate with your colleagues?* emphasized the fact that in kindergarten and primary school things were solved relatively easier (28), most problems occurred with teachers who teach in secondary school (53).

To the question: *Did you have the necessary support from the school management when it was necessary?* the answers signaled, unfortunately, that the interest for children with disabilities in mainstream schools is minimal (16), we can rather talk about some tolerance (42).

To see where we should do in the future interventions, we asked: *What would you change in the approach to this problem if you could?* The answers were: a) I would like to have many specialists to help the child and us (47), b) more information about integration should be promoted among typical parents, it is not just our task (53), c) more money should be invested in materials and means for schools to become truly inclusive (14).

**Conclusions:** Our study, through the analysis and comparison of the answers received from the participants, confirms that the success of the functional integration of children with disabilities depends on the degree of involvement of specialists in the mediation of conflicts between the parents of classes and their opposing attitude towards integration. Awareness of the role of mediator by the specialists involved in the integration process of children with disabilities is essential. Integration must become functional, for all children in the class, typical or disabled, they all have the right to education, they need the attention and involvement of specialists, the support of parents, and

relationships with classmates. The involvement of specialists in counseling parents with disabilities as well as typical ones in order to identify the benefits of integration for all children, the support of school managers and the support of school inspectorates can facilitate a successful integration. Rural schools, even if they have fewer children, need more specialists, the children who study here have also the right to education like all other children.

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