

Establishing Partnerships with Families  
of Children with Disabilities  
from Culturally and Linguistically Diverse Backgrounds

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Submitted to:

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**THE UNIVERSITY OF MANITOBA**  
**FACULTY OF GRADUATE STUDIES**  
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**BY**

**Laurelyn Hope Morry Cantor**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree**

**of**

**MASTER OF EDUCATION**

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## Abstract

Schools are serving a growing number of students in inclusive special education programs from diverse cultural and linguistic backgrounds. Data were collected through semi-structured in-depth interviews with six families. The families represented a variety of ethno-cultural backgrounds, family structures, and children with various types of disabilities. The ethnographic data indicate that all of the families supported their children's inclusive education and advocated for their children. The value of family, attitudes towards disability, factors influencing parental participation, advocacy, and sources of support were major themes that emerged from the interviews. Extended family relationships were found to be important in all of the families. The views held by families from different cultures relating to disability and treatment varied considerably. These views also affected the nature of the families' participation in their children's intervention. Major factors that interfered in parental participation had to do with language barriers, which included both limited English language proficiency, as well as difficulty in understanding special education terminology and practices. Another factor that influenced effective home-school partnerships was the feeling of cultural disrespect. All of the families participated in their children's education. However, this differed, depending upon the family's cultural views and beliefs. One more factor which affected parental participation was the families' support network. This study offers strategies for educators to establish partnerships with families and implications for teacher education programs and future research.

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## Dedication

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## Chapter 1

### Introduction

The dynamic cultural and linguistic diversity of students receiving special education services challenges traditional patterns of communication between schools and families. In the process of designing and implementing appropriate programs for students with disabilities, communications between parents and educators often are complex. They become even more so, when different cultures are represented (Kalyanpur & Harry, 1999). In creating partnerships with the families of children with disabilities receiving special education services in inclusive classrooms, it is essential for educators to consider the family's cultural interpretation of disability (Lamorez, 2002; Kalyanpur & Harry, 1999). Dunst and Paget (1991) define a partnership as "an association of two or more people in pursuit of a common goal or joint interest" (Dinnebeil & Rule, 1994). Families of children with disabilities from diverse cultural and linguistic backgrounds may have perspectives towards the etiology and treatment of disabilities that differ from the North American biomedical model. For instance, the same problem may or may not be perceived as a disability in different societies (Kalyanpur & Harry, 1999). Family members' beliefs about the cause of their child's disability influence their expectations about their child's behaviour, their goals for their child, and their involvement in special education services.

### Culture

Culture, as defined by Misra (1994), is the "collective beliefs and knowledge that govern social behaviour. Culture includes the language of the people, their



standards and perceptions, the ways in which they display anger or joy and the gestures they use during a conversation" (p. 145). These aspects of life are influenced by factors such as race, ethnicity, nationality, social status, and geographical location (Kalyanpur & Harry, 1999). Most social scientists view culture as consisting mainly of the symbolic, ideational and intangible aspects of human societies (Banks, 2001). Banks (2001) sees the essence of a culture not in its artifacts, food or clothing, but how the members of the group interpret, use, and perceive them. According to Banks, it is the attitudes, values, and beliefs that distinguish one group from another. Diversity refers to the ways in which we differ from each other. It is a concept that refers both to our uniqueness as individuals and to our sense of belonging or identification within a socio-cultural group.

Educators working with families of children with disabilities must be aware of cultural differences, yet be careful to avoid stereotyping. That is, they must be careful not to ascribe particular behaviors to groups of individuals who share a common heritage or language (Salend & Taylor, 1993; Turnbull & Turnbull, 1990). All families vary considerably with respect to the extent to which their beliefs and practices are representative of a specific culture, language group, religion, or country of origin (Thorp, 1997). In addition, families from the same ethno-cultural background may differ in their place of birth, first language, immigration history, level of assimilation, socioeconomic status, traditions, and generation in Canada (Lee & Manning, 2001; Pang & Evans, 1995). Approaches to working with families must be based on respect for cultural differences and offered in culturally appropriate ways (Kalyanpur & Harry, 1999). By using an ecocultural framework the beliefs, and

values, interactions, and daily routines of individual families can be recognized, as opposed to cultural stereotypes about what a family from a certain cultural group would be expected to look like (Harry, 2002).

### Families

In considering ways of getting to know families from a range of backgrounds, educators need to extend their conventional understanding of what a family is. There is no prototype that represents "the family" (O'Shea, O'Shea, Algozzine, & Hammite, 2001). The size of the family structure is an important variable. For example, single parent, two parent, communal, adoptive, foster, extended, and blended families all represent different patterns of family structure. Many cultural groups rely on large extended families that share responsibilities and provide support to each other. In some cultures, children are raised by relatives other than their biological parents, such as their grandparents, aunts, and uncles. For example, elders in many Aboriginal families are highly respected and play a considerable role in decision making and childcare. These family members can be instrumental in designing and implementing appropriate educational services (Salend & Taylor, 1993). Turnbull and Turnbull (1990) describe the importance of understanding how families differ and how such differences impact on the meaning of a child's disability within the family. The number of parents involved in child care may determine a family's response to disability. For instance, in a two-parent family, the parents may share responsibilities and support roles which may be crucial factors in supporting a child with disabilities (Turnbull & Turnbull, 2001); while in a single parent family, the responsibility of parenting may fall on a single individual.

### Diversity and Disability

Thorp (1997) and Harry (1992) found that students from diverse racial, ethnic, and cultural populations are over-represented in special education classes.

Overrepresentation occurs when the percentage of minority students in special education exceeds the percentage of these students in the total student population.

Skrtic (1995) has argued that, "consistently, low-income students and students of color are disproportionately represented in lower tracks and ability groups and in many special education programs, while students who are white and middle or upper class are disproportionately placed in upper tracks and ability groups and in programs for the gifted" (p. 157). These placement trends may be related to factors such as the inappropriate use of standardized assessment instruments, the lack of involvement of parents of culturally diverse backgrounds with their children's teachers, and teachers who lack the knowledge base and skills required to teach diverse populations in inclusive settings (Salend & Taylor, 1993; Voltz, Dooley, & Jeffries, 1999).

### Purpose of the Study

The purpose of this study is to: a) describe the participation of families of children with disabilities from culturally and linguistically diverse backgrounds in their child's education, including their expectations with respect to the roles of both home and school, b) identify factors which may affect the participation of families of children with disabilities from culturally and linguistically diverse backgrounds in their children's education, c) develop strategies which may prove beneficial in facilitating home-school collaborative partnerships based on interpretation of the data, and d)

raise questions and concerns for professional discussion and further research regarding the involvement of families of children with disabilities from diverse cultural and linguistic backgrounds in collaborative partnerships.

### Thesis Organization

This chapter has provided an introduction to the interconnections of culture, family, and disability. A review of the literature is presented in Chapter Two, including a discussion of multiculturalism from a Canadian perspective, a review of selected theoretical interpretations of family-school partnerships, family-school collaboration, and a discussion of the factors influencing parental participation. The research methodology is described in Chapter Three. In Chapter Four, the families that were interviewed in this study are described. The findings of the research are documented in Chapter five. A concluding summary, strategies to facilitate home-school partnerships, the limitations of the study, as well as implications for teacher education and future research are presented in Chapter Six.

## Chapter 2

### Literature Review

In this chapter, four major areas which underlie the home-school partnership for families with children with disabilities from culturally and linguistically diverse backgrounds are explored. In the first segment, multiculturalism from a Canadian perspective, including education policy and practice, as well as Manitoba's policies on multicultural education and inclusion are discussed. Theoretical interpretations of the perspectives of families of different cultures on disability and special education are discussed in the second section. In the third and fourth sections of this literature review, parent-professional collaboration in education and possible reasons for non-participation by culturally and linguistically diverse families are explored.

#### Canadian Literature Review

In conducting a Canadian literature review, a document search was made on culturally and linguistically diverse families of children with disabilities. Articles were selected for the review based on a search of the Educational Resources Information Clearinghouse (ERIC) and the Psychological Abstracts (PSYCLIT) computerized databases. Key descriptors used included words and phrases such as "special needs," "disabilities," "children" coupled in various permutations with "culture", "cultural", and "multicultural", and "families", "parents", "IEP's". Selected special education journals such as *Teaching Exceptional Children*, *Teacher Education and Special Education*, *Multicultural Education Journal*, *Focus on Exceptional Children*, and *Intervention in School and Clinic* were manually searched for articles from the past five years. Studies also were obtained by examining the reference lists of the

resources identified in the computerized search, as well as articles, books, and government documents.

To select studies to be included in the analysis, each study was examined to determine whether it met the following criteria:

- (i) the study's sample pool included family members of children with disabilities from diverse cultural and/or linguistic backgrounds, and
- (ii) The study included the collection of data related to the experiences or perceptions of family members with respect to their child's educational program.

No Canadian articles met the selection criteria. One article, "Muslim/Arab Experiences in the Canadian School System" (Garman, 1997) reported interviews with ten mothers who immigrated from the Arab world and analyzed themes in two categories, experiences at home and experience at school. Two of the mothers, who were recent immigrants, reported positive experiences with the education system, but many mothers felt that their culture was not valued. Several articles from the United States (Salend & Taylor, 1993; Parette & Petch-Hogan, 2000; Thorp, 1997; Garcia & Malkin, 1993 & Voltz, 1994) offered strategies for increasing home-school partnerships with families from culturally diverse backgrounds.

Harry and Kalyanpur (1999) presented case studies on the lives of eight families from a wide range of cultural backgrounds and with children with varying types of abilities and disabilities. The Longitudinal Family study, funded by the U.S. Department of Education, offered support to the families regarding their children's

needs for social development in inclusive environments (Harry, Kalyanpur & Day, 1999)

### Multiculturalism from a Canadian Perspective

In its 135<sup>th</sup> year, Canada celebrates a long history of multiculturalism. When European settlers brought their own cultures to North America, they encountered Aboriginal peoples with rich, diverse cultures who spoke many languages. Although Canada has been multicultural from its beginning, both the nature of multiculturalism as well as our perceptions of it has changed. During the nineteenth century, immigrants came from a variety of different places, including the United Kingdom, France, the United States, and western European countries (CBC-TV, 1992). At the turn of the century, new Canadians arrived from the Ukraine, Poland, Russia and other parts of Eastern Europe (CBC-TV, 1992). Immigration from southern Europe began soon afterwards. Since the 1970's, immigration from Asia Pacific countries and the Caribbean has altered the cultural make-up of Canada.

Successive Canadian governments have instituted programs to adapt to the evolving multicultural diversity in Canada. In 1960, the federal government of Canada passed the Canadian Bill of Rights, which legally guaranteed fundamental rights to all Canadians regardless of their culture, origin, colour, religion, or gender. Later, in 1969, the federal government passed the Official Languages Act which gave the English and French languages equal status as the official languages of Canada.

The adaptation of the Canadian Charter of Rights and Freedoms (1982) was a turning point in our identity and our equality as Canadians. The Charter protects

these basic rights and freedoms of all Canadians that are considered necessary to preserving Canada as a free and democratic society. It applies to all levels of government and includes guarantees of:

- fundamental freedoms,
- democratic rights,
- the right to live and seek employment anywhere in Canada,
- the right to life, liberty, and personal security,
- equality rights for all,
- the official languages of Canada,
- minority language educational rights,
- Canada's multicultural heritage, and
- Aboriginal People's rights (Government of Canada, 2002, p. 5).

Section fifteen of the Charter, Equality Rights, states that every individual in Canada is to be considered equal.

1. Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.
2. Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.



Section twenty-seven of the Canadian Charter of Rights and Freedoms (1982) officially recognizes that the multicultural heritage of Canada is promoted: "This charter shall be interpreted in a manner consistent with the preservations and enhancement of the multicultural heritage of Canadians" (Government of Canada, 2002, p. 24).

Federal and provincial governments established multicultural ministries that funded and preserved a variety of initiatives from heritage language programs to multicultural festivals. In 1988, Parliament passed the Canadian Multiculturalism Act, which entitled the government "to preserve and enhance the multicultural heritage of Canadians while working to achieve the equality of all Canadians in the economic, cultural and political life of Canada."

Canada is a country of approximately thirty-one million people (Dworet & Bennett, 2002) stretching from the Atlantic Ocean to the Pacific Ocean, from the Northwest Territories to the Canada-U.S. border. Politically, it is divided into ten provinces and three territories, with each jurisdiction managing a number of governmental programs and policies, including education. Funding, curricula, and the delivery of special education services come under the jurisdiction of each province or territory, except for schools on some First Nations reserves, which are funded and administered through local Ministry of Indian and Northern Affairs agreements. In each province and territory, it is the Ministry or Department of Education that administers the Education Act for that province or territory. The head of the Ministry or Department is an elected member of the provincial or territorial parliament appointed by the premier of that province or territory and is known as the

Minister of Education. All provinces have locally elected school boards which have some educational autonomy, but must abide by the provincial Education Act and Ministry of Education policies (Dworet & Bennett, 2002).

In determining standards and policies for addressing diversity, Manitoba Education and Training (1992) developed the document *Multicultural Education – A Policy for the 1990's* which describes key concepts and includes implications for policies, strategies, and initiatives in the Manitoba school system. This policy on multicultural education discusses three concepts, education for full participation in society, education for cultural and linguistic development, and education for intellectual understanding.

Education for full participation in society means that, "All students, regardless of race, colour, gender, language, cultural heritage, religious ethnicity, physical capabilities or intellectual potential, have a right to equal and meaningful roles in Canadian society" (Manitoba Education and Training, 1992, p. 2). The aim of the Manitoba school system is to enable all students to develop their individual potential "which will promote effective social participation and equal status for themselves and their ethnocultural groups" (Manitoba Education & Training, 1992, p. 2). For example, there is support for students in the development of language skills in one of Canada's official languages in English, French language, and French immersion schools.

The Manitoba Department of Education supports a number of initiatives to strengthen links between schools, parents, and communities. In the *Schools in Manitoba (2001)* report, there were a total of 713 public, 643 elementary, and 342

secondary schools in Manitoba. Of these, 652 were English only schools, 98 were French Immersion schools, and 29 were Français. Twenty-six schools had heritage language bilingual programs including Hebrew, Ukrainian, and Aboriginal language programs. With respect to religious diversity, the government of Manitoba supports educational provisions for students in the following religions and denominations: Islamic, Lutheran, Catholic, and Judaism. Cultural diversity is recognized in schools that represent a variety of cultural traditions including Aboriginal, Hutterite, and Mennonite institutions (Manitoba Education, Training and Youth, 2001).

The third concept encourages understanding and mutual respect for the cultural and historical heritage of others, in addition to developing self-esteem and a strong sense of personal identity. In the *Manitoba Special Education Review* (Manitoba Education and Training, 1998), one of the questions that was asked as part of the "Assessment of the Quality and Cost Effectiveness of Special Education Programs" was: "Are culturally appropriate special education programs and services available?" (p. 40). It was recognized through case studies that culturally appropriate programming for students with special learning needs was not widely developed or implemented especially for Aboriginal students and students from recent immigrant communities.

In a study by Silver, Mallet, Greene, and Simard (2002) on Aboriginal students in Winnipeg's inner city high schools, the authors discussed "buried stereotypes" which they refer to as racism that is less visible. For example, many teachers may have lower expectations of Aboriginal students (Silver et al., 2002). Appropriately serving Aboriginal students in schools is critical because they are disproportionately targeted as children with special needs (Silver et al., 2002).

### Manitoba's Special Education Policy on Inclusive Education

Basically, Manitoba educators have adopted a philosophy of inclusion as the foundation for the delivery of special education. The most accepted delivery model is grounded in inclusive philosophy combined with a continuum of programming and supports (Freeze, Bravi & Rampaul, 1990). First choice for students with disabilities is in regular education classes in neighborhood public schools with their same age peers (Manitoba Education, Training and Youth, 2001). There is the general sense that Manitoba is moving towards inclusive practice. However, the interpretations and implementation of the policies of inclusion are inconsistent from division to division and school to school.

Up until very recently, there was no mandate in Manitoba law for inclusion of students with disabilities. On April 30, 2003, proposed legislation was introduced by the Manitoba Education and Youth Minister that will ensure access to appropriate educational programming for students with special needs. Bill 17, the Public Schools Amendment Act, addresses recommendations of the 1999 Manitoba Special Education Review, and Manitoba Education, Training and Youth's philosophy of inclusion (Government of Manitoba, 2003).

The process of identification of students with disabilities usually begins with the classroom teacher. The teacher refers the student to the resource teacher who provides and channels support services (Freeze, Bravi & Rampaul, 1990). The next level of support services in the identification and assessment process is the multidisciplinary team usually comprised of regular and special education personnel, student services personnel, and principals or vice-principals. Parents are involved in

the assessment and in decisions about program planning, typically through the Individual Education Plan (IEP) process (Manitoba Education and Training, 1998). Whenever instructional programming needs to be modified, new expectations for learning outcomes in a student's educational program are recorded as an IEP. The IEP process addresses the areas of student need, including accommodations in a regular classroom, as well as any supports and services to be provided (Friend, Bursuck, & Hutchinson, 1998).

### Theoretical Perspectives of Families and Cultures on Disability and Special Education

Viewing a child's behaviour from a family systems perspective allows the professional an expanded perception of the contextual functions of the behaviour (Fine, 1983). In family systems theory, it is recognized that the family functions as an interconnected unit where all members affect each other (Minuchin, 1974). This model assumes circular causality which implies that every action is also a reaction and that events are related in a circular fashion (Fine & Gardner, 1994).

Fine and Gardner (1994) refer to the concept of the family as a system, establishing their roles and relationships through reciprocity. Children move from the home to the school and become part of another system. The two systems overlap and what occurs in one system is likely to affect the child's behavior in the other system.

Among the most well-known theoretical formulation linking families and schools is that of Bronfenbrenner (1979). A basic feature of Bronfenbrenner's model of ecological theory refers to four hierarchical environmental systems of influence:

microsystem, mesosystem, exosystem, and macrosystem. Bronfenbrenner describes the nesting of systems within systems (Fine, 1995). The microsystem refers to the home and classroom, and then the mesosystem is created by the integration of the two microsystems. These, in turn relate to the larger exosystem (i.e., the community in which home and school coexist) and eventually to the macrosystem (i.e., society at large).

Family systems theory provides an important framework for understanding families and children. However, a family systems orientation alone might ignore the broader context within which families operate (Fine, 1995). Fine (1995) explains how an ecosystemic perspective combines both family systems theory and ecological theory and practice. For a family-school intervention to be effective, each practitioner will develop his or her own ecosystemic approach by integrating concepts and techniques from both systems and ecological theories (Fine, 1995).

Fine (1995) describes key elements of an ecosystemic orientation:

- A systems – ecological perspective is a frame-of-mind rather than a definitive methodology,
- The circular nature of causality encourages the examination of patterns and sequences of behavior as people act out their relationships,
- Assessment is a dynamic and interactive process that can be concurrent with intervention,
- A clinician takes on a consultative role to explore the beliefs and behaviours of the involved people in face-to-face contacts,

- The consultant may need to assume an active and multifaceted role as he or she engages family members, educational personnel, the child, and others, often in a group context,
- The consultant should be aware of the broader exosystem and macrosystem impact on the "problem" rather than thinking exclusively in a microsystemic or mesosystemic context, and
- The locus of intervention will vary with the situation and may include multiple objectives and intervention techniques" (pp. 492-493).

An ecosystemic view of the child-family context encourages exploration of the family's connectedness to community resources, the involvement of extended family, the nature of the family's social support network, and the meaning of ethnic, cultural, and religious factors (Fine & Gardner, 1994).

Turnbull and Turnbull (1990) merged family systems perspectives with special education practices and applied them to the families of students with disabilities. By shifting to a family focus, the student is no longer viewed in isolation, but within the context of his or her own family. Turnbull and Turnbull (1990) proposed a family systems framework to organize four major perspectives which include: 1) family characteristics which focus on the descriptive elements of the family that shape each family's individuality, 2) family interactions which focuses on the relationships that occur among family members, 3) family function, which refers to the tasks family members perform to meet individual and collective needs such as economic or educational needs, and 4) the family life cycle which represents the sequences of changes that affect families over time.

## Historical Perspectives of Parent Involvement

Historical accounts of families of children with disabilities are important to better understand the need for family-school partnerships. There were proponents of the eugenics movement (1880 – 1930) who viewed parents as the underlying genetic cause of their child's physical, emotional, or intellectual disability (Turnbull & Turnbull, 1990). The eugenics movement resulted in laws that made marriage illegal for persons with intellectual disabilities and required compulsory sterilization. An environmental "parents-as-cause" perspective (Turnbull & Turnbull, 2001) was evident in the work of Bruno Bettelheim, who claimed that children with autism withdrew from reality because their mothers were cold and rigid (Alper, 1994). The current definition of autism emphasizes that there is no relationship between parental attitudes and the etiology of autism (Alper, 1994).

Beginning in the 1930's, parents began to organize local parent support groups which, in turn, generated national organizations. From the 1950's to the 1970's the medical model supported an authoritative role for professionals discouraging initiative on the part of parents and creating a culture of dependence. (Fine & Gardner, 1994). Parents were expected to accept and implement the treatment programs prescribed by professionals.

However, more than twenty-five years ago, the United States Congress passed the 1975 Education of All Handicapped Children Act (P.L. 94-142), mandating a "free and appropriate education for all handicapped children" (Valle & Aponte, 2002). This law, since renamed the Individual with Disabilities Education Act (IDEA) and reauthorized in 1990 and 1997 assured access to public education



for children with disabilities and granted parents the right to be involved in educational decisions about their children.

### Home and School Collaboration

Parent-professional collaboration is very important as a means of improving education for all students. Friend and Cook (1996) define interpersonal collaboration as "a style for direct interaction between at least two coequal parties voluntarily engaged in shared decision making as they work toward a common goal" (p. 6).

Turnbull and Turnbull (2001) refer to collaboration as "the dynamic process of families and professionals equally sharing their resources in order to make decisions jointly" (p. 13). Thousand, Villa, Paolucci-Whitcomb, and Nevin (1996) discuss collaboration as an essential element in the successful development of partnerships between schools and parents, enabling schools to meet diverse student needs through shared expertise, such as: (a) shared ownership of problem definitions and solutions, (b) shared knowledge and expertise, and (c) increased cohesiveness and willingness to work together on future projects. Parents should be included in decisions affecting their children both on ethical and professional grounds, and because family members provide valuable information regarding a student's language skills, behaviours at home, and school background (Gersten, Brengelman & Jimenez, 1994).

A major question is to determine whether parents of students with disabilities from culturally diverse backgrounds feel co-equal with school professionals. Parents may want a more active role, yet may defer educational decisions to professionals

who are perceived to be the experts in the education of children with disabilities (Kalyanpur & Harry, 1999; Parette & Petch-Hogan, 2000). Kalyanpur and Harry (1999) have indicated that the prevailing model of professionalism is a barrier that significantly impedes collaboration:

"The perception that a professional is a person of high standing and a figure of authority makes it difficult for parents to participate in education decision making" (p. 29).

Fine (1994) also mentions the concept of "co-equal status" in regards to collaboration. Fine (1994) alleges that it is impossible to ignore the specialized training of professionals but it is equally important to acknowledge "...the beliefs and perception of parents by professionals, and an appreciation of the parents' insights, ideas and experiences" (p. 299).

Skrtic (1995) differentiates between "the professions" and other social group, "Society gives professionals greater autonomy than it does other social groups on the assumption that their knowledge is valid and useful and that they will use it on behalf of their clients and the public good" (p. 7).

In determining eligibility for special education services, professionals gather information about a student through classroom observations and psychoeducational testing. This profile forms the basis of a written evaluation. The most important vehicle for parent-professional partnerships is the I.E.P. meeting. Without access to the professional language of special education, parents enter the discourse in an unequal position (Valle & Aponte, 2002). Valle and Aponte (2002) envision a mutual dialogue between parents and professionals:

“Consider how differently parents might engage in collaboration if the focus shifted from the completion of our paperwork and timelines to an intense interest in how ‘their’ knowledge, views, and openness could contribute to the process” (p. 477).

Creating opportunities to increase parental participation should begin long before the IEP conference is scheduled. Educators need to initiate activities that communicate sensitivity, trust, mutual respect, and acceptance to parents (Rock, 2000).

Harry, Kalyanpur, and Day (1999) have outlined four steps that they feel are essential in developing a “posture of cultural reciprocity”:

- “• identify the cultural values that are embedded in your interpretation of a student’s difficulties or in the recommendation for service,
- find out whether the family being served recognizes and values these assumptions, and if not, how their view differs from yours,
- acknowledge and give explicit respect to any cultural differences identified and fully explain the cultural basis of your assumptions, and
- through discussion and collaboration, set about determining the most effective way of adapting your professional interpretations or recommendations to the value system of this family” (p. 7).

Hanson, Lynch, and Wayman (1990) reported that analyzing ethnographic information is important for the development of ethnic competence (p. 127). They emphasize several aspects, including (a) describing the ethnic group with which the family identifies, including the family’s country of origin, language, and dialect, as

well as the size of the local ethnic community, (b) identifying the social organization of the ethnic community and its available resources, (c) describing the belief system within the particular ethnic community to determine the values, ceremonies, or symbols that are important within the culture, (d) becoming informed about the historical background of the ethnic group and current events that may affect the family, and (e) determining how members of the ethnic community gain access to, and utilize social services, and their attitudes towards seeking help (Hanson, Lynch & Wayman, 1990).

Harry (1996) proposes that, even though macroculture provides the framework to identity, various microcultures to which the researcher belongs may impact on the research process. Along the same lines Beverly and Thomas (1999) discuss how discretion must be employed to ensure that the interpretation of the results assessment information reflects the families' perspectives and not the researcher's perspectives. Microcultures include race, ethnicity, religion, social class, gender, exceptionality, and nationality. Also, professional or political affiliations may affect values and beliefs. According to Harry, Kalyanpur, and Day (1999), it is very important for all people to become aware of their own cultural values. They explain that:

"by developing your own cultural self-awareness, you will be able to recognize the cultural underpinnings of your professional practice. This, in turn, will enable you to facilitate conversations with the families with whom you interact, toward identifying the values and beliefs that underlie their priorities, goals and vision for their child. As you learn about yourself and the families with

whom you work, the families will also acquire knowledge about the special education system that will enable them to make informed decisions about services. You will have developed reciprocal, truly collaborative relationships" (p. 12).

### Factors Influencing Parental Participation

Many educators recognize that families from culturally and linguistically diverse backgrounds participate to a lesser extent in special education decision-making than families from the dominant or mainstream culture (Kalyanpur & Harry, 1999; Parette & Hogan, 2000). Historically, many families from culturally diverse backgrounds have had to overcome barriers to their effective participation in the regular and special education process (Garcia & Malkin, 1993). Knowledge and understanding of these barriers is the first step towards eliminating them.

Limited English language proficiency may interfere with a family's capacity to access appropriate resources (Turnbull & Turnbull, 2001). Turnbull and Turnbull (1990) noted factors which may cause parents with limited English proficiency to feel inferior to school personnel, including feelings of intimidation by highly educated professionals, not understanding special educational provisions, and lacking information on the nature of their child's disabilities. When the spoken or written word is not understood, accurate meaningful communications may be compromised (Hanson, Lynch & Wayman, 1990). Even though translators may provide a vital link, the real meaning of the communication is not always conveyed. In any language, there are inherent messages that cannot be communicated adequately. We often resort to using gestures to convey meaning. However, we may be unaware of the

meaning of gestures in other cultures. For example, pointing at another person with the left hand, or sitting with the sole of your shoe facing someone are inappropriate in Afghanistan (Ward, 2002).

Educators need to be aware that children and families who have emigrated from a culture that is very different from the Canadian culture are adjusting to many changes simultaneously. Misconceptions may be perpetuated by a lack of knowledge and experience about culturally sensitive interactions (Burstein & Cabello, 1989). Families may be concentrating their efforts on meeting the survival needs of the family. Families may perceive their roles differently with respect to seeking help, problem-solving, decision-making, child rearing, or interactions with authority (Beverly & Thomas , 1999, p. 23).

When working with families who have migrated to Canada, or the United States, a fundamental distinction must be made between voluntary and involuntary migrancy. Kurtz-Costes & Pungello (2000), discuss the differences:

“voluntary migrants who have willingly left their homelands, usually with expectations of furthering their education and improving their standard of life, have very different characteristics from refugees, who have left their homelands because of fear, war, starvation, or persecution” (p. 123).

Parental participation may be affected by their cultural views of disability and its causation. These differences often affect parental understanding of the assessment and diagnosis process, as well as the development of educational goals (Harry, 2002). Families who have recently immigrated to Canada may hold values that are more consistent with their country of origin.

In a study of low income Puerto Rican American families, Harry (1992) noted that parents from culturally diverse backgrounds may possess cultural perspectives and expectations with respect to education that restrict their ability to collaborate with educators and negotiate their way within the special education system. Parents who are not well-informed about special education assistance requests, assessment, intervention, and follow-up processes may not understand their rights, responsibilities, and options regarding their child's education. Harry (1999) alleges that parents may attend IEP meetings, but their reserve at these conferences may be due to traditions of compliance towards authority, and a lack of information about their rights and options.

Sontag and Schacht (1994) interviewed 536 families with infants and toddlers who had developmental problems. Their study investigated two variables related to supporting ethnic diversity in early intervention: a) parental information needs, and b) the nature of parental participation in meeting their child's special needs. The results suggested the need to provide information about available services to all parents. Significantly, fewer than half the parents had attended the Individual Educational Program (IEP) meeting at the school because it was not seen as an empowering activity. The majority of parents from diverse ethnic and cultural backgrounds in this study reported that family needs assessments, conducted by outside agencies, were not useful to them because someone else was interpreting the information (Sontag & Schacht, 1994).

Families' past negative experiences and fears of bureaucratic intervention also may challenge family participation (Thorp, 1997; Parette & Petch-Hogan, 2000).

Families who were oppressed by authority in their former country may be reluctant to share information about their family with school personnel. Many parents may feel vulnerable or uncomfortable around teachers and other educators (Jordan, Reyes-Blanes, Peel, Peel, & Lane, 1998).

Logistical barriers such as time constraints, lack of transportation, lack of child care, and work obligations also may prevent parents from participating in their children's special education programs (Turnbull & Turnbull, 1990). Barriers also include the lack of sociocultural diversity in the educational work force, as well as parental mistrust due to minority overrepresentation within special education programs (Rock, 2000).

While the barriers for participation are complex, educators can create opportunities for active parental participation which, in turn may promote the establishment of equal partnerships between home and school in the education of students with disabilities from culturally and linguistically diverse families. Through interviews with families of children with disabilities from culturally and linguistically diverse backgrounds, I hope to develop a deeper understanding of the factors that affect parental participation in their children's inclusive education in Manitoba.



## Chapter 3

### Method

#### Design of the Study

The study took place in Winnipeg, Manitoba, a large, urban centre in Western Canada with a total population of 661,730 (Winnipeg Free Press, January 22, 2003). The purpose of this study was to: a) describe the expectations of the families of children with disabilities from culturally and linguistically diverse backgrounds in regards to their children's education, including the respective roles of both home and school, b) identify factors which affected parental participation in their children's inclusive education, c) develop strategies to increase involvement in the home-school partnership, based on interpretation of the data. It was hoped that this study would raise questions and concerns for professional discussion and further research regarding the involvement of families of children with disabilities from diverse cultural and linguistic backgrounds in collaborative partnerships with schools.

Having identified these areas of study, which depend upon an exploration of individual expression, a qualitative research methodology was chosen as an appropriate technique. Six families from a wide range of cultural backgrounds and with children with various types of disabilities were interviewed. Each family system was regarded as unique. In view of increasing recognition that partnerships should not be limited to parents only, the interviewer invited grandparents, brothers, sisters, and others who were considered vital resources in supporting educational outcomes for the child with disabilities to participate at the discretion of the parents (Turnbull & Turnbull, 2001).

The interviews were semi structured in the ethnographic tradition (Taylor & Bogdan, 1998). Ethnographies are descriptive studies in which the researcher tries to illustrate what people say and how they act in their daily lives (Taylor & Bogdan, 1998). Ethnography is an inquiry into the "way of life" or the culture of a distinct group of people, portraying the concepts, beliefs, customs, norms, and rules of a socially interacting faction of people in cultural centres. Understanding emerges as the ethnographer makes sense, and interprets the culture. Agar (1987) describes ethnography as "...neither subjective nor objective. It is interpretive, mediating two worlds through a third" (p. 19). Hanson, Lynch and Wayman (1990) explain that developing an ethnic competence requires analyzing ethnographic information by focusing on five aspects of the ethno-cultural group to become familiar with: (a) the ethnic background with which the family identifies, (b) the social organization of the ethno-cultural group within the city, (c) the values and belief system within the ethnic community, (d) the historical background of the ethno-cultural group, and (e) how members of the ethnic group gain access to services in the community (p. 127).

#### Gaining Access

After approval by my thesis committee, a "Human Subject Ethics Protocol Submission Form" was submitted and approval was granted (Appendix C). A letter then was sent to disability support groups and ethno-cultural groups in Winnipeg explaining my thesis topic (Appendix D). I requested the assistance of the program directors and agency administrators to recommend families with children with disabilities in inclusive education settings from diverse backgrounds, who they believed would be interested in participating in the study. An inducement, in the

form of an honorarium for twenty-five dollars, was offered to the families for their participation. An interpreter was required for two of the interviews, and they were paid the customary rate.

### The Participants

A process of theoretical sampling (Glaser & Strauss, 1967) was used to select the six families for the study. This process refers to a procedure by which the researcher selects cases to be studied according to their potential for helping to expand and refine the concepts and theories that have already been developed (Taylor & Bogdan, 1998). Data collection and analysis proceed concurrently. Nominations of families were selected based on the recommendations of program directors and agency administrators of disability support groups and ethno-cultural groups.

A letter was then sent to the families (Appendix E) and was followed up by home visits to make sure that the families understood the purpose of the study, and the meaning of informed consent. I made an initial telephone call to four of the families to introduce myself and to arrange for a convenient time and place to conduct the interview. With two of the families, the contact was made through the interpreters. Written consent was obtained from all participants.

The families that were selected for the study were diverse on several dimensions: (a) ethnicity, (b) country of origin, (c) first language, (d) age of their child, (e) type of disability, and (f) family structure. Two of the families had two children with disabilities. Of the eight children, six were boys and two were girls. The children's ages ranged from five-and-a-half to eighteen years old. Three of the

families had three children, four families had two children and one family had five children. Two of the children were with foster parents. In both cases the parents were aware of the disabilities at the time of foster placement. Figure 1 portrays the six families in this study.

All six families in the study lived in Winnipeg. However, there were many reasons why they immigrated, or relocated to Winnipeg. Therefore, diversity results not only from different national origins, but also from unique circumstances concerning the settlement of a group of people in Winnipeg.

Pseudonyms have been assigned to the families, other participants, schools and community agencies.

#### Data Collection

The data for this study were collected through in-depth semi-structured interviews with six families of children with disabilities from diverse backgrounds. The scope of information gathered, the nature of questions asked, and the family's comfort level with the interviews determined the length of each interview and the number of interviews required for each family.

The interviews were conducted during the months of February, March and April of the 2002 – 2003 school year. The interviews were conducted in places chosen by the families. All of the families chose to be interviewed in their homes. The interviews ranged in length from forty-five minutes to ninety minutes with a mean length of sixty-six minutes. Four of the families had one interview and two of the families had two interviews. Three of the interviews were with mothers only, one interview was with the

Figure 1.

# Participants in the Study

Names of family members who participated in interviews	Family Structure	First Language	Country of Origin	Name of Child	Age	Type of disability (as documented)
Mother – Ruth	single mother foster parent	Swahili	Uganda, Africa	Carley	5 ½	Fetal Alcohol Effects
Mother – Mrs. Lai <sup>a</sup> Father – Mr. Lai <sup>a</sup> Daughter – Cam Son – Tanh Grandmother Interpreter	two parent-family extended family	Vietnamese	Vietnam	Cam Tanh	18 10	Orthopedic impairments “ ”
Mother – Sharlene	single mother	English	Canada <sup>b</sup>	Jordan Nathan	14 7	Attention Deficit Hyperactivity Disorder (ADHD) ADHD and congenital scoliosis
Grandmother – Florence Grandfather – Lou	grandparents	English	Canada <sup>b</sup>	Marcus	9	Learning disabilities
Mother – Heather Father – Kyle	two parents foster parents	English	Canada <sup>b</sup>	Trevor	17	Cognitive Disability
Mother – Mrs. Chen <sup>a</sup> Interpreter	two parents extended family	Chinese	China	Raymond	6	Cognitive Disability

Note: Pseudonyms were assigned for children and family members.

<sup>a</sup> Titles used during introduction

<sup>b</sup> Aboriginal descent

mother and father, one interview was with the mother, father, two children and grandmother, and one interview was with the grandparents. Two of the interviews required interpreters.

To gain understanding of each family as a system, a Discussion Guide for Gathering Information was utilized (see Appendix A). Questions concerning the areas of family, culture, diversity, disability, and home and school collaboration, were open-ended, sensitive to the family's needs, and followed the issues the interviewees were most interested in addressing. To ensure that the interview questions were culturally sensitive, I reviewed the questions with a cultural mediator or the interpreter before each interview. The cultural mediators included two program directors at an ethno-cultural support group, and one executive director of a disability support group. Interpreters were required for two of the families. The director of another disability support group contacted the interpreters who had been involved with the families, and then I met with the interpreters. I was sensitive to the family's perceptions of the intrusiveness or relevance of my questions, as well as their comfort level with my manner as I gathered family information. Ongoing interpretation of the data guided me in refocusing interviews according to the emergent themes, as well as concerns particular to each of the families. While the interviews were organized around specific questions, not every family was asked every question. Very often, responses to some questions led to discussions of other questions.

There was no deception in the study. Understanding the factors which may affect parental participation in their children's inclusive education is important in

establishing partnerships with families of children with disabilities from culturally and linguistically diverse backgrounds. Implicit in these narrative views, was a valuing of the families as knowledgeable about their children and their cultures.

In two cases, I did not speak the language of the family, so an interpreter was vital in assisting with the interview. Ideally, a mediator who is able to provide linguistic and cultural mediation by facilitating clear communication and understanding about home and school cultures, would be available to all families from diverse cultures with children with disabilities (Fowler & Hooper, 1998). Before meeting with the two families, I met with each of the interpreters in order for them to have a basic understanding of the nature and purpose of the interview. It is important that the interpreter translates information accurately using the family's own words and meaning (Lynch & Hanson, 1998). It is also important that the interpreter is aware of professional ethics, including confidentiality (see Appendix G).

In interviewing the families, I took the role of observer as participant (Taylor & Bogdan, 1998) interacting in the proceedings to allow for a comfortable interpersonal climate. Educators can examine the cultural base of their own belief system by exploring their own perspectives and how they have been shaped, in order to realize how their assumptions, beliefs, and prejudices impact relationships with their students and families (Harry, 1992). I have included my own story (Appendix B) by exploring my ancestral background, my education, and why I chose to become a teacher, as well as how my assumptions, beliefs, and prejudices might promote or inhibit interviews. I incorporated practices that were culturally specific for each family, such as bringing cookies and taking time to get acquainted before beginning

the interviews. Knowing some words or phrases in the family's language and recognizing patterns of family interactions, religious practices, and views about health, healing and disabilities also increased my capability to interact respectfully and effectively (Lynch & Hanson, 1998). The interpreters and cultural mediators also facilitated effective cultural communication by assisting me in knowing how to address family members, how to ask questions, and how to promote family participation.

The interviews were audio-taped and then transcribed verbatim for data analysis. I also took notes during the interviews, which were then incorporated into the transcripts for analysis. Data from the eight interviews and observer comments consisted of approximately 324 pages. All information was kept fully confidential and pseudonyms were assigned to the family members, other participants, schools, and community agencies. All data were kept in a secure location. Upon completion of the study, I arranged to share a summary of the findings with the families, disability support groups, and ethno-cultural groups, as well as a means of contacting me if they have questions or concerns. I also let the families know how grateful I was for their willing participation in this study, and presented each family an honorarium for twenty-five dollars.

#### Data Analysis

Transcripts of the recorded interviews and field notes were completed immediately after each interview. I reflected on my interviewing skills and noted areas to investigate more thoroughly in subsequent interviews. I analyzed the data using the constant comparative approach by Glaser and Strauss (Taylor and Bogdan, 1998), an



inductive approach in which observations, comments and quotes are coded according to the types of information revealed. After rereading all interviews, I coded the data for underlying patterns and themes, using colour coding to help me sort and organize the data. I coded both positive and negative incidents that related to a theme (Taylor & Bogdan, 1998). After completing this process, I used a sorting approach, described by Taylor and Bogdan (1998), which involved cutting up an extra set of transcripts and placing data relating to each coding category in separate file folders (p. 154). On each response I recorded the particular source, respondent, and data collection episode. The codes were then compared to each other to derive a set of thematic categories that classified the data. After the generation of each piece of data, I examined new information and compared different data sources to identify new patterns or inconsistencies. I then revised tentative categories to account for these changes. This emergent approach occurred throughout the data analysis process. Through this type of analysis, the findings were firmly "grounded" in the data, as opposed to predetermined assumptions I could have brought to the research study (Taylor & Bogdan, 1998). The framework for the analysis requires analyzing both the ethnographic information, as well as the answers to the research questions as reflected in the interview schedule. The findings that emerged from the data collection resulted in five main themes. Details are presented in the chapter on findings.

## Chapter 4

### The Families

The six families in this study represented a variety of family compositions, and ethno-cultural backgrounds. They had children with various types of disabilities. Using data, descriptions of the six families are presented, interpreting the main issues that were of concern to them. Pseudonyms have been assigned to all family members, other participants, schools and community agencies to ensure confidentiality.

#### Family Structures

Many family structures are represented in this study. Three of the families were "traditional" nuclear families in which the mother and father lived in the same household as the children. Two of the families consisted of single mothers. One interview was with the grandparents who shared responsibility for their son's children, even though their mother had custody. Two of the children with disabilities lived with foster parents.

The foster care system offers respite to a family during a difficult period, so that problems can be dealt with, the family can be reunited, and the children can be safely cared for in a home (Minuchin, 1995). However, that decision to place children in foster care may be essential for the protection of the child. The child may move from one placement to another and may stay in foster care for months or years. The trauma of separation and the particular impact of placement depends on the age and characteristics of the child, and the nature of the family. In one family, Ruth, a single mother from Uganda with three of her own children, had been a foster

mother to Carley for three years, since Carley was two and a half. When I asked Ruth if she knew what kind of problems Carley had when she became a foster mother she answered, "Yeah, I knew. She was in about twelve other foster homes."

In the other family, Heather and Kyle became foster parents to Trevor when he was thirteen years old. The decision to leave his family of origin and go into foster care was made on Trevor's behalf in an effort to improve the quality of his life. Heather and Kyle provided a safe family life for Trevor during a time of disruption and stress in his natural family.

When the needs of children in foster care are complex, the special skills and knowledge that foster parents must possess increases as well. In both cases, the foster parents not only provide food, clothing, and shelter, they make medical appointments, educational decisions, tend to sadness and confusion, and have helped Carley and Trevor to develop skills and confidence to function, and move beyond the pain of their pasts.

In many Aboriginal families, the grandparents are responsible for the children (Lynch & Hanson, 1997). The director of the ethno-cultural agency that referred the grandparents for the study said that, "they needed someone to talk to about their grandson." Even though their grandson lived at their daughter-in-law's house with his siblings, the grandparents were very involved in his child-rearing. In interactions with the school, the grandparents participated in the parent-teacher meetings, and in acquiring needed services.

### Ethno-Cultural Backgrounds

Knowledge of cultural contexts is basic to the understanding and appreciation of diversity. According to Bronfenbrenner's (1979) ecological theory, the cultural context affects a child's development both directly and indirectly through other systems.

The ethno-cultural and linguistic backgrounds of the families in the study were very diverse. One family was from Uganda, and the Mother spoke both English and Swahili. Her foster child was Canadian, although one parent was from Africa and the other was Metis. Three of the families were Aboriginal or Aboriginal/Caucasian from Manitoba. Aboriginal refers to people who are status and non-status Indian, Metis, and Inuit, and who have identified themselves as such (Silver, Mallett, Greene & Simard, 2002). One family recently emigrated from Vietnam seven months ago, and the parents spoke only Vietnamese. Another family immigrated to Winnipeg from China twelve years ago, and the parents spoke mainly Cantonese. To have a better cultural understanding of the six families that were interviewed, I reviewed the values of each of the ethno-cultural groups represented in the study, their attitudes and beliefs about disability, and their beliefs about parental involvement in the schools.

Although many of the core traditional values are shared among Aboriginal people across different tribal groups, individuals differ in terms of their level of acculturation, geographic setting (urban, rural, or reserve), and socioeconomic status. In order to become more culturally responsive, educators must have a general understanding of students' particular Aboriginal culture.

In Aboriginal culture, the circle is a symbol of power, relation, peace, and unity serves as a reminder of the sacred relationship that exists among all living things (Garrett, Bellon-Harn, Torres-Rivera, Garrett and Roberts, 2003).

Traditional Aboriginal values and practices include; (a) cooperation and sharing, (b) modesty, (c) being, (d) time orientation, (e) importance of the tribe, (f) importance of elders, (g) meaning of family, and (h) noninterference.

Orientation to time is a value that differs from that of the mainstream North American culture. In the past, Aboriginal people marked time based on the seasons, with daily routines gauged by the position of the sun or moon (Lynch & Hanson, 2002). Traditional Aboriginal youth may be more present-oriented and accustomed to living in the here and now (Garret et al., 2003). They have not been enculturated to live by the clock as in the mainstream North American society. "Indian time" as it has been referred to means that things begin when everyone has arrived, and end when they are finished (Garret et al., 2003). Developmental milestones may not stress when a child starts to walk, but rather when the child laughs the "first laugh" or accomplishes the vision quest (Lynch & Hanson, 2002).

In Aboriginal culture, elders are highly respected because of the wisdom they have acquired. Elders play an important role in the tribal community by functioning as parent, teacher, community, and spiritual leader. There is a special relationship based on mutual respect and caring between elders and the young people as they move through the Circle of Life. In traditional Aboriginal culture, family relationships include not only immediate family members, but extended family, and other members of the community.

Disabilities, illness, or accidents may be associated with supernatural causes in Aboriginal culture. Families who have children born with disabilities may resort to tribal leaders to find out why the disability occurred and to conduct traditional ceremonies or rituals to begin the healing process. At the same time, the families may also continue to take their child to physicians or other medical specialists for treatment and follow-up care (Lynch & Hanson, 2002).

Maladaptive communication and interaction styles may exist between Aboriginal families and educators. Aboriginal families are generally familiar with knowing how to gain access to services in their community (Lynch & Hanson, 2002). Unfortunately, many Aboriginal families have encountered negative experiences including racism, discrimination, and cultural insensitivity, and may not feel comfortable in their child's school. They may feel intimidated by the time-consuming procedures, documentation or communication problems.

Although Asian ethnic groups are extremely diverse both between and within groups, there is a common set of shared values that tie all of the groups together (Bui & Turnbull, 2003). Among these are group orientation, strong family ties, emphasis on education and respect for authority and the elderly. Religious or philosophical doctrines that have influenced Southeast Asian cultures the most are Buddhism, Confucianism, and Taoism; collectively referred to as the "three teachings." Buddhism encourages traditional values, such as self-negation, self-sacrifice, modesty, compassion, and humility. Confucianism emphasizes respect for elders, high regard for education and loyalty one's family, while Taoism promotes charity, simplicity, patience, and avoiding confrontations. Modesty and politeness

are also important cultural behaviors that are highly valued among Asian people. These values have contributed to the profound strength and resiliency demonstrated by Vietnamese people throughout their history of severe hardships, war, disruption, and loss (Chan, 2002).

The family unit, whether nuclear or extended is extremely important for most Asian and Southeast Asian people. The extended family system has been the standard in most Asian countries, and is viewed as a valuable resource for solving problems, providing stability, a sense of self-esteem and satisfaction (Bui & Turnbull, 2003). Bui and Turnbull (2003) describe how a typical Vietnamese family consists of the parents, children, grandparents, great-grandparent, aunts, and uncles. Especially when they move to new communities, they tend to gather together. The Chinese culture stresses that social bonds with parents, siblings, and extended family should be continuous (Chan, 2002).

A collectivist tradition, an interdependence within family and community, is prominent in Chinese society. For the most part, both Asian and Southeast Asian families have high expectations for their children's behavior. The principal of filial piety, which is obeying and honouring one's parents, respect for elders, and family loyalty are considered to be primary parental duties. Asian children are taught to defer to their parents' requests, avoid questioning authority figures, and control active aggressive behavior.

Perceptions of disability vary in Asian and Southeast Asian cultures, and families have their own distinct beliefs about why their children are born with

disabilities (Chan, 2002). These belief systems affect the family's child-rearing practices and utilization of intervention services (Bui & Turnbull, 2003).

Many Chinese parents of children with disabilities believe that supernatural or metaphysical elements were involved in the cause of their child's disability (Lamorey, 2002). The most severe disabilities, those associated with cognitive disabilities, physical impairments, and serious emotional disturbances are viewed with considerable stigma. Chinese parents often believe that a child's academic or behavioural problems are a negative reflection on their families (Lee & Manning, 2001). Many Vietnamese families believe that the cause of disability is associated with fate or bad karma, as punishment for past sins. Although more Asian and Southeast Asian families are accepting the western and medieval explanations for their children's disabilities, the Eastern practices such as proper nutrition and acupuncture, are still considered essential (Chan, 2002). Many Vietnamese families may be reluctant to seek help for their child with a disability, preferring to manage the problem within the family.

Uganda's population is made up of a complex and diverse range of tribes, with their own traditions and customs inherited from their ancestors. In the mid 1980s, Uganda lay shuttered and bankrupt, broken by tribal animosity, corrupt politics, mass murder and military tyranny. However, Kampala is now the Modern, bristling capital of a new Uganda, a country with one of the fastest growing economies in Africa. Religious tolerance is an important part of present-day Uganda. About two-thirds of the population is Christian, while the remaining third follows Islam or practices animism.



The family is the source of strength, resilience and survival for Ugandan people. The oldest family members have a special status in the family. The father is revered and obeyed as head of the family. Individual achievement is very important in Ugandan culture, and is determined by hard work as well as by choosing friends, allies, and patrons carefully.

People immigrating to Canada from Uganda instill knowledge of their African heritage and a sense of who they are. They are committed to developing the child's knowledge of his or her kinship and a concern for family relationships. When children are able to place themselves within this circle of people they care about, and who care about them, their experience of the meaning of family and their sense of belonging is increased (Lynch & Hanson, 2002).

In African culture, disability often is interpreted either as bad luck or misfortune, as the result of past sins (Lynch & Hanson, 2002). However, neither of these attitudes about causation of disability affects how the family regards the child with a disability. The family concerns itself with utilizing medical and educational services, and coping with the challenges of their child's needs.

### Types of Disabilities

The families in this study have children with various types of disabilities, including fetal alcohol effects (FAE), orthopedic impairments (still in diagnostic stage), attention deficit hyperactivity disorder (ADHD), scoliosis, learning disabilities, and cognitive disabilities. Given the variety and complexity of the various disabilities in this study, a brief overview of each disability has been presented.

Fetal alcohol effects (FAE) is the term used to describe a case where prenatal alcohol exposure has been confirmed, but only some of the other diagnostic criteria are present, such as a distinctive pattern of delayed growth, intellectual and behavioral disabilities and distinctive facial characteristics caused by alcohol abuse (Friend, Bursuck, & Hutchinson, 1998).

Orthopedic impairments are physical conditions that seriously impair the ability to walk or to complete motor activities.

Attention-Deficit Hyperactivity Disorder (ADHD) is a neurological disorder requiring a clinical diagnosis based on criteria outlined in the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (2000). students with ADHD demonstrate significant impairment related to inattention, impulsivity, and/or hyperactivity-impulsivity compared to children of the same age and level of development. Symptoms such as inattentiveness, disorganization, and poor motivation may interfere with the student's learning and academia performance, their sound interactions, friendships, and their emotional development (Salend & Rohena, 2003).

Scoliosis refers to a condition in which the spine curves to the left or right, more like an "S" or a "C" shape, rather than a straight line. Scoliosis can be congenital, meaning it was caused by a vertebral defect discovered at birth, or idiopathic, which means that it occurred without known cause. Idiopathic scoliosis appears to be due to genetic or hereditary factors. When scoliosis is detected, the patient will be referred to an orthopedic specialist for evaluation and treatment. Severe curves may require surgical treatment.

Students with cognitive disability delay have significant limitations in cognitive ability and adaptive behaviors (Friend, Bursuick, & Hutchinson, 1998).

Friend, Bursuck and Hutchinson (1998) refer to students with learning disabilities as having "dysfunctions in processing information typically found in language-based activities" (p. 19). They have average or above average intelligence, but often have significant problems learning how to read, write, and compute. They also may have difficulty following directions, attending to tasks, organizing assignments, and managing time.

### The Families

#### Ruth

Ruth is a single mother who immigrated to Canada from Uganda, ten years ago, by way of a refugee camp in Kenya. Her husband died in the civil war in Uganda. Ruth has two daughters, fifteen years old and ten years old, and a son five and a half. Ruth is also the foster mother of Carley, who is five and a half years old. Carley has been living with Ruth and her children for two years. Carley's background is African and Metis. I had two interviews with Ruth about one week apart. The first interview was about seventy minutes, and the second interview was approximately forty-five minutes.

Carley was diagnosed with fetal alcohol effects (FAE). Ruth was aware of her disabilities when she became a foster parent, as Carley had been in twelve other foster homes. Carley is presently in day care and has a full time worker. She will be attending kindergarten in the fall.

Carley likes swimming and dancing, drawing pictures, listening to stories and watching movies. She goes to church with her family every Sunday. Ruth takes her to an amusement park and Carnival in the summer.

Ruth talked about how Carley, "couldn't sleep" when Carley first came to live with her. She'd fall asleep at 4:30 in the morning. She was crying." Ruth talks about Carley being "so busy...always moving, her hands, her feet." Ruth also said that Carley has a very hard time leaving her, even for day care. Ruth called it an "attachment disorder." Carley's attention span is not very long. Ruth said that it's about five minutes. She found a special seat that goes on the chair, that's comfortable for Carley and has helped with attending for longer intervals.

Carley does not have any physical problems, however, when she doesn't get her way she starts to scream and throw tantrums. Ruth's way of dealing with it is to ignore it. She said, "Eventually she'll stop." The social worker told Ruth that the doctor would like to put Carley on Ritalin. Ruth's reply was, "Yeah, but at the same time I think she doesn't need it, because she's doing okay. She just needs attention."

Ruth's advocacy regarding Carley has only just begun. One of Ruth's main concerns for Carley, even though she is only five and a half, is that she won't be able to manage on her own when she's eighteen, Ruth relates, "In my country kids don't have to move out when they're eighteen. My children are both at home. I don't expect her to leave at eighteen." Ruth also goes to a support group and has taken courses on working with children with disabilities. When I asked her how she had benefited and what she had learned, her response was, "How to handle kids. Just be patient. Just love what you're doing. I know what kind of kid I have. I would like to have more

kids if I had a chance. I would like to take in more kids." A cultural difference that Ruth commented on was, "People aren't so close. When you have a brother and a sister you care about each other. Here, that doesn't happen."

Ruth tried to become a foster mother to Carley's older brother, who also has disabilities. She appealed to the social worker at the foster agency, "How can a brother be attached to a stranger when he has a sister? They should be together...grow up together."

### The Lai Family

Prior to the interview with the Lai family, I had several conversations with the interpreter concerning the family, the children's disabilities, and the Sample Guide for Gathering Family Information.

The Lai family immigrated to Winnipeg from Vietnam about seven months ago. Mr. and Mrs. Lai have five children, four girls and one boy, ranging in age from ten to eighteen years. Five years ago, when Cam, their eldest daughter was thirteen, she began noticing that she would suddenly fall or trip, and then could not get up. Their ten-year-old son, Tanh, began having the same problems when he was eight. Their three other daughters have not had any similar problems.

The family lives with Mrs. Lai's mother and brother in a Vietnamese community in Winnipeg. The parents speak only Vietnamese. Mr. and Mrs. Lai, the two children, Cam and Tanh, the grandmother, and the interpreter participated in the interview, which was approximately one hour. Mrs. Lai motioned to me where to sit. The grandmother served ginger tea, which was delicious.

I went over the consent form with the family. They were hesitant when asked about the tape recorder. I explained that it would help me to remember their answers, and that no one else would hear the tape. They consented and the interview ensued.

When Cam and Tanh started having problems walking, Mr. and Mrs. Lai took their children to doctors searching for a cure. They tried many different treatment options in Vietnam. Mrs. Lai communicated to the interpreter, "We go for treatment in Vietnam. East and West. We even try acupuncture. The doctors say that maybe children are lacking nutrition. The muscle is not growing properly." They also tried exercise and physical rehabilitation. None of the treatments were successful in alleviating the problem.

Mrs. Lai's mother emigrated from Vietnam twelve years ago. When the children started having problems, Mr. and Mrs. Lai applied to the Nominee program, hoping that Cam and Tanh would benefit from a comprehensive diagnosis in Winnipeg. The children have been seen by a family doctor and they are now waiting to see a geneticist. Mrs. Lai said, "At this time, we don't know. We're still waiting."

Cam is in Grade Ten and Tanh is in Grade five. They both have difficulty in understanding English and in expressing themselves in English. When I asked Cam what she likes about school, she answered, in English, "Computer and English. Play games on the computer." I asked Tanh the same question, and he also answered in English, "I like it here because here, no war. And teacher here is good for me. And I like math. I like painting. I play games on computer."

When Mr. and Mrs. Lai had parent teacher meetings, Mrs. Lai's brother accompanied them so that he could interpret. Mrs. Lai seemed pleased with her children's teachers and the support from the school.

The parents asked about summer programs for their children. I gave information to the interpreter on camps that the children might enjoy. They also had concerns about having to wait for a diagnosis before bus transportation could be approved.

### Sharlene

Sharlene is a single mother with four children, three boys and one girl. She grew up in a northern town in Manitoba and her ethnic background is Aboriginal and Caucasian. Her oldest son, Jordan, is fourteen and he has been diagnosed with ADHD. Nathan, her second son, has also been diagnosed with ADHD and has congenital scoliosis. The other two children six and two, have not displayed any problems. Sharlene has also been diagnosed with ADHD. At the time of the interview, Jordan, was staying with his maternal grandmother for a "time-out."

Sharlene has had to overcome many personal challenges. Both her mother and father had addiction problems and, after leaving northern Manitoba, Sharlene became involved in abusive relationships.

Jordan was diagnosed as having ADHD when he was five years old. The doctor suggested giving him Ritalin but Sharlene was opposed. "So I told him 'No'...and I stuck him in sports. I kept him busy." Nathan who has recently been diagnosed with ADHD, has also been prescribed medication, but Sharlene explains her feelings, "He's very, very active. They would like to put him on medication right now, but I told the

doctor I'm against it. I said, "If I have to put up with it, the school can. I'll work with the school to help them find other ways to teach him."

Sharlene talked about becoming much more knowledgeable about her son's disabilities and has become quite capable at resolving problems, "We had a hard time getting services and trying to access services. So I started accessing services myself. That's how I got the kids to the doctors. I just started going places, and I said, 'I don't care. I'll be back'."

Sharlene has actively been involved in gaining services for herself and her children. She was able to access a family services program that provides child care, family support, and household help. Sharlene explained, "They come in three days a week to help me with the kid from twelve to eight. That's Tuesday, Wednesday, Thursday, and every other Friday from four to eight. And I got that myself! I got my doctor to write me a letter for them. Then they came out and interviewed me." Sharlene has also recently taken courses on parenting young children and teenagers, anger management, and a woman's healing program.

As Sharlene became more confident, she questioned the professional's definition of what her children's problems were, and became assertive in seeking services that addressed the issues of learning and behavior, "I'm seeing a family educator. He works with me and the two older boys. We're just finding out what ADHD is...the myths about it. Actually, how it works...how their brains work and everything else. And I was diagnosed with ADHD, when Nathan was diagnosed. They say it's genetic."



At the time of the second interview, Sharlene talked about how both Jordan and Nathan had been suspended from the school lunch program. She disagreed with the choice of consequences the school had imposed. Sharlene spoke of being frustrated because the school would call her to come down "four or five times a week," and she felt like "they were trying to blame me for something."

Sharlene believed that when her two older boys started going to their present school, "They see Jordan and they see Nathan. Okay? 'cause they're mulatto, I guess they must have figured I would be... I really felt like real racism is involved."

Sharlene handled this issue by collecting posters about Aboriginal culture and giving them to Jordan and Nathan to distribute throughout the school. She also addressed issues with the school board when she felt that the school was not listening to her. As Sharlene is challenged by new situations that require resolution, she has developed new capabilities to meet these crises.

#### Florence and Lou

Florence and Lou are the paternal grandparents of Marcus, an eight-year-old boy in a grade three French Immersion program. Marcus lives with his mother and two siblings, but Florence and Lou are very involved in caring for their grandchildren. The grandparents participated in supervising homework, attended parent-teacher meetings and school events, as well as making decisions about school.

I met with Florence and Lou at their home, but I explained that I required written consent from their daughter-in-law so that they could participate in the study without her being present. They provided me with her signed consent. We

reviewed the purpose of the study and the consent letter and both Florence and Lou signed the letter.

Lou explained the situation at Marcus' school. Marcus is having difficulty in both English and French and they have just found out that, "Lately, he was so far behind, now they just wanted to get rid of him, because the teacher was saying; 'well he can't do the work.'" His report card showed that he was two years behind in language activities. Lou said that he could read "very, very, easy books." Marcus is receiving speech and language therapy about once a week. He is also seeing a resource teacher to help him with English language activities.

Florence mentioned that, "they want to put him in a special school – a 'learning disabilities' school." Marcus has told his grandparent that he wants to stay at this school. Lou relates, "His friends are there. His brother and him are unbreakable." Lou is afraid that Marcus "might go against me and he might go against education."

Florence and Lou are frustrated with Marcus' school. They feel like they are asking for information about Marcus' progress, but that no one is being honest with them. Lou has tried to have Marcus evaluated, but they have not returned his calls.

On one recent occasion, Lou was picking up his grandchildren after school and he asked Marcus' teacher "if there was any improvement with Marcus, and the teacher replied, 'No, it's the same and it's just a waste of time!'"

Florence and Lou have regularly been present at the parent-teacher conferences with Marcus' mother, but Lou says that, "Now they don't want us there. They don't want me there."

Overall, the grandparent's efforts at advocacy have been hampered by difficulties. Lou said to me, "See I got to get somebody that's educated. See, like if you could be with us." I made the decision to offer some suggestions to the grandparents, such as calling the principal, or vice-principal to set up an appointment with everyone present, including Marcus' mother.

### Heather and Kyle

When I came to Heather and Kyle's house for the interview, they were busy with their two young children, five years old and two months. I had asked if they needed child care arrangements and Kyle jokingly said that they could use them "after" the interview. I explained the purpose of the study and read through the letter of consent. We discussed the importance of confidentiality, and I assured them that pseudonyms would be used for the family, schools, and agencies. Both Heather and Kyle signed the letter.

Heather and Kyle became foster parents to Trevor four years ago, when he was thirteen years old. Trevor had been in a crisis unit at a residential treatment centre. He had been in foster care when he entered the treatment centre, but the foster care agency could not find a placement for Trevor. Kyle offered to take Trevor into foster care on a temporary basis until the agency could find another placement. What turned out to be a two month interim placement has become almost four years! Even though there have been a lot of adjustments, when I asked Kyle how it has been to be a foster parent, he answered enthusiastically, "Great!"

Trevor lived on a reserve in central Manitoba. When Kyle became a foster parent to Trevor he was told that Trevor had a developmental delay. Kyle said that

both of Trevor's parents were also "developmentally delayed." Heather described his living conditions on the reserve, "Nobody paid attention to him... There was a lot of neglect. He was being fed chocolate bars... He was very overweight." Heather mentioned that he spoke Cree when he lived on the reserve.

When I asked if Trevor feels like he's part of their family, Heather said that he gets along very well with their five-year-old son. Kyle thinks that Trevor "goes through difficulties wanting to be with his family, but knowing it's not a good thing." There has not been any regular contact with Trevor's family.

When Kyle became a foster parent to Trevor, he registered Trevor at a junior high school for grade seven. The evaluations indicated that Trevor was at "Grade One in writing and at the first percentile in other areas."

Heather and Kyle had moved recently, and Trevor is presently in a new high school in a special needs area. When I asked how much contact they had with the school, Heather answered, "The teacher calls on a pretty regular basis. If we have any questions he's always free to talk. He's very communicative." Kyle reinforced that, "We probably have contact with him at least once a week." At Trevor's former school, Kyle said that it seemed like most of the calls were because Trevor was in trouble. Kyle talked about how the teachers at this high school will call just to say "Trevor had a good day." Kyle explained the program at the high school, "He's more into working, life skills... like learning how to shop... and they go out to work experiences."

Heather described how the school is encouraging Trevor to learn to be responsible, "They teach him how to use the bus. The work experience was Monday to

Friday, 9:00 – 2:30...I think he feels more responsible." Heather mentioned that now that Trevor feels comfortable taking the bus by himself, "He can take the bus downtown, because he knows the route a little bit better." However Kyle said that Trevor will spend all his money and then can not get home. Trevor does not seem to realize, or care about, the time. Kyle and Heather have had to contact the police a few times to look for him. Heather worries, "Is this the time he'll be hurt?"

When Kyle mentioned to Trevor that the social worker was coming to see how Trevor was doing. Trevor asked. "Moving?" Kyle explained to him that even though he made a mistake he's not going to move. Kyle relates that, "He went from placement to placement to placement and when the heat's on, you know... 'Something's happening. Crisis occurs and I move.'" Kyle told Trevor, "We're not giving up on you if that's what you think is happening. Like, it just doesn't happen that easy."

Trevor's favorite activities include watching wrestling matches with Kyle, listening to country music on the Aboriginal channel, and "taking buses! That's his new hobby!"

I asked Heather and Kyle if Trevor identifies with his Aboriginal culture. Heather said that she has some Aboriginal heritage and that she tries to expose Trevor to his native culture. She explains, "Just recently my mom has been teaching me, and I've sort of been teaching Trevor...sweetgrass and smudge. I'd like to get him more involved in pow wows. I was telling him that your Aboriginal culture is very beautiful, and to embrace that."

The interview lasted for about ninety minutes. Both Heather and Kyle were very honest and revealing about their relationship with Trevor, their experiences with

the school system, and their personal growth on a journey of being foster parents to a teenager with disabilities.

Mrs. Chen

When I went to the Chen family's home with the interpreter, we were greeted at the door by three lively children. Mrs. Chen invited us in and we removed our shoes. Mr. and Mrs. Chen live in an attractive suburban home in Winnipeg with their three children, twin nine year old girls, and Raymond, six years old. Raymond proceeded to recite the months of the year from a calendar on the wall. Mrs. Chen asked the children to go into the other room.

Mr. and Mrs. Chen emigrated from southern China about eleven years ago. Mr. Chen's mother was already living in Winnipeg and they were accepted for a family sponsorship. The parents speak Cantonese in the home.

When Raymond was a year and a half, Mrs. Chen wondered, "Why could the two girls talk at that time, but not my son?" She took him to the family doctor and he was referred to a child specialist, who diagnosed Raymond with a cognitive disability. Mrs. Chen found that the process took a long time. Raymond was now two and a half years old. Mrs. Chen was able to receive support from a cultural facilitator who helped her communicate with Raymond's day care and speech therapist.

When I asked Mrs. Chen whether their culture played a role in the way they viewed their son's disability, she replied, "It was kind of embarrassing. Friends say, 'Oh, why your son cannot talk?' It was insulting." She told her friends, "This is my son. I give birth to my son. I love him and take care of him. No matter how he is. We accept

him and we're helping him." Mrs. Chen felt that some people in her community would act like Raymond's disability was "a joke."

I asked Mrs. Chen whether Raymond has difficulty expressing himself in Cantonese as well as English, she said, "Before he could not speak Cantonese, too, but with the help from the family he can speak it. Not just books, but writing, too."

Raymond is receiving support in kindergarten from a speech therapist and a teaching assistant. Mrs. Chen has seen considerable progress, "I find progress made. From day to day he can speak more and communicate with family and friends and school. There is progress...Right now I can really relax and be relieved about Raymond. I know that lots of people help him out."

Mrs. Chen's expectations for Raymond are that he will "have good learning behaviour, attitude, speaking, and communicating." Mrs. Chen was very pleased with Raymond's teachers and the support from the school and disability support group. However she expressed frustration at being unable to communicate with the teachers on a day-to-day basis.

At the conclusion of the interview Mrs. Chen brought out Chinese tea and spring rolls.

## Chapter 5

### Findings

Both the ethnographic information as well as answers to the research questions as reflected in the interview schedule, were used to describe each of the six families that participated in this study concerning their cultural perspectives on family, culture, attitudes towards disability, and home and school collaborations. The sample guide for gathering family information was used mainly as a guideline for interviewing the six families' in this study. The questions that were asked were sensitive to the families needs and followed the issues that they were most interested in addressing. Not every family was asked every question, and very often, responses to some questions led to discussions of other questions. The findings that emerged from the data collection and the process of interpretation resulted in five main themes that form the core of the findings of this study. The five themes address the main research questions. In describing the participation of families of children with disabilities from culturally and linguistically diverse backgrounds in their children's education, the importance of knowing how cultural values and beliefs influence family relationships and attitudes towards disability is recognized. Factors which affected the participation of families in their children's education were found to include language barriers and feelings of cultural disrespect and disregard. It was also discovered that all of the families participated in their children's education with the schools. Another factor which affected parental participation was their source of support networks.

In the first theme, the value of family from different cultural and linguistic backgrounds is explored. The second theme is concerned with attitudes towards



disability. Factors influencing parental participation and the fourth theme illustrates participation in their children's education is examined as a third theme. The fourth theme has to do with parental advocacy. The fifth theme in this study deals with the families' sources of support.

In addition, I discovered that when a family is multicultural, or when the parents of foster children come from different ethnic or cultural backgrounds, understanding cultural values and beliefs is very complex.

### The Value of Family

Extended family relationships were important in all of the families. One family relied on the grandparents for daycare, homework supervision, and to attend school events. Two single mothers relied on family members to provide support and encouragement.

As a single mother of four children, including a foster child from a different ethno-cultural background, Ruth was firmly committed to developing her children's knowledge of kinship. It is important that Carley experience the meaning of family, that she feels like "part of the family." Ruth related that, "Everybody thinks that I am her Mom."

Ruth, having emigrated from Uganda, perceived family relationships in Canada to be at odds with her beliefs. Ruth described her attempts to bring Carley's brother, who is also in foster care, to live with her so that they can grow up as brother and sister.

Both the Lai family from Vietnam and Mr. and Mrs. Chen from China immigrated to Canada on a sponsorship program to be reunited with extended

family in Winnipeg. In both the Vietnamese and Chinese cultures, the family is considered the basic unit of society and the central focus of the individual's life. This family-centered orientation contrasts with the more Western individualistic values of independence, self-reliance, and competitiveness.

Sharlene depended on each of her parents for support with her children. When she was struggling with stressful situations in her relationships, she moved back to Winnipeg to live with her Mother. At the beginning of the first interview, she indicated that her eldest son, Jordan, was staying at her mother's home for two weeks." Jordan is on a time out from me...or I'm on a time out from him."

Sharlene disagreed with the school's "no-fail" policy for Jordan. She decided to move back to her hometown to live with her father, "So me and my Dad worked with him for a year, and he caught up to his grade level and everything."

When Trevor asked Heather and Kyle, his foster parents, why he couldn't see his family, Kyle said, "It's not us that's keeping you from your family...it's family problems, family issues that they have to work out and deal with." Heather assured Trevor, "You're here right now, and that's what we're here for." Heather believes that Trevor is "drawn" to her family. At a family barbecue, she "noticed him being very comfortable and happy...He does feel included in the family."

Florence and Lou are responsible for their grandson, Marcus, as well as his siblings. They are involved in caring for their grandchildren while their daughter-in-law is at work, as well as helping with homework, and in the decision-making process for Marcus' education. In Aboriginal cultures, elders are highly respected and play a particularly important role in decision making and childcare. For

example, Florence and Lou spend a considerable amount of time with their grandchildren. Therefore when working with families who value and depend on the role of extended family members, educators should attempt to involve their family members in the decision making and intervention process.

### Attitudes towards Disability

Families may possess a variety of culturally based perspectives concerning the etiology of their children's disabilities, and definite views about treatment.

When Ruth became a foster parent to Carley, Ruth knew that Carley had been diagnosed with FAE. I asked Ruth how she felt when she listened to other parents at a parent support group discuss their children, and she answered, "More comfortable. I know what kind of kid I have." Ruth mentioned that Carley's doctor would like to put Carley on medication for her behaviour. Ruth was quite reluctant, "At the same time I think she doesn't need it, because I think she's doing okay. She just needs attention."

With respect to disciplining Carley, Ruth explained, "She's the kind of kid you can't send to the bedroom. Once I tried. She bumps her head and shakes the whole house. So, that's her chair there. She sits over there, or she sits on my lap."

Sharlene explained that both Jordan and Nathan had ADHD and Nathan also had congenital scoliosis. When I asked Sharlene about how she felt about the diagnosis of ADHD, she said, "They say it's genetic. Some people try and say it's environmental, how you raise a child and stuff. It does contribute." Like Ruth, Sharlene was also opposed to medication for Nathan's behavior. She related that, "They would like to put him on medication right now, but I said, I told the doctor I'm

against it 'till we deal with his medical. I said if I have to put up with it the school can. I'll work with the school to help them find other ways to teach him." Both Ruth and Sharlene were opposed to medication being prescribed for their children. Both mothers felt that there were other strategies that could be used to decrease negative behaviour.

Cam and Tanh Lai began having problems with standing and walking while they were living in Vietnam. Mr. and Mrs. Lai took them for traditional Asian health care practices, such as exercise, acupuncture and nutritional practices. Mr. and Mrs. Lai were hoping to obtain a medical diagnosis from Canadian doctors. The interpreter conveyed that, "They will try treatment and medication," which indicates that they are willing to utilize a pluralistic system of care that blends traditional medicine with Western medicine.

When I asked Mrs. Chen how her culture views disability, she revealed, non-acceptance of her son's disability by the Chinese community. I questioned whether the Chinese community supported the family now, and Mrs. Chen said that some people in the community treat Raymond's disability like "a joke" and they tease him. Mrs. Chen feels very hurt, but she tolerates their behaviour because she doesn't want to disgrace her family's reputation. Families that believe that having a child with a disability reflects negatively on the family, may try to keep the child hidden from others outside the family. How the family perceives acceptance by their own culture could contribute to a mismatch between the school and the family. Educators need to become aware of an sensitive to parents' beliefs about the

causes of their child's disabilities and adjust services to address the family's views when appropriate.

### Factors Influencing Parental Participation

In this study, I found that all six of the families wanted to be involved in their children's education. Parental participation took various forms, including monitoring of homework, attending parent-teacher conferences, phone calls, and informal meetings with teachers. However, some families reported that there were challenges that may have discouraged or prevented them from being more involved. In this study, there were two major factors that interfered with parental participation: a) language barriers, and b) feelings of cultural disrespect or disregard.

Language Barriers. Language barriers were particularly influential in determining the amount of involvement each of the families had with the schools. Even when families have an interpreter, translations were not accurate with respect to the terms and procedures related to special education services.

Mrs. Chen expressed her feelings that language discouraged her from communicating with Raymond's teachers on a daily basis. Mrs. Chen revealed (through the interpreter) that, "Every time she's at school the teacher welcomes her. She is really friendly and nice. She's really, really happy. But, she's just worried. Herself, 'How I could communicate? I want to talk,' but she say 'How are you?' 'Good thanks.' 'Fine or something like that.'"

Limited English language proficiency also influenced Mrs. Chen's ability to actively participate at parent-teacher meetings. An interpreter attends the meetings with Mr. and Mrs. Chen.

Cam and Tanh Lai, from Vietnam, said that they learned English in school, but they still have difficulty comprehending and expressing themselves in English. Their parents speak only Vietnamese. When there were parent-teacher meetings, Mrs. Lai's brother accompanied them to interpret. It is difficult for family members to be placed in the role of interpreting for their families, because of personal concerns, and also because interpreters need specific training to be knowledgeable about the special education service system.

Language also may contribute to difficulties in understanding special education terminology and practices. Sharlene explained that Nathan's teacher talked about including him in an "enrichment program." Sharlene responds, "Well, 'enrichment' can mean anything to me." Sharlene asked the family educator to attend the meeting with her, so that he could explain the program.

Feelings of Cultural Disrespect and Disregard. Another barrier to promoting effective home-school partnerships with parents from culturally diverse backgrounds, was the lack of sensitivity to cultural differences. This may result from either a reluctance to accommodate cultural differences or a lack of knowledge.

Sharlene felt that school personnel had been "quite condescending" and that "maybe it's cultural." She started questioning "attitudes towards me I didn't like. One time they asked me what grade level that I completed in school, and I'm thinking 'This has nothing to do with the kids' academic ability'."

Sharlene also felt that her concerns about her children's learning and behaviour were dismissed by the professionals. She felt like she was "getting shut out by the school." When she decided to talk to someone at the school board to

express her concerns, the principal said to her at the next meeting. "If you feel there's a need to talk to someone, you don't have to go to the school board. You've got us here." Sharlene replied, "I've been trying to talk to you, and you haven't listened. You haven't worked with me." Sharlene also felt a need for the school to demonstrate greater flexibility in scheduling meetings and conferences. Sharlene also would appreciate if accommodations for her sons' behavior could be more sensitive and understanding of their disabilities. Instead of being suspended from the school lunch program, the staff at the school could have worked with Sharlene to find approaches that would be more effective.

Florence and Lou, Marcus' grandparents, sensed that their opinions were not accorded equal status to that of the teachers. They felt very alienated from Marcus' school. Lou said that the teachers "don't want us there. They don't want 'me' there." They have been very involved in trying to discover what kind of learning problems Marcus has, but their requests for a meeting and an evaluation have been ignored. It is important to realize that in many Aboriginal families, grandparents may act as service coordinators for the child in obtaining educational services (Lynch & Hanson, 2002; Okagaki & Diamond, 2000).

#### Parental Participation and Advocacy

All of the families were participatory in terms of homework and behavioral concerns identified by teachers as well as attending meetings with their children's teachers. Every family expressed belief in the value of education.

Heather and Kyle were very appreciative of the efforts made by Trevor's school to keep in contact. Heather said, "The teacher calls on a pretty regular basis.

If we have any questions he's always free to talk, He's very communicative." Kyle agreed, "We probably have contact with him at least once a week."

Mrs. Chen also was very satisfied with Raymond's kindergarten program. The interpreter said, "They find the kindergarten a very good system. The teacher, the worker help and watch closely...and the attitude was really nice and supportive."

Ruth is planning on being involved in Carley's transition from day care to kindergarten. She said that the school knew that Carley would be attending in the fall and that she would have a teaching assistant. When I asked Ruth if she would be involved in meetings for Carley, she answered, "Yes." We discussed the fact that Carley would have an individual program at school and Ruth indicated she wanted to be included in the plan.

Sharlene is actively involved with her children's education and school. When Nathan's doctor suggested putting him on medication, she said, "If I have to put up with it the school can. I'll work with the school to help them find other ways to teach him."

Sharlene sought assistance that addressed the issues that she had identified. She consulted a family educator to help her and her two older sons, Jordan and Nathan, understand the meaning and implications of ADHD. They are learning strategies to manage their behaviour. When Sharlene felt that Jordan and Nathan were being discriminated against, she "gathered a whole bunch of posters of Native culture, and, gave them to Jordan and Nathan to distribute through the school." Sharlene went to the school board so that she could understand how the



schools receive funding for special education services when she advocated for an instructional assistant for Nathan.

Florence and Lou also were very committed to advocating for their grandson, Marcus. They felt an overwhelming sense of powerlessness when their efforts to participate at the school were rejected. Lou felt that he needed an interventionist to provide advocacy. He said to me, "See, I gotta get somebody that's educated. See like, if you would be with him."

By using a family educator to help her understand her sons' disabilities and learning problems, Sharlene was proactive in advocating for her children. She also tried to access information concerning tests and funding, so that she would have more knowledge when requesting support from the school.

When describing their attempts to determine their grandson's learning disabilities, Florence and Lou suggested that they would benefit from someone who had more knowledge and expertise to advocate for Marcus.

It was noted that both the Lai family and the Chen family, families from non-English language backgrounds, are reluctant to interact with school personnel because they feel that they lack the necessary skills to communicate. Most schools do not have professionals who are bilingual, and can communicate with parents in their native language. Interpreters can help to serve as liaisons for facilitating communication between families who speak other languages and English-speaking professionals. These language differences may be even more complicated by difficulties in understanding special education terminology and practices.

#### Sources of Support

Families of children with disabilities adjust to the presence of a child with a disability within their family at the same time as they cope with the same pressures that every family faces in Canadian society. From the interviews with the families in the study, it was discovered that all six families relied on interpersonal support systems to help them with their children with disabilities. These supports included spouses, extended family, cultural associations, parent support groups, ethno-cultural agencies, foster care agencies, and the police.

When I asked Ruth where she goes for help with Carley she answered that she attends a parent support group. Ruth is involved in a community in Winnipeg "from Uganda and other African countries." She also has regular contact with the social worker from the foster care agency. Ruth has a desire to understand Carley's disabilities and has completed courses on fetal alcohol syndrome. At the end of the second interview, Ruth asked if I would let her know if there were courses in the Faculty of Education that she could take concerning children with disabilities.

Both the Lai family from Vietnam and Mr. and Mrs. Chen from China contacted an ethno-cultural program to receive assistance in gaining access to services in Winnipeg. Both families also required the services of qualified interpreters, not only to translate from one language to another, but also to serve as a liaison or cultural mediator between two cultures. The Lai family and the Chen family both relied on support from extended family members and cultural associations.

Sharlene had been proactive in accessing support for herself and her children. As a single mother in need of support, she requested the assistance of a

family services program that provided child care, family support, and household help. She also was involved in improving her skills as a parent and has taken courses on parenting young children and teenagers. Aware of her own needs, she has participated in an anger management course and a course on women's healing with an ethno-cultural program. After learning about the diagnosis of ADHD, Sharlene gained the support of a "family educator" to "find out what ADHD is." Sharlene has relied on support and assistance from many sources that have enabled her to become confident in her role as an advocate for her children.

Becoming foster parents to a teenager with disabilities has enabled Heather and Kyle to develop their capabilities to meet many challenges. They have relied on each other to provide support and encouragement in their journey as foster parents. They also have the support of extended family members who have accepted Trevor as part of their family. Heather and Kyle have contacted Trevor's teachers on a regular basis, and the social worker from the foster care agency also was involved. Heather and Kyle also relied on support from the police, when Trevor was long overdue. Kyle stated, "The police are actually very good. 'very' supportive. Because like 'Sorry about getting you involved' and it's like, 'No, no, no, call us. That's what we're here for.' And the first time, like, 'The police are coming,' but after they left it was great. Then the second time was much easier. Then the third time was like, "'Oh, it's me again! Can you pick up Trevor's file on the way?'"

Florence and Lou, who provide the support for their children and grandchildren, look after their grandchildren while their mother is at work, help with homework supervision, and attend school meetings and events. Florence contacted

an ethno-cultural program to request assistance because, "they needed someone to talk to about their grandson."

An important factor which affects the participation of families of children with disabilities from culturally and linguistically diverse backgrounds is the availability of support networks. The families in this study relied on supports which included family members, as well as disability and ethno-cultural support groups. The support received from these networks helped the families with coping strategies and seeking information about their children's disabilities. Talking about their needs and recognizing issues they all shared as families of children with disabilities from diverse cultures, empowered the families to be better equipped to advocate for their children.

## Chapter 6

### Conclusion

In this study, I described the participation of six families of children with disabilities from culturally and linguistically diverse backgrounds in their children's education, and identified factors which affected their participation in their children's education. In this chapter, the major findings of the study are summarized, as well as the interpretations from the literature review that support these findings. Based on the findings, I propose strategies to increase the involvement of families of children with disabilities from culturally and linguistically diverse backgrounds, in the home-school partnership. I also present the limitations of the study and explore implications for teacher education and further research regarding family involvement in collaborative partnerships.

#### Summary of Findings

The first and possibly most important step in developing reciprocal relationships with families from diverse cultural and linguistic backgrounds is exploring our own culture, values, and beliefs (Harry, Kalyanpur & Day, 1999; Thorp, 1997). To better understand the different stories of reality of the children and families with whom we interact, it is important that we know our own story of reality (Thorp, 1997).

When I first began researching my thesis topic, "Establishing Partnerships with Families of Children with Disabilities from Culturally and Linguistically Diverse Backgrounds", I realized that this topic incorporated many different issues. To have a better understanding of the Canadian culture, I researched areas on multiculturalism and Manitoba's special education policy on inclusion. I examined

the historical perspectives of parent involvement. I investigated home and school collaboration, and factors which influence parental participation in their children's inclusive education. I also explored my ancestral background and how my assumptions, beliefs and prejudices might impact on the relationship with the families. By researching these various topics and considering my personal exploration, I recognized the central role of culture in our lives and its importance in the lives of the families I interviewed.

To conduct this study, I also became a "cultural researcher" (Thorp, 1997). I studied the historical backgrounds, as well as current events that may have affected the families in this study. I also tried to research the belief systems within the particular ethnic communities to determine what values, ceremonies, or symbols were important to each culture.

I consulted with either the cultural mediator or interpreter before the interviews to review the sample guide for gathering family information. We discussed the families' preferences related to sharing information and the questions' relevance and intrusiveness. The cultural mediators also assisted me in knowing how to address family members, and how to ask questions.

Throughout the ethnographic interviews I tried to learn each family's story. By listening to the families, I discovered who were the members of the family and whether the family members all lived in the same household. I found out their reasons for immigrating and what language was spoken at home. I asked about their experiences with disability and their cultural views on disability. I found out how families access resources in their own communities and their beliefs about asking

for assistance. I identified factors that have encouraged them to participate in their children's' education, as well as factors that have discouraged them from participating. I also became aware of the families' sources of support. I listened to each family as they answered questions and told their own story. I was interested in their knowledge and experiences, and in learning from them.

Historically, special education has been approached as student-centered and teacher-directed. The role of families within the education process has been awarded varying degrees of emphasis. The family systems theory promotes the importance of understanding various aspects of the family in order to effectively meet the needs of both the child and the family. Another theory by Bronfenbrenner (Fine, 1995), the ecological theory, places the family within its own microsystem, interacting with many other systems. In order to work effectively with the family, it is important to understand the influence of other systems and the child and family. The systems-ecological perspective of Fine (1995) combined these two theories, an approach which facilitates the process of collaborative decision-making between the family and school. This study recognized the value of this theory when working with families of children with disabilities from diverse cultures. For example, when Mrs. Chen expressed her feelings of isolation from the Chinese community on account of her son's disability, this illustrated both Bronfenbrenner's model of ecological theory, and Fine's ecosystemic perspective of examining the family's connectedness to community or exosystem. A systemic view also encourages the exploration of the nature of the family's support network, including extended family. For example, in some Aboriginal families the responsibility for childcare extends beyond the parents,

to grandparents or other extended family, like Florence and Lou, who were very involved in the educational decisions concerning their grandson, Marcus.

The findings which emerged from the data indicated five major themes: (a) the value of family, (b) attitudes towards disability, (c) factors influencing parental participation, (d) parental participation and advocacy, and (e) sources of support. The families in this study came from diverse cultural and linguistic backgrounds and their children had various types of disabilities. However, all of the families were supportive of their children's education programs and advocated for their children.

#### Strategies to Facilitate Home-School Partnerships

Based on the interpretations of the data, as well as suggestions by Thorp, 1997; Kalyanpur and Harry (1999) and Lynch and Hanson (2002), I propose the following guidelines to increase involvement in the home-school partnerships of the families with children with disabilities from culturally and linguistically diverse backgrounds.

1. Educators need to explore their own cultural experiences, values and attitudes. Cultural self-awareness occurs by exploring your own heritage, including country of origin, reasons for immigration, and language. Religion, education, political tendencies, photographs, books, and oral narratives through the recollection of parents and grandparents all reveal clues to your family's past. All cultures have "built-in biases" (Lynch & Hansen, 2002) and only by examining our own values, beliefs, and customs is it possible to become truly sensitive to someone else's culture. For example, when Sharlene discussed her feelings that the educators at her son's school were discriminating against Jordan and Nathan because of their



ancestry, it reinforced the notion of “buried stereotypes” in the study by Silver, Mallett, Greene and Simard (2002).

2. Educators need to learn as much as possible from families about their cultural experiences, values, and attitudes. By becoming a “cultural researcher” (Thorp, 1997) through reading, interaction and involvement, it is possible to learn about the feelings, beliefs, and practices of others. Participating in the community and learning the language of another culture also are ways of increasing cross-cultural understanding. For example, educators need to attend to family structures that do not reflect Canadian norms. In particular, they need to expand the parent-school partnership to a family-school partnership that allows for participation of grandparents, aunts, uncles, elders, and advocates at the discretion of the parents.

3. One of the most important steps in developing collaborative partnerships is building an atmosphere of trust and respect. As educators come to respect the beliefs and values of the family, they become able to communicate their efforts in areas that can help facilitate the collaborative relationship (Harry, Kalyanpur & Day, 1999). Kalyanpur and Harry (1999) suggested that educators adopt a “posture of cultural reciprocity” in which educators engage in discussions with families regarding culture values and practices, acknowledging differences, and developing a reflective practice that will lead to effective parent-professional partnerships. Families should be included in decisions affecting their children on both ethical and professional grounds, and because family members provide valuable information on the nature of the student’s difficulties. For example, educators need to attend to the negative attitudes some families’ experience within their cultural community. In addition,

special educators may need to expand their horizon of treatment options to include complimentary therapies derived from oriental medicine, such as acupuncture, and Aboriginal healing traditions. A distrust of western medicines for conditions such as ADHD may mean that special educators and clinicians need to provide more information to families so they can make informed choices.

4. Educators need to listen, as well as to talk and avoid using “jargon” in an attempt to maintain clarity in the sharing of information. Educators can help families become involved in the information-sharing process by asking parents questions that encourage them to respond, exploring problems associated with test results, offering several recommendations as options to a situation, encouraging parents to include extended family or community members who can help with the interaction and arranging for an interpreter who is culturally sensitive. For example, inclusive special education handbooks, with a glossary of terms and clear descriptions of possible provisions and family participation in decision-making, in the first language of the families, might help overcome the problem of limited proficiency in English. Furthermore, a family advocate-interpreter-educator, provided through disability, advocacy, and ethno-cultural organizations, might help mediate and ameliorate the family-school partnership. Dr. Wolf Wolfensberger, a psychologist and educator at Syracuse University believed that people in institutional care needed independent representation by people in the community to advocate for them. This idea of citizen advocacy could be extended to support families of children with disabilities from diverse cultures.

### Limitations of Study

There are limitations to this study that should be acknowledged when interpreting the findings. The naturalistic research context presented me with particular challenges related to bias and research effects. The ethnographer's own bias and beliefs have to be constantly analyzed and verified against the data as they emerge. In attempting to understand the family's culture, I had to be conscientious to maintain perspective, as well as to establish familiarity and empathy.

Another concern is that this study was limited by having only one researcher to read, code, and interpret the data. An independent evaluator might have helped to identify themes more objectively.

A further concern is that certain aspects of the sampling process suggest that the study focused on families who shared definite characteristics and may not be representative of the general population of families of children with disabilities from diverse cultures. The families in this study had voluntarily accessed the support and services of disability support groups or ethno-cultural groups. However, the purpose of this study was to offer an understanding and appreciation of cultural and linguistic differences and the process of parental participation.

Ideally, establishing relationships with families of children with disabilities from diverse cultural backgrounds occurs in the context of an ongoing relationship, and not as part of one or two interviews that may have felt formal and unfamiliar. The cultural learning process should be reciprocal, one in which families feel that they have many opportunities to share their experiences and also to learn from educators (Thorp, 1997).

## Implications

Teacher education programs in special education need to assume the initiative in preparing educators to develop family-appropriate and culturally-appropriate partnerships to benefit children with disabilities. A course focusing on family-professional partnerships would provide preservice teachers in special education with both the knowledge regarding best practices and the skills to actively include the families in the educational process. Theories and research that support family-centered practices should be explored. To increase understanding of family perspectives, the effects of a child with a disability on the family should be studied in the framework of family systems theory, and Fine's ecosystemic perspective (Fine 1995). For inclusive special educators already in the field, professional development opportunities should be designed to meet the needs of these teachers. Students should have opportunities to understand and practice those competencies necessary for developing and maintaining effective family-school partnerships.

Teacher preparation programs in special education should also be required to include coursework in the study of cross-cultural practices relating to families and disabilities. The course should be presented with a practical emphasis that requires students to explore their own perspectives and how their assumptions, beliefs, and prejudices influence their work with families of children with disabilities. Educators also need to develop culturally appropriate observation and interview skills.

This study has significant implications for future research. One important implication is the potential of qualitative methods to gain sensitive information about a variety of family systems. Educators need to identify factors that families and

professionals consider important in building positive partnerships. It is important for educators to find out the families' preferences for the ways in which they wish to be involved in their children's education. A home-school partnership is enhanced when the family members are involved in developing a family involvement plan, and rather than when they are treated only as passive recipients of a school plan.

Understanding parent's perspectives and goals for their children, and ways in which the families are similar to, and different from, our own provides the basis for working together. Asking parents how we can complement their efforts, supports this type of partnership.

This study also has implications that demonstrate that inclusive special education practices in Manitoba need further clarification to ensure that all students with disabilities receive "appropriate educational programming" (Government of Manitoba, April 30, 2003).

This research also has implications for helping parents to participate as effective partners by providing parent education and awareness training programs that would empower parents. Parent training models that are based on a group counseling and support model, as opposed to a teaching model, may be more culturally relevant. This model allows families to share experiences within their own cultural context. Researchers should invite school districts to nominate teams interested in implementing improved models of professional practice as they relate to the family-school partnership for children with disabilities from culturally and linguistically diverse backgrounds.

Better communication and joint problem-solving lead to greater consistency between families and professionals. The concept of "partnerships" acknowledges that both families and schools are required to educate children for their role in society. Partnerships with families of children with disabilities from culturally and linguistically diverse backgrounds make it possible that ideas and resources will be shared to increase all students' chances for success.

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## Appendix A: Sample Guide for Gathering Family Information

The interviews will be guided by questions to determine the participation of families of children with disabilities from culturally and linguistically diverse backgrounds in their child's education, including their expectations with respect to the roles of both home and school, and to identify factors which may affect their participation in their child's inclusive education. The complexity of family interviews requires effective interview and active listening skills. Misra (1994) describes the importance of interviewers remaining nonjudgemental when faced with differences in values, beliefs, and priorities. I will be sensitive to the family's perception of the questions' intrusiveness or relevance, as well as their comfort level with the manner for gathering family information. As discussed in the design of the study, if language or other factors present a challenge, then an interpreter or cultural mediator will be requested. Based on issues raised in the literature review a sample guide for gathering family information is presented. It is important to select interview questions that are relevant to each family. Based on the initial interview, follow-up questions will be formulated.

### A. Family

- 1) Who are the members of your family?
- 2) Do family members all live in the same household?
- 3) How is the family organized, and what is the child's place within the family?
- 4) Who makes the major decisions in the family?
- 5) How does your child's brothers and/or sisters interact with him/her?
- 6) What are your child's responsibilities at home?

- 7) What are some leisure or recreational activities in which the family participates together?
- 8) How do you think your child sees himself or herself in terms of personal strengths or weaknesses?
- 9) How does your child spend his/her time, when he or she is not in school?
- 10) Does your child have a friendship network?

B. Culture

- 1) Have you always lived in Winnipeg? What part of Manitoba did you live in?
- 2) How long have you lived in Winnipeg?
- 3) What were your reasons for moving to Winnipeg?
- 4) Do you keep in touch with family and friends in your community?
- 5) Our cultural background influences our family life. What would you consider to be major cultural influences on your family?
- 6) How do you characterize your family's culture?
- 7) Are there any ethnic or cultural traditions that should be included in your child's program?
- 8) Are there many other people from your community or reserve living in Winnipeg?
- 9) What connections do you have with groups of people from your community in Winnipeg?
- 10) Do you participate in Pow-Wows?
- 11) Do you use elders or healers?
- 12) Is spirituality or religion important in your family?

13) Where are the religious institutions, community centres and shopping centres that your family goes to?

14) What is the language spoken in the home? Do grandparents speak in their native language? What language is it?

#### C. Diversity and Disability

1) How does your family view disability?

2) How does your religion view disability?

3) How would you describe your child's disability?

4) When did you realize that your child had a disability?

5) How did you find out?

6) What do you want your child to do when he/she grows up?

7) What are your expectations for other children in your family?

8) Do other family members help with your child?

9) In what ways?

10) How do families seek help in your cultural community?

11) How comfortable do you feel when seeking assistance?

12) What were the problems with respect to seeking help or assistance in your country of origin?

#### D. Home and School Collaboration

1) What was your school life like?

2) What was it like going to school on a reserve?

3) What are your views about your child's school?

4) Do you feel that the referral to special education was appropriate?

- 5) Do you feel that the assessment was fair?
- 6) Do you get a lot of calls from your child's school?
- 7) What are your expectations of the parent's role with your child's school?
- 8) What would make it easier for you to be involved with your child's school?
- 9) What makes it difficult for you to be involved with your child's school?
- 10) Do you understand what an Individual Education Program (IEP) is?
- 11) Who is involved in your child's education conferences or IEP meetings?
- 12) Are there other family members or friends who you would like to be involved?
- 13) Would you like an interpreter, to help you understand the IEP meeting?
- 14) Would you like someone from your culture to be present at the IEP meeting to help you understand the meeting?
- 15) How comfortable are you with making suggestions during your child's IEP meetings?
- 16) What suggestions have you made during your child's IEP meetings?
- 17) Do you feel that your suggestions were valued by the school?
- 18) What do you hope \_\_\_\_\_ will accomplish in school?
- 19) What do you see as priorities that need to be addressed to best prepare \_\_\_\_\_ for the future?
- 20) How did you view each of the IEP conference members (i.e., teacher, resource teacher, principal, psychologist, etc.) in terms of expertise, authority and approachability?

- 21) How useful is each method for sharing information throughout the school year  
home visits, school conferences, telephone calls, notes, report card, and/or a  
daily logbook?
- 22) What information would you like information from your child's school about  
what services are available?
- 23) Would you like information on how to find and join family support groups?

## Appendix B: Lynne's Story

I grew up in Winnipeg, Manitoba. I went to Belmont School, a public school a half a block from my house. I remember a girl in my class, Gladys, who came from a lower socio-economic class than me. Even as a child of eight I remember wishing that I could get her a new dress.

My life has been shaped by forces, events, and people long before my birth. Three of my grandparents came from places in Russia and Poland that no longer exist – a world that holds my roots. Both my parents were born in Canada. I grew up in a family where traditional Jewish customs and holidays were celebrated.

When I was seventeen, I had the opportunity to go to the island of St. Lucia in the West Indies with the Manitoba Association for World Development (M.A.W.D.). I worked in Castries, the capital of St. Lucia, for six weeks as a day care worker, as well as at 4-H Club. At seventeen I was very impressionable, and my whole perspective changed.

I graduated with a Bachelor of Education from the University of Manitoba in 1976. I worked at Children's Home of Winnipeg with children who had emotional and behavioral disabilities. I continued my education in Special Education at the University of British Columbia. I worked at Laurel House Society in Vancouver with children who had autistic behaviors. I worked as a Special Education Resource Teacher at schools in Winnipeg's inner city. Many of the children I worked with came from culturally and linguistically diverse backgrounds. It was always very important to me that the families of the children were involved in the planning and implementing of services for their children.

My macrocultural frame of reference is as a person of Canadian nationality. The microcultures with which I identify include a Jewish heritage and profound sense of family. My parents instilled in me an appreciation of Jewish culture and tradition, one which accepts and values diversity. I have continued this cycle of acceptance and appreciation, in my teaching as well as in the lives of my children. At no time in our recent history, has it been so dramatically demonstrated how much we need to accept, understand and honour every cultural group and every individual.

Professionally, my researcher role is affected by two microcultural affiliations. I have an inclusive view of special education, having worked with children with disabilities in various settings. I also see myself as having a role as an advocate, in assisting families in understanding and pursuing services for their children.



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OFFICE OF  
RESEARCH SERVICES

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### APPROVAL CERTIFICATE

18 February 2003

**TO:** Laurelyn Hope Morry Cantor  
Principal Investigator

**FROM:** Stan Straw, Chair  
Education/Nursing Research Ethics Board (ENREB)

**Re:** Protocol #E2003:006  
"Establishing Partnerships with Families of Children with Disabilities  
from Culturally and Linguistically Diverse Backgrounds"

Please be advised that your above-referenced protocol has received human ethics approval by the **Education/Nursing Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

**Please note that, if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.**



Human Subject Research  
Ethics Protocol Submission Form (Ft. Garry Campus)Psychology/Sociology REB ☐Education/Nursing REB ☒Joint-Faculty REB ☐

Check the appropriate REB for the Faculty or Department of the Principal Researcher. This form, attached research protocol, and all supporting documents, must be submitted in quadruplicate (original plus 3 copies), to the Office of Research Services, Human Ethics Secretariat, 244 Engineering Building, 474-7122.

If the research involves biomedical intervention, check the box below to facilitate referral to the BREB:

Requires Referral to Biomedical REB ☐

## Project Information:

Principal Researcher(s): \_\_\_\_\_

Status of Principal Researcher(s): please check

Faculty ☐ Post-Doc ☐ Student: Graduate ☒ Undergraduate ☐ Other ☐ Specify: \_\_\_\_\_

Campus address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: pcantor@shaw.ca Quickest Means of contact: cell- 228-2345Project Title: Establishing Partnerships with Families of Children with Disabilities from Culturally and Linguistically Diverse BackgroundsStart date Jan. 2002 Planned period of research (if less than one year): Jan-July 2003

Type of research (Please check):

Faculty Research:Self-funded ☐ Sponsored ☐

(Agency) \_\_\_\_\_

Administrative Research:Central ☐Unit-based ☐Student Research:Thesis ☒ Class Project ☐

Course Number: \_\_\_\_\_

Signature of Principal Researcher: \_\_\_\_\_

This project is approved by department/thesis committee. The advisor has reviewed and approved the protocol.

Name of Thesis Advisor Dr. Rick Freeze Signature \_\_\_\_\_  
(Required if thesis research)Name of Course Instructor: \_\_\_\_\_ Signature \_\_\_\_\_  
(Required if class project)

Persons signing assure responsibility that all procedures performed under the protocol will be conducted by individuals responsibly entitled to do so, and that any deviation from the protocol will be submitted to the REB for its approval prior to implementation. Signature of the thesis advisor/course instructor indicates that student researchers have been instructed on the principles of ethics policy, on the importance of adherence to the ethical conduct of the research according to the submitted protocol (and of the necessity to report any deviations from the protocol to their advisor/instructor).

## Ethics Protocol Submission Form (Basic Questions about the Project)

The questions on this form are of a general nature, designed to collect pertinent information about potential problems of an ethical nature that could arise with the proposed research project. In addition to answering the questions below, the researcher is expected to append pages (and any other necessary documents) to a submission detailing the required information about the research protocol (see page 4).

1. Will the subjects in your study be UNAWARE that they are subjects? ☐ Yes ☒ No
2. Will information about the subjects be obtained from sources other than the subjects themselves? ☒ Yes ☐ No
3. Are you and/or members of your research team in a position of power vis-a-vis the subjects? If yes, clarify the position of power and how it will be addressed. ☐ Yes ☒ No
4. Is any inducement or coercion used to obtain the subject's participation? ☒ Yes ☐ No
5. Do subjects identify themselves by name directly, or by other means that allows you or anyone else to identify data with specific subjects? If yes, indicate how confidentiality will be maintained. What precautions are to be undertaken in storing data and in its eventual destruction/disposition. ☒ Yes ☐ No
6. If subjects are identifiable by name, do you intend to recruit them for future studies? If yes, indicate why this is necessary and how you plan to recruit these subjects for future studies. ☐ Yes ☒ No
7. Could dissemination of findings compromise confidentiality? ☐ Yes ☒ No
8. Does the study involve physical or emotional stress, or the subject's expectation thereof, such as might result from conditions in the study design? ☐ Yes ☒ No
9. Is there any threat to the personal safety of subjects? ☐ Yes ☒ No
10. Does the study involve subjects who are not legally or practically able to give their valid consent to participate (e.g., children, or persons with mental health problems and/or cognitive impairment)? If yes, indicate how informed consent will be obtained from subjects and those authorized to speak for subjects. ☐ Yes ☒ No

## HES Protocol Submission Form

3

11. Is deception involved (i.e., will subjects be intentionally misled about the purpose of the study, their own performance, or other features of the study)? \_\_\_ Yes ☒ No
12. Is there a possibility that abuse of children or persons in care might be discovered in the course of the study? If yes, current laws require that certain offenses against children and persons in care be reported to legal authorities. Indicate the provisions that have been made for complying with the law. ☒ Yes \_\_\_ No
13. Does the study include the use of personal health information? The Manitoba Personal Health Information Act (PHIA) outlines responsibilities of researchers to ensure safeguards that will protect personal health information. If yes, indicate provisions that will be made to comply with this Act (see document for guidance - <http://www.gov.mb.ca/health/phia/index.html>). \_\_\_ Yes ☒ No

Provide additional details pertaining to any of the questions above for which you responded "yes." Attach additional pages, if necessary.

In my judgment this project involves:

- ☒ minimal risk  
☐ more than minimal risk

(Policy #1406 defines "minimal risk" as follows: "... that the risks of harm anticipated in the proposed research are not greater nor more likely, considering probability and magnitude, than those ordinarily encountered in life, including those encountered during the performance of routine physical or psychological examinations or tests.")

08 / 01 / 2003  
 dd mm yr

\_\_\_\_\_  
 Signature of Principal Researcher

### Additional Details

2. I will request permission from the families to review their child's files, report cards and IEP documents at the school, under strict confidentiality.
4. Transportation and child care will be provided if necessary. An inducement, in the form of an honorarium, or a donation to the disability support group or ethno-cultural group will be offered to the families for their contribution.
5. Since data will be collected through interviews with families, all participants will be assigned pseudonyms. All information will be kept fully confidential. The interviews will be conducted in places and at times determined by the families. The audiotapes and transcriptions will be kept in a secure place. After five years the data will be destroyed.
12. Participation in this research study is voluntary. However, in the remote possibility that abuse or maltreatment is disclosed, I will notify the appropriate authorities in accordance with legal obligation pursuant to child protection legislation (Article 5, Code of Professional Practices, The Manitoba Teachers' Society).

**Ethics Protocol Submission Form**  
**Required Information about the Research Protocol**

Each application for ethics approval should include the following information and be presented in the following order, using these headings:

1. **Summary of Project:** Attach a detailed but concise (one typed page) outline of the purpose and methodology of the study describing precisely the procedures in which subjects will be asked to participate.
2. **Research Instruments:** Attach copies of all materials (e.g., questionnaires, tests, interview schedules, etc.) to be given to subjects and/or third parties.
3. **Study Subjects:** Describe the number of subjects, and how they will be recruited for this study. Are there any special characteristics of the subjects that make them especially vulnerable or require extra measures?
4. **Informed Consent:** Will consent in writing be obtained? If so, attach a copy of the consent form. (see guidelines on informed consent). If written consent is not to be obtained, indicate why not and the manner by which subjects' consent (verbally) or assent to participate in the study will be obtained. How will the nature of the study and subjects' participation in the study be explained to them before they agree to participate. How will consent be obtained from guardians of subjects from vulnerable populations? If confidential records will be consulted, indicate the nature of the records, and how subjects' consent is to be obtained. If it is essential to the research, indicate why subjects are not to be made aware of their records being consulted.
5. **Deception:** Deception refers to the deliberate withholding of essential information or the provision of deliberately misleading information about the research or its purposes. If the research involves deception, the researcher must provide detailed information on the extent and nature of deception and why the research could not be conducted without it. This description must be sufficient to justify a waiver of informed consent.
6. **Feedback/Debriefing:** Describe the feedback that will be given to subjects about the research after they have completed their participation. How will the feedback be provided and by whom? If feedback will not be given, please explain why feedback is not planned. If deception is employed, debriefing is mandatory. Describe in detail the nature of the post-deception feedback, and when and how it will be given.
7. **Risks and Benefits:** Is there any risk to the subjects, or to a third party? If yes, provide a description of the risks and the counterbalancing benefits of the proposed study. Indicate the precautions taken by the researcher under these circumstances.
8. **Anonymity and Confidentiality:** Describe the procedures for preserving anonymity and confidentiality. If confidentiality is not an issue in this research, please explain why. Will confidential records be consulted? If yes, indicate what precautions will be taken to ensure subjects' confidentiality. How will the data be stored to ensure confidentiality? When will the data be destroyed?
9. **Compensation:** Will subjects be compensated for their participation? Compensation may reasonably provide subjects with assistance to defray the costs associated with study participation.

Ethics Protocol Submission Form  
Review Your submission according to this:

Checklist

Principal Researcher: Dr. [illegible]

✓	Item from the Ethics Protocol Submission Form
✓	All information requested on the first page completed in legible format (typed or printed).
✓	Signatures of the principal researcher (and faculty advisor, or course instructor if student research).
✓	Answers to all 13 questions on pages 2-3 of Ethics Protocol Submission form.
✓	Detailed information requested on page 4 of the Ethics Protocol Submission Form in the numbered order and with the headings indicated.
✓	Ethics Protocol Submission Form in quadruplicate (Original plus 3 copies ).
✓	Research instruments: 4 copies of all instruments and other supplementary material to be given to subjects.
✓	Copy of this checklist.

## Ethics Protocol Submission Form

## 1. Summary of Project:

The dynamic cultural and linguistic diversity of students receiving special education services challenges traditional patterns of communication between schools and families. In the process of designing and implementing an appropriate program for students with disabilities, communication between parents and educators has frequently been complex. It becomes even more so when different cultures are represented (Kalyanpur & Harry, 1999). All families vary considerably with respect to the extent to which their beliefs and practices are representative of a specific culture, language group, religion, or country of origin (Thorp, 1997). Approaches to working with families must be based on respect for cultural differences and offered in culturally appropriate ways (Kalyanpur & Harry, 1999). The importance of understanding how families differ and how such differences input on the meaning of a child's disability within the family also has to be recognized (Turnbull & Turnbull, 1990). The purpose of this study is to a) determine the participation of families of children with disabilities from culturally and linguistically diverse backgrounds in their child's education, including their expectations with respect to the roles of both home and school, b) identify factors which may affect the participation of families of children with disabilities from culturally and linguistically diverse backgrounds in their child's inclusive education, c) offer practices and strategies which may prove beneficial in facilitating home-school collaborative partnerships, and d) raise questions and concerns for professional discussions and

further research regarding the involvement of families of children with disabilities from diverse cultural and linguistic backgrounds in collaborative partnerships.

This qualitative study will use in-depth, semistructured interviews to explore the educational expectations of two to four families from culturally and linguistically diverse backgrounds. The extent and scope of information gathered, nature of questions asked, and the family's comfort level with the interview will determine the number of interviews required for each family. The length of the interview will be guided by each discourse. The interviews will be conducted in places chosen by the families. These may include their home, a private room at the school or a neutral location according to each family's preference. With the family's consent, interviews will be audiotaped and then transcribed for data analysis. These interviews will be conducted throughout the winter term of 2002-2003.

## 2. Research Instruments:

To gain understanding of each family as a system, a Discussion Guide for gathering information will be utilized. A copy of the guide is appended. The questions will be open-ended, sensitive to the family's needs, and follow the issues that they are most interested in addressing

## 3. Study Subjects:

After approval by my thesis committee and the University of Manitoba Research and Ethics Committee a letter will be sent to disability support groups (i.e., Society for Manitobans with Disabilities) and ethno-cultural groups (i.e., Aboriginal Health and Wellness) in Winnipeg explaining my thesis topic. I will request this assistance in recommending families with children with disabilities who are from



diverse backgrounds who they believe would be interested in participating in the study. A letter will then be sent to the families and followed up by home visits to explain the purpose of the study and request their consent. When conducting interviews each family system will be regarded as unique. The interviews may include extended family members or friends who are vital resources in supporting educational outcomes or the child with disabilities.

#### 4. Informed Consent:

After approval by my thesis committee, and the University of Manitoba Research and Ethics Committee, letters will be sent to disability support groups and ethno-cultural groups in Winnipeg. A letter will then be sent to the families, followed up by home visits to explain the purpose of the study and request their consent. I will also request permission from the families to review the student's files, report cards and IEP documents at the school. Consent in writing will be obtained from all participants. Copies of the Cover Letter and Letter of Consent are attached.

#### 5. Deception:

If language or other factors present a challenge, then an interpreter or cultural mediator will be requested. To ensure that the interview questions are culturally sensitive, I will offer to discuss the questions with a cultural/linguistic mediator or interpreter before the interviews. I will be sensitive to the family's perceptions of the questions intrusiveness or relevance, as well as their comfort level with the manner for gathering family information.

#### 6. Feedback/Debriefing:

Upon completion of the study, I will arrange to share a summary of the findings with the family and participants and means of contacting me if they have questions or concerns. I will let the families know how grateful I am for their participation.

7. Risks and Benefits:

There should be no presumed risk to any of the participants. Understanding factors which may affect parental participation in their children's inclusive education is important in establishing partnerships with families of children with disabilities from culturally and linguistically diverse backgrounds. Implicit in these narrative views is a valuing of families as knowledgeable about their children and their cultures.

8. Anonymity and Confidentiality:

All information will be kept fully confidential and pseudonyms will be assigned to the families, other participants, schools and community agencies. The audiotapes and transcriptions will be maintained in a secure location with the researcher having sole access to the audiotapes. All data will be destroyed five years after the completion of my thesis.

9. Compensation:

The families and participants will be acknowledged for their co-operation to this research study through a posture of cultural reciprocity. Transportation and child care will be provided if necessary. An inducement, in the form of an honorarium, or a donation to the disability support group or ethno-cultural group will be offered to the families for their contribution. If an interpreter is used for any of the interviews, he/she will be paid the customary rate.

Appendix D: Letter to Disability Support Groups and Ethno-Cultural Groups

Research Project Title: "Establishing Partnerships with families of Children with Disabilities from Culturally and Linguistically Diverse Backgrounds."

Researcher: Lynne Cantor

Dear \_\_\_\_\_,

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

I am a graduate student working on my Master's Degree in the Department of Educational Administration, Foundations and Psychology at the University of Manitoba. The topic of my research study is "Establishing Partnerships with Families of Children with Disabilities from Culturally and Linguistically Diverse Backgrounds".

Canadian schools are supporting an increasing number of students with disabilities from diverse cultural and linguistic backgrounds in inclusive schools and classrooms. In the process of designing and implementing an appropriate program for students with disabilities, communication between parents and educators has frequently been complex. It becomes even more so when different cultures are represented (Kalyanpur & Harry, 1999). All families vary considerably with respect to the extent to which their beliefs and practices are representative of a specific culture, language group, religion, or country of origin (Thorp, 1997). Approaches to working with families must be based on respect for cultural differences and offered in culturally appropriate ways (Kalyanpur & Harry, 1999). The importance of understanding how families differ and how such differences impact on the meaning of a child's disability within the family also has to be recognized (Turnbull & Turnbull, 1990). The purposes of this study are to a) determine the participation of families of children with disabilities from culturally and linguistically diverse backgrounds in their child's education, including their expectations with respect to the roles of both home and school, b) identify factors which may affect the participation of families of children with disabilities from culturally and linguistically diverse backgrounds in their child's inclusive education, c) offer practices and strategies which may prove beneficial in facilitating home-school collaborative partnerships, and d) raise questions and concerns for professional discussions and further research regarding the involvement of families of children with disabilities from diverse cultural and linguistic backgrounds in collaborative partnerships.

To conduct this study I would like to interview two to four families from culturally and linguistically diverse backgrounds. I would like to include students with disabilities who are in inclusive environments. I would appreciate if you could recommend families of children with disabilities who are from diverse backgrounds and who you believe would be interested in participating in the study. Letters will be sent to the families and followed up with home visits to explain the purpose of the study and request the families' agreement.

In the interview process it will be very important to listen to families conveying their own stories. The extent or scope of information gathered, nature of questions asked, and the family's comfort level with the interviews will determine the number of interviews required for each family. The interviews will range from one to two hours in length. To ensure that the interview questions are culturally sensitive, I will offer to discuss the questions with a cultural mediator or interpreter before the interviews. If the researcher does not speak the same language as the family, then an interpreter will be requested.

The interviews will be conducted in places chosen by the families. They may include their home, a private room at the school, or a neutral location according to each family's preference. The main topics for the interviews will be family characteristics, cultural and language characteristics, attitudes and beliefs about disability, and home-school collaboration. The questions will be open-ended, sensitive to the family's needs and follow the issues that they are most interested in addressing. With permission of the family and school division, I would like to review the students' files, report cards and IEP documents at the school.

All interviews will be audiotaped and then transcribed for data analysis. All information will be kept fully confidential and pseudonyms will be assigned to all participants and the schools and community agencies. There will be no deception in the study. All data will be maintained in a secure location and will be destroyed five years after the completion of my thesis. The participation of the subjects in this study is voluntary and they may withdraw from the study at any time.

Transportation and child care will be provided if necessary. An inducement of twenty-five dollars, in the form of an honorarium, or a donation to the disability support group or ethno-cultural group will be offered to the families for their contribution.

Upon completion of the study, a summary of the findings will be sent to the participants.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree

to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have any further questions regarding this study, please contact me, Lynne Cantor, at \_\_\_\_\_, or my advisor, Dr. Rick Freeze at 474-6904.

This research has been approved by the Education/Nursing Research Ethics Board (REB). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Your cooperation and assistance in this study are greatly appreciated. Thank you for your time and support.

\_\_\_\_\_  
Signature of Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date

## Appendix E: Letter of Consent to Parents

Research Project Title: Establishing Partnerships with Families of Children with Disabilities from Culturally and Linguistically Diverse Backgrounds.

Researcher: Lynne Cantor

Dear \_\_\_\_\_,

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

I am a graduate student at the University of Manitoba, completing my Master's Thesis. The topic of my thesis is "Establishing Partnerships with Families of Children with Disabilities from Culturally and Linguistically Diverse Backgrounds," and has been approved by the University of Manitoba Research and Ethics Committee.

The purposes of this research is to: 1) determine the expectations of the families of children with disabilities from different cultural and language groups, 2) identify factors which affect parental participation in their children's education, and 3) suggest strategies to increase the effectiveness of home-school partnerships. During the interview I will be asking questions about family characteristics, attitudes and beliefs about disability, language and communication styles, and the history of family-school interaction. To ensure that the interview questions are culturally sensitive. I will discuss the questions with a cultural mediator or interpreter before the interviews. If the researcher does not speak the same language as the family, then an interpreter will be requested.

If you are interested in participating, the number of interviews will depend on your comfort level with the interviews and the scope of the information gathered. Each interview will range from one to two hours in length. The interview will be held in a place chosen by the family, which may include the home, or a neutral location according to each family's preference. With your consent, these interviews will be tape recorded and transcribed. All information will be kept fully confidential and names will be changed to protect the identity of the family, school and community agencies. You have the right to refuse to answer any or all of the interview questions. There will be no dishonesty in the study. All data will be kept in a secure location, and will be destroyed five years after the completion of my thesis.

Your consent is intended to indicate a willingness to participate in this research study. Your participation in this study is entirely voluntary. The researcher is obligated by law to report offences against children if these offences are revealed during the interviews. You will have the right to withdraw from this study at any time without penalty. Should this become the case, all interview information which you have provided will be deleted from the study. I am also requesting your consent to review your child's school file, report cards and IEP documents at the school under strict confidentiality.

If transportation or child care is required, arrangements will be made. Acknowledgement of your participation will be made in the form of an honorarium of twenty-five dollars, or a donation to a disability support group or ethno-cultural group of your choice.

Upon completion of the study, I will arrange to share a summary of the findings with you.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have any further questions regarding this study, please contact me, Lynne Cantor, at \_\_\_\_\_ or my advisor, Dr. Rick Freeze at 474-6904.

This research has been approved by the Education/Nursing Research Ethics Board (REB). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Your cooperation and assistance in this study are greatly appreciated. Thank you for your time and support.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date

## Appendix F: Letter of Consent to Participants

Research Project Title: Establishing Partnerships with Families of Children with Disabilities from Culturally and Linguistically Diverse Backgrounds.

Researcher: Lynne Cantor

Dear Participant,

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

I am a graduate student at the University of Manitoba completing my Master's Thesis. The topic of my thesis is "Establishing Partnerships with Families of Children with Disabilities from Culturally and Linguistically Diverse Backgrounds."

The purposes of this research are to 1) determine the expectations of the families of children with disabilities from different cultural and language groups, 2) identify factors which affect parental participation in their children's education, and 3) suggest strategies to increase the effectiveness of home-school partnerships. During the interviews, I will be asking questions about family characteristics, family functions, attitudes and beliefs about disability, language and communication styles and the history of family-school interaction.

The interviews will be held in a place chosen by the family, which may include their home or a neutral location according to the family's preference. Each interview will range from one to two hours in length. The number of interviews will depend on the comfort level of the family with the interviews and the scope of the information gathered. With the family's consent the interviews will be tape recorded and then transcribed. All information will be kept fully confidential and names will be changed to protect the identity of the family, school and community agencies. There will be no dishonesty in the study. All data will be kept in a secure location, and will be destroyed five years after the completion of my thesis.

Your participation in this study is entirely voluntary. You will have the right to withdraw from this study at any time without penalty. Upon completion of the study, a summary of the findings will be sent to the participants.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release



the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have any further questions regarding this study, please contact me, Lynne Cantor, at \_\_\_\_\_ or my advisor, Dr. Rick Freeze at 474-6904.

This research has been approved by the Education/Nursing Research Ethics Board (REB). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Your cooperation and assistance in this study are greatly appreciated. Thank you for your time and support.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date

## Appendix G: Letter to Interpreter

Research Project Title: Establishing Partnerships with Families of Children with Disabilities from Culturally and Linguistically Diverse Backgrounds.

Researcher: Lynne Cantor

Dear Interpreter,

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

I am a graduate student working on my Master's Degree in the Department of Educational Administration, Foundations and Psychology at the University of Manitoba. The topic of my research study is "Establishing Partnerships with Families of Children with Disabilities from Culturally and Linguistically Diverse Backgrounds".

Canadian schools are supporting an increasing number of students with disabilities from diverse cultural and linguistic backgrounds in inclusive schools and classrooms. The purpose of this study is to a) identify the expectations of the families of children with disabilities from culturally and linguistically diverse backgrounds in regards to their children's education, including the respective roles of both home and school; b) identify factors which affect parental participation in their children's inclusive education; and c) develop strategies to increase the effectiveness of home-school partnerships.

The extent or scope of information gathered, nature of questions asked, and the family's comfort level with the interviews will determine the number of interviews required. Each interview will range from one to two hours in length. The interviews will be conducted in places chosen by the family, which may include their home, a private room at the school, or a neutral location according to each family's preference. During the interviews I will be asking questions about family characteristics, attitudes and beliefs about disability, language and communication styles, and the history of the family-school interactions. The questions will be open-ended, sensitive to the family's needs and follow the issues that they are most interested in addressing.

All interviews will be audiotaped and then transcribed for data analysis. All information will be kept fully confidential and pseudonyms will be assigned to all participants. There will be no deception in the study. All data will be maintained in a

secure location and will be destroyed five years after the completion of my thesis. The participation of the subjects in this study is voluntary and they may withdraw from the study at any time. Upon completion of the study, a summary of the findings will be sent to the participants.

Prior to any contact with the family I would appreciate if we could spend time to identify the purposes of the interview, define specific terms relating to the disability, and after the interview, to evaluate the interaction process. It is important that you provide accurate interpretation, translating information in the family's own words and meaning.

If you are able to assist me in knowing how to address family members, how to ask questions, and how to promote family participation in problem solving, I would be most appreciative.

It is of utmost importance that you understand the importance of honoring family confidentiality.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have any further questions regarding this study, please contact me, Lynne Cantor at \_\_\_\_\_, or my advisor, Dr. Rick Freeze, at 474-6904.

This research has been approved by the Education/Nursing Research Ethics Board (REB). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Your cooperation and assistance in this study are greatly appreciated. Thank you for your time and support.

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Signature of Consent

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Date

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Position

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Date

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Signature of Researcher

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Date