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Where Differences Matter: A Cross-Cultural Analysis of Family Voice in Special Education

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Abstract

The differential rates at which children of color, and particularly children who are African-American, are identified and placed in special education in the United States (U.S.) is well documented in a variety of sources. U.S. policy, authorized by Congress in December of 2004, acknowledges differential rates of identification and placement by requiring states to review annually student identification data from all local education agencies to identify and address disproportionate representation of students from culturally and linguistically diverse backgrounds. Yet, little is known about the interaction between families who are culturally and linguistically diverse and the service providers they encounter at their local schools. This article examines those relationships both in South Africa and the United States, two countries where the legacy of racism lingers in the ways in which school personnel and families negotiate differences in how children are viewed, assessed, and offered support for learning needs. South Africa and the U.S. offer two very different approaches to supporting students with disabilities. This policy context complicates this comparative study as we examine the implementation of policy in local practice. In both countries, sustained efforts from families and school personnel were needed in order to develop supports and services that worked well for students with disabilities and created opportunities for the students to learn in general education environments.

Where Differences Matter: A Cross-Cultural Analysis of Family Voice in Special Education

This article provides a cross-case analysis of a research study conceptualized and implemented simultaneously in South Africa and the U.S. (Engelbrecht, Oswald, Swart, Kitching, & Eloff, 2005; Hess, Molina, & Kozleski, 2006). We began our work together with a shared interest in understanding how context and culture influence and shape the ways in which families access and experience educational systems when their children have disabilities. Using a cultural-historical activity theory lens (Rogoff, 2003) this paper provides a comparative analysis of our research findings.

Cultural/historical activity theory has a robust history stemming from the work of Vygotsky and other Russian researchers who sought to examine how context and adults played a role in mediating the development of metacognitive skills particularly in young children. A variety of researchers began to explore the role of social and cultural mediation itself and analyze potential mediators in the environment. As Michael Cole and others elaborated these ideas, the interplay between internal psychological characteristics and external mediators was extended to include functional systems of artifacts and participant structures (Cole, 1996; Rogoff, 2003; Wertsch, 1995). Activity theory provides a framework for researchers to understand how families, students, and professionals construct their local practices, interpret rules, and organize their work in the context of complex sociocultural characteristics that are themselves dynamic.

The work of researchers like Ferguson (2002); Kalyampur and Harry (2004), Harry and Klingner (2006), and Nelson, Summers, and Turnbull (2004) provide detailed understanding of how family and professional interactions have played out in settings within the United States. Ferguson (2002) reminds us that the essential feature of families of students with disabilities is not the add-on “with students with disabilities” but the foreground, “families with children.”

Ferguson goes on to persuade us that families with children with and without disabilities share many more features than what may distinguish families with and without children with disabilities. Ferguson (2002) remarks that for the most part, narratives about families and their children with disabilities have focused on disability as the fulcrum around which family dynamics are shaped. This research gave way more recently to the use of narrative as way of exploring family development over time, not in reaction to disability but in families' constructions of the meaning of family and its various permutations. Ferguson notes that in this research, family narrative was explored but little emphasis given to the cultural contexts that shape families' perspectives and how these cultural contexts interact with social institutions like schools. Thus, in U.S research journals, the narratives of White, middle class families have been told as universal stories rather than as stories situated in particular contexts in which the families themselves hold particular positions of privilege within a majority White and middle class culture in the United States. Only a few researchers in the disability field have foregrounded culture as they explored families and the assets they bring to the negotiation of services for their children (i.e., Harry, 1992; Harry & Klingner, 2006). Thus, it is critical in a comparative study that the narratives of families who are not part of the dominant culture are examined to understand the impact of institutional practices on families and their capacity to negotiate educational services for their children.

Recently, discourse about families has also begun to explore the privileging of professional over family knowledge and the implications of this pattern of relationship between families and professionals. Kalyampur and Harry (2004) note that it is the researchers and practitioners who discuss how learning disabilities shall be defined, assessed and the nature of effective interventions. Families, rather than being part of knowledge generation, are knowledge

recipients. The result of this pattern of interaction is played out in decision making about individual students where families perspectives are subordinated to the rules and procedures of institutionalized practice (Harry & Klingner, 2006).

In 2004, Nelson et al. discussed the professional rules that govern relationships between families and professionals in special education with particular focus on early childhood. In their article, they note that most helping professions define the boundaries of social relationships between professionals and families (or clients) as one of appropriate distancing in which professionals gain trust and respect between themselves and families without moving into friendship roles in which transactions between families and professionals spill into recreation, shared experiences of every day life, confidences, shared chores. They liken the friendship relationships to the interactions between two close sisters who can move fluidly between advisor and advisee, confidant, and adventurer. In contrast the dimensions of professional/family relationships are focused on specific circumstances and issues in which the professional is most likely to play the role of expert and family members advisees or clients, expecting to receive advice that helps them manage or meet goals. Nelson et al. (2004) go on to note that some helping professions such as the American Counseling and Psychological associations have professional ethics standards that describe and codify these relationships and appropriate deportment on the part of the professionals. This kind of rulemaking is what activity theories refer to as the rules of transaction and participation within an activity arena (Wertsch, 1995).

In this study, we examined how implicit rules for professional/family relationships seemed to play out in decisions to place children in particular settings. We looked for similarities and differences in the rules and the ways they were constructed in South Africa and the U.S., foregrounding the cultures of the families that we interviewed. As Artiles (1998) noted, how

disability is construed and addressed is affected by the cultural and historical contexts of education within each country. The U.S. context includes continued segregation within schools and school systems, vast differences in access to educational resources, and increasing concern with the disproportionate representation of students from culturally and linguistically diverse backgrounds in special education (Harry & Klingner, 2006; Kozol, 2005). The end of apartheid in South Africa, a focus on reinventing public schools, and the continued disparities in access to free, public education form some of the context for South Africa (Redpath, 2003). Further factors include poverty, multilingualism and the devastating impact of HIV/AIDS on both students and teachers (Rehle, Shisana, Glencross, & Colvin, 2005; Shisana, Peltzer, Sungu-Dirwayi, & Louw, 2005).

In both the U.S. and South Africa, the national governments have policies that provide a foundation for school practices at the local level. In the U.S., the most current authorization of the Individuals with Disabilities Act (Individuals with Disabilities Education Improvement Act (IDEA), 2004), reminds citizens that for more than 30 years, the U.S. federal government has had a law in effect that requires local public schools to offer a free appropriate public education to students with disabilities. The current authorization of this law also acknowledges that while access to public education is widely available, the quality of that education and its availability alongside non-disabled peers remains a barrier in many local schools. The U.S. law describes the conditions under which services to students with disabilities shall be provided. It provides financial support to states to fund special education, it stipulates the process by which teams of educators and related services personnel in collaboration with families identify, place, plan, and assess individualized educational programs. The law goes on to stipulate data collection, fund

systems of personnel development as well as the kinds of technical assistance and professional learning efforts designed to inform and improve local responses.

In contrast, South Africa's inclusive education policy, approved by the national education department, takes a strong stand on the socially constructed nature of disability but does not specify nor fund a system through which such an agenda could be achieved: "The approach advocated in this White Paper is fundamentally different from traditional ones that assume that barriers to learning reside primarily within the learner and accordingly, learner support should take the form of specialist, typically medical interventions (South Africa Department of Education, 2001, p 23)." The policy concludes that schools, practitioners, and families must work together to ensure that local schools provide the setting, materials, and expertise to engage learners with disabilities and help them become educated and prepared for productive adult lives.

Thus the laws that allow students with disabilities to access general education public schooling create very different contexts. On the one hand, in the U.S., the educational system must identify, assess, and determine eligibility for special education services. Special education law created a categorization system specific to special education law along with processes and procedures that stipulate timelines that must be followed at the local school level. School districts and states are given oversight responsibility to ensure that these processes are carried out accurately. In South Africa, no such system exists. Disabilities are diagnosed through the medical system and use the medical categorization system.

As Dyson and Kozleski (in press) point out the U.S. has a persistent pattern of identifying and placing students of color, particularly African-American boys into special education at rates 2 to 3 times higher than other racial and ethnic groups. These patterns of over-representation are also evident for students who are Latino and American Indian. Since the institutional practice of

special education relies on families having specific patterns of communication, an understanding of school practices and rules, access to information from a variety of sources, and the cultural and social capital necessary to participate in decision making with professionals, one area that needs further research is in the negotiation between families and school personnel around identification and placement decisions.

In South Africa, access to education and opportunities to learn also play out across race. Engelbrecht (2006) states that racially entrenched attitudes and institutionalized discriminatory practices led to extreme disparities in the delivery of education in South Africa. While the end of apartheid and the advent of the new constitution have created national policies of equity including the mandate for inclusive education, the process of change is slow. Moreover, South Africa's inclusive education policy is a human rights vision rather than a blueprint that mandates specific processes and interactions in every school as does the US special education policy.

The intersections of race, class and disability are complicated to understand within a single formal structure. We can examine the ways in which a single system may advantage some individuals or disadvantage others and, in doing so, help to improve the intended and unintended consequences of the way that things are. By looking at educational systems in two very different contexts, we hoped to develop a richer understanding of how race, socioeconomic status, and disability influenced the relationships between families and school professionals and the ways in which they collaborated in educating children with disabilities. We were particularly interested in these processes in inclusive educational settings where students with and without disabilities learned together. By listening to families from differing socio-economic, ethnic, and linguistic communities, we hoped to understand how they experienced inclusive education in their local communities.

The Study

Methods

The research team was composed of two branches, one in South Africa and the other in the U.S. These two teams corresponded with each other in the development of a set of outcomes for this study and a set of parameters for recruiting families to participate in the study. During the course of this two-year study, researchers from the U.S. and South Africa team met three times face to face. The teams in both countries met on a monthly basis while the design was finalized, human subjects permissions obtained, and data were collected. They continued to meet for the semester in which the data were analyzed. One member of the U.S. team was able to travel to South Africa to participate in data analysis with members of the South African team. Later, another member of the U.S. team traveled to South Africa to continue the data analysis. Members of the team met a third time at the American Education Research Association annual conference. By conceptualizing the study together, collecting the data during the same academic semester, and then sharing the process of data analysis, we learned a great deal about each others contexts and were able to make adjustments in our approaches to accommodate the complexities of working across two very different systems.

Participants. Families were recruited for this study by the research teams in each country. In South Africa, the research team had done research work in a set of schools that were located in two areas within driving distance from their university. The initial sample included representative groups of parents of children with disabilities within inclusive educational schools in the Western Cape and Gauteng provinces in South Africa. The South African team selected participants who were parents or caregivers of a child with a disability who was included in an inclusive school at the time of the focus group. Contextual differences were apparent as we

worked together to identify a sample in each location. For instance, school teams in the U.S. identify children with disabilities in order to access special education services. School psychologists in a set of urban schools selected because they served a diverse population of students contacted families who then gave their consent to be interviewed by the U.S. research team. Thus, the researchers were able to access students and through the students, families, whereas this avenue was not available in South Africa.

Only a few provinces in South Africa have a database that identifies schools and the portion of the student body that may have disabilities since the education system has not installed a special education system that relies on eligibility, labeling, and placement decisions to determine who will receive specialized supports and services in schools. As a result, the South African researchers relied on a form of snowball sampling by calling schools and non-governmental organizations in the disability sector to identify children with disabilities who were being included. From this list, the researchers contacted parents and were able to get 47 participants for the study. Researchers balanced their participants by race. About half were White and the other half Black. They did select participants who were able to converse in either English ($n = 15$) or Afrikaans ($n = 32$) since the researcher were fluent in both languages. The children attended local schools ranging in size from 300 to at least 1000 students. Children had experienced their current setting for at least one year. Forty-seven parents, seven fathers and 39 mothers participated, along with one person who, while not a parent, was a primary caregiver. In the U.S. the families we interviewed were predominantly low income, minority, and for the most part, lacked college education.

The children of the participants ranged in age from 8 to 16 years. Twelve were male, 20 female. While the students in the South Africa sample displayed challenges relating to learning,

intellectual, and emotional disabilities, they were identified for the most part with medical, rather than educational labels: Down Syndrome (n = 6), spina bifida (n = 3), trisomy 14 (n = 1), acquired brain injury (n = 1), Tourette's syndrome (n = 1), muscular dystrophy (n = 1), growth impairment (n = 1), and specific learning problems (n = 2). These labels specify medical rather than educational status and offer little information about the educational and intellectual skills and capacities of the students since there is wide variability among individuals with these diagnoses.

The U.S. sample was recruited in eight schools that had more than 65% of their populations receiving free and reduced lunch. These schools were all within one school system that supported over 120 schools and about 65,000 students. The school psychologists at these schools recruited families in each of the schools. They were asked to identify families from diverse ethnic backgrounds who had a child with disability receiving special education services. They sent home invitations and followed up with phone calls to families to secure permission. The day of the scheduled focus groups, the school psychologists followed up again with reminder phone calls. As a result, there were 15 Hispanic parents, 10 African-American parents, and 2 White parents. Eight of the Hispanic parents participated in focus groups conducted in Spanish. The U.S. team wanted to collect data from families who were dominant Spanish speakers as well as from dominant English speakers since this was reflective of the school communities in which we were collecting data. The children of the parents interviewed ranged in age from 4 to 16 years of age. Nine students were identified as having learning disabilities, two had pervasive developmental disabilities, two students were identified as having emotional disturbance, three with multiple disabilities, two were identified as having mental retardation,

one with visual impairments, four with developmental disabilities, one with hearing impairments, and three with speech/language impairments.

In the U.S., the disability labels that identified students had been provided by the school through a process of assessment that was stipulated in special education. In South Africa, no such process exists. Students are identified as having disability through the medical system. Families provide those diagnoses to the school when their students register for school. Thus, the study is comprised of families whose children are identified through two different processes. On the one hand, in the U.S., students are identified with educational disability labels by educational personnel. On the other, in South Africa, children are identified through a medical diagnostic process.

In 2002, our research team published its first paper on our collective research efforts, exploring the complexities of completing cross-cultural work. Eloff et al (2002) discussed how basic activities like deciding which families would be invited to participate in our research uncovered a variety of cultural differences that were unexpected. For instance, assumptions about the nature of special education and its outcomes differed across our two sites. As we began to select families, we realized that schools in the United States often had students with disabilities who remained unidentified in South Africa. The U.S. research team thought that interviewing families of students with learning, intellectual, and emotional disabilities was critical since those disabilities are subject to social construction. The U.S researchers thought that negotiating identification of students with these disabilities would lead to deeper understanding of how race, class, and culture complicated the special education identification process. As a result, the U.S. sample included parents whose children had special education labels of learning, intellectual, or emotional disabilities. While there were similarities in the

students' abilities to function intellectually, the identifiers came from the educational system in the U.S. and the medical system in South Africa.

The Interview Process. The researchers' approaches to interviewing differed in South Africa and the U.S. In South Africa, three researchers conducted six focus groups, each about an hour and a half. The researchers were all White, Afrikaner university faculty. A single question guided the interviews with families: *Tell U.S. about your experiences as parents of your child's inclusion in a mainstream classroom and school.* The researchers used the question to facilitate a discussion and then, used probes to keep the discourse focused on the question. Follow up probes included encouraging parents to tell their own story. At times, the researchers also asked specific questions about the placement process, the kinds of things that had happened since the placement, the adaptations and accommodations that the school had made for the child and the reactions of the child's peers and siblings.

After piloting an initial set of questions with four families, the final U.S. interview guide contained seven questions that were translated into Spanish for the Spanish speaking families. The U.S. team used two doctoral level students, both fluent in Spanish, to conduct the focus groups, after providing training and an initial model for them. The questions were broad and open-ended so that families were able to explore the topics introduced by the questions in some detail (see questions in Table 1). A total of 13 focus groups were conducted, they ranged in size from 1 to 8 participants.

We emailed back and forth many times as we tried to construct a single guide for both settings but there remained concerns about overly structuring the interviews for the families in South Africa and not enough structure in the U.S. To some extent this reflected the differences in

methodological backgrounds of the researchers on each continent. We resolved the differences in our interview guides using a similar first question.

Data analysis. In both teams, the researchers transcribed audiotapes of their focus groups. Afrikaans tapes were transcribed first into Afrikaans and then, translated into English. The same process was completed for the Spanish language tapes in the U.S. In both cases a second researcher listened to the tapes in the first language as they read the transcript in English to check the translations.

Both teams of researchers used a constant-comparison method (Glaser & Strauss, 1994) to identify initial categories from their data. After reading transcripts independently and nominating categories, the researchers began to code data into categories that emerged during an initial analysis. Subsequent analyses were run to refine and sort data more precisely, with researchers working in tandem to clarify and challenge the codes. A third pass at the data allowed the researchers to look for relationships among the data. While the U.S. researchers began without a specific scheme in mind, the South African team focused on initial categories of placement, process and concerns, the impact of inclusion on parents and siblings, the role of the school including the manner in which the child was accommodated and supported in the school and the reactions of the wider school community (Swart, Engelbrecht, Eloff, Pettipher, & Oswald, 2005). The final data reduction process involved clustering categories into the overall theme of individual rights (Blue-Banning, Summers, Frankland, & Beegle, 2004).

Results

We examine these findings using a cultural historical activity lens since comparisons between the lived experiences of families in both countries are so deeply affected by the systems they navigate to seek the best outcomes for their children. In particular, we focus on the rules

that explicitly or implicitly define family and school personnel relationships as well as the way that division of labor between families and professionals are constructed and maintained.

Themes that came from each team's analysis were different. While the South African parents seemed to focus on how they decided to place their students in inclusive schools and classrooms and the impact of this placement on their children with disabilities as well as their siblings, the U.S. parents seemed to focus on the aftermath of placement or the negotiation required to keep their children in learning environments that produced success as defined by the parents (Engelbrecht et al., 2005; Hess et al., 2006, Swart, 2005). In many ways these differences are a reflection of the contexts in which special education exists in both countries. On the one hand, South Africa has the national human rights agenda to support inclusive education without specific policy specifying the process by which this will occur. On the other, the U.S. has a national law that is highly prescriptive and details the ways in which children are identified and placed in special education by the education system, subsequent processes for goal setting and progress monitoring, and a series of protections for families and students to ensure that their individual rights are observed through all the processes.

Rules. Yet, as we reviewed our themes, one area that seemed to be important in both contexts were the rules that governed family behaviors in both South Africa and the U.S.. In fact, the differences were so profound that the research teams themselves did not understand the very different assumptions they were making about the process of entering special education. In the U.S., most of the families that we spoke with encountered special education as a service and process that schools initiated. In some cases, while families knew that their children had challenges they also expected to enroll their children in their neighborhood schools. On the other hand, South African families had no special education service delivery system to back up their

interests in having their children educated in general education environments. They had a human rights policy that they chose to exercise. The parents had to decide to place their children in general education schools and then had to negotiate to gain admission to regular schools for their students, explaining their students' disabilities and their needs for accommodations. South African parents acknowledged that they had actively chosen where their children would be educated:

Because, I cannot hide my child away, she must learn...it does not help if we keep her locked up for eighteen years and then all of a sudden I say to her, there's the world, now you must find a place for yourself (p. 11, manuscript).

In contrast, a dominant Spanish speaking parent in the U.S. describes her experience with her child's school:

The school sent me somewhere to have some assessments done with my son, but I don't know what kind of assessments or what they were for. I took him, but I didn't know why, and I never heard anything about the results (translated from Spanish, Transcript 1).

While the school takes responsibility for understanding the student's learning challenges, school personnel fail to make the rules and processes transparent. In worst case scenarios, this view of families as recipients also subordinates their role and legitimizes poor or nonexistent communication. In subordinating the role of families to the work of researchers and practitioners, families' judgments, observations, and perspectives are also subordinated to professional knowledge building and judgment as this parent describes:

My first experience with an IEP, I felt like I was in a different world. I just sat there crying because it felt like, they made me feel like my son was like, so low on his

scores and then it's like I had nobody there with me, and I am just looking around at everybody and I'm "he what"? They just kind of rushed through it, and all, basically all I got out of it was that it was, "my son's not up to his potential". He's not doing this and he needs this service, and that's it, sign the papers. And I just walked out of there. I mean, I was just flabbergasted (Transcript 2).

Families, particularly those who come from minority cultures in any given context, are disadvantaged by these perspectives, in at least two ways. Not only do professionals have a preference for their own perspectives but families are co-opted into assuming that professional judgment is better, more accurate, because the process for making judgments about the needs of the child is predicated on individualistic determinations of disability that may not coincide with the families' perspectives on the collective nature of the family (Kalyampur & Harry, 2004).

The system that families in South Africa and the U.S. navigate produces very different responses. On the one hand, U.S. families seemed disempowered by their experiences while the South African families seem to be focused on advocacy:

And that's actually where we need to start, is at the ... in our environment, our neighbours, our community, our church ... And why shouldn't they be included? They've got a right, just as ... Just like ... yes. But it's the past. We sit with the burden of the past that people put their kid in an institution and nowadays we don't do that anymore (FG.2, 812-817; see FG.1, 591-592).

In South Africa, parents seemed to take on responsibility for placing their student. In the U.S, families seemed to be surprised by finding out through their school that their children had learning problems in school and then felt as if they were coerced in some way to accept the

assessment of the professionals and follow their advice. As we looked between the experiences of families in South Africa and the United States, we wondered about the tools that were used to guide interactions between the families and the professionals. To what extent were the processes of identification and placement more formalized in the U.S and to what extent did the process itself proceed along a predetermined pathway through no particular engineering by the participants? To what extent did the families differ in terms of education and status within their local communities?

Division of Labor

This kind of rule making and breaking occurred in our own focus groups in both South Africa and the U.S. Swart et al (2005) report, “One of the strongest themes that emerged during the course of this investigation was the importance of parents actively working together on the development of a mutual, supportive, open relationship with the school and the teachers (p. 15, manuscript). They go to mention that “teachers who were prepared to learn and change their practices in order to better accommodate the child were, amongst other things, prepared to accept the advice and help of parents and other professional people.” In the U.S, families identified communication as a big factor in the degree to which they felt comfortable and satisfied with their children’s classroom experiences:

You know, he can’t tell me, so I want to know what’s going on. So, I think communication, I think the biggest part of a perfect school would be a communication part. Being able to call that teacher after school and say, “Hey, what kind of a day did my son have? What did you guys do today (Hess, et al, 2006, p. 8)?

In terms of rule making, as Nelson et al. (2004) suggested, relationships between families and school professionals need to go beyond commonplace assumptions that families receive

information and teachers construct it. The most positive experiences for families and their children seem to be with teachers and other practitioners who go beyond their expected division of labor to create strong connections with families in support of student learning.

South African parents reported tensions in letting their children go into general education settings with peers who were non-disabled. The lack of shelter for their children in these settings troubled them yet they believed that their children needed the opportunity to develop their own identities in settings where disability was not the norm:

And that's actually where we need to start, is at the ... in our environment, our neighbors, our community, our church ... And why shouldn't they be included? They've got a right, just as ... Just like ... yes. But it's the past. We sit with the burden of the past that people put their kid in an institution and nowadays we don't do that anymore (FG.2, 812–817; see FG.1, 591-592).

The U.S. research team found that U.S. parents reported little or no conflict about the decision to place their children in inclusive classrooms. Rather, the U.S. parents seemed to learn within the first year of their children being labeled for special education that they could, at a minimum, provide specific information that would help teachers better serve their children. This process of becoming advocates for their children was characteristic for all of the U.S. families whether they were White, African-American, or Hispanic. In fact, over time, the mothers, in particular, became leaders in constructing and modifying their students' programs because they perceived that professionals may not be know or be able to advocate for their children's specific needs. For Spanish speakers, this process seemed to take two to three years:

It was really difficult for me to sit through IEP meetings and different people would start talking speech jibberish, different people would say things, and I would sit there and I would really try to focus on what's going on. But I would take that paper home, and I'd look at it and I'd be thinking what in the world just transpired. It took me pretty, several years, before I realized, I am his advocate. I have to speak up and say okay wait a minute, slow down, what does that mean, what did you say?

Conclusion

While South Africa and the U.S differ dramatically in their gross national product, many strains experienced in both settings result from inefficiencies in system capacitors like information management, personnel preparation, and resource distribution. Interpretations made in this cross-case analysis have some limitations including the differences that may exist within the sample population from the two countries. However, this study helped us understand some of the shared challenges in how families are able to access educational systems in both countries.

In this cross-case analysis, we noticed that families in the U.S study tended to struggle more with the process of special education identification than their South African counterparts. This difference was due in part to the nature of the students' disabilities, the education and economic status of the families, and the degree to which families felt empowered to lead the decision making process. The roles that families and professionals were expected to play also seemed to dictate levels of participation. While Spanish speaking parents language needs were accommodated, these accommodations were made in response to family request rather than the school assuming in advance that they might have to make language accommodations for any family.

Without explicit information about the special education system and its assumptions about the voices and contributions of families, the U.S. families seemed to err on the side of caution, spending time listening so that they could process information later, after meetings occurred. We also noticed that families seemed to respond more fully to educational planning when they felt welcomed and accepted by teachers and administrators. Rules about professional/family boundaries in relationships seem to be drawn more explicitly by professionals than by families.

Activity theory provides a scaffold for exploring the human interactions that occur within special education. It allows us to examine multiple vantage points and begin to communicate the layered complexity of family/school relationships mediated as they are by predetermined formal processes imposed on interactions among groups of people with differing stakes in the outcomes of the interaction. By examining how the tools of practice in special education mediate outcomes, we may be better able to offer services and supports for students that capitalize on their assets and capacities. Cross-cultural studies like this one help researchers, practitioners and families better understand their own practices and the results of those practices by looking at the differences between systems and experiences.

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Table 1

Focus Group Questions

Questions

1. Tell us about your children's school experiences - their classes and their classmates.
2. Tell us about how you first learned that your child might need special help.
3. Tell us about what's happening now with your child. Is he or she continuing to get special help and how is it working out?
4. How does your child fit in with his classmates?
5. To what extent has school been good for your child?
6. There's an idea that some people have that all kids should learn together in the same class, even if they have a disability. That's so that all kids grow up with the same choices and opportunities, even when they are different. The thought is that all teachers need to know how to work with all kids. This is often called inclusive education. In what ways has your child had an inclusive school experience?
7. What would the perfect school be like for your child?