Sustainable inclusive practices

Sustainable inclusive practices: A collaborative effort

Sub-Theme I - Paradigms of Development

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Abstract

In an effort to establish sustainable inclusive practices in families, schools, the workplace and communities, a person-centered approach was used to initiate the first steps in the inclusive process. This project was a collaboration of a number of sources, and an outgrowth of the need of individuals with disabilities in Bahrain to gain equal access to their families, schools, community and the workplace. Public focus groups were held; on-site trainings carried out, and in home collaborations were conducted. Anecdotal records, audio-taped semi-structured interviews, and videotaped recordings were employed as data sources. Through this process, it was concluded that in order to begin and sustain inclusive practices in Bahrain, successes and challenges needed to be shared with the team and the public, on-site trainings needed to be aimed specifically at the needs of the target environment, and the team needed to start small (e.g., one family, one school, one community setting, and one workplace at a time) and expand services from there. Recommendations are made to ensure sustaining this development and expanding its growth over time in collaboration with intuitions of higher learning.
Introduction

In the past 30 years, service delivery models for special education in western countries have witnessed a shift from the traditional medical model to a more collaborative focus (Cramer 1998). This shift is seen as one of the major factors in increasing the services and opportunities for people with special needs. The general consensus is that collaborative service delivery is effective in assisting the provision of needs for students with disabilities in schools and communities and needs to be expanded and supported. Through a team process, collaboration is used in the service delivery of special education services in North America, Australia, New Zealand, and the United Kingdom in school settings and public health related systems. Most Middle Eastern countries are just embarking on a coordinated system of opportunities for people with special needs and a conceptual shift to a collaborative paradigm for special education service delivery.

Collaboratively working together is more than building relationships and collective resolve; it is also a source of learning. Collaboration helps people see problems as issues to be solved and can eliminate the mind-set that allocates blame (Stringfield, 1993). Furthermore schools and businesses alike are often referred to as learning organizations; as “organizations where people continually expand their capacity to create the results they truly desire, where new expansive patterns of thinking are nurtured, where collective aspiration is set free…” (Senge, 1990, p. 3). Schools and businesses need to become learning organizations where all concerned parties receive the benefits of learning from collaborating in as many ways as possible.

As a learning organization schools must to learn how to collaborate effectively, and extend their collaboration to meet the needs of students with disabilities. Academic and social interactions for students with special needs require collaborative activities with many people in a school and community (Villa &
Collaborative partnerships characterized by factors such as trust, respect, communication, shared vision and cultural sensitivity are critical for effective partnerships with families of individuals with disabilities in: decision making, inclusion, and serving those who exhibit problem behaviours (Parette, Brotherson, & Huer, 2000; Park, Turnbull & Turnbull, 2002; Soodak & Erwin, 2000). Virtually every piece of writing on inclusive practices concludes that successful inclusion relies on collaboration among staff members, parents and other consultants. The failure of inclusion can usually be traced to problems in collaboration (Friend, 2000).

Collaboration allows maximization of human, fiscal and physical resources, and thus benefits people in many ways. It assists in identifying service needs in families, schools, communities, and workplaces, and facilitates the detection of gaps in services and other needs in inclusive settings, also avoids duplication of services while enhancing communication about how to minimize those gaps. Increased communication, and thus collaboration, can better respond to the needs of individuals in need of inclusive services. No longer can teachers, professionals, or families be expected to “know” everything and work in isolation. They need to feel comfortable asking for and receiving support and suggestions on working with individuals with special needs. Through collaboration, the level of services provided to these people can be maximized, and success can be optimized. The commitment to empowering people with disabilities through offering effective support services is inherent in the principle of inclusion, and equity and access for all. Furthermore, collaborative partnerships between parents, schools, communities and workplaces in the design and implementation of special education programs is one of the six principles of the Individuals with Disabilities Education Act (IDEA, 97) enacted in the USA.
Marginalization or segregation of any group of people is a violation of the principles of equal citizenship. International edicts of nations belonging to UNESCO have developed several statements regarding inclusive education. First there was the 1975 Declaration of the Rights of Disabled Persons, then the 1982 World Programme of Action Concerning Disabled Persons, and in 1990 the World Declaration on Education for All was developed. In 1993 the United Nations decreed Standard Rules on the Equalization of Opportunities for Persons with Disabilities. In 1994 UNESCO issued the Salamanca statement with regard to education, and in particular, education for students with special needs. The Salamanca statement outlines principles, policies, and practices in Special Needs Education (UNESCO, 1994). Many countries, including Bahrain, have taken the urge set forth in the Salamanca statement and are moving toward more inclusive environments for the education of all people. Equal rights or citizenship cannot be accomplished if people with disabilities are marginalized and denied opportunities to grow in typical settings with necessary supports.

In order to expand and sustain inclusive efforts, support of universities is needed. Universities are ideal to ensure inclusive collaboration is successful. Universities with special education teacher training programs are ideal resources to establish inclusive services in all countries, especially in developing countries. With special education teacher training programs, there will be professors, graduate students and undergraduate students who can facilitate inclusive practices in communities in need of such services. Not only can universities with such programs serve as a contact point for families in need of inclusive services, but they are also havens for research and current best practices in the field.
Person Centered Plans

One such best practice, as developed by Vandercook, York and Forest (1989), MAPs (Making Action Plans) is a person-centered, strength-based approach to planning future decisions for people with disabilities. Rather than look at the tasks people with special needs cannot do, the MAPs approach views the individual as a whole and capable person. A MAPs begins with a meeting of dedicated individuals, who are invested in supporting the target individual. All supporters are encouraged to attend the meeting and contribute their hopes and dreams for that individual. First, MAPs defines the person, what the dreams are for that person, what the nightmare may be, outlines the individual’s strengths and needs, and what the plan of action will be.

When an effective MAPs session is completed, the attendees leave with an idea of the support needed for the target individual tomorrow, in one week, one month, one year, and so on (Falvey, Forest, Pearpoint, & Rosenberg, 1997). Every person at the meeting has specific responsibilities to support the target individual. It is through this shared responsibility that the team gets a sense of ownership over the future, and a focus of what is to be done to support this individual in the future, short- and long-term.

When a MAPs is completed whether the target is a family, a school setting, a community or workplace, it is imperative that the team understands inclusion, and the goals need to be site-specific. For awareness to be raised about inclusion, knowledge about best inclusive practices needs to be shared with people at the target locations. Definitions of inclusion need to be discussed and questions and concerns need to be addressed. In places where inclusion is non-existent, these discussions become even more important. Through increased awareness about inclusive issues, and the sharing of inclusive successes and challenges, resistance to inclusion decreases (World Bank, 2005).
Background – Kingdom of Bahrain

Bahrain is a constitutional monarchy and archipelago, 266 sq mi (689 sq km), in the Persian Gulf off the coast of Saudi Arabia. The estimated population in 2005 was 688,300. Bahrain has the oldest public education system in the Arabian Peninsula, established in 1932. Education in the public system now includes six-year primary schools, three-year intermediate schools, and three-year secondary schools, and it is free. Furthermore, students receive supplies, uniforms, meals, and transportation to and from school at no charge. Almost all children in the six- to eleven-year-old age-group attend primary school, and about two-thirds of all twelve- to fourteen-year-olds are enrolled in intermediate schools. However, there is a significant drop-out rate, especially for girls, after the completion of intermediate school. In the 1986-87 academic year, only forty-one percent of fifteen- to seventeen-year-olds attended secondary schools (Bahrain Brief, Nov. 2001). After the 1994 UNESCO Salamanca, Spain meeting, the Special Education Unit within the Ministry of Social Affairs was established to coordinate the welfare and education of children that require special assistance. The philosophy of the Education Ministry has been to integrate children with mild special needs (e.g., specific learning disabilities) into mainstream schools whenever possible. However, for individuals who require more intensive interventions (e.g., multiple disabilities), segregated special facilities and resources are available. These are typically in the form of the special societies which host institutions/charities for different types of disabilities, such as the Society for Down Syndrome, and the Bahrain Society for the Blind. Individuals who do not succeed in the pullout classrooms are often referred to these societies. In addition to these sheltered settings, there are also some individuals with disabilities who are currently the “hidden”, and are kept at home. These individuals may not even join in family gatherings, or go shopping to the market with their family.
The objective of this case study was to understand the lived experiences of people with disabilities, their families and “typical” Bahraini settings in order to: 1) assist in the establishment of inclusive environments for individuals with special needs and 2) to establish successful sustainable collaborative relationships between families of people with disabilities, and the university to further promote inclusion and its success in Bahrain. It is through these objectives that the researchers hope to provide more access to the aforementioned settings and provide individuals with disabilities more opportunities to fulfilling and productive lives. The following research questions guided this research: (a) How accepted will people with disabilities be in mainstream society in Bahrain? (b) Is a plan to include people with disabilities in mainstream society culturally acceptable in this region? (c) Are families and Bahraini society supportive of including people with disabilities in mainstream society?

**Methodology**

The methodology, data collection, and analysis procedures followed a narrative inquiry process in the qualitative analysis tradition (Bogdan & Biklen, 1998). Semi-structured audio-taped interviews and family focus groups were conducted that were reciprocal in nature, and designed to elicit participants’ voices. Multiple sites where used to observe and videotape a child suspected of having autism, including a preschool, and in-home family activities. In addition, in-service trainings provided to the school were videotaped, and a discussion with interested professionals about inclusive practices in Bahrain was also videotaped. The aim of these efforts was to garner a more complete understanding of cultural systems of action or sets of interrelated activities engaged in by the participants (Feagin, Orum & Sjoberg, 1991). Case studies are often multi-perspective and thus this study looked at life history of the individual, the effects on family, and societal
expectations and understandings, to gain a better understanding of their situation in the dominant culture. In this multi-perspective analysis, the interaction of the voices and perspective of the family of the individual with the disability were examined. These multiple sources of data provided the triangulation and confirmed the validity of the process (Yin, 1994). Construct validity intricacies were counteracted through multiple sources of evidence, and by ensuring the key informants had the opportunity to read and comment on drafts of the data collected.

Data Collection Procedures

The semi-structured interview process relied on cues or prompts to elicit the participants’ voices. Researchers met with five families and conducted MAPs sessions. Depending on the needs of the target individual, an appropriate plan of action was initiated. In this study MAPs was used as part of the methodology and thus data collection. MAPs are utilized on an individual basis and focus on what a person can do. An open discussion is held by people who are invested in the target individual, and the team shares the responsibility of assisting that person attain their goals.

In addition, family homes, schools, community locations and job sites were visited and assessed. In-home support was established, and e-mail correspondence was conducted on an on-going basis, school sites were visited, and inclusive presentations were presented according to the needs of the school, typical community locations were visited and assessed, and potential employers were interviewed, provided with further information about inclusion and onsite trainings were conducted as needed. Public discussions pertaining to inclusion were held, and an array of stakeholders for individuals with disabilities attended. Meetings and collaborative efforts were either: videotaped, recorded with audio devices and transcribed, or summarized in anecdotal notes.
Data Analysis

The authors used an iterative, recursive, and constant-comparison process to analyze the data in the style of Moustakas’ (1994) Transcendental Phenomenological Model. The major source of data is the transcripts – video, audio and anecdotal. The verbatim written responses to the interviews were collated and analyzed for generative themes across all participants for each of the research questions. The resulting themes were correlated with findings from the literature and the extent to which the themes helped to address the research questions.

The original intention was not to identify cause and effect relationships, but rather to describe the lived experiences, including: having a disability, living with a person with disabilities, and including people in the aforementioned settings. From the descriptions of these lived experiences, the researchers derived possible needed changes and supports in a social system that may be of interest to other individuals, groups and organizations with similar experiences. Data has been summarized from translated quotes or comments made by the people with disabilities, the families of the people with disabilities, potential employers, educational institutions, concerned professionals and comments of the participant-observer researchers. Data was organized and sorted through the software program QSR Nud*ist in order to more clearly see the important themes that were present in the data. Clear understandings of the lived experiences of the individuals with disabilities were outlined along with recommendations for future improvement of conditions for people with disabilities in Bahrain.

Description of Participants

The participants with disabilities in this study ranged in age from three- to eighteen-years old. Supports were established in a variety of environments including: the home, a preschool, community sites, and a variety of job sites. All
participants required a different level of intervention and support to increase access to inclusive settings. Similarly, all participants came from a variety of socioeconomic classes, and had varying levels of family support throughout this process.

*The Tariq Family*- This family wanted their eighteen-year old family member with Down syndrome to obtain a job and to live a more productive post-academic life.

*The Mohammed Family*- This family has a three-year old son suspected of having autism. They wanted him to start speaking and for him to stay included in typical school settings.

*The Aladdin Family*- This family would like their three-year old son with Down syndrome to have access to the same education as his "typically developing" peers. They want him to have age-appropriate friends and have the same access to opportunity in life as everyone else.

*The Green Family*- This family has a three-year old son with Down syndrome who is currently enrolled in a private school setting. This is not the same school as his two older brothers. This boy was denied access to that school because of his disability. His mother works in the special education, and his father has an influential position within the Bahraini government.

*The Patil Family*- This family has an eleven-year old son who is suspected of having dyslexia. His mother was struggling to keep him progressing at grade level in his current school, as the school wanted him to repeat yet another year rather than adjust their instructional approaches for this boy. The parents are divorced, and there are two older brothers who no longer live in the house. One brother is studying for an advanced degree, and the other brother is in a drug-related rehabilitation center.
Public Focus Group- A public focus group was conducted to assess the current status of education in Bahrain. Participants included: a director of the Bahrain Institute of Special Education (BISE), family members of individuals with disabilities, a child development specialist, a parent advocate, a free-lance school psychologist, a professor of education, directors of different private schools in Bahrain, and a special educator from the United States.

Sanya School staff, faculty and administration- This preschool has a number of students enrolled that have disabilities. The researchers were supporting one student from this study in this school who was three-years old and is suspected of having autism. The researchers presented in-services on inclusive practices. The administrator asked the researchers to provide in-services on areas she felt her staff could benefit from including: an overview of inclusion in schools, behavior and communication, and developing peer supports.

Results

Research Question # 1: How accepted will people with disabilities be in mainstream society in Bahrain?

One of the first steps the researchers took when beginning this research was to assess peoples’ views on inclusive practices in Bahrain. Examination of all data revealed positive responses from those interviewed in this study. From family interviews and the public conversation held on current inclusive practices in Bahrain, it was found that a number of people in special education, as well as some job sites (with some understandable trepidation) were open to inclusion, but a clear need for more public awareness concerning inclusion was apparent. Individuals involved in the public forum believed that awareness of inclusive practices were spreading, and that families were looking to include their loved ones with disabilities with more immediacy across settings. During this forum, it was
expressed that the Bahraini people as a whole could be open to inclusion once exposed to it. Families and professionals involved in this research felt people in Bahrain would be receptive to inclusion across settings if they knew it was acceptable and viable to include people with disabilities in places where “typically developing” people frequent. The group felt that if people in Bahrain were able to see successful inclusive practices being implemented across settings, then there could be less resistance to the idea.

Though it was felt that individuals with disabilities in Bahrain would be accepted in inclusive settings, many attitudes in the public would have to change before the movement could take hold. It was expressed by one professional that a potential barrier to inclusion could be families who send their children to the public school system in Bahrain. It was said that some families in Bahrain who do not have much access to money and higher education could not be as aware of the benefits of inclusion, and thus not want their child exposed to an individual with disabilities, even if their own child had a disability. To increase awareness for families in the aforementioned position, it was suggested that researchers be granted more access to Ministry of Education and the Ministry of Social Affairs. It was also suggested that an Arabic speaker spearhead this effort to breakdown the language barrier and increase the “buy-in” of this target population.

Potential solutions to increase awareness in Bahrain were raised during the public forum. One idea was to hold an international, multi-day conference on inclusive practices and the potential positive impacts it could have in Bahrain. Another idea was to collaborate with local universities and distribute flyers to people of all social strata in Bahrain. This collaboration with local universities could be expanded in the future to include direct ties to the Ministries of Education and Social Affairs in order to have a more official voice for the inclusion
move. This type of partnership could potentially unify the pockets of inclusive practice in Bahrain, and become a sphere of influence in the region.

Research Question #2: Is a plan to include people with disabilities in mainstream society culturally acceptable in this region?

In order to address this question, MAPs planning sessions were employed to assess and to work with individuals with disabilities and their families. A description of the MAPs process follows:

Everyone goes through transitions and is in need of guidance at some time in their life. For example, when an individual is going through a particularly rough time in life (e.g., divorce, death of a loved one, financial hardship), it is not uncommon for that individual to seek support and advise of friends and family in order to recover from the struggle. Similarly, if an achievement is made (e.g., a graduation, an engagement, a promotion), typically the individual wants to share that success with people who were there for support along the way. It is not uncommon for people to rely on others to set up support systems that are utilized as needed. The same support systems are needed for people with disabilities. Support systems eliminate dependency and create opportunity for independent life. In order to meet the dynamic needs of people with disabilities, the use of MAPs can be utilized. MAPs are made on an individual basis, and focus on what a person can do. An open discussion is held by people who are invested in the target individual, and everyone shares the responsibility of assisting that person attain their goals.

During the course of this inquiry, the use of MAPs was a success in Bahrain. Families became very invested in this planning process. Meetings not only involved extended family, but often neighbors and friends as well. It became a social event with food and drink. At times, even more productive discussions occurred after the end of the official MAPs concluded as researchers and family members candidly interacted. The families involved were often anxious to continue the process, and
immediately wanted to know when the next meeting was. An important factor in the planning process was that all invested team members were given specific responsibilities to carry out between meetings. For example, all members of the Tariq family were given specific potential job sites to assess for the young woman with Down syndrome in their family. Due to the large number of family members at the meeting, our team was able to evaluate the community for employers and in just three days to narrow desirable job sites possibilities. This collective family support was evident in other families involved in this study, and expedited the inclusive process by distributing responsibilities among many invested team members.

All MAPs meetings were highly successful with the families in this study. However, some less constructive cultural differences did appear. These cultural differences were sometimes brought up by individuals of older generations at the meetings. These concerns mostly revolved around “protecting” the person with the disability. When an inclusive practice being suggested (e.g., working as a table clearer in a restaurant) was “below” the family’s station in society, opposition was expressed. Once it was clarified that the researchers were not in Bahrain to change or object to Bahraini cultural norms or traditions, and that inclusive practices were to be based on team-based decisions, tensions dissipated.

One family with a very young child had not yet accepted the possibility that their son could have a disability. The parents sought reassurance from researchers that their child would be “100%” soon as he began using typical language to communicate. Though the family was receptive to a MAPs meeting, and in-home collaborations with researchers, when the family was given specific routines to follow in the home, and data to collect, the parents did not follow through with suggested interventions. When asked about the lack of follow through with interventions, the parents expressed they felt their son was spoiled and he would be “100%” soon enough. The family also expressed that they did not want anyone to
know about the services they were receiving from the researchers, as it would be a public embarrassment if anyone knew about what was going on with their son.

*Research Question #3: Are families supportive of including their loved one in mainstream society?*

The first family the researchers collaborated with in Bahrain was a family of the woman with Down syndrome who had her successfully included in school and other activities. Upon completing twelve years of education, the family felt a lack of inclusive employment opportunities in Bahrain may have been a factor in the regression of her academic and social skills, and her acquired depression. Her family felt her depression was a direct result from her not having access to a productive post-academic life. She would sit at home, form obsessions with age-inappropriate objects, not socialize, and have fits of sobbing and anger. The family contacted the researchers at a local university to collaborate in order to assist this young woman in acquiring work outside the home so she could lead a more productive and meaningful life.

Through a MAPs process, the researchers and the family secured this woman three job sites. The word potential is used as it is up to this woman and the team to see how far her interests and capabilities aid her in pursuing these three positions. Not only did the family evaluate potential job sites in three days before the next scheduled planning meeting, once the job sites were chosen, the brother of the young woman with Down syndrome accompanied the researchers to all job sites to fully understand what his sister expected to accomplish while at work. The researchers worked closely with this sibling to write task analyses of his sister’s responsibilities at each job site, and to break down the skill set of each new task his sister was expected to perform. This level of family dedication was especially pertinent to maintaining this young woman’s multi-job employment as the researchers had to return to the US and Canada after establishing these job sites.
The level of family commitment for this young woman was a determining factor in the establishment of her success in inclusive work environments.

The initial success of the inclusive process occurred in less than two weeks, and word spread quickly through Bahrain through word of mouth, public conversations, and the media. Soon, other families contacted the researchers about inclusive services for their loved ones with disabilities. Eventually, there were five families who were receiving support from the researchers all with varying needs for support and others waiting for assistance. A multitude of approaches were employed by the researchers to support these families.

**Recommendations**

As outlined by Villa and Thousand (2002), the commonly held principles for inclusion of all people in mainstream settings are: zero reject policy, self-determination, use of empowering language, supportive programs and valuing diversity. The zero reject principle means that no individual is refused services in the “neighborhood” schools or workplaces because the staff or services to meet their needs are not available or able. With support of the university team, clients in this study were not refused service, there was Zero-reject. Self-determination is the notion that the individual with a disability has the right to participate actively in the development, implementation and evaluation of their own education and place of employment. Participants in this study were empowered through the MAPs process. Empowering language means the person comes first and their disability second, and the focus is on the ability of the person, not their disability. All individuals in this study participated to varying degrees in shaping their own futures through this process. Supportive programs refers to the philosophy that inclusion is not inclusion unless the person receives the supports needed to learn and that through
collaboration with all stakeholders in the person’s education these supports can be created in the most natural way possible. Instead of rejecting people with disabilities, supportive programs value them and their differences. This is the preferred response from people in inclusive environments toward people with disabilities. Participants in this study were valued and supported in an array of settings according to their own hopes and dreams.

Inclusion is not simply placing an individual in an environment without their input, without supports and observing the outcome. Successful inclusion comes out of collaboration that is: person-centered, strength-based, and supported by a team of invested stakeholders (Falvey, Forest, Pearpoint, & Rosenberg, 2002). The families and researchers in this study were invested stakeholders, as were the schools and businesses. Potential future stakeholders have yet to be located but should they be contacted and provided information and support, the researchers believe they will become invested in working with people with disabilities and inclusive philosophy and principles will spread.

In response to the evident need for public awareness, the researchers looked for more public forums in which to discuss the benefits of inclusion. The researchers spoke to families, a Rotary Club, the Friendship Society for the Blind, the US Embassy, public and private schools, potential employment locations and the media (e.g., English and Arabic press, local radio stations, Bahrain TV), all in the effort to bring attention to the need for more inclusive practices in Bahrain. The community outreach created a forum to share the successes and challenges the researchers experienced in their short time collaborating in Bahrain. Some of the successes shared included: helping a Bahraini woman with Down syndrome access three jobs, helping a young boy suspected of having autism become more included in his family, and training a preschool staff about best inclusive practices. It is
through this sharing of successes that the researchers expect to further lay the foundations of successful inclusive practices. The more information the general public hears about successful inclusion, the more these practices will take hold, and be maintained by a new population of informed inclusive practitioners. It is anticipated that through a “grassroots” type of awareness that more inclusive environments will be established.

Raising public awareness was one avenue used by researchers to create sustainable inclusive environments in Bahrain. Another route to sustainability was working closely with a university that has a special education program. It is through this university that the families were able to contact the researchers, and it was through this university that the families have been receiving supports after the study was completed. The sustained supports from the university include: visits from a professor in special education to inclusive settings, e-mail collaboration and consultation with a special education teacher in the United States, and graduate students who facilitate inclusive practices under the supervision of the special education professor. The support of a local university provided credibility to the information concerning inclusion. The university also served as the base of operations for all the inclusive practices established in Bahrain while the research was conducted. Empowering parents, schools and employers through education, and new found awareness of people with disabilities has thus far created sustained inclusive practices in Bahrain. With empowerment, people from all socio-economic classes can benefit, as can people with all types of disabilities, ages and levels of family support.

Collaboration between the families, researchers, and a university was the main driving force of this study. The researchers could not have had the success without the families’ collaboration, and the families were certainly at a standstill until they collaborated with researchers at the university. In order to provide
families, schools, community settings, and workplaces in Bahrain the confidence to include people with disabilities, continued collaboration could increase awareness, self-sufficiency, and start new trends of self-advocacy in people with disabilities. Having the knowledge and expertise of a university to call upon if needed could continue to increase their confidence in, and help to break down barriers to successful inclusive practices.

Through this process, it was concluded that in order to begin and sustain inclusive practices in Bahrain, successes and challenges needed to be shared with the team and the public, on-site trainings needed to be aimed specifically at the needs of the target environment, and the team needed to start small (e.g., one family, one school, one community setting and one workplace) and expand services from there.

During the time this study was conducted, the researchers worked with families who spoke English well and could afford to send their children to private schools in Bahrain. The jobsites established for the woman with Down syndrome were western in tradition, not Bahraini institutions. In the future, it would interesting to see if similar inclusive successes could be replicated in the villages of Bahrain where limited English is spoken, if at all, and families do not have the financial flexibility to send their son or daughter to a private school. It would be worthwhile to see how researchers would potentially have to change their approach to include individuals with disabilities and limited income and resources across the aforementioned inclusive settings.

In order to create a larger outreach with this research in Bahrain, more supports would need to be established to sustain a wider population of people receiving inclusive services from the researchers. Inclusive teams would be needed to focus on all of the targeted areas of inclusion: families, schools, communities and employment. This would necessitate further collaboration between the researchers,
the people of Bahrain, universities with special education services in Bahrain, the Bahraini government and professionals in education. With such an overwhelmingly positive public response to the inclusive practices set forth by this study, these next steps could be a reality in the near future.
References


Author Bios

Lori Bradshaw, Ph.D. is currently an Associate Professor at the Royal University for Women in Bahrain, she has lectured at universities in Canada, the USA, Brunei Darussalam and Mexico. She has worked in inclusive settings as a classroom teacher, resource teacher, inclusion consultant and school administrator in Canada, Australia, Venezuela and Ecuador. As Director of Special Education for a school district in the USA she was successful at securing almost one million USD in grants in one year. Her current publishing and research are in the areas of consultation and collaboration in special and inclusive education, early intervention, creating supported inclusive environment and program evaluation.

Brent Elder, M.Ed. spent the past summer working in Bahrain at the Royal University for Women on a project aimed to broaden inclusive practices in Bahrain. Brent holds a tenured position as an inclusion specialist in a school district in the USA and his goals are to desegregate the school district and ensure that all children are included in general classes with their typical peers. He has applied for grants to extend his work in Bahrain and hopes to return to continue his work with families, schools and workplaces, expand inclusive philosophy and include more people with disabilities in mainstream society next summer.