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'Knocking on the school door': pupils in the Netherlands with Down's Syndrome enter regular education

Annette J.M. Scheepstra, Sip J. Pijl and Han Nakken

In the Netherlands in the last decade, the number of pupils with Down's Syndrome integrated into regular schools has been growing. Previously such pupils were referred to special schools, and this research, undertaken by Annette Scheepstra, Sip Jan Pijl, and Professor Han Nakken from the University of Groningen, describes the steps taken by parents to apply for regular education placements; the decision-making of the school teams; and the differences between these parents and other parents with pupils in regular education.

Introduction

Special education in the Netherlands is an extensive, separate system and pupils with special educational needs may be referred from regular education to any one of fifteen types of special school (such as sensory, physically and severe learning difficulties) at an early age. Although over four per cent of all pupils aged 6 to 17 are in full-time special education, recent education policy aims to reduce the number of special education referrals. Recent major legislative changes in funding special needs provision allow regular schools to offer their facilities to pupils with special educational needs. Thus the Netherlands follows developments in countries like Sweden, England and Germany (Meijer, Pijl & Hegarty, 1994).

In contrast to the previous practice of referring pupils with special educational needs to special schools, is the growing number of Down's Syndrome pupils now placed in regular education, which, over the last ten years, has risen to over 300 pupils, or 22% of the relevant age population (Scheepstra & Pijl, 1995); a situation which has prevailed for some time in other countries (e.g. Sweden, the United Kingdom and the United States) (Meijer et al.). In some Local Education Authorities in the UK, the percentage of primary pupils with Down's Syndrome is reported as 43% of 6- to 8-year-olds (Shepperdson, 1995), or even 81% of 5-year-olds (Lorenz, 1995) compared with the 32% of 5-year-old pupils with Down's Syndrome in Dutch regular schools.

The integration of children with Down's Syndrome into regular education in the Netherlands has created wide interest, and parent organisations have been particularly successful in ensuring that such children are placed in regular schools. Parents wish to send their children (with Down's Syndrome) to the same local school as their siblings and for their children to be taught alongside non-handicapped children.

The Dutch government has followed this development by *ad hoc* changes to the rules and regulations aimed to provide extra regular education provision. In grades 1 and 2 (4- to 6-year-olds) schools receive qualified extra staff for half a day per week, whereas in grades 3 to 8 (6- to 13-year-olds) extra staff are available for one day a week. Although regular primary schools in the Netherlands are not obliged to accept pupils with Down's Syndrome, and often lack experience in integration, a growing number have acceded to parents' requests for a place and are thus learning to meet the needs of these children.

Research on these developments in Dutch education is severely limited and until recently only a few case studies had been undertaken. The research reported in this article is the first large-scale description of regular education placements for these pupils (Scheepstra & Pijl, 1995; Pijl & Scheepstra, in press) and was based on the following lines of enquiry:

- How do parents of children with Down's Syndrome apply for placement in regular education?
- How do these parents differ from others with children in regular education?
- What decision-making procedures are used in regular schools for the placement of pupils with Down's Syndrome?
- What differences are there between schools which offer placements for children with Down's Syndrome and other regular schools?

Research method

Questionnaires were mailed to all parents of children with Down's Syndrome attending regular primary schools and to the staff of the schools themselves (over 300 parents and schools). The parents' questionnaire included sections on:

- the motives for seeking a placement;
- the choice of a regular school;
- the reactions of the staff of the school approached;
- the support and guidance available to parents by the parental interest groups;
- the possible contacts with a special school;
- the reaction of other parents, pupils and education personnel;
- the final decision on the placement (including any special conditions).

The questionnaire also included sections on the relevant characteristics of the particular parent group (education level, age, other children).

The questionnaire sent to the schools' head teachers asked for information on:

- the decision-making processes;
- the attitude of the teaching staff;
- meetings with the parents;
- the school itself.

The questionnaire was designed to facilitate comparisons with data obtained from other research in regular schools (CBS, 1993; CBS, 1994; Guldmond, 1994; Nitert, 1994). 216 parents' and 135 head teachers' questionnaires were completed and returned; a response rate of 55% and 65% respectively.

Results

Parents' enrolment

As parents of children with Down's Syndrome have only recently become aware of the possibility of placing their children in a regular school, many (44%; N = 215) claimed that they themselves had introduced the idea of integration. Other parents, however, stated that their attention had been drawn to the possibility of regular school education by parental interest groups or reports in the media.

Table 1: Parents' motives for regular school placement

	%
integrated life in society	82
contact with neighbourhood children	78
learning by imitating other pupils	79
enhanced development possibilities	56
other children of the family attend the same school	37
distance (special schools too far away from children's homes)	17
the ethos of the regular school is superior	6
other	19

(N = 210)

As it was possible to give more than one answer, the sum of the percentages may be greater than 100. Table 1 shows that most parents are motivated by a wish for integration and normalisation in order to increase their children's participation in society. Social motives are pre-eminent as was indicated by additional comments by the majority of parents that placements should end if children were not happy at school. Less than 50 per cent of parents also mentioned that a placement should end if there was no evidence of development.

Table 2 shows that the reaction of those close to the family usually supports the parents' decision to send their children with Down's Syndrome to a regular school. About two thirds of parents had spoken to professionals (teachers, school counsellors, psychologists) about their plans, although they were generally less positive about regular schools than family, friends or neighbours. It is not known how many parents decide against regular schooling owing to negative

Table 2: Reactions to integration

	%
<i>Family/friends/neighbours</i>	
agree (with the decision)	80
divided	18
disagree	1
<i>Professionals</i>	
agree	55
divided	32
disagree	13

(N = 139)

Table 3: Placement

	%
<i>Parental placement attempts at</i>	
one school	72
two schools	19
three or more schools	9
<i>Found it necessary to convince the school</i>	
no	63
yes	37
<i>Informed about the decision process?</i>	
through regular contact with the head teacher	53
irrelevant, as the school accepted the child immediately	32
not at all	3
other	12
<i>Agreement between school and parents concerning placement provided that</i>	
the pupil is happy at school	63
the school has something to offer	61
the placement is offered for one year; evaluation to precede renewal	46
the pupil makes progress	33
teachers have sufficient time for other pupils	33
a probation period of a few months is included	16
parents take some responsibility	7
other	19

(N = 198)

reactions. The difficulty of getting professionals to support regular school placements is clearly illustrated by:

'... our son visits a day care centre for mentally retarded. We are not satisfied with this situation because we think he hardly learns anything there. However there was no other choice according to the psychologist and school counsellor, so what do we do?'

Table 3 shows that three quarters of the parents were able to place their children with Down's Syndrome at a regular school of their first choice. In one exceptional case the parents tried to place their child at twenty different regular

schools and he was rejected by all of them. Regular school placements are not always easy and over one third of parents felt that they had to convince the school that it was possible. Other parents, when they could not place their child at a neighbourhood school, may have decided to give up the search for another school and to accept a place in a special school.

Almost every school made certain agreements with parents before the child was admitted. Social aspects and the child's potential development were again the most common criteria. Most parents and schools agreed that children should feel comfortable at school and that 'the school must have enough to offer'. One consequence of regular school placements is that parents may have to take responsibility for arranging speech therapy and swimming lessons, although it is usual in the Netherlands for such activities to be provided in special education.

Parents' characteristics

The previous section indicated that some parents need to convince the regular school that the placement of a child with Down's Syndrome is feasible, and often parents need to be persistent. In research using questionnaires, it is difficult to discover reliable criteria for parental determination and in the present study the formal education level of parents is used as an indicator. The assumption being that *better educated* parents are able to develop cogent arguments. The present research indicates that the educational attainments of the parents was high: 40% of mothers and 60% of fathers were educated to a higher vocational education or university level. A random sample from Dutch schools (N=3,680) generally found considerably lower percentages: 13% of mothers and 21% of fathers were educated to these *higher* levels (Guldmond, 1994; Nitert, 1994).

Team decision

Most regular schools had to deal with a new situation when parents requested placements for children with Down's Syndrome. Two issues arose during the decision-making process and the conditions for placement (see Table 4).

Table 4: Decision-making as a team activity

<i>Concerned in the decision on placement:</i>	
entire teaching staff	97
head teacher	84
classroom teacher	64
school body	56
participation council	47
parents' council	27
other	27
<i>Deciding voice in the placement:</i>	
entire teaching staff	78
head teacher	32
classroom teacher concerned	20
school body	8
participation council	5
parents' council	2
other	5

(N = 90)

A number of people may be involved in the decision to place a child with Down's Syndrome, but it is usual for the staff as a whole to respond to the parents' request. Members of staff may be worried that they may be unable to provide education for a child with Down's syndrome. Most schools seek advice on how to cope with a child with Down's Syndrome (94%) from parent organisations in particular, but also from parents and school advisory bodies, and the information provided may have an influence on a decision about the placement.

The most cogent argument for integration (in the case of both schools and parents) is the increased opportunity for contact between pupils with special educational needs and others (Table 5). Most schools believe that contact with children with special educational needs can enrich the education of other pupils. Schools may, however, offer places to children with Down's Syndrome for other reasons. To:

- comply with parental wishes;
- prove that regular education benefits the pupil;
- take up the challenge;
- gain extra support.

Most schools make agreements with parents and state that pupils can retain the placement on condition that they continue to develop (Table 6). Over 50 per cent of schools

Table 5: Arguments

<i>Objections made before the placement</i>	
fear of whether it can be handled	83
too little knowledge	58
too little time	52
special education is preferable	36
fear of whether the pupil cannot be 'got rid of'	8
other	20
<i>Decision positively influenced by</i>	
parental groups	67
additional staff	56
in-service training	28
regular schools with relevant experience	15
support of school counsellors	14
support of special schools	8
other	18
<i>Positive arguments</i>	
Placements:	
- are of benefit to other pupils	88
- meet parental wishes	74
- benefit pupils with Down's syndrome	68
- are challenging	61
- provide neighbourhood education	54
- do not threaten teachers who believe that they can manage	36
- allow teaching staff to take responsibility for these pupils	34
- other	13

(N = 90)

Table 6: Placement conditions

<i>Agreements on placements</i>	%
the school must have something to offer	75
pupils must be able to make progress	62
pupils should be happy at school	53
teachers should have enough time to devote to other pupils	52
placement for one year should be possible; and should continue after evaluation	35
a probation period of a few months	27
parents may have to take responsibility for some activities	11
other	14

(N = 134)

emphasise that placements must end if a pupil takes too much teacher time, or has an adverse effect on other pupils' progress. Such agreements deal mainly with the cognitive and social well-being of all pupils, but *quantifiable* agreements on development or time-investment are not found. Three quarters of schools did not know how long a pupil with Down's Syndrome can stay at the school; 50 per cent of the remainder state that the pupil has to leave at the end of the school year.

Schools' characteristics

The head teachers' questionnaire contained items similar to those either used in other large-scale primary school research or sent to all schools by the office for statistical data (CBS), and it was, therefore, possible for us to compare some variables with a representative sample or with the total population of schools (Guldmond, 1994; Nitert, 1994; CBS, 1993, 1994).

Table 7: Age of teaching staff

	All schools	Sample
<34 years	35	26
35-44 years	42	44
45-54 years	19	26
55-64 years	3	4
>65 years	0	0

Table 7 shows that schools that have a pupil with Down's Syndrome (second column) are those with an older school staff than the average Dutch primary school. A possible explanation is that an older, and therefore more experienced, member of staff is more likely to accept a fresh challenge than a younger, less experienced teacher. Schools with a pupil with Down's Syndrome also differ according to the denomination of the school (see Table 8).

Schools working according to the ideas of, for instance, Montessori, Peterson, and Dalton are over-represented in our sample. As these schools adopt a different philosophy to *average* regular ones, they tend to regard the placement of a pupil with Down's Syndrome as *normal*. A situation which fits into their *vision*, and may be attractive to those better educated parents who often choose this type of school.

Table 8: Denomination (or Philosophy) of schools

	Average	Sample
State	35	26
Protestant, Christian	30	28
Roman Catholic	29	27
Montessori, Peterson, Dalton etc.	6	19

Another striking aspect is the extent to which school staff collaborate, and it is clear that teachers in schools with a pupil with Down's Syndrome have had more experience of collaborative working than those in the average Dutch primary school. Working together in this context means, for instance: helping each other to prepare lessons; observing each other's lessons; team teaching; and seeking advice from colleagues. The head teachers, too, are more likely to collaborate with staff: observing lessons in order to gain insights into individual teachers' methods; considering ways of improving pupils' achievements; helping with pupils who fall behind.

The following comments indicate that staff in schools with a pupil with Down's Syndrome used differentiation more widely:

- '... I let pupils work according to their own tempo...';
- '... low-performing pupils do not have to do all subject matter components...';
- 'I allow better-performing pupils to go faster through the subject matter.';
- '... I give all pupils tasks at their own learning level.';
- '... low-performing pupils receive fewer or lower demands...';
- 'Better-performing pupils are offered subject matter in greater depth.';
- 'Slower learning pupils go at a lower pace through the subject matter.'.

Teachers answered questions on differentiation according to a 5-point scale for arithmetic and reading, and we found that teachers differentiate significantly more for classes which include a child with Down's Syndrome than other teachers: $t = 1,88$ (641 df) for $p < 0.05$ (one-sided). However, the effect is not very significant: $g = 0.24$. This implies that the mean of each sample differs by 0.24 from the standard deviation. Thus teachers who are familiar with the use of differentiation are likely to find it easier to teach pupils with Down's Syndrome than those who tend to use traditional methods.

Discussion

As a direct result of the work of Dutch parent organisations, it is now possible for a child with Down's Syndrome to attend a regular school, which can then obtain additional funding. Parents, however, need to find a regular school willing to accept their children, and the present research indicates that most parents are successful after one or two attempts. Nevertheless, some parents are unable to obtain placements for their children, while others face great difficulties before they are successful. Teachers in regular

schools have little or no experience of teaching children with Down's Syndrome and may take some time to consider the consequences of accepting such pupils. It is clear, however, that schools try to obtain accurate information from parents' organisations, the school's advisory service or from the special schools themselves.

Although some schools may decide that it is not possible to admit a child with Down's Syndrome, an increasing number do accept the challenge of a placement. A majority of schools act in the interests of pupils with Down's Syndrome and their parents, but also value the opportunity for their pupils to mix with children with special educational needs.

The present research identifies the criteria for a successful school placement. It is evident that most regular schools are more likely to accept a *young* pupil with Down's Syndrome, as changes to the curriculum are likely to be more modest for younger pupils than for those pupils in higher grades. The educational background of parents is another factor as it seems likely that better educated parents will put a more convincing case. Four in-school factors which are likely to affect placement decisions have been identified during the research: slightly older (more experienced?) staff; an active head teacher; collaborative teaching; and schools that differentiate the curriculum.

Parents of children with Down's Syndrome have pioneered integration in Dutch education, and it is likely that their efforts will make it easier for other handicapped pupils to find a place in regular schools in the future. Hopefully these children will be able to profit from the experience gained by regular school staff in the education of children with Down's Syndrome. That parents of many children with Down's Syndrome were not eager to assume a pioneering role as many of them would have preferred to choose freely

between regular and special education. Parents today have a choice, but a great deal of effort is required to place a child with Down's Syndrome in regular education.

Dutch education administrators have followed these developments sympathetically and modified funding regulations to encourage placements in regular schools. Although decisions on where to place a pupil with Down's Syndrome are left to parents and schools, the question arises as to whether education policy should be more pro-active if the integration of these pupils into regular education is to be taken seriously. It should also be stressed that, although parents must always be involved, placements of such pupils in regular education should not become a privilege gained only by well educated and persistent parents. Policies need to be developed which ensure that parents do not have to *plead* for places and which make them less vulnerable to apparently arbitrary decisions by regular-school staff on the ending of placements. As parents of children with Down's Syndrome often consider themselves as lacking the rights to acquire and maintain places in regular schools for their children, a means of ensuring justice for all is essential. A possible solution is to devise legislation in line with that existing in other countries (e.g. Austria) where regular schools are required to provide placements for all who apply. On the other hand, it can be argued that placements should be voluntary and offered enthusiastically, as *forced* placements may create additional problems. It is clear that solutions to these problems are not only in the interests of parents of children with Down's Syndrome, but of all pupils eligible for special education placements, and their parents. Dutch education policy has done well in addressing the issues sympathetically, although it should now take a lead in strengthening the position of the parents of children with special educational needs.

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