

Inclusive Education for Children with Intellectual Disability (ID) in Ghana: Challenges and Implications for Social Work

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Abstract: *Inclusive education in Ghana is in its infancy. Due to the wide array of challenges that may be encountered in the effort to implement inclusive education, programs are needed that involve a cross-section of professionals including social workers. In this study, in-depth face-to-face interviews were used to collect data from 15 educators and social workers about the challenges associated with inclusive education for children with intellectual disability (ID) in Ghana and the implications that these challenges have for social work practice in the education system. Some key roles that social workers can play in inclusive education in Ghana include intensifying public awareness to curb misconceptions about IDs, and serving as liaisons between the school, home, and community. A system is needed that fosters effective collaboration between educators and social workers to enhance educational outcomes for children with ID in inclusive school settings in Ghana.*

Keywords: *Inclusive education; children with intellectual disability; social workers; Ghana*

The implementation of inclusive education has its attendant challenges in different socio-cultural settings (Agbenyega & Deku, 2011; Ametepee & Anastasiou, 2015; Tchintcharauli & Javakhishvili, 2017; Yekple, 2012), necessitating a multi-disciplinary approach to address the issues that may emerge (Damyanov, 2010; Suc, Bukovec, & Karpljuk, 2017; von Ahlefeld Nisser, 2017). Across different parts of North America and Europe, social workers are recognized as a core part of the multidisciplinary or multi-professional team that facilitates the implementation of inclusive education (Altshuler & Kopels, 2003; Damyanov, 2010; Pryor, Kent, McGunn, LeRoy, 1996; United Nations Children's Fund [UNICEF], 2012, 2013). Given the socio-economic constraints and diverse socio-cultural characteristics of the Ghanaian populace, there are unique challenges that arise in efforts to include children with intellectual disability (ID) in regular community schools. Furthermore, there is little to no structure in the education system within which professional social workers can offer their services. The main objectives of this study were to: a) examine the challenges associated with inclusive education for children with ID in Ghana from the perspectives of educators and social workers; and b) highlight the roles that social workers can play in helping to address the identified challenges.

Literature Review

Intellectual Disability and the Ghanaian Society

Intellectual disability, previously referred to as mental retardation, is characterized by significant limitations both in intellectual functioning and in adaptive behavior, with the onset before age 18 years (American Association on Intellectual and Developmental Disabilities [AAIDD], 2013; Schalock et al., 2007). The differences are typically observed along three main skill domains: conceptual, social, and practical (Tassé, 2009). Global estimates of the prevalence of ID hover between one and three

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percent (Harris, 2006; World Health Organization [WHO], 2001). It is however difficult to get reliable statistics on disability prevalence in many developing countries, including Ghana (Inclusion Ghana, 2013; WHO, 2011). The first time an attempt was made in Ghana to obtain a national estimate of disability prevalence was during the last population and housing census conducted in 2010. The results of that census indicated that three percent of the population (i.e., 737,743 out of 24 million at the time) had a disability, out of which 15.1% constituted intellectual disability (Ghana Statistical Service, 2012). However, global estimates of 10-15 percent disability rate suggest that the Ghanaian census figures may be under-estimated. Definitional issues and non-reportage due to stigmatization are some of the factors underlying this potential underestimation of disability prevalence in Ghana (Inclusion Ghana, 2011). Some types of intellectual disabilities include Down Syndrome, Fragile X Syndrome, and other developmental delays which may remain undiagnosed or whose causes may be unknown.

While in some cases the cause of ID is unknown, research establishes a myriad of causal/predisposing factors including: biomedical causes, nutritional deficiencies, developmental brain abnormality, behavioral issues during pregnancy, infections during pregnancy, problems at birth, social factors, as well as educational deficiencies (de la Rocha, 2011). In Ghana, regardless of whether the cause of disability is known or not, there are cultural and superstitious beliefs which influence people's perceptions about the disability (Agbenyega, 2003, 2007; Anthony, 2009a; Avoke, 2002; Botts & Evans, 2010; Botts & Owusu, 2013; Naami & Hayashi, 2012; Reynolds, 2010; Yekple, 2012). For example, Naami and Hayashi (2012) reported that many Ghanaians believe that "disability is a curse from the gods for sins committed by a parent or some ancestors" (p. 101). ID is believed to be the most stigmatized of all the disabilities in Ghana (Inclusion Ghana, 2011). According to the United Nations Development Programme (UNDP; 2007), due to erroneous beliefs and perceptions held by a society, children with ID may find their basic rights violated despite opportunities that may be provided for social interaction, medical care, and education. Special residential schools currently remain the main avenue for educating children with ID in Ghana, while efforts are ongoing to create more inclusive schools.

Inclusive Education for Children with Intellectual Disability

Inclusive education generally connotes that all children, irrespective of their unique characteristics, should be able to attend their regular community schools (United Nations Educational, Scientific and Cultural Organization [UNESCO], 1994). There is a greater probability that children (with or without disabilities) who attend regular schools would complete school, pursue further education and/or training, secure employment, earn decent incomes, and actively participate in their communities (United Nations [UN], 2007). Comparatively, children with disabilities who do not get the opportunity to attend school are more likely to become illiterate, leading to lesser chances for them to obtain decent employment as adults, and further resulting in poverty (UN, 2007). Whereas a significant number of children with various disabilities continue to be educated in specialized settings in Ghana, considerations about enrolling them in regular schools depend largely on the type and severity of the disability (Hooker, 2007). To some appreciable level, the educational system in Ghana has successfully integrated persons with physical, hearing, and visual disabilities at different levels of education in mainstream schools (Hooker, 2007). However, until

about a decade and a half ago, children with ID were largely educated in special educational institutions in Ghana (Anthony, 2009a; Hooker, 2007). Undeniably, ID presents challenges that influence learning, but research supports the fact that children with ID have the capacity to learn (Maul & Singer, 2009; Porter & Smith, 2011; Reiter & Vitani, 2007). With continuous calls from the international community (such as UNESCO and UNICEF), the provision of inclusive education for children with disabilities has been on the agenda of a cross-section of stakeholders in Ghana (Botts & Owusu, 2013; Inclusion Ghana, 2011; Ministry of Education, 2003, 2012).

The Special Education Division (SpED) of the Ghana Education Service (GES) began initiatives in the 2003/2004 academic year aimed at providing inclusive education by piloting six models of inclusive education for children with disabilities, including those with ID, in three regions of the country (Ghana Education Service, 2007), and has since spread to other regions. These efforts have, however, not been without challenges. Some of the challenges stem from insufficient resources and stigmatization (Adera & Asimeng-Boahene, 2011; Obi, Mamah, & Avoke, 2007; Ocloo & Subbey, 2008), reflecting an urgent need for advocacy for children with ID and their families.

Social Workers in Inclusive Education

Apart from educators and policy makers, who are obvious stakeholders in inclusive education, there are other categories of stakeholders, including social workers, who are recognized as key players in the inclusive education agenda (Agbenyega, 2007; Gyimah, Sugden, & Pearson, 2009; Inclusion Ghana, 2011). However, literature regarding how social workers can effectively participate in the implementation of inclusive education in Ghana is relatively scant. The main goal of any formal educational institution is to train and impart knowledge, and naturally, teachers constitute the primary workforce of any educational setting. However, there are several stakeholders involved in the school system, such as children, teachers, administrators, parents, and community members, who interact in both organized and casual ways to create an appropriate atmosphere for learners (Price-Mitchell, 2009).

Furthermore, the presence of other professionals in the school environment, such as social workers, helps to improve the educational experience of students (Gallagher, Malone, & Ladner, 2009). For example, in inclusive education settings, social workers can function as liaisons between the school, the home, and the community and connect all relevant stakeholders to resolve problems that students may be facing in school (Mittler, Jackson, & Sebba, 2002). Based on their study in Pacific Island schools, Sharma, Loreman, and Macanawai (2016) concluded that issues in the society that affect the school environment – for example, culture, communities, and religion – could be either limiting or helpful to the implementation of inclusive education. They further noted that change in the negative attitudes of members of the school community, engagement with local communities, collaboration with families, and adjustment in curriculum could all help to meet the goals of inclusive education (Sharma et al., 2016). The challenges and recommendations presented by Sharma et al. (2016) point to several areas of inclusive education where social workers can enhance implementation. Examples of such areas of involvement by social workers include public education, community outreach, and family engagement.

With specific reference to ID, Bigby and Frawley (2010) assert that just like in any other field of social work practice, “there are multiple ways to work, both at the individual and structural levels to redress disadvantage, improve quality of life, and bring about social change to reduce discrimination and oppression that result from the ‘social problem’ of intellectual disability” (p. 1). The primary functions of school social workers include: the development of specialized programs for students in conjunction with other professionals; carrying out interventions with children and their families either in group or individual sessions; and participating in the design and development of programs in the educational setup (Openshaw, 2008). One of the specific roles that school social workers often play, which is germane to this study, is the work they do both independently and as part of a team to ensure that children with disabilities successfully achieve learning objectives at school. The social worker can collaborate with multi-disciplinary teams to ensure that schools provide students with ID with opportunities to experience meaningful social encounters with students without disabilities (Reiter & Vitani, 2007). School social workers also need to be engaged in designing public policy initiatives and practice interventions for working with different student populations (Teasley, 2004) such as children with ID.

Context of the Study

GES started piloting six models of inclusive education for children with disabilities in the 2003/2004 academic year. One out of the six models was specifically for children with ID. In this model, a classroom block, called a *unit school* is constructed on the premises of a cluster of regular public schools to provide separate classrooms for children with ID. The children are taught by special educators referred to as *resource teachers*, and they interact with their peers from the regular schools during break periods and other co-curricular activities such as sports. Occasionally, and based on the assessment of the resource teachers, some children in the unit school may be sent to participate in the regular classes of their age peers for certain periods during the school day. The regular classroom teacher is expected to involve the child with ID in the classroom with the assistance of the resource teacher.

At the time this study was being conducted, there were three of these unit schools in three different communities in the Greater Accra region, which is one of the sixteen administrative regions of Ghana. This model served as a key context for the exploration of inclusive education for children with ID in Ghana. The Greater Accra region was selected because it hosts the national capital Accra, where the headquarters of various government ministries, departments, and agencies are located. Due to this unique feature, it is usually expected that government policies, such as that of inclusive education, would be best implemented in the capital region for the other administrative regions to emulate. The purpose of this study was to highlight some of the challenges associated with providing inclusive education for children with ID in Ghana, as well as examine how social workers can contribute to resolving the identified challenges.

Methods

The data for this paper were obtained from a broader study which examined various stakeholders’ perspectives on inclusive education for children with ID and the implications for social work practice in Ghana. Data were collected between October 2012 and April 2013. Although it has been a while since the data were collected, the

findings of this study remain relevant in Ghana today because not much has changed regarding the involvement of social workers in the inclusive education agenda in Ghana. There remains a huge vacuum regarding public education and sensitization about the inclusion of children with ID in regular schools.

This study examined data gathered through in-depth face-to-face interviews with 15 participants (nine educators and six social workers). This approach to data collection has the advantage of eliciting detailed views of individual participants about the problem being investigated (Creswell, 2010). The issues explored with the educators and social workers were inclusive education in Ghana, the challenges with implementation, especially for children with ID, whether social workers were considered relevant in the inclusive education discourse, and how social workers could be involved. The specific research questions were:

1. What are the challenges associated with inclusive education for children with ID in Ghana?
2. How can social workers contribute to overcoming the identified challenges associated with inclusive education for children with intellectual disabilities in Ghana?

Sampling and Data Collection

Study participants comprised nine educators and six social workers who were purposively selected based on the criteria of having relevant knowledge and/or experience regarding inclusive education, ID, and the social work profession in Ghana. Specifically, the educators were made up of five special education resource teachers (who worked in selected “inclusive schools” for children with ID); two special education coordinators (one municipal, one regional); and two teacher educators (lecturers at a special education department of a public university in Ghana). The five resource teachers had training in special education in a recognized university in Ghana and had teaching experience in the regular classroom before moving into special education. The two teacher educators, who were both PhD holders, were seasoned lecturers in special education and had a wealth of knowledge about ID and disability issues in general. Both special education coordinators had at least ten years of professional teaching experience, prior to their assumption of office as coordinators of special education within the Ghana Education Service.

There were three professional social workers, all of whom had both Bachelor’s and Master’s degrees in Social Work, and worked at the Department of Social Welfare (DSW), which is the main governmental institution in Ghana where a majority of social workers are employed. They were recruited based on the experience they had working with children with disabilities in the course of their professional practice. The remaining three participants were labelled as “paraprofessional social workers” because they were educators who self-identified as school social workers, despite not having social work degrees. These participants had been delegated to carry out aspects of professional social work tasks that they did not have the requisite (social work) qualification for. Some of the titles designated to these educators within public schools in Ghana include: School Welfare Officers, Special Education Officers, School Health Education Programme Officers, Girl-child Education Officers and Guidance and Counselling Officers— all of which are recognized within the GES. These educators have an association called the School Social Workers Association of Ghana (SSWAG;

n.d.). In this study they were identified as paraprofessional social workers. One of the three paraprofessionals in this study was a retired teacher who had spent many of her 35 years of active employment working to integrate social work practice into the school system both within and outside Ghana. The remaining two were in active service, one as a regular teacher (appointed as a welfare officer) and the other as a special educator. They had an average of fifteen years teaching experience but four and six years respectively in their paraprofessional roles. Table 1 provides a summary of the sample demographics.

Table 1. *Sample Demographics (n=15)*

Variables	Gender	Level of Education	Length of Professional Experience
All	6 (40%) ♂ 9 (60%) ♀	Bachelor's, Master's and PhD	4 to 35 years
Resource Teachers (n=5, 33.3%)	1 (6.7%) ♂ 4 (26.7%) ♀	Master's and Bachelor's Degree	> 10 years
Teacher Educators (n=2, 13.3%)	2 (13.3%) ♂ 0 (0%) ♀	PhD	>20years
Special Education Coordinators (n=2, 13.3%)	1 (6.7%) ♂ 1 (6.7%) ♀	Master's and Bachelor's Degree	≥ 10 years
Social Workers (n=3, 20%)	1 (6.7%) ♂ 2 (13.3%) ♀	Master's and Bachelor's Degree	>20
Paraprofessional Social Workers (n=3, 20%)	1 (6.7%) ♂ 2 (13.3%) ♀	Master's and Bachelor's Degree	4 - 35 years

A semi-structured interview guide was developed by the primary researcher to collect data. The interview guide was in English, and the same language was used in conducting the interviews. Although guided by some general literature in the research area, there was no known study in Ghana which focused on the issues that were of interest. Thus, the interview guide was designed specifically to respond to the objectives of this study. Interviews lasted between 35 and 90 minutes. Except for one interview in which the participant declined permission to be audio-recorded, all interviews were audio-recorded with prior permission from the participants. Detailed notes were taken during the interview with the participant who did not permit the audio-recording, and these were typed out by the primary researcher afterwards. The audio-recorded interviews were also transcribed by the primary researcher and a trained graduate student. Member checking was adopted to ensure trustworthiness in the study. Participants were provided with copies of their interviews so that they could verify the information they had shared. All participants validated the transcripts as a reflection of the interviews they granted.

Data Analysis

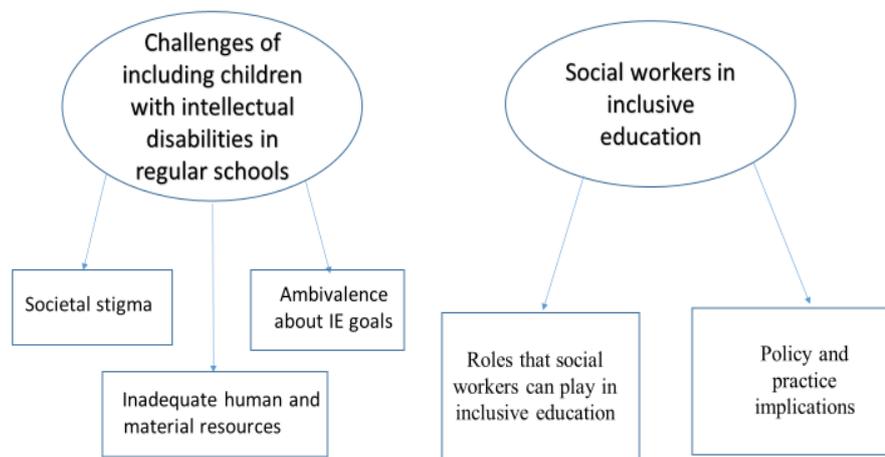
All transcriptions were checked with the corresponding audio files to ensure accuracy. The researcher followed the six guidelines of thematic analysis provided by Braun and Clarke (2006) to arrive at the findings. First, the researcher read and re-read the transcripts to become familiar with the data. The thorough reading led to the development of initial analytical thoughts. Following this, initial codes were generated from the data. The initial codes reflected some catchwords or phrases that participants used to express their thoughts about key issues such as challenges (e.g., "stigma," "lack

of resources,” “parents withdrawing their children without disabilities”); inclusive education (e.g., “mainstreaming”, integration); intellectual disability (e.g., “mental retardation,” “degree of disability - mild, moderate, severe, profound,” “stigma”); and social workers’ roles (e.g., “public education to change attitudes,” “liaising between school, home and community,” “referrals”).

The third step in the thematic analysis involved searching for themes, which essentially were derived from combining different codes to reflect a central perspective or idea (theme). For example, the researcher tried to make meaning out of the views that participants had about children with ID being included in regular schools by re-examining the codes generated in the previous phase. Thus, an example of an initial theme that captured the overall essence of what emerged from the data was “perceived outcomes of inclusive education for children with ID.” Another example that connected the initial codes generated about social work roles was “anticipated roles of social workers in inclusive education for children with ID.”

Under phase four, the initial themes were reviewed bearing in mind the overall objectives of the study. Some of the initial themes were submerged under broader themes while others remained as initially thought out. This process wove into the fifth stage where the specific themes that emerged from the data were better defined to capture the essence of what the data were telling, and ultimately, the final report was written up. This article reflects the two broad themes that resulted from the analysis. Figure 1 shows the final thematic map, reflecting the two major themes and the corresponding sub-themes.

Figure 1. *Final Thematic Map*



To help link participants’ voices with their respective backgrounds, they are described by the specific sub-category they belong to and a number designation for differentiation. For example, ‘*Resource Teacher 1*’, ‘*Special Education Coordinator 2*’, ‘*Teacher Educator 1*’, ‘*Social Worker 2*’, and ‘*Paraprofessional Social Worker 3*’, et cetera.

Findings

Challenges Associated with Including Children with ID in Regular Schools

Participants talked openly about several challenges that were associated with the idea and practice of including children with ID in regular schools in Ghana. These challenges were societal stigma, inadequate human and material resources, and ambivalence about the relevance of inclusive education to children with ID.

Societal stigma

One of the major concerns shared by participants regarding the concept of inclusive education for children with ID was in relation to stigma and negative perceptions held about ID. Participants explained that ID continues to be perceived as a curse, or punishment on the family. Some parents try to avoid situations in which they will be noted as having children with an ID. Others simply view children with ID as inferior.

Society sees it [ID] as bad luck, a punishment or a curse. They label and make fun of them [children with ID]. And sometimes they say it is either the fault of the child, parent or family. It is demoralizing... The stigma continues to exist to some extent. (Resource Teacher 4)

Sometimes, you realize that you call for meetings and parents will not come. Sometimes instead of the biological parents to come for you to discuss issues with them, they will prefer to send somebody, because they know that when they come, ..people will start to associate the children [with ID] with them [the parents], and for that matter, some [parents] will not even come.... (Paraprofessional Social Worker 1)

The idea of inclusion is to do away with the stigma ... Some of the 'normal' people don't want to mingle with [children with ID], and so they make them look very inferior... (Resource Teacher 2)

Resource teachers and special education coordinators pointed out that they are at the receiving end of the stigmatization as well because they work with children with ID. For example, Resource Teacher 2 lamented that most of the regular teachers at the school compound do not extend the necessary courtesies to the resource teachers in the unit school because of the children with ID. One special education coordinator also commented that “even fellow teachers stigmatize those in special education. They think we deal with mental illness...” (Special Education Coordinator 1). This wrong perception about ID and the associated stigma points to the need for targeted community education.

Inadequate resources (human and material)

Another issue raised by most participants was the inadequacy of the human and material resources required to ensure the successful implementation of inclusive education for children with ID. Specifically, participants emphasized the need for teaching and learning materials as well as sufficiently trained personnel to enhance inclusive education programs.

It is hypocritical to assume that without adequate and appropriate provisions within the regular schools, children with intellectual difficulties would be properly included. (Teacher Educator 2)

We should not only bring them [children with and without disabilities] together per se but provide every resource to cater for them... I believe without that, the inclusiveness will not work. (Resource Teacher 1)

We [as a country] should try and make sure that we give the teachers the necessary training that will help them take good care of children with special needs in their classrooms. (Social Worker 1)

The above excerpts reflect the varied ways in which participants registered their concern about the need for appropriate resources for inclusive education.

Ambivalence about the goals of inclusive education for children with ID

While study participants appreciated the idea of inclusive education, the summary of their perspectives pointed to the fact that not all children with ID can have their educational goals met in that system. Most participants thought that children with mild to moderate ID could be accommodated in regular schools, or even in the regular classroom at certain points. However, they could not envisage how children with severe to profound ID could be accommodated in the regular school or classroom. Questions were raised about the objectives for placing children with ID in inclusive schools, as to whether the emphasis would be on academic gains or otherwise. For instance, Teacher Educator 2 posed the following questions: “What is the nature of the curriculum? Why are you including them [children with ID]? What are the basic objectives?” In response to his own questions, he continued:

The learning and behavior needs of some children [with ID] will still require that additional support is given them in alternative settings beyond inclusion. If, however, you are thinking that some group of children with ID could be included, yes! ... We can look at the mild category; those that are sufficiently mild. (Teacher Educator 2)

Additional perspectives shared by other participants are as follows:

For mental retardation (ID), ...you see, there are groups. For the mild and the moderate, they can be taught and trained, and can improve behaviorally; but those with severe and profound disabilities...for them, academic work is out! You could only focus on teaching them daily living skills. (Resource Teacher 1)

You see, in inclusive setting, we have what we call, IEP [Individualized Educational Plan], so for such children [with ID], we develop such a document for them which we use to address their interests and needs.... So that is why we develop IEP. We look at their interest areas and their needs, and then make sure we tailor their learning experiences ... to satisfy those needs and interests. (Paraprofessional Social Worker 3)

ID needs to be given some special attention ... how we grade them as being good or bad, or being intellectually high or low... because the fact that somebody cannot read or write well does not mean the person is stupid; or that the person cannot do any good thing in life. (Social Worker 1)

In general, participants were wary of the limitations associated with the practical aspects of inclusive education. The awareness of these limitations can influence the extent to which full inclusion of children with ID in regular school/classroom settings will be supported. Most of the educators suggested that the inclusive education model where children with ID are in the same regular school but in separate classrooms is a more practical arrangement because the curriculum content could be presented to children with ID at a much slower pace.

Social Workers in Inclusive Education

Most of the participants acknowledged that social workers are relevant in the implementation of inclusive education for children with disabilities in general, especially those with ID. These participants shared ideas about what social workers could do as part of multidisciplinary teams in the education system. Some participants were however uncertain about what particular roles social workers would play that special educators could not fill. These issues are presented under two sub-themes as follows.

Roles that social workers can play in inclusive education

Specific roles of social workers that were mentioned by participants included: providing public awareness-raising about ID; liaising between the school, family and community to address the needs of the children with ID; advocating for the rights of children with special needs; contributing to the preparation of IEP; and being involved in transition planning for children with ID.

Social workers can also go to the communities, organize community programs and then educate ... through the media... (Social Worker 2)

The social worker is there to advocate for the children with special needs. They champion the cause of such children in terms of their welfare. So sometimes, when we [special educators] are preparing our IEP, we even need them to be at our meeting, but you know such people are scarce. We need their inputs as well.... So, the social workers, we need to work with them. Where the child's rights are being trampled upon, it is the social worker who has to intervene... Even though we [special educators] are there to provide their educational interventions for them, when you talk of the championing the rights of the special needs child, it is basically the function of the social worker... (Paraprofessional Social Worker 1)

Just like we have sanitation or agricultural extension officers, the services of social workers can be extended to go between the school and the community (Resource Teacher 4)

Apart from the specific roles highlighted, some of the educators stressed the fact that teachers cannot handle everything that concerns children in school. It is for this reason that social workers are needed to assist in the schools.

The teacher's duty is to teach the child. Other factors that are preventing the child from learning should be taken care of by other experts. We don't do that in Ghana... These [children with ID] are kids who have needs, social needs.... So, some of these things should be investigated and worked on by the school social worker, not the teacher. (Teacher Educator 1)

We realize that children's problems are multi-faceted, in the sense that you have a child who has emotional problems, and may have some hidden problem with maybe health, may have issues with disabilities, a whole lot! Of course, we have realized that we are limited in the sense that we can't go beyond the school system...And that is why those who have been trained in social work proceed from that level. (Special Education Coordinator 2)

Educators recognized the need to have professional social workers in the schools to pursue cases that go beyond the capacity of the teachers. This need was based on the recognition of differences in training for teachers and social workers.

Policy and practice implications

Despite the preceding views on the relevance of social workers to inclusive education, some concerns were raised in connection with the policy and practice implications of having professional social workers in the education system. Some of the educators felt that there could be some overlap between the roles that social workers and special educators play in inclusive education programs. An example of such a perception was expressed by one paraprofessional social worker:

The work of the special educator is almost the same as the social worker, so we are all school social workers... (Paraprofessional Social Worker 1)

There were some educators whose disquiet had to do with having the social workers as core staff of the school, and the budgetary implications that this would have for the education service.

In special education, there is something we call multi-disciplinary team. We have the special educator, the audiologist, ophthalmologist, occupational therapist, social worker, clinical psychologist, psychiatrist, et cetera. All these people are not in the school, they are outside, so we collaborate with them, we team up with them, when we do our work. So, I think the same structure should be maintained for social workers too. If not, the moment we bring the social worker in, it means we have to bring in the ophthalmologist, the audiologist, the psychiatrist, et cetera ... (Paraprofessional Social Worker 2)

Another issue raised by Special Education Coordinator 1 had to do with the education budget. According to this respondent, the more other professionals are supported by the country's education budget, the more the budget will swell, which would lead policy makers to complain about "putting all [the country's] money into education." This concern has implications for inclusive education policy because social workers could ideally be part of the daily functioning of schools rather than being called upon in isolated situations. Other study participants asserted that the roles of social workers and special educators do not overlap per se but are rather complementary.

[Special educators] may be playing roles that are akin to social work roles, but they are not social workers. A few of them may try to exaggerate their expertise even though they are not trained for those roles. But what I also know is that there is a lot of interplay between educational social work and special education. Sometimes you think that it's almost undefined. They [special educators] would play some of those roles even though professionally they are not mandated to play those roles. In circumstances where you do not have a social worker, this is how it plays out, but I am not an apostle of people who

try to exaggerate their expertise. My belief is that they should be content with what they are trained to do. But in the unlikely event that sometimes you don't have them [social workers], you would be playing that role rather in an unprofessional manner. (Teacher Educator 2)

Teacher Educator 1 proposed how social workers can carry out their roles in the education sector without being redundant:

We [educators] are not saying every school should get one social worker... No! They will be redundant. But if you can get a cluster of schools and you put a social worker with a very defined prescription or description, that will help us a lot, because at the end of the day when you need to work with parents as we do, there should be a third person who understands the dynamics, and who can make that relationship cemented for things to flow. If you don't have that person, how often can the teacher meet the parents to talk about the child? (Teacher Educator 1)

Additional views were expressed by participants about how collaboration between educators and social workers can be facilitated since the governmental ministries that recruit the respective professionals are separate entities. One special education coordinator anticipated that an inclusive education policy would be very useful in addressing such details.

Generally, what I will say is that everything will boil down to policy. It is the policy that will give us the kind of strength that we need to do this kind of inclusive education in which the role of the school social worker is very crucial. So, all boils down to a policy.... We see the role of the social services to be very crucial.... Because you need them ... to assist the teachers to understand the students and how to treat and deal with the students at different levels depending on the child's ability. (Special Education Coordinator 2)

The formulation of a working policy which provides for the incorporation of social workers in the inclusive education framework was noted as a necessary step toward the realization of inclusive education in Ghana. Participants asserted that if the educational system in Ghana is well-structured, there will not be duplication of roles between social workers and educators. Rather the collaboration between social workers and educators (whether with general or special education training) would strengthen inclusive education efforts.

Discussion

Study findings reveal three key challenges associated with inclusive education for children with ID in Ghana: stigma, inadequate resources; and ambivalence regarding the benefits children with ID derive from inclusive education. In addition, the findings affirm the need for social workers to be active participants in the inclusive education efforts in Ghana. Loreman (2007) noted that although there is abundant literature substantiating why inclusive education is the preferred approach to education, it is equally important to direct attention to the essential background conditions that are required to ensure “effective inclusive education practices” (Loreman, 2007, p. 23).

It is important for educators, social workers, and other relevant professionals to factor the prevailing beliefs about ID in the Ghanaian society in inclusive education endeavors since these are the roots of the stigmatization meted out to the children, their

families, and even their teachers. In one of the few studies in Ghana that recognizes the roles of social workers in inclusive education, Agbenyega (2007) reveals that the GES had collaborated with the British non-governmental organization, Voluntary Services Overseas (VSO), to involve the Department of Social Welfare and health professionals in the sensitization of selected communities prior to piloting the inclusive school system. However, there was little from this study to suggest that such an initiative was being sustained in the inclusive education pilots.

A primary social work role which study participants highlighted was that of providing public awareness-raising and sensitization programs about ID. For example, the finding that some sections of the Ghanaian society confuse ID with mental illness, which leads to the stigmatization of the professionals who work with children with ID in the schools is an issue that ought to be addressed through public education. Furthermore, considering stigma can lead to formulating community education programs to dispel the beliefs that foment negative attitudes, while affirming positive perspectives about ID. This would insure the transmission of more positive perceptions about ID to the wider society, an endeavor social workers can contribute effectively to.

Additionally, social workers could serve as liaisons between the school, home, and the community to address issues that affect the child with ID within and outside the school environment. The role of the social worker as a home-school liaison was emphasized by Mittler et al. (2002), who encourage teachers and social workers to work collaboratively. One way of collaborating would be for social workers to conduct assessments of the child's family and community backgrounds and share relevant information with the teachers to help them understand the social background of the child. The information provided by the social worker can also help the teacher design class lessons with examples that are germane to the child. Furthermore, appropriate home-school linkages can help identify multi-faceted problems that the child with ID may be facing at any given time (for example, health and/or emotional problems) so that targeted interventions can be provided. The social work profession has long operated from an ecological perspective, which recognizes that the interactions in a client's environment go a long way to affect interventions (Cummins, Sevel, & Pedrick, 2006). Guided by the "person-in-environment" concept, professional social workers are skilled to navigate the environment of the child with ID from the micro to the macro level.

In an early study that examined the roles of social workers in inclusive education, Pryor et al. (1996) reported that when inclusion became the goal of the U.S. Department of Education's systems change efforts in 1989, school social workers were identified as integral members of inclusive education teams in each school district. Social workers were trained in "inclusive education philosophy, programme models, student planning, curricular and instructional accommodations, and socialization" (Pryor et al., 1996, p. 669). These are relevant issues in inclusive education, and of much significance to school social workers globally, including those in Ghana. Social workers can facilitate training sessions in schools to help regular teachers appreciate disability issues and work more effectively with their colleagues in special education. A common understanding of disability issues will also encourage better collaborative working relationships between social workers and educators in inclusive school settings.

Bean (2011) strongly asserts that social workers have a unique role to ensure proper assessments through attending IEP meetings and conducting home visits, among

others. This draws attention to the multi-faceted contributions that social workers can make in the lives of students when they are given proper mandate to work in schools. Pryor et al. (1996) list a variety of strategies used by social workers to promote success of inclusion in schools, including:

Preparing students for human differences; facilitating the transition process for newly included students; consulting collaboratively with teachers; revising the school curriculum to address social and emotional needs; providing services to students in general education settings; and expanding inclusive education concepts throughout a school. (p. 670)

The perception that children with ID would not benefit from the curriculum used in the regular classroom was prevalent in this study. Study participants did not expect children with ID to be assessed in the same way as their peers in the regular school, especially in terms of the transitional examinations taken at the end of the Junior High and Senior High Schools in Ghana. Alternate trajectories of education, leading to the acquisition of vocational skills which could help children with ID earn a living in adulthood, was proposed as a more realistic option. Lee, Soukup, Little, and Wehmeyer (2009) articulate that one of the ways to promote access to the curriculum by students with intellectual and developmental disabilities is to focus on the ways in which the content is delivered, which can be achieved by using technology to develop instructional materials designed for all learners. Clark (2007) established that the social worker is needed as a facilitator to provide specialized support for learners with disabilities in the regular school. It is therefore important that tailor-made educational resources be made available for inclusive education as they facilitate teaching and learning for both teachers and students.

Most study participants affirmed that social workers are trained professionals who could use their skills to harness family and community resources to support inclusive education efforts, a task that regular or resource teachers might struggle to accomplish due to lack of requisite skills. Some study participants disclosed that in times past, the Department of Social Welfare in Ghana was responsible for supplying school social workers to various public schools to address any issues that may be affecting students and/or staff of the school. However, as time went on, the GES decided to train their own school social workers. This action resulted in the loss of mandate by the Department of Social Welfare to assign trained social workers to public schools, even though the department continues to have responsibilities toward educational placement and referrals of children with disabilities (Anthony, 2009b). Writing on inclusive education for children with special needs in Ghana, Gyimah et al. (2009) point out that:

Though the departments of social welfare and health are required to assist in assessing children, collaboration is little or non-existent. Assessment is usually not multidisciplinary to allow for the involvement of professionals in fields such as health, social welfare and education, and the needs of the child are not comprehensively assessed. (p. 790)

Social workers can facilitate effective collaboration among all relevant stakeholders in inclusive education programs. They can also coordinate and facilitate IEP meetings among teachers, parents, and significant others in the child's life, which would go a long way to enhance the child's educational process and experience.

Limitations of the Study

Being the primary analyst of the data, there was the tendency for some level of bias in relation to seeking to validate specific themes and/or failing to recognize possible themes from other perspectives. Being conscious of this, the researcher involved two colleagues who were doctoral candidates in the analytical processes. The initial codes and themes were presented to these colleagues, who in turn checked with portions of the data to ascertain whether the codes and themes reflected the narrative data. Where there was the need for revisions, the codes were modified accordingly. The researcher also worked closely with the supervisory committee, who thoroughly examined the analytical processes and gave input before the final themes were arrived at. All these engagements strengthened the analysis and significantly reduced the bias that could have resulted from the researcher's independent analysis.

Secondly, a topic of this nature could have benefited from a larger sample recruited from various parts of Ghana. It is important to note that the researcher had no prior relationship with the schools or communities from which the sample was taken. However, having conducted this study in one administrative region, there are possibly some issues that may not have come up in the findings. For example, regional differences pertaining to cultural beliefs about ID and availability of trained professionals (both teachers and social workers) in other regions could lead to variations. However, the findings of this paper remain relevant, as they contribute to filling a wide gap in the literature pertaining to the involvement of social workers in inclusive education efforts in Ghana. It is anticipated that studies such as this one would stimulate other researchers and stakeholders to conduct further studies to inform the implementation of inclusive education in Ghana.

Conclusion

This paper contributes to the body of knowledge on inclusive education in Ghana by highlighting some challenges on the ground and providing ideas on how social workers can get involved in promoting the inclusive education agenda in Ghana. While resources need to be made available to fully implement inclusive education, it is important to recognize other critical factors such as stigma associated with ID. This paper has established that social workers in Ghana can play diverse roles such as: facilitating public awareness-raising to reduce stigma related to ID; serving as home-school-community liaisons; and helping to design policy and practice frameworks that guide social work practice in the inclusive school system. Through planned educational and recreational programs, social workers can help foster healthy interactions between all members of the school community. School social workers can also help students with ID adjust to the inclusive school through their role as home-school-community liaisons. Furthermore, given the reluctance of some parents to acknowledge their own child's ID, social workers can also facilitate (or make referrals to) parent support groups to help such parents. It is recommended that stakeholders from the Department of Social Welfare, the Ghana Education Service, and the universities re-visit the incorporation of social workers in Ghana's inclusive education efforts and the education system in general.

A policy and practice framework that guides social workers in their work within the school system will help to direct their involvement in inclusive education in Ghana. Beyond Ghana, the findings of this study can inform other audiences, particularly

developing countries where similar challenges such as stigmatization of ID, and disability in general, is prevalent. This paper can also guide relevant stakeholders to rethink efforts being put into launching inclusive education programs, especially regarding the integration of social workers in such programs.

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