

Education of Children with Disabilities in Azerbaijan: Barriers and Opportunities

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The public education system of the Republic of Azerbaijan was built on the Soviet science of “defectology,” and usually associated with the education of children with disabilities (CWD) in special schools and home schools, separated from other children. Thus, the majority of the currently available government-provided educational systems facilitate isolation and segregation of CWD from their peers and the society at large. Additionally, educational facilities for CWD are not widely available across Azerbaijan, not fully accessible, and not proactive in locating and involving the CWD in education.

This article explores the level of educational provision for CWD in Azerbaijan from the perspective of the Convention on the Rights of the Child (CRC). It looks at policies, resources and practices, the extent that the national legislation, regulations and educational policy provide opportunities for social inclusion and mainstream education for CWD. It provides recommendations to strengthen the capacity of the government and other partners in Azerbaijan to bring about policy reforms, ensure adequate resource allocation, and promote programming that supports inclusive education.

This article is based on the 2008 study initiated by UNICEF and implemented by the Centre for Innovations in Education (CIE), a local Azeri non-governmental organization (NGO).

The 2008 study employed a mix of qualitative and quantitative methods. These methods were used to prevent research participants from influencing the results and findings of the research. The main goal was to show that the

data collected using qualitative and quantitative methods complement, support and prove each other’s findings. Field research was done during the April - June 2008 period, while data analysis was done in the months that followed.

The study’s main target group consisted of CWD aged between 6-10 years, and data was gathered from parents, teachers, school principals, policymakers, ministry officials and other key stakeholders, such as NGOs. The collection of data used different research methods such as survey, interview, focus group discussion (FGD), observation of teaching practices inside the classrooms, and analysis of local and international legislations.

Educational Opportunities

One of the important findings of the study is the acknowledgment by the government officials that the provision of education to CWD is the prime responsibility of the government,

which has to adopt and administer the necessary policies that would foster the educational rights of marginalized children. The study reveals that the country's national legislations offer a variety of educational opportunities for children with special educational needs such as homeschool, inclusive and integrative classrooms, and special schools for CWD. However, none of these educational programs have the capacity to accommodate the needs of CWD.

Education at Home

Most of the available educational provision for CWD is homeschooling. In general, about half of the surveyed parents (48.5%) reported that their children received education at home. Homeschooling requires the visit of a school teacher to the CWD at home to provide education using specifically designed curriculum.

Observations show that the quality of exclusive homeschooling is very poor. Following is an example of what researchers observed:

On our way to the house, the teacher talked about the family problems and mentioned that they did not have chairs to sit on. "I asked them to borrow a chair for you from the neighbours," she said to me. We entered the room... and I noticed two small chairs in front of the table. The teacher asked me to take one and she took another one; three girls stand in front of the table for the lesson.

Notes from home observations in Baku

We (researchers) entered a small, dark studio apartment. I noticed an old man lying on the sofa; he was sleeping and loudly snoring. The TV was turned on and the teacher asked to turn it off. The teacher's voice disturbed the old man and he said something to the mother. He uttered some comments several times and left the room after the mother said something to him in low voice.

Notes from home observations in Sumgayit

Families with relatively good financial opportunity did not focus on providing a separate and quiet space for a child to learn. And this issue did not seem to be a concern of the teachers as well.

Integrative and Inclusive Education

There are cases, particularly in the regions and rural areas, where the CWD are enrolled in mainstream schools that are not designed to offer them adequate provision for their needs. One of the observers mentioned:

Integrated classes are understood to mean that children with disability are given access to general school but are not put in classrooms with their peers who have no disabilities. Instead, they are provided with separate classrooms and teachers. Children are supposed to be taught according to the general school curriculum but are separated from all other children in order to meet their specific learning needs.

About 15.8 per cent of surveyed parents reported their children attending inclusive classes, a new system that has recently been initiated by the government in collaboration with international and national NGOs and piloted in several regions of the country, mostly in urban areas. Advocacy efforts by the international child protection institutions and national civil society groups resulted in changing government policy towards education rights of CWD. In recent years, the government adopted two major initiatives (The National Program on Development of Inclusive Education, 2005 and the State Program on De-Institutionalization, 2006), which enabled government agencies to foster new opportunities in inclusion of CWD into mainstream schools. According to the Ministry of Education (MoE) official, one hundred eighty-two CWD have been enrolled

in inclusive educational programs (seventy-eight CWD in pre-schools and one hundred four in primary schools) since the start of the National Program on Development of Inclusive Education (2005-2009).

There is a noteworthy support for inclusive education among the school community: about 37 per cent of surveyed school directors and the same percentage of teachers believed that CWD should be enrolled in inclusive classes. At the same time, there are cases where individual schools or regional educational authorities have taken independent decisions to include children with mild disability into mainstream school education. This is an unexpected finding because officially inclusive education is piloted only in four district Centers (urban schools).² This finding infers that there is at least minimal support and effort by the regional government and educational authorities to create opportunities for CWD. However, it is important to highlight that these efforts are limited to only ‘giving an access’ per se, and the quality and outcomes of such education opportunity is a big question as many of these schools do not have the necessary capacity to teach and educate CWD (e.g., trained teachers and their assistants, methodology, teaching aids, etc). For example, as it was observed by the researchers:

... all observed general schools could be divided in two groups. One group represented traditional organization of classroom with conventionally arranged desks, a whiteboard on the central, front wall, posters with alphabets, multiplication tables and other visual aids on the other walls. Another group represented the classes that were organized in activity Centers allowing children to get in groups and work independently with various materials and visual aids. In some classes we saw computers but did not see children using them. In one classroom in Baku school we noted a special place, “designated corner” for a student with special needs. However, we did not see any special facilities or equipment for children

with physical disabilities. Even the schools with students with cerebral palsy did not have any special equipment to accommodate their physical needs. In almost all classes CWD were sitting at the back desks and spending most of the time working with teacher assistants.

Although teachers and teacher assistants working in pilot inclusive schools are trained by NGOs they still do not have enough knowledge and experience to meet the educational needs of CWD.

Observations of inclusive education classes show that teachers have very limited range of teaching methods to provide children with more meaningful learning.

Despite the limitations in inclusive and integrative classrooms the MoE works towards achieving the goals of international agreements and initiatives, and welcomes any initiatives by local and international NGOs to develop more sustainable programs to meet the educational needs of CWD. MoE plays a significant role in the provision of inclusive education as it is entitled to act as a coordinating body to streamline efforts and programs of the government and NGOs. At the ministry-level (ultimately, the whole government-level) there is increasing recognition of the important role of NGOs in bringing about effective results. It must be noted, however, that generally inclusive education is a reasonably new concept for the country and the lapse of reasonable amount of time is needed to observe substantial improvements.

Special Education

Collected data indicate that about 11 per cent of CWD attend special and residential (boarding) schools. According to the MoE, there are about sixteen residential schools³ and seven special schools under its administration.⁴

Special schools play some role in equipping CWD with basic skills and knowledge, and 27.5 per cent of surveyed directors and 25 per cent

of surveyed teachers believe that CWD have to be enrolled in special schools.

Observations conducted in the special and boarding schools prove that these schools are not fully ready to accommodate the needs of children with special educational needs. For example, during the observation visits it was not possible to find out if teachers working in the special and boarding schools were familiar with child-centered methodology and if they were provided with opportunity to learn about it. Some observers commented as follows:

...we (researchers) saw all teachers preparing lesson plans and reviewed some of them. The plans were written according to the state program. It was more like an official document rather than a working plan. We never saw teachers following their lesson plans. In some cases it was obvious that a teacher could not follow the plan because of a child's health condition, developmental and mental problems. This approach could be understood as attempts to individualize teaching approaches and accommodate them to the particular needs of a child based on the learning difficulties and necessity to teach basic concepts. But we observed that this approach was used by all teachers for all students in all grade levels independently of the nature of their learning difficulties and health problems. The same content and teaching approaches were suggested to all students.

Whatever activities students were engaged in, independently of the type of educational provision, the teacher would be the only initiator. Every activity was focused on recalling and remembering concrete information and structured around the tasks given in the textbooks.

The special schools facilitate total isolation of CWD and in reality offer limited services for them. The MoE intends to transform boarding schools into rehabilitation centers or special schools, which will follow more inclusive policies according to the State Program on De-Institutionalization. The study showed that

support for boarding schools was also in decline – less than 15 per cent of surveyed directors and teachers have supported such schools.

Barriers to Education

Availability

The study reveals several key barriers to the access, availability, quality and affordability of education for CWD. It shows that availability does not appear to be a major barrier to education as only 16 per cent of CWD do not receive any kind of education. However, the data show that CWD have limited choices for their schooling. Integrated and inclusive education is not an option available for the majority of CWD. This gap is more prevalent in rural areas of the country, as majority of rural children do not have the opportunity to receive education with their peers who have no disabilities even in special or integrative schools. The only universally available option across the country is home education, which has a disadvantage as it facilitates isolation. Additionally, there are many quality-related issues regarding to this education type, such as lack of trained professionals, availability of teaching materials, low self-esteem of teachers, lack of teacher support systems, and others.

Availability is also limited by the lack of specialists. Many schools, particularly in the regions, do not have qualified specialists to provide the services needed by CWD. Only 25.8 per cent of surveyed parents of CWD reported that their children received special services (e.g., speech therapy).

Finally, inclusive educational arrangements for CWD are limited to pre-school and primary education levels. This means that many CWD of ten years of age and older have limited choices of educational services. There are issues with regards to the availability of higher education opportunities for CWD.

Accessibility

The data clearly indicate that only a handful of school buildings across the country are adequately designed and equipped to accommodate the special needs of CWD. A significant portion of the public schools does not have toilets and hygienic conditions meant for and available to CWD (over 80 per cent of teachers and 75 per cent of school directors reported this situation). Two MoE officials confirmed this conclusion during interviews.

Focus group discussion with the regional teachers reveals also that due to lack of public and specialized transportation system in the rural areas of the country many children are deprived of the opportunities to attend mainstream school.

Affordability

Seemingly, affordability is not a barrier to education of CWD. In fact, only about 5.1 per cent of parents, whose CWD are involved in any kind of schooling, said that their children missed a class due to financial reasons. However, about 27.2 per cent of parents, whose CWD who did not receive any kind of education indicated financial difficulties as the barrier to their children's education. Families living in rural areas place more emphasis on financial burdens compared to urban areas – 43.2 per cent vs. 20.7 per cent respectively. Other studies revealing that poverty in rural Azerbaijan is more significant confirm this conclusion.

In general, the data indicate that parents of CWD spend limited amount of family earnings for the education of their children (only 5 per cent of monthly income). When asked to prioritize expenses if income would be increased, the majority of these parents prioritized food, medicine, medical expenses and clothing, and less than half of the parents listed educational expenses as priority.

The overwhelming majority (83 per cent) of

respondents expressed dissatisfaction with the amount of government support.

Quality

The survey shows that there are many factors directly or indirectly impact on the quality of education for CWD. Teacher preparedness, teacher salary, assessment tools/indicators, special teaching and child-centered methodologies, government financial support, and school infrastructure are some of the factors. The study tried to explore the quality of educational provisions from the perspective of users and providers, and through the assessment undertaken by the external observers.

The survey also shows that about 93.1 per cent of parents of CWD are satisfied with teachers who train their children. When asked about the reasons for this satisfaction, about 55 per cent said they like the teacher's attitude towards their disabled child and 25 per cent of the parents said they like the teacher's attitude (or behavior) towards them. Only 17 per cent of the parents expressed satisfaction with the teaching process in the classroom.

In general, it is clear that parents are satisfied with the current level of education. Teachers and school directors are a little more conservative in assessing the quality of education process: only 52 per cent of teachers and 45 per cent of school directors are satisfied with the education process.

The survey also reveals that majority of respondents believe that teachers who are directly involved in education of CWD need intensive training and capacity-building. Additionally, almost all interviewed government experts have expressed serious concerns about the availability of specialists and their preparation process. Many stated that NGOs (such as CIE) and UNICEF together with the government (MoE) have been active in training teachers; however these efforts were limited in scope, quality and size. For instance, only 35 per cent

of surveyed teachers stated that they have received specialized training on skills on teaching CWD. The overwhelming majority, about 79 per cent, of them have expressed the need for additional training. Additionally, many interviewed teachers said that there were no teaching methodologies, skills, and strategies available for their perusal though they were eager to learn them. Lack of textbooks, teaching and visual aids added to the controversy over the ability of teachers to deliver quality education. Finally, the teachers expressed dissatisfaction with the fact that there were no specialists (e.g., speech therapists, psychologists) in the schools who are needed to provide special services for CWD. These services, according to the teachers, would create additional opportunities for them to improve the quality of education.

Another key factor that can hinder the quality of the education provided for CWD is related to the support and reward system of teachers. The study found that in most cases, particularly in rural areas, teachers of CWD did not receive additional salary for their extra work (about 56.2 per cent of surveyed teachers).

There is also a lack of standardized indicators to measure teacher and student performance in the education of CWD. The government recognizes that the education system does not have an effective measurement system that will enable all stakeholders – parents, teachers, school managers, civil society and the government – to draw conclusion on the state of education of CWD.

Family, Government and Other Support Systems

One of the key focus areas of this study is the family of CWD, which plays a vital role in enabling the CWD to receive education.

About 10 per cent of parents said that they did not know what could be done to help their CWD. Very few parents have cited trainings or special support services for families. Con-

sidering that more than 40 per cent of parents reported that their disabled children could not help themselves, the burden on parents was ominous. In this regard, a comprehensive family support services is vital to help the parents of CWD.

Partnership between the school and families is one of the important aspects of successful education. Teachers are interested in involving parents in the educational process but there is a lack of skills to build this collaboration from both families and school. Some teachers interviewed mentioned:

I wish someone could explain to the parents how important it is for them to come to school more often and find out how their children do here. A lot of work has to be done with the parents; we cannot work with difficult children without their support.

On the other hand, there are attitudinal problems that parents face in Azerbaijan. Many people view these children as having some “defects” who should be kept out from the society, or cured at a special facility. Therefore, many parents feel discomfort in walking with their CWD in public places, parks or schools. One mother told the manager of a rehabilitation center the following experience:

Every time I rode on the bus I always thought that everyone was looking at my son and me; I assumed that this was because he would shout loudly and drew people’s attention. Then I started to concentrate on my son rather than the people on the bus, describing him the things on the street. I realized I was changing day-by-day and began to feel very comfortable in public places.

Many respondents place a great role on the mass media in raising awareness among the public. When asked if mass media institutions (TV, radio, newspapers) allocate enough resources

(airtime, articles) highlighting the issues related to the needs of CWD and their families, about 56 per cent of surveyed parents said that mass media did not highlight the issues at all, or the level of media exposure was not satisfactory.

Expectations from Education

The value of education has always been an important factor to measure. The study tried to understand the perceptions of education by different stakeholders. 73.4 per cent of surveyed parents of CWD reported that their children were willing to receive education as they observed enthusiasm in them.

A significant majority of surveyed parents expressed confidence that education would have positive impact on the future lives of their CWD (Figure 1). The surveyed teachers and school directors expressed even more confidence. These respondents believed that education was improving the basic knowledge of CWD and would increase opportunities for their future career development.

The survey among parents and teachers reveals their observation on the significant change in CWD receiving education. Table 1 shows that the most observed change that parents reported is increased positive attitude towards parents and peers. Parents, teachers and school

directors observed the emotional development of the CWD.

Table 1. What development changes did you observe in CWD after attending school (1 = less, 5 = more)?

	Parents	Teachers	Directors
Attitude towards parents		4.0	-- -
Attitude towards peers		3.9	-- -
Emotional development		3.8	-- -
Daily life skills		3.6	-- -
Independent thinking		3.5	-- -
Health conditions		2.8	-- -

The parents of typically developing children (TPDC) also strongly support CWD getting education. Analysis of focus group discussions with these parents indicate that many of them (particularly in the regions) believe that receiving education is the right of every child and is necessary for all children including CWD. They believe that giving them educational opportunities can facilitate the social integration of CWD. However, a small number of parents of TPDC think that

Figure 1: Does education contribute to a better future for CWD?

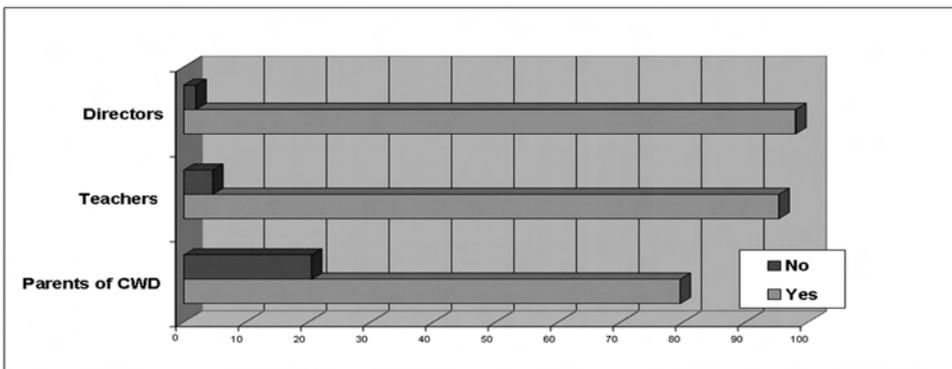
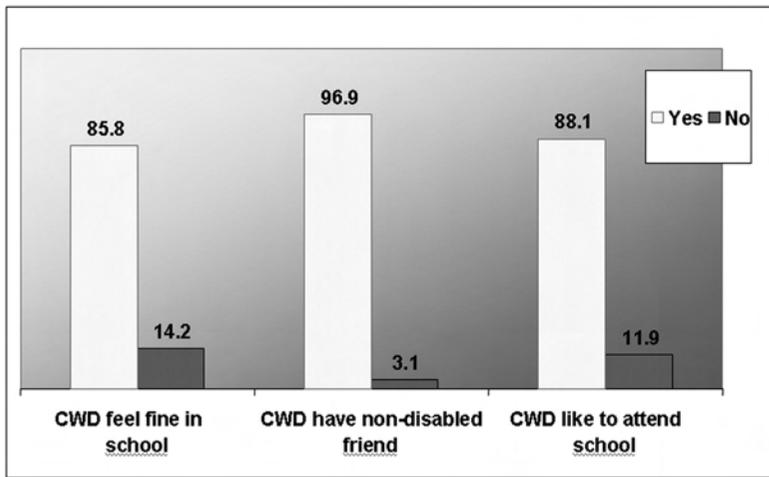


Figure 2: Attitude/feelings of disable children (parents, %)



putting the CWD into mainstream school education should strictly be based on their diagnoses and only those children who will not negatively impact on the learning process of other pupils can be enrolled. These parents believe that the CWD can have adverse impact on the classroom.

Nonetheless, almost all parents acknowledge a need and express support for educational opportunities for CWD in one or other form.

Knowledge and Attitude in the Society

Throughout the study one point stands out clearly – many believe that the society is not ready to accept and foster a new approach to educational opportunities for CWD. The majority of interviewed experts, civil society representatives, school community members believe that the inclusive educational arrangement is a fundamental change in educating CWD, and therefore there is a need for more time to fully institute reform. Only half of the surveyed parents of CWD and teachers state that there is a positive attitude towards disabled children in the society.

Only 58 per cent of surveyed teachers support CWD enrolment in general schools. They are afraid of mistreatment or misbehavior against CWD by their non-disabled peers. Moreover, many interviewed teachers believe that it would pose challenges if CWD would be taught together with non-disabled students; e.g., negative impact on non-disabled children, need for extra time, or decline in the quality of teaching due to more time

required to train CWD,⁵ and so on. Finally, the significant majority of teachers believe that the society (parents in particular) is not ready to accept inclusive education.

However, the above-shown study figures allow the inference that the societal attitudes towards CWD are not so negative to become a barrier to education of CWD. The FGD with parents of TPDC reveals that they are generally positive about CWD attending mainstream schools. Additionally, as shown in the Graph 10, the majority of parents note the significant positive experience of their children in the school.

Services

Special service for CWD is one of the important factors in enabling smooth and meaningful education. The study reveals the paramount need for such services; an overwhelming majority of the surveyed parents (94.6 per cent) provide the service themselves.

An Azeri law stipulates that individuals with special needs have the right to seek free services from Medical-Pedagogical-Psychological Commission (MPPC). It is a special body under the

auspices of the MoE, which is authorized to decide about the educational provision for CWD. It has an office in every region of Azerbaijan. A legacy of the Soviet era, the MPPC is comprised of experts from the Ministries of Health, Education and Labour and Social Protection, and is responsible for examining CWD on an annual basis and assigning them to any of the available educational programs: homeschool, integrative class, inclusive class (this opportunity only existed since 2004), special school, and boarding school.⁶ Additionally, CWD are entitled to receive compulsory and vocational education, psychological services, and speech therapy. However, the law fails to specify the kind of services and special programs that are available to CWD and their families.

According to the survey of teachers, the most common special service available in the schools is psychological. However, as the data indicate, the majority of rural schools cannot provide many services.⁷ This disparity can be explained by the fact that according to official regulations the general schools are recommended to have psychologists, but not other specialized services.

MPPC and its branch offices position themselves as alternative sources of services. The law mandates them to offer necessary special counselling and consultation services to CWD and their families. Nonetheless, an overwhelming majority of surveyed parents, teachers and school directors (88 per cent, 87 per cent and 92 per cent respectively) are not fully aware of the roles and responsibilities of the MPPC and its branch offices. Majority of the parents and teachers describe MPPC and its branch offices as entities that issue certificates.

Another key weakness is the current classification of mental disability, still based on the Soviet era system that provides the only guide for the MPPC. Experts believe that this classification does not comply with the requirements of the World Health Organization (WHO) and contradicts the inclusiveness principle. There

is also limited incentive for the commission members to commit themselves to the mandated tasks.

Legislations

Having joined the international community and its major agreements on child rights, Azerbaijan has committed to reform the relevant national policy for improved protection of the rights of CWD. Currently, many national and international stakeholders in Azerbaijan are interested in the reform of the education system for the benefit of the CWD. Undoubtedly, a properly formulated strategy is necessary to launch this reform, and an analysis of existing legislations is one of the primary steps in this long process.

The research team conducted both a comparative analysis of the national laws and the relevant international documents (CRC, Convention on the Rights of Persons with Disabilities [CRPD] and the Salamanca Statement), and a review of the regulations of the national laws.

Child Rights

Azerbaijan ratified the Convention on the Rights of the Child (CRC) in 1992 and enacted on 18 May 1998 the Law on the Rights of the Child of Azerbaijan Republic (National Law). But there are some contradictions between the CRC and the national laws regarding the rights and interests of CWDs. In January 2009, Azerbaijan ratified the CRPD.

The National Law confirms that all children have equal rights. It prohibits any act that would restrict the rights and freedoms of children as defined by it. Hence, neither the children nor their parents or legal guardians can be discriminated based on disability.

The law also provides that “Every child has

freedom of conscience, thought and speech. The parents, other persons and the state authorities should respect the freedom of conscience, thought and speech of the child...” (Article 14, National Law) However, it is not very clear from this provision whether the child can participate in “all matters affecting him or her” and whether or not his/her opinion will receive “due weight.”

There are particular provisions in CRC and CRPD as well as in the National Law describing the needs and rights of the CWD. The Article 35 of the National Law declares that:

Children with disabilities and children with mental or physical deficiencies have the right to receive medical, dialectological and psychological assistance. These services should be made immediately available, free of charge or with preferential terms. The state shall arrange social and psychological rehabilitation for these children, education corresponding to their abilities, as well as assist in selecting occupations and provision of employment. The state shall take appropriate measures to prevent child disability.

It is important to mention that the CRC is using only the term “mentally or physically disabled children” while the National Law distinguishes between “the disabled children” and “children with mental or physical deficiencies.” Evidently, such classification in the National Law does not comply with the international standard. CRC and CRPD provide the core principles that are not yet reflected in the National Law. Article 23 (1) of CRC mentions that “a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community.” Article 3 of CRPD declares the principles that should guide every national legislation toward CWD: respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and indepen-

dence of persons, non-discrimination, full and effective participation and inclusion in society, respect for difference and acceptance of persons with disabilities as part of diversity and humanity, equality of opportunity, accessibility, etc. However, the National Law does not include these principles, which should be milestones in the educational program for CWD.

Teaching Methods

The research looked into the teaching methods being employed in homeschool and educational institutions that accommodated CWD. Following is the report on the observations made.

Teachers managed all the observed lessons; students were never asked about their preferences or willingness to learn something in particular. Teachers asking questions related to students’ personal experience were very rarely observed. The teachers asked questions like “did you see it?,” “where did you see it?,” “do you remember the color?” to recall information. Whenever students could not answer the questions, the teachers would give the answers instead of the students, or ask other students to give the answer.

Yevlax region, home school, 3rd grade, 15 years old girl

The teacher pointed to a picture in the textbook and asked her to say who it was. She did not say anything. The teacher said, “It is a cow. Did you see a cow?” The girl did not say anything. Then the mother interfered: “Our neighbors have cows, why don’t you say anything about them?” Teacher switched to another question:

- What is this?
- Pear.
- Good girl, have you ever seen a pear?
- Yes.

- Where did you see it?
- On the tree in our garden.
- Do you remember the color?
- It was green when I saw it.

The teacher and the mother laughed and said that pears were usually yellow or red, and could not be green.

We wanted the teacher to ask when the girl saw the pear and focus on the seasons of the year. This could be a good opportunity to teach these concepts, but the teacher did not use this opportunity and preferred to continue showing pictures and asking questions. It seemed to us that she did not know what to do next and just kept the lesson going.

We observed teachers using a very limited range of methods to explain new topics and present new concepts. Most of the time, a teacher would talk and ask students to repeat what she was saying. Oral questioning was almost the only method to carry on the lesson: asking concrete questions supposedly to recall the information and get a concrete answer. Oral presentation and questioning appeared to be the only method to explain a new topic and reinforce it. We observed this method being used by teachers in homeschool, special schools and integrated classrooms with students having various learning difficulties, various age levels, and types of disability.

Sumgayit, homeschool, 3rd grade, 12 years old, mental retardation, cerebral palsy

The teacher asked what they learned the last time and answered the question herself, “We learned about nouns, is that right? OK, tell me what is a noun?” The girl answered the question by saying the definition from the textbook. The teacher asked: “do you know what questions the noun can answer?” The girl

answered the question. Teacher looked at the mother and said: “She is doing good today, did you help her to learn the topic?”

The teacher did not ask the girl to either give examples of noun or to recall some examples from the textbook, neither did she ask her to compose sentences using nouns and to write them down on the exercise book.

Baku, boarding school, 2nd grade, 9 years old

Individual reading lesson integrated with speech therapy session. The teacher introduced a new letter, she asked a student to read the letter after her. The student repeated the reading of the letter every time the teacher did so. Then the teacher asked her to read the words given in a textbook. The student kept silent and looked at the teacher. The teacher started reading all the words herself quickly and then asked the student, “Did you understand how to read these words? Did you follow me when I was reading them?” The student answered positively by nodding the head. The lesson was over.

The teachers did not seem to be concerned about finding any indication that the students have learned something. We observed them asking a question, getting no answer, repeating the question, getting no answer again, and never trying to rephrase the question to make it more understandable.

Sumgayit city, homeschool, 4th grade, 12 years old

Reading lesson. The teacher started asking informal questions and tried to connect them to the topic given in the textbook. They were talking about the parents, how they took care of their children, how they love them and did their best to raise them as good citizens. Then the teacher started reading the text from the

textbook loudly. When she finished she asked the boy: "What would you say if you were that boy?" No answer. The teacher waited for a while and asked: "Did you understand the text well?" "Yes, I did", the boy said. "Good, let's do writing then," said the teacher.

In boarding school classes we observed teachers giving different tasks to the students and spending time explaining the task to each student. Directions would always be given orally. We did not have the chance to look at the kind of tasks the students were given and how the issue of differentiation was addressed. It was not clear whether different tasks were addressing the issue of different learning styles of children and different ability levels or were just variations of one task.

All lessons observed were devoted to conventional discrete subject matters and no connection/integration between the subject matters was ever done by the teachers. In homeschool classes, the teachers taught either in thirty minutes or two hours three subject matters without any attempt at integrating the concepts. The teachers judge their students as good or bad problem-solvers, good or bad readers, having good or bad writing style, being accurate or inaccurate, but never as good or bad learner, or as visual learner, or sensitive learner, or physical learner.

Whatever activities the students were engaged in regardless of the type of educational program, the teacher would be the only initiator. Every activity was focused on recalling and remembering concrete information and structured around the tasks given in the textbooks. This approach can be described as 'Look at the textbook/picture/card/poster/flipchart, tell me what you see, repeat after me, try to remember what I said.' During the mathematics lesson in a special school, the teacher asked a student to do a multiplication problem. The student attempted to go to the front to write on the whiteboard, but the teacher stopped her and

said: "Did I ask you to write? I did not, so tell me the answer!" In integrated class, a teacher gave written tasks to the students, and one boy student finished writing while the teacher was still giving instruction to another student. The boy student said that he was done and wanted to do another task, but the teacher stopped him and said: "I did not tell you to do another task, if you're done with the one I gave you, then sit quietly and wait for me!"

In another mathematics lesson in second grade, the students were doing problem-solving sitting at their desks. From time to time, the teacher called on a student and asked to come and solve a problem on the whiteboard, all others were supposed to write down what was written on the board. One girl came closer to the board because of her difficulty in seeing what was written on the board from her desk. The teacher told us quietly, "She has eye problems, she cannot see properly, that is why she always try to come closer, but I remind her that she should stay at her place." She turned to the girl and told her to take her place, because all other children could not see what was written on the whiteboard.

These situations and the teachers' behavior are open to many interpretations. The teachers and the school officials may explain that all pupils are required to sit at their desks and keep the order. We say, on the other hand, that in general a school that integrates children with specific disability (e.g., hearing impairment) and have teachers' expertise and whatever special services available (such as speech therapy) should make them (teachers and school officials) think that they should address the needs of a student that fall into this category. This approach may well be based on a belief that children with specific type of disability need specific type of help. In the case just cited, the teacher did not address the need of a girl with visual difficulty, despite the fact that she was aware of her problem and the girl herself made the attempt to overcome it. But because of the school's emphasis on particular medical

problem and learning difficulty (and the school system itself), it became hard for the teachers to accommodate a broad range of students' needs and be responsive to a student's need.

We never saw students working together in pairs or groups. In many classes, when a student could not answer a teacher's question, a "better" student would be asked to answer. Teachers would never pair 'good' student with a 'weak' one to support their learning. The emphasis would be on the one who could answer the teacher's question; while a teacher would never go back to the one who could not give expected answer to make sure that he or she understood the mistake and learned the concept. Focusing on particular pupils and giving separate tasks to each of them consciously prevented the students from doing teamwork and constructive interaction. In many cases, the teachers prevented even ad hoc interactions between class members. Students were not allowed to share equipments, ask one another questions to define the task, or reflect on one another's work.

Baku, special school, 2nd grade, 9 to 10 years old

The class was working as a whole group re-writing subjects written at the whiteboard. They were all using rulers, pens and white papers. We saw one boy asking a girl to give him a ruler. When the girl turned back to give him a ruler, the teacher shouted at her: "Don't do it, if he needs a ruler I will give him one!"

We observed that the teachers avoided interaction with the students. They did not like the students to ask questions. They did not want to explain their instructions whenever the students failed to understand them. They expected the students to understand everything the first time they were explained, and if they saw the need to explain it again they would just repeat what they have said again and again in the same manner and never tried to re-phrase their statements.

Several times we observed teachers shouting at students when they attempted to come close to them to ask questions or ask for help. As one teacher explained: "I don't like pupils walking around the classroom; they have to keep the order and sit at their desks."

In all classes in special and boarding schools and integrated classes in general schools, we observed teachers preventing children from behaving spontaneously during the lessons.

Sheki region, boarding school, reading lesson, 7 years old girl

The teacher asked a girl to read words in the book. The girl could not concentrate her attention on the book; she looked at the window, turned around and looked at us (observers). The teacher made her look at the book by pushing the girl's shoulders, and turning her face toward the book. The teacher read the words and asked the girl to listen, but did not succeed. She gave up and put the book aside. Once she did it, the girl made an attempt to take the book, she moved toward teacher's table to take it but teacher cried: "Stop it, don't touch it!" When she turned away, the girl quickly took the book and started turning over the pages.

This behavior of teachers has been observed in all classes and grade levels involving all types of educational programs, and with the students of all types of disability. It is difficult to understand the reasons for this behavior and to make a conclusion on what specific pedagogical approach or conventional behavior would make the teachers keep the discipline in the classroom easier. There is no available information on the familiarity of the teachers working in the special and boarding schools with the child-centered methodology, or on any opportunity given to them to learn about it. In the only case observed where a teacher was assisted on a particular situation, the teacher was found simply following the instructions given one at a time. The

teacher did not ask questions on the HOW of the suggestion, and just proceeded to deliver the WHAT of the suggestion. She just orally asked the students questions and after getting answers, the lesson was over. The assistance given to the teacher to some extent addressed only the WHAT questions not the HOW questions. It was obvious that the teacher was going to need help again and again.

Learning Environment Inside the Classroom

Acceptance and tolerance. In our observations of special and boarding schools and integrated classes we noted a common approach taken by teachers of differentiating between ‘good’ and ‘bad’ students, and ‘favorite’ and ‘outcast’ students. Teachers always loudly comment on student’s medical profile, naming his or her medical diagnosis and detailing all learning problems associated with it. It was noted that teachers easily label students as “good student,” “obedient student,” “badly behaving,” “deaf,” “striving from convulsions and also very shy,” “bad family,” “poor and sick single mother’s child.” During the class observation, we could always see the teachers’ attitude toward particular students. The teachers would address their questions mainly to them; listen to their answers and very rarely make requests. Moreover, the teachers would never hesitate to loudly announce who is the best and ‘favorite’ student in the class and why. In most cases the ‘favorites’ are those who do well in answering questions and writing assignments, aside from not having difficulty managing their behavior and attracting their attention, being obedient and keeping quiet when nobody called on them. They would always sit at the front desks, fulfill the assignments, return the exercise books in time, answer questions, know at least one or two poems by heart, and if a teacher needed to demonstrate how good she was in teaching difficult students, she would always turn to them.

Sheki region, boarding school, 4th grade, two students

The teacher said she did not like one girl in her class. She said that she felt bad about her because she was very hard to work with and very stubborn. She never appreciated what she had done for her. Then she said, “Look at (boy’s name), I like him very much, he is like my own son, I take a great care of him. I bring him clothes; I change his clothes by myself. I never allow anyone to do it, because I don’t trust them (other teachers and school staff).” At that moment when the teacher was talking, both students were sitting in front of her; they were listening to her. The boy seemed to be interested in her words but he did not say anything to support or deny what she was saying. The girl did not say anything either.

A commonly observed feature was that of teachers pointing a finger to students whom we wanted to talk about, and discussed their problems as if they were not their teachers. The students were treated as being at fault for their condition and the teachers had no choice but to bear the hardship of being teachers of children with disability. The teachers did not talk directly about the students, and would always talk about them through the lenses of their own difficulties and understanding. Most of them focused more on the students’ failures rather than their achievements and their (teachers’) own achievements in the process of teaching them. The discussions were always a monologue, disregarding the subject (students) who never intervened.

Sheki region, boarding school, 4th grade

The teacher talked to us instead of working with the students. She said: “Look at the eyes of (girl’s name), one can realize that she is sick when one looks at her eyes, they say everything.”

Baku, special school, 2nd grade

The teacher was busy giving assignments to some of the students. One boy asked her to give him one more assignment as he was done doing the first one. The teacher refused, she said that if he was done he should have been quietly waiting for her. In a couple of minutes he asked her permission to go out. She allowed him to go. When he went out, she turned toward us (observers) and said: “Uff, you cannot imagine how bad he has been all this time!” Then she continued giving and checking assignments. She came close to a girl who was sitting at one of the desks in front. She gave her a hug and asked to look at the picture and say what was on the picture. The girl looked at the picture but did not say anything. At this moment another girl moved closer to them, as she wanted to see the picture too. The teacher saw her movement and told her: “Did I ask you to come here? Stay where you are!”

The last vignette from our field notes shows an example of both approaches of teachers’ behavior: labeling and selecting. As previously stressed, this approach was observed with the students of all types of disabilities in all schools for children with special learning needs.

Involvement and participation. As we mentioned before, teachers focused their efforts on those students who were ‘easy’ and ‘good’, left behind those who were ‘bad’, ‘difficult’ and ‘stubborn’. In our observations we noted many times that some students (sometimes they constituted half of the class) never participated in class activities. We never saw them react to teachers’ questions and try to answer them. The teachers, in turn, never paid attention to them, never made efforts to attract their attention and involve them in the lesson process along with the other students. We saw teachers consciously ignoring some of the students in their classes.

Dynamics of interaction. We also noted the very little interaction inside the classrooms, be it at the teacher-student level or student-stu-

dent level. Whatever the students did during the lesson was either a response to the teachers’ questions or a request to go out of the classroom. In every classroom we observed, there were children who were not involved in the lesson process, some of them quietly sat at their desks at the back of the room while others talked to each other, made noise and disturbed those sitting at the front. We never saw teachers trying to engage ‘back seats’ students and make them participate in the lesson process along with the other students. Exclusion of a group of students from participation in the activities with the whole class did not seem to be a problem for the teachers.

Baku, special school, 4th grade, 7 students in class

Teacher’s instruction: “Everyone show me your albums and put them on the desk.” Four students raised their hands with the albums. Three students did not do anything. Teacher said: “OK, I see your albums, now you should take your pencils and start drawing pictures I drew at the whiteboard for you.” The same four students started working; the three other students still did not do anything. We asked the teacher why the students were not engaged in the activity. The teacher answered: “They are always like that; they never do anything in the class.” We asked why did not she try to engage them, and she said that she could not do it because they had always been like that.

Sometimes ‘back seat’ students made noise and disturbed other students. We noted the students saying derogatory words and fighting each other, while the teachers consciously ignoring the situation. We asked the teachers why they did not do anything to prevent the students’ fights. One teacher in a special school said that those students would never behave differently because they were sick and teachers should not interfere in their fights otherwise

they would get involved in them. It appeared that ignoring the “back seat” students was a kind of strategy, a consciously taken approach to manage the behavior of some pupils in order to continue the lesson. In many cases, we noted students behaving like leaders, replicating in the process a model of behavior observed in the teachers. The most surprising and unpredictable element was the teachers’ reaction.

Baku, special school, 2nd grade

The teacher gave an assignment to a group of students, came close to us and started talking about the students’ diagnoses. She pointed at one boy who was sitting at the back of the room and was not participating in the class activities. She said: “He was transferred to our school from the school for dumb children. He cannot even hold a ruler.” In a while we heard another boy who seemed to be working on his assignment repeated what the teacher said to us: “He came from the school for dumb children, he came from the school for dumb children.” The teacher’s reaction was very rapid, she told the boy: “Hey, you shouldn’t have said that, it was not right to say this kind of things about other children.”

This reaction could have been caused by our presence in the classroom. The teacher just wanted us to think that she knew how to work with students. Or, the teacher really BELIEVED that students should not say such things about other students but she never thought that she should not have made such statements in the first place. She might never have thought of herself as role model for the students in her classroom. The teachers we observed did not seem to understand that they were role models, who were likely to be imitated by students or whose behavior was likely to become part of their (students) experience and process of personal growth.

Social Environment in the Classroom

Managing behavior. In all classes, we observed teachers having difficulty concentrating on getting the students’ attention and managing their behavior. We saw teachers using aggressive methods such as physically forcing students (such as turning their heads toward the textbook, whiteboard or themselves; pushing their shoulders to make them sit down) or shouting at them to get them to do the required tasks. This imposition of will and power by teachers was observed in their relation to the ‘favorite’ and ‘good’ students, whereas students who behave differently did not get attention and were allowed to do whatever they wanted to do. It was interesting to note that the latter group of students never interfered with the lesson process and did not try to interrupt the teachers. They had nothing to do with the students in front. We very rarely observed ‘back seats’ students saying or doing something to the ‘good’ students. ‘Back seats’ students would fight with each other, talk to each other, utter derogatory words, and repeat the labels and nicknames. Whatever they did the teachers ignored them. We began to assume that this was an unwritten policy and a commonly agreed approach of teachers to these students in the schools and classes. And our observations supported this assumption. In response to our questions about them teachers would only say that these students had been always like that, which meant that teachers did not have any expectation regarding any improvement in their behavior and at this stage of their life – in primary school. They did not see any kind of future possibilities for them.

Attitudes, family involvement and teachers’ role. As we noted in our observations, teachers in special and boarding schools and integrated classes did not hesitate to loudly comment on students’ health problems, diagnoses, learning difficulties, family economic statuses, and health problems of other family members. We ob-

served that this happened to all students, those who were ‘favorite’ or ‘easy’ and for those who were described as bad and misbehaved. Sometimes their attitude to the students depended on the level and type of disability. The child with severe problems might not evoke warm feelings in the teacher’s heart, while a child with mild and light disability would always get warmer attitude and more deep involvement from the teacher.

We also noted that there were differences in teachers’ attitude depending on the kind of educational institution they worked for. In home school and boarding schools teachers felt the responsibility to know all the details about the students and their family. In these cases, the level of family involvement was also higher and family trust on the teachers was higher too.

Yevlax region, home schooling, 3rd grade, 10 years old

Rahib’s jacket got slightly dirty after doing exercises in front of the whiteboard. The teacher came up to him and cleaned it up. She put her hand on his head and started talking about him. She said that his mother wanted to place him in a boarding school in another region and he wanted to go there. She asked: “Is that right, Rahib?” The boy was looking at her and smiling without saying anything. She continued: “Rahib is a very good student, he could have been an excellent student if he is not sick. I think he should go to that school but I’m not sure if he will do well there.” We asked her why she thought he should go to another school and she said that this was because of his family circumstances. She said, “His mother cannot take care of him.”

Sheiki region, boarding school teacher

The teacher reflected on her work during the lesson. “It is very hard to work with them;

it takes so much time to teach them the basic concepts. And you never know what to expect, you never know how they are going to use this knowledge. But we have to do it for them because it is their only chance to know something. They will never learn anything from their family members; instead they may lose what they gain here.”

We observed that in homeschool classes all teachers seemed to be very much involved with the families. They knew all the details about the students’ diagnoses, and the health problems of other family members and close relatives. They knew the details about the families’ economic status, where the parents work, how much they earn and how much money they needed to cover the needs of a child with disability and the whole family. The families trusted the teachers, believed in their expertise and good intentions, sought their advice on a broad range of issues (such as doctor to visit, sources of medicine), and shared child-related news. The parents’ expectations on their children’s development very much depended on the teachers’ thinking. The parents would have a good opinion of their child, if the teacher said the child was doing well. But if the teacher expressed the opposite, the parents would not have any expectation from their child. With an indifferent teacher, the parents would try to make things easier for her to work with their child but they would feel sorry for their hard work.

Baku, 2nd grade, three students – sisters, 12, 13 and 16 years old

On our way to the girls’ house, the teacher talked about their family. She had so much information about the family, knew everything about the girls’ diagnoses. She told us the story of the conflict between the family and a relative regarding the house. She told us about the health problems of the father, the

unemployment of the mother. She said that both parents were not educated. She said that there was no other person who could help the family other than her. And she said that she was trying to help them; bringing clothes for the girls, old household stuff, furniture, carpets.”

A different attitude was noted in special schools and integrated classes in general schools. We noted that teachers were very well informed about students’ medical diagnoses and family histories but were not very concerned about their particular needs and did not think they should be more closely involved in them. They talked about the students and their parents in a strange and irresponsible way. They viewed their students’ problems and needs as something unrelated to the schools and the teachers. They seemed to be indifferent to the causes of their students’ problematic situation but very much concerned with the problems their students created inside the classrooms.

Sumgayit, Boarding school, 1st grade

Music class. The teacher was playing music and the students were allowed to dance. Three students were dancing, while four others were just sitting at their places and looking at them. We noted one boy’s eyes were red as he was crying for a long time. In a while the boy said: “I want to see my mom.” We asked the head teacher who was observing the lesson with us why he was crying. She said: “He always cries and wants his mother to stay with him all the time.” We asked where his mother was and the head teacher said that she was somewhere in the school waiting for the end of the classes to take him home. They all knew that he would cry when the mother was not around, that was why she always stayed somewhere in the school.

When the class was over the boy’s mother came in and said: “Did you cry again? Did not I tell you that you should not cry? I’m

not allowed to be always with you. I can only come and stay outside the classroom. If you keep on crying I will stop coming to school and not wait for you.”

One teacher in special school told us: “I wish someone could explain to the parents how important it is for them to come to school more often and find out how their children do here.” Another teacher said: “There has to be a great work done with the parents, we cannot work with difficult children without their support.” These reflections made us think that teachers realized the importance of family involvement but did not see who should be responsible for it and how to work towards it. When asked who should take the responsibility to work with parents, a teacher said that the person should have “respectable credentials” and the ‘power to make a real impact.’ When we asked if she saw teachers having this kind of responsibilities, she responded very negatively. She said that teachers were already overloaded with work in school and could not do it in any case.

Discussion

The examination of teaching practices across the educational institutions provided for CWD shows that majority of the teachers use a very limited range of teaching strategies to provide meaningful educational experiences for their students.

But some pilot inclusive classes in mainstream schools provide different teaching practices that represent new developments within the general education system by adopting a new child-centered pedagogy. In many of these classes, teachers employ an interesting mix of teacher- and child-centered pedagogical approaches. Informal conversations between the teachers and students, spontaneous actions by students and lots of positive interactions between them take place. Most of CWD are in-

volved in the learning process through informal interactions and sometimes actively participate in group activities. Teachers in inclusive education classes do not seem to be taking leadership roles in coordinating CWD activities. In the majority of these classrooms teacher assistants (TAs) are the main persons responsible for the CWD learning and achievement. TAs are expected to know the diagnoses and health status of the students, conduct the assessment, give grades, help with the homework and do many other components of CWD's school life.

The attitude of most teachers implies that general schools are not ready for inclusion of CWD because they do not have medical specialists to assist them. But all the classroom observations show the students with disabilities do not need medical help during the lesson process. Majority of the teachers in inclusive education classes are not aware of the specifics of their pupils' diagnoses, specific learning needs and level of development.

An opposite approach is found in the special education institutions where all teachers are very well informed about the children's problems and spend much time talking about them. Many teachers see their job as very difficult because of the students' level of development, and also depressing because they do not see the future of the students even if they are provided with the opportunity to get an education.

The teachers have the habit of talking about students and commenting about their families, health statuses, intellectual abilities and behaviors in their (students) presence inside the classroom. This is a common feature in special education settings and mainstream schools. The students are presented as having congenital defects and never affected by the environment where they live in, which is an important factor affecting their lives. The teachers view the CWD as having poor and weak personalities. This attitude varies depending on the individual teacher's personality.

The research shows that all types of educa-

tional institutions focus on academic achievement of all students including CWD in pilot inclusive classes, rather than on their social-emotional well-being and self-help skills. Academic achievement and knowledge of particular information are the only bases of assessment of the students' achievement and judgment about their cognitive development. Low achievers are almost exclusively 'back seat' students, who have the most challenging behavior and receive neither attention nor expectations for improvement from the teachers. Whatever is taught inside the classroom in special education classes and some mainstream school classes seem to have no relation to a child's ability to have independent judgments, make choices, and adapt their behavior to different situations. In pilot inclusive education classes, the positive interactions of CWD with their mainstream peers give more chances for the former to learn from the relationships among the students and teachers and enable them to live in the wider community.

Family involvement and teachers' concern about the inclusion of family members in the educational process of CWD have been identified as important factors of the students' success. Teachers in special schools and integrated classes emphasize the importance of these factors but do not know how to work towards them. Teachers in homeschool classes seem to be very well concerned with the broad range of family issues from bringing clothes and household stuff for their students to the very detailed knowledge of the health statuses of the rest of the family members. Many families appreciate this concern of the teachers and see the special education teachers who come to their houses as the only source of help and information for them. These relationships represent a good pattern of the family-teacher collaboration but they lie exclusively on the personal level and do not seem to affect school administration or get reflected in school administrative policies. Still, this family-teacher relationship may well be

used for the further development and replication of the model of family involvement in the educational process of CWD and to enable the family to participate in the educational decision-making and policy developments.

Conclusion

The study findings support a conclusion that there is a serious lack of special services to meet the needs of children with special needs in Azerbaijan. This gap is strongly associated with the outdated approach of the Soviet era, consisting of a narrow medical approach to the issue of CWD. On the other hand, due to segregative policies of the past, many general schools do not have special service specialists since it is not required by the education system. Additionally, the higher education institutions of Azerbaijan have limited programs to prepare cadres to fill the gaps.

The analysis of the regulations on education of CWD shows that they lack concrete description of tasks and mechanisms for the implementation, supervision and monitoring of those tasks.

Having reviewed the situation in the field, analyzed data, and reviewed available legislative base, the following steps might be considered as important in achieving further progress toward inclusive education in Azerbaijan:

1. The government should develop the national concept of special and inclusive education, outline a general model for it, and develop the strategy to realize it. Establishing a special Task Force (TF) to design a new government policy on the definition/classification of disability can be one of its important aspects.
2. Special and inclusive education reform must become part of the general education reform in the country.
3. Education reform in the field of special edu-

cation should meet the increasing needs of children with special needs across the country. For this purpose, the relevant laws have to improve, and the Inclusive Education Program has to expand across the country. The continued and increased financing of the program is of particular importance.

4. The government should design and implement a comprehensive pre-service and in-service teacher and specialist preparation program.
5. Accessibility should become one of the key priorities of the government in future policies and regulations.
6. The government should consider as a key issue the system of special service provision in achieving quality education for CWD.
7. The roles, functions, mandate and responsibilities of the Medical-Pedagogical-Psychological Commissions should be revised.
8. Research in the field of education for CWD should be encouraged by the government to identify gaps in the policy.
9. On-going public awareness campaigns should be broadened to keep the society informed about the problems and issues in the field.

Endnotes

¹ This article benefited from the data collection done by the staff of the Sigma, a local research center in Azerbaijan.

² Obviously, the term “urban” may have varying definitions. In this article, the term “urban” refers to all central cities and towns, including district (rayon) centers (e.g., Yevlakh, Sheki) and regional cities (Ganja, Nakhchivan).

³ 3,644 CWD receive education in these institutions, according to official government statistics.

⁴ According to the government statistics, there are five additional boarding schools under the administration of other governmental ministries (MoLSPP and MoH), serving five hundred thirteen CWD. The government policy towards these institutions is not clear. But there are talks of including

them into De-Institutionalization Program of the Government of Azerbaijan.

⁵ Of course this is a sign of stigma. An Evaluation Report of Pilot Inclusive Education program conducted by an independent reviewer in 2006 revealed that “86% of teachers reported that presence of disabled children in classroom affected positively or did not affect at all the overall quality of education.” (*Children with Disabilities – Inclusive Education Project: Second Year Evaluation Report*, 2006, Centre for Innovations in Education, Eyyub Hajiyev, MSW).

⁶ There are different terms used for this school but in this article the words ‘residential schools’ are used.

⁷ It should be noted that the rural school data might not be statistically significant, as only 27 teachers who teach at rural (village) schools answered this question.

⁸ The *Salamanca Statement and Framework for Action on Special Needs Education* adopted by the World Conference on Special Needs Education: Access and Quality, Salamanca, Spain, 7-10 June 1994, UNESCO and the Ministry of Education and Science (Spain).

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