

CHAPTER ONE

OVERVIEW OF EDUCATION IN GHANA

Introduction

Education is a concept that may be defined differently, therefore, may defy precise definition. However, education could be explained as a systematic or organised means which are designed to bring about learning formally or informally. Nonetheless, basically, it aims at socialising the child by the adult to acquire the culturally desirable and appropriate behaviours, goals, motives and skills for his or her future role in the society (Hetherington, 1979; Davidoff, 1980; Aboagye, 1997). In line with this, formal education in Ghana was started by the western traders and the missionaries by the 15th century through the 18th century respectively. Although the aim of the traders was to practice commerce and to gain without losing anything, their education motive and concern for their African wives and children could not be denied. The westerner's role was complemented by the missionaries who started arriving at the Gold Coast (now Ghana) in the 18th century. The impact of their trading, religious and educational activities were so enormous that this chapter has presented a concise report on each participant's role.

The Pioneers of Formal Education

The Portuguese

Western education started off in the form of Castle schools. The first recorded western type school was begun by the Portuguese in 1529 after settling in Elmina in 1482 and establishing the fort solely for commerce. They were followed by other European traders such as the Dutch, Danes, British, Normans, Spaniards and the French who traded with the people of the Gold Coast in rubber, pepper, gold, ivory and in slaves thereby exchanging with the African trading partners rum, gun and gun powder. As at that time, Cape Coast was the emporium of trade, since it was the capital of the Gold Coast until 1877 and probably many free traders were residing in that town (Graham, 1971).

On education, not all children had the chance to attend the Castle schools except for the mulattoes or children of African wives who got married to the Western traders. Reading and writing were taught in the schools. Although the Castle schools at Accra exclusively admitted the mulattoes, Cape Coast Castle

school embraced also children of important chiefs and wealthy merchants (McWilliam 1962; Graham, 1971).

On religion, the African was to be converted to the Christian religion thus religious teaching was provided and the Bible was to be interpreted into local dialects. So urgent was the need for literate interpreters that the Royal African Company which was the trading company set up in the Castle a school in 1694 that could enable the Africans have the skills in Bible interpretation. Although this school was short-lived, it really showed how serious the need was to interpret the Bible into local languages to convert souls from paganism to the Christian religion (Graham, 1971).

Cost of running the Castle schools in the 18th century was mainly a subsidiary function of the merchant companies since funding of the Royal African School was irregular. Hence the merchant company supplied also textbooks. Besides, a few of the children were sent to Portugal for further educational training.

The Dutch

After the Dutch drove out the Portuguese in 1637, they re-opened the Castle school in Elmina for the mulattoes. They like the Portuguese, sent few children to Holland. One of them acquired the Dutch name Jacobus Capitein and returned to the Gold Coast as the first African Protestant Minister and translated the Apostles' Creed into Fante. In 1643, he translated the Lord's Prayer, the Twelve Articles of Belief and the Ten Commandments. Other places to which the boys were sent for education were England, besides London, Liverpool and Bristol (Graham, 1971).

The Danes

The Danes followed the Dutch. They established themselves at Christianborg Castle, east of Accra during the second half of the 17th century. They also settled as traders, but at this time they did not do anything about education. Nonetheless, the first Danish Chaplain, Mueller (1661 – 64) listed 400 Twi words and their translation at the end of his book "*Die Africanische Landschaft Fetu*" 1673 (Kotey, 1969:2; McWilliam & Kwamena-Poh, 1975).

In 1722, the first Danish school for the mulattoes began. Two of the children were taken to Copenhagen for further studies (Reverend Christaller, 1964; Reverend Reindorf, 1966; McWilliam & Kwamena-Poh, 1975). Of these two, one was Christian Protten who published a work in Danish in 1764. Protten's work which was translated in English to read, "*Introduction to Hitherto*

Completely Unknown Languages, Fante and Accra". His second contribution was in 1765 when he prepared a Ga-Twi Danish catechism and grammar. However, all were lost when his canoe capsized just before he landed at Christainborg on a return voyage from Denmark. In addition to Protten's contribution, another Danish Botanist called P.E. Isert, prepared a list of Ga and Asante words. A similar work was prepared in Ewe for the first time with the Danish equivalent in 1785 by the same author (McWilliam & Kwamena-Poh, 1975).

The British

The British set their headquarters in Cape Coast and Reverend Thomas Thompson was one of the early missionaries of the Society for the Propagation of the Gospel (SPG) who arrived at the Cape Coast Castle in 1752. Graham (1971:13) stated that "formal education as it is known today was began in 1752 when one of the early missionaries of the Society for the Propagation of the Gospel (SPG) the Rev. Thomas Thompson, came to Cape Coast".

To support Graham's statement, it had been documented that when Rev. Thompson arrived from May 13, 1752 – February 17, 1756, his four years stay was noted with tremendous educational strides. For instance, he hired a room at his own expense to begin teaching the Africans after his appeal to the chiefs failed for providing a classroom. He was the first man to attempt to bring Christian teaching from the Castle to the African community and also to make the school the nursery of the church. He financed his school partly by the fines imposed and paid by officers and servants of the Merchant Government in Cape Coast Castle who without justification failed to attend divine service on Sundays. Besides, Rev. Thompson might also have had financial assistant from probably the administration as well as the wealthy merchant traders and some of the chiefs whose children were in his school. He also sent three boys to England in 1754 among whom Philip Quacoe emerged as a teacher-catechist-schoolmaster between 1766 and 1816 at Cape Coast. As Rev. Thompson departed in 1756, his school was also closed but Quacoe's return to the country was a hope since he took over the task of continuing Rev. Thompson's school in the Castle. Success dwindled intermittently as finance was a problem. Somehow, the Torridzonian Society of 1787 formed by a group of officers in the Company of Merchants was preliminarily a social club, became interested in teaching mulatto children rudiments of the Christian religion, reading, writing and arithmetic. As a result of this interest, the society

supported the Castle school by feeding and supplying school uniforms, and books.

This support was augmented by some funds from the British Parliament's Annual Grants to the forts. The collapse of the Torridzonian Society brought a degeneration to the enrolment of pupils with small size classes now varying between zero and sixteen children. When Philip Quacoe died in 1816 the Merchants revived the school until in 1821, when the British government abolished the Company of Merchants and its forts and placed these assets under the government of Sierra Leone. Hence the Castle school had been renamed "The Colonial School" and it flourished under the new government of Sir Charles MaCarthy, the Governor of Sierra Leone, who became responsible for the Gold Coast Forts as well. The school's enrolment at the Cape Coast Castle School rose to 200 and among others emerged George Blankson in 1861 who became the first pure African member of the Legislative Council and others from the group rose up to become members of the Fanti Confederation formed in 1867. This confederation was first movement of self government that combined African and British ideas (McWilliam, 1962).

Problems

Problems of the Castle schools were not only restricted to poverty, and small size enrolments as stated earlier in the text, but also rumours of internal wars between Fantes and Ashantis and the first World War consequently negated against trade and commercial activities in the settlements (Graham, 1971),

The first World War was the greatest blow that the education of Ghana suffered from. Such was the financial constraints of the early part of the century that Governor Guggisberg stated as cited in McWilliam (1962:5) that:

A colony had to finance its development, however urgently required, out of its revenue. The policy was a misguided one; it put the cart before the horse, for the amount of a colony's revenue depends entirely on the development of its natural resources, the history of practically every colony in the empire shows a long up-hill fight, beginning with a struggle to meet even its recurrent expenditure, (i.e. expenses such as teachers' salaries which arise every year) ...

Trade was the source of help to payment of teachers' salaries and for development such as, new school buildings so that once new projects were started, these could be maintained only when trade was flourishing.

The Missionaries in Education

The Wesleyan Mission

The Wesleyan Missionaries from England started schools in Accra in the Greater Accra Region and in Cape Coast in the Central Region (Kwateng, 1999). Further work was extended toward the inland during the time of Thomas Birch Freeman from 1838 – 1857. In 1822, the Wesleyan Missionaries established a Teacher Training College in Aburi, a town in the Eastern Region. This college was moved to Kumasi, the Regional Capital of the Ashanti in 1924 and renamed Wesley College. The use of local language was not encouraged in the schools. Most activities were done in English (McWilliam & Kwamena-Poh, 1975). Although a nationalist reaction towards raising a nation more closely based on local traditions took place by the end of the 19th century, nothing was done about the curriculum.

Basel Mission

The second pioneer missionaries were of the Basel Mission. This was mainly a German society, with the headquarters at Basel in Switzerland. The Basel Missionaries, unlike the Wesleyans, emphasised vernacular more. The first boys' school was transferred to Aburi which became a Teacher Training College. The Basel Missionaries work expanded further inland. A secondary school was started at Akropong in the Eastern Region in 1853. Later, a similar one was begun in Abetifi in the same region (Rev. Reindorf, 1966; McWilliam & Kwamena-Poh, 1975). Both seminaries merged and became the only Teachers' Training College at Akropong in 1909. Other vocations were not left out. A Technical Education Centre was begun in Christianborg, eastward of Accra, where students could take courses in carpentry, blacksmithing, and shoe-making (McWilliam & Kwamena-Poh, 1975). By 1917, the Basel Missionaries had 176 schools with 10,000 children of which some were boarding schools scattered throughout the country. Training of girls was a priority so that there was a ratio of one is to about 3 boys as against one girl to 6 boys in government schools and 7 in Wesleyan schools. Study subjects included English, Reading and Writing, Twi or Ga, Geometry, Natural History, Physics, Geography, History, Drawing, Bible Study., Craft Instruction and

Singing Practice. Those in upper classes who were interested to go to the Basel Seminary studied Greek and Church History.

The Bremen Mission

The third pioneer mission was the Bremen (North German) Society. Much of this mission's work was concentrated among the Ewe speaking people (McWilliam & Kwamena-Poh, 1975); Rev. Reindorf, 1966). The Mission's first work was started at Peki in 1847 at the invitation of the chief. Peki is a town in the Volta Region of Ghana. The Mission's activities at Peki had to be abandoned due to tribal wars and also distance from the coast. As a result, the missionaries had to leave for Keta, another Ewe speaking area along the south-east coast. From here onward, the missionaries began to extend their activities inland. Their major contributions were felt in Togo, rather than in the Gold Coast (Ghana). In the schools, Ewe teaching was permitted. Apart from German, no other European language was allowed. The missionaries' aim was to separate Christian communities from pagan influences. The reason was that traditional beliefs were regarded as the work of Satan. Having realised that the African religion, art, music, and other social activities were very closely connected with each other, the German missionaries concluded that unless the existing social activities were banished, the Christian faith could not replace the beliefs. As a result, school children were trained as mainly Christian citizens which separated them from local citizens.

Contribution of German Missionaries

Not only did the German missionaries worked as a group to improve education in Ghana, but also there were outstanding individual contributions. These individuals were J.A. Zimmermann, J.A. Schlegel, D. Westermann, J.G. Christaller (Rev. Christaller, 1964; Rev. Reindorf, 1966; McWilliam & Kwamena-Poh, 1975).

Christaller worked with the Basel mission in 1853. Some of his services were to translate the Bible into Twi languages in 1875, then Twi grammar and dictionary in 1881. In Ga studies, Zimmermann translated the four gospels which were published in 1855. His other contributions were Ga grammar and dictionary in 1857. In 1866 a Ga version of the whole Bible was printed (McWilliam & Kwamena-Poh, 1875:34).

The German missionaries extended their work to the Ewe land too. The first Ewe grammar was published by Schlegel, "***Schüssel zur Ewe – Sprache***" in

1857 (Kotey, 1969). This achievement was followed by that of Westermann. Westermann produced an “Ewe Dictionary”, in 1905 (McWilliam & Kwamena-Poh, 1975). Other series of books produced by the same author were: “German – Ewe” in 1906; “Ewe Grammar” in 1907; English –Ewe Dictionary entitled “ Gbesela” in 1922 and “Ewe – English” Dictionary in 1928 (Westermann, 1960). Despite the deportation of the Bremen in 1916 and the Basel missionaries in December, 1917 and January, 1918, due to the first World War for being suspected of having sympathy for the German cause, they came back to complement the work. For instance, after their deportation, the government took over the schools and put them under the Department of Education. However, the Scottish mission in 1919 took over the Akropong Training College and in 1920 over all Basel mission schools. In 1926, the Basel missionaries returned and with the Scottish mission formed the Presbyterian Church of the Gold Coast. Likewise for the Bremen mission, the Scottish mission took over Bremen mission schools from the government in June, 1923 and in August, 1923, when the German Bremen missionaries returned to the Gold Coast, they began to work with the Scottish mission. In the same year the name “Bremen Mission” was changed to “Ewe Mission” and four years later in 1927 it was changed again to “Ewe Presbyterian Church” (Graham, 1971).

Other supporters of education in Ghana were the French Catholic Priests, the African Methodist Episcopal Zion Mission, the Anglican Church and Islamic Religious Groups.

The Catholics

The French Catholic priests, also known as the White Fathers, had this name as a result of the white garments worn after the Arabs of Algiers, North Africa, where some of their first activities started. The French priests came down to the Upper Region of Ghana in 1907 and began a school in Navrongo. Unlike the other missionaries, whose aim was to convert the natives, the White Fathers aimed at adapting to local conditions except to vice and error. Another aim was to give Christian instruction to only those who asked for it. Among services rendered were health and education to the people. The priests believed this indirect approach could produce more truly Christian results (McWilliam & Kwamena-Poh, 1975:15). Other activities by the Roman Catholic mission were done in the southern part of Ghana. For instance, Elmina in the Central Region, was one of those places where the first school was opened in 1880 (McWilliam & Kwamena-Poh, 1965; MacDonald, 1969). Another school was established at Keta, south-east of Ghana in 1891 (MacDonald, 1969).

Contribution of Other Missions

The African Methodist Episcopal Zion Mission had a school at Keta in 1900 after establishing itself in 1898. Ten years after the Zion mission began its first school, the Anglican Church started its schools at Cape Coast, in the Central Region.

Finally, the Islamic religious groups also began schools about 1898 in the Central Region. By 1907, all their schools closed down (McWilliam & Kwamena-Poh, 1975:47).

Problems

Just as how the western traders with flares of educational motives faced problems, so did the pioneer missionaries who visited Ghana. Problems of pioneer missionary educationists could be listed among others as extensive use of the English language at the expense of the local language though the most common language spoken at the settlement was Fante as in Cape Coast. Besides, academic content of books were saturated with Biblical contexts at the expense of technical education such that educated boys became unemployed. Another shortcoming was the banning of the African culture as being linked with satanic or paganism hence Dipo custom, for example, as practised by the Ga Dangme of the Greater Accra Region was banned as at that time. African religion, art, music and dances were highly discouraged among the converts. Thus in effect there was this idea of isolation of the Christian minority from the rest of the pagan community though the Christian religion instilled high character training in the beneficiaries. As already noticed, the first World War did not only cause slacks in trade and its commercial revenues to the detriment of all developments especially in education in the country, but it also caused the deportation of some missionaries. The Bremen missionaries were deported in 1916 followed by the Basel missionaries in 1917. This event precipitated the motion of missionaries advising the closure of schools. However, the Pekis in the Volta Region maintained the schools despite that advice.

Another major problem that faced these missionaries was the issue of orthography and the use of terminologies. Despite this, the missionaries used features that occurred in their own language which were over-burdened with many strange symbols. To avert this situation, the government in 1927 invited Westermann, the leading authority on West African Languages to produce

orthographic symbols not over-burdened with many strange symbols. Although most of Westermann's recommendations on the actual forms of the letters were accepted, the problems of a possible unified spelling for closely related languages remained unsolved. The terminologies continued to be used by the natives who began to write grammars until a Linguistics Department was established at the University of Ghana in 1964 (Kotey, 1969).

In all these attempts in line with education for Ghana, since the 16th century to early 19th century, there was no record of any specific policy made purposely for the handicapped children though many ordinances and committees on education were set. This work in part is thus an attempt to make a case for appropriate and systematic education for the handicapped children.

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CHAPTER TWO

CHANGES IN THE GOVERNMENT'S EDUCATIONAL POLICIES SINCE 1852 - 1997

Within a period of 145 years, between 1852 and 1997, series of Educational Ordinances, Committees or Commissions were set up to discuss educational problems, failures and successes in addition to how to improve education in Ghana. Such committees continued even when Gordon Guggisberg, the Governor was appointed to the Gold Coast in 1919. Notably, among the early years' committees on education was what brought about the 16 principles of the 1920. This was originated by the Governor Guggisberg when he was dissatisfied with an earlier educational committee's report which was inadequate. So in March, 1920, he assigned to a newly appointed committee the mandate to produce a report in May, 1920. This committee was under the then Director of Education, Mr. D.J.Oman. Out of this, the 16 Educational Principles were established and were to be used as guidelines in educating the children of Ghana. The Education Ordinance in 1925 legalised these principles for practice in schools. Among these principles were the fact that primary education could not be cost-free nor compulsory, to provide for secondary and university; that qualified teachers should be involved and that character training, religious teaching, health, welfare and games should form part of the school curriculum. Other recommendations of interest were the establishment of trade schools and the use of vernacular as a medium of instruction. Further, English should be introduced as early as possible. By 1957, some of the principles were found to be too old to continue with. While some of the principles were still in use today, yet, as at that time some natives thought the use of vernacular as a medium of instruction in the lower classes of the primary schools was a deliberate attempt to give inferior education to the children of Ghana and virtually to withhold progress in secondary and university education. To decide which medium should be used either English or the vernacular, the committee

appointed by the government in 1958 reported of a division of opinion in the country with some proposing the continuance of Guggisberg's view of vernacular for the primary school at least on the lower classes whereas, others favoured the use of English. Despite this division of opinion, Guggisberg's principles dominated the educational structure. Along side the 1920 Educational Committees, there were other committees or Educational Acts of 1951 and 1961 up to the Provisional National Defence Council (PNDC) Law 42 on education. All these were attempts to improve the quality of education from basic level to the tertiary levels (McWilliam, 1962; Frempong, 1996).

Educational Problems with the Old System

Besides, many more committees for education were established for change. Between the 1950s to 1990s, many changes in education were made. The Education Acts of 1951 and 1961 were notable in that they specified fee-free compulsory basic education. These were further renewed by the introduction of the Free Compulsory Universal Basic Education (fCUBE) from 1996 to the year 2005 in that every child of school going age should go to school. These four decades were not without problems and many changes interrupted them.

Before 1972, many criticisms were made against the old system from earlier than 1950's to 1970s. Some of these criticisms were:

- (i) Semi educated class that despised man labour;
- (ii) Low standard teachers;
- (iii) Curriculum did not satisfy people's needs but was bookish;
- (iv) Unemployment of middle school leavers and attitude towards white collar jobs were more positive and more profitable than vocational practices.

Although these criticisms were settled by the Amissah Committee of 1963 in that vocational/technical or practical skills should permeate the curriculum depending upon the geographical nature of the areas, yet satisfaction could not be attained (Social Studies' Pupils' Book 2, CRDD). This adaptation of vocational orientation in schools in Ghana, run through 1969 to 1970 when the continuation school programme was introduced by the Kwapong Educational Committee in 1967. This enabled schools to set one day aside for agriculture (e.g farming, fishing) kente and basket weaving or any practical work available in the area. Other problems identified after 1970 were:

- (i) Elitism involving class distinction in schools
- (ii) Inequality in provisional needs of school's needs such as textbooks, equipment and distribution of teachers which favoured urban areas as against rural areas
- (iii) Inaccessibility to second cycle schools
- (iv) Length of pre-university education was too long by taking 17 years from primary to the sixth form
- (v) Ineffective instruction at basic level
- (vi) Exodus of teachers to some other African countries like East and South African countries and Nigeria
- (vii) Inadequate funding of schools
- (viii) Lack of textbooks and materials for teachers and pupils
- (ix) Poor state of schools building and inadequate furniture
- (x) Lack of maintenance culture or replacement
- (xi) Steep decline in enrolment

The educational status was still in need of innovations hence the new structure and content was needed.

The New Structure and Content of Education of the 1970s

In March, 1972, the Ministry of Education submitted proposals for public discussion. (Ministry of Education, 1974). A major characteristic of the proposals is the emphasis on the acquisition of practical skills technically and vocationally backed by a sound general education throughout the entire pre-university course. Besides, every Ghanaian child is entitled to nine (9) years of basic education which is divided into six (6) years primary and three (3) years junior secondary school both of which are fee-free and compulsory (Abosi & Brookman-Amisshah, 1991).

In line with the discussion, comments and suggestions received, a committee was appointed under the chairmanship of Rev. Dr. N.K. Dzobo of the University of Cape Coast in 1972 to advise on the proposed new educational structure and content. The report was submitted to the Commissioner for Education in June, 1973. Subsequently, the report was published for public comment in July, 1973. The government accepted the proposals and this gave birth to the New Structure and Content of Education with the emphasis on junior secondary school programme which began as the pilot programme in 1976 and was not nationwide (Frempong, 1996).

However, by 1983, the junior secondary school fell short of expectations. Its image sunk low due to financial constraints, lack of trained teachers, short time of implementation and intermittent evaluations were lacking.

In October, 1986, another reform of the education system was announced by the then Provisional National Defence Council (PNDC) Secretary for Education and Culture,

Dr. Mohammed Ben-Abdallah. The reform dealt with the restructuring of the educational system. This was meant to provide nine (9) years basic education to constitute six (6) years primary schooling and three (3) years junior secondary to all children, including both normally developing children and the handicapped. This reform took off in September, 1987 (Abosi & Brookman-Amissah, 1992 cited in Tamakloe, 1997:9),

The Educational Reform Programme of 1987

The present educational reform was launched in September, 1987. Its objectives included:

- Increase in access to education and expanding educational facilities at all levels
- Increase teaching relevance and effectiveness
- Ensuring cost effectiveness and cost recovery

The educational reform programme had three broad phases:

- (i) The implementation of nationwide establishment of Junior Secondary Schools (JSS) system from 1987 – 1990 therefore Middle School Leaving Certificate Examination was to be written by Middle Form Four for the last time in 1990. This meant that in 1987 Middle Form One was abolished and JSS One was established throughout the country.
- (ii) The Senior Secondary School (SSS) system should be implemented from 1991 – 1993. As such, in January, 1991, the SSS programme was launched.
- (iii) The Tertiary Education Reform should also be implemented from 1994 – 1997 (Frempong 1996).

This implementation brought about the amalgamation of the existing seven diploma institutions in 1992, September 30, according to the PNDC Law 322 in

the establishment of the University of Education, Winneba (UEW) and the University for Development Studies at Tamale in May, 1992. These latest universities swelled up the number of already existing universities in the country to five. University of Ghana, Legon, Accra (1948), Kwame Nkrumah University of Science and Technology, Kumasi (1952) and the University of Cape Coast (1962) (McWilliam, 1962; UCEW Principal's Report, 1995).

The Junior Secondary School System of 1987 took into view the number of years spent in school in the old system. Figures 1 to 3 show the skeletal framework of the old system. The figures show the entry point of the child to the formal school being kept constant at 6 years. Although the first two figures had duration of approximately 20 years or more for a student to complete his/her education to the tertiary level or 17 years to the secondary level, the New Educational Reform Programme reduces it to about 13 years. This means that in Figure 2.1, the computations $6 - 4 - 5 - 2$ years represent 6 years in primary school; 4 years in the Middle School; 5 years in the Secondary School; 2 years in the Sixth Form (lower and upper). In the Middle Form II or III, the pupil had the option to sit the Common Entrance Examination and upon passing could have admission to the Secondary School or Secondary/Technical and if possible, continued to the University. This practice of taking a Common Entrance Examination before admission to secondary level came to an end in April, 1989 when the last examination was taken. Alongside, the middle school leaver could enter the secondary school to the universities by spending 17 years in school and eventually enter the university.

In Figure 2.2, basic level of education shows 9 years representing 6 years in primary school and 3 years in the junior secondary school. The 5 years stand for senior secondary school and 2 years in the sixth form. This can be referred to as the $6 - 3 - 5 - 2$ system.

The tertiary level may take 2 or 4 years or more depending upon the course. The Figure 2.3 has $6 - 3 - 3$ years standing for 6 years in primary school; 3 years in junior secondary school making 9 years for basic level education and 3 years in the senior secondary school. Total number of years excluding kindergarten amounts to 12 years but if it is included it could be about 13 years. The tertiary level may take 2 to 4 years or more depending upon the course. Thus the total number of years to attend school up to the tertiary level is approximately 16 years excluding kindergarten and about 17 years including kindergarten.

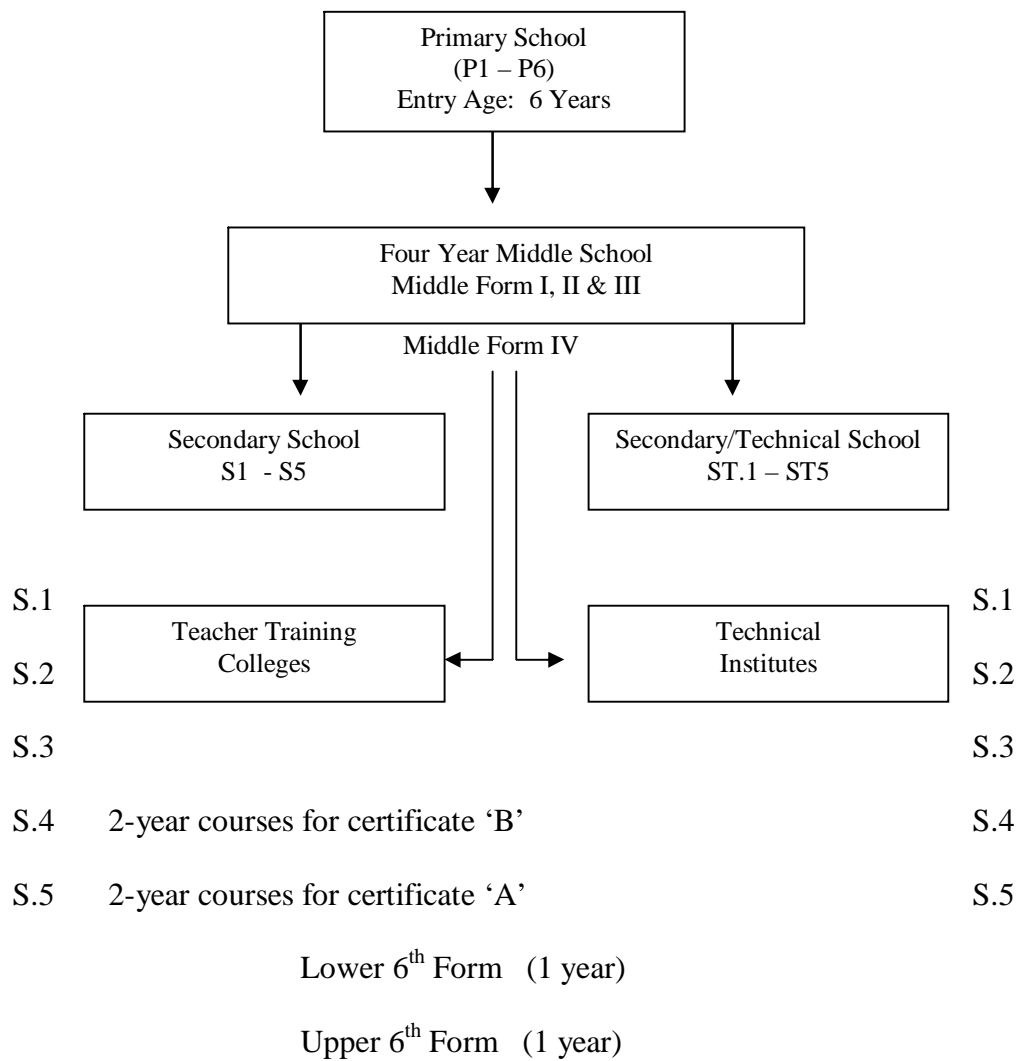
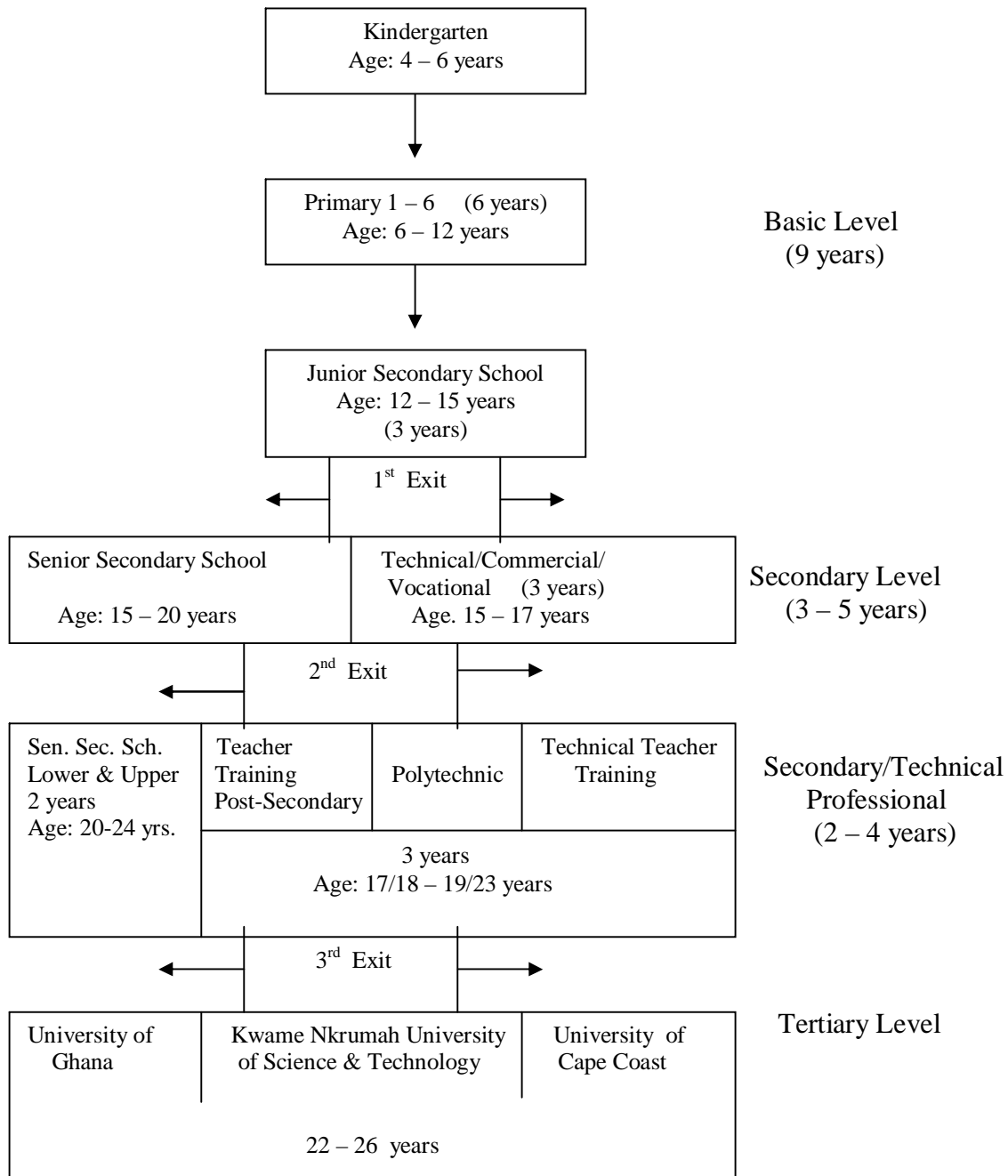




Fig. 2.1: Outline of the Educational System in Ghana
Adapted from McWilliam (1962:115)



(2 – 3 years)

Fig. 2.2: New Structures of Education in Ghana as operated from September, 1976

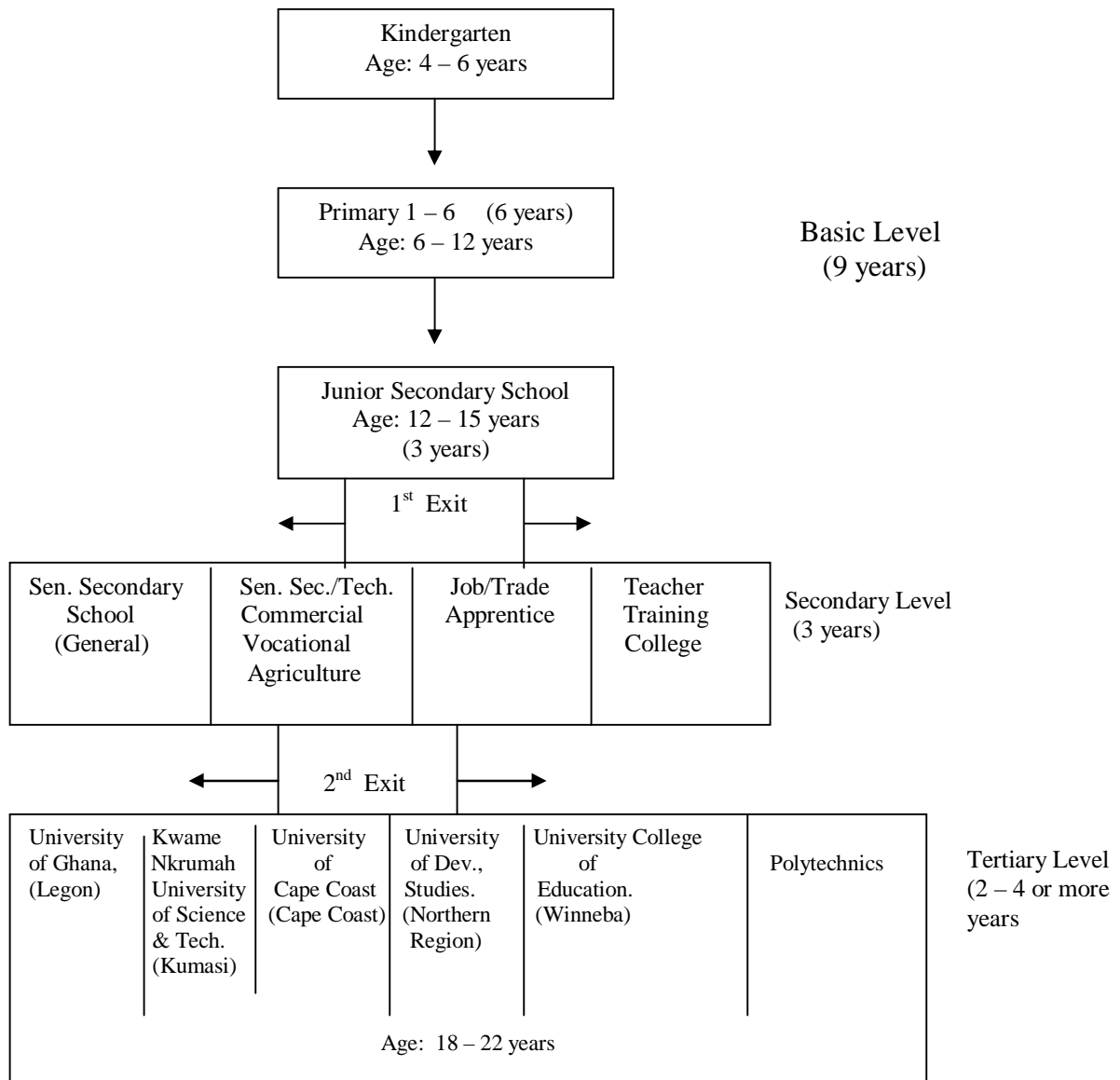


Fig. 2.3: The New Educational Structure in Ghana from
1987 – 1998 or present

Main Features of the Educational Reform Programme

These features of the reforms entail the following:

- (i) Changing the pre-university education during from 17 – 12 years was made up of:
 - 6 years primary
 - 3 years Junior Secondary School
 - 3 years Senior Secondary School
- (ii) Increase access to education thus enrolment has been appreciably increased in basic schools.
- (iii) Improve the relevance and efficiency of educational curriculum with equal emphasis in academic subjects as well as practical studies.
- (iv) Introduction of the Continuous Assessment as a new method of assessment
- (v) That the programme is community based.
- (vi) Ensuring that resources are properly used.
- (vii) Teacher Education has been restructured.
- (viii) Tertiary institutions, polytechnics, diploma colleges and universities have seen re-organisation (Frempong, 1996). There are now five universities, some technical schools have been upgraded to polytechnics; the 38 Teacher Training Colleges are much more equipped with qualified graduates and more teachers are aspiring to become diplomate or degree holders than the previous years.

Challenges of the Educational Reforms

- (i) Large class and subsequent workload for teachers increased
- (ii) Continuous assessment for the large enrolment
- (iii) Teachers have to work for longer periods
- (iv) Competency is needed to handle contents of the curriculum and techniques of teaching and using appropriate methods at a particular level.

Problems Facing the Reforms

On the part of teachers, serious issues identified as affecting implementation of the reforms include:

- (i) Absenteeism
- (ii) Misuse of funds
- (iii) Immorality
- (iv) Mismanagement or inadequacy of funds, inadequate resource mobilisation (e.g. disparity in teacher distribution, equipment and materials).
- (v) Lack of effective supervision by headteachers.
- (vi) Unmotivated teachers owing to unattractive incentives
- (vii) Lack of adequate knowledge about certain subjects such as mathematics and technical subjects.

On the part of pupils and students:

- (i) Absence of or inadequate supply of textbooks in certain subject areas, such as Ghanaian Languages, Technical/Vocational skills.
- (ii) Problems of access to textbooks, some under lock and key by heads of schools for the fear of mishandling and losing such books by pupils.
- (iii) Teaching and learning aids are inadequate.
- (iv) Use of inappropriate teaching methods especially where some children have learning difficulties such as language and speech defects, visual and hearing impairment and mental retardation or difficulty in learning specific subjects in special schools as well as regular schools.

- (v) Children waste much time, modern technological advancement as in television shows and videos; they are attracted to quick money business as observed in communities and on televisions.

On the part of parents or guardians:

- (i) Financial constraints on parents to be able to meet children's school fees and feeding, affecting learning habits.
- (ii) Lack of effective control and supervision by parents and guardians.
- (iii) Negative attitudes of some teachers and parents against females in certain subjects, such as, prohibiting girls from taking carpentry, engineering, etc. although girls are encouraged to take Mathematics and Science and having Science-Technology-Mathematics Education Workshops yet not many really do it and it needs attitude change (Women, 1995).
- (iv) Curriculum is not matching with practical or vocational skills available in the community so that students or pupils cannot pursue further training in the communities. This may be largely due to lack of organised apprenticeship or co-operative workshops for further learning and production (Problems and Challenges, 1997).

Impact of the Educational Reforms on Special Education

The Special Education Programme has not changed much, however, the duration in school is 6 – 4 – 4 years which means 6 years in primary school, 4 years in Junior Secondary School (JSS) which involves one (1) year preparatory Form 1 in Secondary/Technical and 3 years to start SSS 1 to complete within the end of the third year. Failed students have the right to take remedial class with the school and resit or have the option to learn a trade or attend the Bechem Vocational School attached to the School for the Deaf at Bechem, Brong Ahafo Region or Cape Coast school for the Deaf, vocational unit. Besides this, they have no tertiary education though the visually impaired do have and run the same 6 – 3 – 3 years of learning with all other pupils and students.

Despite few achievements however, it should be noted that the Bechem School for the Deaf usually achieves a significant landmark in terms of job opportunities for its products (Owusu-Sekyere, 1997). Moreover, the learners at the

Vocational Centre are mostly self employed. The Cape Coast School for the Deaf as well as Volta School for the Deaf, Hohoe, have batik, cloth, art products, kente weaving and poultry. They have dramaturgy to educate the public besides competing in same examination, the Basic Education Certificate Examination. Barnes (1996) in an article described the students for example, at Cape Coast School for the Deaf as industrious scholars since they have repeatedly received first place honours side by side with their hearing peers in disciplines such as drumming and art works.

Teacher Training colleges

In terms of teachers and training colleges, students from 2005 taking are Introduction to special Education (2cr.nhrs) as a course to help them manage pupils in classrooms. In the University of Education, Winneba, also all students take an Introductory Course in Special Education since it is a core subject for the same purpose of identification and management of these pupils in the classrooms and communities.

Recommendations

Success of the reforms will be based on parental-teacher, personnel of the Ministry of Education collaborative roles. First to get each party informed of the role to play in the fCUBE programme:

- Guidelines should be provided as to the roles by the District Assemblies in school block building, maintenance and supply of textbooks. Parents be informed as to what financial role to play as to purchasing of tools and equipment.
- More of the Science Workshops have to be opened at all districts to facilitate learning.
- Workshops need to be organised for teachers, pupils and parents on enhancing learning.
- Community involvement in management of schools need to be encouraged.
- All stakeholders such as parents, industries, non governmental organisations such as World Vision and benevolent societies such as Societies of the Deaf and Blind, Friends of the Mentally Retarded and religious societies like Kristo Asafo, the Catholic Relief Services, etc. should contribute meaningfully and relatedly to specific goals of

- education, be it scholarship, supply of equipment and braille materials and other learning aids for needy children.
- Endowment funds can be set up to maintain, repair and replace furniture, school blocks or expand facilities needed, such as school library, braille library in schools, recreation centre for the disabled to meet, discuss and share thoughts.
 - Collaborative planning needs of the schools and children according to priority and availability of funds.
 - Pre-service training for students in training colleges on identification and management of handicapped children and regular children in the same classroom.
 - In-service training of pedagogy teaching thus updating teachers on new methods which are appropriate and effective in learning and teaching.
 - Replacing female teachers who are on maternity leave or on sick leave.
 - Female teachers should be given special incentives, such as, accommodation in the rural areas to stay on so as to serve as role models to the girl child.
 - Competitions among schools with specific subjects besides the schools. Criterion Referenced Test for English and Mathematics involving special school and monitoring in form of school supervision coupled with evaluation of school activities, constantly for review are crucial to enable remedial steps or alternatives be made to suit the learners.
 - Tertiary level institutions for the deaf graduates from the Senior Secondary School. This should include absorbing a percentage of qualified students to the Teacher Training College as it happened, Akropong in 1997 September; it is expected that this gesture should continue to expose the potential of the hearing impaired in as much as there are notable lawyers, teachers and renowned trades and crafts and women who are blind.
 - Rehabilitation programmes for the visually impaired as a collaboration between sight savers International, Ghana and the University of Education, Winneba since 2004 must be expanded to cater for all special needs children.
 - Communities should change attitude, not to show pity but support.
 - Annual or frequent reviews should be in place to keep the system abreast with the manpower needs of the times.

The Fcube

Free Compulsory Universal Basic Education (fCUBE) aims at expanding, strengthening and making relevant education to all children. Therefore, the fCUBE is to provide quality based education in Ghana from 1996 to the year 2005. The letter “F” stands for “**Free**” at the basic education level; the “C” stands for “**Compulsory**” for all children of school going age. The letter “U” for “**Universal**”, which represents education as equitable and relevant to the needs of the learner and the community. The “B” stands for “**Basic**” in covering 9 years from Class 1 to JSS 3 and the letter “E” is “**Education**” of distinguished quality.

The fCUBE programme is derived from the wording of the 1992 constitution which gave rise to its establishment. This is in fulfilment of the constitutional mandate which states in Chapter 6, Section 38, Sub-section 2, that the Government shall, within two years after parliament’s first meeting, after the coming into force of this constitution, draw up a programme for the implementation within the following ten years, for the provision of *Free Compulsory and University Basic Education*. The programme is a reinforcement of the on-going educational reform programmes at the basic level.

How is fCUBE Different from Other Programmes?

- (i) It is a constitutional requirement enshrined in the 1992 constitution.
- (ii) It is nationwide and sector wide whereby all sectors of the Ministry of Education are involve.
- (iii) It is to decentralise policy to the district levels for ownership, management and control of educational services and facilities to local levels. (This encourages community participation in policy making and implementation, e.g. oversight committee).
- (iv) It aims at achieving high level of equity, quality and give efficient educational services within a time frame of 10 years from 1996 – 2005. (This emphasises increased access to education for the girl child).

Challenges of fCUBE

The fCUBE challenges are categorised into four parts:

- (i) Poor teaching and learning resulting in poor performance of children throughout the basic education level.

- (ii) Inadequate access to educational services.
- (iii) Weak management capacity at all levels of the educational system.
- (iv) Unsatisfactory financing arrangement for the education sector.

To achieve quality, efficiency and access, three main components are needed. These are:

- (i) Improving quality of teaching and learning.
- (ii) Management for efficiency component.
- (iii) Access and participation.

1. **Improving Quality of Teaching and Learning**

This component will enhance specific teaching skills through pre-service and school-based in-service training of teachers:

- Improve teacher morale and motivation through incentive programme.
- Promote quality of learning and pupil, student performance through curriculum reviews and improve teacher/pupil instructional contact time use of study guide and identifying learning strategies which can enhance learning.
- Ensure adequate and timely supply of teaching and learning materials to all schools (e.g. equipment, and qualified technical teachers to JSS).
- Improve teacher/community relationships through workshops and out-reach programmes.

2. **Management for Efficiency Component**

This is to improve the efficiency and effectiveness of management performance through:

- Discipline and accountability in school.
- Increase enforcement of effective teaching and learning.
- Elimination of teacher absenteeism, lateness and misuse of instructional time;
- Building of high morale of the pre-tertiary personnel.

3. **Access and Participation**

- To expand infrastructural facilities and services to enhance access for all children of school going age.
- To address issues of enrolment and retention for all children of school going age to ensure good quality teaching and learning by setting performance targets (Quayson, 1996).
- To enhance equity in the provision of educational services and facilities for all with particular focus on girls and disadvantaged children. Researches revealed that the disparity exists in female/male ratio at higher level in school. (Ministry of Education, 1993; Adjepong, 1996). The gap between female and male children in favour of boys due to:
 - Socio-culture – traditional marriage;
 - Unawareness of parents;
 - Inability of parents to pay school fees therefore poverty deters the girls from attending school (Stephens et al, 1996).
 - Insufficient role models of teachers for children to copy.

Other problems that influence accessibility are distance from school even though at present, government policy states that schools should be mapped so that children do not walk more than 5 km from home (Aboagye, 1997); geographical siting of schools, lack of furniture and effective community involvement are some of the problems against the reform. There is increase in enrolment since the inception of fCUBE (e.g. primary school enrolment has risen from 1,625,137 in 1987/88 to 2,333,504 in 1997/98 representing an increase of 43.6% (Children Report launched, 1999:16). Enrolment increased between 1998/99 and 1999/2000 . Enrolment rates were 53.3%, 53.1% and 52.8% for boys in 1998/1999, 1999/2000 and 2000/2001 academic years as compared to 46%, 46.9% and 47.2% for girls in the same period. (GNAT Bulletin 2006 March April).

“Special Education” is defined in a very broad context to include all children who are unable to adjust in school for whatever reason. It includes handicapped children, children in labour, street children, children not able to learn, those with under-achievement, educational inequalities, and deprived children from poor homes. These children may be affected in their learning not only by the sensory or physical deprivations they have but even by environmental factors such as, under estimation, poverty, poor school environment, and under-achievement linked with poverty and superstitions (ISEC, 1995).

Special children are given the option to attend special schools which are residential or integrated into regular schools with “normal” children. Already mainstreaming in form of unit schools have been started in few areas in Ghana, such as Hohoe, Koforidua, Kibii, Winneba and Swedru. Presently, special schools though concentrated in regional or urban areas are found all over the ten region of Ghana. A lot of them have poor facilities due to high cost involved in running special schools. Besides, parents have financial burdens so cannot equip the disabled children in schools. Since majority of disabled children are all over the country and accessibility is limited to the few schools, inclusive education is now being promoted. “Inclusive education means making education accessible to every child irrespective of his intellectual, emotional and sensory deficit. It is like including all children in the learning set up as proposed by the Salamanca Conference in Spain in 1994 with the idea of “*education for all*” including the hearing and visually impaired, the intellectually impaired, and persons with learning difficulty together with the gifted and talented (Special Needs Outreach, 1994).

Inclusive education has the aim to restructure schools in order to respond to the needs of all children (Ainscow, 1995). The fCUBE policy of the 1992 constitution of Ghana which came into effect on 7th January, 1993, offers much more room for the implementation of the inclusive education which has been started in some parts of the country, for example, in the Ada district as a pilot study. It is noted that not all children can benefit from inclusive education. Very distinct and severe disabilities with some children cannot make such children benefit. This means they need residential special schools. Others can then be transferred from the special schools to be placed in regular schools with some amount of support from skilled specialist teachers one time in a day or week to serve as resource teachers or itinerant personnel. This support can be supplemented by the peripatetic officers who besides the identification of disabled children in the communities help plan lesson notes, audio visual aids, advise on seating arrangements in class and suggest remedies that would improve learning and teaching.

Challenges of fCUBE with Special Needs Children

Challenges of fCUBE and special needs children remain same as those identified earlier as poor teaching and learning, access to education and management. However, fCUBE policy will create more chance to many disabled children to gain admission to ordinary schools. This is because

special schools are very few and are concentrated in urban centres. Special schools have poor facilities (lack of adequate teaching materials and equipment e.g. braille, prints, auditory trainer, etc.) and cost involved in running the schools are great coupled with financial burdens on parents to equip their disabled wards in the residential schools.

Although this advantage of more enrolment of disabled children is possible yet there are concerns that will mitigate against progress. These are:

(i) **Management for Efficiency**

This involves inadequate resource personnel; for example, inadequate peripatetic teachers, lack of related services, such as, transportation to remote areas, lack of restructuring of the school environment to meet the needs of the children (e.g. ramps and rails for wheel chair).

(ii) **Teaching and Learning Quality**

- (a) regular classroom teachers lack skills to teach the disabled.
- (b) they exhibit poor inter-personal relationship, for example, they tend out of ignorance to give no individual attention to children in need, do not co-ordinate ideas among themselves besides underestimating the potential of the disabled.
- (c) peers undermine the performances of these children, label them and jeer at them.
- (d) teachers do not know much about the disability therefore give poor counselling to parents which causes withdrawal of such children from school for trade or other vocations such as, carpentry, tailoring or seamstressing or the children are dumped in the house.

Possible Solutions

- (i) regular teachers need frequent in-service training on:
 - Teaching skills through demonstrations, team teaching and discussions;
 - Explaining causal factors of the disabilities to teachers and how to handle them.

- (ii) Educating teachers, parents and parents of other children on acceptance, love and appreciating the difficulties the disabled go through.
- (iii) The UNESCO Teachers' Education Pack is to be exposed to all teachers through series of workshops to involve the pillars of the pack which are management, instructional materials, child's active learning, demonstration, practice and feedback, support and continuous evaluation (Oppong et al, 1995).
- (iv) The classroom should be such that children should be active participants to develop culture of finding out solutions to problems themselves and exploring their environment so as to supplement information they obtain from the textbooks.
- (v) Community Based Rehabilitation Officers as well as peripatetic teachers need to give pre-service courses to classroom teachers in the field training colleges must keep up with the two credit hour to enable learners have basic skills in classroom management course in special education for both disabled and the non-disabled children in the same classroom or sharing same compound.
- (vi) Training of special educators on identification and management of gifted and talented children in schools for national development should be an educational policy and a matter of priority. This must go alongside with screening all children for early identification of sensory impairment and management.
- (vii) Gender bias in schools can be rectified through instituting scholarship schemes under the fCUBE programme for the girl child especially in the northern sector and the poverty stricken areas in Ghana. Where about two fifths of eligible primary school children do not enter school as a result of poverty (Ofei-Aboagye, 2006 march-April)

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CHAPTER THREE

HISTORY OF SPECIAL EDUCATION IN GHANA

Introduction

Special Education has been the focus of attention for the past four decades and presently has been a subject of significance to many teachers and parents. What would have brought this abrupt desire to the hearts of the people and a culture which is driven so much by superstition about the disabled? Many will then be asking what is Special Education and what are its objectives? This chapter attempts to explain or defines it in the Ghanaian context. In addition, historical development of special education in early times and legal background to special education in Ghana are discussed.

Definition of Special Education

Although, various countries have definitions made according to their National Policies on Education yet there is a common theme underscoring whatever definition this term may be given. Heward and Orlansky (1988:269) cited Kirk (1981) as defining Special Education as:

... that education which is unique, uncommon or of unusual quality and is in addition to the procedures used with the majority of children. The special techniques that have been developed over the years to assist deaf children in processing information

without the sense of hearing are certainly unique, ingenious, and highly specialised.

Coming down to a definition given by Adima (1991:7) in Nigeria, Special Education is defined according to the National Policy on Education as:

The education of children and adults who have learning difficulties because of different sorts of handicaps; blindness, partial sightedness, deafness, hardness of hearing, mental retardation, social maladjustment, physical handicap, etc. due to circumstances of birth, inheritance, social position, mental and physical health pattern or accident in later life. As a result a few children and adults are unable to cope with the normal school class organisation and methods. There are also the specially gifted who are intellectually precocious and find themselves insufficiently challenged by the programme of the normal school and who may take stubbornness and apathy in resistance to it.

In Ghana, although there is no National Policy about definition on Special Education as yet, the author of this book suggests that, it is however safe to define Special Education as:

The interventional arrangements and procedures used in educating the adults and exceptional children which include the sensory and physically impaired children comprising, the visually and hearing impaired, the mentally retarded, the language and speech impaired, the autistic the cripple, or the physically impaired, the emotionally the behaviourally disordered disturbed, the learning disabled, the multiple handicapped, the gifted and talented and families of these children. The system for educating these people employs adaptation of methods, use of special techniques by multi-sectoral team, special equipment to teach the course and content of education to the handicapped and enriched and accelerated programmes for the gifted and talented children to sustain their interest and alleviate the frustrations and tendencies to drop out that might have occurred if their programmes were not suitable to their specific needs. (Gadagbui, 1998).

Besides, special education is internationally embracing other categories of children such as, the street and abused children as well as the disadvantaged (ISEC, 1995).

Ghana is yet to expand the educational programme to cover the gifted and talented. These children are those who show high academic performance, leadership qualities, creativity, artistically talented and have problem solving abilities (Kirk et al., 1993). In any case, some academically good pupils are promoted from one class to the other a year ahead of their peers or skip class and are given extra class work, self initiated project this is an indirect way of practising accelerated or enriched programme meant to meet their needs.

Objectives of Special Education

In line with the definition given, the objectives of Special Education in Ghana include the following:

- (i) To identify and assess the reality of the problem in children suspected of handicapping conditions.
- (ii) To minimise or eliminate the causal factor by offering medical, surgical, psychological or educational treatment to the exceptional children.
- (iv) To provide appropriate emotional environment for disturbed children (Dery, 1993).
- (v) To provide enriched and accelerated educational programmes for children with giftedness and talentedness to improve their potentialities.
- (vi) To offer therapy, rehabilitation and habilitation through communicative skills, vocations for the future using special equipment, varied instructional materials, etc.
- (vii) To make parents informed about facilities and services available such as. resource and assessment centres and assist parents to regain the lost self-esteem which results from the child's disability.

Historical Development of Special Education in Early Times

This section deals with how the handicapped children and adults were treated in the ancient times throughout the medieval period to the Christian era and its

influence on believers and philanthropists and how Ghanaians in early times to the present, consider these persons who are disabled.

Ancient Times

In the ancient times because the handicapped were thought to be economic calamities and not contributors to society's services, they had no social support of considerations. Either they were destroyed at birth or later on, in life.

This was the behaviour globally as would be seen in the text. The culture of the ancient time for **the Greeks, Spartans and Athens** was marked with individual fitness and of sound education. Thus the wealth and leisure of these places **hang** heavily on thousands of toiling slaves who however had no education except to give hard physical labour. Fitness was expected of the sons of the wealthy. As a result, these infants who could not meet the accepted standards of physical perfection were exterminated. In Sparta and Athens, elders of state had to examine their infants at birth before they were acknowledged to their families so that if there were signs of imperfection the infants would be exposed to the mountain side to die.

The Romans also would lay their infants found defective by the base of the statues in the public square for dogs to tear into pieces. Some infants were destroyed at 3 years if the deformity was seen to be gross and the child might be a liability to the state. Besides, the Romans categorised the deaf and dumb as they were called those days and were considered without intelligence and were denied legal rights. To this effect, guardians were appointed for those who were born deaf and dumb. These guardians were to take complete charge of this category of children who were also denied marriage contracts. However, those deaf without being dumb but could read, write and talk were allowed to control their own affairs and contracted marriages (Bender, 1960). In addition, the Romans like the French used handicapped persons as court jesters and caused some to give amusements at homes (Apronti, 1994). These cruel treatment were backed by the Greek philosopher Aristotle whose pronouncements were translated to refer to the deaf, born in that state, as senseless and incapable.

Although literature stated that the statement's translation was distorted, nothing was done to explore the capability of the deaf but rather this pronouncement did not benefit the deaf in those days.

Period of Christianity

This was the era that actually made believers in Jesus' doctrine believe in brotherhood of all men. These Christians as evidenced in Acts 3: 2 – 9 became concerned about the plight of the handicapped and healed them (The Holy Bible, 1976). In addition, their preaching developed the growth of humanistic attitudes in society. Of the ancient writers was also St. Augustine who emphasised the doctrine of unquestioning faith as opposed to sense and reason. He stated the sins of the fathers visited on the children and pointed out that babies who were handicapped from birth, for example, those born with deafness were deterred from the faith itself since "*faith comes by hearing*". Therefore he stated that the sin of parents was transmitted to the children. However, with the growth of Christianity, a more humane interest in common man and the handicapped person began to develop.

Hammurabi's code of retaliation for an evil was that, the hand that struck a father was cut off and a surgeon who cost the life of his patient should also lose his life. This code actually curtailed cruelty and a positive attitude began to be seen towards the handicapped.

The re-awakening or renaissance brought wide range of education as in painting, travelling, reading and writing more into science and religious reforms re-emphasising individual responsibility for faith and salvation for the individual but progress of these to be translated into educating the handicapped was lacking around the 1400 – 1500 AD.

Effects of Christianity on the Development of Special Education from the 15th and 16th Century

Christianity softened the inhuman attitudes of the society in that, positive attitudes of human nature were shown towards the common man and the handicapped persons. Such was the attitude that the religious people and individuals spent time to train the deaf-mute (as they were called at that time in monasteries) to speak or talk. During the 15th to 16th century, inspiration led Christians to assist the disabled. Ponce de Leon was the young man who was interested in educating the deaf-mute. Among his pupils were children of wealthy and noted families of Spain including the son of a governor. Ponce de Leon taught these children to speak, to read, to write and to keep accounts, repeat prayers, confess their sins and serve Mass.

Others that came after Ponce de Leon were Ramirez de Carrion and Juan Martin Pable Bonet who also taught the deaf to speak. Asylums were provided for the handicapped so were increased contributions towards the provision of facilities and training opportunities for them (Bender, 1960).

Among these earlier benevolent people were Anthony Fitz-Herbert who in 1534 was the first man who attempted to define mental deficiency scientifically as an “*idiot*”. John Locke in 1690 distinguished between those who were “*idiots*” from those who were “*insane*”.

Samuel Howe in 1800's initiated the education of the blind and established the Perkins Institute for the Blind. Later, he returned to the education of the mentally retarded and in 1848 began the first public setting for the mentally retarded children in the United States of America.

In the 19th century, rapid development of educating the mentally retarded began. Jean Itard, Edouard Seguin and Maria Montessori initiated psychological and educational experimentation with the mentally handicapped children. Their pioneering labours laid foundation for the scientific approach at the latter part of the century (Heward & Orlansky, 1988).

The Disabled in Ghana and Early Times

The inhuman treatment was not only unique to the Greeks, Athens and Romans as discussed earlier on, but was also common to other ethnic groups. Our local communities in Ghana, have different names for the disabled and treated handicapped persons in similar terms in the past and sometimes even now in certain communities. All over Ghana, the handicapped have different defamatory labels.

For example, those with mental retardation in Twi were referred to as “*Nea wonyin agya n'adwene ho*” meaning “*one who has grown but left his mind behind*”. The Gonjas call them “*Esalbato*”. The Gas call them “*buulu*”, the Ewes call them “*asubwo*” or “*azui*” which means a person with no sense. The cerebral palsy children are called in Akan “*nsuba*”, meaning “*river child*”, the Ewes, “*asob*” or “*amenuwo*” or “*ovvi*” meani.. “*something is wrong with the person*” or “*a child of a python*”.

The deaf in Akan are labeled “*mumu* which means “one who cannot talk” in Ewe, “*tokun mensa ɔ*” “hearing person with dead ear” and the visually impaired are the “*onifuraeni*” in Akan; “” in Ewe respectively ” all meaning literally with broken eyes. For the cripple in Akan *obubuafo* and “*bafa*” in Ewe are the expressions used. .

Treatment may vary in places. For example, the Nchumuru people of the Northern Volta Region in the Kete-Krachi district believe in evil spirits, smaller gods, ghosts, power of sorcery and curses, provocation from gods and taboo breaking, as some causes of disabilities. To this end, if such children are born they could be murdered in various ways either by dipping the child’s head in water meant for bath to prevent the mother from giving birth to an additional defective child. However, if the defect is not detected early and the child survived, he/she is subjected to severe beatings or cruel treatment at the least provocation. Sometimes, the child could be left to starve and be neglected totally. The rationale was that if this child was not cruelly treated, he would inform the unborn babies how easy the world was but this ordeal would enable him or her describe how wicked the people of the world are (Akakpo, 1996).

Infants or children were given “*mercy*” killing or euthanasia through certain rituals whereby mashed yam mixed up with eggs (ɔɔ) believed to be the dish for the river babies called “*nsuba*” in Akan and “*ɔvi*” in Ewe were served with . The rituals were normally performed at the river side and a one gun shot marked the send off by which the river baby would crawl back to the river or get drowned. Beliefs and practices differ from tribe to tribe. Nevertheless, across the country, various superstitions have been attributed to disabilities.

RESEARCH FINDINGS ON TRADITIONAL COURSES OF DISABILITIES IN GHANA

A 1995 – 1996 finding of questionnaire, 216 participants made up of 171 males and 45 females indicated that taboos-breaking related to causing disabilities rated 53.8% in the Eastern Region, punishment from the gods rated 40% in the Northern Region, curses rated 37.5% at Greater Accra; witchcraft being 31.3% in the Central Region, and evil spirits rated 16.7% in the Brong Ahafo Region and again provoking the gods rated 31% in the Volta Region (Essel & Gadagbui, 1997).

In the north, such children are said to be killed by “*local medicine men*” through ritual process. It is also believed among the Akans that if an individual dies and

is not given a befitting burial or body is mutilated, be it slashing of ear or arm, such a child would be reincarnated through that lineage back to this world. Unfortunately, such a child is seen as a curse and treated with great dislike. Other practices handed over as oral traditions in Ghana stated that besides the elimination through drowning, babies could be suffocated at birth or left in the bush at the mercy of the weather and beasts.

Similar beliefs are held among the Cameroonians and Nigerians. For example, among the Yorubas who believe in reincarnation, would give befitting burial to their dead but burnt the disabled to prevent reincarnation. So are the people of Cameroon who considered the mentally retarded as calamities and as water spirits which penetrated the woman during her bath. It therefore had to return to its real parents so the child would be placed on a rock on the edge of a hole to enable it rejoin its true parents.

Although these superstitious beliefs and cruelty to the disabled in the West African countries and in Ghana in particular, may have sounded odd, it should be noted that similar concepts can be found in Europe, Asia, America and other western countries of the world in varying degrees (Pappoe, 1973 cited in Akakpo, 1996). For example, Davis and Silverman (1978) reported that the disabled were viewed as sub-human.

COMMON ORTHODOX CAUSES OF DISABILITIES

1. Prenatal : (before birth)

- Maternal Rubella (German Measles)
- Infections diseases/virus/syphyllis; Gonorrhoea; Human Immune virus (HIV).
- Effect of Alcohol on fetus (Fetal Alcohol syndrome which causes, low birth weight, hole in heart, learning disabilities; prematurely.
- Maternal stress and Acute malnutrition during fetal development at the first trimesters, that is blood incompatibility. Mothers Rh negative builds antibodies against child's Rh positive acquired from the father. This condition can be disastrous to baby's development.

2. Per-natal (during birth/around birth)

- Head trauma (baby hits head on hard surface)
- Prolonged labour resulting in complete lack of oxygen (anoxia) to the

child or loss of some amount of oxygen rendering supply oxygen deficient (hypoxia).

3. Post-natal

Virus infections such as measles, mumps; poliomyelitis.

- Lack of immunisation against viral infection .

- Heavy fall slaps, accidents

Exposure to constant ultrasounds at factories, night clubs without ear muffs to cut off high sounds from blasting the ear.

Verbal abuse, physical abuse, stress, can contribute to emotional/behavioural disorders as in truancy, bully and poor learning habits.

Legal Background to Special Education

Special education has come about informally as the Accelerated Development Plan of Education in 1951 which mandated education for every child of school going age. The Wilson Committee of 1960 and Henderson and Howlett's Committee of 1962 recommendations in addition to the Education Act of 1961 really gave legal backing to educating children of special needs in special schools. In all the educational attempts since the 16th century to early 19th century, there was no record of any specific policy made purposely for the handicapped children. It was however certain that many Education Ordinance, Committees and Educational Acts were passed. Notably, among these were the Accelerated Development Plan of Education 1951, and the Education Act of 1961 which made education available to "every child of school going age" but none was specific on children with handicapping conditions except the 1961 Act.

The Accelerated Development Policy of 1951 was seen as "a measure of education for every child of school going age" (McWilliam 1962:83). It was also a move towards Universal Primary Education with increase in new classroom building for primary schools. Besides, the Education Act of 1961, Section 2, states that: "Every child who has attained the school going age as determined by the Minister shall attend a course of instruction as laid down by the Minister

in a school recognised for the purpose by the Minister” (McWilliam, 1962:109). This was a fee-free compulsory educational policy with Local Education Authorities empowered to build, equip and maintain all public primary and middle schools in its area; it must establish all primary, middle and special schools as are required in its area and advise the Minister on all matters relating to primary and middle school education in its area (McWilliam, 1962).

Making mention of special schools categorically in the 1961 Education Act for the first time might have stemmed from the fact that the Presbyterian Church invited the Reverend Andrew Foster, a deaf black American Evangelist who arrived in the country in September, 1957 and began the first school for the deaf at Osu with a handful of deaf pupils. As the enrolment increased the pupils were transferred to Mampong-Akwapim in October, 1959, where the chief of the town offered them a place to house the school. This first school became known as the Ghana Mission School for the Deaf. By this time, Dr. Nkrumah’s government started showing interest in the school and also in the handicapped people in general. This interest called for Wilson’s Committee of 1960 and Henderson’s and Howlette’s, 1962.

(i) **Wilson’s Committee of 1960**

As a result of the government’s interest, she had appointed a committee in 1960 headed by Sir John Wilson of London who was the Secretary of the Royal Commonwealth Society for the Blind in England to advise on the educational needs of the handicapped children. A committee was formed and Sir Wilson became the chairman of it. Work began in December, 1960 and in December of the same year his report was presented and accepted by the government.

The report indicated that by the survey, 60% of normal hearing children were in school with 90% of this number concentrated in the cities and large towns with less percent as one went further to the north. Out of 20% of deaf children of school going age, only 2% of these children were in school with 3% of the educational facilities available in the country which was just too meagre. The committee advised that by the end of the second development programme, the admission of deaf children of school going age should increase up to 10% and this called for expansion whereby £30 was proposed to be made available for this purpose to the

Ministry of Education. The committee also recommended that the disabled should be attached to the ordinary schools and when not possible, special schools be set up for a free education for all.

Wilson's recommendation that local authorities should open schools for the disabled in the country was not successful since no school was opened by the end of 1961. The problem was not due to finance as such but was due to handling the education of the disabled. Nevertheless, the invitation of Dr. P. Henderson and Mr. Howlett of the British Ministry of Education by the government in May, 1962 under the United Kingdom-Ghana Mutual Technical Co-operation solved the problem. Both men were commissioned to make specific recommendations to the needs of the hearing impaired children. Meanwhile, the government took over the Ghana Mission School for the Deaf. The government also bore the full payment of teachers' salaries and paid the rent for the rooms hired for the school.

(ii) **Henderson's and Howlett's Recommendation of 1962**

The committee came out with the following recommendations:

- At least one school for the deaf be opened in each region near a secondary school for the benefit of the disabled children to be educated in these ordinary schools;
- Also one school be opened near a technical school for the benefit of training interested children, who would like to train for a profession.
- A school be opened near a Training College for demonstration lessons for student teachers;
- That the education of the disabled should be an integral part of the main educational system and should be the responsibility of the Ministry of Education, leaving the vocational rehabilitation for the Social Welfare Unit.
- That if a handicapped child can be satisfactorily educated in an ordinary school, he should remain there otherwise he should be educated in a special class, attached to an ordinary school. However, if he cannot cope, then he should be put in a special school.

- That any plan for educating the disabled should be entirely flexible and adaptable in changing circumstances.
- There should be close co-operation at all levels of child education with the health and social welfare services.
- That more schools for the deaf be opened but not until such a time that enough qualified personnel to handle the schools were available (Hayford & Baah, 1997; Dery, 1993).

These recommendations gave rise to the issue of giving further training to teachers certified in Certificate 'A' as the requirement of that time. Thus, nucleus staff was sent abroad for training but the thought of reducing expenditure also gave birth to local training at Mampong-Akwapim which later began in 1965. This information is to be seen elsewhere in this book with all the details about it.

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CHAPTER FOUR

THE EDUCATIONAL SERVICES FOR CHILDREN WITH DISABILITIES IN GHANA

Introduction

The educational services for children with disabilities can be viewed in four dimensions which may be psychological component, educational component, and economic component. This is because if the child's problem is to be wholistically approached, it is not only the disability that needs to be worked on but the potential or ability that the child has, have to be tapped to make him/her a functionable and independent person.

In view of this, while this chapter deals with the psychological component alone, the subsequent chapters concentrate on educational and economic components. Under the psychological component, many services are rendered and have been listed in this chapter but details of few services like the Family Support Programme (FSP), Community Based Rehabilitation Programme

(CBRP) and Special Schools and Unit School (SSUS) are treated in different chapters on their own. It is believed that families are burdened with griefs and frustrations when a child is identified to be having a problem. They are shrouded in denial and anger, community stigma, superstitions, blaming each other and other family members and shopping from one healing centre to the other and from one hospital to the other for probable cure. Nevertheless, when parents have full realisation of the irreparable loss or that the damage is certain, they collaborate with the professional for the rehabilitation process to take its course.

The rehabilitation process or management can be attained through services that the child and families may have with the assistance of skilled professionals. These services rendered in Ghana include:

1. **Pre-School Service**
 - (i) Peripatetic Service for Early Identification
 - (ii) Pre-school Programme
 - (iii) Assessment Centres
 - (iv) The Family Support Programme

2. Ophthalmic Service
3. Special Education Services for Visually Impaired
4. Community Based Rehabilitation Programme (CBRP)
5. Social Welfare Services
6. Special Schools, Unit/Mainstreamed Regular Schools

Pre-School Services

This involves peripatetic services and pre-school programme although assessment of the handicapping conditions, family support programmes, and social welfare services form component parts of it together with other services that the condition may demand as listed before formal schooling.

The Peripatetic Services for Early Identification

This aims at discovering disabilities in children preferably within the first years or early years of developing children for diagnosis at the assessment centres and hospitals for confirmation, hence the peripatetic services that some skilled teachers in special education give in schools and in the community.

The treatment and education of disabled children depend highly on early identification, diagnosis or detailed assessment and management to make the person care for himself/herself and to contribute meaningfully to the society. To this effect, the pioneering work in identification was started by Mrs. Eudocia Obeng in the Eastern Region in 1972 and 1974 when she was attached to the Regional Education Office at Koforidua. She visited and counselled parents of the hearing impaired children who were not attending school. The result of her tour all over that region gave birth to the idea of many parents registering their hearing impaired children and this caused the opening of the Kibi and Koforidua Unit School in 1975. Impressed by this event, the Ghana Education Service (GES) realised the essence for a peripatetic service in other regions of the country.

In 1975, seven more peripatetic teachers were posted to other regions except Accra which was served later (Dery, 1997). General target areas for peripatetic services are the following:

- (a) The District Education Staff
- (b) The Schools
- (c) The Community
- (d) The Antenatal Clinics

Targets at the Schools

- (a) The Teachers
- (b) The Pupils and Students

(1) Peripatetic Services

The roles of the peripatetic teachers as special educators drawn for this service include the following:

- (i) search and identify in the localities, children suspected of handicapping conditions of hearing and visual impairment, mental handicap, physical disabilities (cripples) autistic children, cerebral palsy and speech/language impaired children, etc.
- (ii) screen children suspected of disabilities in vision, hearing, mental handicapped conditions and other defects.
- (iii) make referrals to assessment centres and hospitals.

- (iv) give guidance and counselling to families and give causal factors of the disabilities of their wards.
- (v) visit homes and assist parents and their children.
- (vi) inform parents of resource services (hospitals, placement, assessment centres, orthopaedic centres, etc.)
- (vii) support staffs of the ordinary schools through identification processes, discussion with regular teachers on symptoms for sensory and physical problems such as hearing, visual, mental behavioural and physical problems.
- (viii) Involve themselves in inclusive educational programmes by demonstrating techniques of handling such children in the regular classrooms and discussing with teachers the impact of such skills in remedial teaching. Encourage and help teachers in lesson planning to adjust to language level. Make suggestion and help in making audiovisual materials. Perform activities and motivate, children to learn.
- (ix) Educate expectant and nursing mothers on how to take care of themselves and their children to prevent disabilities are also carried out by teaming up with the Maternal and Child Health (MCH) hospital team.

Besides the above services, the peripatetic officers serve as liaison officers between home, district office and the school and write reports of their tour. The essence of early identification is critical since language development and acquisition starts around 12 months through preliminary stages of cooing and babbling between 2 – 9 months. These prerequisite activities assist in stimulating audition, auditory memory, and auditory feedback whereby child hears his/her own voice, he/she learns to store sounds and categorises sounds as he/she hears according to the differences in intensity, placement and tone. In fact, these activities serve as basis for later speech development of the child. Nonetheless, if there is a hearing defect, babbling may tend to cease as the auditory feedback is lacking thus serving as a pointer to hearing problem. As such, identification is critical therefore, if unduly delayed, acquisition is essential when suspicions are observable since management procedures implemented early benefit child in integration and future independence and community participation (Whetnall & Fior, 1964). It can therefore be added that since by 3 years maturation of nerves begin and by this time also child is able to express

him/herself about daily issues with fault, the period at least from 6 months – 3 years is critical in the child's life and needs early help (Fior, 1972; Fisch, 1983).

Weakness

Despite these objectives, there are strong weaknesses in the system which have not made it possible for the peripatetic officers to work effectively and achieve maximum gain in the field. These are:

Some personnel lack basic knowledge in most areas of disabilities, such as, hearing and visual impairment, mental retardation, etc:

- ❖ There are no standard instruments for identification.
- ❖ A lot of superstitious beliefs inhibit parents to bring out their wards for specialist attention.
- ❖ Inconsistency in content of the curriculum over the years in the Specialist Training College for Special Education could be a contributing factor for not satisfying the needs of communities.
- ❖ Ratio of peripatetic officers to numerous communities is incongruent. This may be due to few peripatetic officers available in the districts which do not correspond to the 110 districts in Ghana.
- ❖ Lack of effective communication for the peripatetic officers and if they take the initiatives by themselves payment of transportation fee may delay or not be paid at all hence not very many remotest areas are explored.
- ❖ Lack of incentive and lucrateness of the field is distractive to a lot of specialists who are leaving special education service.

(2) The Pre-school Programme

This programme is established in most schools for the deaf children between 2 – 5 years who are under formal school group age. The programme caters for children below 6 years and parents especially mothers mostly accompany their young children with hearing disabilities after every 2 weeks. The programme aims at equipping parents with communicative skills which they lack in interacting with their wards. The initial biggest problem parents face with the hearing impairment is how to communicate with their children. Thus in the pre-school programme, parents become co-teachers who participate in language activities with the hearing impaired children and learn

communicative skills from the skilled teacher(s) at the school or the pre-school centre of the school. Children are made to be actively involved in the activities done through mostly play, drama or performance of specific activities of daily life. The activities expose parents to focus on positive achievements of the child(ren) and how to maintain these to become habitual to eliciting such positive responses from the child. Parents also have the opportunity to admire and appreciate verbal and non-verbal responses that their children are able to say or do at the clinic. They also have the assurance as to what the child may be capable of doing and be in better position to handle the child to communicate.

As a result, these positive achievements are to be carried over by the parents to the home for reinforcement and much discussion on expansion of child's activities upon those observed at the clinic form basis of discussion during the subsequent visits. With this, mothers serve as learning reinforcers and serve as sort of link between home and the pre-school centre. Mother and clinicians tend to know the child better (Kirk et al. 1993). Parents are also given counselling session to minimise their frustration and griefs, and the incapacities they had once been afraid of. It provides opportunities for overall development of children through individual play and group activities. Besides, parents share experience with each other.

The pre-school programme by itself offers children the opportunity to be familiar with the school routine and environment which forms part of the future school life they will later on be exposed to. Besides, during the first few weeks of admission to class one, children who have had the chance to participate in the pre-school programme, may not show much problem to house parents or teachers as to excessive crying and attempting to run away with parents while on admission (Essel, 1994). Thus a psychological stability is built during the pre-school programme and parents are reassured of the potential abilities of their children as well as the roles they as parents can perform to augment teachers' roles in the school. In addition, it is likely that these handicapped children when given pre-school preparation and predisposition to the

learning process for formal schooling, may have the desire for higher learning as evidenced among normally developing children.

(3) **Assessment Centres**

Assessment of the child identified to have a type of disability suggests “*a systematic process of gathering educationally, relevant information to make legal and instructional decisions about the provision of special services*” (McLoughlin & Lewis, 1991 cited in Kirk et al, 1993:68). Assessment demands a diagnosis which indicates that a thorough examination is to be made by the specialist that knows and understands the disease or pathology and its causal factors and may also have the suitable intervention and management procedures which he may pursue, recommend and/or make referral and record events.

At present, Ghana has eight main assessment centres mainly for hearing which are concerned mostly with clinical assessment including evaluation of the type and degree of impairment and associated problems. The eight assessment centres are:

- (i) Achimota Assessment and Resource Centre for children in Accra in the Greater Accra Region.
- (ii) Audiology clinic at the University of Education, Winneba in the Central Region (1992)
- (iii) Okomfo Anokye Teaching Hospital, Hearing and speech Assessment Centre at Kumasi in the Ashanti Region (1993).
- (iv) Regional Assessment Centre at Hohoe in the Volta Region.
- (v) Military Hospital Audiology Unit at Accra in the Greater Accra Region.
- (vi) Hearing Aid Assessment Services (HASS) at Adabraka
- (vii) Korle Bu Teaching Hospital – Hearing and speech Assessment Centre, Accra (1999).
- (viii) Krispat Ear Centre, Community 11, Tema. (Off Tema General Hospital Rd. Near Women’s Hospital, Tema).

Jamasi school for the Deaf Assessment centre, Ashanti Region attends only to the hearing assessment of the school children, this also opened to the public or the immediate community of people having hearing problem.

In addition, some schools for the deaf also offer audiological services to their pupils as occasionally practised in Cape Coast School for the Deaf for assessment of children with hearing impairment; In addition, eye assessment centres are scattered all over in Ghana to give ophthalmological services such as the Missionary Hospitals of Agogo, in the Ashanti region, New Look Optical Works at Dzelukope in the Volta Region, Jirapa Upper West Region, Korle Bu Teaching Hospital in the Greater Accra Region, Christian Eye Centre in Cape Coast of the Central Region and the one at Adoagyira in Nsawam with others which are privately owned all over the country.

For physically handicapped people, orthopaedic centres can be located at Nsawam, St. Joseph's Catholic Hospital, Koforidua in the Eastern Region and St. Hubert's Centre, Anomabu in the Central Region which are noted for physiotherapy and prosthetic devices. Although these centres are manned by experts, the problem of inadequate tools and materials for assessment have rendered most of these centres partially functional.

Out of the 10 regions, only four have assessment centres which is indicative of the fact that the many audiological cases available in the other regions will not be attended to. Besides, those regions with the centres may have many cases not getting to the centres as a result of ignorance, poverty, distance from their place of residence or superstitions attributed to the pathology hence abstinence from the assessment centres.

There are three main forms of assessment. These are **clinical assessment, educational assessment and functional assessment**. Approaches to the assessment of each disability may vary as each disability differs from each other in terms of causal factors, onset site of lesion, and managerial procedures for the hearing impaired, mentally handicapped and visually impaired.

Below are the different assessment procedures to each type of impairment:

(A) **Clinical Assessment for Children with Hearing and**

Speech Impairment

Audiometric assessment comprises both audiological and speech and language clinical assessments which include the following:

- (i) case history of causal factors onset of problem and treatment given.
- (ii) audiometric assessment to determine the hearing sensitivity level of each ear by air and bone conduction.
- (iii) determining whether the hearing problem is organic based or it is functional hearing loss due to malingering, attention call, lack of concentration or psychological problem. (See figure 4.1 for assessment of hearing (pure tone audiometric testing)).

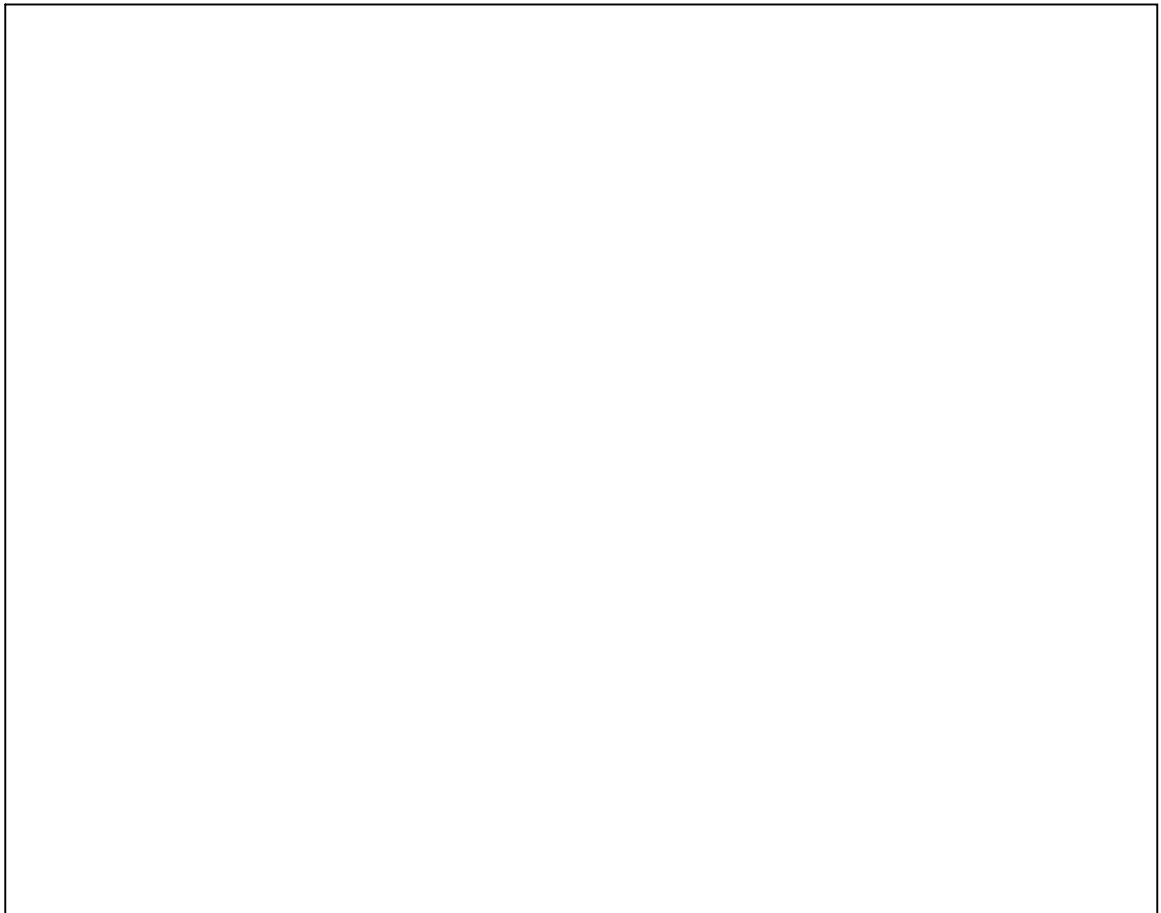


Figure 4.1: Pure tone audiometric testing

- (iv) otoscopic and tympanometric assessment of each ear is carried on to determine the health status of the ear(s), and the stapedius reflex and presence of otitis media or fluid are checked. (See figure 4.2 – otoscopic examination).

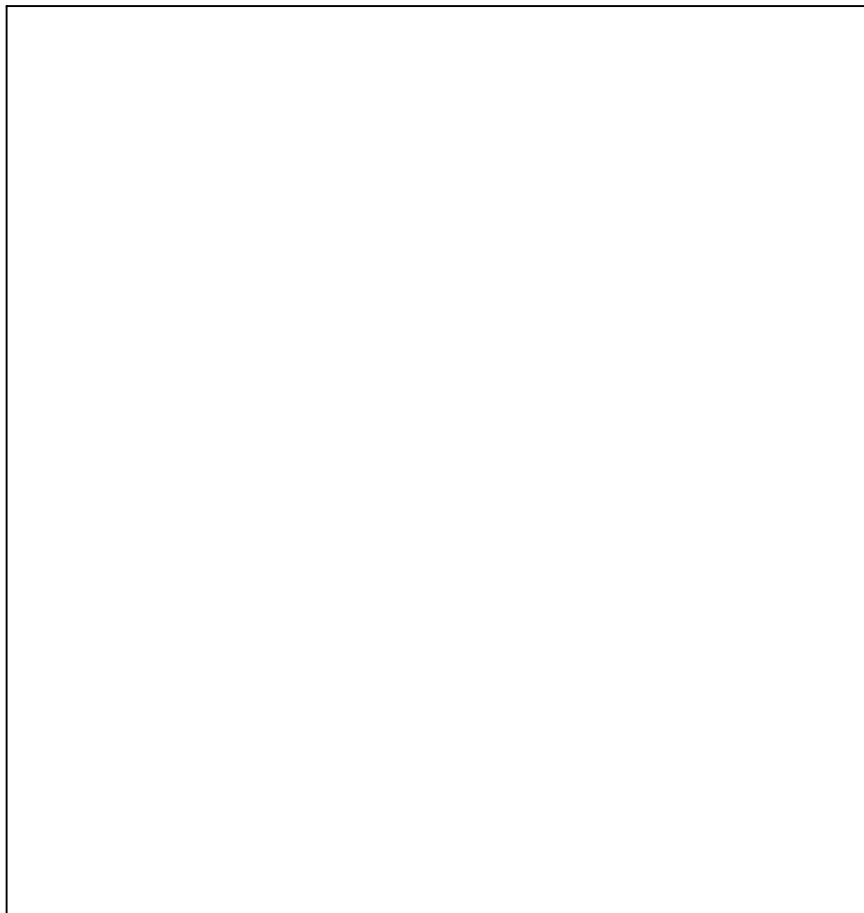


Figure 4.2: Otoscopic examination

- (iv) Oro-facial peripheral examination is conducted to determine the competency of the neuro muscular oro-facial and vocal apparatus of speech and language production (Gadagbui, 1997).

Any evidence of organic defect like fluid, perforation of ear drum, excessive wax in the ear, possible pains in the ear(s) need to be referred for medical, otological treatment or surgical operation.

(B) **Educational Assessment for the Hearing Impaired**

The Clinical Assessment information helps to educationally plan for the child in terms of his/her needs as in placement in special schools (segregated) or mainstreams/integrated) into regular schools. Parents are exposed to these options as well as the prescription of hearing aids suitable to the hearing levels and the child's ability to communicate. Parents are also exposed to the mode of communication which is total communication. Total communication refers to speech, signing, finger spelling, writing and gestures in the Ghanaian context. The signing is mainly that of the American Sign Language (ASL) though the Ghanaian Sign Language is now being formulated by experts from the University of Education, Department of Special Education, Winneba, the Deaf Community Representatives, officers from the Division of Special Education, Headquarters, Accra as well as representative of Specialist Teachers from the Schools for the Deaf in the country, few of whom are parents of the deaf and parents' body representatives.

During the educational assessment, parents are taught the communicative skills of "*cue in*" in child to watch for speech and to be

aware of the topic for discussion; they are also taught lip reading skills and distance between parent and child, as 3 – 4 feet during a discourse to enhance lip reading. The effect of simple but meaningful sentences according to age and vocabulary level of child and lighting environment are some of the other skills imparted to parents for effective communication between parent-child or child-child, and parent clinician-child setting. Parents are always informed about their own potentials to bring up the child, causal factors, acceptance of child's condition and use and maintenance of hearing aids. It is disappointing to state that most parents due to poverty cannot afford the hearing aids. Those who find review sessions difficult to attend and cannot keep appointments may have problem with distance and lack of time. Certainly, donors used to help the schools formerly and even now but the problems with this is that ear moulds accompanying the hearing aids cannot fit the children's ears since the ear moulds are not the impressions of the African children's ears. As a result without the ear moulds, the body worn hearing aids or the behind the ear aids which are commonly donated from overseas are either left on the shelves or locked in the cupboards only to get damaged by the weather.

Parents are also made aware of their role as learning reinforcers since they need to carry over the practical demonstrations of language facilitation between clinician-parent-child to the home and continue with the skills learnt and then link the achievements of the home to the clinic and vice versa through verbal report or diary recording.

(C) **Functional Assessment for Children with Speech and Hearing Impairments**

This has to do with how the child uses his residual hearing with or without hearing aid to listen and communicate in day to day life. The functional assessment can be evaluated by determining how the child responds to verbal constructions, performs verbal tasks and independently uses words and sentences to express self fluently and intelligibly. In this case, child's hearing for spontaneous speech is tested. Standard vocabulary word or sentence lists are used to test his/her ability on speech and scored in comparison to the normal score or as against how many words are presented. The child's scores are compared to normal scores of the peers. The child's communicative

competency of phonology (speech sounds) syntax (structure/grammar) semantics (content and meaning) and pragmatic (rules governing use) skills are tested so are the pragmatic skills of initiating topics, turn taking, topics maintenance, back channel behaviours, such as “*frowning*”, “*yes, nodding*”, saying “*no*”, using polite words are also observed. Articulation errors, deaf voice quality, mean length utterance are observed also.

Since functional assessment may tend to improve if there is co-operation among parents, clinician and child, or deteriorate when things do not work well, there is the need to assess it during every review session attended by parents and child. This goes along with hearing aid review for possible change for a more suitable hearing aid that can benefit child for good speech and language performance.

Progress of verbal functioning with the hearing aid over time may depend on co-operation, excessive exposure of the child to auditory stimulation and good modelled speech. Clinician-child-parent involvement and aspirations of the collaborative goals set by the clinician and parent and incessant practice are really vital in helping the child to achieve meaningful communication (Markides, 1983).

(A.) Clinical Assessment for the Visually Impaired

Highlights for visual assessment include the following:

- (i) Examination of health of the eyes to determine the cause of visual loss and how stable the eye conditions and to provide any medical or surgical treatment required.
- (ii) Visual assessment to determine how much the child is able to see by measuring the distance visual acuity at standard 3 m or less near visual acuity and visual field
- (iii) Optical assessment to determine the needs for magnifiers and spectacles. Magnifiers make objects, such as print in a book larger and easier to see. They perform an important role in giving children with low vision access to activities in the normal visual environment which reduces their visual ability (Hand out on “Eye Care Services for Children with Low Vision in Ghana” 1995).

(B) Educational Assessment of the Visually Impaired

Clinical information passed onto the assessment centre will help determine the child's needs and information on placement. In this case, the special education teachers take into consideration if child can use sight in learning and if child can best be integrated or segregated educationally. They also establish the child's educational needs as to whether classroom adjustments have to be planned as required by teachers and child. For example, if the child needs better lighting, distance from the chalkboard adjustment and educational materials and equipment required such as reading materials in the form of print, braille, magnifying glass, etc., (Seminar: Management of Children with Low Vision in Ghana. Handout L.R. Ager/CMB. 28th – 30th November, 1995).

Besides, training is given to parents and families, specialist teachers, Community Based Rehabilitation (CBR) workers, social workers and community members to change attitudes towards the visually impaired, accept and understand the disability and socially interact and assist them.

If the assessment procedures are carried out, visual problems like other disabilities can be prevented if detection and early treatment are administered.

(C) **Functional Assessment for Visually Impaired**

This assessment is used to obtain qualitative data on the level and use of the child's vision. The educator or assessor observes the effects of visual impairment in the child and makes assessment of how child uses visual skills to perform tasks, such as orientation or mobility, ability to recognise other people, activities of daily living, self care skills and educational tasks such as writing and reading. Other tasks used to assess child are the use of vision in near vision tasks; playing outdoor games; fixing puzzles and games; visually communicating about scenes and child giving self report about himself and visual problems through communication.

Assessment of Children with Intellectually Disabled (Mental Retardation)

In Ghana, the intellectually disabled or the child who is mentally handicapped is assessed by the diagnostic examination. This assessment comprises:

- ❖ the child's intellectual development/cognitive abilities; and
- ❖ adaptive behaviour

The cognitive skills are associated with the learning or intellectual activities. Abilities, such as remembering, imitating, problem solving, differentiating and seeing similar relationship between objects are considered cognitive. The cognitive skills can influence other skills and abilities such as communication and general functioning levels of motor performances.

The adaptive behaviour is defined by Grossman (1983) as cited in Kirk et al. (1993:167) "*as the child's independence and social responsibility as expected for age and cultural group*". The adaptive behaviour assessment dimension for the mentally handicapped tackles the skills which are normally acquired by the normal developing child as the following:

- (a) **Communication:** - If child can understand/read and can express (expressive); reads and writes.
- (b) **Daily Living Skills:** - This deals with how the individual eats, dresses, practices personal hygiene, performs household chores, uses time, money and participates within the community.
- (c) **Socialisation:** - How the child interacts with others, plays, uses leisure time, demonstrates sensitivity and responsibility to others.
- (d) **Motor:** - How the individual uses hands, arms, legs in gross and fine motor skills in manipulating object. (Asante, 1989; Kirk et al. 1993).

The cognitive skills are associated with learning or intellectual activities. Abilities such as remembering, imitating, differentiating and seeing likes and relationship between objects are considered as cognitive.

The adaptive behaviour test and cognitive skills test reflect the functional and educational capabilities of the child and determine the amount of support he/she needs in his/her rehabilitation. Although Intelligent Quotient (IQ) tends to give the impression of the child's cognitive performance such that children with 50 – 70 IQ are regarded as mildly retarded and are educable, so are those

with 55 – 50 IQ also moderately retarded and are graded trainable. However, the realisations that children may have same IQ but vary across functioning levels or performance and capabilities have come to stay. Thus, classification of the new system by the American Association of Mentally Retardation (AAMR) 1992 considers the individual's unique strengths, weaknesses and amount of special educational support that the child may need (Kirk et al. 1993: Heward & Orlansky, 1988).

In Ghana, although we do not have the adequate knowledge and tools to assess the IQ of children through the adaptive behaviour tests of cognitive skills, communication skills, self care skills or daily living skills, motor skills (gross and fine motor skills) and social skills, children with mental retardation, have been categorised as educables and trainables and the amount of support given to those individuals.

Observations, case history of the child's developmental milestone of motor activities such as, age of sitting, crawling, cruising and walking, grasping ability, babbling and emergence of first word and sentences are evaluated according to the norm and cultural group (Sheridan, 1991).

Experience and intuition complemented with literature make us aware that certain common features are to be found with the mentally retarded so are they observed during the assessment. These features are: lack of attention span/short attention span. Communication problems (Weiss et al. 1980).

- ❖ Phonological problems of omission of single consonants and cluster /s t r / ; / s k / which are very common.
- ❖ Syntactic problem affecting structure of spoken language.
- ❖ Have poor pragmatic skills in communication (over reliance on back channel behaviour of “nod”, “yes”, “frown” etc. of the listener; cannot initiate conversation or take turns; may not respond appropriately to verbal instructions etc. (Dockrell & Shane, 1992).

Have conspicuous physical observable cues such as slanted eyes, short neck, ducked feet and small low set ears; protruding tongue, etc. (Avoke, 1997).

The types of support that may accompany the individual child's deficits are the following:

- (i) **Intermittent Support:** - This is given to children with intermittent needs. With this support, children do not require constant support.
- (ii) **Limited Support:** - Children with limited needs require this support. It is for those who require certain support consistently over time.
- (iii) **Extensive Support:** - This is given to those who need daily support in some daily living.
- (iv) **Pervasive Support:** - Children with pervasive needs require constantly high support in all areas of daily life. This support is intensive in all aspects of life (Smith, 1993).

Summary

The above parameters of assessment suggest that for an efficient assessment to be made for onward interventional procedure, the teacher or assessor should consider the following:

- ❖ The physiological support includes: good hearing, vocal apparatus, larynx, oral, nasal and pharyngeal cavities, tongue, lips and jaws, etc. for speech and language production and neural processes of the individual person.
- ❖ The child's cognitive skills has to do with the ability to form and grasp concepts, store, memorise and understand issues.
- ❖ The task requirement be it verbal, or visual tasks, will depend on the environment in which the child interacts with. Hence the child's difficulty can be analysed in terms of the context in which the task occurred and what skills should be necessary for successful performance.
- ❖ The child's behaviour can also be assessed functionally since some of his/her defects can be detected by physical observations, social interactions and cognitive abilities in performance (Bee, 1992).
- ❖ Other observable behaviours can suggest deficits which have to be thoroughly examined, assessed and given appropriate support and interventions.

A comprehensive assessment, therefore, includes the measurements of a number of developmental domains which may include intelligence or academic

achievements, social behaviour, motor abilities, vision, hearing and learning ability.

Ophthalmic Services and Special Education Service for the Visually Impaired People

Ophthalmic services started in 1989 in Ghana. As at now, about 146 people have been trained in the ten (10) regions and districts in Ghana.

What the Trained Personnel does

- ❖ Screen the community and school children of visual problems.
- ❖ Treat minor cases at the areas.
- ❖ Refer patients to Low Vision Clinic in the country for example, in Accra near Tema Station or to other places in the regions and districts.

Special Education Services for the Visually Impaired

The special education services for the visually impaired persons are given at the various special schools or integrated schools. These are to be found at Wa School for the Blind in the Upper West Region, Wenchi Secondary (integrated for the blind school in Brong Ahafo Region, the Kwame Nkrumah University of Science & Technology, Kumasi in the Ashanti Region. Others are Akropong School for the Blind, Okuapeman Secondary School (integrated), Presbyterian Training College (PTC), Akropong, Ghana Education Service Office, Akropong all in the Eastern Region; Centre for the Blind at the University of Ghana, Legon, Accra, Department of Special Education of the University of Education, Winneba and Resource Centre at the University of Cape Coast, Cape Coast in the Central Region.

The Department of Social Welfare Services to the Disabled

The Department of Social Welfare as the name implies seeks among its numerous roles the welfare of both disabled and non-disabled person. Therefore in line with this basic role, the department with, the rehabilitation centre was plagued with the role of taking the administration, provision of fund and other social services for the disabled who were not in school in July, 1960. As a result, the department in collaboration with the peripatetic officers and Community Based Rehabilitation Officers do complement the roles of each other in the following areas:

- ❖ Identify the disabled in the communities.
- ❖ Refer clients for diagnostic tests and school placements.
- ❖ See to the settling of the disputes on child abandonment, child abuse, exploitation of the disabled child, support and rehabilitation.
- ❖ Register both non-disabled and the disabled and assist them in labour card issuing.
- ❖ Counsel and provide guidance in career choice, psychological instability as a result of the disability, marriages and in job finding.
- ❖ Secure jobs for both disabled and non-disabled as the department is sought for assistance by employers' who need workers for immediate employment.

There is yet to be legislated policies on Disability issues. Parliament of Ghana is yet to legislate such policies need to be made to address the needs of special education teachers and legislation that will ensure the provision of learning equipment for the disabled at all levels of the educational structure – and this should be a main concern for the Ministry of Employment and Social Welfare as they have already initiated finding job opportunities through vocational and social rehabilitation training and counselling and advocating for social welfare as a course for study in the school curriculum.

Ministry of Health

Special schools do enjoy tremendous help from the health services in the country. The Ministry of Health also helps by being responsible for medical services including dispensing of drugs and medical staff for the schools' clinics all over the country. In the schools for the mentally retarded, some of the medical personnel serve on the diagnostic and evaluative panels for admission of pupils into the schools.

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CHAPTER FIVE

SPECIAL SCHOOLS IN GHANA

Special schools form an educational component of the special education services offered to disabled child in Ghana. Most of them are residential schools except School for the Deaf, Adjei Kojo, Accra. This chapter deals with special schools which include schools for the blind or the visually impaired, the hearing impaired (deaf); the mentally retarded and the disabled in regular schools or mainstreamed.

- (i) **School for the Blind, Akropong Akwapim, Eastern Region**
On 6th August, 1945, the myth surrounding education of handicapped children was broken by European Missionaries of the Presbyterian Church. During this year, the first special school for the blind children was established at Akropong Akwapim with four (4) children and four (4) teachers who were made up of two

(2) expatriates and two (2) local teachers (Anniversary Brochure for the Blind 1945 – 1995). This was after one hundred and three years of British colonial administration (Anson-Yevu 1979). The earlier work was started by Mr. F.D. Harker, a Scottish missionary tutor of the Presbyterian Training College and Mrs. Margaret Benzies, wife of the Principal of the College who adopted a young blind boy in 1932 and taught him how to groom, weave baskets, stools and various types of mats and to communicate in English. Later in 1936, Ben's cousin also became blind through measles and these were the two blind boys Mr. Harker taught. The pupils were taught how to write braille and do arithmetic after the tutor learnt to read, write braille and work at his own expense.

In 1942, Mr. Harker was appointed Supervisor of Presbyterian Schools and as a result gave the two blind boys to Mrs. Benzies who also since 1941 began training a 5-year old blind girl. She established the experimental school at the corridor with these three children. However, the school was taken up in 1945 when Mrs. Greenwood, a house teacher of the blind arrived in Ghana to join her husband at the colonial Department of Agriculture. She petitioned to the government to consider establishing a school for the blind and other disabled children.

Through her instrumentality, the colonial government entrusted responsibility of training the blind to the Education Department and a sub-committee formed to cater for the interest of the blind as well as the other disabled children. As a consequence, the school for the blind was opened on 6th August, 1945 at Akropong Akwapim. The school has a nursery, primary and junior secondary school departments for academic work and moral and religious training. The school uses the same curriculum as those in any special school or regular schools except with modification when it is necessary. The children also take the same West African Examination Council examinations.

Of interest, the school produced 22 graduates from universities, five (5) of whom hold Masters degrees, 15 post-secondary teachers, one (1) specialist and three (3) diplomate teachers, eight (8) typists and stenographers, three (3) social workers, one

(1) Principal Administrative Assistant and 242 Craft Instructors with the enrolment of students at 245 as at 6th August 1995.

The school celebrated its belated 50th anniversary in 1997 (Anniversary Brochure, 1995)

(ii) **School for the Blind, Wa**

The school was established in 1958, thirteen years after the first school for the blind was established in Akropong-Akwapim in the Eastern Region. The idea of establishing a school at Wa for the blind was mooted by the Methodist Church in consultation with the government in 1953 but this earlier attempt in adjunct with Mr. Brenya, specialist teacher could not work due to language barrier, equipment problem and lack of co-operation from local inhabitants. In 1957, the struggle was continued by the late B.K. Awume also from the school for the blind at Akropong. Although he also encountered similar problems he used a different counter strategy to solve the problem by learning the language, educated the community members about the usefulness of the school and rented an old premise to start it. This positively helped in the establishment of Wa School for the Blind officially in 1958. The number enrolled during the opening day was with five (5) boys which increased to eleven (11) by the end of the year. As the number increased, so was staff increase needful. This time a local teacher jointed the staff. By May, 1975, a new permanent building with bungalows for staff was put in place by the government. The school is residential with teachers having either specialist, diplomats or post-diplomats degrees. The school provides nursery up to the junior secondary school level with the same number of years of completion as her counterparts taking the Basic Education Certificate Examination (BECE). Some subjects are taught as in regular schools. Admission is by referral by missionaries working there, peripatetic and community based rehabilitation officers in the area.

In addition, medical reports are obtained on each child referred after the background history of the child is obtained in the school. Sewing, blacksmithing and technical drawing are exempted from

the courses learnt however, crafts are done as vocational courses on their own after the junior secondary school.

Courses taken are Mathematics, English Language, Social Studies, Religious and Moral Education, Music and Dance, and Physical Education which are modified and adapted to suit the blind (Baah 1995). Like the school at Akropong, braille materials are used and magnifiers for those with less severe visual defects or low vision cases.

Secondary Schools and Training Colleges

The blind students have options to choose certain schools for higher learning. These are integrated in that both blind and regular students can attend, so are few of the Teacher Training Colleges. Students take almost all courses except for practicals as in laboratory experiments or physics and chemistry due to visual impairment. Series of such integrated institutions comprise the following:

- (i) N.J. Ahmadiyya Training College or Jahan
(This was established in 1984. In 1980, it used to be a seminary for the ministers of Ahmadiyya Muslims Mission at Wa.
- (ii) Wenchi Secondary School was established in 1963.
- (iii) Presbyterian Training College, Akropong Akwapim was established in 1876.
- (iv) Okuapeman Secondary School, Akropong Akwapim was started in 1984 and
- (v) Wa Secondary School for the Blind was also started in 1987.

The visually impaired students have the right to enter any tertiary institution on the basis of qualification and satisfactory requirements and the competitive entrance examination. Table 5.1 shows the list for institutions for the visually impaired as the following:

Table 5.1

Integrated Schools/Colleges/Universities for the Visually Impaired

| School | Location/Region | Year Established | Category of Handicap |
|----------------------------------------|------------------------|-------------------------|-----------------------------|
| School for the Blind, Akropong Akwapim | Eastern Region | 1945 | Visually Impaired |
| School for the Blind, Wa | Upper West Region | 1958 | Visually Impaired |

| | | | |
|--------------------------------------------------|----------------------|--------|--------------------------------|
| De Youngsters | Accra: Nima | | Visually Impaired (Integrated) |
| Achimota Primary | Accra, Achimota | | Visually Impaired (Integrated) |
| Wenchi Secondary School, Wenchi | Brong Ahafo Region | 1963 | Visually Impaired (Integrated) |
| Presbyterian Training College, Akropong Akwapim | Eastern Region | 1976 | (Integrated) |
| N.J. Ahmadiyya Training College, Wa | Upper West Region | 1984 | (Integrated) |
| Okuapeman Secondary School, Akropong Akwapim | Eastern Region | 1984 | (Integrated) |
| Wa Secondary School, Wa | Upper West Region | 1987 | (Integrated) |
| University of Ghana, Legon | Greater Accra Region | * 1977 | (Integrated) |
| University of Cape Coast | Central\l Region- | * 1978 | (Integrated) |
| Kwame Nkrumah University of Science & Technology | Ashanti Region | * 1985 | (Integrated) |
| University of Education, Winneba | Central Region | * 1992 | (Integrated) |

* Year integration began

Source : Adapted from Special Education Division (Headquarters)
(Ghana Education Service)

The Genesis of Schools for the Deaf in Ghana

The education of the hearing impaired children began on 10th September, 1957 at Osu in Accra. The organisation of it came about as Reverend Jackson Andre Foster, a deaf Black American Missionary of the Christian Mission for the Deaf African (CMDA) came to Ghana at the invitation of the Presbyterian Church of Ghana. Consequently, Rev. Foster started the Ghana Mission School for the Deaf (GMSD). His aims were to introduce Jesus Christ to the deaf people, to enable them read and write and assist them earn a living and restore them back as capable citizens into the society. The school initially did not have any financial support from the government therefore leaned on parents' financial support and from the parent society in Detroit in the United States of America. Around the middle part of 1958, the government came in with the help of paying an amount of £180 per annum to one teacher who was deaf himself at age 16 in a secondary school.

In May, 1958, Rev. Foster made an appeal to fund the construction of a school to cater for boarders and non-residents. Besides, he wanted to start a school farm as well as assist at least one teacher to further his education at the

Gallaudet University in America. By the close of 1958, the Kwame Nkrumah Trust Fund was set up to give charity and care for those who need them and help all voluntary organisations. This of course, was an opportunity for Rev. Foster to register the school as a beneficiary. As a result, the Ghana Mission School for the Deaf since its inception, was receiving charity from the parent society in Detroit and from the Trust Fund. During these times, Messrs. Seth Ocloo, Harold Oduro and Mrs. William were giving the Reverend assistance. For instance, Mrs. William, a British lady, became his interpreter and Mr. ocloo became a teacher. As Foster himself was a deaf man, his mode of communication was the American Sign Language that he taught his students.

In 1959, the enrolment rose up to about 50 so Rev. Foster moved the school to Mampong-Akwapim where the chief of the town Nana Otu Anobah Sasraku II offered him a place for the first School for the Deaf (Anson-Yevu 1979: Souvenir Brochure Silver Jubilee 1966 – 1991; Hayford & Baah, 1997).

The successor of the founder of the school became Mr. S.A.K. Fiaxe. Rev. Foster left Ghana for Nigeria to open the Ibadan Mission School for the Deaf in 1960 and later in Enugu all in Nigeria. (Adima, 1991; Dery, 1991).

Courses pursued in those days were in line with what the regular school children learnt, such as Mathematics, English Language, Geography, History, Agriculture, Carpentry, Sewing and Needlework. However, by 1977 the old school for the deaf was phased out. Today, there are about eleven schools for the hearing impaired besides integrated schools (See Table 5.2).

State School for the Deaf – Adjei, Kojo, Accra – Greater Accra Region

This school was established as a private one by Mr. Seth Tetteh Ocloo in 1965 at Osu. It was then known as Osu Mission Centre. The school was taken over by the government in 1969 and renamed State School for the Deaf at Teshie, Accra. The State School for the Deaf is a public school within the set-up of the Ghana Education Service. It has since moved to a permanent site at Adjei Kjo, Accra.

Initially, the primary objective of the school was to train deaf children who cannot benefit from the regular schools due to severe hearing impairments to have primary, middle school leaving certificate and now junior secondary

educational programmes in addition to related services to deaf children under the Special Education Programmes. However, evidence now shows that varying categories of children seek admission and range between mild, moderate to profoundly hearing impaired who may be pre-linguals or post-linguals.

At the nursery department, language training for children between the ages of 3 – 5 is extensively taken on with the children before they enter the primary school. The curriculum of the regular school is same as practised here since all special schools except for the mentally retarded children take same examination at the final year.

On entering school, speech and language teaching is taken by the specialist teachers involving nursery to primary 3 children for at least one week. On the average, 3 – 4 pupils are taken a day. However, total communication is the mode of communication in the school which comprises of at least spoken language and gestures, sign language, writing and finger spelling. A survey in 1995 revealed that although not all parents know all these means of interactions, the general comments were that some parents were able to communicate easily with their wards using the Total Communication (Gadagbui, 1995).

At the Junior Secondary School (JSS) level, emphasis is placed on academic and vocational work. The vocational courses in the school are carpentry, shoe-making, tailoring, dressmaking and basketry. Same curriculum is run as in the regular schools except that the JSS is four years for the deaf instead of the three years for their hearing counterparts. The extension is to compensate for the handicap. The school has a drama troupe which had won the Helping-hand – Ladies Association's trophy.

Wa School for the Deaf – Upper West Region

This school began in 1968. Dagaare is mostly spoken. Although hearing aids are not adequate, Dagaare is used to communicate with their parents at home. Enrolment as at September, 1996 was 120. Agriculture in cotton farming and goat rearing is pursued. The school comprises nursery, primary to JSS. It also has a vocational department which offers a two-year course in carpentry, weaving and sewing. Other practical vocations are groundnuts and beans farming and gardening.

Demonstration School for the Deaf – Mampong Akwapim

This was started in 1968. It was originally started with oral communication hence its name oral-based school for the deaf but has the purpose of serving the former College of Special Education, formerly, Specialist College for the Deaf, Mampong Akwapim. Total communication is practised. The school also runs a pre-school programme for very young hearing impaired children. These children also undergo audiological assessment. The pre-school is a pre-requisite condition for formal admission to the Demonstration School. Vocational courses of carpentry, leatherworks, ceramics, tailoring and dressmaking are optional for primary 4 to JSS 3 pupils.

Deaf-blind school is a department of the Demonstration School which was established at Mampong Akwapim in 1978 to cater for deaf-blind pupils. The school started with one pupil with assistance from Christoffel Blinden Mission (CBM) of Germany in 1979. The teacher in charge, Miss Mainoo Obeng spent three months with her only pupil at Perkins School for the Blind in USA for skills to be learnt and management of such pupils in future. In 1993, the enrolment was up to ten pupils with eleven staff members. After working for nearly 30 years with the handicapped, Miss Obeng retired in 1992. However, the school continues with increases in number. Programmes at the school include physical education, orientation and mobility training, vocational training and basic daily living skills. The pupils are introduced to braille and number work at certain levels of their training. The government together with the German voluntary organisation, Christoffel Blinden Mission (CBM) assist the deaf blind department. In every year, the unit organises residential workshop for parents of deaf-blind pupils which lasts for one week.

Bechem School for the Deaf, Brong Ahafo Region

This school started in 1969 in the Brong Ahafo Region by Mr. G.O. Tetteh. Manualism is most practised though total communication is the philosophy. Classes start from the kindergarten to the Junior Secondary School (JSS) but as usual, as with any other schools for the deaf, four (4) years is spent to complete the JSS. Vocational, centre for the school is taken after JSS graduation. Vocations such as, carpentry for boys, tailoring and seamstressing for boys and girls are carried out.. In addition, metal works are taken by boys alone and catering for the girls. Tie and dye making is also taken as a vocation by both boys and girls.

Volta School for the Deaf, Hohoe, Volta Region

The school was established in October, 1970 but formal activities started on 18th January, 1971 at Gboxome in Hohoe. Children who started the school were 15 in number and were made up of eight (8) girls and seven (7) boys. Other pioneer teaching and non-teaching staff members were two specialist teachers, one (1) house mother, two (2) cooks, one (1) washing woman, one (1) pantry boy, two (2) labourers, one (1) day watchman, two (2) night watchmen, one (1) Accounts Clerk, one (1) Clerk/Typist. The headmistress is a specialist herself formerly Miss Mary Adzimah, now Mrs. Mary Senaye. The school moved to its permanent site constructed by the Ghana government along the Gbi-Santrokofi, Jasikan road with an enrolment of about 200 children.

The primary aim of this institution is to train all hearing impaired children in the Volta Region and elsewhere to be equipped with academic and vocational skills and communicative and daily skills for independent living. Thus, like all other regular schools, same subjects are taken except French and Ewe. Vocations for both sexes are dressmaking and tailoring, kente weaving, tie and dye and carpentry for boys alone (See figure 5.2)

In the area of entertainment, Volta Deaf is excellent in cultural drumming and dancing. The dancers and drummers are the children themselves. They also have outdoor integrated activities as sports and participate in educational tours in the region to interact with the public through lectures and exhibitions of crafts, delicacies and other products of life skills.

Unit School for the mentally handicapped – Gbi Kledo, Hohoe

It also has a unit for the children with mental retardation who are about 15 in number with an age range of 12 – 20 years. This unit was opened by 1990 to assist these children in the region who also need equal access to education (See figure 5.1). A new classroom block at Kledjo near Hohoe, serves the purpose of a unit school for the mentally handicapped. However, the children reside at Hohoe school for the Deaf.

Cape Coast School for the Deaf, Central Region

The genesis of Cape Coast School for the Deaf was on 9th November, 1970 with its Headmaster as Mr. Inkum and the Assistant Headmaster as Mr. Anbyn.

The school started with only fifteen (15) pupils made of ten (10) boys and five (5) girls with two (2) specialist teachers who became the headmaster and the assistant headmaster. The school's primary aid is to provide formal school education for hearing impaired children of school going age in Cape Coast and its surrounding areas and others elsewhere. The school ran the foster system where foster parents were paid for the services rendered to the deaf children. However, their demands became high as the token fees once paid to them were no longer appreciated. This brought an end to the foster system in 1981. A negotiation with the Roman Catholic Mission over the St. Mary's Convent premises for one year became feasible when the premises were granted and the school overstayed for 18 years. In any case by the close of these long years of stay, the Mission demanded its property in 1988. From 1988 onwards, some of the inmates were housed partly in State Transport Corporation's (STC) offices as well as Church of Christ Schools. For instance, the primary school children used to attend afternoon classes in the Church of Christ School after the regular children closed for the morning session. The middle school deaf children used the STC offices as classrooms while the nursery children through special permission granted by the Oguaa Traditional Council had classes at the veranda at the Old Hospital premises whilst additional buildings were used temporarily as hostel facilities. The fractional positions of the school caused it to be nicknamed "**The Mobile School**". Nevertheless, in April, 1994, the school moved to its permanent new site in Cape coast along the Accra – Takoradi highway. These blocks have been constructed by the Ghana government.



Figure 5.1: A class of pupils of mental retardation (MR)
(By courtesy of Volta School for the Deaf, Hohoe, Volta Region)



Figure 5.2: A class of children with hearing impairment
(By courtesy of Volta School for the Deaf, Hohoe, Volta Region)

The curriculum is the same as the other schools as prescribed by the Ghana Education Service (GES). A special emphasis is laid on vocational/technical education though the drawback of these courses is that the necessary inputs for such courses are insufficient or lacking. Vocational subjects include poultry, citrus fruits and vegetable growing.

Communication mode is same as that of all other special schools for the hearing impaired. This is sign language, although total communication is practised. About funding, parents of the pupils do not pay school fees since

the Ghana Government serves as the major source of funding for running the school. Other non-governmental organisations such as the World Vision International and Catholic Relief Services help in supporting the needs of the children. Achievements of the school can be rated on sporting activities, cultural activities and academic work.

The school blocks are yet to be completed. For example, specific pressing needs include workshops, equipment and materials for vocational technical and agriculture educational training, administration block, library and recreational facilities (Budu-Dawson, 1993).

Sekondi School for the Deaf, Western Region

It was started on 4th July, 1971 by Ms. Theresa Rhule with the aim of giving formal education to children in the region. It began with 17 children who were between the ages of 4 and 12 years. It was a non-residential school. Oralism was pursued with children from nursery to JSS level until it has been changed to total communication. Vocational training in tailoring and dressmaking, tie and dye fabrics are taught to the children. The school is now residential with over 200 pupils. Cultural drumming and dancing are social activities. The communities also associate with the school. Headship changed hands from Mr. S.O. Quansah being the former Headmaster to Mr. Torgbor who is the current Headmaster.

Secondary/Technical School for the Deaf, Mampong-Akwapim, Eastern Region

The secondary/technical school was started in 1975 with the sole aim of absorbing qualified JSS graduates to further academic and vocational studies. Thus, deaf blind final year JSS students compete for the very few vacancies existing in the school. Students take the same West African Senior Secondary School Certificate Examination (WASSCE) with their hearing counterparts. Although facilities are limited, each year, the institution takes less than 20 qualified students. The senior secondary school programme at Mampong-Akwapim Technical options are:

- (i) **Wood Technology:**

Woodwork Theory and Practical Technical Drawing plus Elective Mathematics

- (ii) **Metal Works:**
Metal work, Technical Drawing and Elective Mathematics
- (iii) **Building Construction:**
Building Construction and Engineering Science, Technical Drawing and Elective Mathematics

At the Home Economics Department, subjects offered include:

- (i) **Clothing:**
Management in Living, Economics or General Knowledge in Arts and Food and Nutrition.

In addition, visual Arts and General Arts courses are pursued (GNAD Newsletter, 1997)

Subject selection could have been managed better if parents visit the Secondary Technical School to participate in the selection of their wards' electives to enable smooth learning and for the choice of vocations for the future. Total communication including mostly sign language, speech, finger spelling and writing are used to communicate.

Ashanti School for the Deaf, Jamasi, Ashanti Region

This school started with 5 pupils in 1977 by Ms. Agnes Opoku. From 1977 – 1993, the school was housed at the Jamasi Community Centre. It moved to its permanent site in mid October, 1993. It is a residential school where over 200 students. Age range is between 6 and 20 years. Classes begin from the preparatory to primary and JSS. Total communication with emphasis on sign Language signing is used for instruction. Curriculum is the same as other schools.

Savelugu School for the Deaf, Northern Region

This school is about 15 miles from Tamale. It was begun in 1978 by Mr. Nkum. Again sign language is the dominant mode of communication with no speech teaching.

Adamorobe Unit for the Deaf, Eastern Region

Adamorobe is a village about 40 km. south of Accra and 5 km south of Aburi and it is noted for high incidence of hearing impairment. Adamorobe School for the Deaf was opened as a unit in 1963 by Rev. Andrew Foster but was abandoned two years later due to the unfavourable condition of the site. In 1974, another school was opened by Mr. Ofori a former student of the Deaf Education Specialist Training College, Mampong-Akwapim. This school also collapsed by 1980. However, the pupils were drafted by the Social Welfare and Rehabilitation Centre in Accra to be trained as carpenters, masons, tailors, painters and seamstresses. Others are gainfully employed as traders or farmers while those with other skills earn their living. Their mode of communication is the adulterated form of signing which is crude gestures and mimicry used to interact with others in the village. The people in Adamorobe have been advised against family marriages since these breed more of the handicapped children. It is on record that a team of doctors researched in the high incidence of deafness in Adamorobe in 1971 and stated that *“in general, parents who are both deaf produced deaf children and normal hearing parents produced normal hearing children”* The team members were made up of doctors, J.B. David, B.B. Eddo, J.F.O. Mustapha of Korle Bu Teaching Hospital, Accra and R. Hinchcliffe of the Institute of Laryngology and Otology, London (Asamoah, 1990). No new school has yet been established.

Bolga Gbeogo Tongo, Winkogo

Finally, Bolga Gbeogo Tongo (Winkogo) School for the Deaf has been established near Bolgatanga in 1996 to cater for all hearing impaired children there. The school has been started by Mr. Bawa Kosusum Sam and a non-governmental organisation.

Children with Physical Handicapping condition

Children with physical handicapping condition normally attend regular schools. However, if they have multiple handicapping conditions such as hearing and visual impairment that they can attend special schools. In any case they use prosthetic devices to enable them to be mobile. These devices are the crutches, callipers, wheelchairs and other accessories used for mobility although the school environment may not be conducive to them in terms of architecture

difficulties of no ramps and elevators. However, the Nsawam and Koforidua Orthopaedic Centres in the Eastern Region run by the Catholic Church, for example, do give physiotherapy to continue their education and sometimes surgeries are made to correct deformed bones.

Table 5.2

Institutions for the Hearing Impaired

| Name of School | Location/Region | Year | Category of Handicap |
|----------------------------------------------------------------|----------------------------------|-------------|-----------------------------|
| Mampong-Akwapim Oral Based School for the Deaf (Demonstration) | Mampong-Akwapim Eastern Region | 1964 | Hearing Impaired |
| State School for the Deaf | Adjei-Kojo, Greater Accra Region | 1966 | Hearing Impaired |
| School for the Deaf, Wa | Wa, Upper West Region | 1968 | Hearing Impaired |
| School for the Deaf, Bechem | Bechem, Brong Ahafo Region | 1969 | Hearing Impaired |
| Cape Coast School for the Deaf | Cape Coast, Central Region | 1970 | Hearing Impaired |
| Sekondi School for the Deaf | Sekondi, Western Region | 1971 | Hearing Impaired |
| Volta School for the Deaf, Hohoe | Hohoe, Volta Region | 1971 | Hearing Impaired |
| Secondary/Technical School for the Deaf | Mampong-Akwapim, Eastern Region | 1975 | Hearing Impaired |
| Ashanti School for the Deaf | Jamasi, Ashanti Region | 1977 | Hearing Impaired |
| School for the Deaf | Savelugu, Northern Region | 1978 | Hearing Impaired |
| Deaf-Blind attached to Demonstration | Mampong-Akwapim, Eastern Region | 1978 | Deaf-Blind |
| Bolga Gbeogo Tongo (Winkogo) Special School | Upper East Region | 1996 | Hearing Impaired |

(Source: Field work)

Schools for the Education of the Mentally Handicapped Children

Dzorwulu Special School, Dzorwulu, Accra

In Ghana, the education of children with mental retardation began in 1968 with 13 children when the Society of Friends of the Mentally Retarded gathered abandoned children from the Accra Psychiatric Hospital to be temporarily housed at the Accra Community Centre (Dery, 1993; Hayford & Baah, 1997; Daily Graphic, 1995). In 1970, the Society acquired a home at Dzorwulu, a suburb of Accra and put up permanent facilities to cater for the children's educational training, boarding and lodging. In 1974, the Ghana Education Service took over but the Society continues to assist the school with the basic necessities. Hence the Dzorwulu Special School became the first public school for the children with mental handicapping condition. The main objective is to train the children to acquire self help, social, vocational and motor skills and later to be integrated into society. The Society of Friends of the Mentally Retarded calls for regional branches to support the other schools which are opened in the regions. In view of this, the Dzorwulu Special School trains pupils in number work, language, home economics, book binding, and poultry besides self help, social and motor skills.

These children like other children have the right to education, health and social security, need trained teachers, health officers and care. This of course led to the training of teachers abroad. The 1970s were years that the first batch of teachers had their training in the United States of America and this continued until 1986 when the special Teacher Training for the Deaf was upgraded to College of Special Education which incorporated the Education of Teachers for the Mentally Retarded. The first batch of the locally trained teachers for the mentally retarded, were four in number but three out of this number were able to complete successfully with the fourth student graduating a year later with six other teachers. Since the inception of teacher training in Ghana for schools for the mentally handicapped children, hundreds of teachers have been trained so far.

The school has clinical facilities to cater for minor health cases. About graduation, there is no record that the pupils can continue to stay in the residence for ten (10) or more years. Others drop out of school due to ill health or getting fed up with the instructional environment. Record has it that two past pupils have been employed as pantry hand and laundry hand and one male past student is married and helps his mother in selling second hand clothing.

Hew Horizon Special School, Cantonment, Accra

It is a private day school established on 10th January, 1972 by Mrs. Salome Francois who has a mentally retarded daughter. The establishment of the institution was made possible with assistance from an American Women's Association and well-to-do locals. The school was registered by the Ghana Education Service in 1973 but qualified teachers have since not been posted to the school. This implies that there are no trained teachers in the school and as a private school, the parents or guardians pay school fees. Vocational training is emphasised with sheltered workshops for crafts. Academic work includes writing, number work, speech and language lessons. The school participated in Special Olympics in 1987 and won a medal in long jump. Since then sports has become one of the favourite activities of the school.

Twin-City Special School, Sekondi

It is the second public school for children with mental retardation which started in 1976 when teachers of the deaf identified some of the children to be mentally handicapped as well. A class was established for them and this was the beginning of the school for the mentally retarded children within the school for the deaf. In 1984, when the school was moved to Inchaban on the Cape Coast-Takoradi road, its present location, the mentally retarded were left behind at the old site. Teaching programmes are made for the severe, nursery, trainable and the educable. Vocations are given to the young adults. The first headmistress was Mrs. Osei Bonsu who had her training overseas. She later headed Garden city Special School from 1985 – 1996.

Garden City Special School, Kumasi, Ashanti Region

The Garden City Special School was instituted in 1977. The school came into being as a result of some co-ordinated efforts of parents whose children are having mental retardation. The Society for the Mentally Retarded hired premises at Dichemso for the children in 1978. In 1984, the school was absorbed by the Ghana Education Service and in 1996 the children were moved to the new permanent building built mainly from the resources of the German Volunteer Society. Different vocations are taught to the inmates according to their functional abilities.

The Three Kings Special School for the Mentally Handicapped, Battor, Volta Region

The three Kings Special School for the Mentally Handicapped is a non-profit making institution started by the St. Maria Goretti Parish at Battor, in the Archdiocese of Accra Metropolis, Greater Accra Region of Ghana. The school is located at Battor which is 100 km. from Accra and 25 km. off Accra-Aflao road at Sege. The school was opened in 1996 after raising funds locally and from foreign institutions to get the school and its programme on foot. Objectives of the programme are to run pre-school programme, learning skills, pre-vocational training, vocational training in gardening, dressmaking, cookery, carpentry and laundry. To set the assessment programme on course, the services of the Department of Special Education at the University of Education, Winneba (UEW) was sought for and majority of the lecturers participated in it by clinically assessing the children at Battor. This was an outreach programme that the department patronised from 1995 – 1996. Hopefully, this would be repeated in future.

Awakpedome Integrated School, Adidome.

Under the Headship of the three kings special school, a new unit school is opened at Awakepedome in Adidome for the blind. The new school was opened in 2004?

Castle Road Special School (Psychiatry Hospital School, Asylum Down, Accra

This is a hospital school or ward that existed from 1956 and has since been attached to the Psychiatric Hospital in Accra. The first batch of children with mental retardation were picked for education from this ward to make the Dzorwulu Special School, Accra. The school caters for the categories of children who are profoundly retarded with other mental defects. The school programmes have been introduced during the 1980s and are catered for by the Ministries of Education and Health (Hayford & Baah, 1997).

Nkoranza Special School, Brong Ahafo Region

This is most recent school opened by the Catholic Mission in 1997/98 academic year. It has the same objectives as other special schools in the country. The school is known by the name shalons special school. Dr. Ineke Bosman alias Aunty Ama initiated the Home for the mentally handicapped. She adopted the children from the Psychiatry Hospital Accra.

Special Classes for the Mentally handicapped

There are two units of this kind in the Volta Region and in the Eastern Region of Ghana. Details of these units can be found under the sub-heading **Mainstreaming** in this chapter. These children have been integrated with other children with disabilities although they do not share the same classrooms but same environment. Unfortunately, this type of arrangement does not augur well for the mainstreaming concept of socialising children with regular school children. This is because, the negative effects of these units for integration with other disabled children like the hearing impaired do not enhance communicative skills that normally developing children gain through hearing and observations of good models from facilitators like parents and other adults. Nevertheless, the mentally retarded children tend to copy especially the sign language from children with hearing impairment they share the same compound with. Besides, this type of environment may expose children to coping culturally unacceptable behaviours from each other since both types of such children lack some of the acceptable behaviours and are in need of rehabilitation. Table 5.3 shows list of schools for children with mental retardation and other unit/mainstreamed schools. Today, there are expansions made in the number of unit schools at Winneba, Swedru Cape Coast, Tamale, Akwatia, Madina, Ada, Kwahu, Bolgatanga, Gooso and Obuasi by the instrumentality of Prof. A. Kniel, a German and the wife.

Kpandu Special School

This school was started in September, 1995 by a businessman of Kpando called Mr. Tagbortor together with a Japanese benevolent man. It started with four teachers and 36 children as at 23rd December, 1999.

Admissions

Admission procedures may not differ much in all the Special Schools, however, the following procedures are similar to all:

- (a) Application for admission or registration of wards to the school by parent or through referrals from:
 - ❖ peripatetic teachers from the Districts and Regional Education Offices, Churches, Voluntary Organisations, Hospitals and Social Welfare and others.

- (b) Assessment is carried out at the Assessment Centres in Achimota, Accra, University of Education, Winneba and Komfo Anokye Teaching Hospital, Kumasi and reports are sent to the schools.
- (c) Clinical assessment is encouraged for the children with mental retardation. Panellists for assessment in schools for the mentally retarded children include a psychiatric nurse, two or three skilled teachers, the headteacher and parent(s).

Table 5.3
Schools for the Mentally Retarded Children Including Units

| Name of School | Location/Region | Year | Category of Handicapped |
|------------------------------------------------------------|------------------------------------------|------|-------------------------|
| Castle Road Special School (Psychiatric Hospital School) | Asylum Down, Accra, Greater Accra Region | 1956 | Mentally Retarded |
| Dzorwulu Special School | Dzorwulu, Greater Accra Region | 1968 | Mentally Retarded |
| New Horizon | Cantonments, Accra, Greater Accra Region | 1972 | Mentally Retarded |
| Koforidua School for the Mentally Retarded (Unit) | Koforidua, Eastern Region | 1975 | Mentally Retarded |
| Twin City Special School | Sekondi, Western Region | 1976 | Mentally Retarded |
| Garden City Special School | Kumasi, Ashanti Region | 1977 | Mentally Retarded |
| Unit for the Mentally Retarded, Hohoe | Hohoe, Volta Region | 1990 | Mentally Retarded |
| The Three Kings Special School, Battor | Battor, Volta Region | 1994 | Mentally Retarded |
| Child Development and Assessment, University of Cape Coast | Cape Coast, Central Region | | Mentally Retarded |
| Kpandu Inclusive Special School | Kpando, Volta Region | 1995 | Mentally Retarded |
| Shalam Special School, Nkoranza | Nkoranza | 1997 | Mentally Retarded |
| Rev. Father John's Memorial Special Unit | Winneba | 2002 | Mentally Retarded |
| Special Unit | Tamale | 2004 | Mentally Retarded |
| Special unit | Bolgatanga upper East | 2005 | Mentally Retarded |

| | | | |
|-------------------------------|---------------|------|-------------------|
| Presby Special unit in Swedru | Swedru | 2005 | Mentally Retarded |
| Special unit | Akotia | 2005 | Mentally Retarded |
| Special Unit | Madina, Accra | 2005 | Mentally Retarded |
| Special unit | Goaso | 2005 | Mentally Retarded |
| Special Unit | Kwahu | 2006 | Mentally Retarded |
| Special unit | Cape Coast | 2006 | Mentally Retarded |
| Special Unit | Obuasi | 2006 | Mentally Retarded |
| Special unit | Ada | 2006 | Mentally Retarded |

(Source: Gadagbui (1998 – 2006 - Field Work)

Mainstreaming (Unit Schools) in Ghana

Lewis and Doorlag (1995:4) define mainstreaming as “the inclusion of special children in the general educational process”. In reality, mainstreaming is considered when children with disabilities spend any part of the school day with regular class peers with appropriate educational opportunity for all learners. In the process, disabled children gain access to and constructively interact with their non disabled peers. Mainstreaming is an option for the disabled children in terms of placement. In spite of different modes of educational options as stated by Lewis and Doorlag (1995), Ghana is practising regular class placement with few or no supportive services. Schools of this nature can be found at Kibi and Koforidua, Salvation Army Complex Special School (integrated) Swedru, and a private Special Day School at New Horizon School, Cantonments, Accra Residential special schools are the other special schools in the country with residential facilities and academic learning. This include also the hospital school attached to the Psychiatric Hospital, Asylum Down, Accra.

Historically, attempts to mainstream the visually impaired started in 1954, when a blind student learned side by side the sighted at the Presbyterian Training College (PTC) Akropong (McWilliam & Kwamena Poh, 1975). Officially in 1968, the Wenchi Secondary School in the Brong Ahafo Region was selected as a mainstreaming school for the blind as it is almost centrally placed to cater for blind children from north and south of Ghana. In 1974, the first batch of

mainstreamed blind students passed out. However, before the Wenchi modes, other secondary schools admitted the blind as students. These were the Accra Academy, Bishop Herman – Kpando, and Achimota but their enrolments were not consistent as that of wenchi. Other schools such as the N.T. Ahmadiya Training College (Jahan) Secondary School was established for this integration in 1983. It used to be a Seminary for the Ahmadiya Ministers in 1980. In 1986, Okuapeman Secondary School also started admitting the blind and had some success. In September, 1993, due to the Free Compulsory Universal Basic Education (fCUBE), Heads of Special Schools held a seminar with the theme ***“Integrating the Handicapped”***. In effect, some children from special schools like the Demonstration School, Mampong Akwapim have been sent to regular schools in town. These activities happened in response to the fCUBE demands. The Kibi and Koforidua unit Schools in the Eastern Region are all examples of the hearing impaired children being integrated with the hearing (see Table 4 on list of Unit Schools).

Kibi Unit School (Eastern Region)

The Unit School at Kibi was established in 1975 as a department for the partially hearing at Kibi State Primary School with an enrolment of ten (10) children and one specialist teacher, Mr. S.Y. Appiah. Foster homes were created for the children by the Kibi Presbyterian Women’s Fellowship.

The Kibi school was established as an integrated school to make the children acquire speech. Although it started as a day school, it is now operating as a boarding school since many children are from far off places to the school. Admission starts from 4½ years and upwards. As a result, the admission is no longer for partially hearing children but includes also severely to profoundly deaf children. This state of affairs has come about as a result of lack of audiometric equipment and inadequate assessment for children who come in for admission.

The Kibi school has nursery department for pre-school programmes. It also has a special class with children’s age range between 7 – 10 years. Here they are prepared for one year before they are assessed and placed at the primary department. At primary 1 – 6, all children take subjects as their hearing counterparts. At Junior Secondary School (JSS), the hearing impaired start a preparatory class for one year then join their JSS counterparts at the Oman JSS for three years to sit for the Basic Education Certificate Examination to qualify for the Senior Secondary School. It is clear that the hearing impaired attend classes with the hearing counterparts from nursery to JSS (Marfo, 1994).

Total Communication is practised though oral communication with gestures are used by most regular teachers in the school. However, the specialist teachers are supposed to have resource work with the hearing impaired but this is not practical enough. Total Communication however is also used in teaching by specialist teachers and student teachers on teaching practice from the Department of Special Education, UEW.

Koforidua Unit School for the Deaf (Eastern Region)

The Koforidua Unit School for the Deaf was established on 20th September, 1975 with five (3 boys and 2 girls) deaf children as a day school. Its objective is to promote total integration for both deaf and hearing children and to enhance personality development of the handicapped child and to provide equal opportunities for the deaf as well as the hearing under the same roof.

Temporarily, the school was attached to the Presbyterian Complex Schools at Koforidua but on 1st October, 1985, it was integrated to the New Juaben L/A Primary School and Sarkodie Middle 'C' School now Sarkodie JSS 'C' (see Figure 5.4)



**Figure 5.4: A section of the pupils at the Koforidua Unit School
(Courtesy of Koforidua Unit School)**

The school has a pre-school programme to screen children for admission. The section has a nursery attached to it to train these children prior to full integration to primary one. Speech teaching is cherished in the school so a full time teacher for speech is appointed to take the speech therapy with the children.

The school runs a hostel system now for children who come from distant places.

Koforidua Unit for the Mentally Handicapped (Eastern Region)

The Mentally handicapped children's department also started in 1975 as the admission of the hearing impaired children found their way into the school. This called for re-assessment which made them to be appropriately placed in October, 1989. This marked the beginning of the mentally handicapped children's department. Six children were diagnosed as mentally handicapped. A special class was opened for them in a small room attached to the headmaster's office. Though the hearing impaired and the mentally handicapped children are in the same school environment yet they are separate in their academic environment. Currently, trained teachers with degrees teach these children. Enrolment as at September, 1996 was 28 pupils but has increased over the years.

Unit School for the Disabled (Swedru, Central Region)

This was an integrated special class to the Salvation Army Primary School at Swedru in the Central Region of Ghana. The school building meant purposely for this integration was inaugurated on 6th January, 1995. The beginning of class attendance by the children started in April, 1995 with seven (7) children, however, by the close of that year, 15 children made up the enrolment. This comprised two (2) cripples, three (3) speech impaired children, one (1) mentally retarded child and nine (9) hearing impaired. These 15 disabled children combined with class one pupils. One specialist teacher worked with the regular class teacher.

The pre-school had a handful of children who were mostly deaf with only two children having speech. Their age range is between 3 – 5 years and are conveyed to school every Thursday. These children have hearing aids worn and are given speech therapy by the two specialist teachers who help the regular teachers.

Resource Teaching was a practice when the children were integrated

Initially on Thursdays, all the mentally retarded and deaf children had special class with the specialist teachers. Pre-schoolers were separated for play activity and speech work. On Wednesdays and Thursdays, integrated class was held while on Thursdays, general speech teaching was done for all children. Mondays, Tuesdays and Wednesdays were for supplementary teaching with the resource teacher after regular teaching. The school has one speech training unit for speech teaching and a number of toys, cooking materials and plastic materials for instructional teaching. However, the educational integration stopped and the unit runs its own programme as any special school. Sign language is the main mode of communication for the deaf.

Hohoe Unit for the Mentally Retarded

The Hohoe Unit for the Mentally Retarded began by 1990 to give access to children in the Volta Region to benefit from education. There are about 15 children in number who have the average age of 15 years. There are the nursery educables and the trainables. Subjects studied are in accordance with other schools – basic life skills, language activities, simple number work, music, etc.

Although educational critics criticised this type of integration of the disabled children because it defeats the real concept of integrating the disabled with regular school children, it can safely be stated that attempts are being aimed at adapted behaviours – vocational and language activities that can enhance independence and cultural acceptance of the disabled in the society.

In 2002, the children started schooling at a new site at Kledzo near Hohoe town. However, they are driven back to the School for the Deaf after school everyday..

Table 5.4
Unit Schools (Integrated with Hearing Impaired)

| Name of School | Location/Region | Year | Category of Handicapped |
|--------------------------------------------------------------------------|---------------------------------|---------|-----------------------------------------------------------------------------------------|
| Sarkodie Unit for the Deaf | Koforidua, Eastern Region | 1975 | Integrated: Hearing |
| Unit for the Deaf | Kibi, Eastern Region | 1975 | Hearing Impaired integrated with hearing children |
| Unit School for the Deaf | Adamorobe, Eastern Region | 1974/75 | No longer in existence |
| Deaf-Blind School | Mampong Akwapim, Eastern Region | 1979 | Deaf-Blind |
| Special Class for all Handicapped Children Salvation Army Primary School | Swedru, Central Region | 1995 | Children with mental retardation, hearing impairment, visual impairment, crippled, etc. |
| Special unit of the University practice school Winneba. | Winneba | 2003 | Hearing impaired |

(Source: Field Work)

Advantages of Mainstreaming in Ghana

- (i) Mainstreaming offers access to learning under same roof with non-handicapped children.
- (ii) Stigma and under-estimation of the disabled children are minimised since the potential of these children are displayed for counterparts, teachers and parents.
- (iii) Appropriate behaviours are learnt as expected according to age and culture from counterparts.

- (iv) Language and speech facilitation are properly enhanced in integrated schools by poor communications.
- (v) Team work is facilitated as the non-handicapped children tend to appreciate the achievements of the handicapped and their weaknesses when given same instruction and this is vice versa. Thus, activity develops understanding and tolerance among the children. Thus social and instructional integration of handicapped children in a regular classroom have this chance at least for a portion of the school day.
- (vi) Attitude change is fostered among community to accept the handicapped.
- (vii) Mainstreaming is cost effective since the same common materials and human resources are used on a large number of children.

Disadvantages of mainstreaming in Ghana

- (i) Most regular teachers have no special skills to handle the handicapped hence tend to neglect them during teaching. Similarly, those with limited concept of exceptionality will be facing problems as to how to assist the children.
- (ii) Large enrolment in class without a resource teacher worsens the plight of the children negligence as the class teacher cannot have adequate time to give individual attention to children with special needs.
- (iii) Special classrooms and lack of convenient places for group work other than the classrooms coupled with inadequate seats or heavy pupils' desks make learning difficult. Besides, most schools are ill equipped with facilities. For example, play ground, laboratory and resource materials and maintenance culture and lacking.
- (iv) Lack of co-ordination between regular teacher and specialist teacher of the disabled such that there is no team teaching or discussion after a lesson as to what are the strengths and weaknesses.
- (v) Resource materials are inappropriate in regular schools. For example, the blind child cannot benefit from pictorial material or print material but in the integrated school, braille materials may not be available and class teacher has neither got time to read the passage nor the skills to read a braille material. In addition, there may not be resource teacher to assist the regular class teacher in

lesson planning and audio visual materials preparation for the children.

- (vi) Environment is not suitable for the disabled but remain the same as there are no ramps for the wheel chair student. Some schools are very close to the noisy roads and neighbourhood to the extent that amplification devices without acoustically treated rooms will not give valid assessment or be of benefit to the hearing impaired.
- (vii) Parents, teachers and pupils who are uninformed may be disgusted with integration as they may think rate of teaching their wards will be slowed down and adversely affect the performance of the school. Others may feel the handicapping conditions are “*infectious*” and may pull their children from schools.

Suggested Ways of Promoting Mainstreaming

These problems can be modified when:

- (i) Regular class teachers and pupils are well informed through series of in-service training, team teaching and workshops.
- (ii) Public is to be educated about causes of disabilities and the potential the disabled have to enable them assist in integration.
- (iii) Resource materials and resource teachers are necessary for effective mainstreaming programme.
- (iv) Proper placement should be done after series of adequate assessment as to who benefits from mainstreaming and special schools.
- (v) Activities should be acquainted with the types of mainstreaming and decision on which educational options will be convenient to the learners be made.
- (vi) Promoting successful mainstreaming depends on each child being offered a programme or instruction suitable to his/her ability according to the individualised educational programme drawn.
- (vii) Monitoring through proper continuous assessment, the children’s overall performance academically, socially and exploring their potential are established.
- (viii) Establishing positive relationship between the home and the school to promote successful mainstreaming.
- (ix) Maintenance culture of equipment should be part of the programme to enable efficient usage of the few materials and equipment available in the system.

See Table 5.5 for educational options which are practised in the European and Western countries with very few of these known and practised in Ghana.

Table 5.5
Types of Educational Options

| | |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) Regular class placement with few or no supportive services | Child integrates with classmates. No individual attention |
| (2) Regular class placement with consulting teacher assistance | Consultant assists regular teachers with the contact of student. Develops Individual and Educational Programme (IEP) |
| (3) Regular class placement with itinerant specialist assistance. | Itinerant gives speech/language training; remedial reading, academic support. Prepares IEP. |
| (4) Regular class placement with resource room assistance | Assistance screens; diagnoses. Confers with class teacher |
| (5) Special class placement with part-time in regular class. | The Resource Part-timer leaves class each day, participates in selected programmes in regular classroom |
| (6) Full time special class | Children with severe problems receive instruction from specialists, participates in sports and assembles programme with regular schools |
| (7*) Special Day School | Have specialised instruction for children with special needs (e.g. New Horizon, Cantonments, Accra). |
| (8*) Residential School | As in other special schools in Ghana , 24 hour provision in academic, lodging, etc. |
| (9) Home Ground Instruction | Include accident victims who are student who need to continue academic work at home or hospital |
| (10*) Hospital or Institution | Severe emotionally disturbed children in hospital. Receive academic instruction, psychotherapy and one-to-one instruction (e.g. Hospital School, Accra). |

* Practised in Ghana

(Adapted from Lewis & Doorlag (1995))

Differences between mainstreaming and inclusive programme.

Similarities between mainstreaming:

1. Child is integrated in the regular school with the class mates and learn together as individuals or in a group.
2. child may stay at home with siblings or may stay in a residence in a unit school but mix with other peers in the classroom or at the play ground or have common activity with peers.
3. Resource teachers may be available to support the regular class teacher and give extra tuition to the pupils/students.

Differences between the mainstreaming and inclusive education

| | | | |
|---|--------------------------------|----|-----------------------------------|
| 1 | In the mainstream, a school is | 1. | In the inclusive programme school |
|---|--------------------------------|----|-----------------------------------|

| | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | selected for children with disability to be admitted in and to learn | | isn't selected. Parents enrol their wards in any school of their choice. |
| 2 | Subject-centredness is the focus child-centredness is lacking | 2 | Child-centredness is the priority |
| 3. | No equal opportunity is available. For instance, ramps and rails to physical structure of building are in many cases not available. Braille text books are taking teaching do not have time to learn the sign language for the deaf. | 3 | Equal opportunity is provided in terms of teaching and learning materials. (eg. Braille readers and text books are provided to learners whilst their counterparts have printed version or bold prints |
| 4 | Individualised Educational Programme may be run if the class teacher is not over loaded with large class enrolment. | 4 | Individualised Educational programme to cater for the academic , social, psychological needs is practised. |

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CHAPTER SIX

CURRICULUM

Introduction

The school curriculum involves the courses on the timetable, textbooks used as references, other learning activities and assessment of academic and social performances from the start of schooling. It includes guidance and counselling (McCornick & James, 1990). Curricula should also cover details as the following: nursery or infant stage, junior stage, secondary stage and higher education.

Special needs children run the same curricula with regular school children and therefore take the same Basic Education Certificate Examination (BECE) as conducted by the West African Examination Counsel (WAEC) but there are modifications made to some of the courses and techniques used. Formerly, 9 subjects were taken at the primary school level, 12 or 13 at junior secondary school and 8 at the senior secondary schools and these have been considered as overloaded curriculum which militated against learning. With the recommendations from the Educational Reforms Review Committee (ERRC) which had been endorsed by the government the courses such as the following are now taken at these levels.

Lower Primary (Basic 1 – 3)

English, Ghanaian Language and Culture, Mathematics, Environment Studies, Religious and Moral Education, Physical Education, Music and Dance.

Upper Primary (Basic 4 – 6)

English, Ghanaian Language and Mathematics, Integrated Science, Environmental Studies, Religious and Moral Education, Physical Education, Music and Dance as physical activities. This shows a reduction to about 8 subjects now.

Junior Secondary School

English, Ghanaian Language and Culture, Mathematics, Science, Agriculture Science, pre-Technical Skills (including Technical Drawing), Religious and

Moral Education, Vocational Skills, Social Studies and French (optional). Number of courses are presently about nine (9)

Senior Secondary School

Number of core subjects to be examined both internally and externally comprise: English, Mathematics, Integrated Science (including Agriculture and Environmental Studies). Social Studies (formerly Life skills and embracing Economics, Geography, History and Government). Physical Education (not to be examined externally). Religious or Moral Education (to be examined internally). In addition, each student selects three or four subjects from a wide range of programme with options consisting of three subjects to be studied under five specialised programmes as these:

- i. **Agriculture Programme:** $\frac{2}{3}$ of the following – Crop Husbandry and Horticulture or animal Husbandry or Fisheries or Forestry. Chemistry, Physics, Mathematics, French or Music.
- ii. **Technical Programme:** Technical Drawing: Building and Construction, Engineering, Science, Physics, Additional Mathematics etc.
- iii. **Business Programme:** includes”
 - (a) Introduction to Business Management, Accounting, Business Mathematics or Principles of Costing, Economics, Mathematics (elective) Typewriting and French/Music.
 - (b) Secretarial option – Typewriting, Introduction to Business Management including Clerical Office duties.
- iv. **Vocational Programme:** Visual Art and Home Economics
 - (a) **General (Arts) Programme:**

This requires that students do $\frac{3}{4}$ of the following subjects (Literature in English, French, Ghanaian Language, Music Christian/Islamic/Traditional religious Studies, Economics, Geography, History, Government, Mathematics (elective) General Knowledge in Art.

(b) **The General Programme (Sciences):**

This includes: Mathematics (elective) $\frac{2}{3}$ of the following: Physics, Chemistry, Biology, Technical Drawing, Geography, French/Music.

This means that each student has to take four (4) core subjects in addition to three (3) elective subjects for the West African Senior School Certificate Examination (WASSCE).

Tertiary Level

At the tertiary level the subjects covered include, Social Studies, Home Economics, Special Education, Mathematics Education, Science Education, Ghanaian Languages (Ewe, Ga, Akan, Dagaare etc.) English Education, Business Education, Health, Physical Education, Recreational Studies (HPERS) French Education, Art Education, Music Education and others related to Technology and Engineering in Science and Technically oriented institutions in Ghana such as, the Polytechnics and Kwame Nkrumah University of Science & Technology, Kumasi.

Special Curricula Needs of Children with Disabilities

Special needs children need to have an adapted curriculum. However, children with visual impairment take all subjects like the regular school children as mentioned earlier. Nevertheless, the children with visual impairment do not take carpentry, sewing, and technical drawing. They can take some aspects of science if it does not involve practical aspects of laboratory work that demands observation of chemical as in chemistry, biology and physics. Similarly, the mentally retarded children have focus, based on simple number work, daily living skills (grooming, eating habits, dressing as in self care, etc.) language and communicative skills, crafts, cooking, etc. Whatever the subjects are, there is some amount of adaptation and support given to make the subject beneficial to the needs of the child. Teaching of these subjects need skilled teachers and equipment. It should be noted that the curricula for the disabled have to be followed early in nursery or infant stage of the children as some of these children need orientation and mobility, basic living skills, social and recreational skills, communicative skills, acquisition of speech and language and Total

Communication for the hearing impaired; a lot in career training subjects like Mathematics, Science, Reading, Institutional Technology and Total Communication. The later needs to be taught by skilful teacher. Details of these are described below

(i) **Early Training at Nursery or Infant Stage:**

The education of the disabled children takes place very early as in infancy. Although all other infants need training, that of the disabled is more challenging to parents and teachers as the disabled may need more time and attention as a result of their handicapping nature. For instance, delayed motor development has long been recognised as a significant problem for many visually impaired and blind infants and physically disabled. As such, sitting, crawling and walking have to be carefully taught these children. To the sighted or normal children, visual modelling and feedback help in developing motorically, good posture, gait and control of one's body as one moves but the physically disabled, the blind and visually impaired need a great deal of instruction in body image, body planes, laterality and directionality. Therefore, the very young visually impaired person needs repeated experiences in orientation and mobility to understand the environment. There is also the need to assist the child to detect auditory and olfactory (smell) cues since these also help in the orientation of the environment in which he/she lives. All these training are geared towards his/her independency. Where the person experiences physical disability, physical therapy is required by which parents need to have skills to involve the person in simple exercises. It is also identified that some of these children lack independent living skills, social and recreational skills, communication skills, and need more training in and information about potential careers. Whereas the normally developing children learn these skills through visual observation and imitation of others, the visual and hearing impaired, for instance, lack these techniques. To include these culturally acceptable communication skills, parents involvement is critical. Parents are to love, care, protect their children and be involved in teaching skills which are basic to the children's survival though on their part, they need to be informed and participate practically in these activities with the professional in order to learn the skills.

Incessant practice, auditory stimulation and constant reinforcement on parents' part for their disabled children are necessary. Parents need to teach skills for independent living such as dressing, teeth brushing etc. visit the schools and clinical review sessions to interact with professionals as to have knowledge about what is being taught and learned. It is observed that children themselves do not transfer skills learnt at school or clinic to the home and such can be effected through visits by parents to the school. Hence parents serve as a link between school and home to familiarise themselves with academic social life with peers to know language used whether decent or not and help to monitor behaviour and maintain the positive ones and high expectations for performance of the child. Parents involvement may not only enhance learning skills but also help in placement re-evaluation for more effective alternatives to be developed.

(ii) **The Teaching of Language and Speech to Language Impaired Children Including the Hearing and Visually Impaired can be Examined Through:**

- ❖ The techniques used for teaching at the different developmental levels.
- ❖ Planning and evaluation in different educational settings (play ground, classroom, dining, etc.)
- ❖ Types of equipment and materials to elicit meaningful responses.

Besides articulatory programmes of the speech sounds and content and meaning (semantics), it is also observed that some children with disabilities, lack pragmatic skills or the communication skills that normally developing children acquire primarily through hearing and observation of others. These pragmatic skills include initiating conversations, not interrupting others, staying on a topic, clearly representing an idea or thought, maintaining listener's interest through facial expressions, body movements such as gestures and hand signals. It also involves polite language usage such as, "*please*", "*thank you*". These observations imply that children must be taught and be made to practise these skills till they master them. However, constant practice needs to be done under teachers' or parents' control and in an emotionally safe

teaching situation (Hatlen & Curry, 1987). Emphasis must be on organisation, delivery, assessment of the curriculum, and the role of the teacher.

(iii) **The Teaching of Mathematics**

The curriculum has to examine the teaching of Mathematics and the adapted ways and methodologies to use. For example, **colour** is necessary to use in counting hence colour counters for low vision, hearing impaired and other children with mathematical problem. Mathematical teaching must be **creative** and **practical**, full of fun, and of **interest** to the child. Therefore, music or rhymes accompanying teaching it to the young ones is applicable. Children can use themselves to form triangles, squares, etc. and learn to associate the names of the figures formed. Sufficient local materials, stones/pebbles (coloured) shells, cowries, bead-strings, bottle tops, seeds-strings, plastic bottles, funnels, bowls, toys, cups, plates, spoon, etc. can be used for simple addition, subtraction, divisions, etc. Thus the Chinese proverb "*I hear, I forget, I see I forget but I remember what I see, I hear and do*" is applicable in mathematics. Mathematics teaching should be practicable, creative and made a pleasant time to be full of fun. Same principle is applicable to teaching of social studies, and language oriented subjects.

(iv) **The Teaching of Science**

This needs modification and adaptation to what instructional technology to use. Science theory can equally be done by visually impaired pupils or learners. Due to visual problem, partial laboratory experiments in chemistry, biology and physics cannot be done, observed and examined by the blind or those with serious visual defects. Science involves pictorial microscopic and gigantic materials with their accompanying experiments, as such, changes in methodology and adaptations are important dimensions to teaching science to some of the disabled with sensory deprivations. Although the hearing impaired can both be involved in theory and practicals, yet patience, repetition, real objects, or augmented with models, pictures, availability of

equipment and resource teachers and clear specific use of appropriate language are the very major features, effective learning is to be observed and assessed.

With the young disabled children, science can be started as a practical thing in play situations such as, balloon inflation and deflation, making water bubbles, manipulating various shells, pebbles and describing their shapes, colour (if possible), water measurement in different receptacles, kites, and making flying objects. Through demonstrations not only will children participate but also learn vocabularies about different shapes such as, round and square; qualifying words such as “*rough*”, “*smooth*”, names of colours and the objects being worked on are among many examples to be made.

(v) **The Teaching of Reading**

The teaching of reading to all children especially the hearing impaired, the visually impaired and those with learning difficulties is a problem. Persons with difficulty in reading (dyslexia) have problems with the ability to identify printed words, associate meanings to words or speech sounds, therefore fail to read them out.

Focuses on the method and skills and equipment teaching reading and appropriateness of instructional materials are necessary. For example, the hearing impaired need hearing aids and reading materials which are appropriate to age and vocabulary level, interesting and culturally based. Multi-sensory (motor-kinetic placement) approach augmented with listening-speaking-reading method can be used to bring about meaningful reading. The visually impaired need braille materials to support effective reading. Those with low vision require magnifiers, bolder prints on large-print textbooks. This means braille transcriber has to be available; pictorial representations need to be real and concrete objects unless risky, or models of the real objects have to be used. However, real objects have to be presented concretely before the models are used. It is to be noted that blind children have and understand that a “*model*” may be inanimate (such as a cat) and it may be of a much different size from the real object for instance, a doll to represent a

girl. Teachers have to remember that for an intended concept to be grasped, there is the need to repeat similar lessons dozens of times. Besides, adaptation, changes in methodology in braille reading are required.

(vi) **Instructional Technology**

Use of computers with the disabled children such as, the hearing impaired children as well as the visually impaired involve the appropriate ways of using computer software in both integrated and special school environments. This high technology is to stimulate both hearing and vision for the children as well as developing their cognitive skills.

In addition, hearing aids for group and individuals are recommended for the hearing impaired. For those with visual impairment, optical devices for near vision include: hand held magnifiers, standing magnifiers, spectacle mounted non-telescopic magnifiers and spectacle mounted telescopic units.

Evaluation is a necessary ingredient in any project since monitoring and assessment of the curricula cannot be avoided. It is expected then that seasonal evaluation and report writing are made to cause re-evaluation of content, educational services, such as, technology, adaptations of models, teachers' role and skills for effective alternatives to be in line with individual children's needs and the main power needs of the society.

(vii) **Communication Mode – Total Communication (TC) for the Hearing Impaired**

Total Communication (TC) was invented by an English Anthropologist called Margaret Mead who wanted to study the lives of some people as to how they think, to understand them and be understood. Margaret lived with them and participated in eating, sleeping and dressing and communicated with them. This legend implied that Margaret did not speak the same language with the people hence adapted the TC as a mode to communicate with the people.

The Aims of Total Communication in the Education of the Deaf Child

- (a) To give the child the right to express self in a spontaneous and language developing way.
- (b) To give the deaf child the right to a free choice of her favourite means of communication in any situation.
- (c) To create an understanding for the hearing persons right to speak and listen to them.
- (d) To create a common language in the classroom based upon both Sign Language and Spoken Language.
- (e) To give the deaf child self respect and identify through a successful communication (Trier, 1996).

In Schools for the Deaf in Ghana, communication is sign Language though some practise Total Communication as against oralism which was used across most schools during the past four decades. Oralism consists mostly of speech and gestures of the culture. However, this may involve the English Language as it is the medium of instruction in both regular and special schools. Nevertheless, as from September, 1992, when heads of special schools for the deaf met at Bechem, in the Brong Ahafo Region of Ghana, a policy was made that Total Communication should be used in all schools as it was found to be the most effective method of approach in teaching and learning. After five years, sign language was given a premium over other modes at the detriment of the postlinguals, hard of hearing and those interested to speak.

What is Total Communication?

Total Communication (TC) consists of Sign Language, Finger Spelling, the Pad and Pencil, Oral Communication or speech including the use of natural gestures, pointing, iconic symbols, facial expression and pantomime, Lip Reading, Speech Reading, Auditory Training and Cued Speech. The Sign Language can be the American Sign Language (ASL), the British Sign Language (BSL) or any of the European Sign Languages of Sweden, Norway and so on. Brief explanation are stated below:

- (a) **Sign Language:** This was invented by Abbe de l'Epee who founded a school for the deaf in Paris in 1755. Abbe used this sign language to educate the deaf. It consists of arbitrary signs

and icons or hand shapes that represent actual words. Sign Language has its own rules (Riekehof, 1978).

- (b) **Finger Spelling:** Is writing in the air with the fingers the English alphabets (Fig. 6.1). It is used by deaf children in schools who know the written word or by deaf adult literates to complement sign language if a word cannot have the Sign Language.
- (c) **The pad and Pencil:** Involves writing using stationery (writing pads, pen, pencil) or using chalk and chalkboard to write alphabets, words, sentences or phrases or sketch shapes or real objects on the board, etc. as the condition may demand.
- (d) **Oral Communication:** Demands the utterances of speech sounds in a conversation form between one or more persons. It is supplemented by lip-reading or speech reading. Lip or speech reading is a visual skill by which facial or lip observations are made for speech sounds patterns or shapes, and facial frowns, lip-reading is uttering certain speech sounds or as it happens in laughing situations of the speaker. Lip-reading can be said to be a non-verbal language that augments the hearing impaired person's ability to hear speech (Farwell, 1980). Lip-reading is enhanced when speech sounds are clearly uttered and not muffled. The distance is close to speaker to enable him have clear vision when child can face the speaker with light shining on the face and not of the child (Offei, 1996). Lip-reading can be effective and cheap in educating children when the speaker speaks in a natural manner without much exaggeration of the lip movement, when the words or sentences are familiar to the child and the statement is repeated constantly using simple words. Besides, lip-reading can be taught to hearing impaired children and be encouraged to be used with other facial movements spontaneously in the process of speaking (Arnold, 1993).

Although Pollack (1970) and Clark (1989) cited in Arnold (1993) opposed lip-reading teaching to children for the fear that vision will lure the hearing impaired child away from listening, oralists have not opposed it. The case of teaching lip-reading is based on the assumption that pupils will gain more information about the

spoken message as this will make it earlier to understand the message. In line with this, some oralists like A.C. Bell (1884) in the United States and I.R. Ewing and A. Ewing (1954) cited in Arnold (1993) were in favour of lip-reading. For example, Bell urged that the visual abilities of the deaf should be used and educated whilst the Ewings advocated for child's ability to be "**speech ready**" before any formal lessons in lip-reading or speech. In short, for the child to be taught lip-reading, he must first come to know the power of his voice and to win attention then he can be led to watch for speech and make a beginning in lip-reading. Out of this will spring sooner or later his first spontaneous word or words. Therefore, the Ewings (1967) cited in Arnold (1993) said that deafened adults can be taught to lip-read if they use suitable hearing aids and lip-read at the same time as this helps lip-reading in a wonderful way (Arnold, 1993).

Figure 6.1: The Manual Alphabetical Letters

**(Adapted from Heward, W.L. & Orlansky, M.K. (1988)
Exceptional Children (3rd.) Merrill Publishing Company
Columbus, USA p. 29**

Auditory Training: Is another component of Total Communication of hearing impaired children in schools. Auditory training is the process of stimulating the hearing impaired child's hearing through display or exposure of child to sounds familiar in the environment that hearing children normally listen to; for example, the beating of the drum and jingle bells, tick-tack of wall clocks or table watches, the moo of cows, the miao of cats and the tooting of sirens of ambulances or automobile. Other onomatopoeic sounds of animals and sounds made by household items of water pipes, cutlery, radios, televisions, xylophones and other meaningful sounds are used to train children with defective hearing. These examples stand for gross discrimination sounds (e.g. differences between sounds of bells and drums, etc.) However, fine discrimination of speech sounds can be exposed to children. Discrimination can be in the form of making difference between speech syllables of **/ga – ka/; /ma – ba/; /ta – ga/ etc.** Others can be sentences or poems of sounds made by animals or known objects as the following:

A Poem Listen to the Sounds

*Tick – tick, says the clock
Miao – miao, says the cat
Moo – moo, says the cow
Ding – dong, chants the bell
Bah – bah, bleats the lamp
Woh – woh, barks the dog
Trumpet – trumpet, sounds the elephant*

(Tamakloe, 1998)

- (e) **Cued Speech:** is another component of Total Communication although this is not used in Ghana. Cued speech is made up of hand shapes or signals used near the chin to help deaf persons to identify sounds that cannot be distinguished through speech reading. Cued speech is a method of supplementing oral communication as it produces visual cues to add to spoken language.

Sign Language: This is a hand shape variations used to communicate with those with severe or profound hearing

impairment. In Ghana, emphasis is on the American Sign Language (ASL), finger spelling, oral communication, and writing skills. Although, Ghanaian Sign Language is on pilot basis, the (ASL) is the type being used and teachers and house parents alike are having series of in-service training in it.

Problems: The signing components of TC is culture suppression in that English Language is limited in terms of cultural experiences. In addition, some teachers and parents including house parents are not conversant with the American Language and finger spelling which are components of the total communication. Some parents are not in favour with the total communication although this needs to be researched into to find the percentage negating this view. It is however true that parents do not show interest in learning the sign language and may not even have time to learn how to sign. This is because every society believes in speaking and would want to share some common code of the culture with others. Besides, community members have not understood signs and may have condescending attitudes towards the disabled due to superstition hence may not like to associate themselves with the hearing impaired let alone show interest in how they communicate by learning the Total Communication.

Solutions: whatever views and beliefs the parents or the community hold, the essential solution to this problem is to change attitudes in order to learn the uncommon components of total communication such as, lip-reading, finger spelling, and the complementing communicative skills. These communicative skills include, initiation of topic or conversation, taking turns by contributing meaningfully, maintaining this topic by using polite language and observing back channel behaviours of the listener, observing the back channel behaviours of the listener, such as, the head nods, smiles, frowns and saying “**yes**”, etc. To maintain learners’ interest, practices within classrooms and outside classes can be enhanced if certificates are awarded yearly and parents produce evidences of achievements that transpired between them and their wards during the holidays. During the School’s Open Day or Anniversaries of any type, outstanding pupils, teachers,

parents and house parents can be acknowledged by citations and certificates, book prizes or the like. The fact that parents and house parents should be co-teachers and learning reinforcers is crucial to the rehabilitation of the disabled. Moreover, community members can be educated through the media and radio programmes should be intensified to include series of classroom situations of teaching and learning using sign language or total communication. A certificate course on sign language, (Sandwich) is to be run for two long vacations for interested people in the Department of Special Education, University of Education, Winneba.

Speech and Language Therapy for Hearing Impaired Children

Each school is supposed to have individual speech therapy for each child at least for a session depending upon the time available and as decided by the administration and the required communication need of the child. However, speech and language therapy is solely for correction of speech and language problems and improving development and acquisition of the language, spoken in the area for easy communication. Pre-school clients as well as pupils in schools need to have speech and language therapy. The early the identification and diagnosis, the better it is for a young child to be taught language as accepted by the culture for proper integration into the speaking society. It has been established that most successful hearing impaired people and best adjusted and the most productive ones are those with excellent spoken and written skills. There are those who can deal better with the mainstream of the society and are those who achieve upward mobility. This is because they are able to interrelate with other people with greater independence than those who do not possess these skills (Association Report of the Deaf, 1990).

Unfortunately, a survey on speech teaching in 12 out of 17 institutions with sample size of 40 people including deaf children, randomly selected revealed that 10 out of the 12 schools (except Savelugu School for the Deaf, and Twin-City School for the Mentally Retarded in Sekondi), have speech teaching just casually. There were many problems teachers noted as:

- ❖ Lack of speech rooms and specific speech teacher.
- ❖ No power for Savelugu School
- ❖ Few individual wearable aids
- ❖ Inadequate speech training equipment and materials
- ❖ Unco-ordination among teachers about speech problems identified
- ❖ Lukewarm attitude of some teachers
- ❖ Pupils complaint of uneasiness and pains when headsets are on them. Besides tiredness and frustration associated with speech learning when there is no change in learning after the speech lesson (Gadagbui, 1995).

In line with these problems, an Action Research was carried out by two principal investigators from the University of Education, Winneba, and six other collaborators from Cape Coast School for the Deaf including the headmistress. The research team worked with ten primary 5 pupils from November, 1995 to March, 1996 to identify problems and enhance teaching individual speech to pupils by using creative materials, toys and other objects relevant to age, interest and vocabulary of the individual child. Pre-intervention assessment of vocabulary indicated a baseline of vocalisation to one or two word stage for most children. During the intervention time when toys, creative art materials were cut out from plain sheets and coloured to depict human activities including the use of real objects, there was a drastic improvement as children graduated from this low performing baseline of one or two words to sentence level although articulatory problems of sounds deletion (omission), deletion and replacement (substitution), vowel deviation (distortion) and vowel or consonant additions (epenthesis) could not be ruled out. Pupils exhibited co-operation, maintained their interest throughout the 10 – 15 minutes or more and there were series of meaningful and spontaneous use of words or responses. (Gadagbui and Oppong, 1996) The situation of teaching speech is worse off since sign language use dominate speech production in most schools hearing is being revised since the need is realised. Therefore speech teaching must be encouraged to support those in inclusive schools.

General Drawbacks of the Curriculum

It is noted that schools have been restricted to select at least two out of 12 vocational subjects for study and for which raw materials are available in the community. These include pottery, tailoring, dressmaking, automobile practice, catering, carpentry, masonry and hairdressing. In addition, many of the hearing

impaired post Junior Secondary graduates are limited to the Secondary Technical School although at present few are enrolling in tertiary institutions. For the sake of those with learning disabilities and the hearing impaired with less interest in academic work, there is the need to create a balance between theory and practicals geared towards career.

Suggestions

It is therefore suggested that much emphasis must be laid on socialisation activities such as, daily living skills, language and speech training including other aspects of Total Communication (signing and finger spelling), reading and comprehension, mathematics and agriculture science. Other vocational and technical subjects should comprise:

- ❖ **General Agriculture Practicals:** poultry, piggery, fish farming, bee keeping, snail farming, tree planting, tuber crops, cereal production, rabbitry, etc.
- ❖ **Horticulture:** vegetable gardening, landscaping/planting of flowers, production of fruits etc.

Others are photography, typing, computer literacy and art work, etc. should be included in the curriculum. Nonetheless, those pupils who are academically inclined should be encouraged to study up to the University level.

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CHAPTER SEVEN

THE ECONOMICS OF SPECIAL EDUCATION SERVICES IN GHANA

Introduction

The economic component of services offered to the disabled in Ghana include the professional training provided by institutes such as the Training Colleges, the Universities, Rehabilitation or Vocational Training Institutes and other welfare services offered by the peripatetic officers and the Social Welfare Offices. This chapter deals with training teachers of the disabled since 1965 – 1998 or the present, the administration of Special Education at the division level, the rehabilitation centres and vocational centres.

Training Teachers of the Disabled (1965 – 1998)

Following the introduction of the Fee-Free and Compulsory Education Act (1961), the Henderson Committee in reference to training of staff recommended that:

- (i) Training teachers of the deaf were urgently needed. As such' no more schools should be started until trained teachers were available.
- (ii) A college for this training be started locally preferably at Winneba, with the nucleus staff being trained outside first to return to set up the new course.
- (iii) Government should not order hearing equipment until staff have knowledge in its use and maintenance (Dery, 1993).

Upon the acceptance of these recommendations by the government, a handful of teachers were sent to the UK and USA for training. As training abroad could be expensive, negotiations were entered into with the commonwealth Society for the Deaf, London for an experienced and qualified person to direct local training programme which later became the Specialist Training College for the Teachers of the Deaf. In line with this, in August, 1964, Miss Anne Hewitt of Massachusetts University was loaned to Ghana to man the institution. At first, the college was planned to be established at Winneba but for the sake of proximity, it was diverted to Mampong Akwapim which is nearer to the Korle Bu Teaching Hospital, the Ear-Nose-Throat Department for assessing ears of children with hearing impairment and for student-teachers' practicals (Hayford & Baah, 1997).

(a) **Specialist Teacher's Training College for the Deaf (1965 – 1986)**

A year after the arrival of Ms. Hewitt in August, 1964, the training of teachers took off in September, 1965 with 12 students. She was assisted by Messrs. David Aryee, trained from Manchester, Sammy Fiaxe, Headmaster of Reverend Foster's School and Seth Tetteh-Ocloo, a young deaf graduate from Gallaudet College, USA. The official commissioning of the College was done by the then Commissioner for Education, Mr. A.K. Deku in November, 1969. The course was to last for one year, but was later upgraded to two years for specialised programmes with Ms. Hewitt as the first Principal and Mr. David Aryee as the Vice Principal.

At the 1970 International Congress on Education of the Deaf held in Stockholm, Sweden, Ghana was to take up the responsibility of training African teachers of the deaf. Therefore, the first batch of foreign students were admitted in 1975 from Sierra Leone, Nigeria, Tanzania and Swaziland. Later, students trooped from the Gambia, Kenya, Botswana, Seychelles, Sierra Leone and Tanzania, many of whom had sponsorship from the Commonwealth Assistance for technical Co-operation in London.

As Ms. Hewitt left after six years of duty after training thirty teachers, Dr. T.W. Carlin, an American University Professor on sabbatical leave succeeded her. Professor Carlin left after a year and was succeeded by Dr. Andreas Markides from 1971 – 1975.

Dr. Markides was succeeded by Mr. David Aryee, the first Ghanaian head from 1975 – 1986 when he passed away suddenly (Dery, 1991 & 1993). From 1986-1992, Mr. S. Dery headed the specialist training college which was redesignated as college of special education. Subsequent heads were S. Essel (1992-1993): Mr. F. A-K. Ameku (1993-1994): Ms Grace Yawo Gadagbui (1994-1996: 1999/2000) Associate Professor Grace Yawo Gadagbui (2000-2001: Mr. W. Agbeke (1997-1998), Mr. M. Avoke 1998/1999 or Associate Prof M. M. Avoke 2004-2006. Currently in September 2006, Mr. Mills Opong is the Head of Department.

With the success in training teachers for the deaf locally, the government continued to open another training for the teachers of the blind. This was achieved in 1975 at the Presbyterian Training College, Akropong Akwapim with ten (10) students.

(b) **Training of Teachers for the Blind**

Just as how the training of teachers for children with hearing impairment started in 1965, the training of teachers for the blind locally started in 1975. A first training of teachers for the blind for diploma, was in the United Kingdom whereby Ghana Government Scholarship or Commonwealth Fellowship Awards were given for such training. In the early 1970's, the Ministry of Education on experts' advise requested an assistance from the Royal Commonwealth Society for the Blind to plan this local training. As a result Mr. Ray H. Nayler from Great Britain was loaned to Ghana to perform the same role as Ms. Hewitt for deaf education in 1965. Mr. Nayler a former headmaster of Dorton House School in Serenoaks, Kent arrived early in 1975 and in September, 1975 the course for teachers of the blind started as a unit attached to the Presbyterian Training College at Akropong Akwapim in the Eastern Region. This unit became known as the Department of Blind Education with 11 student-teachers including four teachers who were blind. It was a two (2) year course with this first batch completing in June, 1977 (Hayford & Baah, 1998).

In 1987, 6th October, when the Specialist Teachers Training College for the Deaf was redesignated and named College of

Special Education, the Department for Training Teachers of the Blind became part of this college although it continued to be housed at Akropong Akwapim.

(c) **College of Special Education (1986 – 1992)**

On 6th October, 1986, the College of Specialist Training College has been redesignated, College of Special Education with training departments in the Education of the Deaf, Blind and the mentally retarded to offer a three year diploma course. The Department for the Education of Teachers of the Blind continued to be housed at Presbyterian Training College, Akropong. Courses offered were moderated by the University of Cape Coast. The College was under the Directorship of Mr. Stan Dery who had served under David Aryee since 1975 until the colleges amalgamation in 1992 when it was moved to Winneba in the Central Region.

Courses outlined for each of the department around the later part of 1970's – 1992 were:

- (i) **Department of Education of the Deaf**
Audiology, Anatomy and Physiology of Speech and Hearing Mechanisms, Speech and Phonetics, Psychology of Deafness, Principles and Methods of Teaching the Deaf, Historical Development and Contemporary Provision; Curriculum Development.
- (ii) **Department of Education of the Blind**
Orientation and Mobility, Ophthalmology, Braille and Braille Mathematics, Psychology of Blindness, Principles and Methods of Teaching the Blind, Historical Development and Contemporary Provision; Curriculum Development
- (iii) **Department of Education of the Mentally Handicapped**
Behaviour Modification, Neurophysiology, Speech and Phonetics, Psychology of Mental handicap, Principles and Methods of Teaching the Mentally

handicapped, Historical Development and Contemporary Provision; Curriculum Development.

- (iv) External courses from the University of Cape Coast during the first and second year, English I and II (Lexis & Structure), Psychology of Education and Child Development, Sociology of Education, Philosophy of Education, History of Education (Ghana, UK & USA); Educational Administration, Guidance & Counselling, Educational Measurement & Strategies.

Examinations were taken mid-year (1st year only), First Diploma Examination (End of 1st year), final Part I Examination (End of 2nd year) and when a student failed in one subject, a supplementary examination was taken. Final Part II Examination (End of Course) was offered. Apart from these, all students were continuously assessed through essays, quizzes, assignments, projects, etc. Any failure in three subjects warranted a student being sacked. For each successful student, specialisation started during the second year.

Entry Requirements

Entry requirements entailed a certified teacher of ordinary children who taught at least three years after qualifying; four credits of General Certificate of Education 'O' level pass, a competitive examination and interview, signing a bond with the Ghana Education Service (GES), and agreeing to accept posting to any part of Ghana after training (Dery, 1989).

(d) **Department of Special Education, UEW (1992 – 2007)**

As a result of the tertiary reform, the PNDC Law 322 established the University of Education, Winneba on 30th September, 1992 from an amalgamation of seven former diploma awarding institutions in the country. In effect, the Department of Special Education has become one of the 13 departments initially of the University of Education (Principal's Report, 1995) although at present, there are 25 departments as a result of two (12) more in addition. The department of Special Education runs three units namely, the Education of the Hearing Impaired (EHI), Education of the Mentally Handicapped (EMH) and the Education of the Visually Impaired (EVI). It runs three years Diploma and two years Post-Diploma (B.Ed) programme with the aim of training

teacher-students in academic subjects such as English, Mathematics, Social Studies, Home Economics to enable them acquire skills in identifying and managing children with disabilities, through procedures such as assessment upon referrals, or self report, guidance and counselling. All students take a general course in special education since pupils and students in regular schools pose similar and diverse problems though such problems may be mild and teachers under training are expected to have professional competencies to meet such needs.

Present Courses

Although reviews of programmes form part of the Department of Special Education in the recent past for both Diploma and Post-Diploma on broad-based terms, all students in the department irrespective of the unit they belong to take ten courses of one (1) credit hour each to make them familiar with types of defects in children. These broad-based courses are Contemporary Issues and Trends in Special Education, Language and Speech Deviations, Total Communication, Introduction to Learning Disability, Psychology of Exceptionality, Low Vision and Orientation and Mobility, Multiple Handicaps and Behaviour Management, Mainstreaming, Pre-school Programme and Elementary Braille and Braille mathematics. Other courses to mention but a few include details from the units themselves which are Behaviour Management of Exceptional Children, Causal factors of the Impairments, Ophthalmology, Braille Mathematics, Speech and Language related courses, Low Vision, Mainstreaming, Instructional Technology and other courses from a second department which could be English Education, Home Economics, Social Studies, Mathematics, Physical Education and French Education. Clinical practice is also emphasised as part of the credit hour loads for students. These are practicum, a School Attachment Programme through which disabilities in children are identified and brought for clinical assessment and intervention. On campus and internship outside the University also offer similar learning experiences to make the students proficient by the time they complete the course. The innovation to the internship is the mentorship and face-to-face meeting with lecturers for students to show case skills in philosophy, portfolio, seminar and project work.

The department can boast of an Audiology Clinic now known as centre for speech and Haring services patronised by the public and students, a Speech Therapy Session and Family Support Session established in March, 1995 to cater for families and children with disabilities (Review, 1996).

It is projected that courses on gifted and talented children and deaf-blind education be subsumed in major courses being taken in the department. It is also hoped that a consultancy be opened within the department to extend outreach programmes and workshops and seminars to both local and foreign institutions and individuals that need the services of the department. Researches, book publications, journals for special education and publication of articles form part of the work of the lecturers, which they enthusiastically and vigorously pursue (Gadagbui, 1996).

Administration of Special Education at Divisional Level

The development of Special Education needs a supervision thus as far back as 1970, the Special Education Unit was set up within the Ghana Education Service (GES) to be monitored and headed by the Assistant Education Officer. In 1985, the Special Education Unit was raised to the status of a Division. A Director is the heading it with schedule officers who are professionals in the specific areas of disabilities.

Duties of the Division of Special Education are:

1. Advising on the setting up of special schools to educate pupils and students from basic to university level who are handicapped.
2. Acquiring and maintaining technical equipment in the system.
3. Inspecting and supervising schools for the handicapped.
4. Advising on matters relating to training teachers of the handicapped.
5. Organising in-service training for teachers in Special Education schools.
6. providing professional guidance and counselling for parents of children with handicapping conditions.
7. Undertaking public education on disability.
8. Liaising with teachers in normal schools for purposes of identifying handicapped children in order to offer professional advice to teachers.
9. Undertaking and encouraging relevant research.
10. Ensuring the availability of priority requirements of the special schools (Speech Trainer, Braille Equipment, Braille Press, etc).
11. Linking with foreign agencies for mutual information.
12. Advising the Ghana Education Service (GES) on matters of relevance to special schools (Dery, 1993).

13. Integrating /including children with special needs into the inclusive schooling or regular schools and ensuring that resource reaches assistant support teachers to teach all children.

As a division, it ought to formulate policy, plan, be provided with finance for maintaining the division and its supervisory work in schools and communities rehabilitating persons with disabilities (PWDs). It also encourages research as well as conducting workshops, seminars and for a for teachers and student-teachers in the University of Education, Winneba, Department of Special Education. There is a link between the Department and the Division in terms of having seminars and workshops and sharing information as a good will of enhancing the education of the PWDs.

Rehabilitation Centres

The economic component of services offered to the disabled is the vocational training institutes or the professional training institute. In Ghana, for example, there are plans to make the disabled economically independent social beings as the non-disabled counterparts. Among the primary aims of all the rehabilitation centres are:

- ❖ To sensitise the public to disability and rehabilitation programmes; and
- ❖ To expose the public of the creativity and potential that the handicapped persons have to nation building so as to reduce the marginalisation that the disabled suffer from the society

Ministry of Social Welfare

To this end, the Department of Social Welfare of Ghana has established in almost all the regions of Ghana, Rehabilitation Centres to train the adult disabled people in carpentry, masonry, basket and kente weaving, cookery and sewing among other artisans. Below are the Rehabilitation Centres in Ghana: see Table 7.1.

Table 7.1

Rehabilitation Centres in Ghana

| Centre | Region | Category |
|--------------------------------|----------------|-----------------|
| Accra Rehabilitation Centre | Greater Accra | Men |
| Somanya Rehabilitation Centre | Eastern Region | Men & Women |
| Ho Rehabilitation Centre | Volta Region | Men & Women |
| Wassa Akropong Rehab. Centre | Western Region | Men |
| Essipong Rehabilitation Centre | Western Region | Men |

| | | |
|----------------------------------|--------------------|-------------|
| Biriwa Rehabilitation Centre | Central Region | Men |
| Edwinase Rehabilitation Centre | Ashanti Region | Men & Women |
| Sunyani Rehabilitation Centre | Brong Ahafo Region | Men |
| Tamale Rehabilitation Centre | Northern Region | Men |
| Bolgatanga Rehabilitation Centre | Upper East | Men |

(Source: Ministry of Social Welfare)

Other Rehabilitation Centres owned by Missions are the:

- ❖ Comboni Missionaries Rehabilitation or Vocational School for the Handicapped at Abor in the Volta Region
- ❖ The Binaba Agricultural Rehabilitation Centre for the Blind in the Northern Region is founded by the Anglican Church.
- ❖ The Salvation Army and the Anglican Church Rehabilitation Centres are also found in Wa. These centres engage the blind in agriculture to earn independent living.

Besides the Rehabilitation Centres manned by the Department of Social Welfare and the Missions, there are few schools for the hearing impaired which have their own Rehabilitation or Vocational Centres for the adults, the Bechem School for the Deaf in Brong Ahafo is an example. In addition to the School for the Blind at Akropong Akwapim, where adult blind persons go for rehabilitation programmes. Likewise, blind students who have attended secondary schools (integrated) such as Ahmadiyya, Wa Secondary School Wendy Secondary School and others and have not succeeded in the West African Senior Secondary School Certificate Examinations [(WASSCE) are at liberty to go back to their former schools for the blind to do crafts.

ICCE AND NVTI CONTRIBUTION IN REHABILITATION

There are other disabled persons who have their training at the Integrated Community Centres for employable Skills (ICCES). The ICCES is also a community based institution which trains young people including the disabled to learn skills for independence. After the skills such as those of catering, electrical installation and painting have been acquired, the government provides instruments or equipment to the graduates. In addition, technical knowledge is provided by the National Service Personnel from Technical and Vocational Institutes. Whether learners do the NVTI or the approved examination depends on the heads or proprietors of the institutions to ensure that their workers or

students take the examinations for certification for jobs and salary up-grading. Unfortunately, some of these heads or proprietors do not ensure that their students take the approved National Vocational Technical Examination after attending the Vocational Institutions.

After the successful completion of any of these Vocational Training, the disabled candidates can either open their own workshops or work as co-operatives and take the National Vocational Training Institute (NVTI) Examinations to be certified for completion in the job market. Some of the people with the NVTI certificates work at schools as craft personnel or teachers, seamstresses and tailors, technical officers, hairdressers and kente weavers.

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CHAPTER EIGHT

MANAGEMENT OF THE HANDICAPPED - THE SOCIOLOGICAL COMPONENT

Introduction

Management of the handicapped child may involve diagnostic assessment of the condition(s) referrals and counselling, parental involvement through family support programmes, pre-school and placement, prevocational and vocational rehabilitation and on-the-job training for career. Most of these sub-headings have been discussed in previous chapters. This chapter however deals with management through family support, parental roles and counselling services and management through the Community-Based Rehabilitation (CBR), and organisations within special education whose roles contribute positively to the special child's needs.

(A) Management Through Family Support

(i) What is Family Support?

Family support is a programme that takes care of the family in dilemma or in doubt, fear or losing hope when the news of “*suspicion*” of a child with disability is confirmed by the specialist. The support includes counselling of parents, the professional's empathetic listening to parents, respect for views and values of the family (Luterman, 1991 & 1987)

(ii) The Aims of Family Support

- (a) To give support to the family experiencing initial shock, frustration and other negative emotions. However, if the problem is beyond the boundaries of the specialist, then referrals can be made. For instance, marital problems can be referred to elders in this context or to the social welfare or family tribunal.
- (b) To reassure parents that they are capable of serving as co-teachers to train their child. This helps to restore parents back to a high self esteem.
- (c) To foster group participation whereby older children's parents share their experiences with each other with new parents as to how they were able to make it. This interaction instils hope in the hearts of parents who then realise that negative feelings are universal and that they are not alone.
- (d) To make parents leave the centre more informed so that they can carry over such skills to train their children.
- (e) It aims at making parents more involving in the decision making and training of their children.

(iii) **Why should Parents Need Family Support Programme?**

A child does not function in isolation and anything affecting one member of the family affects every member (Turnbull & Turnbull, 1986). Parents become emotionally disturbed when the news is broken to them by the professional that their child has a handicapping condition. Parents are the very first persons to be emotionally upset and may go through some or all of the chains of negative emotions.

(iv) **Chain of Negative Emotions**

This chain of negative emotions are: **shock, frustration, guilt, loss of self esteem. Others denial are anger, bargaining, depressions, and acceptance.** (DADBA) the denial could be displayed in several ways ranging from unwillingness to accept that the child is handicapped to being reluctant to move the child from the regular school to special school. Some parents can also say that the child is simply stubborn and may prevent the child from wearing hearing aid(s) or spectacle in public (Luterman, 1987). Some parents can ask "*why me*" and such feelings can

lead to anger, withdrawal displacing anger or blaming the spouse or family members. Many parents do shopping from fetish shrine to divine healing centres In the Ghanaian culture, such disabilities can be attributed to superstitions, witches, wizards, casting spells and charms due to the foresight they may have about the child's future. These traditional beliefs are with us and cannot be denied hence the refusal of some parents to visit specialists and to co-operate with them if even they visit. Such attitudes, inadvertently cause delays in child's training in school and in any other set-up. The inward direction of anger towards themselves, can also lead to depression when the reality of the child's problem cannot be denied any longer. Eventually, parents accept the situation anyhow and tend to co-operate in the rehabilitation problem.

Of late, professionals realised that too much attention has been focussed on the child at the expense of parents. This develops imbalance between services rendered to parents and child with a disability. It is also realised that parents lack comfort and some are ignorant about many information concerning the child. For example, some lack information on resource services and are made to play passive roles. These things really do not help enhance parents' co-operation in the assessment, development and training of the child. As a result, it is felt that one way of actively involving parents in any programme about their child is first to minimise their negative emotions through effective counselling, re-assurance and parent group participation to share experiences. Besides parents can draw collaborative goals with professionals since it is easier to work towards such goals and achieve them as the ideas are from their own decisions. Parents can assist in facilitating language programme or any task the child is involved in.

(v) **The Role of the Professional in Family Support**

This is very simple to the skilled and experienced professional since all that he/she needs to do are to:

- ❖ put his/her experience to the task set;
- ❖ listen to parents and respect their views and values;
- ❖ be honest with parents depending on the condition that is objectively assessed and analysed them with parents

present. Make parents be active collaborators in observation and decision making. The professional should not give false hope of the condition that may not change soon but may gradually take a positive turn depending on co-operation, parental support and involvement;

- ❖ encourage parents and get them informed every time they meet and ask about the child's progress.
- ❖ Re-assess child's performances and discuss them with parents (Gadagbui, 1995).

Content for the Family Support Programme

This comprises practicals or language and communicative skills, involving parents, case history collection, interaction with parents and children, clinical and ethical considerations in dealing with clients and equipment usage. Others are audiograms interpretations including not only how to deal with the communicator as a whole but also the communication problems are practically dealt with and discussed with parents. The programme entails all these practicals, besides, knowledge in amplification devices and prescriptions.

(B) Parental Roles and Counselling Services

Parental involvement is an indispensable tool in the diagnosis, education and rehabilitation of the children with disabilities. Likewise, the role of the siblings and other family members are crucial in the rehabilitation process as they are all affected negatively in a way. In Ghana, for instance, there are cases of divorce, lack of care and attention, abandonment of such children in schools and in the streets, stigma and poor classroom performances. What parents should know from professionals so that they will get involved are:

- (i) Sensitising parents to become aware that they are **team members** in rehabilitating their wards;
- (ii) Parents should also be made aware that they are **valuable source of information** to the professionals as these facts serve as basis for the children's educational training and planning.
- (iii) **Parents be informed of resources available**, such as, schools, assessment centres, medical experts and sources

- for guidance and counselling services that they need to build up their lost self esteem.
- (iv) Making parents aware of the **causal factors** for **handicapping conditions** of their children to prevent recurrence if some of these factors like using unprescribed drugs, avoidance of immunisation of babies against the six childhood killer diseases, poor diet, syphilis, etc., during pregnancy contribute to the children's problem.
 - (v) That parental **love** and **care** are indispensable contributions that parents should give naturally to every child irrespective of any problem.
 - (vi) That parents become **collaborative members** in learning communicative skills, mobility skills and basic living skills which are necessary in developing handicapped children. Besides, they need to know how to handle simple equipment like magnifiers, hearing aid battery insertion into the battery compartment and simple use of the equipment.

Kirk et al. (1993) ascertained by stating that:

- (1) Parents should serve as **co-teachers** since they take active part in the teaching process. For example, by parent clinical visits to the professionals, they learn through active participation skills to teach their children while at home. One important skill is the communicative skills while others may be skills in feeding or living skills, mobility skills if the disability is very severe. Thus bringing up the child in line with the culturally acceptable behaviour may be a very challenging one to the parents which may merit parents' collaboration with the professional at the clinic or the officers visit to the home. Parents are also valuable source of information to the professionals as they know their children better.
- (2) Parents should help in planning the **Individualised Educational Programme** they have valuable information about the child and this will assist in planning according to the specific/special need of each child. This is unique in that each child is different from each other no matter the same level of disability since each child's problem is peculiar to himself or herself and needs a specific method to solve it.

- (3) Parents as well should serve as **Learning Reinforcers** by their positive attitudes towards their child's nature of the disability. Hence parents by their unique roles serve as a link between the home and the clinic of the professional where both parties learn and borrow positive practices from each other as to which methods or activities elicited correct response and need to be maintained and be carried over from the clinical set-up to the home.

Parents, therefore observe acceptable patterns of daily routines and corresponding acceptable communications which may be verbally reported with dates or ideally put into diary for discussion with the professional during the subsequent visits to the clinic with the clinician.

Evaluation: That **evaluation of the parents' role** is essential in that this procedure helps to appraise the status of their children from the first day of management to a specific period. This can help to support alternative remedies in terms of placement in school, teaching methods and what positive roles to play to enhance and maintain acceptable behaviour patterns in children.

Counselling or assisting parents by professionals is like lifting off heavy burdens from parents' shoulders. If parents are more informed they can collaborate especially when genuinely consulted and their views, feelings and values are respected. It is then that collaborative goals when set are pursued to the letter and active involvement can be seen. Through role modelling, in the form of dramatisation and parent-child-clinician led play setting. Can be, videotaped discussion of strengths and weaknesses spotted out with much stress on the strengths displayed by child and parent.

Role of Siblings

Siblings at the onset of a problem tend to be victims of parental neglect. Much of the family finance is used at their expense on the child with disability. Siblings assume duties to make up for their brother's or sister's deficits. Besides, they are burdened with house chores and care of the handicapped child. Some become over achievers in school to get better remunerations from

their jobs to care for the brother or sister. Others learn about special education so that they can be of help to that brother or sister. Some siblings grow to be tolerant and appreciate other people with defects and show concerns about others with similar problems. Community stigma is a feature for all family members to suffer from as siblings are also jeered at or friends neglect their companies because of a handicapped brother or sister.

Siblings that suffer these negative emotions equally need counselling to assist them to have knowledge about causal factors to stop guessing and blaming others as the cause. They are also made to participate in discussion of how best to handle the situation and cultivate positive attitude in such a state. Sometimes the adult with disability or his/her parent can be invited to talk about successes achieved in life and how he/she had overcome despite the odds. Video tapes of best role models of the handicapped cerebral palsy or physically defective person or blind person who is a teacher, lecturer, handicraft master or mistress, lawyer etc. can be played to the siblings to build up confidence in them.

Role of persons with disabilities (PWDs)

Persons with disabilities (PWDs) have had their plans dashed and so could experience psychological trauma sometimes. They may think some of the school curriculum as being forced on them since some of these may not be their preference. As they grow, they would start thinking of career for independent living. These and others however, depend upon their aptitude and mental capabilities and the amount of support needed. In any case, counselling and rehabilitation services need to address daily skills of catering for self bathing, dressing, and grooming, academic skills (communication and language rehabilitation as some have poor language skills, reading skills, poor mathematical concepts) pre-vocational skills and vocational skills. Then on-the-job training, sheltered homes/workshops and loans given out can enable the PWD's start trade or craftwork. They can be encouraged. For those who will continue to pursue academic studies for a profession. Parental support together with community involvement are needed to train these people in trade skills and handicraft. This is in addition to societal tolerance and acceptance of the PWDs. Persons with handicapped conditions should change attitude and accept their condition but make their impact felt in the society as positive contributors.

(C) The Role of Parent Teacher Association (PTA)

The PTA has the need to play active role by taking dynamic steps towards the school's progress both in children's learning and teachers' quality teaching. The Association among its aims include:

- ❖ Constructive contributions to help remedy certain situations that negate learning and teaching (truancy, indiscipline – rudeness; theft, sexual malpractices, etc.)
- ❖ Financially contribute for infrastructural expansion, library books, furniture, etc.
- ❖ Helping in planning educational and vocational needs of their children's career.
- ❖ Suggesting ways of academic progress of children.
- ❖ Monitoring teachers' activities in the schools regarding quality teaching, absenteeism, alcoholism and sexual abuse and child labour.

In reality, many schools have the PTA but problems arise in terms of:

- ❖ how active they are in organising meetings; and
- ❖ how individual parents participate in discussing the well being of their wards or always in haste to “**dump**” the wards and go back home.

Medical model versus State-of-the art practice

Most parents of special needs children are still playing passive roles; they believe so much in the “**medical model**” whereby the specialist is the sole diagnostician and can do all about placement and decide for the child's future and career. This mentality is very deficient. The state-of-the-art demands that parents can now be decision makers, active collaborators, in programme oriented goals for their children and actively train their handicapped children like other children. This is why an effective parent group needs to be formed so that parents can share experiences with each other, be in position to discuss their needs peculiar to only parents of the disabled, and to disagree with certain issues which they would not advocate for since they are not in the interest of their wards. The parents groups are to supplement the role of the PTA and not a group in opposition.

Community Based Rehabilitation Programme CBRP

Management through Community-Based Rehabilitation Programme (CBRP) is another component of the numerous strategic ways of rehabilitating the handicapped children or adults in the community as well as society in which

they live. The CBRP was introduced in 1992 at 20 districts under the United Nations Development Programme (UNDP).

- (i) The aims of the CBRP are to:
- ❖ ease congestion on the residential schools;
 - ❖ improve quality of teaching;
 - ❖ improve on service delivery and providing more equal opportunities for all people with disabilities;
 - ❖ sensitise teachers on the approach of teaching these children;
 - ❖ make the community aware of assisting with basic necessities to help families to carry out rehabilitation at home;
 - ❖ provide opportunities for other areas besides education, such as functional and vocational training, jobs, etc.

As a result of these aims, the Special Education Directorate by then, selected a number of peripatetic teachers who were given series of in-service training since 1989 to carry out the identification of cases for diagnosis, referrals and management as in placement or medical treatment.

The peripatetic teachers who have taken up the post of the CBR programmes work also with the social workers, regular school teachers and parents with the disabled children. Some of their work schedule include also guidelines to classroom teachers as to methods of teaching and handling the disabled pupils and pre-schoolers. In addition, these itinerant officers have to practically demonstrate methodologies to use with the affected children to effect good teaching and learning. They also involve themselves in team teaching, discussions after class, evaluate and reinforce positive academic achievements and behaviours which are culturally acceptable. Furthermore, the peripatetic teachers are expected to visit homes and parents and get them informed notably on communication skills, daily living skills, mobility and orientation of the environment and how they can be effective learning reinforcers by participating in observations and discussions of school activities for a carry over to the home.

By this programme, the peripatetic offices serve as liaison officers between home, school and district offices as reports of each individual child are documented, filed for reference and then for remedial action.

(ii) **UNESCO Pack**

To complement these roles the peripatetic officers disseminate through workshops the United Nations Educational Scientific Cultural Organisation (UNESCO) Teacher's Resource pack. The UNESCO Teacher's Resource pack was initiated in 1988 with its aims as the following:

- (a) To help schools and teachers in different parts of the world to respond meant for teachers who have no knowledge about special education.
- (b) It aims at assisting teachers to know the conditions in the classroom and how to manage children with these variabilities despite their intelligence quotient.
- (c) The pack also aims at helping teachers to develop their thinking and practice with respect to the ways in which to respond to children's educational difficulties.

The UNESCO Teacher's Resource Pack leans heavily on five main pillars called approaches since effective learning will most likely occur when these pillars are present. These five pillars are the following:

- ❖ active learning
- ❖ negotiation of objectives
- ❖ demonstration, practice and feedback
- ❖ continuous evaluation
- ❖ support

Explanations of these five pillars are:

- (i) **Active Learning**
Involves approaches that encourage participants to engage in opportunities for learning.
- (ii) **Negotiation of Objectives**
Has to do with approaches that enable activities to take account of the concerns and interests of individual participants.
- (iii) **Demonstration, Practice and Feedback**

- These approaches deal with model examples of practice, encourage their use and provide opportunities for feedback
- (iv) **Continuous Evaluation**
This approach encourages enquiry and reflection as ways of reviewing learning.
 - (v) **Support**
This is the approach that is given as help to the individuals to take tasks.

These **five** approaches are equally essential for all levels of children of the educational structure when adapted. It is a pack not meant for only the disabled alone but for regular schools at every level. Besides, this pack is useful to all learners and teachers since it de-emphasises the disabilities but emphasises the abilities of such children. It is recommended that the UNESCO pack could be used in training of teachers at the initial teacher training colleges as:

- ❖ Pre-service training, then as
- ❖ In-service training; and
- ❖ School-based staff development programme

UNESCO Teacher Education Resource Pact 1995

The CBR has centres solely for people with low vision or some residual vision in almost all the regions. In addition, the CBR target districts for the deaf, the blind, and multiple handicapped people are spotted in five regions of Ghana. However, in 1994, three more regions have been established to increase the service areas. Table 8.1 shows these areas.

The economic role of the CBR is played through giving loans to the adult disabled people to trade with or engage in jobs worth doing for independent living. In the north of Ghana, for instance, Action on Disability and Development (ADD), a non-governmental organisation, British sponsored with its headquarters in Tamale give cash loans for trade. Few deaf adults as well as the blind benefit from this loans for treading in groundnut or brewing pito; others engage in farming, handicrafts making, such as plastic twine, chair weaving, and fibre bags. The Catholic Mission also helps in finance while the government also assists with money for tools through its agent, the Social Welfare Department.

The Community-Based Rehabilitation Programme can only work out with good results if the officers work closely with the disabled. Nevertheless, as good as the programme seems, incentives to the peripatetic/community based rehabilitation officers especially those under the Ghana Education Service (GES) from 1995 up to the present are having problems of not getting consistent payment of maintenance and fuel allowance a month for their motor bikes. Sometimes also the roads to the villages are not motorable and risky or ply though this may be a minor factor. Nonetheless, more of the CBR officers with means of transport are needed so long as accessible villages need attention as many of the disabled tend to live around these places. This implies training of more CBR officers to take up the community based jobs with more of the community tradesmen and women voluntarily coming out to assist in the rehabilitation of the disabled in the community as family members help. Many problems also stem out of the fact that some disabled are treated as outcasts, ignored by family members for being dependent or considered as products of retribution, a curse or unproductive. Despite these drawbacks, the CBR officers need to consult families genuinely, understand their feelings and inform them of their roles. It is then that families would get involved in all discussion and decision regarding services. Likewise, the community provides assistance in basic needs and ways of community integration in rehabilitation and this needs to be encouraged as it is seen as a way of brushing off the community stigma but acceptance of the disabled into the society.

Table 8.1
CBR Target Districts for Deaf, Blind, Mentally Handicapped People
Old Target District (1992)

| Region | District | Extension (1994) |
|-----------------------------|-----------------------------------------------------------|-------------------------|
| Volta Region | 1. Ketu 2. Akatsi | Ho |
| Eastern Region | 1. Somanya 2. Oda | Kade |
| Greater Accra Region | 1. Jamestown (Accra Metropolitan) 2. Ada (Dangme East) | |
| Ashanti Region | 1. Offinso 2. Jamasi | Konongo |
| Brong Ahafo Region | 1. Techiman 2. Bechem | Sunyani |
| New Districts (1994) | | |
| Northern Region | 1. Tolon-Kumbungu | |

| | | |
|-------------------|-------------------------|--|
| | 2. Walewale | |
| Upper East Region | 1. Navrongo 2. Bongo | |
| Upper West Region | 1. Wa 2. Nadowli | |

(Source: Information from Community-Based Rehabilitation Officers, Volta, Northern & Upper Regions – 10th February, 1998)

Organisations within Special Education

Among services given in Ghana are complementary roles of various associations of the disabled which are presented in the text:

Ghana society for the Blind

The Ghana Society for the Blind was established in October, 1951 with these objectives:

- ❖ To assist in promoting the general welfare of the blind
- ❖ To provide for a rehabilitation service for the blind in terms of learning adapted behaviours, communication and vocations.
- ❖ To make the public aware of the blind and have interest in the welfare of the blind.

Membership is open to all persons both blind and sighted who show interest in the welfare of the blind. Membership fees are paid annually and this is complemented by donations in kind or in cash. It has an executive Council which comprises the President, Chairman and his deputy and honorary treasurers. This Council is elected every year at an Annual General Meeting. Through the society's effort, the Accra Vocational Training Centre now Accra Rehabilitation Centre was started. All types of handicrafts are taught with locally produced materials. It provides also braille library in Accra, braille equipment and help needy blind economically by providing skills in agriculture.

The Ghana National Association of the Deaf (GNAD)

This was established to provide a common forum for the hearing impaired who graduated from schools. Dr. Seth Tetteh-Ocloo, (who was one of those who helped Reverend Foster in the opening of the maiden school), now retired lecturer from Gallaudet University, Washington DC, USA, formed the GNAD in April, 1968 with 23 males and 2 females. The Association was registered with the Ghana Government through the

Department of Social Welfare in March, 1975. In 1976, it was affiliated to the World Federation of the Deaf and in 1987 with the Ghana Federation of the Disabled (FODA).

Membership is open to all deaf population in the country. As at 1998, there was an estimation of 16,000 deaf people but this has increased over the years.

Objective of GNAD

- ❖ The main objective of GNAD is to promote unity among the deaf population specifically among its members.
- ❖ Promote through united effort of members the well being of the hearing impaired in Ghana by fulfilling their educational, vocational and social needs of members.
- ❖ Create awareness among the general public about the achievements, potential and the needs of the disabled.
- ❖ Serve as an intermediary and a pressure group for the group.

Achievements

GNAD was able to pressurise the Ministry of Education to re-open Jamasi School that was closed for mismanagement of funds on 18th October, 1988 by the District Administration. It also petitioned the Ministry of Education and the Social Welfare to make adoption of Sign Language possible. However, instead of Sign Language being proposed to be mode of communication in schools for the Deaf, Heads of schools in 1992 came out with the decision and implementation of Total Communication which all schools are now practising.

At present, Ghanaian Sign Language is being pusehed vigorously. This is made up of some symbols of the American sign language and Ghananian symbols for items or words not formed in English for instance “ Kenkey” “Kalami” or fried fish etc.

However, the implications is that learners of the GSL may not communicate with other sign language users with the GSL unless they also learn to communicate using similar symbols.

Although GNAD can boast of few achievements, it is being faced with problems such as lack of post-secondary programme, society's frowning on the hearing impaired and their families due to communication barrier and superstitious beliefs, lack of interpreter service, recreational centre, employment opportunity, unaffordability of hearing aids and services for amplification, lack of adequate research on issues related to deafness or hearing impairment, monitoring of schools, planning and solution of problem of deafness and besides, lack of scholarship scheme for higher education outside Ghana.

Among the future plans for the Association (GNAD) are:

- ❖ Developing Sign Language Dictionary
- ❖ Training Sign Language Interpreters
- ❖ Opening more branches of the Association to cover the remaining two regions; besides
- ❖ Opening Vocational Centres for drop out and illiterate hearing impaired who are jobless
- ❖ Link with parents to form Parent Teacher Association for the welfare of their children. (Boison, 1996; GNAD, 1997)

The Society of Friends of Mentally Retarded Children

The Society of Friends of Mentally Retarded Children was born in 1968 and is responsible for fund raising activities for the purpose of providing financial assistance to needy children attending school. It sees to resettling mentally retarded children, serve on the diagnostic and evaluation panel, provide entertainment for these children attending school.

In addition to these, voluntary organisations are the Ghana Cripples Aid Society, the St. John's Clinic – a Spanish Monastic Order based at Effiduase in Koforidua, the Catholic Orthopaedic Centre at Nsawam and St. Hubert's Centre at Anomabu.

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CHAPTER NINE

PROBLEMS IN SPECIAL EDUCATION AND REMEDIES

Introduction

Education in Ghana may be encountering problems of achievement scores, finance, lack of guidance and counselling personnel, parental involvement, as well as specific problems pertaining to the special needs of children. Some of these problems and others have already been mentioned in chapters 1 and 2, therefore, this chapter specifically focuses on the educational problems in special schools in the country.

Problems in special education may range from lack of legislation and educational equipment and materials, inadequate service delivery and no co-ordination of services to general problems pertaining to the pupils and students in these special schools. These problems are described as the following:

- (i) There is no clear cut national policy on special education so no nationally accepted definition has been established
- (ii) Barriers to detection of handicapping conditions.

Although parents, siblings, concerned persons, teachers and specialists do most of the detection of defects in children and sometimes through self report by the victims, yet, there are barriers to detection. These barriers are:

- ❖ Lack of parental knowledge

- ❖ No sign of the condition therefore no need to complain;
- ❖ Impairment (e.g. hearing, visual, etc.) not severe enough to hinder performance;
- ❖ Economic constraints deter reporting of cases;
- ❖ Avoiding stigma;
- ❖ Fear of further loss;
- ❖ Superstitious beliefs and seeking for non-existing cure from herbal treatments and spiritualists delay specialist management of child.
- ❖ No regular system for screening children.

(iii) Lack of screening programme at pre-school stage and in schools. Not much of a research is being done in schools to identify children with possible sensory defects and learning disability. Learning disability constitutes hidden problems of poor academic programme in schools as well as poor social interaction and vocational study. These children may have difficulty in one aspect and be good at another. Similarly, gifted and talented children are neglected in schools in that identifying the correct standard instruments to assess them is lacking even though these children's performances in practical ways, such as, leadership quality, quality speech and language expressions, sports, craft work, and technological evidences are practically exhibited. Worst of all, their curriculum remains status quo: there is no adaptation to make it suit them and negative labels and insults including derogatory statements are rather used to suppress the sterling qualities these children exhibit.

Eventually, these potentially good children are left to frustration and they drop out of school.

(iv) **Inadequate Assessment Centres**

There are very few assessment centres and special schools are mostly located at urban centres. In practical terms this makes accessibility to schools difficult. Likewise, improper assessment put some children at a disadvantage in that they become frustrated and their educational achievements become stunted. For example, children with low vision are mixed up with the blind and braille materials or prints are not modified for their needs. Therefore, low vision children are "**forced**" to under-develop their residual vision since magnifiers and other devices for learning are

not used to train them earlier. So are the mild and moderately hearing impaired children mixed with severe and profoundly deaf children without hearing aids so children who are hard of hearing are deprived of early language learning in most schools. This is because definition of the term “**deaf**” has been generally used to cover all children with hearing defects irrespective of the degree of hearing impairment. This is grossly a misapplication of term hence the need to differentially manage the categories of children according to their functional needs.

(v) **Inadequate Learning and Teaching Materials**

Textbooks, equipment and other inputs like braille sheets, braille equipment, Auditory and Speech Trainers, Audiometers for ear screening and diagnosis are inadequate or not available.

(vi) **Lack of Multisectoral Teamwork**

Lack of co-ordination of services between the Ministry of Health, Social Welfare and Employment and the Ministry of Education prevent a comprehensive report on a client.

(vii) **Limited Vocations/Inflexible Curriculum**

Scopes of vocational options are limited such that children cannot pursue vocations of their choice. They are therefore forced to study what programme(s) is being offered.

Job opportunities are inadequate with possible reasons that:

- ❖ Employers are afraid of handling persons with handicapping conditions in terms of communication particularly by the hearing impaired and the mildly mentally retarded skilled persons. Secondly, due to the traditional beliefs of retribution and curses from god employers may not want to tarnish the image of their jobs. Job protection and its image with high turnover is a priority for most employers.
- ❖ Employers tend to underestimate the capabilities of the handicapped persons hence not willing to experiment by employing them.

Prohibitions of Blind Persons to take Mathematics and Science

Presently, pupils and students take mathematics and science up to the Junior Secondary School level. They have problems with drawing as in geometry and the laboratory experiments in Biology and labelling dissected parts as well as in Chemistry having the difficulty of observing and analysing chemical components.

Lack of Up-dating of a Sub-Saharan African Curriculum for the Mentally Retarded

Since September 1989, when a common curriculum was drawn by representatives of West and Central African countries there was no evaluation. The cause could be due to the instability of the host country, Togo, specifically Lome where delegates from Ghana, Togo, Congo, etc. with the Lome-based Co-ordinator had been meeting from late 1989 to early 1990. Nevertheless, Ghana has got a uniformed curriculum that all special schools for the mentally handicapped/intellectually disabled follow.

(viii) Inadequate Funding

Funding is inadequate from government as well as facilities for the training of teachers in special education. For example, there is lack of rooms for speech and language therapy. Besides, any space which is allocated, lacks acoustic treatment which primarily minimises background noise that seriously interferes with validity of clinical assessment.

Technicians to service broken down equipment such as braille equipment, hearing aids and other audio equipment are not available thus rendering refurbishment of these equipment unachievable.

(ix) Lack of Departmental Expansion

Training scope of the Department of Special Education is limited to the training of teachers for the visually and hearing impaired children, and the mentally handicapped children. The gifted,

talented, the autistic, cerebral palsy and the deaf-blind are left out or subsumed under three traditional nomenclature of disabilities.

(x) **Exodus of Specialist Teachers from the Field**

Reasons may be due to:

- ❖ Inability of the teacher to impart the skills acquired in the training institutions due to:
 - lack of motivation
 - poor school environment;
 - lack of teaching aids;
 - lack of co-operation of staff members due to: internal conflicts of supremacy between headteachers and graduate teachers now in the field including petty squabbles; and lack of communication over internal issues.

(x) Inadequate number of in-service training

Non-specialists lack adequate methodology for effective teaching though some amount of in-service training is given. Reasons could be inadequate workshops, in-service training and demonstrations and poor organisation.

(xii) Negative societal attitudes shrouded with superstitions remain with us and delay rehabilitation. The society tarnishes the image of the handicapped due to the superstitious beliefs that disability is a punishment to families who break taboos and traditional rules. As a result, the society stigmatises and dehumanises the disabled such that they are vulnerable to lack of attention and seen as having nothing good to offer the society.

Lack of parents' co-operation to monitor children's achievements during holidays to beef up teachers' roles and co-ordinate skills.

(xiii) **Lack of Interpreters for the Hearing Impaired Adults**

The special education system lacks skilled interpreters who may be of use to adult hearing impaired citizens involved in legal cases or public hearing.

General Problems with handicapped Pupils and Students

General problems specific to pupils and students in special schools or in the mainstream may range from sociological, economical to psychological. These simply could be explained to involve social stigma, sexual abuse or malpractice, poor language and speech communication, reading disabilities or dyslexia.

(i) **Social Stigma**

Social stigma is a household word notably with the African society, specifically, the Ghanaian who believes that the handicapped person could be a mishap due to wickedness of parents, curse from ancestors or spell or the result of black magic. Each ethnic group has its own beliefs as found in earlier chapters. Therefore, a family with such a child is labelled, rejected, insulted or bear some “*funny*” description and this is very typical of remote areas off the towns and cities. As a result, these children in the mainstream schools are not only rejected by peers but by teachers ignorantly due to the acts of jeering, and lack of individual attention. Some of these children may dropout of school, or the teacher not knowing how to handle them may advise parents to withdraw the child without any other alternative remedy for him or her.

Some parents due to the community stigma, do not give the care and love to their wards. They sort to give preferential treatment to their non-handicapped children at the expense of the handicapped ones. If girls could be educationally abandoned and preference given to boys, then the worse should happen to the handicapped child.

There are instances whereby schools have been “*asylum*” or dumping grounds for the visually and hearing impaired and mentally retarded. This is typical of schools for the mentally retarded children where most children stay for a decade plus years without graduating or visiting their homes or being visited by natural parents. Some parents cannot leave genuine addresses whereby school authorities can trace their houses let alone their work place address therefore, personal contacts with parents become difficult. Sometimes, some parents delay in coming for their children when school vacates, hence forcing house parents to remain in the school premises. Furthermore, parents’ control

over the adolescents' movement are so loose that these children tend to visit friends out of their regions of residences. No matter how brief these visits are, there are risks involved such as habits of sexual and drug abuse and unfavourable behaviours. Visits in themselves are not bad since each disabled person understands and appreciates the disability in the other person better and tend to enjoy each others company but caution should be taken if parents and guardians make pre-visit arrangements for their wards to avoid these risks. These steps need to be taken to safeguard against transfer of these bad habits in the schools as is usually the case.

(ii) **Sexual Abuse**

The adolescent pupils have problems of sexual malpractices among themselves that to some extent, some of the girls get pregnant and are forced to dropout. As at now, there is no statistics though researches show evidences of sexual malpractices in the special schools. Although this is yet to be backed by statistics, such evidences show that sexual relationship usually take place between the handicapped children themselves especially between classmates or study partners. Other relationships involve the able bodied men in the Ghanaian society who rape these girls and make them pregnant (Amesimeku, 1997). This may be due to the fact that these handicapped young women lack the skills to fend off others in sexual encounters in the mainstream population or schools.

(iii) **Communication and Language Problem**

Poor language and speech communication is equally faced by the hearing impaired, the visually impaired, the speech impaired and the mentally retarded. Most visually impaired people have problems with communication skills or pragmatic skills. Lack of pragmatic skills involve problems like **initiating topic, turn taking, contributing towards that topic or maintaining it, main channel behaviours** or observing frowns, facial expressions, gestures and body involvements. This is because of the lack of vision that cannot permit them to see. As a result, the visually impaired children have to be taught these communication skills in repeated and constant practice. Likewise, children with mental

retardation have language problems of phonology (use of the speech sounds and the rules regulating their sequencing; phoneme identification and the supra segmentals or the stress, duration and cultural influence of how they are pronounced, etc.), syntax or word structure according to rules are problems to some of these children. For instance, the inflections **-s**, **-es**, and subject verb agreement sometimes pose difficulty to them. Moreover, the semantics or meaning of the words in association with the events, objects or ideas are another source of problem. Likewise, the pragmatic component may be found difficult as the child may not react meaningfully by correct verbal or non-verbal response. The child may hear the words or sentences but cannot understand therefore the practical functioning or action may not show in the child's behaviour. Instead, the child having pragmatic problem may overly depend on main channel behaviour of the speaker or the back channel behaviour of the listener. He may also show lack of responsiveness to questions or statements demanding an action. The mentally retarded are found to have shown prominent cluster reduction in addition to simple articulation or phonologic problems. For example, they show gross omission of consonant clusters as in **/st-/**, **/sk/**, etc. Others are substitutions or deletion of speech sounds, distortions or vowel deviations and addition of vowels or consonants to the end of words. Although the children with hearing impairment show language problems, and phonological problems as described above, they also show defects in voice quality; some have high pitch, nasalisation, dysfluency of rhythm flow of words or sentences and can use single word sentences as their verbal expressions. Misarticulations have made their speech production mostly unmeaningful to a lot of people. Besides, deaf quality speech is observed due to lack of auditory feedback. Above all these problems, depending upon the nature of gravity of the statement, some disabled children may exhibit dysfluency or stuttering features; difficulty in abstraction, storing and retrieval of information and short term memory; word finding difficulties and circumlocution which is displayed by the speakers by going round the main information they want to give.

From observations and experiences, it is ascertained that not all hearing impaired children can love to speak although this statement depends upon a number of factors. These are the following:

- ❖ onset of hearing impairment
- ❖ degree of impairment
- ❖ amount of facilitation and incessant practice
- ❖ availability of amplification device and interest of child;
- ❖ degree of innate capability or intelligence of the child;
- ❖ amount of therapy given for speech and language acquisition and development.

Despite these, it should be noted that although we could have a deaf community, yet the majority of the Ghanaian populace are speakers and expect everybody to express himself or herself through oral communication. To have a compromise however, those hearing impaired who can speak must be encouraged to speak through constant therapy, amplification and reinforcement by parents, community members and teachers in schools as early as the problem is detected. Those deaf who do not show interest in speech can go on with the sign language. However, the underscoring fact is that the post linguals with speech and the pre-lingual who are mildly hearing impaired should be assisted to acquire spoken language for easy integration into the society and have the option to sign language so that they can communicate with those deaf who cannot talk or not interested in speech. Whatever option parents choose or the schools follow, the individual adult is the right person to have a choice and this has to be made in line with what the society wants, employer's choice, type of career the hearing impaired person wants to pursue in future. A caution here is that almost every employer wants someone s/he can easily communicate with, one who is competent at the job and independent. With these in mind, let the hearing impaired adults decide judiciously to make the future bright for themselves and exhibit the standard of living the society expects from them.

(iv) **Poor Reading and Writing skills**

This is also identified among children with hearing impairment in addition to children in regular schools (Donani & Avoke 1995; Asare 1997; Yemeh, 1997). Details of information on this topic can be traced to Chapter 10 under the sub-topic “**Improving Reading**”. Hitherto, it has been noted that problems of dyslexia have been attributed to lack of textbooks and library books in schools, parents not reading for children to model after, periods for teaching reading on the timetable is slashed to only once a week and teachers lack quality teaching methodology. In addition, sign language dominates the mode of communication such that syntax of the English language is distorted or influenced by the sign language format, which adheres to the key words and omits the **-es; -s,** of plurals and inflections of subject-verb agreement. Similar reports for the non-handicapped children in the regular schools are also made including poor writing skills. The reader is invited to read more about this sub-topic under Chapter 10 and ways to improve reading among children.

- (v) It is evident that many school going children cannot identify their names or letters or read out anything in print meaningfully.
- (vi) **Discipline**
Discipline is essential in every social setting so it is in schools. However, there are times indiscipline activities may erupt and can affect issues of rules seriously hence special schools are no exceptions. Discipline may turn loose sometimes that children may misbehave and like any other institution, disciplinary measures against exeat, siesta, regulations breaking, sneaking out and other irregular activities must be controlled to bring sanity into the lives of the children. Similarly reports are made against students involved in illegal drug taking.
- (vii) **Poverty**
Most special residential schools are expensive in that parents have to buy toiletries, wearable items, (dress, shoes, shirts and school uniforms), then add beverages, gari and “**shitor**”, and few tins of sardines if parents can afford. These are without transportation fees and the child’s personal money for use. As a result of global economic constraints, most parents cannot afford these needs hence

some of the children may get withdrawn or develop negative devices to solve their financial hardships through theft or sexual malpractices or dropout of school. Research findings are indicating evidences of poverty and irresponsibility of some parents as basic causal factors for some of these forces against children's poor school performance, early sex and dropout (Gadagbui, 2003).

(viii) **Poor Achievement Scores**

This is widespread problem even among the non-handicapped children. Although some individual scores in academic work may be encouraging and may reflect in the Basic Education Certificate Examination (BECE) for some special schools, the fact that much more effort should be put into teaching and learning and devotion to the profession by teachers cannot be ruled out. Enhancement of the individual child is a priority.

Remedies

- (i) **Policies** need to be made and legislated in terms of definition of terminologies in special education; parental roles, placement, funding, rehabilitation, etc.
- (ii) **Intensive education for families** especially with parents must be on basic identification of handicapping conditions for early management is necessary. This will forestall delays in education and rehabilitation to serve as relief to parents.
- (iii) **Early identification** through appropriate screening needs to be done as instruments can be designed locally for quick and economic assessment of children with hearing, visual talented and defects, giftedness and learning disabilities.
- (iv) **More peripatetic teachers** ought to be trained and sufficiently equipped with skills on equal weighting in all areas of sensory and physical deprivations such as (hearing, visual impairment, mental retardation, orthopaedic conditions, learning disability and gifted and talented children. Each content of subject areas should also have equal weighting on theory and practicals in teacher training colleges and universities. In line with this, the present broad-

based course programme run by the Department of Special Education should continue and be modified to subsume areas of dead-blind, autistic children, gifted and talented children.

- (v) Curriculum must be flexible to incorporate vocational options such that varieties of vocations can be made available for interested students to choose from. Those with good academic background should be encouraged to aspire higher to colleges and universities. Thus equal opportunity must be available for both persons with handicapping conditions and the non-handicapped. Enriched and accelerated programmes should be made available for the gifted ones.
- (vi) Alternative solution for persons with blindness or visual defects should include:

Adaptable Equipment and Materials

There should be textbooks brailled with specifying areas informing blind students areas of concentration and which can be conveniently treated to make the context same as for other students. For example, in biology dissection, student can be asked to analyse the composition of a heart or liver or any part. For labelling, they can be asked to describe the parts as obtained in Britain and elsewhere; the subjects of science and other areas of concern in mathematics should be introduced early in the basic level. Adaptable equipment and materials or brailled books on science and mathematics should be provided, for example, geometry kits, abacus, talking calculator and cubarithm. In science, gadgets on animal parts, shapes telling parts and their descriptions, barometers, computer brailers and brailon sheets of all sizes and modules of various organs (cockroach, heart, lever, etc.) are needed. Taxidermy materials will help students and pupils feel the animal coating and size and this will enhance learning. In addition, teachers should have in-service training on teaching these subjects. Resource teachers should be mathematically and science inclined. Pilot project or teaching the blind students mathematics and science should begin with various monitoring and evaluation for alternative measures to enhance the subject teaching and maintenance of learners interest. Short term

in-service training for the tertiary schools for the blind in mathematics and science and same should be introduced to staff of the universities handling students who are blind.

For partially sighted students, light probe to determine colour, magnifiers of all types – hand and standing types, are needful to help them pursue these courses in addition to cold prints and other suitable discussions of the above.

Finally, quality teaching, equity in teacher distribution, reflectiveness of teaching methods, constant practice and repetitions together with the adapted equipment and materials are contributing elements to successful performance if this goal is to be achieved by children who are handicapped.

Finally, all children need to develop interest in learning poems and narrating stories since the sharpening of memory, storing and retrieval of information lie in the ability of memorising short or moderate meaningful phrases, rhymes and recitals of poems and listening to stories and narrating same to others.

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CHAPTER TEN

THE FUTURE OF EDUCATION IN GHANA: BUILDING A SOLID FOUNDATION

Introduction

The future of education in Ghana is impregnated with a lot of hopes, however, achievements can only come about when teachers, parents, pupils and students, the government, specifically the District Assemblies and other stakeholders, like the local and foreign Non-Governmental Organisations work as collaborators to complement the efforts of the central government. No

system can succeed without monitoring and evaluation, legislation, funding and service delivery, research, career guidance and counselling, parental involvement, advocacy group, and proactive measures, such as early identification and quality teacher for example. As such, this chapter tends to focus on these as means to lay a solid educational foundation. Framework of these projection appear in the order as below with their subsequent discussions following:

- (i) **Monitoring and Evaluation**
 - (a) Content of education/curriculum
 - (b) Educational Reforms and fCUBE
 - (c) Type of quality teacher and pedagogy
 - (d) Class size and instructional technology (textbook and equipment)
 - (e) Continuous Assessment
 - (f) Re-evaluation of Criterion Reference Test

- (ii) Enabling legislation
- (iii) Advocacy group
- (iv) Funding, support and expansion of service delivery
- (v) Research into educational issues – Children with learning disability
- (vi) Career guidance and counselling
 - (a) Career counselling
 - (b) Economic value of special education
 - (c) The role of the media

- (vii) Proactive Measures
 - (a) Antenatal to post-natal measures
 - (b) Early identification
 - (c) Assessment centres
 - (d) Pre-school education
 - (e) Making teachers to be better educators – MAVIC & Montessorian principle. Teacher development and competencies.

Monitoring and Evaluation

Content of Education

This has to be modified to suit all levels of pupils in the class, for the talented and gifted ones, enrichment programmes can let them remain in class instead of the frustration they meet that consequently make them drop-out from school. This can be minimised through this exercise. Moreover subjects weighting should equally favour theory and practicals and examinable in nature according to capability and interest of children. It should be noted that what is good for the gifted is good for the generality of children no matter the rich diversity of abilities of pupils. The skill delivery should be of highest quality to meet the needs of every child. This depends on teacher having knowledge about content of subjects, effective methodology and strategies to handle the subjects and the children. Whatever be the teacher effectiveness or competency, curriculum for the disabled should be made to suit the needs of individuals or small groups having needs in common.

Besides, the hearing and visually impaired following the general syllabus of regular children, the mentally retarded considerably to suit each child or a group of children. However, the discussion below and the suggested activities can be adapted to suit other disabled pre-schools and children in basic education. Content can be enriched if the level of mental capabilities are higher than for the mild and moderately retarded children. No matter what curriculum that children follow, the basic fact remains that quality teachers and effective planning for children with variability in potential are key factors to learning and teaching. In line with the above discussion, when the mild and moderately mentally retarded are mainstreamed with children with limited abilities or performance, Kirk et al. (1993), state four major areas of differential instruction that make up most of these pupils' programmes:

(i) **Readiness and Academic Skills to Pre-school or Children at the Basic Schools**

The basic academic skills involve basic reading and arithmetic. To teach these, the task analysis which is breaking down of a complex task into simpler sub- tasks that are within the children's learning abilities is pursued. In reading, for example, matching letters and letter-word recognition is used. This activity combines auditory discrimination and sound blending and visual perception. This activity gives reading readiness to the children, and by constant practice and repetition, they can be in position to identify letters, recognise their sequence in target words. In teaching mathematics, a topic that children have experience in

will be practically most suitable since it will be meaningful and motivating. A topic like the **“Community work”** or the **“Classroom”** means much to children. With this, the teacher can weave in, reading, writing, mathematics, spelling. Children can learn to write 1 – 10, identify 1 – 10, identify small groupings and learn quantitative concepts of more, less and little. Other activities can be our local games that go with songs, rhythmic activities and performances. Children’s ages, marketing and selling to have money concepts are other activities.

All these activities can be used for pre-schools as well as those in basic classes and modified as higher classes are reached to suit the needs of the children.

(ii) **Communication and Language Developments**

This is to enable the pupils communicate their needs and ideas. Teachers can tell them stories, that they can dramatise, gesture on rhymes, make-believe plays, discuss pictures, tell recent home experiences, listen to stories, and answer questions; name the day of the week, what they saw on the television, etc. Memory skills and problem solving skills can be trained during communication and language learning as simple problems are brought in. For example:

- ❖ Draw the plate by the spoon
- ❖ Put the pencil at the right side of the book.

Survival words such as **“go, out, danger, poison, fire etc.”** are examples that children need to know and why.

(iii) **Socialisation**

A lot of children with disability face problems of respecting privacy of others, lack of table manners, use impolite language and do not have acceptable self care, and family living skills. For example, sharing of food, passing on an item at table, eating and drinking manners are all kinds of skills these children need to be taught. As they grow up, grooming, sex education and avoiding drug abuse are other areas of socialisation that need to be taught them. These can be role modelled to them repeatedly. The role play of saying **‘No’** to sex coupled with counselling on such issues are some effective ways of directing these children.

Role play of breaking unpleasant news to someone, meeting a stranger and polite alternatives of not intruding into someone's space and time are other socialisation skills this population needs to be taught. Besides waiting for one's turn as in a queue or waiting for transport or an activity related to daily life.

(iv) **Pre-vocational and Vocational Skills**

Good work habits and ability to follow instructions in addition to co-operation in a group project are necessary skills that any disabled child should have. As such teachers and trainers are to assist them to have these skills. Moreso, co-operative or sheltered workshops are to assist their knowledge of vocational skills and for marketing their goods. On-the-job training together with knowledge on banking and using money, grooming, interviewing for jobs, using leisure time, caring for the workshop or tools, neatness of the place are all part of the vocational training.

Much of the pre-vocational skills training start as early as about 5 – 12 years. Here emphasis of the curriculum should be laid on attitude, behaviour, career education, academic and self-care skills as is the case in Special Education. By 12 – 15 years, pre-vocational class will emphasise career awareness, activities of daily living social skills, work habits and academic work. By 15 – 18 years, vocational training needs to focus on related academic, skill training, social skills, work habits and activities of daily living. By 13 – 19 years, the programme should focus on core tasks, on-the-job training, social skills, activities of daily living and work habits.

By 17 years to the adulthood, sheltered workshop facility for competitive job market or employment, needs much support on specific talent that the particular individual shows. Hence special education and vocational education are needed for the young persons' vocational rehabilitation and these call for the formulation of the Individualised Educational Programme (Kirk et al., 1993).

The Educational Reforms And FCUBE

Under monitoring and evaluation, the loopholes can be sealed through proper school supervision of teachers work minimising absenteeism and alcoholism among teachers which can be checked by withholding of promotion for a period

as the teacher is put on probation or face dismissal from the Ghana Education Service if teacher refuses to adhere to the disciplinary measures. Textbooks, and all other inputs have to be equally distributed together with skilled teachers posted to rural and urban areas. The fCUBE programme should not be rushed through like the Educational Reform Programme which later created serious problem. The fCUBE should be implemented in phases to ensure its success (Nasso, 1997).

fCUBE programme should be re-evaluated due to its shortfalls. This must be done within every five (5) years for remedial interventions. This should be done in terms of examining teacher quality, equity in teacher and instructional materials. Textbooks review at least between four (4) to five (5) from date of publishing is to be considered so as to update information and needs of the consumers who are the children of the country. The capitation grant of ¢30,000 per pupil has increased enrolment to the extent that problems in education seem to be doubled except that access to school is achieved. Maximum expectation of educational benefits to the children will have to be achieved if teachers are committed and learning and teaching materials are adequate.

Type of Quality Teacher and Pedagogy

Qualified trained teachers and provision of books, equipment and other inputs will be necessary. Practical skills are indispensable components of training therefore practitioners should earn credit hours throughout the semester. Examples of such practical work are the Observable Structured Clinical Examination (OSCE) in the Universities where special education is offered. OSCE includes audiometric testing of hearing, speech and language, and practical management of clinical cases for visual, learning difficulties and all other sensory defects. Likewise, the classroom has to be full of practical work either through oral expressions, discussions, written expressions, drama, poetic oriented, peer-peer discussion, small group and large group or project work which are to be monitored by the class teacher and group projects.

Class Size and Instructional Technology

Small class sizes though demand more teachers and classrooms as well as skilled teachers and finance will help translate the present poor performance in schools since quality teaching will complement the small size of pupils especially in the primary schools. Large number of children such as 80 pupils in a class cannot help to transform the country's educational system. Now with

the capitation grant, this number is ranging between 80 to 100 plus pupils for some classes in certain schools with inadequate space, instructional materials and only one teacher in a class. Small size will foster individual attention, peer-peer discussion and adequate equipment or learning materials for children's use. The individual attention will eventually bring out the uniqueness of each child as the potentialities of each child cannot be fully realised if class size is large. Textbooks and inputs availability in schools as well as library books in schools and public centres are critical components of the learning process. It is however necessary to fairly distribute these materials in all district centres and schools for early accessibility by all pupils and students. Nevertheless, attention should be focused on the fact that textbooks have to be based on cultural pictographs which are attractive and meaningful prints. Where braille is needed, this should be satisfied to benefit the users. Equipment for learning and teaching should be available. For example computers for games for children, overhead projectors, television for educational lessons, and more of the transistor radios for educational lessons, braille equipment as well as audiometric equipment such as the Auditory Trainers, Audiometers, Sound Level Meters and Tympanometers for hearing assessment and language training.

Continuous Assessment

Intensive Continuous Assessment implies doubling of teachers' efforts to assess systematically children's academic performances, social behaviours and interests on cumulative basis. This process reflects on teacher's performances in teaching as well. In spite of government's efforts to enable teachers assess their pupils, however, the Continuous Assessment has been facing problems over the years since its inception in 1989. Some of the militating features against the continuous assessment are:

- ❖ Large class size tend to make some teachers forge marks for pupils even it they are absent from class.
- ❖ Laziness of teachers not giving projects or class exercises to pupils.
- ❖ Pupils/students show lackadaisical attitudes because validity of the continuous assessment does not seem to hold as some teachers may not conduct the class tests or the projects but give marks for work not done.

Despite these draw-backs, the assessment is necessary so also are class reduction, teacher motivation and equity in learning and teaching materials together with pupils co-operation as well as those of parents important.

Re-evaluation of Criterion Reference Test

Criterion Reference Test (CRT) should not measure only English and Mathematics alone but other aspects of study and should cover special schools also as all schools participate in the same basic subjects for the Basic Education Certificate Examination (BECE). Job oriented subjects should be introduced into the curriculum such as (vocational, technical, electronics, typing, agriculture – such as farming, poultry, etc.).

Enabling Legislation

Disabled persons in Ghana do not need only policy but also legislation that would make clear indication as to how to meet the needs of the specified categories of disabilities. The 1951 and 1961 Educational Acts and other subsequent PNDC Laws of the 1992 Constitution of Ghana do not specify details of what the disabled children need in their education. Many western countries like Netherlands, Belgium and the Federal Republic of Germany during the 1960s and 1970s legislated laws to enable integration of pupils in their education. In the 1980s, integration began in the United Kingdom or Ireland and Spain which was supported by legislation in 1981 and 1982 respectively. (O'Hanlon 1993). Ghana could equally have legislation not only to enable pupils be integrated but make educational practice, education necessities and learning and teaching more effective and influential on educating pupils with special educational needs. Besides, vocational provisions, tertiary education must be enhanced. The present policy disability is in parliament and yet to be legislated. It had been debated on and still being processed for approval. However the present policy needs to emphasize areas which will benefit persons with Disabilities.. Below is the Frame work suggested.

Suggested Framework of Legislation

- ❖ Definition of who a handicapped person is;
- ❖ Categorisation of those who need special education;
- ❖ Re-naming of School for the Deaf as “**Schools for Children with hearing Impairment**”. This will be in line with the actual definition for “hearing impairment” which involves broad range of people with all types of hearing impairment from mild to profound including the deaf.
- ❖ Renaming of school for the blind since Low vision is a characteristic of some of the children not all children are blind.

- ❖ **Parents' legal role in children's education** – parents need to be active participants in decision making with professionals' referrals and educational management. This is beneficial to other normal children and handicapped children particularly in subjects selection and career options.
- ❖ **Integration policy must be optional** – integration of the children with special needs in the ordinary schools (with qualifications) as far as possible. This is so because not every child is eligible to be mainstreamed since different levels of support are needed by different capabilities in each child depending on the handicapping condition.
- ❖ **Re-appraisal of conditions of children with special needs** – authorities must reconsider through review child's performance within a specified time for example, for every 12 months as practised in the UK. This re-appraisal will enable placement if need be as child in special school may do better in ordinary school or vice versa.
- ❖ **Job placement for all adult persons with Disabilities** – and vocational and technical skills must be emphasised to enable those who cannot learn purely academic skills to work with at offices, or do administrative work.
- ❖ **Tertiary Education for those with desired** – interest in holding degrees to the PhD levels must be catered for with the relevant equipment, teaching and learning materials, resource lecturers,/ teachers, and interpreters of sign language.
- ❖ **Gender equity** – legislation has to cover the equity in accessibility to education especially in schooling. The tendency of some parents to prefer the boy child to have schooling is still high in remote communities of Ghana and all over the developing countries (Graham, 1971). Gender preference for boys is existing as parents think they are the families' bread winners. As a result, most boys are in schools even as to the tertiary level. There is slash in enrolment as children further their education. Some girls dropout as some have problems with their in terms of finance; divorce or separation of parents religious affiliations early marriages. This early betrothal denies the girl child further education. Others do have the basic education but due to marriages and reproductive services cannot leave their spouses and children for school. Besides, cultural prohibition like "**Trokosi**" (which is traditional religious slavery), and genital circumcision or mutilation with its adverse effects on child birth. However, just as how a legislation has been made by the 1992 Constitution, article 12, Section 2 to protect the girl-child and her

right to access to education, as does the male child so that her dignity can be preserved, it is recommended also that there must be a legislation to prohibit general mutilation. Although education is being given by the National Council on Women and Development to Muslim women on early marriages and to others on the evils of genital circumcision, there is still room for mandating this policy through legislation so that the girl-child can be free and fully participate in her studies to become a good model educator to her children and the community (Daily Graphic, 1995).

Advocacy Groups

This group may be formed by concerned members of the community who may support parents group. The groups may draw their own agenda and pressurize government, parents and schools for fulfilling policies as stated representing the special needs of children. For example, the advocacy group can pressurise government to legislate policies for the disabled persons, increase funding for education, emphasise on areas that need urgent attention like interpreter services for the disabled in public hearing, advocate for the expansion of assessment services in the regional and districts among a whole lot of needs. Largely among these other needs are employment issues and related areas of production units with skilled personnel attached to impart the skills to the children. This is what parents of the handicapped should form if there is a strong Parent Teacher Associations in all schools. Advocacy groups are not only needed for the disabled but also for all other children. This group may serve as a monitoring device to reinforce educational policies which are beneficial and pointing out deviating ones and constructively assisting to formulate plans for remedy. The Advocacy Group should not be seen as a bunch of critics but people with positive attitudes for a change to benefit all children.

Funding, Support and Expansion of Service Delivery in Education

- (i) **Funding**
Specific financial allocation being made for equipment and other instructional technology such as learning materials, textbooks and

other inputs are crucial since successful service delivery hinges on these in addition to the professional skills. Adequate funding will be necessary if money making ventures have to be initiated such as the creation of Production Units or Sheltered Workshops for both normally developing children who have graduated from regular schools and those from special schools or the mainstreamed schools. The same financial support is needed in teacher education for quality teaching and equipment, practical clinical skills and materials are indispensable parts of training.

Small scale industries, such as soap making, gari and fish processing are other sectors the schools can encourage children to learn from for self help projects to raise money for the school and even take up to the university levels. Adequate funding can bring about maintenance culture for repairs of broken down equipment, books and furniture. What is needed is funding and support from government, parents and the general public. If these are adhered to we will not only have less beggars in the streets of Ghana but dignified scholars, professionals/vocational experts decently earning their living and salvaging their self image in the society. Adequate financial support is crucial if health services, social services and education services in schools and rehabilitation centres need to be fruitful. The handicapped persons need support not self pity and demeaning labels “asuto”, “amenuwo” nsuba”, etc. they are potential nation builders like everyone, therefore, they need help to look up to the future with hope like anyone else.

(ii) **Service Delivery**

- (a) Physiotherapy section can be attached to the assessment centres or schools for the deaf or the Department of Special Education at the University of Education, Winneba to cater for physically handicapped children.
- (b) Similarly, Family support Programmes have to be practised at the Assessment Centres to actively counsel parents on their grieving process through practical demonstrations collaborating parents in the process.

- (c) Services must be extended to the autistic and cerebral palsy children as they also need special attention to develop educationally and socially for independent living. Teacher education must embrace training of teachers and knowledge about the gifted and talented children since most of these children are in the communities and are wallowing without proper educational care. Skills like the Individual Educational Programme have to be acquired by teachers in order to group children with similar needs and individual needs and be given the amount of support needed depending upon the degree of defect and mental capability.
- (d) Interpreter services needed within a hearing public are urgently required hence the demand for people to be trained to deliver these services.

Research into Educational Issues

Researches into causes of poor school performance, pedagogy and learning disability in schools have to be encouraged if the educational standard is to be revamped. Traditionally, focus has been on sensory and physically deficit children such as the hearing, visual and speech and language impairment, mental retardation and all kinds of multiple handicapped children. Learning disabled children contribute to poor performance in schools.

Children with Learning Disability (LD)

Learning disability is a generic term used for children with average or above average intelligence quotient scores from 80 – 90. LD includes, Perceptual, Cognitive, Language, Mathematics, Behaviour Disorders and Reading/Writing/Spelling Disorders. Under LD, the term learning difficulties is subsumed which is mostly externally motivated.

Children with learning difficulties form majority of cases hidden in the classrooms which do not come to official notice. The learning disability in children contribute to their poor performance. It is noted that a large proportion of our children in the regular schools encounter a variety of difficulties in learning (Mercer & Mercer, 1989; Special Needs Outreach, 1994).

Children with learning difficulties display significantly one or more deficits in the following areas:

- (f) Oral expression
- (ii) Listening comprehension
- (iii) Written expression
- (iv) Basic reading skills
- (vi) Reading comprehension
- (vii) Mathematical calculation or mathematical reasoning
- (viii) General inattention and indifference to academic work (Gloeckler & Sampson, 1988).

Many children in schools are performing poorly as has been shown in the Criterion Reference Test (CRT) for primary 6 pupils. For example, the National Sample, the Expected Mastery level for English was 60% but only 5.5% was achieved. The mastery level for mathematics for 1996 was 55% but only 1.8% of the sample scored at the expected mastery levels (Opare – Divisional lectures, 1998).

Recent evidence of learning disabilities have been discovered through research by Donani & Avoke (1996) on 147 pupils from schools in the Winneba township in Junior Secondary School Form One. The research was aimed at screening out children with difficulties in coping with classroom and general school life. These therefore were examined in the light of cognition, perception, language and reading. Reading passages were from primary one story books to primary six story books in the English language. Besides, alphabetical letters on flash cards were to be identified. Findings indicated that 60 (41%) out of the 147 pupils could not read primary six story books while 82 (56%) could not read very far below primary six level and 5 (3%) out of the total number could read up to level six of the passage.

Causes suggested to be contributive to these were: home factor involving unexposure, interference with mother-tongue or first language, family teaching, attitudes of teachers, speaking local language most of the time, parents negative attitude in children's learning at home, economic factors or deprived environment.

There are other similar evidences exhibited by pupils in the schools in basic academic areas such as reading, arithmetic, language and spelling as found

through the School attachment Programme (SAP) in schools in Winneba town. In addition, poor writing skills and lack of oral expression are other communicative problems found (Yemeh, 1997). Similar problems about reading are found in schools for the hearing impaired at Teshie School for the Deaf, Accra and Cape Coast (Asare, 1997; Gadagbui & Oppong, 1996). Problems of omission, difficulty in identifying words and poor oral expressions were found. Without appropriate provisions from schools many of these children will not attend school, they will repeat classes, will not succeed and will eventually drop-out.

The **Salamanca Conference** held in Spain from 7th – 10th June, 1994, with participants from all over the world aimed at addressing the educational needs of these children through general school reforms and review in legislation, curriculum, pedagogy, school organisation, teacher education and community participation. Unless the government of Ghana, teachers and parents critically assist these larger group of hidden population having difficulty in learning, schools poor performance can hardly be addressed.

Career Guidance and Counselling

(a) Career Counselling

Career counselling is to be intensified to complement the continuous assessment since this assessment is proposed to rate academic, social and vocational interest and achievements of pupils. It is expected that if series of competent career counselling is done in collaboration of a team comprising the child, teacher, school welfare officer or counselling and guidance officers and parents or guardians a better choice is more likely to be made in the interest of the child than the one day session which exists in only few schools once a year.

(b) Economic Value of Special Education

Job opportunities are the major problems facing most graduates who are handicapped by sensory or physical means. Why is this so? This is because the public is not aware of their potential and there is lack of extensive media coverage of their achievements. Moreover, the poor communication of the hearing impaired is another hindrance to employ and fear of the employer about what they can do. In reality, there are special skills that the

handicapped have likewise the gifted and talented ones which can be economically exploited to the benefit of the society. They are skills like pottery, fine arts, farming, sewing, animal husbandry, and horticulture. In some Asian countries and elsewhere, when a talent is identified, that is what the child is encouraged to learn for his/her future employment. For example, when the child is technically inclined that is what he/she will be encouraged to do. Therefore, early identification of talented ness and giftedness. is crucial. How do we identify special talents in children?

Making Children Realise their full Potential by Learning and Experience

This can be done through tapping the hidden human resources of creativity and originality by catching the children young by way of:

- ❖ Providing stimulating environment for art (providing felt pens, locally made brushes, crayons, water colour, art papers etc) for the very young child from about 2 years or earlier under guidance at home and at school.
- ❖ Providing musical instruments (providing percussion band, rattles, toy guitars, harmonic organ, etc.).
- ❖ Allowing children to develop imagination through admiring nature (landscape, flowers, the sky and sea, etc.) modelling using local clay, modelling after a hero.
- ❖ Self report of the child which can be through interaction as teachers and adults observe and discuss with the child.
- ❖ Peer's nomination of child can be done by the child's friends for being gifted in an area of learning.
- ❖ Programme goals/goal oriented programme can be given to children so that they can develop objectives to pursue for a specific task. Then each child's performance can be monitored in terms of the objectives and ultimate goals established. In addition, co-curriculum activities, such as fishing, children's societies and clubs and assigning them to individual project work are other ways to identify the child's talentedness and giftedness (Oppenheim, 1969; Heward & Orlansky, 1988; Young & Tyre, 1992). The gifted and talented are not handicapped. They have assets which need appropriate education to unearth their abilities. The gifted

and handicapped need the fullest possible development of all their abilities.

Establishment of Production Units

This can be created in schools to enable graduates of the school have further practical training to enhance matching them with their counterparts in the competing job markets. These centres may be equated to vocational schools at Bechem School for the Deaf, and others which are found at Volta Deaf, Hohoe, and Cape Coast School for the Deaf. These units can be self supportive for the individuals and the schools as income is generated personally and for the school. Besides, the participants can project their skills for the present and future. Our schools are too theoretical with a small percentage of practicals skills of training thus the production units will enhance practicability for the individual child in line with the rich diversity in talent. By such activities, the public is indirectly attracted to appreciate the potential of each child and disability does not overshadow ability. Each person has some amount of uniqueness and this is really needed to change the society and build it up. The disabled do not need pity but support. Any gifted person in the society as a craftsman or having peculiar talent can offer to help train the learners in the centre to acquire the skill. The public needs to know that, one peculiar characteristic with the handicapped is that once a skill (especially the manual skill) is imported to them no matter the time they take to learn it the disabled is best at it. Besides, because of their ability to focus attention on the job, they are able to be very productive as long as the skill is grasped. If the production centres are established with sufficient funding and skill, then contracts can be accepted from factories and institutions. How can the schools advertise themselves to attract public attention? There are a number of ways to do this.

The Role of the Media

Many activities of schools in general are not known to the public especially those of children in the special schools. As such public education can be done through media exposure by:

- (i) Documentaries on practical work of the handicapped – weaving, art, communication skills, academic work, sports, music and cultural dancing. These will supplement the “Missing Link” of the deaf on communication through sign language.
- (ii) Media coverage of products in the making or finished products and comments running on the skills and stages of producing the

- product. Exhibits of some of the finished products in the form of albums for publicising to business institutions.
- (iii) Some other social propensities to cover are the activities for the Akropong School Band for the Blind. This can feature as a tourist attraction to generate income to the individuals, the school and the Ministry of Culture and Tourism if these Ministries establish a joint venture with the band. A typical example is the Malaysian Blind. Musical Band troupe which displays at social gatherings for fee payment or otherwise Blind people in Ghana can do the same.
 - (iv) School Workshops, Open Days, Seminars (e.g. on processing of soap, gari, etc.) educational tours to small scale industries and business houses, can be highly encouraging to the pupils and students.
 - (v) Participation in “Mini” Trade Fairs locally at the regions and Inter-regions or districts then at the International Trade Fairs will foster competition and up-grading skills, sharing of business ideas, etc.

Proactive Measures

- (a) **Ante-natal to Post-natal Measures**

Parents need to attend the ante-natal clinics during pregnancy, immunise their children against the six childhood killer diseases of poliomyelitis, diphtheria, measles, whooping cough, tuberculosis and tetanus. Pregnant mothers need to survive by having good nutrition; taking the right amount of iodine to prevent babies from having learning difficulties and goitre. They should have enough vitamin ‘A’ to avoid eye defect or blindness in their babies (Child Health, 1997).
- (b) Avoidance of on the counter drugs or unprescribed medications that fatally affect the embryo of the foetus. Since the critical periods of developing the embryo in the first and second trimester by which the important organs like the ear, the palate fusion, the heart, the tissues of the brain are forming rapidly, any abortion attempt can cause damage to these organs which will seriously affect learning and motor development later on in life. In fact, general development will be tampered with hence the avoidance of any attempted abortion. Abortion should only be permitted if it threatens mother’s life due to ill health. Traditional Birth Attendants (TBAs) should have quality training as has been and is

being given by Health Personnel. However, emphasis should be laid on hygiene, and referral for defects of identified cases to specialists.

Parents need to protect their infants or children from falls, slaps, blows and beatings on the head for being stubborn. This is to protect the brain tissues from damaging as a result of injury that is likely to be caused by the heavy falls or slaps or blows to the head. There is evidence that child abuse such as those mentioned above, exposes the child to nightmare and stress. It also kills the nerves cells of the brain and causes the hippocampus to shrink if compared to the normal one. The hippocampus and amygdale are found in the cerebral hemisphere and they are concerned with and feelings respectively (Sternberg, 1995 Deadwyler, Sam & Hampson, R. (2004)

<http://www.advancefor>

[.com/common/News/inks/dailyNews/watch](http://www.advancefor.com/common/News/inks/dailyNews/watch). memory. It is also reported that psychological abuse causes hyperactivity and impulsive behaviours in children. Therefore, children should be protected from these negative feelings (World Net Television on Science World, 1998). In addition to these, children should be protected from broom sticks and pointed objects that can pierce the eye to cause its damage. This calls for parental monitoring of children at play so that they protect them against these hazards as well as foreign materials such as beans, seeds and pebbles which are put into their ears. Parents have to stop thrusting objects such as sticks into children's ears to remove wax. Others use feathers which can possibly be infectious to the ear due to bacteria that may result into otitis media.

Early Identification

Early identification of children suspected of disability is vital to early rehabilitation so also is proper assessment and placement into the appropriate schools and programmes to follow. When a baby is born, there must be screening of child's vision, hearing and mental capacity, etc.

(a) Infant Screening

Screening children of 7 – 9 months and of school entry are recommended. It is evidenced that the incidence of otitis media

(fluid discharge from the ear) is at least 55.9% which represents 112 children out of 200 children aged below 1 year to after 12 years at the Awutu-Effutu-Senya-Kasoa-Bawjiase sub-districts of Central Region of Ghana (Essel, 1995). This is one of the contributing factors to poor school performance in addition to other sensory loss and superstitious beliefs that cut across the Ghanaian culture. As such, “at risk” children and children with history of hearing impairment in familiar cases of maternal stress, extreme maternal malnourishment at pre-natal period, delayed labouring and children with asphyxia problem at peri-natal period should be critically examined and followed up. Those with mild hearing impairment should be monitored in schools and those who fail the screening test should be re-screened at a later date to ascertain their “hearing levels, visual acuity, etc.”. In addition, children with delayed developmental growth such as the mentally retarded and cerebral palsy need to be identified early through their reflexive behaviours when tested by a skilled person.

That those identified with otitis media, should have series of otological examinations, treatment and review sessions at the audiological, speech and language centres and by qualified medical doctors; if possible be prescribed with suitable hearing aids and be counselled. Likewise, all other sensory defects cases found. Identification policies should co-ordinate the services of Ministry of Health and Ministry of Education, specifically, the Ghana Education Service (GES) to work on “at risk” children identified in the hospitals after birth complemented by **Screening** procedures at 7 months to 9 months and before entry to primary one (Sancho et al, 1992; Haggard & Hughes, 1991).

(b) **School Screening**

To curtail poor performance as Ghana is experiencing there must be constant school screening. This should be encouraged by the Ministries of Education and Health particularly the Ghana Education Service (GES) to identify children with visual and hearing problems, mentally retarded children and speech and language impaired. Reports or referrals can be made of children who display or give self report of certain defects or are identified through observational cues, such as, eye problem, low set ear

lobes, small head and big head size, large tongue or small tongue; other children are labelled as being “*stubborn*”, “*bully*”, “*hyperactive*” and “*lazy*”. These children can be referred for diagnosis. In addition, it is not a surprise to get children with hidden problems. These are the children who are with learning difficulties or disorders., They may show constantly poor school performance or behaviour.

(c) **Assessment Centres**

Although there are few assessment centres in the country, they are cited in cities or towns therefore, cannot cater for the rural or urban children. Since review of statement of children diagnosed as having problems is safer than delaying, so is visiting the clinical centres, health centres and the assessment centres being beneficial to parents, child and the educators, provided that parents are willing to co-operate with the professionals. However, the assessment centres should have the following features for valid test results:

- ❖ Acoustic fittings to prevent reverberation or reflections of sound waves that interfere with test validity;
- ❖ Assessment centres need to be cited at quiet environment – way off the noisy neighbourhood, roads and schools for same reasons as stated above.
- ❖ Equipment and inputs (audiometers, auditory trainers, braille equipment and materials);
- ❖ Qualified personnel to man the centres;
- ❖ Standard identification tools designed locally to focus on cultural setting instead of foreign culture. This demands expertise of the various disciplines to form inter-sectoral team (audiologist, speech and language therapist, resource teachers, medical doctor, etc.)
- ❖ Referrals to be made to other professionals if need be (psychiatrist, otologist, etc.);
- ❖ Report writing, individual file records are needful;
- ❖ Calibration and repairs of equipment for efficacy.

Lastly, due to distance, financial constraints expansion of the Assessment Centres to regional and district centres have to be thought of and implemented to benefit the rural folk also. This will

be in addition to education to parents and communities through Parent Teacher Associations meeting, durbar of chiefs, opinion leaders, district assemblies, child-child educational programme and churches on the need for assessment of children.

Finance availability can keep the centres operation so in view of this government assistance and fees charged though insignificant can be complemented by support from Non-Governmental organisations (NGOs).

Pre-School Education

The pre-school indicates the time before the child is ready to enter the standard class one and he/she goes through kindergarten programme. Very young children of about 3 – 5 years have the need for a pre-school since it enables them to learn communicative skills; social, motor and cognitive skills through initiation and observation of the adults.

This age group has the potential to learn new language if biological capabilities are intact. That means hearing, speech mechanisms together with the mental ability are alright for effective functioning since speech and language need intelligence. This age group represents the formative years of developing socially and acquiring acceptable behaviours only if the biological factors coupled with conducive environmental factors of good modelling facilitators, selective reinforcement of positive behaviours and parental care and concern are available. Cognitive abilities of learning, remembering, storing, retrieval and problem solving are enhanced when parents make themselves available to provoke children's curiosity by interacting with them at play and sharing ideas with them. At this time too or earlier, it is easy for parents to identify sensory deprivations, such as hearing and vision, poor mental functioning, motor functions of basic daily living skills, such as eating or feeding, shoe lacing grooming and dressing. At age 3, we see maturation up to 13 years hence at age 3, child's language is centred around daily life though expression may be faulty.

The pre-school handicapped child can be placed in regular schools since the disability condition is established. This integration helps them to communicate, socialise in learning acceptable behaviours in addition to giving parents hope as the potentials of their children are unfolded and parents' fears and worries are minimised. However, cautions and challenges for placing a handicapped child in pre-school have to be taken into account.

Cautions and Challenges

- (a) Labellings can be hazardous for they can accentuate the effect of handicap rather than help to search for appropriate teaching strategies (Cook & Armbruster, 1983).
- (b) Individual attention may not be effective due to large size class;
- (c) Regular teachers are not informed as to how to teach these children let alone handle them;
- (d) Equipment, space and resource staff are needed.
- (e) Parents to accompany child to school to make child accepted.
- (f) Child with lack of speech may or may not improve in the pre-school as some may accomplish to little or remarkably well in speech.
- (g) Staff should be discerning enough to recognise parent-child relationship either parent is unhappy with a young frustrated handicapped child and one who has not got either love or care for the child and is trying to find a way out. This is to be discerned so as to provide a change before the value of the pre-school or nursery school can make itself felt (Harris, 1964).

Mainstreaming of handicapped children to classroom remains a viable educational ideal no matter the challenges. However, whatever school the child attends, adequate attention must be directed towards the problem.

Programmes for the Handicapped and Non-Handicapped Children

Hearing impaired children's first lessons should be in ***sense training, lip reading, speech and auditory training***. Since children at this stage show communicative problems but can learn through observation, both home and school should set a conversational atmosphere, then short periods of language and speech instruction follows. This is where language and speech therapy can regularly be taught intensively to the poor communicator. Desirable attitudes and adequate language are the focus for teachers and parents working together. Children playing together, participating in group activity, co-operation and sharing with each other help in social development.

Physical Activities - such as running, jumping, rolling, pulling and other activities are provided in line with the capabilities of each child. Children should have access to building blocks of various sizes, wooden puzzles, mobile toys, various types of small toys and water for physical development. Others are, sawn horse, wagons and gym for large muscle development both indoors and outdoors.

Play - playtime gives children chance to learn to play the thinking processes brought into action as the senses of sight, hearing, touch and voice are put to use. The children learn living experiences by doing and given guidance as well as learning materials.

Language Activities - singing and rhythmical movements to music give main enjoyment so local songs, need be encouraged. Looking at story books, telling stories about an activity he/she is participating in for instance, drawing, painting, playing the musical organ etc. (Harris, 1964).

Number Activities - these must be in the form of plays using sea shells, bead stringing, rhymes, games, with the children serving as resources to make triangles, squares; water for volumes and measurements.

Suggestions

Pre-school teachers should have the natural ability to:

- ❖ Accept children who are handicapped either of sensory deprivation or emotionally disturbed or environmentally deprived.
- ❖ Appreciate individual differences;
- ❖ Have ability and attitude that can reflect their feelings so that non-handicapped children can model their behaviour and accept the handicapped children (Cook & Ambruster, 1983).
- ❖ Have knowledge as to give individual instruction within the regular curriculum since this becomes prerequisite skill.

- ❖ Have the visually impaired child possessing eye glass, magnifier or braille and the hearing impaired child having hearing aid fixed for amplifying speech.
- ❖ Have early speech and language training, regardless of what school child attends in future to build a tremendous value as a foundation for all language skills and character formation.

Have guidance and counselling services through family support programme will remind parents of their daily roles as they meet with other parents to share experiences of successes that put some joy into their hearts.

Standards must remain high as parent, children, as well as professionals work at it. We need to remember however that some hearing impaired children, specifically the deaf cannot be taught to speak intelligibly and intelligently. However, teachers need to give them support if they show interest. If not, other aspects of Total Communication like the sign language, finger spelling, writing and gestures can be taught at the appropriate time though very early to enable them communicate with those with the same common code. This means that facilitators have to learn the type of mode of communication by following the child's lead if speech fails to work with him/her.

Making Teachers to be better Educators

Teachers can be developed by meeting competencies and through the use of MAVIC to sustain children's absorption and love for all lessons taught. MAVIC is an acronym explained below. In every lesson for educating all children there is the need to have better methods to be better teachers.

MAVIC

MAVIC comprises Motivation, Activation, Visualisation, Industrialisation, Collaboration. Details are the following:

- ❖ **Motivation** - of the child involves interest and curiosity as being shown by teacher and pupils or parents and child. This will depend on lesson planning according to familiarity of the child to materials, vocabulary, good introduction and finding ways to maintain the lesson.
- ❖ **Activation** - Lesson needs to be full of activity, practical demonstrations, visits and questioning and discussion of what is seen,

read, heard and manipulated and done, for example, drawing, modelling, painting, dramatisation, etc.

- ❖ **Visualisation** - it is necessary to get deaf or hearing impaired children to see, feel, smell, touch and taste if possible making use of all or some of the senses to learn as they visit the market, shops, the seashore to collect sand, pebbles, shells for language and simple mathematics.
- ❖ **Individualisation** - since each child's needs differ, individual attention can cater for self respect through love, acceptance and support that he/she needs.
- ❖ **Collaboration** - teamwork in class either in special or regular classes as in mainstreaming or reverse mainstreaming during which hearing children join the hearing impaired bring about collaboration such that children learn to appreciate strengths and weaknesses of each other. Collaboration in itself promotes equality, self esteem, each person living from each other and enhances communication through speech, drama, question and answers among children and teachers (Trier, 1996).

MAVIC in itself is an enhancing approach to teaching and learning however if proper teacher supervision and self appraisal are exempted from it, nothing good can be achieved. Headteacher's supervision of teachers, self assessment of the day's work and teachers serving as a check on each others' performance and teamwork will serve as disciplinary mechanism towards a better educational system.

Montessori Principle

To complement MAVIC, together with supervisory and self assessment, teachers have to adapt to or follow the Montessori principles. Montessorians are those educationists who believe in the practice and the instructions developed by Dr. Maria Montessori, an Italian educator and physician who emphasises on:

- ❖ Individualised teaching;
 - ❖ Using extensive sensory motor training;
 - ❖ Early development of the reading and motor skills;
 - ❖ Free physical activity
- (World Encyclopaedia, 1987).

Finally, MAVIC and Montessori principles together with teacher development and competencies will help foster good learning and teaching.

Teacher Development and Competencies

Any effective turnout of pupils will always depend on key factors in teacher development and teacher competencies in content of subjects to be taught as well as having quality teaching being certified after training and opened to series of upgrading themselves through higher learning, workshops, in-service and others. Key factors in teacher development are:

- ❖ Planning for the class as a whole;
- ❖ Natural resources;
- ❖ Improvisation

(a) Planning for the Class

The teacher has to prepare the class as a whole and give individual attention. This is almost impracticable in mainstreaming schools due to the large class. However, preparing the class as a whole is the teacher's first concern. Moreover, the teacher is also concerned about how to supervise individually and using group instructional techniques. Teacher preparation is an essential element in teaching and learning. However, if good achievement scores should be correlated to class size, there is the need to reduce drastically the large size of about 80 pupils to one or two class teachers we see in most primary and Junior Secondary Schools. The poor performance of primary 6 pupils as shown over the years through the Criterion Referenced Test (CRT) can be improved and also cutting across all subjects if the large class size in primary schools at least is reduced to 25 pupils per qualified teacher with the basic equipment and materials for teaching. A higher achievement score is bound to be a reflection of quality teaching and learning if class size, more qualified teachers and modernisation of school buildings, creating more space to all children (including cripple, blind, etc.) are made to exist in our schools. These call for finance not only from government but from parents, self help projects of the schools, benevolent societies and funding from other money making institutions based in Ghana and outside.

(b) **Natural Resources**

Children themselves form the natural resources with their potential for creativity and learning from each other through child-child programmes, teamwork, supporting each other, inspired by each other and pose challenges to each other. These depend on the teacher using his/her skills to harness these potential in the children. The teacher therefore has to observe the feedback from children's activities within the lesson and be responsive to these feedbacks.

(c) **Improvisation**

This is the ability of the teachers to modify activities and plan to respond to reactions of the children as individuals within the class. To achieve the above, teacher development schemes need to provide strategies to give teachers the opportunities to consider new possibilities. Provide support for teachers to experiment in the classroom by:

- (i) forming *teamwork* or *partnership* that will lead to dialogue, alternative propositions to address problems and particular tasks.
- (ii) encouraging *reflection* among teachers as to whether methodologies and adapted instructional materials are suitable to the pupils and whether they give any success at all (Ainscow, 1995).

Furthermore, Heward & Orlansky (1988) state that teacher competencies should aim at **knowledge, skill, understanding and attitudes**

- (a) **Knowledge** - includes teachers using information from various assessment procedures to develop individualised educational programmes in collaboration with parents, welfare officers and other team members. Teachers to train in mathematics, science and

other technical subject which they do not grasp well.

- (b) **Skills** - may involve teachers ability to deal with an individual and his/her problem; using individual attention, reaching small groups who function on different levels and developing and adapting instructional materials and providing them. This calls for **quality teachers** who know what they are doing irrespective of the different levels of children. This means that teachers should learn the aspects of Total Communication, such as, finger spelling, sign language, orthography or written pattern of the language that hearing impaired children use to communicate besides talking and gestures. This is a way of helping to enable the pupils understand the subject content as well as gratifying the teachers. Teachers also need to have the **modern pedagogy** in teaching very young children mathematics, reading, science in practical ways that suit children's interest and age so that interest can be maintained.
- (c) **Understanding the Children** - is one important thing that every teacher needs. This demands that, every teacher should have patience, listening skills, ability to appreciate and identify child's interest, and try to follow the child's lead with personal interest.
- (d) **Attitude** - involves dealing with crises and how the teachers tackle them calmly and effectively. Imagine that in the classroom, a child has epilepsy in a mainstreamed school. How will the specialist teacher react to it when all the pupils scatter and start shouting or being passive? Or how will the teacher react to a situation that the mother says, "*I don't want my child to use a hearing aid because when he uses it, it attracts public comment and frown*".

In addition to these, incentives, availability of learning and teaching materials, equipment, frequent in-service training and workshops including team teaching and discussions of results are healthy ways to overcome weaknesses in educating all children. Creativity, reflections and evaluations in general are complementary to how to become better teachers. Awards by GES "Best teacher are natural reinforces to good work that needs to be maintained and continued. However, the awards should be extended to special schools to serve as incentive and recognition for good teaching and service to parents and special needs children.

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CHAPTER ELEVEN

Improving Reading and Writing Skills in Children

Reading is a major problem to many children especially in a country when more than 50 percent are illiterates.

Objectives of this chapter are to examine: basic causes of poor communicative skills approaches to teaching reading suggestion to improving reading, writing skills, children role to improving reading and writing skills.

(i) **Basic Causes of Poor Performance in English**

Most of the poor performances in English at the Basic Education Certificate Examination (BECE) and at the General Certificate of Education, Ordinary (GCE) 'O' Level have been attributed to:

- ❖ Poor communication skills of all children
- ❖ Inability to read and understand text; and
- ❖ Demands of the questions

This was in the address given by a former Director-General of Ghana Education Service, Alhaji Gbadamosi in March, 1993 at the 23rd Speech and Prize Giving Day of the Presbyterian Boys' Secondary School, Legon (Daily Graphic, 1993). The Chief Examiner's General Comments on the 1990/91 BECE stated: "the students/ English was bad and too ordinary for their level". He stated further that many students proved to have very little or no knowledge at all of the English language (Chief Examiner's General Comments 1990/91 BECE Report p. 6).

Poor reading performance in English has been found with children with hearing impairment as well. For instance, it had been observed and has been again confirmed during the 2006 internship of students that:

- ❖ In some schools for the deaf, reading is not carried out twice a week as stated in the timetable but is carried out only once in the JSS forms.

- ❖ Sign Language dominates the schools more than the Total Communication involving speech, writing, gesture and finger spelling hence, only key words are signed leaving functors auxiliary words in (ing, am, is); preposition of under etc.
- ❖ Some children were confused with homophones (e.g. “**sail**” for “**sale**”, “**I have a sale boat**” instead of “**I have a sail boat**”)
- ❖ Understanding of words and concepts of the intended statement pose very great difficulty to children

In another development, Yemeh (1997) found poor writing skills among JSS I pupils of the Advanced Demonstration JSS. This issue that needs to be addressed since writing was one of the most effective skills through which English can be learnt. That the JSS I pupils could not express their ideas well in writing due to weak language base and no prior experience in real life writing. This identified need was addressed by teaching composition through guided writing techniques with more students involvement contributing their ideas through speaking and writing. Eventually, teachers were empowered to find ways of addressing poor writing and expressing skills among children. What is reading? A definition by the World Book Encyclopaedia (1994:155) states that:

Reading is the act of getting meaning from printed or written words. It is basic to learning and one of the most important skills in everyday life. Reading provides the key to all kinds of information. It enables us to learn how to build or fix things, to enjoy stories, to discover what other people believe, and to develop ideas and beliefs of our own.

Harris (1962) adds that reading involves sense perception of the symbols with meaning and reaching to it with appropriate thoughts, feelings and motor reactions. Hafner (1974) also adds that besides the perception of written meanings, reactions, reading is a complex process demanding experience and intelligence of the reader.

These definitions simply mean that the sensory aspect of reading is the imprinting of identifiable patterns of particular symbols or words on the retina which are caused by the numerous nerve fibres in the optic nerve to the brain; that perceiving is seeing the word with an awareness of its sound and meaning, aided by the reader's experience with the meaning of the word and content. Besides, the reader becomes aware of the word as a unit in a sequence that conveys meaning. Reading therefore involves a combined physical, mental activity, eye and brain co-ordination (Bayley, 1971). The implication of this is that for effective reading to be done, the left hemisphere of the brain for language and speech has to be intact. Child's innate capability counts and activation of the speech and hearing production mechanism have to be competent enough for co-ordinated action for reading aloud or silent for comprehension, pleasure and information.

(ii) **Approaches to Teaching Reading to the Communicatively Impaired Children**

- ❖ Reading should be integrated with other subjects and activities such as playing, story telling and drama and excursions. This is because, children love stories told by the adults. This goes with visual aids improvised or tailor made. It could be in the form of television made from wood and attractive pictures for insertion and being rolled during the story telling. If children are reading ready and are able to identify the symbols, then teacher can use a flip-over or chalkboard to write target words or sentences highlighting the story as it being told. Pointing to these words and repeating them constantly help in a meaningful association of word(s) being treated.
- ❖ Children can be encouraged to discuss the story through teacher-child interaction, peer-peer, group

discussion, then dramatise to enhance memory and comprehension.

- ❖ Children can be encouraged to tell their experiences at home, on the way to school, in a language that is comprehensible to all in the classroom.
- ❖ With the hearing impaired, amplification device like the individual wearable aid or group hearing aid will be of tremendous help for getting the information and understanding all coupled with the ability to lip read the teacher, touch and feel the objects and teacher's external speech and language production organ, if necessary. Real objects with toys to supplement attractive pictures are essential teaching and learning aids for the sensory disabled children.
- ❖ Teachers should start with experience that children have in common such as a visit to the market or stores and making sure that the children understand before the target words are put on the chalkboard or the flip-over for identification, meaning, naming, spelling and other related activities.
- ❖ Cue in children if there should be a change in topic so that they understand that a new topic is to be initiated and maintained.
- ❖ Teacher's speech should be at moderate pace normal conversational tone, and drawing children's attention to details coupled with clear, bold writing in the language children understand.

(iii) **Suggestions for Improving Reading**

Enhancing reading ability in all children as early as possible is considered to set off on good grounds with determinants as the following:

- ❖ Parents and teachers should learn to like reading themselves since they serve as models to their children. In addition parents making themselves available to provoke curiosity in their ward and addressing issues that may arise.
- ❖ Teachers preparation for reading should be adequate as in identifying the reading readiness of

children; preparation and use of flash cards and pictures at appropriate times, use of toys, real objects and ability to captivate and maintain children's interest in reading and development.

(iii) Classroom can be organised to be attractive enough to sustain children's interest in pre-reading activities. For example, creating academically attractive corners for play and practice. These include:

- ❖ **Musical Instrument** - mouth organs, percussion, bands, keyboard, xylophones which may be real or toy ones for children to talk about through interacting with the items.
- ❖ **Natural Specimen Corner** - display of types of sea shells, pebbles, sand, for observations and playing with.
- ❖ **Book flyers** - letters of alphabets designed from wood arranged in order for the meaningful recognition of identifiable words which can be alternated to bring periodic newness into the classroom atmosphere.
- ❖ **Marketing and Sales space:** Display of empty pockets and tins of everyday items to be used as a store.
- ❖ **Art Corner** - flip-over board, water colours and home made or tailor made brushes and other art inputs can be displaced to attract children with natural desires to work with (eg. Scribbling and painting and choosing colours).
- ❖ **Story Telling Time and Story Books Corner** - this can be decorated with story books which are simple in content according to vocabulary, matching the age of children, bold prints, large and coloured pictures, braille and such corresponding materials as those of the pupils visual aids like the magnifying glasses. The adult or teacher/parents tells a story for children to listen to and dramatise and narrate to peers.

- ❖ **Recreational Ground** - this should be spacious enough with enough air, sunlight and shade; play facilities such as see-saw, slides, merry-go-round and space for local games such as “**ampe**” hide and seek, skipping rope, draught, “**oware**” and “**kwasasa**” which teachers have to monitor and safeguard against risks.

It should be noted however that each item should have a label in bold prints to permit easy symbols identification, association and pointing at by the children. With the visually impaired, specifically, the blind, the braille version of the labels should be made to give them equal opportunity to benefit if they are in an integrated classroom. Besides, the blind and hearing impaired children in such a class would definitely need a resource teacher to give needed amount of assistance or support to them.

- (iv) News time under an English language lesson on the timetable is another means to enhance reading abilities in children. It helps children to observe, imagine, remember and store and retrieve sentences witnessed. News time does not only build up the cognition of children but also bring healthy interactions socially and the ability to focus on a discussion and contribute as a way of enhancing communicative skills, which very young children lack and need to observe and learn.

Teachers should distinguish between the two kinds of reading. One is reading for **pleasure** whereby children should be encouraged to make out as much as possible the content of a text without paying attention to details of the language. The other one is **class reading** whereby the teacher explains difficult words, phrases and sentence constructions. In addition, teachers should teach children steps in

reading and extracting meaning, enjoyment, main point and summarising the material read and making generalisation based on facts (Ghana, Ministry of Education, 1982).

Teachers should evaluate their roles and reflect upon these roles for positive and alternative remedial programmes. Small size class, sufficient textbooks, furniture, in-service courses for teachers teaching English to upgrade their skills in content and methodology effective enough to improve reading and comprehension. Teachers should encourage active class exercises in the classroom, extra classes and homework.

Writing Skills

- ❖ Writing practice should be encouraged among children from kindergarten. For example, constant practice of writing in the sand tray with the index finger, followed by writing on the slate be it single letters of the alphabets or names of pupils in bold prints.
- ❖ My first Copy Book 1 – 3 recommended years book for practice in writing should be continued. If government cannot supply them at least parents can be made to buy these for their wards in schools.
- ❖ Self practice in writing but attracting scores from the teacher on criteria set as the standard for good writing can be used to complement assigned writing scheduled on the timetable.
- ❖ Children with left handedness or dominant hand should have the right to use the left hand to write and not be forced to use the left since they can do better with the left than the right hand.
- ❖ Extensive discussion should take place between teachers and pupils during a lesson for writing on a topic. At least two sessions should be allocated to enable exhaustive discussion to be made. This will permit flow of ideas during brainstorming and organisation of ideas before writing takes place.
- ❖ Teachers need support in skills of teaching writing, for instance, in controlled, guided and free writing. Controlled writing means writing in which students follow exact instructions such as, filling in blanks and sentence construction. Guided writing means writing in which the students have more freedom in that they are

assigned with outlines and model to copy or follow. Free writing involves one in which the topic is given to the child but no detailed assistance is given. Selection of any of these types of writing will depend on:

- language base of children in the class
- experience of children in real life writing;
- teachers' ability to speak fluently with communicative competencies;
- teachers' own knowledge in writing skills and ability to involve children in speaking and contributions related to the topic through brainstorming exercises as well as assisting children to organise ideas well.

Homework in both oral and written verbal exercises should be intensive as encouraging well as inter class and inter school competition. In all these, it is pertinent that teachers must assess themselves. This can be done through teachers' reflective attitude after teaching. This will help in finding mistakes and strengths of both students and teachers for remedy and maintaining the best results. It is then safe to say that if each of these steps is taken seriously, improvement of educational standards in our basic schools can be assured and a foundation can be solidly laid for further learning.

Children's Role

Children waywardness due to parental negligence, divorce, separation, economic crisis, peer pressure, teenage pregnancies, drug abuse, stubbornness and self pride and arrogance many times have disrupted performances academically, socially and psychologically. Thus depriving many homes of enlightened children, homes full of criminal acts and social labels. Some of these sources of influence can be nipped in the bud through:

- ❖ Realising children's potentialities as leaders, nation builders and good citizens and these can be ascertained through:
 - (i) Dramatising or role play of good parental models or modelling after a star they wish to be (e.g. doctors,

- lecturers, actors and actresses, etc.) during social studies lesson.
- (ii) Watching role models or videos that have been censored by the adults or authorities. **Bye-laws on Video homes** can be made to control types of videos shown.
 - (iii) Participating in well organised clubs and church associations for good moral and spiritual training.
 - (vi) Self determinations complemented by parental monitoring, guidance until maturity for independent living.
 - (vii) Learning to say “**No**” to vices and self destroying agents such as illegal things, bad companies and sexual abuses and indulgences which may make girls especially drop-out of school due to pregnancies.
 - (viii) Children should develop interest in all structured programmes at school and at home for a habit once formed is difficult to break.

Conclusion

Educators have the challenge of assisting the handicapped the non-handicapped and the talented children alike to survive in the educational system in order to contribute massively to their own growth, development and nation building. Although we all need to have positive mental and attitude change and give support through every means, the handicapped population has to forge ahead with determination to realise its own potential. Furthermore, it is needful to enable them contribute quotas to nation building and raising their self image. Similarly, all children need screening or early identification and monitoring for talents in them. This demands that a systematic continuous assessment from the pre-school up to the primary school should form part of the education service delivery and parental concern. As much as possible, researches on large scale for learning disabled children in the schools should be carried out to assist them through referrals and educational training by experts. The use of MAVIC , Montessori Principle, teacher development and competencies in addition to improved teaching and writing skills can be used as education boosters.

Finally, no system can succeed without monitoring and evaluation of its activities – be it policies, researches, children’s own roles and making teachers better educators through modern shades of training. Besides these, active

collaboration of concerned citizens, parents, district assemblies and all stakeholders need to help to make all children realise their innate abilities to the full. It is up to every one of us to play effective roles to make all children of Ghana come up with better academic, social and vocationally independent personalities for mother Ghana.

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