

**PROVISION OF SPECIAL NEEDS EDUCATION FOR DEVELOPMENT
OF MENTALLY CHALLENGED LEARNERS IN
THIKA MUNICIPALITY
KENYA**

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**A RESEARCH REPORT PRESENTED TO THE INSTITUTE OF OPEN AND
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DECLARATION

I, Mary Wangari Kiarii, hereby declare that "*Provision of Special Needs Education for Development of Mentally Challenged Learners in Thika municipality-Kenya*" is my original work except where acknowledged. This report has not been submitted to any other institution of higher learning for the award of either diploma or degree.

Signed by

Mary Wangari Kiarii

Date: _____

16/8/08

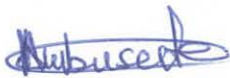
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APPROVAL

This report resulting from the researcher's effort in the area of "*Provision of Special Needs Education for Development of Mentally Challenged Learners in Thika Municipality-Kenya*" was carried out under my supervision. And with my approval, it is now ready for submission to the Academic Board of Kampala International University.

Signed: _____



Date: _____

16/08/08

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ABSTRACT

Provision of special needs education is a great milestone in addressing the challenges found in learners with special needs.

Mentally challenged learners have benefited a great deal through this programme. This research has been initiated to investigate how the provision of special needs education has helped in the development of mentally challenged learners. The investigation was centered in finding out the services rendered to mentally challenged learners in their education for their future development, functional education, social interaction and occupational training.

The findings indicated that the services given to the mentally challenged learners are not sufficient, in terms of materials and personnel.

The curriculum offered need to be reviewed to cater more on skills than academics.

In conclusion the researcher salutes the good work done by Kenyan government, non governmental organizations and the teachers of mentally challenged learners in trying to make the lives of these learners better socially, economically, physically and intellectually.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

Provision of education to all children is one of Kenya's objectives. Education ensures that the children and the youth are able to read and write. Provision of education to the country's citizens and more so to the youth is one of the determinants in the country's development.

Education also ensures that a country produces manpower in various sectors of the economy. Through education, the youth is provided with opportunities to develop their skills and talents.

Special needs education is the education which provides the appropriate modification in curricular, teaching methods, education resources, medium of communication or learning environment. All these modifications are meant to meet educational needs of the learner.

Special schools and programmer in Kenya were pioneered by churches, voluntary and charitable organizations long before Kenya gained independence in 1963. Some of the oldest special schools include: Thika primary school for the blind, Nyangoma School for the Deaf and Jacaranda school for mentally handicapped, Aga Khan special school and Dagoreti unit for the Deaf.

Our Kenyan education system has not been addressing children who have various challenges in life and in education. These children have been receiving regular education

programme especially when it comes to national examinations without considering their disabilities.

This has been disadvantaging them to a great extent because they have been competing with people who have no challenges in life hence in education.

The Kenyan government introduced free primary education in all public primary schools in the country. The government has also provided extra funds for institutions and special units for learners with special needs. This is a clear indication that the government has realized the need to assist the learners who have been disadvantaged in education like the visually challenged, mentally challenged, physically challenged, hearing difficulties as well as those with specific learning difficulties (SLD).

Mentally challenged learners are such like learners who require extra support in learning. They also require specially trained personnel who handle them in their various educational needs. These needs include their behavior modification, Activities of Daily Living (ADL) and self development during school and after leaving school.

Special units for learners who are mentally challenged started in 1940's with St Nicholas currently Jacaranda 1948. This idea of special schools for mentally challenged did not pick well until 1960's when more schools for the mentally challenged started to increase.

In Thika municipality, we have three units for mentally challenged learners. These include St. Patrick Special unit for mentally challenged, Kenyatta Primary School special unit for mentally challenged and Kimuchu Primary School special unit for mentally challenged.

Thika municipality is privileged to have institutions of the three out of the four major challenges. These are the Joytown Primary and Secondary School for Physically

challenged, Thika Primary and Secondary school for visually impaired and St. Patrick School for mentally challenged which is soon opening its doors for boarding facilities to these learners. This therefore implies that special needs education in Thika is not a new idea to the residents; with this rich knowledge and awareness of people with challenges in, these learners should be equipped with skills that will make them self reliant for self development.

1.2 STATEMENT OF THE PROBLEM

Education services rendered to the mentally challenged in Thika municipality are inadequate. The researcher would like to find out whether the education services provided to the mentally challenged children in Thika municipality are adequate enough for self development and self reliance after leaving school.

1.3 PURPOSE OF THE STUDY

The purpose this study was:

- (i) To find out the extent of the education services given to the mentally challenged children in Thika municipality
- (ii) To find out whether the mentally challenged learner get enough skills to make them lead a life which is less independent upon other people
- (iii) To find out where the mentally challenged go after graduating from school.

1.4 OBJECTIVES OF THE STUDY

By the end of this study the researcher would like to:

- (i) Find out how mentally handicapped learners are identified and placed in the corrective centres.
- (ii) To find out whether facilities available are enough for all mentally challenged in Thika municipality.
- (iii) To find out how the learners leaving these institutions are prepared to be self-reliant.

1.5 RESEARCH QUESTIONS

1. How are the mentally challenged children identified and finally admitted in the units?
2. Are the personnel and facilities enough for the mentally challenged children?
3. How prepared are the learners leaving the units in self reliance?

1.6 SCOPE

The study area was limited to mentally challenged units in Thika municipality. These include St. Patrick Special unit for mentally challenged, Kenyatta Primary School special unit for mentally challenged and Kimuchu Primary School special unit for mentally challenged.

The study confined itself on teaching approaches employed by teachers in these units, socialization of mentally challenged learners and Skills and activities of daily living taught to the mentally challenged learners.

The study also sought to examine the learner's achievements and challenges and how these challenges can be tackled by the stakeholders to empower the mentally challenged learner becomes a better member of the society socially, economically, academically and medically today and in future.

Thee study took three months; May, June, July 2008.

1.7 SIGNIFICANCE OF THE STUDY

This study will assist the stakeholders in planning for the institutions of the mentally challenged because of the increasing member of learners being admitted in these units.

This study will also guide the teacher to assess the individual learners self development in terms of social development, skill development and academic development.

The study will also guide the ministry of education in planning for individual funding, employing of specialist teachers and social workers to assist the mentally challenged learners.

The study will also help to change the attitude of the society towards the mentally challenged because of the way the government has continued to implement their policies on importance of the less fortunate members of our society.

1.8 DEFINITION OF TERMS

Special Education: This is the kind of learning designed to cater for individuals with special educational learning needs.

Special Needs: Specific difficulties identified among individual learner that make them unable to function like other 'normal' learners thus requiring special attention.

Social Skills: Skills acquired in order for one to be able to live with other people well and enhance social harmony.

Activities of Daily Living: Short form for activities of daily living taught to the mentally challenged learner to help them manage themselves and live independently. For example dressing, feeding, bathing and many others.

Support Service: Any kind of assistance towards educating learners who are mentally challenged.

Special Unit: this is a class within a regular school where children with special needs attend for educational instructions.

Challenge: This is a long term disadvantage, which affects the individual's capability to achieve the personal and economic independence, which is normal for his peers.

Mental Retardation: This is a broadly used term that refers to significantly sub-average general intellectual functioning manifested during the developmental period and existing concurrently with deficits in adaptive behavior Says Haber-1961, Grossman 1973.

Inclusive Education: this refers to the philosophy of ensuring that schools of learning and educational systems are open to all children irrespective of their disabilities. The teachers, school and systems used to modify, remove barriers in the physical and social environment so that they can fully accommodate the diversity of learning needs that learners may have. (Distance-learning module 1)

Special needs education: this is education which provides appropriate modifications in curricula, teaching methods, educational resources, medium of communication or the

learning environment. These are meant to meet the special educational needs of learners with disabilities. (Distance learning –KISE mod 1).

Integration (mainstreaming): this is where learners with special needs in education participate in regular class without demanding changes in the curricular provision. The learners are expected to adapt to the regular school arrangements.

Intelligent Quotient (IQ): this is a measure of intellectual functioning. It is determined by dividing the, mental age by chronological age and multiplying by hundred.

Intelligence Quotient is the age level at which the person is functioning.

$$IQ = \frac{\text{Mental Age}}{\text{Chronological Age}} \times 100$$

$$IQ = \frac{M.A}{C.A} \times 100$$

ACRONYMS

S.N.E – Special Need Education

A.A.M.D – American Association on Mental deficiency

A.D.L – Activities of Daily Living

I.E.P – Individualized Educational Programme

I.T.P – Individualized Training Programme

K.I.E – Kenya Institute of Education

K.I.S.E – Kenya Institute of Special Education

E.A.R.C – Educational Assessment and Resource Centre

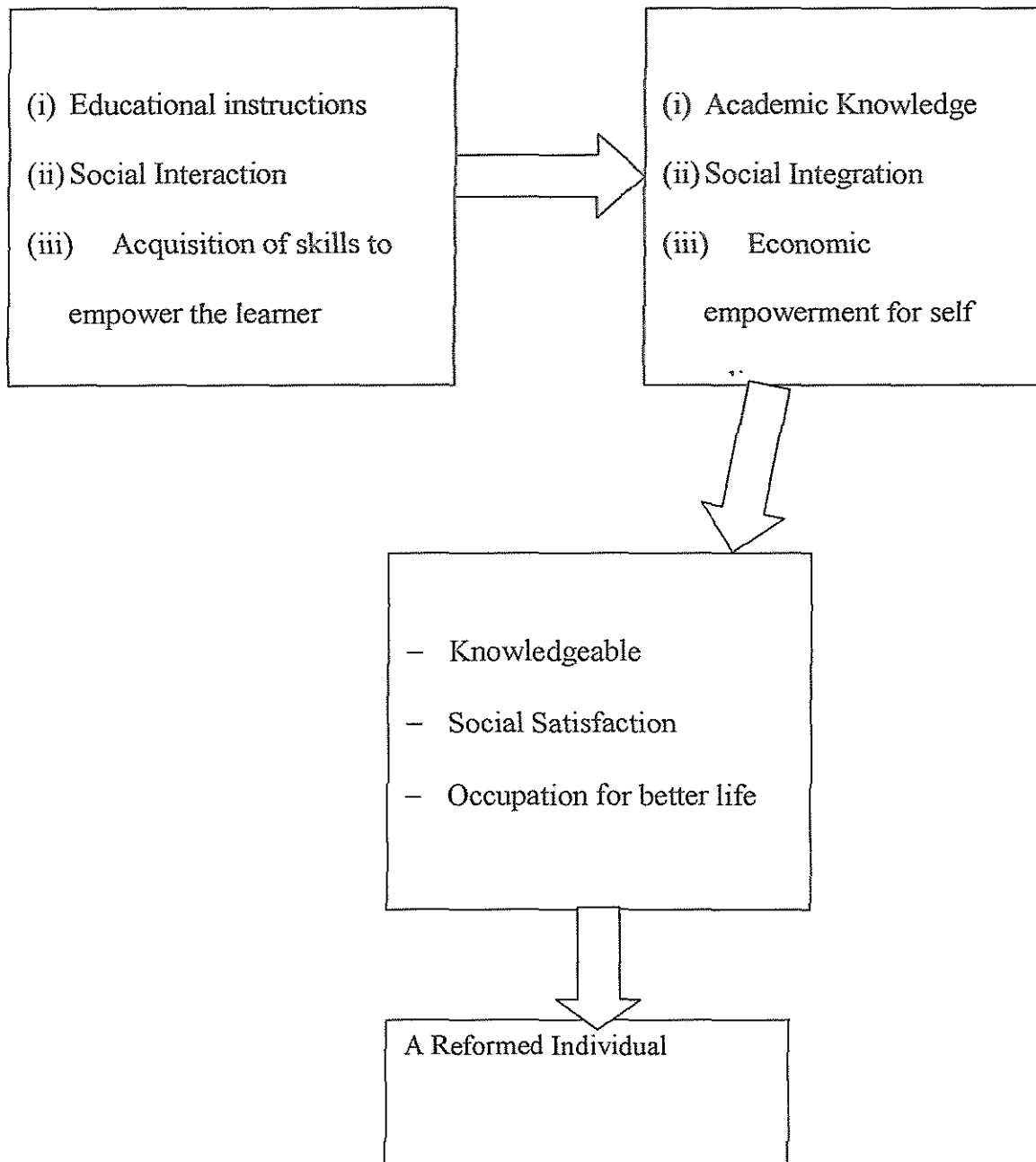
M.H – Mentally Handicapped

M.E.O – Municipal Education Officer

I.Q. – Intelligence Quotient

S.L.D – Specific Learning Difficulties

CONCEPTUAL FRAMEWORK FOR MENTALLY CHALLENGED LEARNER



CHAPTER TWO

LITERATURE REVIEW

2.1 Historical Background of Special Education Globally

Historical background of the children with various challenges could be viewed in three perspectives according to Frompton and Gall (1955).

- (i) Pre-Christian Era; the persons with challenges were neglected and mistreated.
- (ii) Christianity Error (spread of Christianity). These people were pitied and protected.
- (iii) Acceptance and integration error with the spread of Christianity and as the years went by, people started changing their attitude towards people with disabilities. They started accepting and integrating them in the society.

According to the history of different communities in the world, people with disabilities were viewed as people who were a bad Omen to the community and therefore could not be allowed to live as this could affect the whole community at large.

There were many superstitions that were associated with disabilities in general.

According to the bible, Jews considered the blind, epileptic and mentally challenged to be under the spell of witches or to be possessed by demons.

The negative attitudes of the society towards persons with disabilities have persisted throughout the history of special needs education. This negative attitude has made children with special needs and their families to be segregated. Due to these attitudes, earliest names of people with special needs had negative connotations.

The names were abusive, derogative and dehumanizing. Some of the names were:

Cripple for physically challenged

Dump for deaf- blind

Idiot for mentally challenged

Moron for mentally challenged

Imbecile mentally challenged.

According to (F Randiki Module 18- 2002) early institutions for people with disabilities were actually established with the noble goal of providing good services and training the mentally challenged but they became side tracked from this lofty aim as they became more crowded as they accepted more severely handicapped persons.

Between 1900-1910, there was a drastic change of attitude towards the awareness of the mentally challenged people. Before then they were considered a threat to the future of human species, for it was believed that the condition of mental retardation ran in families and was often associated with delinquency. This therefore harbored a stronger fear on the possibilities of the production of more mentally challenged people.

Mandatory sterilization and sexual segregation became the key factor of care of the mentally handicapped persons.

As scientists continued to discover more about the causes of mental retardation, these negative attitudes towards the mentally retarded persons began to change.

After the Second World War (1939-1945) services for mentally retarded person improved rapidly.

The famous public law 94-142 of (1975) by USA congress speeded up the public views towards the basic rights of the retarded citizen.

These included the rights of special services like the right to full educational services.

The law also demanded for the least restrictive environment for the mentally handicapped children. This marked the beginning of placing demands for educational programme for the mentally challenged by Gearhart (et al 1980). However, the provision of education for mentally retarded persons was slower than for the children with more identifiable physical handicaps. In the era of 1970's according to PL 94-142 was referred to as the period of normalization, thus made the lives of the handicapped as normal as possible. As we reflect back into history, the entire idea of educating each child to the limits of his abilities is new.

Despite the much awareness about mentally challenged people, some societies still have negative attitudes towards people with disabilities.

According to regular education initiative, general education rather than special education should primarily be responsible for the education of students with disabilities. (Madeleine C. Will 1986)

According to the philosophy of education in inclusion, there is a definite more to address the learning need of people with disabilities by removing the barriers in family, schools and community to enable learners realize their full potential (F. Randiki Historical Development of S.N.E Module 18- KISE 2002).

2.2 Historical background of Special Education in Kenya

The history of special education goes back to colonial era where the few special schools that existed were meant to care for the whites and the Asians.

The first two schools for the mentally challenged children were St.Nicholas 'Jacaranda' (1948). The two schools however merged in 1968 and became Jacaranda special school

for mentally handicapped. In the same year, two special units for mentally handicapped were started in City primary school and Race Course Road Primary Schools.

All these were sponsored by Rotary Club.

With the formation of Kenya Society of the Mentally Handicapped (1968), whose primary aim was caring for the mentally handicapped, their treatment, education and rehabilitation? More schools for mentally handicapped were established by 1970's since the awareness was created, the parents who used to bear the shame and guilt about their children could now take them to where there was necessary help like medical treatment and education.

The declaration of the year 1980 as the year for the disabled also created more awareness about people with disabilities, their needs and their rights. Funds were raised to expand and support the needs of the disabled. The Kenyan president then helped raise 21 million in 1980 and more 76 million in the following year 1981, which was declared the year for the disabled persons in the whole world.

2.3 Mental Retardation

Different factors have to be considered for example social competence, capacity to learn and store knowledge to determine whether one is mentally retarded.

Many definitions have therefore come up on mental retardation depending on who is defining and for what purpose.

However, a satisfactory definition should be one that satisfies the condition that must be that before an individual is classified as mentally retarded.

The definition is important because it will guide the diagnostic procedures, for example the assessment will be tested on a particular child.

No simple definition of mentally challenged is universally accepted. However the one adopted by the American-Association on Mental Deficiency (AAMD1959) has been widely accepted. It was presented by Haber (1961) to read, mental retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the development period (Grossman 1973).

In the definition, three elements have significantly featured. These are:

- (i) Sub-average general intellectual functioning. This refers to one standard deviation below general population mean on a standard test.
- (ii) Impairments in adaptive behavior. This refers to deficiencies in maturation, learning and social adjustments.
- (iii) Development period. This refers to the period in which mental retardation can be identified.

2.4 Causes of mental retardation

There are two broad categories of mentally retarded people:

- (i) Organically retarded. This group consists of people whom there is evidence of organic abnormalities that result in diminished mental abilities.
- (ii) Functionally retarded. This group shows no apparent biological or medical cause for their diminished mental abilities. Other names like culturally retarded or familiarly retarded are also used to describe them.

According to Ndurumo (1993) the causes of mental retardation are:

(a) Chromosomal Abnormalities:

These abnormalities result from radiation drugs, chemicals, virus and immune mechanisms. Down syndrome and Kline felters syndrome are also best known cause of mental retardation.

In addition to Ndurumo's (Schachter and Demerath 1996) says that Down Syndrome occurs once in every 600-900 live births. The condition is not hereditary majority of down syndrome are produced through (non-disjunction) which is the failure of some chromosomes to divide properly resulting in 47 chromosomes instead of 46. the condition leads to mild or moderate mental retardation.

(b) infections and intoxications in the prenatal and post natal period.

These infections include viral, syphilis, German measles or Vulbella, bacterial parasite infections and meningitis.

Intoxicins include alcohol and cigarette smoking. Lead poisoning has also been a proven cause of mental retardation.

(c) Trauma and Physical agents.

Trauma includes complications such as difficult birth, bleech delivery, use of forceps to pass the head of the baby through the birth canal and anoxia, which is absence of oxygen in the brain.

(d) Unknown Pre-natal influences:

These include prenatal abnormalities such as malfunction of the head structure and cranial facial abnormalities.

(e) Metabolism and nutrition

These are brought about by dysfunction of metabolic, nutrition growth and endocrine aspects such as lack of thyroid at birth and amino acids disorders. (Phenyketonuria).

(f) Gross brain diseases

These are caused by hereditary disorders such as Huntington chorea and tumor.

(g) Gestational disorders

This results from low birth weight and premature births.

(h) Psychiatric disorder

This retardation results from psychosis and other psychiatric disorders as well as maternal emotional deprivation.

(i) Environmental influences

These may result from psychological disadvantages, sensory deprivations and nutritional imbalance.

According to John lock, as quoted by Jean Ltrad (pg 86). Everything a person becomes is influenced by environment and that men had infinite capacity for growth if they were raised properly.

Before providing educational services to the mentally challenged learners, the following are important.

(ii) Identification

Mentally challenged children can be identified from as early as 18 months depending on the severity of retardation. Their characteristics include delayed speech, delayed motor development, delayed psychomotor, delay of common sense and academic development.

(iii) Intervention

These measures include:

Medical intervention:

These are retardations which have a physiological origin such as those resulting from infections, intoxications, metabolic and chromosomal abnormalities and gestational disorders.

These can be reduced through close co-operation with the doctor.

Educational intervention

Mentally challenged learners who can be educated require basic academic skills such as writing, reading and arithmetic up to the highest level possible.

They require residential care institution with vocational workshops to provide formal training.

In their training however, emphasis should be put on social competence, occupational skills, self-care and occupational independence. Other things include verbal communication, behavior management, motor skills and personal development.

Social interactions both at home and in the community can be arranged for the severe and profoundly mentally challenged.

2.5 Classification of the mentally challenged.

The American-Association on Mental Deficiency (AAMD) has developed a system of diagnostic classification on the retarded based on the individuals level of functioning Ingalls (1945) this means that the individuals intelligent quotient (IQ's) between two and three standard deviations below normal as labeled mildly retarded.

Those with IQ's between three and four standard deviation below normal are called moderately retarded while those with IQ's between four and five standard deviation below normal are referred to as profoundly retarded.

The table below translates this information into scores for the Wechster and Benet tests.

Levels of mental retardation

level	Benet IQ (STD) Deviation 16	Wechster IQ (STD) Deviation 15	Mental Age at adulthood
Mild	68-52	69-55	8.3-10.9 years
Moderate	51-36	54-40	5.7-8.2 years
Severe	35-20	39-25	3.2-5.6 years
Profound	19	24	3.1 years

The first column in this table shows the adult mental ages of each of the four levels. This gives a good indication of the expected level of functioning of an individual at various levels.

A mildly retarded adult is usually capable of doing most of the things that a child of 8-11 years old is able to do such as reading and calculating to the 3rd -5th grade level.

Taking care of personal needs such as dressing and grooming with little assistance holding down to a single job, manifesting essentially normal co-ordination and showing adequate social interaction.

A moderately retarded adult can be expected to function at the level of the average 5-8 years old. This person needs occasional assistance with personal care and can read only at minimal level of at all and probably can not live independently, but could hold a job if special provision were made for the handicap as in a sheltered workshop.

A severely retarded adult would be functioning at the level of the average preschool child.

When this person could not look after basic bodily needs such as dressing, feeding and toileting and could probably communicate with simple language, he/she would certainly require considerable supervision throughout his/her life.

This person would not move around independently, may have some co-ordination problems and may not be able to hold to a job even in a sheltered workshop.

A profoundly retarded person has a mental age of less than 3 years at adulthood. Many profoundly retarded people cannot even be expected to take care of basic bodily needs. They are not fully toilet trained; need assistance with dressing and feeding. This category also includes many bed ridden children who never learn to walk. Language skills will be minimal.

The AAMD classification in use from 1961-1993 also included in the category borderline retarded which was defined as an IQ from 1-2 standard deviations below average in other words a Wescher IQ of 70-85.

Under this system, retardation is defined as functioning more than one standard deviation below normal and includes many more people. The justification for including the border line category was that modern society is becoming so complex that even the simplest jobs require minimal level of academic skills and as a result of many people with IQ's below 85 would require some assistance and guidance in such matters as locating and obtaining a job, renting an apartment, personal money management such as opening a bank account, buying insurance, paying taxes and many others.

2.6 Curriculum for the mentally challenged

(i) Educable mentally retarded

The curriculum for these learners usually focuses on practical and applied teaching skills such as how to use money, tell time, measurement and basic computational skills.

An essential aspect of most educable mentally retarded programs today is instructional in personal, social and vocational skills. Schools should provide instructions in these kinds of practical knowledge because most educable mentally retarded children have few opportunities to learn this knowledge on their own.

A complete EMR programme ought to provide extensive coverage of health issues including sex education, home management, marriage and family, consumer education, government and the law and vocational training.

(ii) Curriculum for the Trainable Retarded

The curriculum objectives for moderately and severely retarded children differ in some important ways from goals of higher functioning children.

There is less emphasis on academic skills and more stress placed on the activities of daily living, gross motor skills, self care skills, basic language skills and instruction in basic concepts. Many people agree that a trainable mentally retarded child will be able to learn roughly. The same skills that a normal child if the same development level is acquiring.

(iii) Profoundly mentally retarded

According to Robin and Robinson (1976) children with the lowest IQ's were known as custodially mentally retarded. This implies that these children do not need education but rather custodial care.

2.7 Education Consideration for Mentally handicapped Children

As far as the education for the mentally handicapped is concerned, they are classified into three categories: educable, trainable severe and profound. Kirk (1962) educable mentally handicapped children are those whose intelligent quotient ranges from 52-62 according to Welshsler scale of intelligence.

Educable mentally handicapped child is one who because of subnormal mental development is unable to profit sufficiently from the programme of the regular elementally school but who is considered to have potentialities for development in three areas:

- (i) Education in academic subject of the school at minimum level.
- (ii) Education in social adjustment to a point where he can get along independently in the community.
- (iii) Minimal occupation adequacies to such a degree that he can later support himself particularly or totally at the adult level.

The trainable mentally handicapped children who cannot achieve much academically, ultimate social adjustment, independent occupational adjustment at the adult level. This makes the difference between educable and trainable mentally handicapped. However, the trainable mentally handicapped have potentials for learning some skills:-

- Self help skills.
- Social adjustments in the family and in the neighborhood.
- Economic usefulness in the home and in a residential school or in a sheltered workshop.

The totally dependent or custodial mentally handicapped are those children who because of their very severe mental handicap are unable to be trained on total self-care, socialization or economic usefulness. They also need continued help in their personal care. Such children require almost complete care and supervision throughout their lives since they can't survive without help. Different researchers have different views about these children.

Robin and Robinson (1976) stated that, children with lowest IQ were known as custodially mentally handicapped because they do not need education but rather custodial care.

The relevance of education description of the categories in relation to the topics being covered is to enlighten special education on the categories of the mentally handicapped, their abilities, so that they can be able to cater for their individual needs.

Robinson (1976) and Haring (1978) stressed that the curriculum of the mentally handicapped children should emphasize social competence, occupational skills and self-care.

This is important because it would enable them acquire minimum skills for social and occupational independence before leaving school.

This curriculum will also be helpful to them because children have different learning characteristics.

Robinson (1976) stated these characteristics as follows:

- Mentally handicapped children are not alert to the cues necessary for solving problems.
- Fail to differentiate relevant materials from irrelevant ones in order to develop discriminatory skills.
- Do not ask strategic questions to find out specific answers and information needed.
- Are easily distracted by irrelevant environmental stimuli thereby failing to systematically focus on the relevant and essential information.
- Are passive in utilizing their mental capacities to explore or solve problems.

A look at the above characteristics, special educators should follow the right techniques when handling these children. For example behavior modification, several techniques are applied. They include instruction, contingency constricting and token economies.

Payne and Thomas (1978): Payne and Mercer (1975:166) presented the following procedure for their implementation.

- Teachers should use the extinction technique i.e. remove the reinforcer for a behavior which they want to decrease. Behavior which is not reinforced will decrease in strength and eventually cease.

- A more powerful procedure for decreasing unwanted behavior by merely removing the reinforcer (extinction) is to reinforce a behavior incompatible with the appropriate response
- Some environmental arrangements serve as cues for inducting inappropriate behavior.
- If a teacher states rules clearly, praises good behavior and does not reinforce inappropriate behavior students will cease responses which are desired by the teacher.
- Teachers should reward approximations. The acquisition of complex behavior requires repeated trials and the teacher should be quick to recognize and reward small improvements.
- Teachers should reinforce appropriate behavior immediately.

Contingency contracting

This is a method of increasing good behavior or getting a child to perform a certain task on the understanding that upon completion of the task, he will be rewarded according to the terms of the contract.

Token economies

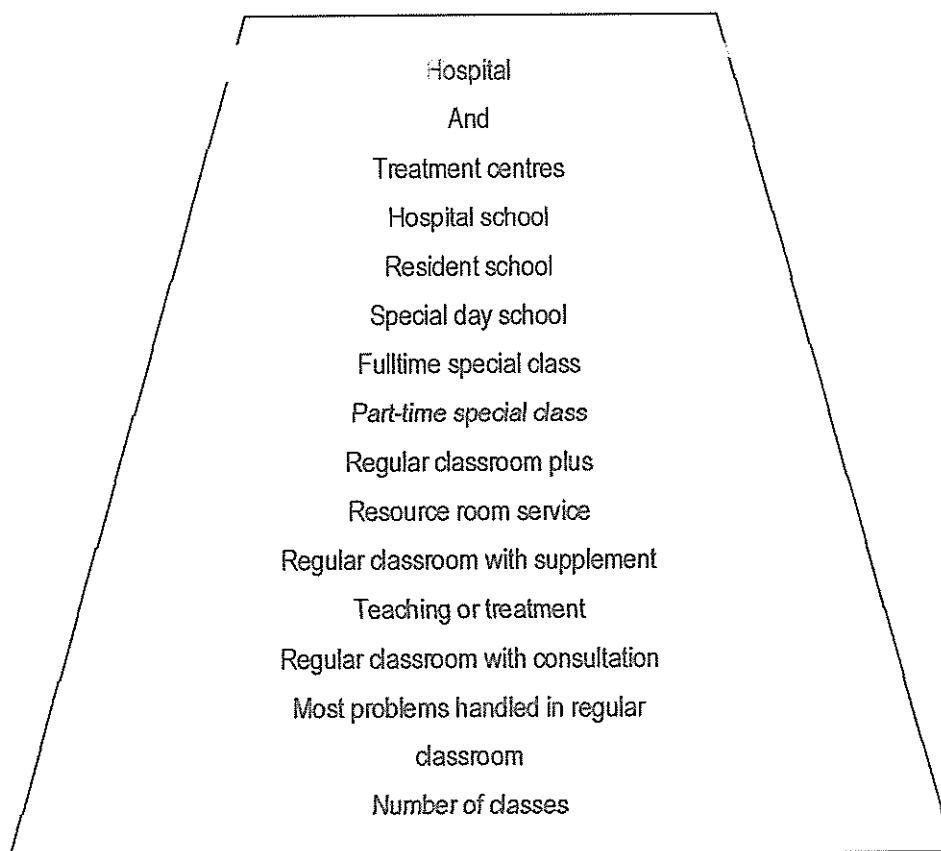
Are methods of reinforcement and maintaining desirable behaviors: Mentally handicapped children can easily withdraw if not handled wisely in class. Motivation is very important to these children.

2.8 Education Provision Services and Special Programming

The appropriateness of a child's educational programming depends in a great part on the ability of qualified personnel to operate the established procedures well.

Reynolds (1962) provided educational placement models on hierarchy of services for special programmes.

Hierarchy of service for special education programmes



The model implies that:

- Children with less severe impairments should be educated in regular schools, starting with part-time special classes.

- Children with severe problems should be educated in special needs education classes.
- Children with less severe handicaps found in a more restrictive regular education programme should be returned as soon as possible to less restrictive setting.
- Children with severe handicaps found in less restrictive classes should be moved to more specialized programmes.

Description of the type of special education programmes

Residential special schools.

This is a boarding school for children with a specific type of handicap or disability. The residential school provides a wide range of specialized facilities, materials and teachers trained in teaching and managing such learners.

Special day schools

These were started with the following aims:

- To keep children with their parents and in the community while at the same time retaining specialist personnel, equipment, facilities and materials.
- To assist children develop adequate self-concept and proper view of society.
- To retain the family bond which may otherwise be absent in a residential school.

Special classes

Special classes are also known as self-contained classroom. This kind of placement allows for children to be integrated with their non-handicapped counterparts in selected regular school where the school agrees to provide special children with some classrooms. According to Suran and Rizzo (1979) shortage of funds and personnel make it impossible for each school in the community to start self contained classes (units) as a result, mentally handicapped children are denied opportunities to develop their potentials.

Resource rooms

This is a room provided by a regular school.

It is used by the fully integrated children for additional help or intervention. These rooms can be used by integrated young children with behavior of learning problems.

The teacher in charge applies intervention techniques to manage the children.

Resource room is the reverse of self-contained class. This is because in special classes, handicapped children attend regular classes to participate in selected subjects but in resource rooms children leave regular class only for help in specialized areas or for tutorial assistance in academic areas. This is conducted well by peripatetic teachers.

Kauffman and Payne (1975:135) states that resource rooms can be used for a variety of purposes. These include:

- Recommended the child's special class placement.
- Refer the child for outside help.
- Teach the child on daily basis individually or in a small group.
- Teach the child individually on weekly basis.
- Provide materials to the class teacher.

- Provide materials and consultation services to the teachers teaching the child.
- Teach the child in a regular class.
- Teach the child in the resource room for short periods of time and return to regular class full time.

Peripatetic services

This term means the same as itinerant teacher. This is a traveling teacher who visits to teach and monitor the progress of children integrated in regular schools.

Peripatetic teachers are of different varieties such as:

- Speech pathologists.
- Physiotherapy's.
- Occupational therapists.
- Reading specialists.

Hospitals and home bound services

Children with profound mental retardation and physical handicaps are confined to hospitals or to their homes for long periods.

To avoid educational retardation, itinerant teachers tutor these children during their convalescence in their hospital these children are managed by full time teachers.

Mainstream programmes:

The concept of mainstream education became popular due to inability of special day schools and self-contained classes to provide the answer as to the best way of keeping special children within the mainstream of society.

Rusalem and Rusalem (1980:145) provided some of the reasons made in favor of mainstream education as follows:

- With certain expectations less segregated settings are considered by most special educators to be more favorable for child growth and development than more segregated ones.
- With certain expectations, educational arrangements that retain the child with his family and community are considered to be physiologically more conducive to child growth and development than those which serve a child from his roots.
- With certain expectations, education environment that 'normalize' the child through encouraging common experiences and interaction with others in the larger society are considered to be more desirable than environments that divert the child from the mainstream.
- Even as special education makes provisions for the integration of the child into family and community life, they are conscious of the concomitant needs of many exceptional children, which necessitate participation in special environment.

Mainstream programmes are therefore intended to keep children with their community and allow them classes with non-handicapped counterparts. Mainstream has also received legal backing under PL 94-145, which stresses that children should be educated in the least restrictive environment.

Advantages of mainstreaming:

- It allows special children to compare themselves with non-handicapped and make a realistic estimate of their relative standing academically, socially, linguistically and intellectually.

- It allows special children to develop positive self-concept and acceptable social behavior.
- It allows special children to perceive their world realistically and have a realistic outlook on life and their eventful participation after school years.
- It assists non-handicapped children to come to appreciate the strengths and limitations of the handicapped.
- It provides non-handicapped children with a significant learning experience that enables them to choose their careers in regard to helping handicapped children and adults.
- It assists regular schoolteachers to refine when teaching the non-handicapped as they learn to utilize the finer and more structured instructional approaches used with the handicapped.

Educational programming

The ministry of basic education in a policy paper in 1981 stated that the educable mentally retarded should be educated in regular classes with some special education provision. On the other hand, moderately retarded children were to be educated in special classes or units while the severely and profoundly mentally retarded children were to be educated in special schools.

The ministry further emphasized that social communities were too arranged for the severely and profoundly retarded.

The profoundly retarded were seen as needing introduction in hospital on a short-term or long-term basis.

Depending on the learning ability of the children, the ministry of basic Ed. (1981) recommended the following as the age groups of children as far as education is concerned.

- (i) Home : 0-2 years
- (ii) Nursery: 2-6 years
- (iii)Pre-primary 6-9 years
- (iv)Primary 9-13 years
- (v) Intermediate 3-16 years
- (vi)Vocational over 16 years

The ministry recommended that nursery and pre-primary classes should have no more than four children in a class for the severely retarded and eight in a class for the mildly retarded.

The primary and intermediate classes on the other hand, were to have a minimum of six children in a class for the severely retarded. Ten children for the moderately retarded and fifteen children for the mildly retarded.

CHAPTER THREE

Methodology

3.1 Introduction

This chapter outlines the methods and procedures used to obtain data on the study of provision of Special Education services for mentally challenged learners in Thika Municipality.

3.2 Sample Population

This study was carried out in Thika Municipality. The municipality has three special education units for mentally challenged learners.

All of these are covered in this study.

3.3 Tools used to collect Data

The researcher used the following tools to collect the above mentioned information.

Tools

Questionnaire technique

Library research

Random sampling technique

Random sampling technique was used. Teachers from the special units for mentally challenged were chosen at random.

Others were from the assessment centre and the M.E.O's office.

3.4 Data collection

The data method used by the researcher to collect the data was close ended questionnaires comprising of 'YES' or 'NO' responses and open ended questionnaires.

There were three sets of questionnaires. Each had different questions. There was a set to be answered by the Assessment teachers and the last one to be answered by the Municipal Education Officer.

The questions were designed to find out whether the respondents knew about mentally challenged individuals and whether these children are well catered for while in school and after school.

Questionnaires are time saving because they can be delivered to the participants and be collected the same day or later. I also had time to explain to some respondents before they filled the questionnaires.

3.5 Data Collection Procedure

After designing the questionnaires I delivered them personally to teachers at random in the four special units, to the M.E.O. office and the Assessment Center.

3.6 Library Research

The researcher did a lot of reading from books of different authors concerning Education of the Mentally Challenged Children. These books were from KISE Library and Kenya National Library Services (Thika).

Others are magazines on Special Needs Education on mentally challenged learners and the KISE Distance Learners Modules.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION

AND ANALYSIS OF FINDINGS

4.1 Introduction

Special Needs education is geared towards provision of quality education to enable learners with special needs to acquire knowledge; gain skills that will enable them compete effectively in the society.

The researcher sought to get information on mentally challenged learners' specific needs the personnel and facilities employed to help this group of learners develop their full potential.

4.2 Identification and Distribution of Mentally challenged Learners

Ndurumo M. M (1993) cited that early identification of mentally challenged learner is very important for early intervention in terms of medical and proper education provision.

The table below therefore shows the identification and distribution of various categories of mentally challenged learners in the three mentally challenged units in Thika municipality.

Table 1: Identification of Mentally challenged learners

CATEGORY	KENYATTA SPECIAL UNIT	KIMUCHU SPECIAL UNIT	ST. PATRICKS SPECIAL UNIT	TOTAL
Down Syndrome	4	5	3	12
Cerebral Palsy	2	3	2	7
Speech disorder	6	4	4	13
Behavioural disorders	4	3	2	9
Emotional disorders	2	1	1	4
Motor difficulties	2	3	2	7
Slow learners	10	8	7	25
TOTAL	30	27	21	78

The table above shows the distribution of mentally challenged learners in the three special units in Thika municipality.

According to the table, the slow learners are the majority in all the units totaling to 25 which is about 30 percent.

The table above also shows that cerebral palsy and motor difficulties which are characterized by movement difficulties and coordination difficulties need a lot individual attention from the teacher. They are totaling 14 out of 78 which is about 18 percent.

The other categories also are common among learners with mental challenges where some are a combination of more than one challenge.

4.2 Catering for Mentally Handicapped

Mentally challenged Children just like any other children need to be taken care of in all the areas of their lives. This includes healthcare, education and social interaction.

The table below shows the distribution of personnel catering for the mentally challenged learners in the three mentally challenged units of Thika municipality.

Table 2: Distribution of trained Teachers in the three Special Units

TRAINING	KENYATTA SPECIAL UNIT	KIMUCHO SPECIAL UNIT	ST. PATRICK'S SPECIAL UNIT
Degree	1	-	1
Diploma	1	1	-
Certificate	1	1	1

Table 2 above shows that there are 7 trained teachers in the three Thika municipality. The total number of mentally challenged learners in about 80. This shows that the teacher ratio is about 1:12. This is an indicator of teacher: pupil imbalance. The normal ratio for mentally challenged category is 1:7.

The above table also shows that most teachers handling the learners are trained at certificate level. This calls for more training in order for teachers to effectively address the specific needs of mentally challenged learners in Thika municipality.

4.3 Availability of Materials

Materials and resources are very important if learning has take place. Learning takes place more when a learner uses all the senses in learning. These senses are touch, sight, smell, hearing and taste.

The table below shows distribution of resources and materials in the three mentally challenged units in Thika municipality.

Table 3: Distribution of Resources and Materials

RESOURCE	KENYATTA	KIMACHU	ST.	TOTAL
MATERIALS	SPECIAL	SPECIAL	PATRICK'S	
	UNIT	UNIT	SPECIAL	
			UNIT	
Modeling	24	25	11	60
Material				
ADL Materials	25	20	15	60
Writing	25	20	10	55
Materials				
Reading	20	15	10	45
materials				
Occupational	10	8	5	23
training				
Materials				

The table above shows that there resource materials in the special units for mentally challenged learners. However, these materials are hardly enough for all learners. The government and other stakeholders should ensure adequate supply of materials and other resources to facilitate learning.

4.4 Summery of Findings

The above findings on the categories of mentally challenged learners show that the slow learners are the majority. These learners can improve and be integrated to regular classes. However, they need a lot of resource materials to manipulate in order to develop useful functional academics. The material distribution in the three schools was found to be inadequate.

The teachers handling the learners were also fewer and inadequately trained.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1 SUMMARY

According to the study carried out, it indicated that Special Education is well catered for in Thika Municipality.

Institutions of children with special needs in education like the physically challenged, visually challenged and mentally challenged special units, are all available in the municipality.

Salvation Army Church has sponsored the Joytown Primary and Secondary school for the physically challenged and Thika Primary and High school for the blind. There are also three units for the mentally challenged children.

Within the municipality there is an assessment with enough personnel to assess and place the children with challenges in the right institutions.

Most teachers in these special units for mentally challenged are specially trained.

Teachers were positive about teaching/training the mentally challenged learners for a career. However, they said that facilities were not adequate for all learners of the various categories of mentally challenged children.

Also as reported by teachers of the mentally challenged units, these children do not stay at home for lack of vacancies in the units. Only those who may have health problems.

However, education services for mentally challenged learners is not complete in Thika Municipality as there is no place or institution where the mentally challenged children are taken, further courses or work after graduating from the units. This has forced even the mildly challenged who can engage in a competitive employment to end up staying at

home and depend on their parents and relatives. If there are sheltered workshops in the municipality, it would be better because the graduands would go there to take the appropriate courses and at the same time work there. This would help them to be self-reliant and become useful members in the society.

The researcher hopes that considerations will be done as per the recommendations noted down so as to assist these children achieve their full potentials and become useful members in the community.

It is hoped that with the completion of the boarding section and the workshop under construction at St.Patrick's primary school mentally challenged section, more learners will be employed and become productive members of the society.

5.2 Recommendations

According to the information gathered, I feel that the following recommendations should be considered to alleviate the problems faced in the provision of educational services for mentally challenged children in Thika Municipality.

Primary school Head Teachers to be educated on services available for education of the mentally challenged learners so that they can educate parents during school meetings.

Parents should be sensitized on the changing trends of education provision of inclusive education, which will enable the children with special needs to go to the nearest school in their village.

More public awareness is needed through the School Heads; chief's Baraza's and in hospitals as many label the mentally challenged children as mentally ill which is not true.

The ministry of education should provide more facilities to the teachers in these units of mentally challenged children to deliver their services more effectively.

The funds that the government is offering to assist these units are not enough, therefore the community around should look for funds to put up sheltered workshops for learners who graduate from these units of the mentally challenged. This will create employment for these persons.

5.3 CONCLUSION

It is the researchers feeling that the above recommendations if put in place will boost provision of education services for mentally challenged learners in Thika Municipality.

Non-governmental organizations, charitable organizations, the church and people of good will should come in and supplement the Kenya government effort in assisting the Mentally handicapped children acquire self reliance skills to make them useful members of the society.

5.4 Future Research Areas

The findings of this research show that there is dire need for the curriculum developers to come up with a curriculum for the mentally challenged learner with emphasis on Activities of Daily Living and Geographical orientation covering learners' local environment.

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QUESTIONNAIRE TO BE COMPLETED BY THE TEACHERS OF MENTALLY CHALLENGED UNITS.

1. How long have been in this school? _____.

2. What is the current enrolment in the unit?

Boys Girls.

3. How many classes do you have in this mentally challenged unit?

4. What is the total number of teachers?

a) Give the number of specially trained

b) Not specially trained

5. Which categories of mentally challenged learners do you have in this unit? Give the number in each category.

Mild Moderate Severe

6. How are these learners referred to this unit? Give number in each category

Hospital Assessment

7. Are there adequate facilities to cater for these learners in this unit?

Yes No

QUESTIONNAIRE TO BE COMPLETED BY MUNICIPAL EDUCATION OFFICER

Please answer the following questions. Your response and honesty will assist this researcher to come up with ways on how mentally challenged children can be assisted to achieve their potentials. Thank you in advance.

1. How many special units for mentally challenged are in your municipality?

Number. _____

2. Are these units for mentally challenged learners enough in your municipality?

Yes No

3. Is the number of personnel working in the assessment centre enough?

Yes No

4. How many types of education provision for the mentally challenged are in your municipality?

5. Can these pupils be employed like the non-challenged children?

Yes No

6. What future plans do you have for the pupils who graduated from these units in your municipality? _____

**QUESTIONNAIRE TO BE COMPLETED BY THE TEACHERS IN CHARGE OF
THE ASSESSMENT CENTRES**

Please answer the following questions. Your sincere response and honesty will assist this researcher to come up with ways on how mentally challenged children can be assisted to achieve their potentials. Thank you in advance.

1. When was the assessment centre opened?
2. Since the commencement of this centre what kind of disability is prevalent?

Support your answer _____

3. Do you have mobile assessment services provided for mentally challenged in Thika municipality?

a) Yes No

- b) If yes, how many times do you visit these learners?

Weekly _____ Monthly _____

4. What considerations do you take before placing the child in a mentally challenged unit? _____

5. It is said that the mentally challenged children are more than any other challenge. Is it true according to your findings?

Yes No

Explain _____

6. How do you create the awareness of mentally challenged children in your community? Explain

7. Is there enough personnel working in this centre? Yes No

If NO, how many more do you need?.....



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Office of the Director

24th April 2008

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR ~~MS/MRS/MR~~..... MARY WANICUMBI KIARII

REG. #..... Bes/13319/61/DF

The above named is our student in the Institute of Open and Distance Learning (IODL), pursuing a ~~Diploma~~/Bachelors degree in Education.

He/she wishes to carry out a research in your Organization on:

Provision of special needs education
for development of Mentally Challenged
Learner in Thika Municipality - Kenya

The research is a requirement for the Award of a Diploma/Bachelors degree in Education.

Any assistance accorded to him/her regarding research will be highly appreciated.

Yours Faithfully,

MUHWEZI JOSEPH
HEAD, IN-SERVICE

