

The Over Representation of Disabilities in Disadvantaged Communities and the
Corresponding Effects on Resilience

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The State of Learning Disabilities, 2009 stated that “Families below the poverty line reported that 4.1% of their children (ages 6-17) have learning disabilities. For families that were not poor, that figure was 2.7%. The same is true for adults in poverty, who self-reported their learning disabilities at twice the rate of adults who didn’t live in poverty (3.1% vs. 1.5% for adults ages 18-64 and 1.2% vs. .6% for those age 65 or older)” (8). This over representation of learning disabilities in disadvantaged communities creates difficulty distinguishing a causal relationship. Did poverty create the disability or did the disability lead to the poverty? Either way, the connection remains unavoidable. This relationship also poses some difficulties that lead to my interest in the topic. If children living in poverty have a higher probability of having a learning disability, how do they receive the resources they need to succeed? Impoverished communities have fewer resources, poorer schools, and less of a chance at diagnosing the disability let alone providing the necessary resources to promote an environment for a disabled individual to succeed to maximum potential.

Background

I attempted to gain an understanding for the depth of research conducted on diagnosing and distributing aid for children with disabilities that impact their education—such as learning disabilities, attention deficit disorder, emotional behavioral disorder, etc.—in impoverished communities. This paper focuses primarily on the resources available for children in such a position, as the statistics show a larger proportion of

impoverished children living with learning disabilities. One would hope that such a clear need would be easily recognizable and garner further research as to the cause of the overlap as well as possible aid.

How do children living in poverty go undiagnosed? Or, if they are diagnosed with disabilities, how frequently do they then receive the assistance and resources they need to achieve? This creates a serious issue when also factoring in the disproportionate number of children living in poverty that also have some sort of disability.

Disabled Children in Poverty Vulnerable to Increased Risk

As explained in the Encyclopedia of Infant and Early Childhood Development, a

“Learning disability is associated with adverse social conditions: low socioeconomic status, poverty, poor housing, and an unstable family environment. To establish whether

this is a cause or consequence of learning disability, researchers endeavored to manipulate the outcomes for at risk children.” Researchers also learn that “Positive social environmental influences may increase IQ scores by as much as 20 points.” The encyclopedia also emphasizes the interplay between genes and environment; environmental conditions—such as the deprived settings described above—may accentuate genetic predispositions toward certain disorders. If these children struggle with both disabilities and disruptive environments, their needs increase.

It is also important in this discussion to clarify my reference to children in poverty; this is not limited to monetary poverty. Poverty here refers to any lack that decreases a child’s ability to fully function in society. For example, *The Psychology of Classroom*

Learning classifies “The risk factors that have been found to be predictive of academic failure” which include poverty, race, gender, presence of a learning disability or attentional disorder, mental health problems, inadequate levels of prerequisite skills upon school entry, exposure to multiple stressful events, living in a single-parent family, alliance with non-academically oriented peers, and repeatedly transferring to new schools.

As this source explains, more levels of deprivation than monetary poverty influence if a child has the tools necessary to engage fully in an academic environment. This also shows that increasing income alone may not remove the root of the problem for these children. Such factors as inadequate skills, exposure to stressful events, living in a single-parent family, and repeated school transfers, etc. are external factors beyond the child’s control and constitute a lack of resources that limit the child’s true capability.

After understanding that children living in poverty possess already existing barriers for their academic success, how do these barriers increase when combined with a learning disability? One way to look at the relationship between poverty and learning disabilities is that living in poverty somehow causes the disability. As *The State of Learning Disabilities, 2009* explains, “there is a higher incidence of learning disabilities among people living in poverty—apparently because poor people are more likely to be exposed to poor nutrition, ingested and environmental toxins (e.g., lead, tobacco and alcohol) and other risk factors during early and critical stages of development” (5). Here the research refers to monetary poverty. This monetary poverty results in the above environmental conditions that appear to predispose impoverished individuals to this risk or somehow contribute to an increased incidence of reported disabilities as a result of these influences.

Others support this idea arguing that lack of medical care, poor nutrition, and bad living environments create health risks that increase the likelihood of a learning disability.

However, this alone cannot explain the overwhelming statistics: “Families below the poverty line reported that 4.1% of their children (ages 6-17) have learning disabilities. For families that were not poor, that figure was 2.7%” (Cortiella, 8). Studies show that “Living in poverty increases the likelihood of children having a learning disability by 30%” (Young, 3). The referral to monetary poverty and the statistical link between low income and increased likelihood of a learning disability illustrates the above point. Certain factors such as poor nutrition, lack of health care, and exposure to toxins impact low income individuals as a result of their monetary poverty and correlate with an increased incidence of disabilities, or at least creates an increased risk. Living with low income alone may not increase the likelihood of disability; however, living without the other factors that result from low income is linked to an increased incidence of disability.

These factors, intrinsically associated with lack of income and the probably resulting lack of resources, should not be treated independently and are equally important factors to consider in assessing the link between poverty and disabilities.

Long Term Consequences of Living with Disability

If “65.4% of households with a student with specific learning disabilities have an annual income of less than \$25, 000 as compared with 38.8% for the general student population” (Young, 3), how are those families going to provide all the additional educational supports children need to succeed academically? Income alone cannot make

up the difference. The issues accompanying monetary poverty presented in the previous section illustrate the complexity of the lack of resources leading to an increased likelihood of disability correlated here with low income. Thus, income alone is insufficient to provide the necessary supports for these disabled individuals to succeed. Without an education, this issue feeds illiteracy rates in the United States and expands the U.S. population of illiterate poor who cannot improve their situation through work as a result of their low reading abilities.

A small amount of research exists on adults living in poverty who also have learning disabilities. This research links learning disabilities, poverty, and adult illiteracy. Studies show that “15-23% of JTPA Title II-A participants may be learning disabled,” “25-40% of all adults on AFDC and in JOBS may be learning disabled,” and “50-80% of all ABE students is probably learning disabled” (Young, 3). JTPA (the Job Training Partnership Act), AFDC (Aid to Families with Dependent Children) and JOBS are all support systems in place for low income individuals and families to provide them with the resources necessary to overcome some gap in their ability to succeed. ABE here refers to Adult Basic Education and illustrates one of the many ways in which aid for low income families target other issues beyond monetary poverty, as low income is often only a symptom of a larger problem causing their inability to succeed.

Most of these now illiterate adults dropped out of school and were never made aware of their disability, nor did they receive special education. “Those with learning disabilities are highly over represented among the undereducated, among the participants in the labor force, among the unemployed and among the poor” (Young, 4). With this

knowledge in mind, looking at these same adults and their success—or lack there of—in the work force makes greater sense.

Adults in the labor force with learning disabilities work fewer hours, command lower wages, and earn less. The median annual income for individuals with learning disabilities...is only 58.1% of the median earnings of those who are not disabled. Also, 43% of the families of adults with learning disabilities are below or near the federal poverty line, compared to only 16% of the families of adults without learning disabilities (4).

These statistics build evidence that either education-related disabilities help keep people poor or cause the effect of poverty, or both.

Need for Further Research

One thing that was glaringly apparent from the research was the lack of information on poverty and learning disabilities. O'Connor's paper addresses this issue, explaining three main barriers to the existing research. First he identifies that

few studies assess high-risk children in which the exposure to risk was restricted to the first months or years of life. That is, most of the high-risk environments of interest to developmentalists and clinicians, such as maltreatment or severe poverty, are, in the majority of cases, continuous. As a result it has been difficult to disentangle the effects of early experiences per se from the cumulative effects of continuous adversity (677).

O'Connor here refers to the dynamic nature of disabilities, particularly learning disabilities or ADHD, in that original cause becomes blurred by the continued negative effects that children continue to face. If environmental impacts created an increased probability of a disability, then that child most likely still lives in and is impacted by the same environmental stressors. High risk environments such as poverty mingle with the

continual struggle of living with a disability. The effect creates issues with identifying the root cause of disability, as both the individual and the disability's manifestation continue to change as influenced by both children's growth and their continued adverse environmental conditions.

The second barrier to research that O'Connor notes is that "Further complications arise because few studies examine the impact of specific experiences (e.g. deprivation) at different points in development" (677). As children grow both physically and psychologically, the stress of both deprivation and living with a disability may impact them differently. They may alternatively struggle and adapt to such stresses to fail or persevere respectively. This lack of research causes issues in directing specific intervention responses tailored to different periods in the child's development. As the child grows and learns, different intervention practices may produce greater effect and the development of the child indicates individual needs specific to that age group.

Without study of the changes in the impact of both disability and poverty as the child develops, researchers cannot create adequate intervention responses as their effect varies throughout the child's development.

Here O'Connor's third factor arises: "Compounding this situation is the finding that early risk increases the likelihood of exposure to a variety of different kinds of risks (677). Once a child encounters risk—be it poverty, disability, etc.—that child becomes more likely to fall victim to other risks. This mirrors the earlier identified correlation between monetary poverty leading to lack of resources, eventually increasing the likelihood of disability. If a child lives in a low income household, suffers from lack of resources, and has a disability, then they may be at even more increased risk (such as

dropping out of school, depression, etc.). As these risks overlap, it becomes difficult to address the risk factors independently. This causes difficulty treating any one problem. Specifically for disability intervention, this creates barriers to both accurate identification of a disability as well as the distribution of the appropriate intervention and resources to bridge the children's struggle with academic success.

Researchers also struggle with accounting for individual differences among children. Individual differences create complications as “even among those children who experienced a minimum of 2 years and as long as 3.5 years of global deprivation, cognitive ability at age 6 years ranged from severely delayed to well above average” (679). This wide difference makes it difficult to make general observations about the effect of poverty on the disabled in classroom experiences. “Related to the concept of individual differences is the consistent finding that different risks may lead to the same outcome and that the same risk may lead to diverse negative outcomes” (679). All of the studies concur on the need for more research to understand the effects of early experience on long-term development.

The need for more research also affects plans for creating successful intervention programs. The timing of the intervention for many different deprivation areas that affect education need to come during specific time windows in order to have full affect. O’Conner uses the example of providing intervention in the area of parent-child relationships. In this area, the kind of intervention that theorists think is most successful varies by age group (684). “If timing played a substantial role in determining the effectiveness or efficacy of a prevention or intervention, then it would follow that interventions/preventions delivered after a certain point in development would be

unsuccessful. No clear examples of this sort of timing effect are available because few studies are designed to explicitly test the timing hypothesis” (684). As O’Conner’s research shows, without more studies in the area, successful intervention and prevention plans cannot develop.

Understanding the holes in existing research may lead to an identification of reforms to intervention based on the available data. However, alongside these limited propositions lies the inevitable need for more research. Further studies in the above identified areas would strengthen existing intervention practices, making them more efficient, as well as expose innovative ideas to fill gaps in the existing intervention system.

Social-Emotional Factors in School-Based Intervention

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Becker looked at social-emotional factors that undermine academic performance. He used the Ecological model to understand how creating a safe and supportive school environment for disadvantaged students is essential for aiding them when they lack such support elsewhere. The Ecological model functions under the understanding that different spheres of individuals’ communities influence their development. Becker specifically identifies the issues with poor schools. Disadvantaged students score lower on achievement tests than their peers. Schools may fill this gap for disadvantaged students; however, some schools—particularly low incomes schools—suffer a disadvantage making them less able to render the necessary services. Poverty has a profound influence on the learning environments of disadvantaged students. As these children are

particularly vulnerable as a result of their environment, it is that much more important for their academic environment to promote feelings of safety and positive social and academic growth. Here the school works as a tool for enacting major social changes. This role becomes twice as important in aiding the resilience of disadvantaged disabled students.

Poorer schools employ inadequate teachers and receive very little direct government support. Here Becker discusses the flaws of No Child Left Behind. He explains that teachers need more professional development in order to learn how to give disadvantaged students, particularly disabled disadvantaged students, the additional support they need. Impoverished disabled students particularly require additional support within the school system as a result of the conflation of their risk factors.

Research shows that disadvantaged students benefit from both achievement standards and social support in order for student learning to increase (Becker, 2009).

Disadvantaged students refers to both impoverished and disabled students as both risk factors lead to low achievement. Becker promotes that creating “lasting changes in students’ beliefs about achievement and motivation to learn should be realized through teaching and learning approaches that are designed to support feelings of belonging, academic self-efficacy, and mental health” (204). This creates a safe and enriching learning environment. “Programs that allow early adolescents to experience positive interactions with adults...who provide acceptance and supportive feedback, will not only promote social-emotional growth, but also will create a more nurturing classroom environment, ameliorating the effects of stressful environments” (204).

Becker's suggested changes for "school-based interventions" are "aimed at reducing the incidence of mental health problems, promote positive behavior change in children, improve teachers' perception of students' adjustment, and reduce the need for more intensive and costly treatment services." The question that remains is: how? Reform should "serve to improve both achievement motivation and performance and emotional competence of all children and should be considered critical" (204). This suggests that more efficient intervention efforts may simultaneously benefit the student and lower overall school costs. Such an observation leads to more direct proposals for the creation of such an efficient system: through parent-school collaboration and highly structured diagnosis and intervention procedures.

Goals for Reform of Intervention Practices

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Continuing within the frame of the ecological model, reform efforts to improve resilience in disadvantaged children with disabilities must span multiple spheres within the child's life to create a complete network of support. Such a change would ensure that children receive well-rounded support with schools, parents, and ideally communities working cooperatively to catch the slack. Here school-based intervention, as addressed previously, combines with parental support. However, the current policy surrounding special education services creates a system where parents and schools clash in inevitable conflict. Any goals of combining school-based reform with parental involvement must seek to first re-order this conflict.

History of Service Allocation for Disabled Students

Changes in special education within the past thirty years stem primarily from parental advocates for change. In a time when special education services and awareness of disabilities were still largely underrepresented issues in governmental policy, parents gave voice to several concerns that instigated change: “that their children’s needs were not recognized; that disabled children were needlessly segregated from other children; that that children were mistreated and punished for behaviors resulting from disability; and that parents were not informed and seldom consulted about decisions affecting the education of their disabled (or punitively disabled) children” (Ong-Dean, 1). The reference to “punitively disabled” here refers to the ways in which labeling with a disability may actually negatively effect a child’s education.

These parent-expressed concerns surrounding disabled children coincided with an increasingly popular emphasis on the parental involvement in children’s education—attending parent-teacher conferences, helping with homework, and monitoring the child’s academic progress and social development (1). This last responsibility seems most significant. It puts a tremendous amount of pressure on parents, even well-educated parents. Monitoring academic progress and social development requires a certain expertise and in-depth knowledge base. If done improperly, diagnoses of disabilities may come too late, only gaining attention once the symptoms are severe and the child is so far behind academically that resilience becomes increasingly difficult. This further

emphasizes the significance of early diagnosis for successful intervention efforts and connects parental involvement with this issue.¹

This social change toward belief in parental involvement in the classroom was supported by new legislation in special education services. In the Education for All Handicapped Children Act of 1975, the U.S. Congress established disabled children's educational rights. This legislation "made parents responsible for defending those rights" (Ong-Dean, 1). Such rights included: the ability "to grant or deny permission for their children to be evaluated for disabilities, to attend meetings where their disabled children's educational placements would be determined, and to challenge those placements in the federal courts" (2). This gave parents authority in an area where professional expertise truly should have sway; many parents lack the background knowledge necessary to identify the accuracy of their child's disability diagnosis or evaluate the quality of the services they receive. The act also gave parents "the right to be informed about their rights as parents and about their children's rights, needs, and current performance" (2). This appears to overcome the above foreseen difficulty. However, who takes the initiative of educating the parents and how do parents know that the information they receive truly represents their child's best interest?

In the following years, this legislation gained further support in the Supreme Court's 1982 decision in *Hendrick Hudson School District v. Rowley*. The U.S. Supreme Court asserted that the law's guarantee of parents' rights was more important than establishing disabled children's rights to an education. This claim is incredibly significant in that it places the protection of children's educational rights within parental rights. Unless parents advocate for their children, they may never receive the educational

¹ The issue of timing and structured intervention is addressed in greater detail in the next section.

supports they require. The Court supported its decision to ground children's rights in parents' rights asserting that "As this very case demonstrates, parents and guardians will not lack ardor in seeking to assure that handicapped children receive all of the benefits to which they are entitled" (458 U.S. 176, 209). In his assessment of this statement, Colin Ong-Dean accurately identifies the Court's lack of consideration for parents' varying resources. Beyond simple "ardor," parents need the resources to effectively challenge their children's schools (2). In this way, the organization of the U.S. education system blocks the success of impoverished, disabled children specifically.

Colin Ong-Dean also draws attention to the timing of the creation of education rights for disabled children, closely following the social reform movements of the 1960s and 1970s. During these earlier reforms, multiple marginalized social groups fought for new rights. Most importantly, however, Ong-Dean draws attention to the difference between disabled children's educational rights from their contemporary reform efforts:

"this latest reform...did not emphasize collective action or the goal of social justice" (2). Rather than embodying the popular goal of other social justice movements of the time, this educational reform forced "individual families...to advocate for individual children's rights toward the goal of meeting their 'individualized' needs" (2). Not only did this legislation fall short of the overriding collectivistic, social justice goals of the era, but it also "placed a heavy burden on parents—to inform themselves about their children's needs, to try to understand the complexities of special education, and, where necessary, to challenge the school's diagnosis and accommodations of their children's individual disabilities" (2). This lack of social justice in the creation of education rights for disabled children performs a disservice to both parents and children, expecting parents to perform

a role that only an educational specialist should attempt. It creates even more serious disadvantages for the double marginalized group of disadvantaged disabled students.

Parent-Based Educational Rights for Disabled Students

Flaws in the Current Legislation

As the educational system stands at present, parents are supposed to help educators identify and distinguish disabilities in a process frequently viewed as “discovering an objective truth” (Ong-Dean, 2). However, this view of disabilities and the power of labeling is not entirely accurate. It comprehends the diagnosis of disability as static. However, Ong-Dean emphasizes that “the disability diagnosis is not completely inert—that is, the diagnosis itself *distinguishes*” (2). In this assessment, Ong-Dean optimistically attributes the disability diagnosis as the catalyst for a healing process, that “what might otherwise be seen as problems outside the school’s purview are seen, given a particular diagnosis, as amenable to educational intervention” (2). This statement optimistically proposes that the diagnosis automatically leads to a change in the school’s perception of the child. Previously labeled willful misbehavior becomes the consequence of the disability, therefore viewed with hope in the possibility of reforming that behavior. Stupidity now attributed to a disability makes the student correctable through “training,” assuming that the school adopts a hopeful position of power to reform previously hopeless conditions (2).

I take issue with this aspect of Ong-Dean's optimistic analysis. Labeling of a disability does not automatically lead to a change in perspective. On the contrary, many educators view a disability label as a signal of pre-determined failure, unworthy of their effort or energy. Thus, there is still more work required to alter the perception of disabilities. However, the objective truth behind disability diagnosis viewed as a constantly changing state shows the potential power of identifying a disability. If provision of specialized aid immediately follows the label, then the diagnosis leads to the delivery of an individualized education that changes the way in which the child relates to his or her disability. The lack of inertness may also be significant in that the problems exposed or created by disabilities can change over the course of the child's life. The problems posed by a particular disability at age two vary significantly from the obstacles that the same child faces at age ten. However, these gains arise from the diagnosis of a disability in tandem with intervention efforts, not singly from parentally advocated assessment.

Resulting Inherent Inequality: Privileged versus Disadvantaged Parents

The above prescribed duties outlined for parents within the existing legislation result in an unavoidable disadvantage for parents with fewer resources, thus creating a further barrier for disadvantaged disabled children. Parental claims made when advocating for a disabled child's educational rights must hold to certain standards in order to instigate change. As a product of the system's design, each parent lobbies for a child's individual needs, beginning the battle anew each time with every child's

individual differences. Legislation reform “has not realized the potential for broad social reform; instead, it has mainly enabled parents to raise individualized, technical disputes over their children’s disability diagnoses and needs” (Ong-Dean, 10). Several dangers exist that parents must circumvent within their role as advocate.

The first difference faced by underprivileged parents is the struggle to present their case. The inherent danger faced by all parent advocates is that the school will dismiss their claims if they appear too focused on diagnosing their child for the advantages and accommodations they hope to gain. This appears as an attempt to find their child a leg-up rather than an effort to keep the disabled child from falling through the cracks in the education system. Parents with more cultural and economic resources “can make the strongest claim to distinguishing their children’s particular disabilities and needs in an objective, scientifically and legally justified way” (3). To pursue their children’s educational rights, parents can either sue the district or obtain services privately. Three opportunities exist for parents within the administrative hearing process to judge the legitimacy of a parent’s complaints: “the opportunity to obtain professional services (e.g., attorneys or evaluating psychologists) to support their claims at a hearing; the opportunity to obtain services and private placements for their children and to claim the right to reimbursement at a hearing; and the opportunity to make personal testimony at a hearing” (11). All of these options require resources beyond the means of many families.

The current education system and educational rights design creates inherent inequalities of opportunity by relying on parents as advocates. By bringing the individual inequalities of parental situations to bear on the educational opportunities available to

children, some children do not receive the services they require. In making the assertion that parents' resources affect their ability to identify and accommodate their children's disability, it is important to understand what "resources" refers to. Here, resources include "economic capital and cultural capital, both of which are unequally available to different groups of parents and both of which affect the ways parents can act as advocates" (5). Pierre Bourdieu and Jean-Claude Passeron first introduced the concept of cultural capital to sociological studies as "instruments for the appropriation of symbolic wealth socially designated as being worthy of being sought and possessed."

In this way, the success of interventions depends on parents' cultural capital as parents must have a certain skill-set to intervene. They must

have the academic skills to help their children with homework; the disposition to critically assess the pedagogical style of their children's teachers; the disposition to monitor their children's academic development; and a familiarity with technical and scientific discourse that allows them to fully understand their children's teachers and to be persuasive with them. (Ong-Dean, 43-44)

However, further research suggests that parents face other conditions that decrease their involvement in their children's education. When combined with a lack of cultural capital, these issues make it almost impossible for parents to successfully intervene in their children's favor. Logistical issues (odd work hours, lack of transportation, etc.), make it difficult for low-income parents to attend school events such as parent-teacher conferences. This reduces the collaboration between the school and the family. Studies also show that low-income parents have different socialization patterns that isolate them and make them less likely to receive knowledge indirectly about the school through other parents. Poor, working-class, and minority parents also reportedly minimize interactions with schools expecting discrimination based on their styles of parenting (Lareau and

Shumar, 24-39). The resulting isolation arising from these negative conditions may also block these disadvantaged parents from accumulating the necessary cultural capital, such as awareness of educational issues and practices (Lareau and Shumar, 39).

Ong-Dean suggests that, by making stronger arguments in representing their children, “privileged parents of disabled children... provide distinctive educational opportunities to their children and thereby perpetuating the hierarchies from which their own privileges come—not by helping their children to stay on top... but by keeping them from falling through the cracks” (3). This argument interestingly emphasizes the role of parent-based advocacy in potentially enforcing a cycle in which impoverished families stay under-educated with a lack of resources in part because of the system’s design. Peter Brown labels this shift a “parentocracy” in that it gives parents the right and responsibility to judge their children’s education. He explains that this allocation of responsibility to parents results in a removal of responsibility for education from the state. The most interesting aspect of his argument is that such a shift enables parents with more resources to shape the education system in their own children’s favor (65-85). This claim makes sense on some level. Any system dependent on existing capital to receive advantages perpetuates a cycle in which the individuals with more capital remain on top. However, not enough evidence exists within Ong-Dean’s and Brown’s research for me to fully support such a broad statement as fact rather than an educated assumption.

However, from the analysis of a compilation of sociological research and surveys, Ong-Dean asserts that, “in the current cultural, legal, and institutional environment, parents with more economic and cultural resources... are much more likely to be involved in the diagnosis and accommodation of their children’s disabilities” (5). The data that he

provides supports this claim. This disparity creates even greater disadvantage for disabled, impoverished students who are already more vulnerable to poor academic success, even with a powerful advocate and all of the necessary educational services. Interestingly, Ong-Dean identifies this as an “implicitly competitive struggle for scarce resources” (41-42). He connects this competition with similar concepts in economic terms. “In such competitive fields, it helps to have resources that distinguish you from others and that let you accumulate and use the rewards won through competition. In short, it helps to have what sociologists...call ‘capital.’ Two types of capital are of particular interest: economic capital and cultural capital” (41-42). Understanding the relative advantage of more privileged parents (in both cultural and economic capital) highlights the need for equality of opportunity, beginning with re-organizing the educational rights system to provide advocates within the schools. Such advocates must support and educate parents and fill the gap for children whose parents cannot perform their role as educational rights advocates.

The second barrier faced by underprivileged parents—and thus their children—is the underlying conflict between schools and parents created by the legislation. The conflicting objectives that create a clash between parents and schools emphasize the need to unify the two resources before disabled, disadvantaged children can receive the support they so desperately require for resilience. Schools must “consider all the realities that impinge on meeting” the children’s individual “needs—that is, they must consider what it will mean for their budget, the work that must be done at the individual and classroom level to accommodate a student’s needs in a particular way, and the educational and behavioral outcomes for all students that may result from these

accommodations” (3). The conflict here assumes that parents possess a primary interest in their child’s needs. While this may be accurate for some parents, and ideally for all parents, it does not always apply—an issue discussed in greater detail shortly.

In an ideal system, both schools and parents would put the children’s educational interests first. However, by selecting parents as children’s primary advocates, the U.S. government frees schools from that restricting role. Such a role frequently clashes with the school’s own interest—one reason why parent advocates can be an appealing solution. “However, recognizing the burden of advocacy that the law imposes on parents of disabled children, we also need to acknowledge that parents differ in how far they can shoulder this burden” (4). Ong-Dean proposes three reasons why parents might not fight in their children’s interest against the schools. The first reason provided is that parents might have enough resources to enroll their children in private institutions willing to provide the services their children require without a fight. The second is that parents might adopt alternative methods to fighting the schools for change if they successfully identify the problem—such as paying for private tutors. A third reason, and the most worrying, is that some parents may fail to identify a problem in their child’s education or may view educational issues as worthless or inappropriate grounds to challenge the schools (56). These alternatives to parent intervention all assume that parents possess the resources to intervene.

A very interesting proposition is that even more “parents seem not to intervene because they simply lack the disposition to criticize their children’s schools, perhaps because they lack the elite cultural capital of other parents” (58). I dislike the use of the word “disposition” as the word choice makes a parent’s choice not to act a result of their

personality. This is not what I believe Ong-Dean intended. Rather, the inability to act against the schools results from a different composition of cultural capital that molds their sense of appropriate behaviors and values. Even more importantly, we find that “economic capital and local opportunities are also crucial. Some parents seem to have the disposition to challenge the school but apparently lack other resources or opportunities” (58). The process of fighting for a child’s rights puts parents in an incredibly vulnerable position. Viewing local opportunities as an essential resource for successful parental intervention is an astute observation here. My own mother refers to the network for support in our community, from husband, to friends, to an increasing knowledge of the local education system and the resources available made her struggle for academic support possible. Without these resources, she wonders how parents overcome the emotional struggle that accompanies watching one’s own child struggle, the knowledge that you alone are responsible for securing them the resources they require—not that parents know what those resources even are—and facing the uncooperative school district with a complete lack of guidance.

The allocation of advocacy to the parent simply displaces the conflict between two forces that should work together for the children’s best interest. Combining the assumed parental initiative with the school’s resources and knowledge-base would create a much more efficient support network for the disadvantaged disabled student. This relates back to the previously identified social-emotional significance of a supportive environment for academic success.

Unfortunately the existing legislation does not work in this way. By placing the parents and schools at odds, “schools usually believe their judgment about children’s

needs should prevail, and they do not appreciate being challenged by parents” (3). While I agree that educational experts have a better ability to identify the children’s needs, the school’s focus on their own interests makes their assessment of each individual situation biased and unreliable. By questioning the diagnosis and accommodations their children receive, parents then “must be prepared for confrontation. Some parents of children with disabilities therefore find themselves in frequent conflict with their children’s schools, conflicts that takes place against the backdrop of legal rights and responsibilities imposed on individual parents and schools” (3). This statement emphasizes the conflict’s roots in the current legislation.

In part, the conflict results from the domineering presence of school administrators, special education teachers, and school psychologists opposing parents despite the mandated parental involvement in special education. These school figures “cast themselves as having essential scientific (and legal) knowledge that parents lack”

(45). Unfortunately they are completely right in most cases. Kimberly Reid and Jan Weatherly Valle address the same issue identifying that

School professionals, speaking from an authority based on the Western conception of science as an objective, indisputable truth, position themselves (intentionally or unintentionally) in a dominant rather than collaborative role with parents. It is paradoxical, indeed, that the discourse of special education—a system of practices in which parent-professional collaboration is legally mandated—operates simultaneously out of a scientific framework that by its very nature gives authority to professionals (475).

This evaluation of the conflict eloquently identifies the paradox within the existing system for allocating educational resources to disabled students.

Parents in such a conflict may fight against the schools on a variety of grounds. Sometimes parents conflict with the schools on the basic identification of a disability or

disability-related behaviors. In a more complex situation, some parents “struggle with the schools over which disability diagnosis should apply, claiming, for instance, that their children are not mentally retarded but instead are learning disabled or autistic. Other conflicts center on the appropriate accommodation for a given disability” (Ong-Dean, 3-4). Such conflicts create unnecessary barriers to providing the necessary services. Delays spent in argument lead to less time and energy devoted to aiding the child. Conflicts over the appropriate accommodations become even more difficult to work through. Many disabilities are surrounded by new research and trial methods as science attempts to identify the cause, the best intervention plan, and the manifesting barriers to successful education specific to each individual disability type. Frequently these factors also differ as they apply to individual students as well.

Reform, then must combine the idealized parental vigor for their children’s needs with the education system’s specialized knowledge-base and ability to act on these needs.

This issue really highlights a need for a change by eliminating the obstacles faced by parents versus simply providing them with resources to overcome those obstacles.

Timing and Structure of Diagnosis and Intervention Essential for Success

As previously mentioned, the earlier a disability is diagnosed, the more likely intervention will succeed in aiding the child’s resilience. This does not mean that older children never catch up if diagnosed with an educational disability. It simply becomes infinitely more difficult to make up lost ground the more concepts and learning strategies pass a student by. This makes time a very valuable commodity in intervention efforts.

Even beyond early diagnosis, the appropriate intervention techniques vary not just by disability type but also by age.

One main issue with distributing types of aid to students with disability is the problem behind diagnosis. This is not the paper's main focus and therefore I will not go into too great detail. However, such situations as maltreatment, poverty, and disabilities are continuous. It becomes increasingly difficult to identify which problems children face stem from which setbacks. The more factors that combine, the more difficult it becomes to diagnose any one problem as the reason for a child's struggle in school. Continuous adversity also creates problems for intervention techniques. In one respect, a successful intervention program must help children cope with all of the setbacks in their life in order for the child to truly gain ground against their disability. This particularly applies to disadvantaged disabled students as one adversity feeds the other to keep the child in a continuous state of struggle unless both are addressed. A second way of viewing continuous adversity is that disabilities never go away. There is no quick fix or immediate solution and, as children grow, their disability creates new boundaries that they must overcome. This means that any treatment program must come under continuous evaluation to be sure that, as children mature, they receive the support they need.

The disadvantaged disabled child requires this constant re-evaluation and dynamic intervention process even more than the average disabled student. "Further complications arise because" of the "impact of specific experiences (e.g. deprivation) at different points in development" (677). As children grow both physically and psychologically, the stress of both deprivation and living with a disability may impact them differently. They may alternatively struggle and adapt to such stresses to fail or

persevere respectively. This requires the tailoring of specific intervention responses to different periods in the child's development. As the child grows and learns, different intervention practices may produce greater effect and the development of the child indicates individual needs specific to that age group.

The timing of diagnosis and treatment also varies by disability type. The “Average age of diagnosis for each disability category predictably follows from the characteristic presentation of the condition” (Ong-Dean, 49). For example, “mental retardation, which can often be identified through marked delays in a child's early intellectual development or from well-defined genetic conditions such as Down syndrome, has the lowest median age of diagnosis (one and a half years)” (Ong-Dean 49-50). On a similar scale, “Specific learning disabilities, where diagnosis often depends on an unexpected failure to perform academically, has the highest median age of diagnosis (seven and a half years)” (49-50). In between these two opposite ends of early and late diagnoses fall a myriad of other disabilities, all of which manifest in different ways at different periods of a child's development and contribute to the average timing of their diagnosis.

The average timing of diagnosis as it varies for different disabilities corresponds with the disability's manifestations. While health and disability issues linked with learning disabilities begin in early pregnancy, “educational issues” often “arise when children with learning disabilities enter school, and they show a discrepancy between their ability and achievement, typically within the span of three or four years” (Young, 2). Many poorer schools in impoverished neighborhoods fail to diagnose students or misdiagnose, causing

even greater difficulties for these already struggling students. This creates an issue with resilience that extends beyond the complex problem of causation.

The need for more research also affects plans for creating successful intervention programs. The timing of the intervention for many different deprivation areas that affect education need to come during specific time windows in order to have full affect.

O’Conner uses the example of providing intervention in the area of parent-child relationships. In this area, the kind of intervention that theorists think is most successful varies by age group (684). “If timing played a substantial role in determining the effectiveness or efficacy of a prevention or intervention, then it would follow that interventions/preventions delivered after a certain point in development would be unsuccessful. No clear examples of this sort of timing effect are available because few

studies are designed to explicitly test the timing hypothesis” (684). As O’Conner’s research shows, without more studies in the area, successful intervention and prevention plans cannot develop. Without study of the changes in the impact of both disability and poverty as the child develops, researchers cannot create adequate intervention responses as their effect varies throughout the child’s development.

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