TIJSEG

ISSN: 1300 – 7432
www.tijseg.org

Turkish International Journal of Special Education and Guidance & Counseling 2022, volume 11, issue 2

THE OPINIONS OF MOTHER, TEACHER AND CARER ON THE ROLE OF CAREGIVERS IN THE EDUCATION OF STUDENTS WITH SPECIAL NEEDS

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Received: June 22, 2022 **Accepted:** September 14, 2022 **Published:** December 31, 2022

Suggested Citation:
Bayhan, S. G., & Avcıoğlu, H. (2022). The opinions of mother, teacher and carer on the role of caregivers in the education of students with special needs. *Turkish International Journal of Special Education and Guidance & Counselling (TIJSEG), 11*(2), 99-114.

Abstract

This research aims to determine the views of mothers, teachers, and caregivers about the role of caregivers working in special education schools in the education of children with special needs. In line with this purpose, in the 2020-2021 academic year, five state and five private special education centers with school caregivers in Nicosia, Famagusta, and Kyrenia affiliated to the TRNC Ministry of National Education, in a total of 10 institutions (working teachers, caregivers and those with special needs). In addition, data were collected from mothers with children. In this context, the present research was conducted with the voluntary participation of 45 teachers, 17 mothers, and seven caregivers. The majority of mothers and teachers stated that at the beginning of their expectations from caregivers, they should support children in their daily needs and treat children well, support their self-care needs and ensure the socialization of children. While most mothers and teachers see caregivers as inadequate in their child's education, caregivers see themselves as sufficient. Findings indicate that caregivers should receive in-service training to be more efficient in children's education.

Keywords: Students with special needs, the role of caregivers regarding education, family, special education teacher, caregiver.

INTRODUCTION

The problems individuals with special needs suffer according to the type of disability or certain lines, and limits in their lives do not affect them only. At the same time, his mother, father, briefly all family members are infected. While the success or failure of the individual with special needs affects his family, these individuals are also affected by the attitudes and behaviors of their families towards the individual with special needs (Aydın, 2002). According to Dinç Kahraman (2010), one of the most important concepts for individuals who need special education is care. Care; can be defined as the services provided to individuals carefully and respectfully to meet their basic needs, develop and maintain their skills, and survive or organize their own lives by functioning at a minimum level (Dinç Kahraman, 2010). However, for individuals with special needs, the need for care is of great importance along with care. In this context, the need for care is defined as the situation where a person cannot do the daily activities needed to do alone for a long time or permanently without the help of others. A person in need of care is a person who cannot live on her/his own due to illness, disability, old age, etc., and who needs the help and care of others (Seyyar, 2004).

It is an inevitable result that individuals with special needs suffer more problems than individuals with normal development. In this context, it is often both difficult and impossible for these individuals to learn the correct and necessary information from their peers and other sources. At the same time, it is not easy for them to learn by observing the behavior of the individuals around them. From this very point of view, it is seen that the families, teachers, and caregivers of individuals with special needs greatly need help and guidance (Kempton, 1975).

Characteristics (Due to the physical, mental, vision, hearing, etc.) of individuals with special needs differ both among themselves and from individuals with normal development. These features can also lead to differences in learning and behavior. These characteristics also affect the participation of individuals with special needs in educational activities. Therefore, some individuals can benefit from education and training services like individuals with normal development, while others can only benefit partially or very little (Altınkurt, 2008; Yaralı, 2015). It is observed that the families of children with special needs encounter some problems both in their communication with the teachers and in the meanings they attribute to the teachers. In this context, it is stated that families have high expectations from teachers, see teachers as caregivers of their children, and often have difficulties communicating with teachers. When teachers evaluate the same situation, they argue that families do not fulfill their responsibilities at home, do the homework instead of their child, cannot cooperate, and misjudge their children about education. It is seen that the families of children with special needs face some problems both in their communication with the teachers and in the meanings they attribute to the teachers. In this context, it is stated that families have high expectations from teachers, see teachers as caregivers of their children, and often have difficulties communicating with teachers. When teachers evaluate the same situation, they argue that families do not fulfill their responsibilities at home, do their homework, cannot cooperate, and misjudge their children about education.

Regarding all information given so far, caregivers, who can be described as a bridge between teachers and family, appear as an element of balance. It is seen that they have a key role for both parties, but they have reduced the burdens on them. It is assumed that caregivers can play a major role in ensuring cooperation with the teacher and the family to achieve the most efficient way to communicate. In addition, they are of great importance in terms of education and meeting the needs of children with special needs both in and out of school (Işık, 2014).

Children with special needs suffer from many problems in society. These problems can affect their quality of life. If a way is found to eliminate or reduce the problems children face with special needs, this may ensure their adaptation to the community in an easier way. Families and teachers of children with special needs can help children be more successful in life by working together on academic, social, and psychological issues. Apart from this, caregivers are hired in cases where working families cannot keep up. This study aims to investigate the role of caregivers in the education of children with special needs. When the existing studies in the literature are examined, there are very few studies have a mentioned on effects of caregivers involved in the education of children with special needs on educational practices at school (Altınkurt, 2008; Demirkan Baytar, 2014; Dolunay, 2016; Işık, 2014; Kaya & Yıkmış, 2011; Küçük, 2009; Safiye, 2016).

In order for children with special needs and who also need caregiver support to participate more effectively in schools' education and training practices, the number of caregivers working in these schools should be increased both in quality and quantity. However, it would be beneficial to determine the role of caregivers working in special education schools in the education of children educated in these schools and who need caregiver support. Therefore, it is important to design studies on the roles of caregivers working in special education schools. In this context, the problem of this research is to determine the opinions and suggestions of mothers, teachers, and caregivers about the role of caregivers working in special education schools in the education of children with special needs. Therefore, it was aimed to determine the views of mothers, teachers, and caregivers about the role of caregivers working in special education schools in the education of children with special needs. In line with this general purpose, answers to the following questions were sought:

1. What are mothers' views on the role of caregivers in special education schools in the education of children with special needs?

2. What are teachers' views on the role of caregivers in special education schools in the education of children with special needs?

3. What are their views on their role as caregivers in special education schools in the education of children with special needs?

METHOD

This section includes the research model, participants, data collection tools, data collection process, and data analysis.

Research model

This study used an inductive analysis model based on interviews, one of the qualitative research methods. The views of mothers, teachers, and caregivers regarding the role of caregivers in the education of individuals with special needs were determined. In the study, a qualitative research method was preferred to explain the roles of caregivers in the education of individuals with special needs, both realistically and holistically. In this study, a qualitative research method was preferred to explain the roles of caregivers in the education of individuals with special needs, both realistically and holistically.

Determining the research participants and their characteristics

In order to determine the participants of the research, primarily public and private special education institutions, which are affiliated to the TRNC Ministry of National Education and Culture, where children with special needs attend, were determined. Then, interviews were conducted with teachers and caregivers working in these institutions and families with children in these institutions. Fathers from families were also interviewed, but only mothers agreed to participate in the study. The caregivers included in the research actively work in a private education institution. In this context, 45 teachers, 17 mothers, and seven caregivers who volunteered from 10 private education institutions were included in the study.

Of the 45 teachers who participated in the study, 32 were female, and 13 were male. Twenty-eight of the teachers are between the ages of 20-30, 10 of them 31-40, and 7 of them 41-50 years old. Of the teachers, 26 are married, 19 are single, 14 have graduate degrees, and 31 have undergraduate degrees. In addition, 15 teachers serve in schools for one year, 11 teachers for two years, nine teachers for three years, and ten teachers for four years or more.

Two of the mothers participating in the study are between the ages of 20-30, 7 are between 31-40, and 8 are between 41-50. All of the mothers are still married. Two of the mothers are undergraduate, 7 are high school graduates, 3 are secondary school graduates, and 5 are primary school graduates. While 7 of the mothers have a job, ten mothers are housewives. Five mothers have one child, six mothers have two children, five mothers have three children, and a mother has five children.

Of the seven caregivers participating in the study, six are female, and one is male. It is seen that 1 of the caregivers is between the ages of 20-30, 4 of them between the ages of 31-40, and 2 of them between the ages of 41-50. Five of the caregivers are married, and 2 of them are single. Five of the caregivers, 5 of whom are high school graduates and 2 of whom are primary school graduates, serve in a state-affiliated special education center. In contrast, two serve in a private special education center. The length of service in the schools where the caregivers work was 1 for 3, 2 for 1, 3 for 1, and 4 years or more for 2 of them.

Data collection

Data by the first researcher; was collected with a form prepared to obtain information about the social-demographic characteristics of mothers, caregivers, and teachers, and an interview form consisting of semi-structured questions to obtain more detailed information about the views of the study group. After the literature review by the researchers, eight open-ended questions for mothers, eight for teachers, and twelve for caregivers were determined, and these were included in the semi-structured interview form. In addition, in the first part of the interview questions, a demographic information form was prepared to obtain general information about mothers, teachers, and caregivers. Afterward, to determine the clarity of the questions, a preliminary interview was conducted with two people with similar characteristics to the teachers, mothers, and caregivers in the research group.

The first researcher went to school according to the availability of the curriculum by contacting special education teachers via phone. The teachers were interviewed one-on-one and informed about the subject of the research, its purpose, and how it would be carried out. In addition, it was stated that the interviews would be held at a time convenient for them and that participation in the research was not compulsory. Afterward, meeting days were determined according to the availability of teachers in the curriculum. In addition, the families of students with special needs included in the research were invited to the school on the planned day and time, and interviews were held. In addition, the volunteers among the caregivers in the school were interviewed by determining the period they were available.

All of the interviews were conducted by the first researcher. The researcher's voluntary consent forms were given to the individuals before each interview. Interviews were conducted after the volunteer consent forms were read and signed. In the interview process, directive responses were avoided other than asking questions and giving hints to make the questions explanatory. After asking the interviewees and receiving satisfactory answers, another related question was started. A voice recorder was used in order not to lose researcher information. In addition, he used the time in the best way during the interview process and prevented the dispersion of the subject. Interviews with teachers, caregivers, and mothers of individuals with special needs lasted for at least four and ten minutes. Fifty-two pages were obtained from interviews with teachers, caregivers, and mothers of children with special needs. Interviews with the participants were held between 14 January and 27 February 2020.

Data analysis

The transcript of the interviews with mothers, teachers, and caregivers consists of 52 pages. The audio recordings obtained from the interviews with the participants were first transcribed in the computer environment. Then, the information obtained from the audio recordings was transcribed without any changes and recorded by giving code names. The participants' answers taken from the computer with the voice recording were compared and checked. As a result of the control, it was determined that the documents were consistent with the audio recordings.

After the final checks of the documents were made, the data obtained were analyzed in four stages. In line with the answers given by the participants, codes were created by giving names to significant parts such as common words, sentences, or paragraphs. Themes were determined in line with the coded data, codes and themes were arranged, and finally, the findings were defined and interpreted. Three themes and 28 sub-titles were determined, and themes and sub-titles were analyzed and organized. During the coding, the same codes were tried to be given to the sections that had the same meaning and were equivalent to each other, and it was important not to give different codes. During the analysis period, the speeches on the voice recorder were translated into written documents without making any changes. The mothers participating in the research were given the code "A," the teachers "O," and the caregivers "B," and numerical codes from 1 to 69 were given according to the order of the interview. The content analysis method was used to analyse the obtained data.

Study of validity and credibility

In this research, the transferability (external validity) of the research was ensured by presenting examples of the sentences in which teachers, mothers, and caregivers expressed their opinions, that is, by making "direct quotations." to ensure internal validity in the research, expert opinions were taken concerning questions in the interview form, research data, and comments. In addition, to ensure internal validity, participant confirmation was provided by showing the results and comments made after the data analysis in 25% of the participants. An expert was asked to perform a consistency review to ensure internal credibility. As a result of the examination, it was determined that the analysis approaches and the relations established between the results and the data were consistent. In order to ensure external credibility, the raw data obtained in the research and the conclusions and comments made in line with these data were presented to the field expert for confirmation, and the confirmation was obtained.

FINDINGS

In this section, the findings obtained in line with the opinions of the teachers, mothers, and caregivers, who are the participants of the research, are included. Since the views of all participants will cover much space in terms of page boundaries, a limited number of opinions that allow a good understanding of the subject is included.

Mothers' views on the role of caregivers in the education of children with special needs

This section includes the findings obtained from the semi-structured interview questions created for families according to the research purposes. In the presentation of the findings, the order of the questions in the interview form was taken as a basis.

What are your expectations from your child's caregiver? From the answers given by the mothers to the question, it is understood that the most expectation of mothers from caregivers is to provide support to their children in their daily needs and to treat their child well. A1 coded mother, one of the interviewed mothers, expressed this situation as follows;

“I have expectations such as interfering with the child's self-care skills and behaviors correctly, helping the teacher at school when appropriate, and treating my child as the same parents during recess.”

The second characteristic that mothers expect most from caregivers is that they treat their children well. Mother coded A9 stated this situation as follows:

“I want him/her to look after my child as good as possible. I do not want him/her to behave badly. S/he cannot give lessons like a special education teacher. S/he cannot give one-on-one training. The caregiver can be difficult. However, I want him/her to approach it like his own child. S/he should approach my child in the same way s/he treats his/her child. I want my child’s caregiver to add positive things to my child in this way.’’

Does your child's caregiver benefit your child? If so, what benefits does it have? When the answers given by the mothers to the question were examined, it was understood that the mothers stated that the caregivers at school are most beneficial in supporting their children's self-care needs and providing socialization. A14 coded mother from families who stated that the benefit of caregivers for their children is to support their child's self-care needs expressed this situation as follows;

Does your child's caregiver benefit your child? If so, what benefits does it have? When the answers given by the mothers to the question were examined, it was understood that the mothers stated that the caregivers at school were most beneficial in supporting their children's self-care needs and providing socialization. A14 coded mother from families who stated that the benefit of caregivers for their children is to support their child's self-care needs expressed this situation as follows;

"The most benefit is at school environments. S/he meets the needs of toilet and cleaning...''.
According to mothers, the second rank among the benefits of caregivers towards their children is the socialization with their children. The mother with code A16 expressed this situation as follows;
"...S/he accompanies him at the school. As my son has autism, he can socialize with the caregiver to some extent."

What benefits does your child's caregiver provide to you? When the answers given by the mothers to the question are examined, it is understood that the mothers stated that the caregivers provided the most convenience to spare time for themselves. The mother with code A5, one of the interviewed mothers, stated that the caregivers made it easier for them to "spend more time" for themselves as follows;

"...I can spend more time to myself. In the past, as long as my son was at school, I was always with him. Now I have more time. I know that the caregiver is with him when I cook, clean, etc., at home. I feel at ease, and I have more time."

What do you think about the competence of your child's caregiver regarding your child's education? When the answers given by the mothers to the question are examined, it is understood that the majority of the mothers stated that the caregivers are not sufficient in the education of their children. A1 coded mother, who stated that the caregivers were not well-equipped for the education of her child, expressed this situation as follows;

"...We cannot say that s/he is very useful in education because s/he is not like a teacher. Also, our caregiver does not have much experience, so it is not enough."

Another mother, A7, who stated that the caregivers were insufficient, expressed this situation: "It *is not enough. His/her knowledge and experience cannot be compared with those of the teacher. The caregiver does feed, give medicine, care, and play*."

What should be done for your child's caregiver to be more efficient in your child's education? When the answers given by the mothers to the question are examined, it is understood that the mothers expressed that the caregivers mostly need to receive in-service training on how to increase the efficiency of their children's education. A4 coded mother expressed this situation as follows;

"...They need to get different pieces of training in special education field..."

What is your level of communication with your child's caregiver? Do you have trouble communicating with the caregiver? If so, what are these problems? What suggestions would you give to overcome the problems you have with your child's caregiver? When the answers given by the mothers to the question were examined, it was understood that the majority of the mothers expressed that they did not have any problems communicating with their caregivers. A1 coded mother, who stated that she did not have such problems, expressed this situation as follows;

"We communicate quite well. S/he was aware of his/her responsibilities. S/he even had done other duties that are not his/her responsibility. I had no problems... "

Do you cooperate with your child's caregiver? If so, how do you cooperate? When the answers given by the mothers to the question (daily life, self-care, transportation, education, etc.) A5 coded mother, who stated that she cooperated with the caregiver in transportation, expressed this situation as follows;

"...I drove my child to school, but in case of illness or if I will be late due to job, s/he drives him/her back home...."

As mothers expressed, the area of less cooperation with caregivers is education. Mother M9, expressed this situation as follows;

"Sure, we cooperate. When required, we sit together like two friends and special research education. For instance, I say, 'You can study this subject with my daughter.'

How often do you meet with your child's caregiver and evaluate your child? When the mother responds to this question, it is understood that most mothers meet with the caregiver almost every day and evaluate the situation of their children. One of the interviewed mothers, the mother coded A1 stated that they evaluate the situation of the caregiver and the child every day. A1 coded mother expressed this situation as follows;

"We make a post-school evaluation. When they left school, what did he do today, and what behaviors he represented, good or bad, I ask them...''

Opinions of special education teachers on the role of caregivers in the education of children with special needs

In this section, the findings obtained from the semi-structured interview questions created for special education teachers in line with the purposes of the research are included. In the presentation of the findings, the order of the questions in the interview form was taken as a basis.

What are your expectations from the caregivers of students at your school? When the answers given by the teachers to the question are examined, it is understood that the teachers mostly expect the caregivers to meet the needs of the students. Teacher coded Ö43 expressed this situation as follows;

"To pay necessary attention to students' deficiencies and meet their needs."

The teachers stated that the least among their expectations from the caregiver is to make the student independent and ensure the student's safety. Teacher coded S12 expressed this situation as follows;

"They do the skills that kids can do right before the kids do. We aim to liberate them. Let him/her give the child the opportunity first. S/he can show and do it where s/he cannot. Special children and families from caregivers expect to give the child an opportunity first. The caregiver should not be the one who meets all. First of all, the child should be given the opportunity."

The teacher with the code S17 stated that his expectation from the caregiver is to ensure the student's safety as follows.

"S/he will always keep an eye on the child. S/he will take responsibility because it is not clear what these special children will do at any moment. Maybe s/he has an ailment. It may fall. Maybe s/he cannot walk well. S/he could hit his head. These are important to us. I would like him/her to approach the child with a protective approach.''

Do the caregivers of students at your school benefits students? If so, what benefits do they have? When the answers given by the teachers to the question are examined, it is understood that the teachers stated that the benefits of the caregivers to the child are mostly self-care and meeting the toilet needs of the child. The teacher with the code S10 expressed this situation as follows;

"Exactly, they do help. The child, especially those who cannot perform their basic self-care skills, needs a caregiver. This process works well when the caregiver coordinates with the teacher."

Secondary help caregivers provide, as stated by the teacher, is to meet students' toilet needs. Teacher Ö3, expressed this situation as follows;

"Of course, this help. I have four students in class, and student A has a caregiver as his/her deficiency is more serious. When student A wet himself, I cannot leave the class to change his/her pants. Because I had other students in class, for this reason, I called the caregiver for it. S/he comes and changes his/her pants. Also takes care of his/her toilet need... "

Do the caregivers of students at your school benefits students? If so, what benefits do they have? When the answers given by the teachers to the question of the question are examined, it is understood that the teachers stated that one of the benefits the caregivers provide for them is to save time. One of the teachers with the code Ö4 who participated in this study expressed this situation as follows;

"Their help to us is greater than thought. We can reach the caregiver easily when one of such students represents problematic behaviors. It saves us time..."

Do the caregivers of students at your school benefits students? If so, what benefits do they have? When the answers given by the teachers to the question are examined, it is understood that the teachers stated that the benefits of the caregivers to the child are mostly self-care and meeting the toilet needs of the child. The teacher with the code Ö10 expressed how caregivers help them in self-care skills as follows;

"They do us great help in self-care skills. Self-care is the most dreadful topic for us among other skills..."

What do you think about the sufficiency of the caregivers concerning the education of the students? When the answers given by the teachers to the question are examined, it is understood that most teachers think caregivers are insufficient in the education of students. The teacher Ö3, who thinks caregivers are insufficient for the education of students, expressed this situation as follows;

"Unfortunately, they are not sufficient in education. They do not exactly know how to approach students as they have limited area and literature knowledge. For instance, they do not show sufficient skill or represent right approach in the recording when a child needs a toilet, how can one record this, or determine how they feel a need for toilet per day with regular periods."

What do you suggest for caregivers to be more productive concerning the education of students? (Probe: Teaching support, generalization studies, class management) When the teachers give the answers to the question are examined, it is understood that they suggest caregivers get more in-service training in order to become more equipped regarding education. One of the teachers, Ö11, stated that caregivers should take in-service training in order to be more sufficient in education:

"There could be training organized. A good result could be achieved if training programs or seminars were held on how to care for a child with special needs, what can be taught, how can they approach such children, how they help us in the school, and how they can help the family at home.''

What is the level of communication of students with caregivers in your school? Is there any problem concerning communication with caregivers? If there is, what are those problems? What is your suggestion to overcome the communication problems of the students in your school with the caregivers? When the answers given by the teachers to the questions are examined, it is understood that most of the teachers think students have no problem communicating with caregivers. One of the teachers interviewed with code Ö1 defined this situation as follows:

"We have not experienced such a problem so far. S/he is a good caregiver. There were even times we called him/her 4-5 times in a day, and still, I never heard him/her complain. If we face a problem, we prefer to give him/her our advice and help. As s/he has no such knowledge and is unsure what to do, s/he can also confuse. So we guide him/her on what to do."

Do you cooperate with the caregivers of the students in your school? If so, how do you cooperate? When the answers given by the teachers to the question are examined, it is understood that the areas in which teachers cooperate with caregivers are mostly generalization studies and coping with problem behaviors. One of the teachers included in the research with the code Ö19 expressed this situation as follows;

"This is how I get into cooperation: We cooperate to ensure the generalization of applications we use in the classroom in other exterior environments when we are not around. We try to describe our methods and align with the same strategy."

Teachers expressed that the other area they are more in cooperation after generalization studies is dealing with problematic behaviors. Teacher with Ö11 code expressed this situation as follows:

"...When I see a problematic behavior, I ask the caregiver's reason. I try to correct this behavior if I can."

How *often do you meet with the caregivers of the students at your school and evaluate the students?* When the teachers gave the answers to this question, it was observed that the majority of the teachers stated that they meet almost every day to evaluate the situation of the caregiver and the child together. One of the teachers interviewed with the code Ö1 expressed this situation as follows;

"We take the child from the caregiver every morning. When we deliver the child back to the caregiver, we summarize our activities that day. In addition, we inform the caregiver from an academic aspect about instructive plays and such activities we did during the day."

Views of caregivers on their roles in the education of children with special needs

In this section, the findings obtained from the semi-structured interview questions created for caregivers for the research are included. In the presentation of the findings, the order of the questions in the interview form was taken as a basis.

How do you spend a day with the child? What do you do when you are with the child? When the caregivers answer this question, it is understood that self-care is the most applied activity from the caregivers with the child during the day. B2 coded caregiver expressed this situation with the following words;

"Usually, I try to fix the child's self-care, s/he already has a toilet problem. If I take it to the toilet, it does it by itself, and if I do not, it soils the bottom. I am trying to mend these problems."

How do you contribute to the child's education? When the answers given by the caregivers to the question (Probe: Educational, Self-care, Daily life skills support, Social skills support) are examined, it is understood that the caregivers state that they contribute to the child's education mostly in the field of social skills teaching. B3 coded caregiver expressed this situation as follows;

"I got him/her used to talk, play, not to hit his/her friends. S/he used just to want to eat and sit. S/he hit anyone passing by his/her side. We reduced these behaviors with education."

What do you think about your proficiency in working with a child with special needs? When the answers given by the caregivers to this question were examined, four of the caregivers did not find themselves sufficient in the education of the child, while three caregivers did. The caregiver coded B2, one of the caregivers within the scope of the research, expressed her opinion of not finding herself sufficient as follows;

"I do not find myself sufficient; I said this clearly when I started working with the family. Suppose you ask why I have not received any training on this subject. Before, I have been a nurse, but I have not worked with such children. So, I cannot say I am good enough. I did not receive any education anywhere, but I act with my sense of motherhood and try to do my best."

Another caregiver with B3 Code who founds him/herself sufficient in the education of the child expressed this situation as below:

"As I worked in a school in the UK, I am quite experienced on how to act and to help the child. I instructed in that school in the UK in the same class as these children. That experience made so much contribution to me. That is why we came a long way with my student."

Do you have problems communicating with the child? If so, what are the problems you encounter in communicating with the child? When the answers given by the caregivers to this question are examined, it is understood that the majority of the caregivers state that they do not have any problems communicating with the child. One of the caregivers who stated that s/he did not have any problems in communicating with the child, the caregiver coded B2 stated this situation as follows;

"I have no problem. S/he listens to me very well. In the first three months, in particular, I had many problems. After that, we attended training together. This program helped me about how to communicate and act. So, I came over with this problem in time."

Do you help feed the child? If so, how do you help? When the answers given by the caregivers to the question are examined, it is understood that the majority of the caregivers state that they contribute to the nutrition of the children by feeding them themselves. The caregiver coded B2, one of the caregivers who stated that they contribute to the nutrition of children by feeding the child themselves, stated this situation as follows;

"I take care of his/her feeding myself in every way. ... I help him/her when using a spoon when eating foods like soup."

Do you help the child perform self-care and daily living skills? If you are helping, what is the nature of this help? When the answers given by the caregivers to the question were examined, three of the caregivers stated that they contributed to the toilet skills of the children by contributing to their daily life skills. In contrast, two caregivers stated that they helped with brushing teeth, one in the dressing and one in the bathing. The caregiver coded B4, who stated that s/he helped the child with toilet skills, which is one of the self-care and daily life skills, expressed this situation as follows;

"I help the child for using the toilet in particular. S/he can only use the toilet in the right way if I guide him/her."

Do you help the child to go to school and other relevant institutions? If you are helping with transportation, how do you help? When the answers given by the caregivers to the question are examined, it is understood that four caregivers stated that they provided the transportation of the children to school and other relevant institutions. Three caregivers stated that they did not, but the child's parents did. The caregiver coded B4, who stated that s/he provided the transportation of the child to school and other institutions, expresses this situation as follows;

"I accompany him/her to the school every morning, and I accompany the child while transporting to another special education institution afterward."

Do you help the child organize his/her free time? If so, what are you doing about it? When the answers given by the caregivers to the question are examined, it is understood that the caregivers state that they contribute to organizing the child's free time mostly by "playing together." The caregiver coded B2, who stated that s/he contributed to organizing the child's free time by playing games, expressed this situation with the following words;

"... The child gets bored and stressed after school. We are playing games to keep him/her occupied."

Do you encounter problems solving the child's daily life problems in your care? If yes, what kind of problems do you encounter? When the answers given by the caregivers to the question are examined, it is understood that three caregivers state that the problem they encounter with the child in daily life is mostly that the child has nervous breakdowns. In comparison, two caregivers express the child's lack of communication. Two caregivers stated that they did not have any problems with the child. The B2 coded caregiver stated that the most common problem encountered by the child in daily life is nervous breakdowns;

"I encounter many problems. I constantly try to communicate and express that his/her behavior is bad, though s/he listens, s/he still does whatever s/he wants to do.". There are times of insistence. S/he becomes angry and starts throwing things when something s/he wants does not happen. S/he behaves exactly in a manner you do not want him/her to just out of spite.

Are there any subjects related to the child's education (which will support the areas in which he is inadequate) that you would like to receive an education in? If so, what are they? When the answers given by the caregivers to the question are examined, it is seen that gaining toilet skills and social skills comes at the beginning on subjects the caregivers desire to receive education (which will support the areas where s/he is inadequate). The caregiver coded B2, who stated that s/he wanted to receive training to help children gain toilet skills, expressed this situation as follows;

"The toilet issue is the only problem we are nervous about. I am not sure how to act. We neither have a solution at the school nor home. I want to get an education on this subject. I have been working with this child for four years now and have no progress yet. The family expects me to fix this, so they know that their child will not need someone in the future."

Are you having problems with the child's family? If yes, what are those problems? When the caregivers' response to the question is examined, it is understood that all of the caregivers did not have any problems with the child's mother. The B4 coded caregiver stated that she did not have any problems with the child's mother: "*No, I have never had any problems; we get along very well.*"

Are you having trouble with your child's teacher? If yes, what kind of problems are you experiencing? When the answers given by the caregivers to the question are examined, it is understood that all of the caregivers did not have any problems with the teachers. The B4 coded caregiver stated that the child did not have any problems with the teacher: *"No, I have never had any problems with their teachers. His teachers were also very understanding."*

DISCUSSION

In this section, the findings obtained from the participating mothers, teachers, and caregivers in line with the general and sub-objectives of the research were discussed by comparing them with each other and with the literature.

When the findings related to the views of mothers and teachers of children regarding the role of caregivers working in special education schools in the education of children with special needs are examined, it is observed that the views of both mothers and teachers are parallel to each other. It was concluded that most of the mothers participating in the study had expectations from their children's caregivers to support their children in their daily needs. Likewise, it was determined that special education teachers expect caregivers to meet the needs of the students. This finding is similar to some studies on this subject in the literature. In one of these studies, Kaytez et al.'s study conducted in 2015, it was determined that mothers think caregivers who work in an institution where children with special needs must have more knowledge about meeting the needs of the children. It is found that similar results were obtained in the study conducted by Sağıroğlu (2006). In this research, families expect the institution's employees to whom they send their children to be experts in their children's education. In this context, it can be considered an inevitable result that their expectations from caregivers are high in terms of education. The fact that caregivers are better equipped for children with special needs will positively affect children's education and meet the expectations of teachers and mothers in a more efficient way.

When the findings are compared with the literature, it is seen that similar results are obtained. In one of these studies conducted by Ünüsan (2004), it was found that the students at the preschool education level there are positive effects was observed on the self-care skills of the children who went to the preschool special education center and attended the systematic education and who had the opportunity to repeat the behaviors related to their self-care skills with routine activities during the day. In this context, it is seen that the relevant studies have similar results to the study we have carried out. While the mothers stated that the caregivers at school were most beneficial for their children in terms of supporting their children's self-care needs and ensuring their socialization, another finding reached in line with the sub-objective mentioned above was that the teachers expressed the opinion of the caregivers in parallel with the child's self-care and meeting the toilet needs. Based on the opinions of mothers and special education teachers that caregivers benefit from helping the child with special needs take care of themselves, it can be said that families and teachers need caregiver support in the daily life and self-care matters of children with special needs in a school environment. In this context, when these expectations of mothers and teachers are fulfilled, teachers will be more motivated for the child's education. As a result, the teacher will be able to create a more productive educational environment.

Another finding of the study is that both mothers and teachers expressed that they save time thanks to caregivers. When this finding is compared with the literature, it is seen that similar results are obtained. In the study conducted by Chang et al. with mothers in 2016, mothers stated that the caregiver relieved them both physically and mentally due to the multitude of responsibilities related to caring for the child with special needs. In line with the data obtained from the research, mothers state that they spare more time for themselves and can work a job thanks to the caregiver. This finding supports previous findings. Special education teachers save time when caregivers meet the child's needs and their self-care, and mothers find time to spare for themselves.

In the study conducted by Borbasi et al. (2009), it is seen that there are findings similar to this study. While the mothers and teachers expressed an opinion that the caregivers working at the school were not sufficient in the children's education, the caregivers expressed that they did not find themselves sufficient, too. It was concluded that caregivers do not have enough knowledge about care services for individuals with special needs. An incorrect intervention by caregivers can significantly reduce the quality of life of such individuals. In this context, the caregiver's education can negatively affect students' adaptation process and educational development. Therefore, caregivers must be adequately equipped to meet the needs of individuals with special needs. It is thought that these children will contribute directly or indirectly to the education and training activities at school, with the knowledge and equipment of the caregivers about the individuals in need of special education, and this contribution will positively reflect on the development of the children.

Another finding of the research is that mothers and teachers stated that caregivers at school should receive in-service training to be more productive in children's education. This finding is similar to a study on this subject in the literature. In the study conducted by Khargi (2018), it was concluded that caregivers tend to feel more empowered to provide care services to children with special needs when relevant information is provided, or in-service training is provided to the caregivers of individuals with special needs. In line with these results, if the caregivers are informed about the characteristics of children with special needs and in-service training on the methods and techniques used in the education of these children are provided, an environment will be provided for the caregivers to increase their knowledge, know where and what to do, and have a more efficient caregiver-student process.

Another finding regarding the data obtained in the research is the opinions of mothers and special education teachers that they do not have any problems with caregivers at school. Despite this finding, some mothers and teachers stated that they had communication problems with foreign national caregivers. When some of the studies in the literature were examined in line with the findings, it was stated that, unlike in this study, family members experienced communication problems with both health professionals, teachers, and caregivers both during the diagnosis and evaluation process of the child and after (Graungaard & Skov, 2006; Hyassat, 2012; Kisler & McConachie, 2010). These problems, which may occur between the family and other stakeholders, may negatively affect the child's development. It is important to solve these problems, which may occur among the family, teachers, and caregivers in the child's life, as soon as possible. If this process is prolonged, the development and education of the child may be interrupted. In addition, training can be given to both the child and the caregiver to eliminate communication problems with foreign national caregivers.

In the study, it was found that mothers and teachers cooperated with caregivers. While the mothers expressed that they cooperated with the caregivers at school on the transportation of the child, the special education teachers also stated that they cooperated in generalization studies and problem behavior situations. When the findings are compared with the literature, it is seen that similar results are obtained. It is seen that individuals with special needs both have less physical negative reactions and are more emotionally courageous and assertive as a result of the cooperation between their families and the people around them. Thus, it was concluded that negative emotions and feelings towards individuals with special needs became positive in terms of families, teachers, and caregivers (Carpenter, 2005; Heiman, 2002; Russ et al., 2004). This information shows how important communication and cooperation between caregivers, teachers, and mothers is in children's education. In case of cooperation between the mother, special education teacher, and caregiver, it is thought that the education that the child with special needs will receive at school will be more qualified. As a result, positive reflections will appear on the child's development.

When the findings regarding the role of caregivers working in special education schools in the education of children with special needs are examined, it is understood that caregivers contribute to the child's social skills teaching the most. This finding is similar to some studies in the literature. For example, in a study conducted by Küçük (2009), it was determined that children cared for by caregivers were better in social relations, and the said difference was higher, especially for girls. Similar results in question are also obtained in our study. In this context, caregivers are expected to establish good communication with the child with special needs and contribute to their social development by playing games to develop their social skills. In addition, the caregiver can enable the child to participate in social environments within the scope of certain social activities during school hours. If they provide childcare services outside of school, it is believed that they will contribute to the child's social development by including normally developing peers in the same activity.

Another finding obtained from the caregivers within the scope of the research is that they stated that they did not have problems communicating with the child. However, a small part of the caregivers stated that the child with special needs could not tell to go to the toilet and did not do it as instructed. When the findings are compared with the literature, it is seen that similar results are obtained. In Stange's study (2018), it was found that caregivers provide care to children with special needs for more than seven hours every day. No problems were encountered in their communication with family members and children in this context. These results show that caregivers can communicate correctly with the child with special needs.

Another finding obtained from caregivers in line with the scope of the research is that they help children more with toilet skills. Similar results to this finding were found in the literature in the study conducted by Ceylan (2019). In this study, mothers' opinions were sought. Mothers stated that kindergarten children made significant progress in meeting their own needs, especially after starting nursery school. Apart from this finding obtained from these studies, another very interesting finding was reached in this study. Caregivers stated that they mostly wanted to be trained in toilet skills. These results show that caregivers do not have enough information about gaining toilet skills, which is the most helpful area. Suppose caregivers are provided with in-service training on this subject, and the correct methods and approaches are presented. In that case, caregivers will not only provide children with toilet skills but will also contribute to gaining this skill. Thus, these children may gain toilet skills faster, and the burden on mothers may be reduced.

The last finding of caregivers in the study is caregivers' opinion that children spend their free time playing games. When this finding is compared with the literature, studies on the importance of games rather than playing games in free time are discussed. According to the results obtained in some studies (Wood & Attfield, 2005; Clevenger, 2016), parents have expressed that games provide "learning while having fun." The authors in the literature support this view and the game presented by the trainer; they state that they create special and extraordinary opportunities for children such as learning, gaining knowledge, and meaning development (Wood & Attfield, 2005). In the same way, Clevenger (2016) found that children with special needs have fun and learn more through play in the research they conducted with teachers and revealed how important games are in the education of these children. In this context, taking into account the benefits of the game, giving information to the caregivers about the games, and training them in this regard may lead to a greater contribution to the development of the children. The following recommendations can be made for practice and further research in line with these results.

1. Awareness and information seminars on care services at school can be organized for families with children with special needs.

2. Relevant people can be trained to strengthen the communication between caregivers and children with special needs, families, and teachers.

3. Caregivers can be trained on how to provide support and training for children with special needs to gain self-care skills and cope with problem behaviors.

4. Research can be designed in which qualitative and quantitative data will be collected to determine the opinions and suggestions of mothers, teachers, and caregivers regarding the role of caregivers working in special education schools in the education of children with special needs.

5. Research can be planned in which the opinions of students with special needs and school administrators about the role of caregivers working in special education schools in the education of children with special needs.

Ethics and Conflict of Interest

This study was adapted from the first author's Master's thesis. We declare and confirm that we have acted in accordance with ethical rules throughout the entire research. No potential conflict of interest was reported by the authors.

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