

Mutual Understanding and Cooperation Between Teachers and Parents of Pupils with Profound and Multiple Disabilities Who Utilize Homebound / Hospital Education Services: With a Focus on Homebound Education Services

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Abstract : The purpose of this study was to investigate the mutual understanding and cooperation between teachers-in-charge and parents of pupils with profound and multiple disabilities who utilize homebound / hospital education services. Two analyses were conducted. First, a national survey of homebound / hospital education services conducted by Takei, Kawasumi, Hayasaka, and Takisaka in 1996 was re-analyzed from the following six perspectives: (1) the need to discuss the curriculum with parents, (2) the need to encourage greater use of medical or welfare services at home, (3) the need to publish class newsletters, (4) the need to increase schooling opportunities, (5) the need to cooperate with parents in the health care of their children, and (6) the need to promote more interaction among parents. Second, nine highly experienced special education teachers involved in the provision of homebound / hospital education in Kanagawa Prefecture completed a questionnaire based on the re-analyzed data gathered in the first phase of the study and their answers were analyzed. Results of this multi-phase study suggest that teachers involved in the programme have been effective in promoting mutual understanding and cooperation with parents. Detailed examples of such activity are presented and relevant perspectives are discussed.

Key Words : Special education, homebound / hospital education service (programme), mutual understanding and cooperation with parents, profound and multiple disabilities

I Introduction

Since 1979, in Japan, homebound / hospital education programme, a form of educational provision of special schools, has been offered to students who are unable to commute to school due to profound developmental disabilities, multiple disabilities and / or continued health problems. In this programme, teachers visit the residences of students such as personal homes, child welfare institutions, or medical institutions typically three times a week and provide teaching two hours per day.

To understand the current situation and issues involved in the homebound / hospital education programme, Takei, Kawasumi, Hayasaka, and Takisaka (1997) conducted a nationwide survey of schools offering homebound / hospital education in 1996 (hereafter referred to as the "1996 National Survey") and reported their findings. Based on findings of the survey, Kawasumi and Hayasaka proposed the following topics: the current situation and issues of homebound / hospital education (Kawasumi, 1997), solving issues in

teaching and systems (Hayasaka, 1998), the significance of homebound / hospital upper secondary education initiated from 1997 (Kawasumi, 1998a), details of teacher assistance (Kawasumi, 1998b), and teaching content and methodology for the homebound / hospital education (Hayasaka & Kawasumi, 1998).

One of the outstanding issues needing to be examined in light of the findings of the 1996 National Survey is what has been done to promote mutual understanding and cooperation between teachers and parents of pupils in the homebound / hospital education programme as well as to clarify perspectives in promoting such a relationship. One of the most significant issues is how to ensure that homebound / hospital education, particularly homebound education, is truly effective in promoting the understanding of parents of homebound / hospital education as well as enabling mutual understanding and cooperation between teachers and parents. To date, there have been few reports examining actual practice and related issues comprehensively, and the topic has not been carefully analyzed.

II Purpose

This research focuses on homebound education. First, we reanalyzed the findings of the 1996 National Survey to examine what kind of measures were taken to promote mutual understanding and cooperation between teachers and parents as well as to extract particularly important perspectives. Second, we asked teachers involved in the homebound / hospital education programme about their experiences based on these perspectives to obtain their suggestions and thoughts.

III Method

This research re-analyzed the 1996 National Survey results in further detail. In addition, as a part of the study, a questionnaire for homebound / hospital education teachers in Kanagawa Prefecture was developed, and results from this survey were analyzed.

1. Re-analysis of the 1996 National Survey

In a national survey conducted in 1996, questionnaires were sent to 431 special schools (schools for the intellectually disabled, the physically disabled and the health impaired) and one school for the blind offering homebound / hospital education services in homes, institutions, and hospitals. A 88.1% response rate was obtained.

The 1996 National Survey had one question directly related to mutual understanding and cooperation with parents, but the survey also had data relating to "mutual understanding and cooperation" given in response to other questions (in particular, "issues when conducting homebound / hospital education," "special preparation you take for teaching," "topics of discussion with parents," "issues and measures taken in preparing a site for teaching," "issues and measures taken in conducting schooling," "measures to deepen relationships among parents," and "welfare and medical services students are receiving." We re-analyzed these related questions and responses and examined the data from a perspective of mutual understanding and cooperation with parents.

2. Survey of Homebound Education Teachers in Kanagawa Prefecture

We conducted a survey of nine experienced special education teachers involved in homebound / hospital education in Kanagawa Prefecture near Tokyo (the survey will be referred to here as the "1998 Kanagawa Survey"). The questionnaire was mailed in June, 1998.

For the 1998 Kanagawa Survey, six perspectives considered necessary to deepen mutual understanding and to promote mutual cooperation with parents (seven perspectives if the category "other" is included) were extracted from the 1996 National Survey referred to in Section III-1. Each of the nine respondents were asked to describe their responses based on these perspectives.

The questionnaire first asked the respondent's name, number of years of teaching experience, the number of years involved in education for the disabled, and the number of years involved in homebound / hospital education. Then, the following questions were asked:

"Regarding mutual understanding and cooperation with parents, if you have experienced episodes related to the following seven perspectives, please briefly state: (1) when the episode happened (e.g., 2nd semester of 1996), and (2) what kind of student was involved, and then (3) describe the details of the episode in relation to the following:

- (1) Regarding mutual understanding and cooperation with parents on teaching objectives and content.
- (2) Regarding use of welfare and medical services.
- (3) Regarding publication of class newsletters.
- (4) Regarding schooling.
- (5) Regarding health maintenance.
- (6) Regarding promotion of stronger relationships among parents.
- (7) Other (assistance for parents in bringing up their children, regarding parents' need to release stress, your role as a listener to parents' worries, etc.)."

Responses to the above requests were organized according to episode as well as measures taken by teachers. At the same time, particularly noteworthy episodes have been included here as examples.

IV Results

1. Re-analysis of the 1996 National Survey

Table 1 lists the 12 most often chosen responses to the question which directly asked about, "mutual understanding and cooperation" with parents ("measures taken by teachers for mutual understanding and cooperation with parents") in the 1996 National Survey. As shown in the table, the most frequent response was, "to offer a discussion time during regular visits" lending importance to regular visits rather than special measures. Also, in addition to direct discussions, "utilization of communication notebooks" was the sixth most common reply. In a separate question

("topic of discussion with parents") which was related to ordinary discussions with parents, respondent schools were asked to choose up to five discussion topics from 15 choices. Responses to this question are presented in Table 2. The most often discussed topic was that of children's health maintenance and medical institutions.

Concerning measures to promote mutual understanding and cooperation with parents as shown in Table 1, the second most often chosen answer was,

"confirmation of teaching objectives and content." This demonstrates the motivation of teachers to listen to parental opinion and their requests relating to teaching objectives and content. One of the objectives in promoting parental participation in teaching, fifth in response frequency, was to obtain parental understanding on the content. Another question related to the second and fifth responses was "preparation of the teaching environment." This question asked about issues and measures taken for site preparation re-

Table 1 Measures Taken to Strengthen a Relationship with Parents

Items	(numbers of response)
① Setting up discussion time during regular visits	(252)
② Confirmation of teaching objectives and content	(71)
③ Offering a variety of information	(60)
④ Publication of newsletters	(58)
⑤ Promotion of parental participation in class, events, and schooling	(47)
⑥ Utilization of communication notebooks	(37)
⑦ Two-way communication on other than visiting days	(23)
⑧ Setting up parent-teacher meetings	(22)
⑨ Exchanging health related information of a child	(21)
⑩ Accompanying a child to therapeutic activities and medical checkups	(17)
⑪ Promoting co-visitation of administrative teaching staffs	(15)
⑫ Promoting relationships among parents	(13)
⑬ Adjusting visiting days to accommodate the schedule of parents	(13)

* The question asked, "Please describe how you are making efforts to strengthen the relationship with parents. Please list up to three examples."

Table 2 Topics of Discussion with Parents

Items	(numbers of response)
① Special care for the maintenance of child's health	(320)
② Information of medical institutions	(162)
③ Ways of nurturing at home	(162)
④ Child's growth or development	(137)
⑤ Guidance for post-graduation life	(123)
⑥ Impairments and disabilities of the child	(122)
⑦ teaching content	(122)
⑧ Siblings, other family members, and relatives	(115)
⑨ Utilization of welfare services	(106)
⑩ Schooling	(93)
⑪ Therapeutic activities outside schools	(70)
⑫ Changing from homebound education to in-school education	(59)
⑬ Relationship with communities	(27)
⑭ School trip	(17)
⑮ Other	(10)

* The question asked, "What kind of topics do you discuss with parents? Please circle the five most discussed items." The number in parentheses is the number of the selection.

garding students' homes and their surroundings, and almost all responses concerned issues that teachers needed to discuss and solve in cooperation with parents. The understanding and cooperation of parents and family are indispensable in order to solve problems such as limited space for teaching in a home, the educational environment inside the home (e.g., lighting, fan noise, temperature, etc.), the strong resistance of parents against going out, and the presence of family members other than parents (viz., siblings and grandparents) at the teaching site, such as a living room.

The third most often chosen response in Table 1 was, "offering a variety of information," particularly in the utilization of welfare and medical services. Relating to this, we also asked about, "the content of welfare and medical services students are receiving." In regards to content, the following replies were frequently cited: bathing service, home check-up and advice by doctors and trainers, visiting nursing service, and home helper service.

The fourth most often chosen response was, "publication of newsletters." Teachers believed that this was an effective means to obtain understanding and cooperation from parents and colleagues.

The fifth most often chosen response was, "promotion of parental participation in class, events, and schooling." This is related to the above mentioned, "preparation of teaching environment," but also to, "issues to be examined in the implementation of schooling," and "measures for implementing schooling." Responses to issues and measures in the implementation of schooling included issues for homebound/hospital education teachers to examine, issues for which the understanding and cooperation of teaching staff other than homebound/hospital education teachers needed to be obtained, obtaining parental understanding and cooperation, and issues and measures related to reducing parental burdens.

The seventh most often chosen response was, "two-way communication on other than visiting days," and the eighth was, "setting up parent-teacher meetings," and the ninth and tenth most often chosen responses were, "exchanging health related information on a child," and "accompanying a child to therapeutic activities and medical checkups," respectively. Responses regarding health maintenance were the most often offered reply to, "topics of discussion with parents" (Table 2), but also were the second most frequent reply to another question ("points of care regarding teaching which teachers give priority").

Beyond the tenth most often chosen response, "promoting the co-visitation of administrative teaching

staffs," "promoting relationships among parents," and "adjusting visiting days to accommodate the schedule of parents" followed. We also separately investigated, "promoting relationships among parents" (as "measures to deepen relationships among parents"). Responses to the question included the use of schooling and events, utilizing newsletters, organizing parent-teacher meetings and events, and utilizing opportunities for joint activities held with a group of children and parents living in close distance.

Based on the above analysis, we consider the following particularly important measures in the promotion of mutual understanding and cooperation between homebound/hospital education teachers and parents: (1) confirmation of teaching objectives and content, (2) examination of utilizing welfare and medical services, (3) publication of newsletters, (4) conducting schooling, (5) taking measures for health maintenance, and (6) promoting stronger relationships among parents.

2. 1998 Kanagawa Survey

All nine teachers of homebound/hospital education who received our questionnaire responded by the end of June, 1998. The years of teaching experience among the nine numbered between 18~32 and the number of years teaching children with disabilities ranged between 11~26. The number of years in homebound/hospital education was 13 for one teacher, 3~5 for six teachers, and 2 for one and 3 months for another. Below, response content is organized by question item and a few episodes per item are included.

1) On mutual understanding and cooperation between teachers and parents on teaching objectives and content

Responses to this question can be categorized into the following areas according to their main theme: (1) to accept (not deny) parents' desires and their ways of handling their child, (2) to understand parental worries and requests to teachers, (3) to confirm a child's current status with parents, (4) to explain to parents about teaching plans and policies in an easy to understand manner and ask for their opinions, (5) to check teaching content with parents to take into account how the child responds to stimulus, (6) to ask the views of the physician and the trainer-in-charge of the child, in the company of parents in an attempt to reduce differences in understanding between parents and teachers, (7) not to push too quickly to obtain parental understanding, and (8) to obtain cooperation from fathers in areas in which

they can offer positive assistance.

An episode described in response to this item is presented as an example below.

Episode (1-1) "The case of parents who seem to have been having difficulty in accepting their child's disability. I initially accepted what parents were doing. While doing so, I brought the "Health Records" and "Interaction Scene Video," and watched them together, and at the same time encouraging the parents to accept the way their child was. When the parents seemed to settle down, I communicated what I felt as well as what I intended to do in teaching their child. In the discussion, I intentionally talked about actual examples and used words easy for parents to accept. Even now I try to discuss changes in the child every time I find them and direct parents' attention not only to problems, but also to favourable factors. The parents are now quite cooperative and it is easy to discuss their child's progress with them."

2) On utilizing welfare and medical services

Responses to this question are categorized as follows according to their main theme: (1) depending on the parents, there are cases in which teachers are better-off arranging and accompanying children on hospital visits, as well as acting as a bridge between parents and caseworkers at child guidance centres or welfare offices, (2) teachers should support parents in cooperation with caseworkers and trainers, (3) in order for parents to accept respite care without worry, it is necessary to cooperate with parents as well as to work together with institutional workers, (4) when a child is eligible receive welfare service, it is necessary to advise parents in such a way as to consider their feelings to enhance their acceptance of the service, and (5) teachers should recommend parents to utilize itinerant guidance services at child guidance centres, the visiting nurse programme from a visiting nurse station, guidance services by a public health nurses, etc.

An episode described in response to the above item is presented as an example below.

Episode (2-1) "The child has long been observed as showing no movement of any part of the body. With the appearance of weak blinking, limited communication has become possible. The fatigue of the parents in caring for the child was reaching a limit and I recommended they place their child in a short stay programme at an institution for severely handicapped children. Yet, due to past experience, the institution declined to accept the child. Thus, after studying actual circumstances of the institution, the

parents and I thought about the best way to ask the institution. We asked that a card detailing special requests for caretakers be attached to the child's bed, and the institution accepted this. Consequently, the institution, in response to the parents' request, changed the child's position in a timely manner so as to avoid bedsores, and doctors and nurses informed the family of content communicated via the child's blinking every morning. The family, thus, could rest with peace of mind. The parents later informed me that the child was able to spend time in the institution without worry."

3) On publishing class newsletters

Respondents mentioned "Homebound / Hospital Education Guides" (describing the objectives of the homebound / hospital education and policies of the school and published at the beginning of the school year) and "Homebound / Hospital Education Newsletters" as handouts from the school which parents showed the greatest response to. Articles on children in homebound / hospital education programmes are contained in either: (1) the newsletter of the home-room class to which a child belongs, or (2) the newsletter of the homebound / hospital education class (such as the "Homebound / Hospital Education Newsletter"). "Homebound / Hospital Education Newsletters" contain not only information on individual children, but also event-related articles and other information. Parents tend to read these newsletters and "Monthly Visiting Schedules," and look forward to the next issue.

Episodes described in response to this item are presented as examples below.

Episode (3-1) "The student suffers from cerebral palsy and tetralogy of Fallot (6th grade in elementary school ~2nd grade in junior high school). The student has profound and multiple handicaps and stays in bed all the time. Since 6th grade, the student has not gone out for schooling or for any other reasons, except for hospitalization. Doctors visit his home for checkups. The student, however, belongs to a class of school attending students and the comments on this student are included in the newsletter of his class. The student's mother enjoys encouragement from parents of the class and reading about the other students in the class. She also thoroughly reads the newsletter of the homebound / hospital education class (published once a month), and enjoys reading about news on other homebound children. She maintains such relationships even though her child cannot commute school."

Episode (3-2) "In the last two years or so, at the

end of the school year, I asked parents to reflect on the whole school year (of the homebound / hospital education department), as well as to list their hopes for the next school year. Some parents requested the publication of a newsletter for the homebound / hospital education department (by then, comments on the students in the department were included in their respective homeroom class of attending students, and this still continues). After starting to publish the newsletter for the homebound / hospital education department, we received a variety of opinions such as "the students of the department are trying hard and it makes me try harder, too," "Will you include this story because I want everyone to know about this," "Will you introduce this book?" "Will you increase the amount of information?" etc. The newsletter is circulated in each department and posted on a corridor wall. Parents of attending students can read it in the corridor, too."

4) On schooling

There are two types of schooling. The first involves education without an accompanying parent and the other includes an accompanying parent. In the former, parents can take a break. In the latter, there are various scenarios: (1) parents spend time separately from their children in a waiting room, or attending a PTA meeting while children spend time in transactional studies in their respective homeroom classes, or in group studies in the homebound / hospital education class, (2) both children and parents spend time in homeroom classes, and (3) both children and parents spend time in the homebound / hospital education class.

Episodes described in response to this item are presented as examples below.

Episode (4-1) "The student is severely handicapped. Schooling is conducted in principle without a parent and the teacher in charge of the student picks up and drops off the student using a prefectural transportation payment (to cover taxi costs). It is necessary for the mother who spends all her time in caring for the child to be apart from the child (including taking a break). She is often surprised that her child has a different facial expression on returning home."

Episode (4-2) "I plan schooling content to be enjoyable both for students and parents (bread making, udon-noodle making, pottery making, etc.) within a relaxed time allocation. Although many students plan to participate in a school event according to advance queries, often only one or two students were able to attend and the rest were unable due to physical problems, or family plans. There were times when

no students could attend. When two students were able to participate, communication between the two is heartwarming and mothers seem to enjoy chatting. When only one student could participate, I changed the content so that the student and parent could feel that it was good to visit (mainly involving the student's favourite activity which could be enjoyed only at school). Since school events are often cancelled despite detailed planning, I am disappointed, but try to reschedule since they have strong merits."

5) On health maintenance

Responses to this question are categorized as follows areas according to their main theme: (1) the teacher sometimes makes a judgement on the need for medical checkups based on daily health checkups, and advises the parent, (2) the teacher, based on data in a daily diary and a health chart recorded by parents, cooperates with parents and acts accordingly, (3) the teacher and the parent cooperate in maintaining the child's health (such as taking the child for a walk, or humidifying their room during winter), and (4) when the parents have requested the teacher to provide medical care for their child, the teacher needs to discuss school policies with them on such matters.

Episodes described in response to this item are presented as examples below.

Episode (5-1) "The student's health is stable after a tracheostomy, but cyanosis often occurs during winter. Throughout the year, the student received sunbathing and open air bathing treatments. Since the student's body has become too big to be taken out by the mother alone, the student enjoys being taken out by me. After I placed a thermometer and humidity gauge next to the student during winter to prepare an optimal environment, the mother started such preparations in advance of my visit. Since the parents cannot afford a nebulizer though they are aware of its necessity, we discussed various measures to avoid the student's phlegm from clotting, such as supplying extra water, changing his position frequently, tapping, drying laundry indoors, using a humidifier or boiling water, etc. Even so, sometimes it is difficult to avoid clotting."

Episode (5-2) "The student is a third grade boy in the elementary department suffering from sequelae of encephalitis of the brain stem. It is easy for nasal liquid to enter his throat due to chronic sinusitis, but his mother is sometimes unable to suction it right away as she is also taking care of a two year old son and, thus, she requested me to apply suction to a nasal cavity (by using hand operated suction machine), as an emergency measure. While deepening

my understanding of the boy's breathing problems, I discussed a variety of emergency measures with the boy's doctor as well. While conducting daily health checks with his mother, I check his health signs. As I improved my understanding of the boy's health, I feel we can discuss points of care more easily."

6) On promotion of stronger relationships among parents

From responses to this question, it became evident that teachers are doing the following to promote stronger relationships among parents of children in the homebound education programme: (1) teachers encourage parents to visit their own homes, to exchange information by phone, and to exchange letters via teachers, and (2) teachers plan dinners or parties to promote exchanges with parents in the same homeroom class.

Episodes described in response to this item are presented as examples below.

Episode (6-1) "The students are A who is repeatedly hospitalized due to gastroesophageal reflux, and B mentioned in Episode 2-1. Both parents of the two children learned that they lived nearby from the directory of the homebound/hospital education programme and were eager to know more about each other. I felt that mutual encouragement would help them to develop a relationship and I informed both of the mutual interest upon receiving consent. As a school event, I planned a concert in one of the homes. Although the concert was cancelled due to the health problem of one student, the plan created an opportunity for the two mothers to come to know each other, later leading to A's mother visiting B's home. Both mothers later informed me that they were encouraged and were exchanging information. Though B passed away, the relationship between the mothers still continues."

Episode (6-2) "The student is a first grade in the elementary department and stays in bed due to functional disabilities caused by lissencephalia. The parents were delighted at the enrolment of their only child to the school and held high expectation. However, child was not strong enough to commute to school. Since the student was unable to attend the entrance ceremony, I scheduled schooling at the end of April. The mother took pictures of the student with other students and the pictures were passed on to the parents of other students via the homeroom teacher. One of the mothers who received the pictures asked the teacher for the student's address because she wanted to send a thank you letter. The letter talked about her family (including the older brother

and younger sister of the student) and the mother who received the letter was very pleased and hopes to continue communication letter."

7) Other

Responses to this question are categorized as follows according to their main theme: (1) it is necessary to consider how a school should support the families during long vacations when no regular visits by teachers are made, or how a school should handle cases in which grandparents are guardians (such as how to alleviate their anxieties, how to reduce their stress), (2) it is necessary for teachers to recognize the need to play a thorough role of listener to parents, the need to accept parents' views, and the parental need to take a break and rejuvenate their spirit, and (3) if parents can participate in seminars for teachers (for example, invite a lecturer to the home of a student to offer advice), they can utilize such information as a reference.

Episodes described in response to this item are presented as examples below.

Episode (7-1) "The student had a tracheostomy and requires frequent suction. The mother is, thus, unable to be separated from the student, but during my visit, she went out for 30 minutes, or so. I was touched when she said that the outing was her first in a week.

Episode (7-2) "Parents are experiencing extreme physical and mental hardship far beyond what I have to go through, and I feel my lack of power to help them. It is my sincere wish that I can be of some help, however small, even simply by listening to parents. They tell me a variety of things. I try to differentiate the topics into those which I should simply listen to their hearts, those for which I can provide some kind of information, and those which I can work on with specialists, aiming to improve their child's condition. Sometimes communication takes time, but it is the only way to deal with both children and parents slowly, carefully, and sincerely. We need to gather information from many sources and it is important to expand our relationships with welfare programmes. I also feel that we teachers need to make requests or demands on behalf of parents."

Through the 1998 Kanagawa Survey, many detailed examples and meaningful suggestions involving homebound/hospital education teachers were obtained.

V Discussion

In order to obtain a variety of suggestions and

ideas to promote mutual understanding and cooperation between teachers of homebound / hospital education programme and parents of students in the programme, this study re-analyzed the 1996 National Survey and conducted the 1998 Kanagawa Survey, and analyzed responses to it. Although it is not easy for teachers of homebound / hospital education programme to build a relationship based on trust with parents and promote mutual cooperation, a re-analysis of the 1996 National Survey found that teachers had made a variety of attempts to build relationships with parents (Table 1). Below an analysis based upon six perspectives used for the 1998 Kanagawa Survey is presented.

1. Mutual Understanding and Cooperation regarding Teaching Objectives and Content

The re-analysis of the 1996 National Survey and responses to the 1998 Kanagawa Survey suggest that teachers should not overly hasten to obtain parental understanding on the significance of the homebound / hospital education and teaching objectives and content for individual students. Rather, teachers should first understand the long hardship endured by parents and accept the way they handle their children. It is important to listen to parents and maintain an open attitude to learn the parents' ways of caring for their children.

Kagi (1991), based on her long experience in homebound education, pointed out that women do not necessarily have a mature sense of motherhood by simply becoming mothers (that is, when the first born has a disability and lacks responses to stimuli, it is difficult for a maternal sense to grow), that parents are experiencing chronic grief, and that "lone child rearing" tends to produce overprotection and tapering rearing (that is, the amount of stimulus provided to the child gradually decreases). She emphasizes that mothers need confidence and to give confidence to them, it is important for teachers to accept them as they are. She also says that mothers need friends and that in order to regain their strength and to move from a sense of giving up, mothers need prospects and hope.

The 1996 National Survey found that the most often mentioned measure to obtain mutual understanding and cooperation for teaching objectives and content was having a discussion with parents, however short, during regular visits (Table 1). This is probably due to the fact that it's important for both sides to deepen their understanding and confirm the child's condition in discussions from various perspectives. Also, the 1998 Kanagawa Survey suggested

that teachers should begin with a topic to which parents can respond with confidence; that it is important for teachers to choose a topic which parents prefer, and that in addition to discussions during regular visits, it is necessary to offer opportunities for more formal discussion.

The homebound education does not only serve students. However profound the disability of a child is, or however fragile a child is, homebound education offers parents a person to whom they can entrust their child's welfare without worry and with whom they can share the problems and joys of child rearing. To repeat the points presented by Kagi and the Kanagawa teachers above, it is necessary for teachers to accept parents as they are, to obtain their trust, to offer parents information on how to check child's health and actions for clues to proper child rearing, and to communicate changes in a child, however subtle.

2. Utilizing Welfare and Medical Services

For maintenance and improvement of a child's health, utilization of welfare and medical services is important. As mentioned in the section "Results," the 1996 National Survey found that many children received a variety of welfare and medical services. Yet, it seems that many other children are not receiving such services. Although the number of students is not clear, the number of schools which answered that their students are receiving welfare and medical services in the 1996 National Survey was 212 while 109 schools answered that their students were not receiving such care (Takei et al., 1997).

In relation to the latter answer, the 1998 Kanagawa Survey assumed that some parents lacked information on welfare and medical services while others were unable to visit offices due to a profoundly disabled or fragile child even though they had information. Whatever the reason, it is necessary for teachers of homebound education programmes to offer either information, or assistance so that children can take advantage of such services.

3. Publishing Homebound / Hospital Education Class Newsletters

This study was based on 228 newsletter samples from schools nationwide offering homebound / hospital education programme after conducting the 1996 National Survey. The following was learned from the samples received. We found that class newsletters of homebound / hospital education programmes offered a variety of special themes and included articles on a range of topics. They had an easy-to-read format and

the content of articles communicated vivid images of the child's reactions to ordinary teaching situations, the teachers' sense of caring for the child and parents, and the parents' love for their child. From many newsletters, it became clear that parents and teachers cooperate with each other on many occasions.

The 1996 National Survey found that many schools believe that newsletters play an important role in obtaining understanding and cooperation from parents. From an analysis of the above mentioned newsletters and the responses of the 1998 Kanagawa Survey, the reasons why teachers consider newsletters important are the following. First, newsletters play the role of a window to the outside world and inform parents of the existence of many other similar families and reduce the parents' sense of isolation. They can also serve to provide a sense of expectation for their child's development. Second, newsletters are not a one-way means of teacher communication, and it is significant that they offer a means for communication outlet for those involved in the homebound/hospital education programme.

4. Schooling

Schooling has three implications in relation to parents. First, in order to make it possible for a child to visit a school and make contact with other children as well as to participate in activities their child is unable to do at home, parents try to maintain their child's health and think about the means to travel to school in cooperation with a teacher. Second, the period in which children participate in in-school activities can serve as a break for parents, however short. Third, schooling opportunities for children serve an opportunity to make friends for parents. These aspects of schooling suggest that it is significant not only for children, but also for parents.

5. Taking Health Maintenance Measures

As shown in Table 2, the most frequently discussed topic with parents concerned their child's health and medical institution they attended. Also, as mentioned in the "Introduction," the most important care issue mentioned by teachers of homebound/hospital education was to understand the health condition of the child and the method of health maintenance. These responses indicate that the maintenance and improvement of a child's health is the number one priority for the teacher and parents to tackle in cooperation. Teachers are now being sought to work with children with low weight and eating disorders, children with severe respiratory disorders, children with imperfect

regulation of their body temperature, etc.. Teachers are promoting stronger relationships with nurse-teachers, school doctors, and other medical professionals (Takei et al., 1997).

According to the 1996 National Survey, medical care requirements such as phlegm suction and tube-based nutrient injections were listed as reasons to place a child into the homebound education programme instead of regular schooling. As a result of the progress made in medical technology, advanced home medical care is available today. It is estimated that many parents want their child to commute school regularly if their child's health is stable and the child can handle commuting even though some medical care is required. In such cases, it is increasingly necessary to conduct a practical examination and discussion of what kind of activities are necessary for such children to lead meaningful school lives and what kind of health guidelines should be instituted (Kawasumi, 1998c). Answers to the 1998 Kanagawa Survey revealed that some schools discussed requirements in dealing students who require medical care when their parents requested regular schooling. It is necessary for teachers of homebound/hospital education to lead and deepen such debates.

6. Promoting Stronger Relationship among Parents

As mentioned earlier, Kagi (1991) stressed that mothers need friends. According to results from the 1996 National and the 1998 Kanagawa Surveys, teachers have made efforts to create opportunities in which parents of children in the programme can learn about one another, keeping ties among fathers in mind also. At the same time, teachers have played the role of go-between in developing relationships among specific pairs of parents. Further, in responses of the 1996 National Survey, we found that teachers make an effort to talk with parents about topics other than teaching during regular visits so that the parents can expand their world of hobbies and consequently reduce stress. Such effort on the part of the teachers in creating opportunities for parents to support each other as well as to direct their interest to areas outside of the home activities play an important role in homebound education.

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