

## The Role of Resource Rooms in Educational Counseling of Children with Special Needs

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**Abstract:** This paper aims to examine the roles resource rooms for the speech impaired can play in terms of community-based educational counseling for preschool children. To understand the current situation, surveys were conducted on whether or not resource rooms offer services to preschool children and what expectations parents have of them. We found more than half of the resource rooms surveyed offered services to preschool children. At the same time, based on the findings of a study on parental requests as well as a literature review of recent trends regarding parents of infants and toddlers with special needs, it was found that resource rooms play a primary role, not only in child guidance, but also in serving the needs of their parents.

For resource rooms to effectively conduct educational counseling for young children, the following is recommended: The resource room should inform related institutions of the requirement in local communities for preschool service provision. All related institutions already providing services in the community, such as early intervention systems, the mother-child health care system, and other educational institutions should communicate with each other. The separate roles each institution will play should also be clarified.

**Key Words:** Educational counseling for young children, resource rooms (for the speech impaired), early intervention system, parents, preschool children

### 1. Introduction

It has been long since the call for early disability detection and intervention was voiced in Japan. The initial report published by the Conference of Researchers and Collaborators for the Improvement of Special Education<sup>18)</sup> listed the following as significant reasons for early educational counseling: (1) To support parents in the acceptance of their child's disability, (2) to develop favorable parent-child relationships, (3) to promote development during infancy and early childhood, (4) to improve the conditions regarding a disability, and (5) to help parents understand special education. Ikeda and Kanno<sup>2)</sup> also listed the following four points as significant reasons for early education: "(1) To help parents accept their child's behavior, (2) to help prevent secondary disabilities from arising, (3) to reduce future cost in educating children with disabilities, and (4) to offer parents necessary support through early education."

While systems and technologies to detect disability are advancing, it is also necessary to consider the negative aspects of early detection, setting aside the positive aspects mentioned above. When and who should check for a disability and how should the finding be communicated to parents? Furthermore, how should the detection of disability lead to intervention and education? It is necessary to examine such issues from a variety of perspectives. We have already reported in earlier research that many parents felt hurt by the

comments of staff when they were told of their child's disability.<sup>6) 10)</sup> It is necessary for communities to offer a place parents can visit for consultations without hesitation when they have a worry about their child's development, or notice developmental delays.

Depending upon community circumstances and type of disability, the process and methods for early intervention vary. Some communities possess a central early intervention center which parents concerned about their children can visit for consultation without wondering whether or not it is an appropriate place for inquiring about their concerns. In communities without a center, however, parents have to search around for a place to consult with while internalizing their worries. Recently many communities have established a variety of institutions offering child-care support for parents, such as health centers, child consultation centers, and child-care support centers.

The initial report published by the Conference of Researchers and Collaborators for the Improvement of Special Education<sup>18)</sup> stated, "In order to increase the frequency of educational counseling in a community, it is desirable that a 'resource rooms' (for the speech impaired) established within a local elementary or lower secondary school offers such service." Examples of services offered to preschoolers in resource rooms have been reported on previously,<sup>17) 19) 22)</sup> and in such communities, resource rooms are considered to be part of the early intervention system. We are currently in the

midst of a rising demand for community-based early education (intervention) and each community needs to think how to utilize its own resources and how to integrate these resources.

The following issues need to be clarified before resource rooms can take on the role of a community-based educational counseling center for preschool children. Providing services to preschoolers as a community institution implies being part of an early intervention system which is already functioning in the community. Therefore, initially, the early intervention system already in place in a community needs to be clarified. The next issue concerns, that is, who actually deals with preschool children. It is problematic whether or not a teacher in a resource room will assume responsibility for preschoolers in addition to school children, or whether or not a staff member specifically in charge of preschoolers will be provided. Finally, it is necessary to know what kind of expectations parents of children with special needs have.

To find solutions to the issues listed above, it is important to learn how the resource rooms have been dealing with educational counseling for preschoolers in the community, what kind of problems the staff are having, and what kind of improvements parents of children attending resource rooms wish for desire. In this paper, we will examine the roles resource rooms could play in educational counseling for preschoolers in the community and what kind of care should actually be implemented, taking into account the results of: (1) Study 1 in which staff members of resource rooms were surveyed regarding educational counseling services for preschoolers as well as the merits and demerits of offering such services, and (2) Study 2 in which parents of students attending resource rooms in elementary schools were surveyed.

**2. Study 1: Educational Counseling and Guidance for Preschool Children**

We surveyed resource rooms staff members about whether or not resource rooms in their schools offered educational counseling for preschoolers and what were the characteristics of the services offered.

**1) Subjects**

The subjects were teachers who had participated in seminars for resource room staff members offered at the National Institute of Special Education (71 teachers in July 1998, 108 in August 1998, and 70 in July 1999).

**2) Procedure**

A written questionnaire was used. The questionnaire was distributed to participants of the three seminars listed above after explaining the purpose of the study. The completed survey was collected during the seminar.

**3) Questionnaire Outline**

The questionnaire consisted of 5 topics: (1) implementation of educational counseling and guidance for preschoolers, (2) the age at which preschoolers commenced educational counseling and guidance, (3) the location of the resource room in the community-based early intervention structure, (4) the merits and demerits of educational counseling and guidance for preschoolers, and (5) staff opinion on dealing with preschool children.

**4) Results**

[1] Overview of Answers

The response rates were 62.0% (44 out of 71) for the July 1998 seminar, 52.8% (57 out of 108) for the August 1998 seminar, and 67.1% (47 out of 70) for the July 1999 seminar. The overall response rate was 59.4% (148 out of 249). The regional breakdown is shown in Table 1.

To understand the current situation of community-based educational counseling for preschoolers offered by resource rooms and the issues faced by staff members of resource rooms, we will summarize the results of, "implementation of educational counseling and guidance for preschoolers" and "the merits and demerits of educational counseling and guidance for preschoolers."

[2] Implementation of Educational Counseling and Guidance for Preschool Children

In the questionnaire, we first asked, "Does your resource room currently offer educational counseling or guidance for preschoolers?" To those who answered

**Table 1 . Regional Breakdown of Respondents**

Region Year	Hokkaido/ Tohoku	Kanto	Chubu	Kinki	Chugoku/ Shikoku	Kyusyu/ Okinawa	Total
1998	17	25	20	11	16	12	101
1999	7	9	9	12	4	6	47
Total	24 (16% )	34 (22% )	29 (20% )	23 (16% )	20 (14% )	18 (12% )	148 (100% )

"Yes" to that question, we asked what kind of job classification the staff members offering such services possessed (the possible replies were 'elementary school teacher', 'kindergarten teacher', 'nursery teacher', 'speech therapist', and 'Other'). The results were as follows.

Educational counseling for preschoolers was being offered by 64.9% of the resource rooms (n=96) in comparison 35.1% (n=52) not offering such services. Among those offering counseling, staff backgrounds included 'elementary school teacher' (n=76), 'kindergarten teacher' (n=14), 'nursery teacher' (n=3), 'speech therapist' (n=3), and 'Others' (n=7). Resource rooms offering services can be divided into those where elementary school teachers also deal with preschoolers in comparison to those where additional staffs are allocated to handle preschoolers.

Based on the above results, we can classify resource rooms into three groups based on whether or not counseling services are offered, and whether or not staff members specifically in charge of preschoolers are allocated.

Group A: Educational counseling and guidance provided by staff specifically in charge of preschoolers.

Group B: Educational counseling and guidance provided by elementary school teacher without any additional staff.

Group C: Educational counseling and guidance not provided.

The distribution of replies was 18.9% (n=28) for Group A, 46.0% (n=68) for Group B, and 35.1% (n=52) for Group C (See Fig.1).

Approximately 65% of resource rooms (Groups A and B) offer services for preschoolers, but in many of them, elementary school teachers without any additional staff are dealing with preschoolers in a manner that does not interfere with their main job handling schoolchildren.

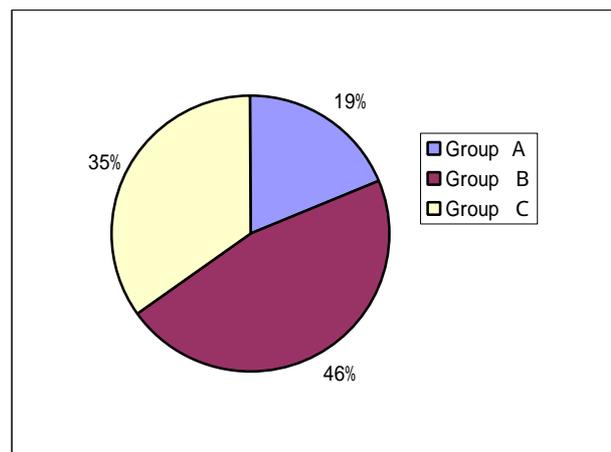
### [3] Characteristics of Educational Counseling and Guidance for Preschool Children

We asked in Question 4, 'Please give your opinions on the merits and demerits of offering educational counseling and guidance for preschool children.' We classified the freely written answers and examined the differences among answers according to whether or not additional staffs were present (Group A vs. Group B).

#### (1) The Merits of Educational Counseling and Guidance for Preschool Children

The answers regarding the merits of educational counseling were classified into four categories: 'early intervention', 'preparation for schooling', 'regarding parents', and 'other.' The following are the major answers in each category.

The answer category 'early intervention' includes answers such as 'early improvement or quick recovery'



**Fig 1:** Implementation of Educational Counseling and Guidance for Preschool Children

and 'effective if started early'.

The answer category 'preparation for schooling' also implies 'the ability to offer consistent guidance'. Actual answers include, 'can continue to receive services after entering a school', 'can continue the same guidance policies', 'can cater to the needs of a child via a classroom teacher since the school had known the child before starting school.' There are also answers such as, 'can obtain information for deciding upon a school for a child', and 'can plan the number of children who will attend resource room for a next year.'

Among the merits for parents mentioned by the staff include, 'can consult how to deal with a child', 'can consult regarding child rearing', 'can receive information on disabilities', and 'can receive detailed guidance in choosing a school.'

The 'other' category answers include, 'can meet various types of children and their parents', 'can learn about developmental psychology', and 'can coordinate efforts with other local institutions.'

Regarding the merits of school counseling, there was no significant difference in replies according to whether or not additional staffs were present (Group A vs. Group B); both groups gave similar replies.

#### (2) The Demerits of Educational Counseling and Guidance for Preschool Children

Answers regarding the demerits of school counseling were classified into three categories in order of frequency mentioned: 'job descriptions and clerical problems', 'guidance content for preschool children', and 'other.'

The category 'job descriptions and clerical problems' includes answers such as 'preschoolers are not officially counted as students who can receive services', 'busy', 'Unable to receive support from school staff (that is, preschool counseling not part of their job description)', and 'budgetary problems.'

The category 'guidance content for preschool children' also includes anxieties and problems such as 'have worries regarding guidance content and the evaluation of preschoolers', and 'am not a preschool children specialist.'

The 'other' category includes 'school placement is difficult if one already knows the parents', 'no need to come to the resource room once preschool training is complete', and 'how to deal with children with a variety of disabilities or marginally handicapped children.'

When the demerits listed are examined according to whether or not dedicated counseling staff are present (Group A vs. Group B), Group A mentioned 'guidance content for preschoolers' often while only one commented 'job descriptions and clerical problems.' In contrast, Group B mentioned 'job descriptions and clerical problems' more frequently while only a few responded with 'guidance content for preschoolers', or 'other'. In response to the question on demerits, 64% of Group A (18 out of 28) wrote nothing while only 32% of Group B (22 out of 68) did so.

### 5) Analysis and Conclusion of Study 1

#### [1] Implementation of Educational Counseling and Guidance for Preschool Children

The implementation of educational counseling and guidance in resource rooms of elementary schools revealed that only few offer educational counseling and guidance with a staff specifically in charge of preschoolers and more than half offer educational counseling and guidance for preschoolers by resource rooms teachers in the elementary school within the limitations allowed by their main role. This indicates that a major portion of the educational counseling and guidance for preschoolers in resource rooms are offered because of direct pleas from parents, without a staff specifically in charge of preschoolers being allocated.

After the questionnaires were collected, we interviewed the respondents of Group A (the group with a staff member specifically in charge of preschoolers) on the realities of resource rooms to learn in detail about educational counseling and guidance for preschoolers in resource rooms. As a result, we were able to categorize resource rooms with a dedicated staff member for preschoolers into four types according to the job classification of the staff and the location of counseling and guidance sites.

#### (1) With a Dedicated Staff Member in the Elementary School Classroom

In this case, the service is not presented officially as 'for preschool children', but services are offered by a teacher dedicated to teaching preschoolers. The staffs are teachers of public nurseries, or municipal employees.

#### (2) With a Dedicated Staff Member at a Preschool Division Established in an Elementary School

In this case, the service is officially located in the preschool division of the resource rooms and usually has a name like "Preschool Division of the 'Resource room' in Elementary School A." The staff are kindergarten teachers, or those with professional qualifications sent by the Board of Education.

#### (3) With a Dedicated Staff Member at a Kindergarten adjacent to an Elementary School

In this case, the class is placed in a kindergarten and the service has a name such as 'Resource Room of Kindergarten A'. In some cases, a kindergarten teacher is sent to an elementary school with a resource rooms where it is named 'Resource Room of Kindergarten A'. In other cases, services are offered at a kindergarten next to the elementary school with a resource room. In both cases, close communication is kept between the two resource rooms and the staffs are kindergarten teachers.

#### (4) With a Dedicated Staff Member in a 'Special Class' conducted by a Municipality

In this case, there are two types. The first type is a 'special class' conducted by a municipality, or a parent association and is established in an elementary school with a resource room. In the second type, an elementary school teacher is sent to the 'special class' of a municipality located outside of the school and he or she provides guidance with the staff for preschoolers. The staffs in both cases are nursery teachers, or municipal employees.

#### [2] Characteristics of Educational Counseling and Guidance for Preschool Children

For the resource room of an elementary school to offer educational counseling and services for preschoolers means that it provides children, parents, and the staff with a variety of benefits such as early intervention, consistent guidance, information on disabilities, and child-care advice.

The staff listed as demerits in such teaching situations, job descriptions and clerical problems and the content of guidance for preschoolers. Regarding the question requesting comments on the demerits of resource rooms, 64% of Group A and 32% of Group B wrote no comments. If we interpret the lack of comments as 'no apparent demerits', regarding educational counseling and guidance for preschoolers 'no apparent demerits' are perceived more by Group B than Group A staff. This implies that Group B staff are conducting educational counseling and guidance, but under more difficult circumstances.

Group B where resource rooms do not have a staff member dedicated to preschoolers have a variety of

problems: The teacher is over-worked and under stress and there are inadequate teaching resources due to the lack of a separate budget for preschoolers. Yet, we see the reality of those resource rooms offering a service in response to requests from children and parents in the community.

### **3. Study 2: Requests Made of Resource Rooms by Parents**

In Study 1, we clarified how resource rooms offer educational counseling and guidance to preschoolers and what kind of problems they face. In Study 2, we will clarify what kind of opinions parents of students attending resource rooms in elementary schools have regarding the class. Based on their opinions, we will guess what parents of preschool children expect from resource rooms.

This paper will report on a part of the survey we directed toward parents of students attending resource rooms ("Survey on education and intervention during the preschool period"<sup>7)</sup>) regarding opinions on their resource rooms and examine their requests made of their resource rooms.

#### **1) Subjects**

Respondents were parents of 'resource room' children (speech impairment and hearing impairment) at seven elementary schools. A regional breakdown is two schools in Tohoku, three in Kanto, one in Chubu, and one in Chugoku.

#### **2) Procedure**

The survey used a written questionnaire. The questionnaire was distributed to parents via 'resource room' staff. Parents mailed their questionnaires to the authors.

#### **3) Period**

The questionnaire was distributed in November 1998 and collected by the end of January 1999.

#### **4) Questionnaire Outline**

All six questions of the questionnaire asked respondents for free-form answers. This paper will examine their answers to Question 6, 'Please write what you are thinking about the resource rooms that your child is currently attending.'

#### **5) Results**

The response rate was 47.0% (n=117). We classified parents' answers according to their contents.

Most replies expressed the parents' state of mind, conveying a sense of gratitude such as 'thanks', 'much appreciated', 'helpful', 'satisfied', and 'reliable.' In contrast, some replies reflected complaints such as 'anxiety' and 'tiresome report writing' (probably referring to writing the daily communication notebook).

Many parents listed reasons why they felt gratitude toward the resource room: They used expressions such as 'looking forward to', 'joyfully', 'free and easy' in describing the behavior of their children.

The parents' detailed comments could be classified into four categories according to their content: 'for parents', 'for children', 'cooperation', and 'information'. The actual answers are detailed below.

##### **(1) For Parents**

First, there are comments mentioning the value of parents getting to know each other: 'It's good to know other mothers with whom one can share problems', 'Discussion with other mothers is quite good', 'Meeting other parents is helpful', 'I enjoy talking with mothers from other schools too', 'We have get-togethers with other parents frequently and we don't have to feel alone with our problems', and 'It's good to exchange information.' In contrast, there were comments longing for exchanges with other parents: 'It's sad that we don't have get-togethers with other mothers and fathers any more', 'It's regrettable that we mothers don't talk much with each other' and 'It's unfortunate that the mothers class was cancelled.'

There were comments indicating that mothers seek advice from resource room teachers regarding issues other than their child's disability: 'Teachers listen to my other problems', 'I consult with teachers about my problems', 'I seek advice for child care problems other than disability-related issues', 'Teachers listen to the mental side of problems also', 'I seek advice for a variety of issues', 'Parents receive mental health care also', 'It is reassuring that I feel I can consult with teachers when a problem arises', 'Since teachers calmly listen and advise me, I feel relieved', and 'Teachers treat my problem as if it were their own.' At the same time, there were comments such as, 'It would be better if teachers had more time to listen to our problems more deeply.' Comments such as these reflect an unfulfilled desire for resource rooms to play a consultation function.

Some comments described the resource room as a place in which they could feel secure, or obtain relief: 'Teachers keep kindly eyes on Child', 'It's a reliable place not only for my child, but also for myself', 'We can be frank there and teachers accept our problems with a warm heart', 'They are a dependable source of support', and 'They are a psychological tranquilizer for my child and myself.'

(2) For Children (Comments by parents)

Many commented on guidance, particularly on what a child is involved in during the resource room period. Most expressed an understanding of the guidance offered at school: 'Teachers introduce what my child needs at the appropriate point in time for his learning', 'Guidance to relax a child's mind through play is helpful', 'My child's pronunciation has improved', 'Teachers develop a curriculum for each child', and 'They teach through what children are interested in.' In contrast, other comments indicated that guidance policies are not well communicated to parents: 'The contents are the same as an ordinary class', 'I felt certain things were questionable', 'It seems that the children are just playing', 'The teaching contents need improvement', 'I want to see the actual training by myself', and 'I feel a little uneasy because the children seem to be just playing.'

Furthermore, there were comments regarding the ways in which staff make contact with children: 'Teachers are patient in listening to what my child is saying', 'I feel encouraged by the teachers' attitude of solving problems one by one together with my child', 'My child can confide anything to the teacher because he can talk to her alone and he trusts her', 'The teacher talks to children from their perspective and deals with them with all her ability', 'In the class, the teacher respects the will of a child', 'The teacher should consider what children want', and 'The teacher needs to capture a child's heart when talking to him.'

(3) Cooperation

Some parents mentioned the utility of having resource rooms as part of the school organization: 'The resource room teacher always lets me know what she asked the ordinary classroom teacher to do for my child', 'The resource rooms teacher plays a strong communication role between the school and me', 'I feel more relaxed with the resource room because it's not a hospital', and 'The classroom teacher, the resource rooms teacher, and myself can openly discuss my child's problems in his ordinary classroom.' In contrast, other parents pointed-out the lack of communication between the classroom teacher and the resource room' teacher: 'I want the resource room teacher and the classroom teacher to communicate more closely', and 'I want the classroom teacher to understand the circumstances of my child.'

(4) Information

Some comments revealed that parents see the resource room as a place for them to obtain knowledge on disabilities: 'Teachers can give me their professional opinions', 'I understood how to accept stuttering', and 'I learn a lot at parent meetings where I can listen to technical talk.' In contrast, some parents expressed their desire for such information: 'I want to listen to what has

been proven academically', and 'I want to know where we can get our child examined.'

**6) Analysis and Conclusion of Study 2**

[1] Roles Parents Expect the Resource Room to Play

The question we asked respondents was, 'Please write what you are thinking regarding the resource room your child attends.' After answers were analyzed, it became clear what kind of roles parents expect their resource rooms to play.

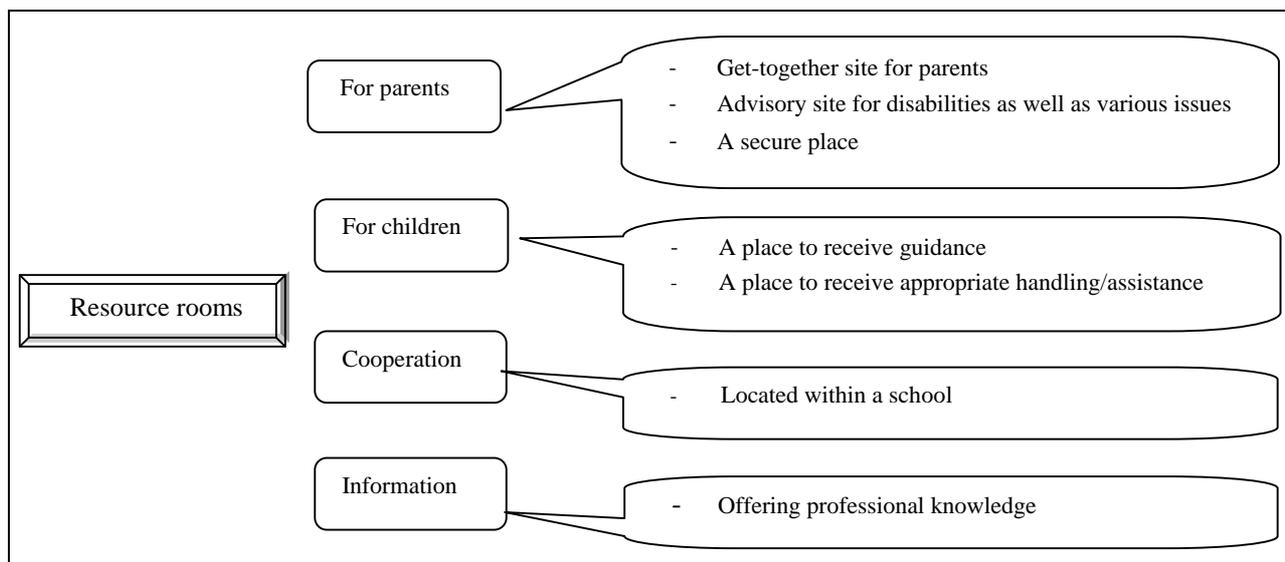
As Figure .2 illustrates, the content of parents' expectations can be classified roughly into 4 areas; 1) for parents ('get-together of parents,' 'an advisory site for disabilities as well as for a variety of issues', and 'a secure place'), 2) for children ('guidance' and 'appropriate assistance'), 3) cooperation ('located within a school'), and 4) information ('offering professional knowledge'). In other words, parents expect the resource room to play these roles.

[2] The Resource Room from the Perspective of Parents with Preschool Children

Respondents of Study 2 are parents of school-age children and similar findings are expected from parents with preschool children as well. When we consider the contents of Figure 2 from the perspective of parents with preschool children, requests for a meeting site for parents, a consultation site for various issues in addition to disabilities, a place of security, a guidance place for children, and a site for appropriate handling are all appropriate. Regarding cooperation, since the children are preschoolers, it is necessary for the resource room staff to maintain close communication with nurseries and kindergartens, medical institutions, early intervention centers, and child consultation centers. As for information, parents with preschoolers need information on, not only disabilities, but also on welfare programs, or general child care, more than parents with school age children. The roles for the resource room which parents with preschoolers seek converge roughly into the same four areas with the roles parents with school-age children seek seen in Figure 2.

**4. Overall Analysis**

Study 1 clarified issues involving resource rooms offering educational counseling to preschoolers, while Study 2 examined what parents expect from resource rooms. Based on results of the two studies, we will consider from the following perspectives what kind of place the resource room should be as a community-based educational counseling site for young children. First, we will examine the issues and roles of resource rooms



**Fig 2:** Expectations of the Resource Room

which accept preschoolers. Second, we will examine how resource rooms should act in consideration of the realities of the local early intervention system and mother-child health care system. Then, we will consider what kind of 'community-based counseling center role', each educational institution should play and how educational counseling for young children in resource rooms should be carried-out.

### 1) Increase of Children Requiring Service

When we consider issues and roles of the resource room when it accepts preschoolers, there are three perspectives; 'parents', 'children', and 'local community.'

Study 2 found that the resource rooms play the role of an exchange site for parents. Many previous studies have pointed-out the importance of get-togethers of parents who have children with disabilities.<sup>16)</sup> By widening the range of children attending the resource rooms, get-togethers for parents will have greater significance. Parents of school age children may remember their past and talk about their experiences while parents of preschool children will use such discourse as a reference point for predicting the future of their own children. The resource room will assume an important place as a location for parents with children of different ages to get together.

Parents also see the resource room as a counseling site, not only for disabilities, but also a wider range of topics - as well as a site of security. In Study 1, the staff listed the benefits for parents in that they could discuss how to handle their children, or they could seek advice about bringing-up in general because the staffs have been involved with the same children since they were preschoolers. Thus, the wider the age range of children attending resource rooms, the more important is the care

for parents. Investigated recent research literature on the care of parents whose children are toddlers<sup>9)</sup> and felt the need to actually duplicate their findings, and to emphasize the importance in providing care for parents.

By lowering the age for children to attend the resource rooms, elementary school teachers teaching in resource rooms without personnel specifically assigned for preschoolers will be most likely overburdened. As Study 1 found, elementary schoolteachers are uneasy about guidance and evaluation of preschoolers since they do not have expertise in teaching young children. Yet, they are still required to offer such services. Even with additional staff assigned to preschoolers, resource rooms are expected to face more difficult requests and a demand regarding the professional qualifications of their staff as resource rooms becomes counseling sites for a variety of disabilities as well as topics not limited to disabilities.

Study 2 also found that parents seek professional knowledge and information from personnel in the resource room. With the inclusion of preschoolers in resource rooms, in addition to school-age children, resource rooms teachers need to expand their information and institutional networking to include child care support. A variety of child care support systems are currently being established as Japanese society undergoes major changes, such as a declining birthrate, the trend toward nuclear families, or the increasing number of working mothers. Teachers need to obtain relevant information and offer it to parents.

### 2) Early Intervention System in a Community and the Resource Room

We use the phrase "community-based", but it is impossible to make general recommendations because

the realities of each community differ. Establishment and practice of an early intervention program in Hokkaido can be used as a point of reference when we think about how to understand a community and how to build a system in that community.<sup>20)</sup>

A unit of an early intervention system is not an administrative, bureaucratic unit, but is a concept constantly changing due to various factors such as availability of social resources, size, distribution and density of the population, accessibility, and the conditions of residential districts. The objectives of community intervention programs are achieved by, "making the best of a layered structure of primary, secondary, and tertiary tiered institutions as well as a flexible approach with respect to related institutions." (Hokkaido Association for the Study of Early Intervention Programs, ed., 1999)<sup>20)</sup> The primary institutions are characterized by their proximity to locations where services are offered, speed in handling requests, and daily routine, which all are common or shared with services to the general public. Secondary institutions are intermediate technical institutions for professional checkups, diagnosis, continued guidance, and drug administration. They play the role of guidance and support for primary institutions. Tertiary institutions are characterized by advanced and integrated check-up, diagnosis, and test facilities as well as information center capability.

Itoh et al.<sup>3)</sup> state that the early intervention system in Hokkaido was developed to fit the realities of the community due to the sheer vastness of the area. They wrote:

For example, in communities where the resource rooms are firmly rooted, they play the role of 'a jack-of-all-trades', handling everything from counseling for a variety of issues to early intervention programs for preschoolers. In another case, an institution, which originally started as a training center for polio victims, changed its functions over time to treat children suffering from Down syndrome, mental retardation, and autism. When building an early intervention system in Hokkaido, actual practice was given priority. This is based on the belief that these practices, however insignificant when seen from an idealistic perspective, were needed as long as they were rooted in the community and it was necessary to consider them as centers when trying to develop an early intervention system.

Based on such beliefs, it can be concluded that resource rooms have been playing the role of a primary institution, that is, an institution firmly rooted in the community. In Study 1, we also found that resource

rooms in Hokkaido belonged to Group A. The report, "Realities and Issues of the Iwamizawa 'Resource Room' for the speech impaired"<sup>13)</sup>, describes the role the resource room plays as a part of the child care support system.

Ohtsu<sup>1)</sup> and Kita-Kyushu Cities<sup>15)</sup> are currently carrying-out early intervention programs. As for resource rooms offering counseling services to preschoolers, programs have been reported in Kobe City<sup>21)</sup>, Shizuoka Prefecture<sup>23)</sup>, and Iwaki City<sup>5)</sup>. These resource rooms are engaged in community-based educational counseling for young children.

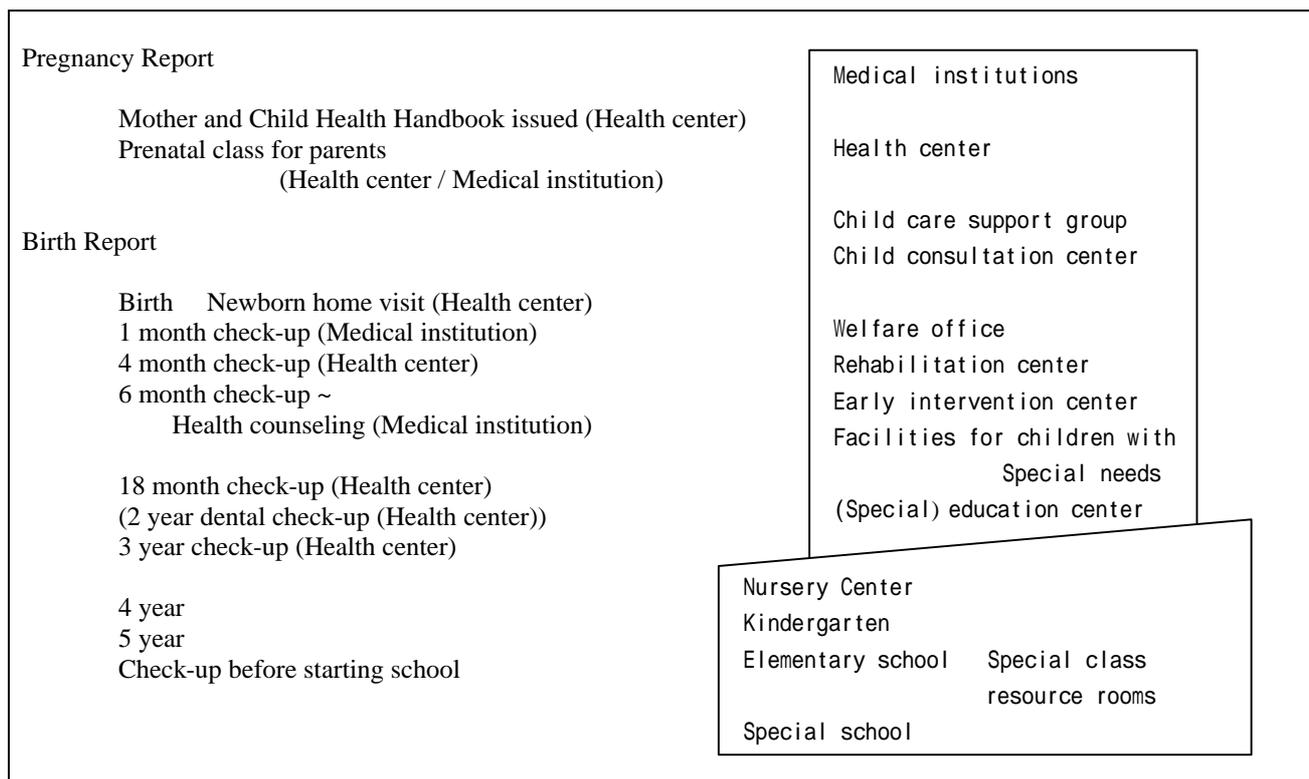
As mentioned previously, educational counseling for young children requires not only taking care of the children but also dealing with their families. It is desirable to establish a system where children with disabilities and their families do not hesitate to ask for counseling and prepare an environment in which they can lead active lives in the community. It is important for the primary institution in particular to offer extensive and flexible services that accept all parents expressing anxiety regarding disabilities or child care, disregarding the boundaries of the current legal framework as well as the vertical administrative system.

### 3) Mother-Child Health Care System

When integrating the resource room into an early intervention system, it is necessary to consider relationships with existing mother-child health care programs. Figure 3 shows the mother-child health care system from pregnancy to the start of school and this system plays the role of a bridge to the early intervention system. Even before the birth of a child, public health nurses at a health center will start forming relationships with parents on occasions such as parental classes. After birth, the relationship with the health center will continue to strengthen through newborn home visits, infant check-ups, 1.5 yearly check-ups, three year check-ups, and in some communities, dental check-ups. At the same time, parents begin a relationship with a medical institution via pregnancy check-ups, delivery, infant health advice, and vaccinations. Then, at appropriate times, parents are introduced to a child-care support center, an early intervention center, or another guidance center for counseling and guidance.

Shimada<sup>12)</sup> in introducing the early intervention system in Zushi City, Kanagawa Prefecture, wrote:

It is necessary to systematically coordinate the responses of related institutions to respond to the variety of needs that children with disabilities and their families have. In Japan, a vertically administrated bureaucracy produces harmful effects



**Fig 3: Child's Age and Related Institutions**

**Note:**

Based upon a nationally established system, Mother and Child Health Handbook is issued to a woman who reports a pregnancy. The book is organized to record not only the pregnancy and delivery, but also child care in a consistent manner. It contains not only entries for medical records of a mother during pregnancy and of the child's vaccination and check-up profile, but also instructional materials on child care. The book is widely used.

- Article 16 of the Maternal and Child Health Law
- Latest revision date in April 2002
- Municipalities became the issuing body from September 2000.

and many communities suffer from a lack of coordination among related institutions. For such institutions to be actively coordinated in their activities, a central person who can act as a key manager should be appointed and a treatment committee consisting of members from related institutions should be established.

When a community has many institutions, it is difficult for individual parents to effectively use a variety of institutions and the existence of a key person playing the role of coordinator is important. In Zushi City, public health nurses work as key persons. Since public nurses start a relationship with parents even before a birth of the child, it would appear to be appropriate for them to play that role.

When the resource room opens its door to preschool children, it will enter the realm of an already established system for the mother-child health care. However insufficient the current status of the early intervention

system is, a resource room starting educational counseling for preschoolers independently may give rise to confusion in some communities. The most important criteria when a resource room offers educational counseling for preschoolers is that the staff fully understand the existing mother-child health care system as well as the welfare system, and that they clarify the role divisions with other institutions and maintain coordinating efforts.

**4) Coordination with Other Educational Institutions**

The Course of Study for kindergarten, elementary, and secondary departments of special schools all state that special schools should "play the role of a special education counseling center in a community."

At the same time, kindergartens are sought to play the role of a preschool education center in the community. The Course of Study for Kindergarten, which was enacted in April 2000, prescribes that, "Kindergartens

should make efforts to play the role of a preschool education center in a community." For example, their management should open its facilities and functions to community residents for child-care support and respond to inquiries on preschool education.

Further, the Course of Guidance for Nurseries which was modified in October 1999 states, "Nurseries should offer counseling and advice on infant and toddler care actively as the child welfare institution most closely rooted in a community with child care experts, to the extent that daily tasks are not effected." It further wrote regarding care of children with disabilities:

Nurseries should coordinate their activities with other educational institutions in the community, which accept children with disabilities and offer educational counseling and advice and seek out opportunities for normal children to have contact with children with disabilities. In addition, nursery teachers should advise other children and their parents to obtain a correct understanding of disabilities. Furthermore, when a child with a disability in a nursery needs to attend an early intervention program, the nursery should make the appropriate arrangements with a center offering such a program.

Educational institutions for toddlers such as kindergarten and nurseries are expected to play a counseling role for toddlers in the community. There has also been a report of a case where an educational center under the control of a local school board is conducting educational counseling for preschoolers.<sup>8)</sup>

As described earlier, educational counseling for preschoolers is being sought and is starting at a variety of institutions. Study 1 also found that more than half of the resource rooms offer educational counseling and guidance for preschoolers and that many of them are doing so without staff specializing in toddlers. Such resource rooms, however, are facing a variety of problems although they started offering these services in response to the needs of children with disabilities and the requests of their parents. Their problems should be and will be solved by establishing a community-based early intervention and education system. It is important to clarify the local need for educational counseling and guidance for preschoolers in resource rooms, to build a system which a community can afford, and to establish human, financial, and physical resources for resource rooms.

Study 1 also found that early educational counseling at resource rooms is possible when a variety of resources are available, as is the case for Group A. As yet, we cannot recommend that resource rooms start early educational counseling out of the context of their community. As we discussed earlier, it is necessary to

understand what kind of functions existing various institutions in a community play in counseling and guidance for preschoolers. Resource rooms should increase their networking with other institutions in the community by making the best of their strengths as a part of a school and steadily increasing the range of children for whom they offer counseling services. Simply, an increase in available institutions and programs will only confuse parents, which will not help them in the final analysis.

## 5. Conclusion

This paper examined the roles of the resource room as a community-based educational counseling site for preschoolers, in consideration of previous research findings on how resource rooms conduct educational counseling and guidance for preschoolers and what kind of expectations parents have of resource rooms.

In our investigation, we found that resource rooms when starting early educational counseling should communicate local needs to related institutions as well as maintain close contact with health, medical, welfare, and educational institutions in their communities. This is because parents will merely be confused if there is no consistency in guidance among related institutions. With a lack of coordination between resource rooms and other existing counseling institutions for preschoolers, it is possible that parents will end-up going from institution to institution. It is not necessarily true that a community with many counseling sites can offer effective services, or appropriate support. Consistent handling of individual children and clear role divisions among the various institutions are issues requiring future investigation.

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