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Abstract

This paper preoccupied itself with the assessment of special education service delivery to persons with disabilities. Individuals with disabilities, who are the subjects of special education, encounter difficulties that prevent or make it strenuous to use a part of their body completely or easily or that they cannot learn easily. Special education service delivery requires the expertise of special educators and para-professionals like the psychologists, social welfare workers, medical personnel and a host of others who are charged with the delivery of quality special education services to meet the needs of all persons with disabilities. Special education services include rehabilitation services, assessment/identification strategies, home/hospital based services, provision of materials/equipment and assistive technology for persons with disabilities etc. Globally, there are two paradigms for service delivery namely special school setting and general or regular school settings. The paper sampled trends of service delivery in India, Brazil, Kenya, Malaysia and of course Nigeria. The paper found that most countries have embraced the regular classroom as modality for service delivery for persons with disabilities.

Index terms— assessment, special education, service delivery, nigeria, global, perspective.

1 I. Introduction

he issues of persons with special disabilities in any community or society call for special attention. Special education, no doubt, provides the best platform to attend to the needs of these persons. The goal of special education is to equalize for its clients available opportunities in the society. It operates on the philosophy of 'catch them young', that is why it starts as soon as a child is detected to have special needs and it pursues this mandate through the early intervention programme (Ozaji, 2005). Many people do not understand persons with disabilities or appreciate them; sometimes they are stereotyped and discriminated against. According to Chukuka (2010), the able-bodied members of the family and community ordinarily consider themselves more privileged and superior to persons with disabilities. The author explains further that exclusion, disregard and hostility become regular reactions toward them. These groups of individuals suffer low or poor self-esteem as a result of the negative attitude of the society towards them and an assumed notion of their inability to meet parental and societal expectations (Eniola, 1997).

Disability refers to the physical or mental condition that means an individual cannot use a part of his body completely or easily or that he cannot learn easily. Examples of such persons are persons with visual impairment, hearing impairment, speech disorder, and the orthopedic among others. A disabled child is said to be one whose impairment or handicap reduces his ability to perform in certain tasks (Andzayi, 2002).

Provision of special education in Nigeria began in the early 1950s. It was spearheaded by missionaries from the Sudan united Mission, Sudan Interior Mission, the Methodist Church, the Roman Catholic Mission, the Christian Missionary Society, the American Southern Baptists Convention (Olaribigbe, 2011). The goal of these missionaries was to extend special education service delivery to persons with disabilities in Nigeria so as to give them access to quality education and services which the general education framework hitherto could not

3 III. GLOBAL TRENDS IN SPECIAL EDUCATION SERVICE DELIVERY

44 afford. Sequel to the initiatives of the missionaries, several vocational rehabilitation centers and special schools
45 for persons with disabilities were established across the country to enhance their educational attainment. The
46 focus of this paper shall be on the assessment of special education service delivery. However, rather in antithesis
47 to global trends, inclusion has not been possible in Nigeria due to incompatible curriculums, architectural barriers
48 and other more universal challenges identified in this paper, across the world with specific references to Nigeria,
49 India, Brazil, Kenya and Malaysia.

2 II. Special Education Service Delivery

51 The National Policy on Education (2009) defines special education as additional services over and above the
52 regular school programme that are provided for disabled, disadvantaged and gifted children. Special education
53 service delivery requires the expertise of special educators and Para-professionals like the psychologists, social
54 welfare workers, medical personnel and a host of others who are charged with the delivery of quality special
55 education services to meet the T needs of all persons with disability. Qualitative service in special education is
56 gateway to global competitiveness. Special education in the context of its service delivery encompasses assessment
57 and diagnostic measures for purposes of identification of disabling and handicapping conditions; remediation and
58 specialized learning interventions; as well as counseling and evaluation activities for ensuring the efficacy of
59 professional efforts (Shea and Baver, 1994). Unegbu (2006) adds further that special education service delivery
60 refers to the provisions and resources that professionals generate to Advance Special Needs Children (SNC)
61 towards actualization in all its ramifications. In the content of special education programme, many services are
62 earmarked to normalize persons with disabilities to fit in both the public and private sectors. The programme
63 makes it possible for them to adjust from the notion of being unable to carry on societal roles to fully responsible
64 citizens. Some vital areas of special education services include; These services are provided as integral aspects
65 of special education programme geared towards securing an independent and self-reliant existence for persons
66 with disabilities. The efficiency and success of special education is deeply rooted in how effectively it can deliver
67 on these services. There is no gainsaying the fact that special education is a unique system of education that is
68 delicate to operate because of its subjects, expensive and complex to run because it is equipment driven and as
69 well requiring a high level of expertise. This has led to a wider debate on the most effective modality between
70 special schools and inclusive school setting better suited to efficient service delivery to persons with special needs.

3 III. Global Trends in Special Education Service Delivery

72 The attitude of the international community towards special education service delivery has been notably positive,
73 commendably focused on elevating the status of SNE to a right for persons with disabilities.

74 On the global stage, certain global templates have been put in place for special needs education service delivery.
75 Foremost amongst these are the 1989 convention on Rights of the Child (CRC); The Salamanca Declaration of
76 1994; the Education For All declaration in Dakar in 2000; and the UN Convention on the Rights of Persons
77 with Disability. The 1989 CRC noted that parties shall respect and ensure the rights set forth in the present
78 convention to each child within their jurisdiction without discrimination of any kind, irrespective of disability or
79 other status. While a general base, it was an important step in re-affirming the right to education of persons
80 with disability. However, rather unfortunately, the Education For All declaration in Jomtien in 1990 failed to
81 mention explicitly the right of persons with disability to education.

82 The Salamanca Statement and Framework for Action has the most definitive statement on education with
83 special needs requires that "ordinary schools should be equipped to accept all children, regardless of their physical,
84 intellectual, emotional, social, linguistic and other conditions." The Declaration further provides that "educational
85 policies at all levels—should stipulate that children with disabilities should attend their neighborhood school,
86 that is, the school that would be attended if the child did not have the disability." The Declaration commits that
87 children with disabilities and special needs must have access to regular schools which should accommodate them
88 within a childcentered pedagogy capable of meeting these needs. These international instruments have shifted
89 emphasis to inductive education as a veritable option for service delivery to persons with special educational needs
90 from the hitherto segregated approach. The UN Convention on the Rights of Persons with Disability, Article 24
91 clearly recognizes the rights of persons with disability to equal educational services as follows; a. Persons with
92 disabilities are not excluded from the general education systems on the basis of disability, and that children with
93 disabilities are not excluded from the free and compulsory primary education or from secondary education on
94 the basis of disability; b. Persons with disabilities can access an inclusive, quality and free primary education
95 and secondary education on equal basis with others in the communities in which they live; c. Reasonable
96 accommodation of the individual's requirements is provided; d. Persons with disabilities receive the support
97 required within the general education system to facilitate their effective education; e. Effective individualized
98 support measures are provided in environments that maximize academic and social development, consistent with
99 the goal of full inclusion.

100 It is interesting to note that countries across the globe have tailored their pursuit of efficient special education
101 service delivery in line with their commitment at the various international fora especially the United Nations. For
102 instance, in India, the education of children with disabilities was initiated in the late 1800s with the establishment
103 of special schools for the deaf in Bombay in 1883, and for the blind in Amritsar in 1887 ??INDIAEXIN Resources,

104 2013). By 1900 numerous special schools for the visually and hearing impaired children were set up across the
105 country. This initiated the tradition of special schools in the country and till the 1970s, this was the dominant
106 mode of service delivery for children with special needs. However, in 1974, the scheme on Integrated Education of
107 Disabled Children (IEDC) broke new ground by stressing the need for educating children with mild to moderate
108 disabilities in regular school settings (INDIANEXIN Resources, 2013). India's National policy on Education
109 (1986) stated that the "objective should be to integrate physically and mentally disabled people with the general
110 community as equal partners, to prepare them for normal growth and to enable them to face life with courage and
111 confidence." In 1990, the Indian government acted on the policy by adopting the plan of Action which ambitiously
112 committed to universal enrolment by 2000 for both children with and without disabilities. It also strengthened
113 the National Policy on Education by demanding that persons with special needs be educated only in regular
114 schools and not in special schools as had been allowed earlier. The placement principle for persons with special
115 needs in effect relegated special schools to the status of bridge schools. Children in these schools were expected
116 to obtain training in non-curriculum areas, to help them prepare for general curricula after which it was expected
117 that they would be transferred to general schools.

118 In Kenya, the mode of special education service delivery seems to be through the traditional segregated
119 school setting. According to the school mapping data set of 2008, there are 3,464 special needs institutions
120 in the country with 2,713 integrated institutions and 751 special schools (Republic of Kenya 2012). Generally,
121 access and participation of pupils with special needs is low and their needs are not being specifically addressed,
122 especially children with behavioral difficulties and those with various forms of learning difficulties and attention
123 deficit, gifted and talented. This has been attributed to the emphasis on academic performance and examinations
124 (which) creates an unfavorable learning environment for children with special needs and even moderate learning
125 difficulties (Republic of Kenya, 2012). In contrast, the trajectory of special education service delivery in Brazil
126 is quite fascinating. The evolution of special education in Brazil has moved from an initial phase, markedly
127 assistance-oriented, aiming only at the well-being of the person with disability to a second phase in which the
128 medical and psychological aspects were given priority. After that, it got to the educational institutions and then to
129 the integration of special education into the mainstream school system. Today finally, the special education clashes
130 with the proposal of total and unconditional inclusion of students with disabilities in the classrooms of mainstream
131 schools. Mantoan (2000) opines that such transformations have altered the meaning of special education and
132 have distorted the meaning of that teaching modality. Brazil's Basic National Educational Guidelines Lei de
133 Diretrizes e Bases da Educacao Nacional-LDB Act Nr. 4. 024161, has granted the "exceptional students"
134 the right to education, stating in the article 88 that in order to integrate those students in the community, they
135 should be placed, as much as possible, in the mainstream educational system. It is understood that in this
136 mainstream system, both would be included-the regular educational services and the special ones-but it can also
137 be understood that when the education of students with disabilities does not fit the mainstream educational
138 system, a special system should be created, becoming a separate sub-system (Mantoan, 2000). The Brazilian
139 Constitution of 1988, in chapter iv, of education, culture and sports, section 205 prescribes. "Education is the
140 right of all and it is the responsibility of the state and family." In section 208, it says. "The responsibility of
141 the state towards education will be put into effect through the guarantee of specialized educational service to the
142 carriers of disability, preferably in the mainstream school system." According to Mantoan (2000), the placement
143 of persons with special needs in schools in Brazil involves three possible directions, to wit: a. The one that implies
144 an opposing meaning between special and mainstream education, where the students with disabilities would have
145 only one option, that is, the special education; b. That one that implies partial insertion, that is, the integration
146 of students in the mainstream classrooms when they are ready to study with their colleagues in the mainstream
147 teaching but always with direct or indirect support from the special teachers; and c. The one that indicates
148 inclusion of students with disabilities in the mainstream classrooms, indistinctly and unconditionally, this
149 implying a transformation of the schools to meet the educational needs of all the students and not only some
150 the educational needs of all the students and not only some of them-the opens with disability or the gifted ones
151 as the case may be are referred to in special education. However, major focus of the intellectual debate is on
152 options b and c i.e school integration and school inclusion.

153 In Malaysia, the mechanism of service delivery for special needs education is slightly different. However,
154 where education is concerned, according to the Development of Education, National Report of Malaysia (2004),
155 only the Ministry of Education is involved in establishing school boards to ensure the provision of educational
156 programmes such as remedial programmes for students who are deemed as at-risk in learning and students with
157 special needs such as hearing or vision loss.

158 In Malaysia an array of services are provided for parents to choose for their children ranging from special
159 schools and programmes run by coalition of societies for persons with disabilities, non-governmental organizations
160 (NGOs) or in inclusive classes in normal schools (Nora Mislán, 2013). Special education service delivery in this
161 country is anchored on individualized education plan. IEP is a programme that allows both teachers and parents
162 to monitor students' progress and development. The Education For All Handicapped Children Act of 1975;
163 the Education of the Handicapped Act Amendments of 1986, and the Individuals with Disabilities Act (IDEA)
164 Amendments of 1997 have executed a law concerning special education that recognizes family involvement and
165 teacher-parents collaboration as an essential component in developing IEP.

166 4 IV. Challenges of Efficient Special Education Service Delivery

167 The performance of special education in the delivery of the highlighted specialized services has been all but
168 impressive in Nigeria and in some other countries. The processes of assessment and identification of disabled
169 children leaves much to be desired, rehabilitation services are poorly run and rarely available and the dearth of
170 special education professionals, equipment and other instructional materials all indicate poor special education
171 service delivery. Poor service delivery is itself an effect and therefore necessitates an enquiry into the possible
172 factors that inhibit special education from performing optimally whether in inclusive or segregated schools. Some
173 of the factors inhibiting efficient special education service delivery include the following;

174 5 a) Special Education Teacher-Pupil Ratio

175 According to Kassim (2009), the special education teacher is a professional whose specialized training and
176 experience often establish him/her as the individual best qualified to address the unique learning needs created by
177 disabilities. He is one trained with diverse techniques to harmonize materials in teaching learners with disabilities
178 to enable them adapt to the special school setting (Omede, 2011). Special education teachers help their student
179 to progress not only academically but also behaviorally by helping them develop emotional awareness, conduct
180 themselves in a manner that is socially acceptable and feel comfortable in social situations (Osagie-Obazee, 2011).

181 Pupil-teacher ratio is the number of pupils enrolled in a school divided by the number of school teachers
182 (regardless of their teaching assignments) (UNESCO Institute for Statistics, 2011). The National Policy on
183 Education (2004) recommends a fair pupilteacher ratio of 10:1 per class. The world average in most cases has
184 been 6:1 or lower depending upon the needs of the children (Wikipedia, 2011). In fact, the pupil-teacher ratio
185 in special schools in Nigeria is in consonance with global trend. However, with the blatant disregard for policies
186 in Nigeria, the practice in most places is to enroll above the normal ratio in a class except where other factors
187 operate to keep disabled persons out of enrollment. This is not unconnected with the shortage of special schools
188 to accommodate the growing educational needs of persons with disabilities in Nigeria.

189 The current shift from segregation policy to that of inclusion and mainstreaming has deepened the problem
190 of pupil-teacher ratio with the massive overpopulation in public regular schools. The dangers of overcrowding
191 in classroom setting are so enormous such that the ultimate goal of teaching and learning could be defeated.
192 Low pupil-teacher ratios allow many children to receive a uniquely and bespoke education (UK Department for
193 Children Schools and Families, 2008). This is exactly what overcrowding in mainstreamed classes deprives
194 disabled persons in Nigeria and other developing countries. The disabled child requires special and extra
195 attention over the normal students. Therefore, their education must take place in a moderately populated
196 class in compliance with the NPE in the respective countries and under a conducive learning condition without
197 prejudice to an inclusion arrangement or mainstreaming.

198 6 b) Funding

199 While evidence on service delivery worldwide makes clear that simply increasing expenditure does not ensure
200 improved service delivery outcomes, expenditure performance in programmes is generally a useful indicator of
201 the relative priority given to different elements of public programmes (World Development Report, 2004). The
202 specialty of special education can be seen in the fact that it utilizes special facilities, materials and equipment
203 in imparting worthwhile knowledge, values, beliefs and skills unto the exceptional children who are the focus
204 of special education (Adwole and Bolaji, 2011). Thani (2006) asserted that adequate funding is crucial to the
205 successful implementation of special needs education. This is because money is required to employ desired
206 manpower, procure and maintain infrastructural facilities, instructional materials and to cope with emergencies
207 arising from expansion or increase in special needs education. Funding is paramount in both the private and
208 public sectors of the economy. Special education service delivery cannot effectively take place where there is no
209 fund for the procurement of the needed facilitates as well as the recruitment of human resources involved. For
210 instance in Nigeria funding is one of the obstacles to special education service delivery whether in special schools
211 or regular schools. This is because the government does not consider this educational subsector a priority. The
212 lack of adequate funding for education Nigeria is succinctly captioned as follows;

213 "When the oil money dried up in the mid 1980s and the introduction of the IMF-like austerity programme
214 appropriately called SAP, funding to education was cut, quality suffered, good teachers fled and entire structure
215 collapsed. The budgetary attitude to education is yet to recover from the reversal of fortunes. Since 2007, Nigeria
216 spent an average of about 0.7% GDP and about 3% of the budget on education-among the lowest five ranked in
217 the world! (El-Rufai, 2011, para 18)." It is noteworthy that special education as it is has no independent lifeline
218 of its own but dependent on the same Ministry of Education for its funding save for limited private interventions
219 and as such its fortunes are not better than that portrayed by El-Rufai. The intellectual observed further, "in
220 those days Nigeria spent 40% of her budget on education compared to today's 2%" (Para. 6).

221 For instance, Ghana spends between 28 -40% of annual budget on education, Kenya foots tuition fees in
222 secondary schools and South Africa spends 5.4% of GDP on education (UNESCO Institute for Statistics, 2011).
223 This shows that Nigeria has a lot to do more than most other African countries in view of the present decay
224 in not just the special education sub-sector but the general education sector and her estimated eight million
225 children out of primary school including persons with disabilities (The British Council/Harvard School of Public

226 Health Next Generation Report as cited in El-Rufai, 2011). Oladejo (2002) stressed that like the entire education
227 sector, special education is being grossly underfund especially by governments. It is pathetic to note that special
228 needs education which is costlier to fund when compared to regular education receives far less and has no specific
229 funding formula and source and often is attended to when there is an overflow of resources from the budgets of
230 regular education (Thani, 2006).

231 **7 c) Failure of Parental Instruction**

232 Generally, there are two kinds of education to wit formal and informal education. The former is usually a
233 consolidation on the latter. In other words, informal education lays the fertile ground for formal education to
234 take place.

235 Informal education is the type of education that takes place out of the formal school setting and the home
236 or community setting. Informal methods of learning vary from imitation to oral instruction, criticism, and
237 observation amongst others. This is where the challenge arises for persons with disabilities. Unlike in the formal
238 school setting where universal techniques of teaching persons with disabilities such as the Braille system for the
239 blind, sign language for the deaf have been contrived to aid learning for disabled persons, there are no established
240 universal methods of passing instructions to persons with disabilities in the informal setting. More often than
241 not, the parents of the disabled child are illiterates unable to contrive any special method of communicating with
242 the disabled child not to think of teaching the disabled child. As a result, most parents prefer to 'let the child
243 be' giving him food and assistance in his personal needs such as bathing or 'helping to express his feelings or
244 explain his emotions to others.' The result is that the child becomes redundant and totally dependent on parents
245 on family members for his daily existence.

246 Again, even where the family is able to device a means of communicating with the child, other members of the
247 society may not find it suitable. In this scenario, the child's situation may advance to uneducable disability if
248 special education intervention services do not reach him on time. In practice, these intervention services do not
249 come early enough especially in the rural areas. Where such disabled persons are finally enrolled in school, their
250 education becomes extremely difficult if not impossible. The end being that special education service delivery
251 would not take place optimally.

252 **8 d) Individualized Education Programme (IEP)**

253 According to Kirk and Gallagher (1986), the individualized education programme defines the instructional plan,
254 the nature of the child's problem; the programme's long-term objectives; short-term, goals; the special education
255 services and the criteria for gauging the effectiveness of those services. The authors identified three ways to
256 adapt instruction to the interindividual and intra-individual differences found in exceptional children; changing
257 the actual content of lessons, the specific knowledge being taught, or varying the environment to create an
258 appropriate setting in which to learn.

259 In Nigeria, the mechanisms for the management of IEPs are not satisfactory. The trend of overcrowding in
260 mainstreamed classes and the gross inadequacy of specially trained teachers make IEP for each pupil a forlorn
261 hope. Where school administrators and special educators fail to pay attention to detail in the modification of
262 curriculum either due to the pressure of overpopulation or the lack of expertise, efficient service delivery in special
263 education will be impugned. e) Special Facilities, Equipment and Assistive Technology These are the fulcrum for
264 special education service delivery. Special education is equipment-driven and the use of assistive technology is the
265 conduit-belt for the effective delivery for persons with disabilities whose disabling conditions require modifications
266 such as Braille embossers, talking books, mobility devices etc. to lead a normal life.

267 The dearth of instructional facilities constitutes a big clog in the wheel of special education service delivery in
268 Nigeria. Just as the technician cannot work without his tools so special educators and learners cannot function
269 properly without the requisite facilities, equipment and/or assistive technology.

270 The reasons for this challenge would include the fact that technological devices are not locally made meaning
271 they are not readily available and where they are eventually imported, they become too expensive for individuals
272 and the underfunded schools to afford. This does not augur well for efficient service delivery for persons with
273 disabilities.

274 **9 f) Rehabilitation Service**

275 The word rehabilitation is derived from the Latin word *habitas* which mean to make able. The concept has been
276 viewed variously by scholars with common agreement on remedial actions. Wale (2005) defined rehabilitation
277 as the combined and co-ordinate use of medical, social educational and vocational measures used for training
278 individual disabled by disease or injury to the highest possible level of functional ability.

279 Rehabilitation services are not commonplace in Nigeria due to the lack of expert hands as well as limited
280 resources to start rehabilitation centres. Access to free medical rehabilitation and other Medicare services and
281 therapy is minimal. For instance, free eye care services and speech therapies are inaccessible in the entire Kogi
282 State of Nigeria except for the periodic intervention of missionaries such as the ECWA mission. This is against
283 the backdrop of the much mouthed free Medicare or the handicapped policy of various administrations.

10 g) Inclusive Approach to Service Delivery

The tensions between the role of special and general schools for person with special needs continues today, even after the seemingly widespread recognition that inclusion is seen as a more effective educational and social strategy in most cases. Inclusive education is still a challenge for many counties due to hurdles in legislation, capacity and societal attitudes—for instance, lack of community support, shortage of properly trained teachers, as well as school facilities and curricula that are not adapted to the needs of children with disabilities. These are particularly true of Nigeria. In Kenya, the Ministry of Education and Ministry of Higher Education, Science Technology in a Sessional Paper of 2012 observed that “the emphasis on academic performance and examinations creates an unfavorable learning environment for children with special needs—this poses a challenge to the integration and inclusion of persons with such disabilities in regular schools.” The paper also noted that the absence of reliable data on children with special needs across all levels of education and inadequate funding constrains effective special education service delivery and planning using an inclusive approach. Mantoan (2000) pointed out a unique perspective to the challenge of inclusion in Brazil in the following words;

“The issue raises innumerable and uncountable controversies; it challenges teachers and health care professionals who deliver services to persons with disabilities—the paramedics and others who clinically treat children and young persons who have school and social adaptation problems. It also challenges the parents associations which adopt traditional paradigms of service delivery to their clientele. The issue also affects special education teachers greatly; they fear losing the space they have conjured in schools and in the school system in general. The teachers from the mainstream schools feel incompetent to cater for the differences in their classrooms, especially with regard to the students with disabilities, once their specialized colleagues have always been distinguished as being the only ones to deliver that service and have done so exaggeratedly under everyone’s eyes. There is also a contrary movement of parents of students without disabilities, who do not admit inclusion because they think the schools will become worse and or will lower even more the quality of their teaching if they have to take in these new students”.

Admittedly, some of these issues are merely teething problems of inclusive education of a nonpermanent nature, if overlooked are capable of undermining service delivery to persons with special educational needs.

11 h) Attitudes to Persons with Disabilities

Despite the move to more inclusive educational policies, clearly the educational outcomes of children with disabilities are substantially lagging those of the general population. One of the several plausible explanations for these is the attitudes toward persons with disability. The INDIAEXIN Resources (2013) notes correctly that even poorly resourced systems can be inclusive if the attitudes of parents, communities and teachers are sufficiently supportive. The attitudinal challenge is more pronounced in the inclusive paradigm to service delivery. Children are not disabled because of how they are born—they are disabled due to barriers in people’s attitudes and the environment that hinder their full and effective participation in society on an equal basis with persons without disabilities (Oamar, 2008). Parasuraman (2002) studied the attitudes of general education teachers towards children with special needs and inclusion in Mumbai, India and found that the more educated the teacher the more positive attitude and while 85 percent of classmates were supportive only 80 percent of teachers reported as being very or somewhat supportive. In Nigeria, the societal attitude is largely negative due to the high level of illiteracy while the educated ones remain skeptical of the success of inclusive education due to architectural barriers and unsuitable curriculum.

12 V. Conclusion

Educating children with disabilities remains a challenge to most countries, and education targets are not being attained. Many children with special needs do not have access to any kind of school, much less regular education that develops their talents and capabilities in the fullest potential. Protecting the rights of children with special needs requires us to see the whole child not just the disability. It requires us to respect their capabilities, protect their dignity and worth, and include them as part of society. But beyond that, it requires us to shed light on the truly shadowy areas where children with special needs are most vulnerable—in education, protection from harm and exploitation.

This paper has been able to critically assess the performance of special education in service delivery to persons with disabilities. Optimal performance in service delivery in special education will take into cognizance the range of services offered, the efficiency in the delivery of these services, and the geographical spread or access of disabled persons to such services. It is the view of this paper that the challenges inhibiting the efficient delivery of special education services to persons with disabilities must be promptly addressed so as to enhance the optimum performance of special education in line with global expectations.



Figure 1:

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