



## Accessibility of assessment centres for children with special educational needs in Ghana

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### Abstract

The study explored the accessibility of assessment centres in Ghana. Data was collected using a questionnaire. A sample of 120 workers and the clients of the assessment centres (respondents) were used for the study. A convenient sampling technique was used to select the participants and simple random sampling was used to select five Assessment Centres in Ghana. The independent sample t-test; mean and standard deviations were used to analyse data. The results showed that differences do not exist between males and females' views on how accessible assessment centres were in Ghana. Some areas of assessment centres were not accessible. For instance, there were no braille letters to washrooms doors, no alternative system to communicate information to children with Special Educational Needs; parking spaces were not accessible when using wheelchairs and route to building entrances were not slip-resistant. However, the entrances were well-lit day and night, the main entrances were accessible, in areas where the main entrance is not accessible by one step, and there is a ramp to facilitate access. It was recommended that the Special Education Division of Ghana Education Service constructs the route to all assessment centres that have entrances not accessible in such a way that it is stable, firm and slip-resistant. The Ghana Education Service should help provide an alternative system to help communicate information on sign to clients with sensory impairment. Based on the results, it can be concluded that the assessment centres are generally not accessible.

**Keywords:** assessment Centre, audio-visual, physical facilities, social workers

### Introduction

An assessment centre consists of a standardised evaluation of behaviour based on multiple inputs. Any single assessment centre consists of multiple components, which include behavioural simulation exercises, within which multiple trained assessors observe and record behaviours, classify them according to the behavioural constructs of interest, and (either individually or collectively) rate (either individual or pooled) behaviours (International Taskforce on Assessment Center Guidelines, 2015). Using either a consensus meeting among assessors or statistical aggregation, assessment scores are results that represent an assessee's standing on the behavioural constructs and or an aggregated overall assessment rating (ITACG, 2015).

An Educational Assessment Centre is a facility set up at an existing special school, unit for the individual with special educational needs -in an ordinary school, health centre or hospital to which parents can bring children with disabilities. By implication, the Assessment Centre may be staffed by teachers, nurses, physiotherapists, occupational therapists, social workers and psychologists who have their main function to assess the learner in and out of an educational institution.

These again suggest that Assessment Centres can be used for multiple purposes. Most commonly, these purposes may include prediction, that is, for personnel selection for placement or promotion, diagnosis, that is, to identify strengths and areas for training and development, and development that is as a training intervention in and of itself or as part of a larger initiative (ITACG, 2015).

Assessment Centres must be developed, implemented, and validated/evaluated in ways specific to the intended purpose of the programme and according to the talent management

goals of the hosting school or organisation. Primarily, the Assessment Centres in Ghana are mandated to augment the efforts of the Ministry of Education by assessing and providing special needs education for all Ghanaian children (Avoke, 2009; Ametewu, 2010) <sup>[3]</sup>. Also, the function of the centre is to assess children who failed to cope with school work as well as younger children referred to the centre by hospitals, teachers and parents. Guidance and Counselling are being offered to parents and classroom teachers to enable them to understand the children and help them in the learning process (Ametewu, 2010) <sup>[3]</sup>.

Importantly, the Ministry of Education needs to ensure that, the Assessment Centre venue is accessible to learners with disabilities and assessors. There should be sufficient space to accommodate everyone comfortably, and the layout of the premises should allow privacy while applicants complete their exercises and assessment processes (HR 4 Free, 2017) <sup>[4]</sup>. It is the responsibility of the Ministry of Education to make sure there are enough spaces for assessors to meet learners with disabilities for briefings from the lead assessor and store exercise materials and personal belongings that will serve as a record for the clients of the centre. This will promote an effective assessment process and ensure continuity of services provided for learners with disability. When this happens, parents and teachers are sure of up-to-date records of a learner for effective monitoring and evaluation of learners.

Also, the Ministry of Education is not only supposed to make sure several smaller to medium and large size private rooms for carrying out individual and group assessments interviews or individual simulation activities, but also a room for applicants to congregate in if they are not involved in any assessment activities at a given point in time (HR 4

Free, 2017) <sup>[4]</sup>. Assessment Centres should have access to a data projector or other required audio-visual and technology equipment and toilets and other amenities such as drinking water and tea/coffee facilities. This is to help the client of the centre very comfortable and psychologically and physiologically stable.

The Assessment Centre established by the Ministry of Education is set out to facilitate prompt identification and detection of early childhood disabilities and special educational needs (Avoke, 2009). This will help foster a stimulating environment where families, healthcare and education professionals are better prepared to support the development, inclusion and active participation of children with disabilities. The centres are to provide a comprehensive and diagnostic assessment of all children suspected with disabilities and special educational needs. This is in line with Gyimah, Ntim and Deku (2018) <sup>[7]</sup> who mentioned that one of the major principles of assessment is that assessment must be comprehensive and multi-disciplinary. This process gives a holistic assessment of the learner.

Arguably, when an assessment is carried out comprehensively at the centres it is a means not only for providing an opportunity for appropriate educational placement but also making referrals for appropriate medical interventions after the screening which is the first stage of the assessment process. At this stage, there is an assessment of a large number of children for identification of those who need a more thorough evaluation to determine whether or not they have a problem, where the child is legible for Special Education Services (Gyimah, Ntim & Deku, 2018) <sup>[7]</sup>. This early referral will call for early intervention by the professional that will help prevent the situation of the child become worsening and also provide the vital support needed to learn critical developmental skills. By so doing, the assessment centres create and promote the active participation of parents and guardians of children with disabilities and special educational needs and also, create and sustain public awareness on Early Childhood Disabilities and Special Educational Needs Issues and Services (Ametewu, 2010) <sup>[3]</sup>.

The evaluation panel should represent all relevant sides of the professionals in the assessment and the people it supports. To ensure an accurate assessment of applicant performance, there would ideally be equal (or more) assessors to the number of students with disabilities (applicants) being assessed. This ensures that assessors do not have to divide their attention between multiple applicants at any one point in time. However, in some exercises such as group simulation activities, an experienced assessor may be able to effectively assess two applicants simultaneously (HR 4 Free, 2017) <sup>[4]</sup>. People with different backgrounds provide different contributions to the assessment process.

The Director of an assessment centre with a good understanding and experience of the assessment centre process should direct the session. The key purpose of the Director's role is to ensure that the assessors give their evidence and judgements on each applicant fairly and objectively. This agrees with the principle of assessment which says that assessment should be done in a non-discriminatory manner. When done in a non-discrimination manner, the result can be used to develop the potential of the learners, build the child's confidence and self – esteem (Gyimah, Ntim & Deku, 2018) <sup>[7]</sup>. It is the director's role to

ensure that activities are conducted in a standardised manner and that evaluations are made using the standardised assessment criteria that will make the assessment meet the principle of technical adequacy where issues of validity and reliability of the results are the hallmark of the process. For instance, medical professionals like clinical or school psychologists should assess children with autistic spectrum disorder while children suspected to have developmental delay, the professional at the Assessment Centres should look at the areas that require vision and hearing screening and standardised tests in one or more of adaptive, cognitive, communication, social and emotional or physical development at the Assessment Centres of which result are valid (HR 4 Free, 2017) <sup>[4]</sup>. These processes given by the Assessment Centres will call for early intervention planning for the child with disabilities. Again, children suspected to be mentally challenged need to be assessed by the centre looking at the Intelligent Quotient, adaptive behaviour scale scores, and vision and hearing screening required. When a specific learning disability is suspected at the centre, the School Psychologist, Speech-language Pathologist or remedial reading teacher is called upon to address the challenge, but when Speech or language impairment then Speech-language pathologist involvement is not a requirement (HR 4 Free, 2017) <sup>[4]</sup>. For voice disorders, a medical evaluation is required. When this is done, it gives the opportunity for planning for Individual Educational Plan and materials needed for the effective education of the learner. At this point in the assessment process, case evaluation is to be done. This will call for all professionals in the field of medicine, education, psychology and social services that used various tests and procedures to comprehensively diagnose a child's special educational needs. This will also make the evaluation a multidisciplinary and interdisciplinary (Gyimah, Ntim & Deku, 2018) <sup>[7]</sup>.

Children's early years are an important period for their development. If they have Special Educational Needs (SEN), they must be identified as early as possible (Ametewu, 2010) <sup>[3]</sup>. The decision of whether to make a formal assessment of a child's needs is made by the local education authority. However, according to Ametewu (2010) <sup>[3]</sup>, if a parent requests for special education evaluation for his child, the Assessment Centre must provide testing and meet with the parent for a formal evaluation. This can take both formal and informal test to determine the special needs of a child. If the parent, however, does not agree with the evaluation, he/she has the right to an Independent Educational Evaluation ("IEE") done by someone who does not work for the centre.

The evaluation, according to Ametewu (2010) <sup>[3]</sup>, must include a description of the child's current functioning level, based on testing, grades, reports or teacher's observations. Also, is information on how the child's disability affects his or her academic progress? The assessment must be carried out according to set procedures laid down by law. It is against the law for the assessment to discriminate against any child because of race, sex, religion or disability. If a parent wants to ask for an assessment, they should provide the education authority with as much information as they can about why he thinks it is necessary (ITACG, 2015).

### **Issues of Accessibility of Assessment and Resource Centres**

There is high controversy over whether Assessment Centres

in Ghana are accessible and playing their expected roles (Ametewu, 2010) <sup>[3]</sup> and if they are, to what extent are they accessible and playing their roles. A tour by the researcher to the Cape Coast Assessment Centre in the Cape Coast School for The Deaf and Blind had indicated that students and parents of children with SEN have been complaining about the services of the Assessment Centre, alleging that it had not been doing much to help their wards, both academically and socially. Being what it may, Assessment Centres must be accessible.

Article 29 of Ghana's Constitution and the Disability Act (2006) specifically mandates state agencies (Ministry of Education and Ministry of Health) to ensure that people with disabilities enjoy equal level of access to health and educational services and Assessment Centres equally as the general population without discrimination based on their disabilities (Abodey, 2018). The mandates of these state agencies further confirm the 1946 World Health Organisation (WHO) constitution and the Alma Ata declaration of primary health care in 1970, which emphasized the need for equity, social justice, and health for all; community participation; health promotion and appropriate use of resources (WHO, 1946; Lawn *et al.*, 2008; Abodey, 2018). These international regulations specifically promote access to health services for citizens including people with disabilities. The WHO constitution, for instance, encourages state agencies to treat access to health services and assessment centres as a human right issue, of which persons with disabilities are not exempted. The 1992 Constitution of Ghana in its Article 29 clause 6 states that "as far as practicable, every place to which the public has access shall have appropriate facilities for disabled persons". Despite these efforts, including Assessment and Resource Centres, globally, access to healthcare among persons with disabilities seems to differ across countries and communities (Rimmer, Riley, Wang, Rauworth & Jurkowski, 2004; Abodey, 2018). Persons with disabilities lag behind other citizens in accessing health care (Rimmer *et al.*, 2014; Abodey, 2018). The Disability Act 715 states that the owner or occupier of a place to which the public has access shall provide appropriate facilities that make the place accessible to and available for use by a person with a disability. Clause 7 states that a person who provides service to the public shall put in place the necessary facilities that make the service available and accessible to a person with a disability. These provisions in the laws of Ghana apply to all facilities including assessment and resource centres.

Ontario BIA Association (2016), recommend that the assessment and exterior part of the resource centre building should have accessible parking spaces near the location which have marked international symbol of accessibility with good enough space to accommodate vehicles equipped with a mechanical lift or a wheelchair ramp to make it disability-friendly. It is also important to have a route to the building entrance, and it is stable, firm and slip-resistant (Ontario BIA Association, 2016). This is important to enhance stability in movement and balance for individuals with a disability. This route should be wide enough to provide space for vehicles and person using wheelchairs and clutches to have easy access without any form of discriminations. The association maintains that assessment and resource centre entrance should easily be seen well-lit at night, should be made accessible and well-fitted door made

with automatic door opener as well as a wireless doorbell to help persons with disabilities to call for assistance if need be (Ontario BIA Association, 2016). Assessment Centres must have entrance stairs with tactile warning strips. This should be provided at the top and bottom of stairs and at the intermediate landing in a colour that contrasts with the surrounding surface.

Looking at the interior portion of Assessment Centres, the reception desk should be at a clear view from the entrance doors. This will help persons with visual impairment to track, especially when there is colour contrast with surrounding wall surfaces and floors. In the building, there should be a T-shaped space for turning a wheelchair completely for easy mobility for persons with physical mobility (Ontario BIA Association, 2016). There should be a seating place available for those waiting, like persons with cerebral palsy in the line waiting for their turn.

### **Performing Assessment for Children with SEN**

All children and young people are different and have different needs (Bamburg, 1994; Ametewu, 2010) <sup>[3]</sup>. Similarly, a family's ability to respond to and *meet all* their needs may also differ. Bamburg (1994) intimated that in some circumstances, a professional assessment may be required to identify strengths and needs to ensure that all children, young people and their families receive appropriate support. According to Barnados (2006), an assessment must be part of a cycle. The assessment must inform planning, the plan must then be implemented, the implementation must then be reviewed, which may lead to further assessment. Assessment on its own for its own sake will not achieve effective change and support for children, young people and their families.

In the process of assessment, the assessment centres could use techniques to screen by formal test and informal test. For example, a norm-referenced test where standardised procedures are used to assess the learners. For example, the Wechsler Intelligence Scale for children revised. Informal test such as interviews, checklist, behaviour rating scales, work sample analysis and task analysis (Gyimah, Ntim & Deku, 2018) <sup>[7]</sup>. When this is done, referrals can be made to the Assessment Centres, for example, National Assessment and Resource Centres in Accra, Okomfo Anokye Teaching Hospital in Kumasi, Hohoe Assessment Centre, and others.

The evaluation team, where possible, will select learning tasks and materials, make decisions on appropriate instructional and motivational strategies, present instruction, and test for learning outcomes. This is also supported by the health personnel by providing and keeping health records as a team member on the child.

In the assessment process at this stage, a team conference is called to determine the nature of the disability, the degree of disability, the most appropriate educational environment suitable for meeting educational needs, the need for special education and related services and the design of an individualised educational plan to meet the needs. It must be noted that the composition of the team members may defer depending on the type of disabilities suspected (Gyimah, Ntim & Deku, 2018) <sup>[7]</sup>. This is closely followed by the development of an individualised education plan where the strength and the weaknesses of the child in such areas as academic, social adaptation, psychomotor skills, self-help are identified in the plan, the long term goals and short term goals are identified and where services will be provided,

identification of the professional responsible for providing the support services, when to start and when to evaluate the program identified. This will lead to the determination of the placement of the child followed by monitoring and evaluation of the plan (Gyimah, Ntim & Deku, 2018)<sup>[7]</sup>.

Looking at the challenges facing the centres, Ametewu (2010)<sup>[3]</sup>, found out that the negative attitude of the public towards individuals with a disability is a factor affecting the effectiveness of the Assessment Centres. Indeed, this was revealed when 81 respondents almost 100 percent (97%) of the respondents attested to the fact that the public has not been very supportive in the education of children with Special Educational Needs by giving derogatory remarks to the process of assessment.

In commenting further, he also indicated that poor remuneration was a challenge to the professionals working at the centre. They also indicated that staffing across the various professions among the assessment team was a challenge confronting the centres (Ametewu, 2010)<sup>[3]</sup>. ITACG (2015), found that the lack of qualified professional to mount the centres was a challenge. This is to suggest that since assessment centres deal with data, the data which is collected by the assessment centre helps them to recruit the right candidates for the right position (ITACG, 2015). By this process, the reliability and validity of the selection decision are improved. This will help solve the problem confronting the centre as poor planning was mentioned as one of the challenges leading to the employment of unqualified assessors.

HR 4 Free (2017)<sup>[4]</sup> observed that many persons with developmental disorder find it difficult climbing onto medical examination tables because they are too high. Those with hearing and speech impairments may not receive good medical attention due to difficulty communicating with their medical and health professionals. Some health professionals have no training to handle persons with developmental disabilities. The assessment centres which are designed well provide evidence of the most valid method of predicting a candidate's performance in a job. How the assessment centre collects data is the fairest and objective to make recruitment decision (ITACG, 2015).

HR 4 Free, (2017)<sup>[4]</sup> observe that capacity building which was crucial to the development of every assessment centre does not take place at the centres. This made the assessor constructs poor exercises which were affecting the reliability and validity of the exercises they were testing the learners with. This could probably account for the reason why respondents indicated there was no effective collaboration between the Central Government and Assessment centres.

Other challenges mentioned were lack of collaboration between the centre and various schools and the parents of children with disabilities. Assessment centres are expensive to run but appear to be rated highly by employers and candidates alike. Aside from psychometrics test and interviews, candidates can expect to undertake in-tray exercises, role-plays and group activities, as well as being required to make presentations (HR 4 Free, 2017)<sup>[4]</sup>. Care should be taken when using high-validity selection methods to ensure that they operate fairly and are free of bias against any particular group of candidates.

### Statement of the Problem

To maximize resources, every inclusive school should be

connected to an Assessment Centre with well-trained personnel and equipment to foster periodic screening, assessment and diagnosis (MoF, 2015). This additional role will enhance early identification and stimulation, staff retention and efficiency as well as make Assessment Centres more accessible to the citizenry (MoE, 2015).

Since the mission statement of the Assessment Centres is to enhance the educational opportunities of children with disabilities and special educational needs. This is to be done through the creation of awareness and importance of early identification and detection, leading to the promotion of appropriate medical interventions and educational and vocational placements (Ametewu, 2010)<sup>[3]</sup>.

The Ministry of Education is to liaise with the Ministry of Health (MoH) and Ghana Health Service to take the lead role and in collaboration with the Assessment Centres of the GES be responsible for students' early assessment processes. This will include screening, treatment, and referrals. Provide facilities for early detection and assessment and management of children with disabilities from age 0 to 6 years with the help of educational as well as medical professionals (MoE, 2015).

Despite the important roles that assessment centres are expected to play in the education of children with SEN, there is controversy over whether assessment centres in Ghana are accessible (Ametewu, 2010)<sup>[3]</sup>. He compared the views of participants and found that there was no clear view on the part of respondents as to how accessible the assessment centres are. The question is, to what extent are they accessible in terms of physical facilities? Secondly, examining the roles assessment centres play in the country, Ametewu (2010), raised an issue of male dominated viewpoints on the findings of the study. He was uncertain whether the findings would have changed on the condition that equal participant on the part of gender would have influenced the findings. The researcher found it prudent to make knowledge clear on these issues relating to assessment centres.

### Research Questions

1. To what extent are the physical and material resources of assessment centres accessible in Ghana?
2. What is the mean difference between the male and female perception of the role of assessment centres in the education of children with SEN?

### Significance of the Study

Studies on access and role of assessment and resource centres in the children's education from African perspectives are limited in the existing literature. None of the studies reviewed elicited information from Africans, specifically Ghanaians, about the expectations of teachers, parents, and educational authorities have for their children and whether assessment and resource centres are performing their roles and whether they are accessible. This study will help add to the limited literature on African perspectives about the issues on assessment and resource centres in Ghanaian institutions to help reduce structural, personnel issues and skills needed to assess learners with disabilities. The study will bring to the fore the degree to which assessment and resources centres are playing their roles and responsibilities in the various institutions. Access to the survey data must be to inform policy and advancement of disability mainstreaming and improvement of special needs



education. Last but not least, it is expected that the study will yield information that will be useful to the special education division of the Ministry of Education for planning as they will know how teachers, parents and educational authorities perceive the roles and access of Assessment and Resource Centres, the expectations they have of their children and how they expect to be involved.

### Model of the Research

#### Disgorges and Lindsay's Framework for Identification and Assessment of SEN Adapted

Disgorges and Lindsay (2010) <sup>[5]</sup>, were of the view that assessment is seen as taking place within the framework provided by the National Curriculum, and is divided into three phases these are "early learning", primary and secondary. The "early learning" goals set out what most children with disabilities would have achieved in each of six areas by the end of the foundation stage or infant school reception year, and the statements represent expected outcomes in the following areas.

Disgorges and Lindsay (2010) <sup>[5]</sup> mentioned areas such as personal, social and emotional development are to be seen in being supported by the adults sharing toys and materials with friends. They improve on their own. As time passes they improve in their ability to understand and appropriately respond to their friend's feelings. Secondly, the framework relates to communication to be effective with the support of the speech and language therapist at the assessment centre to assess the speech level of learners to help in communication where teachers can adapt to their needs. Language and literacy skills, will show in greater language sensitivity, flexibility in thinking and better listening skills. This will call for assessment centres' responsibility to effectively assess the hearing ability of the learner in the classroom when the audiologist is effective at the assessment centre. In the area of Mathematical development, Assessment Centres has to assess the child's computational and numeracy skills when doing academic work. That is the main role and responsibility of the Assessment Centre being supported by the school psychologist. Disgorges and Lindsay (2010) <sup>[5]</sup> mentioned in the framework of knowledge and understanding of the world around him and physical development and creativity. This will allow the physiotherapist in the assessment centre to give forth their best in assessing the learner. A closer look at the primary phase, in the framework, the schools can make full use of information passed on from early education provision, and outcomes of baseline assessment to identify areas of concern since the assessment centres helping with early identification will call for early intervention for the better for the learner. The national curriculum programmes of study at key stages one and two outlines the knowledge, understanding and skills expected at each level in the school curriculum. In the secondary sector, similar national curriculum programmes of study exist for key stages three and four. Assessment against the National Curriculum levels enables schools to consider an individual pupil's attainments and progress against expected levels for the majority of their peers for him to be identified as a child with SEN.

The National Literacy and Numeracy Strategy framework for teaching also provides a basis for assessment against national norms (Disgorges & Lindsay, 2010) <sup>[5]</sup>. Those children whose overall attainments or attainments in specific subjects fall significantly outside the expected range may

have SEN. The assessment centres have to continuously monitor individual children's progress, and, if progress is not made, either generally or in a specific aspect of learning, different opportunities should be provided, or alternative approaches tried. A graduated response should be made, recognising that there is a continuum of SENs, and if necessary bringing specialist expertise to bear on the difficulties a child may be experiencing (Disgorges & Lindsay, 2010) <sup>[5]</sup>.

Assessment is carried out regarding the concept of adequate progress. This is described in the England Code of Practice in several ways:

- It closes the attainment gap between the child and the child's peers
- It prevents the attainment gap from growing wider and Progress is similar to that of peers starting from the same attainment baseline but still less than that of a majority of peers.
- It matches, or better, the child's previous rate of progress
- It ensures access to a full curriculum
- It demonstrates an improvement in self-help or personal skills
- It demonstrates improvements in pupils' behaviour.

The assessment then involves the collection and recording of information on the rate of progress and a description of the child's strengths and weaknesses.

Information from parents, health services, social services, and the child's views can all contribute to this process. Stages of identification, assessment and intervention are described at levels of Early Years Action and Early Years Action Plus for children in early education settings, and School Action and School Action Plus for primary and secondary schools. At the Early Years Action and School Action levels, interventions that are additional to or different from those provided as part of the usual differentiated curriculum are offered. At School Action Plus, additional or different strategies to those at the Action level typically involve professionals external to the school. The input of a statutory multi-professional would usually only be considered after documentary evidence of what has been tried, what has been provided, and to what effect has been gathered.

The exception to this would be cases of severe and complex needs where the SEN will be evident, and a request for statutory assessment can be made without these prior stages. In this framework, identification and assessment of SEN are placed firmly within the cycle of planning, teaching and assessing that is central to the teaching and learning process for all children in all classrooms. The Code of Practice also has an explicit interactionist/ecological perspective, stating that the assessment process should always focus on four different aspects of the teaching and learning process (Disgorges & Lindsay, 2010) <sup>[5]</sup>. These are,

- The child's learning characteristics
- The learning environment the school is providing
- The tasks to be learned
- The teaching style states: It should be recognised that some difficulties in learning may be caused or exacerbated by the school learning environment and the adult/child relationship.

This means looking carefully at such matters as classroom

organisation, teaching materials, teaching style and differentiation to decide how these can be developed so that the child is enabled to learn effectively (Disgorges & Lindsay, 2010) [5]. The role of relationships and settings is also raised, and the implications for assessment outlined: Some children's performance can be exceptionally varied across settings. Therefore, where possible, it is important to look for multiple sources of evidence of children's performance in different roles and settings" (Disgorges & Lindsay, 2010) [5].

The assessment then is seen not as a single event, but rather as a continuing process, involving the collection and recording of information on the rate of progress and a description of the child's strengths and weaknesses. Progress and difficulties are seen within the context of National Curriculum levels and expectations of what children might be expected to achieve at each stage. Information is gathered not just from within the school, but from many sources, such as parents and health and social services (Disgorges & Lindsay, 2010) [5].

The complex of factors within the child's total environment home, neighbourhood and school are all considered to be potentially significant in the pupils' experience of SEN. The graduated responses through the stages of School Action and School Action Plus recognise there is a continuum of SEN. Where necessary, increasing specialist expertise can be brought in to help assess the difficulties a child may be experiencing, and to develop intervention strategies. Funding of SEN follows this stage process, with the delegated school budget having an element of funding for SEN at School Action and School Action Plus. The degree to which SEN funding is delegated to schools varies between local authorities, with some local authorities delegating a much larger percentage than others, to reduce the number of statutory assessments and statements.

### **Ethics, Legal Compliance, and Social Responsibility**

Before the introduction of an Assessment Centre in schools and organisation, a policy document should be prepared and approved by the Ministry of Education. The following lists the items to be included in the policy document. The procedures described in the policy document must be carefully carried out. The policy document will specify what has been done and what will be done to develop, implement, and evaluate the assessment centre. The objectives of the centre as a matter of policy should include, assessments, being told, before the assessment, what decision(s) will be made with the Assessment Centre data. If the organisation desires to make decisions with the data other than those previously communicated to the assessee, the decision(s) will be clearly described to the assessee and consent obtained (ITACG, 2015). The policy document should also clearly specify who will have access to the Assessment Center data. These details should be agreed upon as a matter of law to enable students with disabilities and their parents to have confidence in the assessment process.

Decisions about the choice of behavioural constructs, the content of simulations, selection and training of assessors, scoring, feedback, and evaluation will all be made with the objective in mind as known to the assessee and the parents. The population to be assessed, the method for selecting participants from the population, the procedure for notification, and the activities that the participants will carry out are spelt out in the policy (ITACG, 2015).

This will guide the processes in the implementation of the assessment process at the assessment centre where Assessors and Other Program Staff will equally be guided. This is because the various stakeholder groups inherent to an assessment centre program for example assessee, assessors, organizations; consultants have several rights and responsibilities. On ethical and legal issues, assessment centres need to include additional ethical considerations for example informed participation.

The organization is obligated to announce the assessment so that the participants will be fully informed about the programme. This information should be made available in writing before assessment events. While the information provided will vary across Assessment Centres, the following basic information should be provided to all assessee: Objective(s). The objective(s) of the programme and the purpose of the assessment centre; depending on the purpose of the assessment centre, the organization may choose to disclose the behavioural constructs measured and the general nature of the exercises before the assessment. Secondly, on selections how individuals are selected to participate in the assessment centre and making choices on any options the individual has regarding the choice of participating in the assessment centre as a condition of employment, advancement, development and others. As well as general information on the assessment centre staff and the role of the assessors, including composition, relevant experience, and assessor training not forgetting what assessment centre materials completed by the individual are collected and maintained by the organization as well as how the assessment centre results will be used, what recommendations will be made, and how long the assessment results will be maintained on file should be disclosed to the assessee.

According to ITACG (2015), Assessment Centre activities typically generate a large volume of data on an individual who has gone through a centre. These assessment data come in many forms and may include observer notes, reports on performance in the exercises, assessor ratings, peer ratings, paper-and-pencil or computerized tests, video files, and final assessment centre reports. This list, while not exhaustive, does indicate the extent of information about an individual that may be collected. The following lists important practices about assessee's rights: assessee are to receive feedback on their assessment centre performance and should be informed of any recommendations made.

Secondly, assessee who are members of the organisation have a right to read any formal, summary, written reports concerning their performance and recommendations that are prepared and made available to management. Applicants to an organization should be provided with, at minimum, the final recommendation made about their case and, if possible and requested by the applicant, the reason for the recommendation (ITACG, 2015).

To ensure test security, Assessment Centre exercises and assessor reports on performance in particular exercises are exempted from disclosure, but the rationale and validity data concerning ratings of behavioural constructs and the resulting recommendations should be made available upon request of the individual assessment (ITACG, 2015). The centre should inform the assessee what records and data are being collected, maintained, used, and disseminated. The participants must be informed if their activities in the assessment enter are being recorded as well as if such

recordings or other personal data will be transferred across national borders or over the Internet.

Further, the assessment centre programme must also comply with any relevant data protection laws governing the regions in which assessment is being carried out (for example the U.K. Data Protection Act, the U.S. Freedom of Information Act, the European Union Directive on Data Protection, South Africa's Protection of Personal Information Bill, the U.S. Safe Harbor Privacy Principles). (ITACG, 2015).

### Methodology

A descriptive survey design comprising 120 participants selected from Assessment and Resource Centres in Ghana. Convenient sampling was used to select the participants and simple random sampling was used to select five Assessment Centers in Ghana. Convenient sampling was used because the researcher targeted the population that work at the assessment centres and the clients of the centres.

### Instrument

The data collection instrument was a questionnaire developed by the researchers. The instrument was used after it was examined for clarity, the relevance of terminology and concepts by a team of special education experts in the University of Cape Coast. The instrument was piloted in three schools in national assessment centres using 20 professionals. The internal consistency of the instrument yielded Cronbach's Alpha of .76. The questionnaire was in three sections A, B, and C. Section A was concerned with information on the demographic characteristics of the respondents while section B consisted of the variables on how accessible are the Assessment and Resource Centres. The participants were asked to rate these variables on 4-point Likert scale.

In section C, the professionals were requested to indicate their responses on a 4-point Likert type scale ranging from Strongly Agree 4, Agree 3, Disagree 2 and Strongly Disagree 1, which measured the role assessment and resource centres play in the educational process of children with SEN.

### Procedure for Data Collection

The researchers collected the data from the assessment and resource centres. In each assessment and resource centre, permission was sought from the administration and informed consent of the participants obtained. The selected professionals were contacted in the assessment and resource centre.

The data collection lasted for 20 days from the assessment centres. The SPSS was used for the analysis of data. There was an analysis done using the mean and the standard deviation for the interpretation of research question one (1) and the t-test was used to find the differences between the views of the male and the female respondents in the research.

## Results

### Background Information of Respondents

This section presents results on the demographic characteristics of respondents. Demographic variables for the respondents included; gender, age range, profession, working experience and educational level. Table 1, presents the summary of the demographics of respondents.

**Table 1:** Demographic Characteristics of Respondents

Gender	Frequency	Percentage (%)
Male	56	46.7
Female	64	53.3
Age		
Under 30 years	10	8.3
30- 40 years	10	8.3
41-50 years	36	30.0
Above 50 years	64	53.3
Highest Qualification		
PhD	2	1.7
Masters	32	26.7
Bachelor Degree	82	68.3
Diploma	4	3.3
Profession		
Special education teacher	86	71.7
Regular schoolteacher	24	20
Social worker	6	5
Psychologist	4	3.3
Working Experience		
Less than 6 years	6	5.0
6-12 years	20	16.7
Above 13 years	94	78.3

Table 1 presents the analyses of the demographic data of respondents. It shows the outcome of 120 participants of which 56 (46.7%) were males and 64 (53.3%) were females. Gender has been almost balanced with only 8 (6.6%) skewed in favour of females. This is because almost all the assessment centres visited had almost equal males and females either working in the centre, bring their children to the centre for assessment or come for an assessment. Results indicated that 10(8.3%) respondents were aged below 30 years, 10 (8.3%) were between 30-40 years, 36(30%) fell between 41-50 years and 64(53.3%) were above 50 years. Qualification was also of interest to the researcher where the demographics indicated that with PhD, there was only 2(1.7%), master's degree was 32(26.7%), bachelor degree was 82(68.3%) being the highest respondents and 4(3.3%) being diploma holders. This implies that the data collected was highly influenced by the respondents who hold a bachelor degree and were special educators. This also implies that special education teacher as special educators have more interest in assessment issues comparatively. The profession of the respondent was also of interest to the researcher where the result indicated that 86(71.7%) were special education teachers, 24 (20%) were regular school teachers, 6(5%) were social workers and 4(3.3%) were psychologists. This also suggests that apart from the special education teachers, regular education teachers are gaining more education and can see the usefulness of assessment centres in the educational process of the learner looking at the respondent who visited the centres. Again, the results indicate that there was a range of age's differences representing the respondents in the assessment centres. Working experience of the respondents was also of interest to the researchers. From the responses, more than half of the respondents had been working more than 13years. A good number, 92 (78.3%), 20 (16.7%) were respondents working between 6-12 years while 6(5%) had working experience below 6 years. It should be noted that working experience in this sense was considered within the context of assessment centre teaching in either general education or inclusive education and any other place of work.

**Research Question One**

**To what extent are the physical and material resources of assessment centres accessible in Ghana?**

This research question sought to find out the accessibility of physical and material resources at the assessment centres in Ghana. Respondents were asked to respond to a series of statements regarding the accessibility of physical and material resources at the Assessment Centres in Ghana. Fifteen (15) items were used in measuring this construct

which was on a four-point Likert-type scale (Strongly Disagree = 1, Disagree = 2, Agree = 3, and Strongly Agree = 4). Means and standard deviations were used to analyse the data gathered. A mid-point of 2.5 was used as the baseline for comparison such that mean values above 2.5 indicated that most of the respondents were in agreement with the statement whereas a mean value less than 2.5 showed that respondents disagree with the statement. The details of the results are presented in Table 2.

**Table 2:** The Accessibility of physical and material resources at the Assessment Centres in Ghana

Statements	Mean	SD
1. There is an accessible parking space to accommodate vehicles and wheelchair	2.15	.61
2. The route to the building entrance stable, firm and slip-resistant.	1.81	.96
3. The entrance well-lit day and night	3.53	.53
4. The main entrance is accessible	3.23	.99
5. If the main entrance is not accessible by one step, there is a ramp	3.33	.91
6. On the pull side of doors, there were at least 18 inches of clear wall space so that a person using a wheelchair or crutches can get near to open the door.	2.06	1.14
7. The reception desk / check-out counter is in clear view of the entrance doors.	3.46	.67
8. Doors and door frames have good colour contrast with surrounding wall surfaces and floors	3.46	.79
9. There is a 5-foot circle or T-shaped space for turning a wheelchair completely.	2.73	1.32
10. Controls (light switches, security and intercom systems, emergency/alarm boxes, etc.) are operated with one hand and without tight grasping, pinching, or twisting of the wrist.	1.38	.64
11. There is seating available for those waiting in line.	3.71	.55
12. There is an exterior sign identifying the name and address of the facility.	3.66	.68
13. There is an alternate system to communicate information on signs to consumers with hearing and visual impairments.	1.11	.37
14. Washroom doors have Braille lettering.	1.01	.25
15. There is a grab bar beside the toilet.	1.10	.35

SD = Standard Deviation, M= Mean

Table 2 responses indicate that respondents disagreed (M= 2.15, SD=.61) that “There is an accessible parking space to accommodate vehicles equipped with a mechanical lift or a wheelchair ramp”. This was followed by respondents which had a magnitude of (M= 1.81, SD=.96) that "The route to the building entrances stable, firm and slip-resistant.” were not accessible. This is in contravention of Article 9: of United Nations Convention on the Rights of Persons with Disabilities (1948) which says that to enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure that persons with disabilities access, on an equal basis with others, to the physical environment, and transportation. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia: the clause (a) states that buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces. However, regarding the statement “The entrance well-lit at day and night”, respondents agreed highly with (M= 3.53, SD= .53). Again, the respondents in an agreement (M= 3.23 SD=.99) consented to the statement “The main entrance is accessible". The majority of the respondents agreed (M= 3.33, SD=.91) that “If the main entrance is not accessible by one step, there is a ramp”. Responses indicate that respondents established (M= 2.06, SD= 1.41) that “On the pull side of doors, next to the handle, there is at least 18 inches of clear wall space so that a person using a wheelchair or crutches can get near to open the door”. This was followed by respondents’ trust (M= 3.46, SD=.67) that “The reception desk / check-out counter is in clear view of entrance doors.” Again, the respondents in an affirmation (M= 3.46 SD=.79) consented to the statement “Doors and door frames have good colour

contrast with surrounding wall surfaces and floors”. The majority of the respondents, individually agreed (M= 2.73, SD= 1.32) that “There is a 5-foot circle or T-shaped space for turning a wheelchair completely”. Concerning the statement “Controls (light switches, security and intercom systems, emergency/alarm boxes, etc.) are operated with one hand and without tight grasping, pinching, or twisting of the wrist”, respondents disagreed (M= 1.38, SD=.64). Again, the respondents in an agreement (M= 3.71 SD =.55) consented to the statement "There is seating available for those waiting in line". To a majority of the respondents, in agreement with (M= 3.66 SD= .68), “There is an exterior sign identifying the name and address of the facility”. To widely held view of the respondents, they individually disagreed (M= 1.11, SD=.37) that “There is an alternate system to communicate information on signs to consumers with visual impairments.” Concerning the statement “Washroom doors have Braille lettering”, respondents disagreed (M= 1.01 SD=.25). Again, the respondents in a rejected (M= 1.10 SD =.35) consented to the statement “There is a grab bar beside in the toilet”. Overall, the mean of means (M= 2.5, SD= 1.0) score suggested that respondents agreed with mix feeling as to whether the assessment and resource centres are accessible for individuals with disabilities. Where to a large extent the centres are accessible there are major areas that needed attention.

**Research Question Two**

**What is the mean difference between the male and female perception of the role of assessment centres in the education of children with SEN?**

This research question sought to find out whether male and females differ in the way they perceive the roles assessment



centres play in the education of children with SEN. To answer this question, the data were analysed using independent sample t-test; a summary of the result is shown in Table 3.

**Table 3:** Results of t-test showing differences in perception between males and females

Group	N	Mean	SD	t	df	p-value
Male	56	26.39	4.16	-.068	58	.946
Female	64	26.47	4.44			

The difference was tested using 0.05 Alpha levels. Moreover, before the test was conducted, the data were tested for two primary assumptions; normality and equality of variances assumption. First, in checking the normality assumption, a histogram graph was inspected. The output of the graph revealed that the normality assumption was not violated. Secondly, the assumption of "equality of variance" was checked. This was done by inspecting the Levene's test for equality of variances. This tested whether the variation of scores for the two groups (Male and Female) was the same. After a thorough inspection, the significance value for Levene's test was greater than .05; ( $p = .95$ ). This implies that the assumption of the equality of variance was not violated. This gave the green light to compare the score of both male and females.

The independent samples t-test for equality of means revealed a non-statistically significant difference,  $t(58.00) = -.068$ ,  $p > 0.05$ . This implies that there was no statistically significant difference between male and female respondents when it over the roles of assessment centres.

## Discussions

The study revealed that major areas of the assessment centres are not accessible pointing areas such as there is no grab bar beside the toilet for the clients of the assessment centres. This bar aid the mobility of persons using wheelchairs, scooters, walkers and canes making them stand firm helping their walkway to have access. This might have accounted for the reasons why the workers complained of having a low record of an individual with physical disability accessing the assessment centres.

Equally, there was no alternative to the in availabilities of the braille as the main system to communicate information or signs to clients with visual impairments. This call for the use of bold printed materials and handheld magnifiers to supplement the use of the braille as a way of communicating information to the clients. Washroom doors have no braille lettering to enable an individual with visual impairment to have good information in the washroom. This braille lettering is important to enable visually impaired clients to have good information to help with mental orientation and physical locomotion within the centre. This limits the confidence and self-esteem of the clients regarding the movement and contravenes World Health Organisation (WHO) constitution and the Alma Ata declaration of primary health care in 1970, which emphasized the need for equity, social justice, and health for all; community participation; health promotion and appropriate use of assessment and resources (WHO, 1946; Lawn *et al.*, 2008 & Abodey, 2018).

The findings from this study evoke the debate as to whether the placement of children with disabilities in inclusive schools offer the best option in Ghana and cast doubt on the

capacity of the assessment and resource centres in Ghana to meet the needs of students with disabilities. Indeed, providing appropriate access and resource centres to attract assessment before placement since it is mandatory for all schools to assess learners before placement decisions are made.

However, the majority of the respondent was of the view that there was colour contrast with the surrounding surfaces. This will help persons with visual impairment to track especially when there is colour contrast with surrounding wall surfaces and floors (Ontario BIA Association, 2016). It was also worth noting that the respondents gave affirmation as to the availability of seating for those waiting in line. This will eliminate a situation where clients visiting the centre standing become more tired especially where the centre is understaffed to attend to the clients as expected.

Other areas that needed much attention as mentioned by the respondents were that at the side of the doors handle are no clear space so that a person using a wheelchair or crutches can get near to open the door (Ontario BIA Association, 2016). This is dangerous since it tends to destabilise the stability of individuals using crutches and wheelchairs at the centres. The respondents also pointed out that the main entrance is accessible with ramps to help persons with physical disabilities to have access.

However, they were quick to mention that the route to the building entrance was not stable, firm and was not slip-resistant. This was more pronounced at the Cape Coast Assessment Centre as the respondent indicated. This violates UN charter of (1948) which states that state parties are to provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms. It further states that state parties are to provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public.

This calls for work to be done at the various routes leading to the entrances for the assessment centres. Especially the site is hilly looking at the nature and the topography of the land. This would make it difficult for individuals using wheelchairs, crutches, prosthetic devices and orthotic devices to have access to the services of the centre.

It is also noteworthy that the assessment centres will be positioned in such a way that permits them to play a very good role that is required by assessment centres. The centres must be stimulating and attractive to allow to be seen for playing an effective role in the process of educating the learner. Looking at the results, a good number of respondents agreed that assessment centres are to carry out not only screening exercise on children with disabilities but also, identify children with disabilities for the successful implementation of inclusive practice. This is in line with the Gyimah, Ntim, and Deku, (2018) [7], who was of the view that assessment centres use techniques to screen by formal test and informal test. Using norm-referenced test where standardised procedures are used for example Wechsler intelligence scale for children, tests such as interviews, checklist, and behaviour rating scales, work sample analysis and task analysis (Gyimah, Ntim & Deku, 2018) [7].

Other equally important findings revealed that both male and female agreed that assessment centres are to diagnose children with disabilities and established eligibility. In Ghana, one cannot deny the fact that the general role

assessment centres play is to help many schools; especially those in the rural areas identify children with disabilities (Ametewu, 2010) [3]. However, the number of Assessment Centres is not enough to help identify children with disabilities for successful implementation of inclusion. Even the few that we have are issues of accessibility by clients. Most of the respondents rejected the fact that assessment centres help in instructional planning and developing an individual educational plan (IEP). These limit teachers from having information.

Assessment centres are to furnish the team and teachers on how any particular child's limitations where they can tell whether a child may succeed in the regular education curriculum. In this the medical record where the medical history of the learner is limiting the successful implementation of inclusion practices (Ametewu, 2010) [3]. While the school nurse is to carry out hearing, vision and health needs in collaboration with the optometrist and ophthalmologist. In Ghana, there is the need to relook at the collaborative process of the health ministry and ministry of education to work as a team. The implication is that the promotion of good teaching and learning in schools is one way not with team spirit.

### Conclusion

Based on the findings from the study, it can be concluded that assessment centres in Ghana are frequently visited by the special education teachers and regular education teachers more than the parents. This is however not too good for the effectiveness of the promotion of inclusive education. Since parents are the owners of the children and lack information on effective continuity in educational support remedial programmes for learning in the home may lack effectiveness. It can be concluded that the assessment centres in Ghana are fairly not accessible. There are serious issues with modernisation to accommodate the needs of children with visual impairment and physical disability. There was no statistically significant difference between male and female respondents when it over the roles of assessment centres. The issue of gender had not changed the inaccessibility of the nature of the assessment centres.

### Recommendations

Based on the findings the following recommendations were made: that the Special Education Division of Ghana Education Service should visit all assessment centres and address the issues of lack of parking space for all assessment centres in the country to accommodate vehicles and wheelchairs.

1. The Special Education Division of Ghana Education Service constructs the route to all assessment centres entrances in such a way that it is stable, firm and slip-resistant.
2. The Ghana Education Service should help provide an alternative system to help communicate information on sign to clients with visual impairment.
3. The Special Education Division of Ghana Education Service should specifically provide grab bars in and outside the assessment centres.
4. There should be closer link between the parents, special educators and other professionals to team up for advocacy on the right of persons with disability to have access to the assessment centres for effective assessment.

5. Parents and teachers should work hand in hand with Non-Governmental Organisation to help procure braille embossers to be use to emboss braille on the various aspects of the facilities.
6. The Special Education Division of the Ghana education service is to play a supervisory role between the assessment centres and the inclusive schools on the drawing of IEP.

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