

## Research Article

## Information Requirements and Sources of Families of Mainstreaming Students Elementary Education Model in Respect of Socioeconomic Development Levels

Esma Kabasakal<sup>1</sup> , Hilal Özcebe<sup>2</sup> , Umut Ece Arslan<sup>3</sup> <sup>1</sup>Department of Public Health, Hacettepe University Faculty of Medicine, Ankara, Turkey<sup>2</sup>Department of Public Health, Hacettepe University Faculty of Medicine, Ankara, Turkey<sup>3</sup>Hacettepe University, Institute of Public Health, Ankara, Turkey

ORCID iDs of the authors: E.K. 0000-0001-9305-4363; H.Ö. 0000-0002-0918-8519; U.E.A. 0000-0002-0884-8079.

Cite this article as: Kabasakal, E., Özcebe, H., Arslan, U.E. (2020). Information requirements and sources of families of mainstreaming students elementary education model in respect of socioeconomic development levels. *Florence Nightingale Journal of Nursing*, 28(2), 213-220.

## ABSTRACT

**Aim:** This research was conducted to reveal the current situation on information requirements of the families of the mainstreaming students and sources they obtained information.**Method:** The research is a cross-sectional study and the population consisted of parents whose children need special education and who are in schools located in Altındağ, Yenimahalle, and Çankaya districts of Ankara, which are at low, middle, and high levels, respectively, according to the socioeconomic development. Sample selection was not made. A survey was distributed to 1,151 families of the mainstreaming students in 72 elementary schools in the selected districts, and 404 questionnaires that had been returned were evaluated. A questionnaire developed by the researchers was used as the data collection form.**Results:** A total of 75.1% of families are mothers and 24.9% are fathers. In total, 26.5% of families stated that they did not have sufficient information about the diagnosis of their child, 64.2% of the families stated that they want to be informed about adaptation to school life, 25.1% about daily life activities, nutrition, and care skills, and 48.2% of families stated that they are not in cooperation with health care professionals, whereas 57.8% of the families who have sufficient information about the diagnosis of the child are in cooperation with health care professionals; this rate was found to be 31.4% in those who do not have information. Among the health care professionals, where families receive information about the diagnosis of the child, physicians are the most frequently received occupational group, with 82.3%. The rate of receiving information from nurses was found to be 3.4%.**Conclusion:** Families of mainstreaming students have need for information regarding the diagnosis of the child. The nurse group has a very low rate among the sources they get information from. It can be said that families do not cooperate adequately with health care professionals.**Keywords:** Cooperation, health professional, mainstream student, nurse, primary education

## INTRODUCTION

Mainstreaming education is an education system in which children with special needs or disabilities are in the same class with their peers. According to the regulation of the Ministry of National Education, children included in mainstreaming education are those who have been diagnosed as children having hearing and vision impairment, specific learning difficulties, language and speech impairment, mental retardation and physical disability, autism, attention deficit and hyperactivity disorder, and gifted ones. Another group of children who have mainstreaming education, but are not diagnosed as mainstreaming students, are the children who have chronic illnesses. In Turkey, 37,554 children in

elementary schools, 40,543 children in secondary schools, and 15,121 children in high schools have mainstreaming education in classrooms. The total number of children having formal education in the form of special education is 128,882 (Ministry of Education, 2017). The development in physical, mental, social, or emotional areas in children having mainstreaming education differs according to their healthy peers. For this reason, it is stated that the children with mental disabilities have more physical and mental health problems when compared with the healthy children (Janicki et al. 2002; Storie, Ahern, & Tuckett, 2010), but their health needs are not well-known and met in school life (Nayır & Kepençi, 2013).

Corresponding author: Esma Kabasakal

E-mail: esm.akf@gmail.com

Date of receipt: 08.10.2018

Date of acceptance: 10.10.2019



This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License

The family are the people who know the child's cognitive, emotional, and physical needs best. It is very important to include, inform, and provide necessary support to their families at every stage of education of the children who continue their mainstreaming education. It is stated in the literature that there are obstacles in providing the necessary support for families, such as insufficient school staff, the fact that there is lack of special education teachers, and insufficient logistic support in every school. This situation also brings problems, such as lack of information of families and inadequacy in school and family cooperation (Bilen, 2007; Sadioğlu, Batu, & Bilgin, 2012; Vural & Yıkmiş, 2008). For this reason, it is important that families of mainstreaming students get support from multidisciplinary professionals, such as health institutions, schools, and special education centers in the process of preparing the child for adult life as well as school life.

The importance of the school environment should not be overlooked, especially considering that one-third of the child's time is spent in the school environment. School health services include activities in which these needs are evaluated. Schools can apply care, health education, research, and consultancy roles by presenting a student-centered approach both to the child and the family (Kabasakal & Emiroğlu, 2017). In this context, determining the information needs of families for these children who have priority needs for school-health nursing is important in terms of planning health services. Again, it is known that knowing the information that families need have a positive effect on their school and home lives, such as in reducing anxiety and stress in the family, getting to know the child better, strengthening communication with the child, solving peer problems, and controlling process of the current health problem (Kaytez, Durualp, & Kadan, 2015; Koçak-Boduroğlu & Bodur, 2009). In their research, Taşdemir and Özbesler (2017) found that 35.4% of the mothers of children and 39.6% of their fathers did not have any information about the rights of the child for mainstreaming education. When the studies conducted in Turkey were analyzed, research involving families' psycho-social support, information, help, and adaptation needs requirements (Kargin, Akçamete, & Baydik, 2001; Tekinarslan, Sivrikaya, Keskin, Özlü, & Rasmussen, 2018) was found; no extensive study was found in the field of school health nursing, which assesses the needs of families and their

sources of information. This research was carried out to determine the information needs of the mainstreaming student families and the sources from which they acquired information in order to contribute to the literature.

### Research Questions

1. Who are the health care professionals where the families get information about the diagnosis and education of the child, information resources, the topics they want to learn, and the support resources about education?
2. Does the information that the families have about the cooperation with the health professionals and the diagnosis of the child show differences in respect of the socioeconomic development level of the districts?
3. Does the information need of families about the diagnosis of the child differ according to the level of cooperation with health professionals?
4. In respect of the families' information about the diagnosis of the child, does the situation of being in cooperation with the health professionals and receiving support from the school related to education differ?

### METHOD

#### Study Design

The study used descriptive design.

#### Sample

The sample was selected from elementary schools in the districts which represented low, medium, and high socioeconomic development districts of Ankara. According to the study of Yüceşahin and Tüysüz (2011), "Çankaya" as the district with high socioeconomic level, "Yenimahalle" as the medium socioeconomic level, and "Altındağ" as the low socioeconomic level constituted the population of the research. The families of 1,151 mainstreaming students in 72 schools in these districts who agreed to participate in the research composed the research population. During the research, 37% (n=430) of questionnaire forms from 1,151 mainstreaming students was returned. In the research, 26 questionnaire forms were not completely filled; as a result, the questionnaire forms of 404 students were analyzed.

#### Data Collection

In this research carried out within the scope of the project, the questionnaire form developed by the re-

searchers was based on questions related to information sources of sociodemographic characteristics, the cooperation of families with health professionals, and information requirements (adaptation to school life, daily life activities of the child, social skills, communication skills, peer compliance, etc.). Comments about the questionnaire questions related to the health needs of the students who were evaluated separately within the scope of this project are presented in the related article (Kabasakal, Özcebe, & Arslan, 2019); eating disorders and needs are presented in the related article (Kabasakal, Özcebe & Arslan, 2020). The preliminary trial of the questionnaire was done with families of 20 students; after the decision was made that the questions were understandable, we proceeded to collect data. In the research, the questionnaire forms were delivered to families and the collected questionnaires were collected between the dates of May 23, 2016 and June 24, 2016 by three pollsters. The pollster went to the schools that participated in the research, making it possible for the questionnaires to be delivered to the parents by means of teachers and then to be collected back.

### Data Analysis

Data input was done with Statistical Package for Social Sciences 23.0 (IBM SPSS Corp.; Armonk, NY, USA) package program. Pearson Chi-square test was used to examine whether there were differences between the groups in terms of variables. Arithmetic mean and standard deviation, number, and percentage values were given for numerical variables with normal distribution as descriptive statistics.

### Ethical Considerations

The ethical approval was taken from The Non-Clinical Research Ethics Committee of Hacettepe University (Number: GO 15/770-04/Date: January 20, 2016). By notifying that participation was based on the principle of volunteering in the research, written consent informs were obtained from the National Education Directorate and families who wanted to participate in the study.

### RESULTS

The number of parents who participated in this research was 404. In total, 71.6% of the participants were mothers and 23.7% were fathers. Sociodemographic characteristics of the families are given in Table 1.

A statistically significant difference was found between the education level of the mothers and fa-

thers and the working status of the mothers and fathers according to the socioeconomic levels of the districts ( $p < 0.001$ ). In the areas with low socioeconomic level, the education levels of the mothers and fathers were lower, and the percentage of mothers being housewives and fathers being workers was higher (Table 1).

According to the research findings, 26.5% of the families stated that they had insufficient information about the diagnosis of their child and 48.2% stated that they were not in cooperation with the health care professional. According to the socioeconomic development level of the districts, there was no statistically significant difference in terms of families' information about the diagnosis of the child, but a statistically significant difference was found in their cooperation with the health care professionals ( $p = 0.009$ ). Accordingly, 63.8% of the families interviewed at the school in the district with a high socioeconomic level are in cooperation with health care professionals, whereas 43.6% of the families interviewed at the school in the district in located in the medium socioeconomic level are in cooperation with health care professionals; the school in the district, which has a low socioeconomic level, was 49.7% ( $p = 0.009$ ; Table 2).

According to Table 3, the level of the families in cooperation with the health professionals according to their information of the child's diagnosis showed a significant difference ( $p < 0.001$ ). Accordingly, 85.5% of the families who said that they were in cooperation with the health professionals and 66.3% of the families who did not cooperate thought that they had sufficient information about the diagnosis of their child. A total of 78.8% of the families who stated that they got support from the school regarding education and 58.6% of the families who stated that they did not get support thought that they had sufficient information about the diagnosis of their child (Table 3).

According to Table 4, among the health care professionals, where the families were informed about the diagnosis of the child, there were 82.3% doctors and 3.4% nurses. A total of 64.2% of the families stated that they want to be informed about the adaptation to school life and 25.1% of them want to be informed about the child's daily life activities, nutrition, and care skills.

**Table 1.** Distribution of some sociodemographic characteristics of families

	Socioeconomic development level of districts						p
	Low		Medium		High		
	n	%	n	%	n	%	
<b>Mother's education level</b>							
Elementary and lower level	89	58.6	51	39.2	34	31.2	<0.001
Secondary school	33	41.3	26	20.0	21	19.3	
High school	17	11.2	32	24.6	32	29.4	
University and higher level	13	8.6	21	16.2	22	20.2	
Total	152	100.0	130	100.0	109	100.0	
<b>Mother employment status</b>							
Officer—Civil Servant	5	3.4	11	8.7	12	10.9	<b>0.016</b>
Worker	15	10.1	12	9.4	11	10.0	
Self-employed business place	3	2.0	7	5.5	11	10.0	
Housewife	122	81.9	95	74.8	70	63.6	
Unspecified	4	2.7	2	1.6	6	5.5	
Total	149	100.0	127	100.0	110	100.0	
<b>Father's education level</b>							
Elementary and lower level	61	41.2	32	24.6	35	32.1	<0.001
Secondary school	50	33.8	31	23.8	13	11.9	
High school	28	18.9	41	31.5	34	31.2	
University and higher level	9	6.1	26	20.0	27	24.8	
Total	148	100.0	130	100.0	109	100.0	
<b>Father employment status</b>							
Officer—Civil Servant	13	8.7	23	18.1	24	21.8	<b>0.006</b>
Worker	78	52.0	52	40.9	42	38.2	
Self-employed business place	48	2.0	39	30.7	25	22.7	
Not working	11	7.3	11	8.7	15	13.6	
Unspecified	-	0.0	2	1.6	4	3.6	
Total	150	100.0	127	100.0	110	100.0	

**Table 2.** Information on the cooperation of families with health professionals and the diagnosis of their children according to the socioeconomic development level of the districts

	Socioeconomic development level of districts								p
	Low		Medium		High		Total		
	n	%	n	%	n	%	n	%	
<b>Collaborating with health care professionals</b>									
Yes	73	49.7	51	43.6	67	63.8	191	51.8	0.009
No	74	50.3	66	56.4	38	36.2	178	48.2	
Total	147	100.0	117	100.0	105	100.0	369	100.0	
<b>Information about the diagnosis the child (treatment and rehabilitation, adaptation to daily life, coping and process management, etc.)</b>									
Sufficient	113	70.6	97	73.5	87	77.7	297	73.5	0.653
Insufficient	46	28.8	27	20.5	34	30.4	107	26.5	
Total	160	100.0	132	100.0	112	100.0	404	100.0	

**Table 3.** According to the families' information about the diagnosis of the child, the levels of the cooperation with the health professionals and the support of the school regarding the education of the child.

	Having information about the diagnosis of the child						p
	Yes		No		Total		
	n	%	n	%	n	%	
<b>Being cooperative with health care professionals*</b>							
Yes	159	85.5	27	14,5	186	48,4	<0.001
No	116	66.3	59	33.7	175	45.6	
Total	275	76.2	86	23.	361	100.0	
<b>Getting support from school related to child's education**</b>							
Yes	245	78.8	66	21.2	311	81.0	0.001
No	41	58.6	29	41.1	70	18.2	
Total	286	75.1	95	24.9	381	100.0	

\*For better, to be in mutual communication

\*\*Getting support in the education-training process proper to the needs of the mainstreaming student

**Table 4.** The distribution of the health care professionals from whom information obtained about the diagnosis and education of the child, the sources of information, the subjects families want to learn, and the educational support resources.

	n	%
Health professionals from whom information obtained about the diagnosis		
Physician	311	82.3
Nutritionist	18	4.8
Nurse	13	3.4
Other health personnel	7	1.9
None	29	7.7
Total	378	100.0
Sources of information about diagnosis (except for health care professionals)		
Internet	231	61.9
Television	77	20.6
Other resources	44	11.8
Magazine-newspaper	21	5.6
Total	373	100.0
Topics wanted to be learnt		
Adaptation to school life	197	64.2
Daily activities of the child	77	25.1
Disability rights	24	7.8
Other*	9	2.9
Total	307	100,0
Getting support/help from education regarding school		
Yes	317	81.
No	72	18.5
Total	389	100.0
Resources from which educational support/assistance obtained		
Class teacher	242	59.9
Special education institution	204	50.5
School guidance service	167	41.3
District guidance research center	130	32.2
Special education teacher of the school	116	28.7

\*Other: Social skills, communication skills, peer coherence

\*\*Multiple options were marked. Percentage was used over n for each answer

## DISCUSSION

Mainstreaming education has been developed to enable students with special needs to make the most of school life. In making mainstreaming education successful, the family's information of the child's diagnosis will make it easier for the child to be aware of his/her needs. In this study, the family of one in every four children in the vulnerable group diagnosed with mainstreaming finds that their information about the diagnosis of their child (treatment and rehabilitation, adaptation to daily life, coping and process management, etc.) is inadequate (Table 2). The research findings support the literature regarding the point that families of mainstreaming students should have information about the child's diagnosis (Kargin et al., 2001; Öztürk, 2011; Sanır, 2009). Families should be informed about the child's diagnosis. It is known that the cooperation of the families with the health care professionals as well as the teachers during the education and training life of the child provides them to learn more about the diagnosis, needs, and development of the child and facilitates the school life of the child (Dunst, Trivette, Davis, & Cornwell, 1998; Humphrey et al., 2006; World Health Organization, 2010).

In this research, which has supportive quality for the literature, a statistically significant relationship was found between families' cooperation with school staff as well as health care professionals and having sufficient information about the diagnosis of the child (Table 3;  $p < 0.001$ ). Families who have information about the diagnosis of the child are in greater cooperation with health care professionals. In addition, there is a statistically significant difference between the socioeconomic development levels of the districts and being in cooperation with health care professionals (Table 2). This reveals that the awareness of families toward their children with special needs is affected by socioeconomic determinants. Health care professionals should consider the socioeconomic determinants in their studies regarding the education, counseling, and awareness for these children's families, and, starting from the stage of diagnosis of the child, they should cooperate with the individual-centered approach by including the families in the process following the growth and development process.

The success of education systems is possible with a teamwork comprising physician, nurse, dietician, teacher, school manager, parent, social worker, psychologist, psychological counseling, and guidance specialist (SB, 2009). This type of teamwork has been providing the basic contribution to the family. Current

research also points to poor coordination between health care staff and education staff (Franks, Kelder, Dino, Horn, Gortmaker, & Wiecha, 2015; Kolbe, Allensworth, Potts-Datema, & White, 2015; Shimizu & Katsuda, 2015). The results of this research have also supportive quality for the literature, and it was found that approximately half of the families (48.4%) are not in cooperation with any health care professional (Table 3). In their studies, Tsai & Wang (2009) emphasized that health professionals should support the families in improving their quality of lives. The school health nurse plays a role in providing communication, cooperation, and coordination between the school community and health institutions and these children who are mainstreaming students. The school health nurse should ensure the cooperation of the family-teacher-health care professional with a student-centered approach by identifying the problems and needs of the nurse student about school health services (Kabasakal & Emiroğlu, 2017).

In this study, the families of mainstreaming students cooperated with 82.3% physicians, 4.8% dietitians, and 3.4% nurses (Table 4). In this study, the percentage of cooperation with nurses is very low. The school health nurse, who has an important role in the performance of school health services, provides the care, communication, and coordination of the child's health status in the school (Kruger, Radjenovic, Tokler, & Comeaux, 2009; Maughan & Adams, 2011).

School health services provide important opportunities in meeting the needs of the mainstreaming student and their families in a timely manner: monitoring and evaluating their physical-emotional and psycho-social growth and development, preventing problems encountered in school, and protecting and improving health. Monitoring children's growth and development, adequate and balanced nutrition, digestion, excretion, respiration, physical movement, use of medicines, intervention in acute or chronic health problems, intervention in accidents and injuries, ensuring school and physical environmental safety, family, education, and counseling services, and social adaptation activities are some example of such practices. All these practices are particularly important activities in facilitating the student's adaptation to school life. As a matter of fact, according to the Nursing Regulation (2011) in our country, the school health nurse is assumed to have the roles and responsibilities of providing care, supervision, cooperation, coordination, education, and counseling at school; however, in practice, putting the school health nurs-

es into practice still continues to be a problem that needs to be addressed (Official Newspaper, 2011).

According to the findings of the research, the tendency of families receiving support from the school to use support mechanisms increases as their information about the diagnosis of mainstreaming students increases. In other words, families who follow the school life of their child and cooperate with the school use support mechanisms, such as health care workers, guidance unit, and teachers more. A total of 78.8% of the families who pointed that they received support from the school regarding their child's education and 58.6% of the families who stated that they did not receive support think that they have sufficient information about the diagnosis of their child ( $p=0.001$ ; Table 3).

This result suggests that families using school support mechanisms will support their child's healthy growth and development by providing cooperation with the health professionals at a healthy rate. Another point regarding mainstreaming education is that it is a system in which an individualized education plan is included for each child and the family is also included in the process. This study reveals that 41.1% of the families do not have information about the diagnosis of their child, as they do not use the school support mechanism related to the education of the child and, therefore, cooperation between the family and the school cannot be achieved (Table 3), whereas the fact that the families take a mindful approach to the child, being aware of the special situation and needs of the child, provides an opportunity for successful integration of a mainstreaming education (Metin, 2013). In this study, families mostly (64.2%) stated that they wanted to have information about their child's adaptation to school life (Table 4). In the studies mentioned in this paper, it is stated that families have requirements for obtaining information about academic and behavioral issues related to their children who have mainstreaming education (Lindsay, 2007; Xu & Filler, 2008). Supporting and increasing the information regarding families whose children were diagnosed as mainstreaming both socially and educationally with a purpose of adapting them to school life and increasing their academic skills will increase the child's adaptation and acceptance to social life (Bakkaloğlu, 2013; Kargin et al., 2001; Maras & Aveling, 2006; McIntyre, Eckert, Fiese, Reed, & Wildenger, 2010).

## CONCLUSION AND RECOMMENDATIONS

According to the results of this research, the families of these children who are in the period of growth and

development, who may have various health problems and needs, have need for information related to the diagnosis of the child. The cooperation in the matters, such as process management of children who were diagnosed as mainstreaming, their adaptation to daily life, and their psycho-social development, between the families and health care professionals is poor. That fact that health care professionals include the family in the process with an approach providing the family to cooperate with them will be beneficial for both the child and the family, especially nurses, who are employed in the primary health care services, should take a more active role in fulfilling their education and consultancy roles. As a matter of fact, the professional personnel that will provide access to health resources within the school life for these children are school health nurses.

It is recommended that the effect of qualitative studies to be carried out with families and school health service practice including health personnel over the mainstreaming students and their families should be evaluated in future research.

---

**Ethics Committee Approval:** The ethical approval was taken from The Non-Clinical Research Ethics Committee of Hacettepe University (Number: GO 15/770-04/Date: January 20, 2016).

**Informed Consent:** Written consent informs were obtained from the National Education Directorate and individuals who wanted to participate in the study.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept – E.K.; Design – E.K., H.Ö.; Supervision – E.K., H.Ö., U.E.A.; Resources – E.K., H.Ö., U.E.A.; Materials – E.K., H.Ö., U.E.A.; Data Collection and/or Processing – E.K., H.Ö., U.E.A.; Analysis and/or Interpretation – E.K., H.Ö., U.E.A.; Literature Search – E.K., H.Ö., ; Writing Manuscript – E.K., H.Ö.; Critical Review – E.K., H.Ö.

**Conflict of Interest:** The authors have no conflicts of interest to declare.

**Acknowledgment:** We would like to express our heartfelt gratitude to all parents and school staff who shared their time and experience with us in this research project.

**Financial Disclosure:** This study was supported by the Hacettepe University Scientific Research Projects Coordination Unit within the scope of this study (THD-9880).

## REFERENCES

Bakkaloğlu, H. (2013). Parental views on the transition process of children with special needs from early intervention to preschool. *Education and Science*, 38(169), 311-327.

- Bilen, E. (2007). Primary school teacher's opinions about the problems they are facing during the integration activities and their solution proposal. (Master's Thesis). Dokuz Eylül University, Education Science Institute, İzmir, Turkey.
- Dunst, C. J., Trivette, C. M., Davis, M., & Cornwell, J. (1988). Enabling and empowering families of children with health impairments. *Children's Health Care, 17*(2), 71-81. [Crossref]
- Metin, Ş. (2013). Analyzing of the researches related to the mainstreaming in the preschool period. *Journal of Bayburt Faculty of Education, 8*(1), 146-172.
- Franks, A., Kelder, S., Dino, G. A., Horn, K. A., Gortmaker, S. L., & Wiecha, J. L. (2015). School-based programs: Lessons learned from CATCH, planet health, and not-on-tobacco. school nutrition and activity: Impacts on well-being. *Preventing Chronic Disease, 4*(2), A33. [Crossref]
- Humphrey, N., Bartolo, P., Ale, P., Calleja, C., Hofsaess, T., Janikova, V., et al. (2006). Understanding and responding to diversity in the primary classroom: An international study. *European Journal of Teacher Education, 29*(3), 305-318. [Crossref]
- Janicki, M. P., Davidson, P. W., Henderson, C. M., McCallion, P., Taets, J. D., Force, L. T., et al. (2002). Health characteristics and health services utilization in older adults with intellectual disability living in community residences. *Journal of Intellectual Disability Research, 46*(4), 287-298. [Crossref]
- Kabasakal E., & Emiroğlu O. N. (2017). Student and family centered care at school health nursing. *Turkey Clinics Public Health Nurse-Special Topics, 3*(2), 88-95.
- Kabasakal, E., Özcebe, H., & Arslan, U. (2019). Are the health needs of children with disabilities being met at primary schools? *Journal of Intellectual Disabilities*. [Epub Ahead of Print]. [Crossref]
- Kabasakal, E., Özcebe, H., & Arslan, U. E. (2020). Eating disorders and needs of disabled children at primary school. *Child: Care, Health and Development*. [Epub Ahead of Print].
- Kargin, T., Akçamete, G., & Baydık, B. (2001). Determining the needs of families with hearing impaired children in preschool age in the transition to kindergarten. *Journal of Special Education, 3*(1), 13-24.
- Kaytez, N., Durualp, E., & Kadan, G. (2015). Evaluation of requirements and stress levels of the families having disabled child. *Journal of Research in Education and Teaching, 4*(1), 197-214.
- Koçak-Boduroğlu A., & Bodur, S. (2009). Anxiety of parents of mentally handicapped children and affects of informing on anxiety level. *TAF Preventive Medicine Bulletin, 8*(5), 405-412.
- Kolbe, L. J., Linsworth, D. D., Potts-Datema, W., & White, D. R. (2015). What have we learned from collaborative partnerships to concomitantly improve both education and health? *Journal of School Health, 85*(11), 766-774. [Crossref]
- Kruger, B. J., Radjenovic, D., Toker, K. H., & Comeaux, J. M. (2009). School nurses who only care for children with special needs: Working in a teacher's world. *The Journal of School Nursing, 25*(6), 436-444. [Crossref]
- Lindsay, G. (2007). Educational psychology and the effectiveness of inclusive education/mainstreaming. *British Journal of Educational Psychology, 77*(1), 1-24. [Crossref]
- Maras, P., & Aveling, L.E. (2006). Students with special education needs: Transition from primary to secondary school. *British Journal of Special Education, 33*(4), 196-203. [Crossref]
- Maughan, E., & Adams, R. (2011). Educators' and parents' perception of what school nurses do: The influence of school nurse/student ratios. *The Journal of School Nursing, 27*(5), 355-363. [Crossref]
- McIntyre, L. L., Eckert, T. L., Fiese, B. H., Reed, F. D. D., & Wildenger, L. K. (2010). Family concern surrounding kindergarten transition: A comparison of student in special and general education. *Early Childhood Education Journal, 38*, 259-263. [Crossref]
- Ministry of Education (2017). National education statistics, formal education 2016/17. Retrieved From: <https://sgb.meb.gov.tr/www/resmi-istatistikler/icerik/64>.
- Nayır, F., & Kepenkçi Y. (2013). Opinions of classroom teachers on the rights of inclusion students *Educational Science Research Journal, 3*(2), 69-89. [Crossref]
- Öztürk, Y. (2011). The determination of the needs and burdens for the families which has handicapped children. (Master's Thesis). Haliç University, Health Science Institute, İstanbul.
- Official Newspaper 27910 (2011). Amending the regulation on nursing regulation. Retrieved From: <https://www.saglik.gov.tr/TR,10526/hemsirelik-yonetmeliginde-degisiklik-yapilmasina-dair-yonetmelik.html>.
- Sadioğlu, Ö., Batu, E. S., & Bilgin, A. (2012). Primary school teachers' opinions related to inclusion of students with special needs. *Journal of Uludağ University Faculty of Education, 25*(2), 399-432.
- Ministry of Health. (2009). School health services. Retrieved From: <https://sbu.saglik.gov.tr/Ekutuphane/Yayin/185>.
- Sanır, H. (2009). *Evaluation of the problems of the students who are in inclusive education in academic learning according to teacher and family opinions*. (Master's Thesis). Selçuk University, Konya, Turkey.
- Shimizu, F., & Katsuda, H. (2015). Teachers' perceptions of the role of nurses: Caring for children who are technology-dependent in mainstream schools. *Japan Journal of Nursing Science, 12*(1), 35-43. [Crossref]
- Storrie, K., Ahern, K., & Tuckett, A. (2010). A systematic review: Students with mental health problems—a growing problem. *International Journal of Nursing Practice, 16*(1), 1-6. [Crossref]
- Taşdemir H., & Özbesler C. (2017). Assessment of the problems encountered by children in mainstreaming education from social work practice in school settings. *The Journal of International Social Research, 10*(49), 498-507. [Crossref]
- Tekinarslan, İ., Sivrikaya, T., Keskin, N., Özlü, Ö. & Rasmusen, M. (2018). Determining the needs of parents with children in inclusive education. *Journal of Elementary Education Online, 17*(1), 82-101.
- Tsai, S. M., & Wang, H. H. (2009) The relationship between caregiver's strain and social support among mothers within tell actually disabled children. *Journal of Clinical Nursing, 8*(4):539-548. [Crossref]
- Vural, M., & Yıkış, A. (2008). A Determination of the studies made on instructional adaptation by inclusive classroom teachers. *Abant İzzet Baysal University Journal of Faculty of Education, 8*(2), 141-159.
- World Health Organization. (WHO) (2010). Better health, better lives: Children and young people with intellectual disabilities and their families. Retrieved From: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/126408/e94421.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0003/126408/e94421.pdf?ua=1).
- Xu, Y., & Filler, J. (2008). Facilitating family involvement and support for inclusive education. *School Community Journal, 18*(2), 53.
- Yüceşahin, M. M., & Tüysüz, S. (2011). Socio-spatial variations in Ankara: An empirical analysis. *Journal of Geographical Sciences, 9*(2), 159-188. [Crossref]