How to use the *Parental Attitudes to Inclusion* scale as a teacher tool to improve parent-teacher communication

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Abstract

This study considers one way to make more productive use of information in a recognised survey instrument, the Parental Attitudes To Inclusion (PATI) scale and, thus, to enhance inclusive classroom practice for students with special needs. The instrument was designed to elicit views about inclusion and initially administered to a large sample of Californian parents of inclusion-eligible children with severe cognitive disabilities. The present study gathered responses from a convenience sample of 10 Queensland parents of children diagnosed with autistic spectrum disorder and enrolled in regular Queensland classrooms. This study demonstrated that it is possible to identify specific parental attitudes that differ significantly from those of the group and that this information can be used to target points for discussion between teacher and parent. This methodology raises general issues about the context in which an attitude is expressed. For example, attitudes may refer to the inclusion of a specific child (parent view) or a group of children (teacher view). This study raises the issue of the moral weight of a group-based view of inclusion. This study also discusses the need to take into account the effect of context on the formulation of views about inclusion and proposes refinements to the PATI scale that would allow it to be used to identify the locus of such contextual differences.

Introduction

Disability advocacy and consumer rights, enacted in antidiscriminatory legislation, have prepared the way for students with special needs to acquire a right to regular education (Fuchs & Fuchs, 1994). Studies of stakeholder attitudes to inclusion have affirmed the principled, philosophical support for inclusion promoted by some parent groups and by sectional interests within the educational community. Most research on inclusion has sought to clarify the consensus about inclusion and to document the boundaries of values-based beliefs that support inclusive practice. This work has involved surveys of views about the enrolment of children with special needs in the regular classrooms.

Characteristically, attitudinal research related to inclusion has not provided guidance to improve inclusive practice. Salend (1999) argued that the ease and speed of surveys make them particularly suitable for teachers to evaluate inclusive practices. Salend (1999, 2002) speculated that the Parent Attitude to Inclusion (PATI) scale designed by Palmer, Borthwick-Duffy, and Widaman (1998a) was one possible tool for change but did not indicate how this survey might enable changes to be made. The present study examined Salend's proposal for teacher use of parent data from the PATI scale and considered how a survey used mostly to map the sharing of current values might be used as a tool for changing practice. Given that the PATI scale was used to survey group-based patterns of shared belief about inclusion, the critical issue identified in the present study was how to use these survey data to communicate better with individual parents.

Valuing of inclusion

In simple definition, educational inclusion encompasses a right for disabled children to enrol with nondisabled peers and an opportunity to learn alongside nondisabled peers. The inclusion movement, like its predecessors in the mainstreaming and integration movements, has been "driven by values regarding increasing acceptance of diversity in classrooms" (Coots, Bishop, & Grenot-Scheyer, 1998, p. 317; see, also, Dorries & Haller, 2001; Pereira Dos Santos, 2001). The concept of inclusive education has been extended to address socially constructed and contextual aspects of diversity arising from ethnic opportunity and linguistic barriers to effective education (Elkins, van Krayenoord, & Jobling, 2004), but access to regular education for children with special needs—the focus of the present study—is aimed at person-based diversity.

In practice, the right of children with special needs to be enrolled in regular schools and to be included in regular classes has created difficulties. Parental aspiration, teacher expertise, school resources, and system policy have influenced how this right is exercised. Parents and educators often hold conflicting views, with the issues confronting parents and schools typically seen as multidimensional (e.g., appropriateness of educational services, reciprocal benefits, social context for learning). Attitudinal research on inclusion has confirmed multiple, sometimes discrepant, and ultimately unresolved perspectives on people's attitudes (Elkins et al., 2004). Therefore, the process of finding consensus and identifying areas of agreement traverses a range of educational issues based on what is affirmed and what is experienced.

Perhaps it is because achieving consensus about inclusive acceptance among stakeholders is such a dynamic process that studies of general attitudes towards inclusion and its benefits (i.e., what stakeholders want and why they want it) have continued to attract the most research effort. The need to articulate who to include, why to include, and when to include has maintained a research focus on perspectives, values, and beliefs. The present study acknowledges this diversity of views in opting to target the specific points at which parent responses affirm or depart from a general consensus with other parents of children with special needs.

Consensus, confusion, and the way forward

Previous research has surveyed the perceptions, views, and expectations of inclusion among a wide range of stakeholders. The twin methodologies of semi-structured interviews and Likert-scale questions have generated fairly consistent results from Australian and American studies across a range of stakeholders. Common threads of the emerging inclusion discourse have involved quality of educational services, resources and training, and social benefits and disadvantages (Palmer et al., 1998a). Typically, stakeholders have valued inclusion but have also identified a range of concerns from their differing viewpoints.

Surveys of principals and educational administrators in Australia and the USA have indicated positive opinions about inclusion but reported caution about training and resourcing (Bailey & du Plessis, 1998; Downing, Eichinger, & Williams, 1997). Bailey and du Plessis (1998) identified three factors in their study of Queensland principals. First, previous special education training was associated with more positive attitudes to managing inclusion. Second, aggressive behaviour was seen as a problem. Third, primary principals were more negative than secondary principals.

Recent studies of teachers in general education have been characterised by cautiously positive opinions (Cook, Tankersley, Cook, & Landrum, 2000; Coots et al., 1998; Wright & Sigafoos, 1998b). Despite their positive views, teachers have expressed frustrations about in-class planning and instruction. For instance, one sample of 15 Queensland teachers (Wright & Sigafoos, 1998a) generated supportive comments about regular classroom placement but expressed caution about implementation issues.

The attitudes of nondisabled peers have been comparable with those of other school-based stakeholders. In inclusive classrooms, nondisabled peers have reported a mixture of positive

attitudes and ambivalence about benefits. They have also reported some reluctance in socialising (Fisher, Pumpian, & Sax, 1998). Upper primary Queensland students reported mixed views of personal disadvantage and benefits to all students (Wright & Sigafoos, 1998a), over and above their broad awareness of included students in the school community.

Parental views of what happens to their children when they are included in regular classrooms have been surveyed (Ryndak, Downing, Morrison, & Williams, 1996; Wright & Sigafoos, 1998b; Palmer, Borthwick-Duffy, Widaman, & Best, 1998; Palmer, Fuller, Arora, & Nelson, 2001). In line with their placement decision, parents have been positive about inclusive settings and cautiously positive about instructional and social benefits.

In summary, reviews of attitudinal studies and interviews serve to confirm the common agreement on a general right to inclusion and the need for extra support and training. Over and above this general expression of support for inclusion, the attitudes, questions, answers, and evaluation of attitudes of stakeholder groups become dissonant. That is, despite in principle agreement about inclusion, opinions remain mixed about practices related to inclusion.

Parents and teachers are most closely concerned with inclusion of the student with special needs in a regular classroom. Existing data have indicated negative perceptions (e.g., teacher attitudes about working in inclusion programs; parental demands for inclusive placements irrespective of the disabling condition; teacher and parent fears about lack of academic, social, and behavioural benefits). Further examining these negatives might help teachers and parents either to reach agreement on effective inclusive practice or to specify areas of disagreement as precursors to changes in expectations, practice, or both. Palmer et al. (1998a) have argued that parents' views of what is working for their child constitute an important but neglected teaching resource. Salend (1999) argued that, within the classroom, teachers and parents need tools that help them to examine their reflections on existing and desirable practice and to share perspectives. Yet he did not explain how to achieve outcomes that are useful in practice. The present study set out to bridge that gap.

A tool for change

Palmer et al. (1998a) recognised and responded to the growing awareness of the multidimensional nature of widespread attitudes among parents of children with special needs by designing the Parent Attitude to Inclusion (PATI) specifically to survey and elicit parental

attitudes. They conducted extensive field-testing to gather and analyse survey data (see, also, Palmer et al., 1998b; Palmer et al., 2001).

The PATI's construction deliberately incorporated the "multidimensional nature of parent perceptions regarding inclusive practices for children with significant cognitive disabilities" (Palmer et al., 1998b, p. 273). In particular, they specified three dimensions: quality of educational services, mutual benefits for the included child and nondisabled peers, and socioemotional issues of peer acceptance and self-feelings. Two of the factors, labelled *Quality of Educational Services* (Items 5, 6, 9, & 10) and *Child Acceptance and Treatment* (Items 2 & 3), focused on the benefits of inclusion for these students. The third factor, labelled *Mutual Benefits of Inclusion* (Items 1, 4, 7, 8, & 11), focused on relations with other students.

Table 1. PATI items as listed in the original scale[a]

Item	Statement
01	The more time my child spends in a regular classroom, the more likely it is that the quality of his/her education will improve.
02	**The more time my child spends in a regular classroom, the more likely it is that he/she will be mistreated by other nondisabled students in that room.**
03	**The more time my child spends in a regular classroom, the more likely it is that he/she would end up feeling lonely or left out around the regular education students.**
04	When a student with severe disabilities is enrolled in a regular education classroom, the positive benefits to the regular education students outweigh any possible problems that this practice may present.
05	**It is impossible to modify most lessons and materials in a regular classroom to truly meet the needs of my child.**
06	**If my child were to spend a lot of time in a regular classroom, he/she would end up not getting the extra help he/she needs.**
07	If my child were to spend much of his/her day in a regular classroom, he/she would end up becoming friends with nondisabled students in that room.
08	The quality of a regular education student's education is enriched when a student with severe disabilities participates in his/her class.
09	**If my child were to spend much of the day in a regular classroom, he/she would end up not getting all the necessary special services that would be provided in a special education classroom.**
10	A regular education classroom provides more meaningful opportunities for my child to learn than does a special education classroom.
11	The more time my child spends in a regular classroom, the more likely it is that he/she will be treated kindly by the nondisabled students in that room.

Note. Bolded items are reverse-scored.

The 11 items of the PATI scale (Table 1) each listed one probable effect of placing a child with significant cognitive disabilities in a regular classroom. Parents were asked to respond on a 6-point Likert rating scale that ranges from "strongly agree", scored as 1, to "strongly

disagree", scored as 6. Reverse scoring was used in the present study to ensure that the lowest score invariably reflects the most positive perception.

In comparison with many previous surveys of attitudes to inclusion, PATI was tested in the USA with a relatively large sample of 460 parents (Palmer et al., 1998a). Findings confirmed the effect of differential influences on parental perceptions. Clear influences included the child's individual characteristics and perceived needs, the parent's history and socialisation, and the child's placement history. When behaviour problems were paired with more severe intellectual impairment, parents favoured self-contained classrooms and expressed more negative perceptions about inclusive practices. These parents viewed their child as "fragile" or in need of special handling or intense services. Thus, PATI was shown to be sensitive to school, family, and child issues.

In summary, the PATI is a short survey that draws together familiar themes in the inclusion literature of values and beliefs. Moreover, the survey's administration in the USA to a comparatively large sample relative to other studies of attitudes to inclusion enhanced the reliability of reported mean scores, deviation scores, and factor structure. The reliability provided by this data set was the main reason for selecting the PATI scale to consider how data on attitudes to inclusion might be used to improve inclusive practice. In short, the USA sample provided a standard against which the current sample could be measured.

Rationale and purpose of study

It was reasonable to expect broad similarities in attitudes to inclusion in the United States of America and Australia. The preliminary aim of this study was to examine the extent to which parental perceptions of inclusion in Queensland equate to the Californian norms reported by Palmer et al. (1998a). A related issue was to examine the extent to which Californian norms extend to parents of children with autistic spectrum disorder (ASD). Although these children did not have severe intellectual disabilities, they were eligible for specialised educational services. Because they attended regular schools, "progressing" their inclusion was an issue to be resolved.

If it could be confirmed that the USA statistical values reported for PATI items were replicated in a local setting in Queensland, Australia, then the major purpose was to explore how data from that survey might be used to construct a tool of some benefit to teacher-parent communication about the child's inclusion. The question was how to bring a more productive

focus to parent-teacher discussions about inclusion concerns by constructing a profile of parental inclusion beliefs.

Method

Participants

The 10 parents in this study were members of a support group in a seaside community in south-eastern Queensland. These parents cared for 10 male children with ASD, as diagnosed by medical specialists. These children were eligible for entry to specialised educational settings within Education Queensland, having been "ascertained" as Level 5 or 6 ASD according to state assessment practices. Although two children were diagnosed as intellectually impaired (II) at Level 5 (i.e., mildly rather than severely impaired), none was diagnosed as severely intellectually impaired. Their ages ranged from 6- to 13-years-old.

An important characteristic of the 10 children selected for the Queensland study is that, like those in the Californian study, they were all eligible for entry to specialised educational settings. They differed from children in the US study in being diagnosed as mildly rather than severely intellectually impaired and in having ASD. These children attended regular Education Queensland primary schools within the capital city. They were withdrawn from the regular classroom for special educational support throughout the school week. Data were not collected, however, on patterns of withdrawal (i.e., the format of the field trial did not provide opportunities to obtain such data).

An important characteristic of this sample of parents is that inclusion was neither promoted nor discouraged in the support group. This neutral approach was nurtured by Advisory Visiting Teachers (AVTs), employees of Education Queensland, the government provider of regular and special education in the state. Thus, these AVTs did not set out to direct the views of individual parents about inclusion either one way or the other.

Measures

This study included three open-ended questions to parents that accompanied PATI. These questions were designed to probe whether the eleven PATI statements provided an exhaustive array of parental views on the inclusion of children into regular schools. Because responses to these questions did not contribute extra information, they were not reported.

Procedures

The researcher initially gave a talk to a broadly based parent support group for parents of children with ASD about the purpose of the study and the procedures to be adopted. At a subsequent meeting, the 10 parents with children who attended regular primary schools all agreed to participate in the study. The researcher distributed and read an introductory letter to these parents. Each parent signed a consent form and provided background information on their child. The researcher then gave a copy of the PATI scale to each parent, who was asked to read the instructions and to rate the level of agreement for each item. All 10 parents completed the PATI scale.

Results

Recoding of responses to positively worded items was carried out so that the size of the number reflected positive responding for all 11 items (ref., Palmer et al., 1998a). Data on the 11 items from the 10 parents were then collated and analysed in three sets of comparisons. These local data were compared to the American data. That is, Palmer's Californian sample was treated as a control group.

First, the variability of individual responses to particular items in the Queensland study was compared to that of the American sample. Second, the variability of group responses to particular items was compared with that of the American sample. Third, a simple but novel test administration key was used as a tool to identify subsets of items that differentiated between subgroups of parents in terms of their adherence to or departure from consensus.

A starting point for the three analyses was to convert the raw scores of this sample into z-scores. Subtracting the mean score from a raw score and then dividing the deviation score by the standard deviation provides a z-score. By definition, raw scores that equate to the mean score have a z-score value of zero; scores that are one standard deviation from the mean score have a z-score value of one (plus or minus). The value of this system is that it becomes easy to identify extreme scores. By convention and by assuming a relatively normal distribution, z-scores with a value of 1.96 (plus or minus) or greater have no more than 5% probability of being part of the comparison distribution.

Hence, conversion of raw or mean scores for the Queensland sample into the z-score format allows ready identification of departures from the norms reported for the American sample (see Table 2). An important aspect of this comparison is that the mean z-score for each item is

assumed to be 0.00 in the Palmer et al. (1998a) study. For purposes of comparison, this study uses the obtained z-score to calculate the mean score per item for each of the 11 items (see Table 3).

Table 2. Responses to the 11 items by the 10 participants, expressed as z-scores[a]

PATI Item Parent ID	01	02	03	04	05	**06**	07	**08**	09	**10**	**11**
A	1.39	1.59	1.54	1.47	1.15	0.86	1.21	1.16	0.85	**1.95**	1.31
B	0.26	0.26	0.24	-0.53	-0.56	0.21	-0.76	-1.69	-0.42	0.08	-0.11
C	0.26	-1.07	-1.71	-1.86	0.01	-0.43	-1.42	**-2.41**	-1.06	-1.18	**-2.26**
D	0.82	-0.41	0.89	0.81	1.15	0.86	-0.11	-1.69	0.85	-0.55	-1.54
E	1.39	0.26	0.89	1.47	1.73	**2.15**	1.21	1.16	1.49	**1.95**	1.31
F	0.26	0.93	0.24	1.47	1.73	**2.15**	1.21	1.16	1.49	**1.95**	1.31
G	0.82	0.93	0.89	0.81	-0.56	0.86	0.55	1.16	-0.42	0.70	0.60
H	0.26	0.93	0.24	-1.19	1.15	0.86	0.55	-1.69	0.22	1.33	-0.11
I	0.82	0.93	0.89	0.81	1.15	0.86	0.55	-0.26	0.22	0.08	0.60
J	0.26	0.26	0.89	0.14	1.73	0.86	-0.11	0.45	0.85	-0.55	0.60

[a]Bolded responses in seven cells, combining specific items and parents, indicate z-scores with a low probability of being part of the USA comparison group because it was an extreme score within that distribution.

Table 2 presents the z-scores for individual Queensland parental responses to each item within the context of the American study. In this first analysis, the scores of the 10 parents on the 11 items were transformed into z-scores relative to the mean and standard deviation scores reported for each respective item in the American sample. The resulting z-score represents the distance of each score from the mean for that item in the American study, with an American mean score of 0.00 and an American standard deviation score of 1.00. Inspection of Table 2 shows that most of these z-scores are well within 1.96 of American mean scores.

Table 3. Responses to items rescored as z-scores[a] based on Palmer et al.'s study

Items	01	02	03	04	05	06	07	08	09	10	11
Mean z-scores	0.65	0.46	0.50	0.34	0.87	0.92	0.29	-0.26	0.41	0.58	0.17

[a]With reverse scoring of negatively phrased items, parent ratings of 1 represent strong agreement. Hence, Queensland parents' scores above the Californian 0.00 mean indicates that scores above 0.00 show more disagreement.

Table 3 presents Queensland sample mean scores for the 11 items, computed from the 10 z-scores per item listed in Table 2. The usefulness of these scores is that they provide an additional indication of the high degree of similarity between Australian and American ratings. For instance, the mean score of 0.65 for Item 1 in the Queensland sample was not significantly different from the mean z-score of 0.00 for this item in the Palmer et al. (1998a)

study. In Table 4, the curious inversion of values allocated to response categories by Palmer et al. means that the relative "positivity" in Australian sample scores actually reflects an increased negativity. That is, with the exception of item 8 (indicating agreement with the benefits of regular classroom attendance), this group tended to be more cautious about the benefits of inclusion than were the American sample.

Table 4. Tool[a] to help interpret parental responses to PATI scale

Rating Item No.	1 Strongly agree	2	3	4	5	6 Strongly disagree
Item 1		Normal	Normal	Normal	Normal	Normal
Item 2		**Normal**	**Normal**	**Normal**	**Normal**	**Normal**
Item 3		**Normal**	**Normal**	**Normal**	**Normal**	**Normal**
Item 4		Normal	Normal	Normal	Normal	Normal
Item 5	**Normal**	**Normal**	**Normal**	**Normal**	**Normal**	
Item 6	**Normal**	**Normal**	**Normal**	**Normal**	**Normal**	
Item 7		Normal	Normal	Normal	Normal	Normal
Item 8		Normal	Normal	Normal	Normal	Normal
Item 9	**Normal**	**Normal**	**Normal**	**Normal**	**Normal**	
Item 10	Normal	Normal	Normal	Normal	Normal	
Item 11		Normal	Normal	Normal	Normal	Normal

Note. Bolding indicates that some of these cells are based on reverse-scored items.
[a]Tool is the novel test scoring key based on z-scores. Empty cells indicate extreme parental responses.

Table 4 provides a simple but novel scoring key to recode parental responses. This test administration key highlights the pattern of scores in a way that avoids the need for teachers using PATI prior to or at the start of meetings with parents to calculate the z-scores considered in Table 2. This key highlights the items where the American sample was least likely to strongly agree or least likely to strongly disagree (after reversing item scores so that strong agreement reflects the most positive perception). To facilitate judgements, one response category has been excluded from the range of normal scores for each of the items. Response categories were excluded on the basis of having the lowest likelihood of being selected by the American participants, with the probability of selection approximating a z-score of ± 1.96, calculated on the basis of American norms, a z-score equivalent to that obtained by chance in about five out of 100 testing occasions. This simplified key provides a tool that allows the test administrator, typically a teacher, to discriminate between (a) normal responses that fall within the range of shared perceptions and (b) other responses that fall outside the normal range of shared parental judgements about inclusion.

Parental responses to PATI could be identified as "*normal*" in relation to the American sample by the use of z-score transformation procedures for (see Results). Teachers working with parents of children with disabilities such as II or ASD can facilitate planning sessions that accommodate the common core of parental beliefs about inclusion in terms of parental responses to the 11 items (and 3 factors). For instance, a teacher who meets with parent B, none of whose responses differ significantly from that of the USA sample (see Table 2), could use B's responses to these items (and factors) to initiate discussions of B's typical attitudes to inclusion (e.g., reassurance about normal kind of concerns, awareness of attitudes and beliefs that are widely shared and characteristic). In short, one might expect the tool profile obtained from PATI responses to set part of the agenda for teacher interviews with the parents of children with ASD or II about instructional progress specifically and student progress generally.

Parental responses that fall outside of the *normal* response range could also be addressed. Some parents of children with either II or ASD will give responses that fall outside the normal range as defined in terms of z-scores based on the Palmer et al. study. Such atypical responses from a parent of a child with special needs might serve, therefore, as a likely indicator of, for example, home-school friction and confusion about inclusive practices used in the school. In the present Queensland sample, certain parents gave extreme responses ($z = \pm1.96$) to certain items (see Table 2). For instance, parents E and F gave strongly positive responses to Items 6 (equivalent to strong disagreement in a reverse-scored item) and 10 (equivalent to strong agreement), both related to the factor *Quality of educational services*. One might engage these parents in terms of these extreme responses to these items and to this factor. For example, are these parents being unrealistic and overoptimistic to expect that their child would get extra help or would learn better in a regular classroom? Alternatively, are they expressing a firm commitment to their child's inclusion? What are these parents' expectations about, for example, the teacher's instructional strategies and access to resources? Such extreme "outlier" responses by parents warrant dialogue about the prospects for this specific student with either II or ASD in an inclusive setting. For instance, the post-survey meeting with parent C might explore the strong disagreement with Items 8 and 11, both related to the factor *Mutual benefits of inclusion*.

Discussion

The literature suggests a consensus on values related to inclusion. Attitudinal surveys such as PATI scale provide some information about parental attitudes to inclusion, usually reported as the views of this group of stakeholders (in this case, parents). However, from a teacher's perspective, a more immediate issue is to know something about how one parent views the inclusion of a specific child. One way to conceptualise survey data as a tool for practice change is to consider how to make use of the spread of responses (scoring options) among parents and items. The prime prerequisite to measure parental attitudes to inclusion is that the scale is valid and operates reliably within a set range of conditions. The PATI scale has face validity insofar as all the items clearly reflect issues related to inclusion. More central to the present exercise was the availability of a large and culturally relevant data set. As shown in the present study, the addition of a simple key to score response distribution to the PATI scale also has the capacity to make otherwise unproductive survey data more useful to the teacher. Use of this profile can shape teacher-parent communications at a practical level.

In that respect, this study has demonstrated that it is possible to make the kind of improvements recommended by Salend (1999) if teachers use Likert-response data from questionnaires in conjunction with follow-up interviews. When there is normed data available for a survey such as PATI, then the z-score transformation procedure adopted in the administration key indicates that the profile of consensual and discrepant attitudes might supply a useful focus for discussing, reviewing, and reflecting on inclusive practice. Moreover, this "tooling up" of an attitudinal survey recognises that the range of views expressed by parents may have important implications that address these issues directly. Further investigation is needed to establish what actual value that parents and teachers obtain from the use of this administration key. The tool might be useful in initial interviews when a student enters a new classroom and might help teachers to engage parents in meaningful collaborations in ongoing practice implementation (Salend, 2002). Whether the PATI scale requires further adaptation for item clarity, ambiguity, and lay meaning (Salend, 2000) is yet another matter.

The pressure on individuals to work to a consensus may not be either a comfortable or an independent reflection of actual concerns (Salend, 1999). When a teacher conducts a follow-up interview of an individual parent participating in an educational survey, the use of a z-scored key is also a prompt to the teacher to be cautious in judgement. Two major issues

become evident with this step from teacher awareness of the general (group-based) attitudes of parents of an included child into teacher discussion with an individual parent (one parent within that group). One is the moral relativism entailed in making these judgements about what parents as a group might agree on in the way of inclusion. The other is the relevance of context to group consensus on inclusion. The former requires recognition that the agreement of parents (consensus) does not necessarily equate with good judgment. The latter requires recognition that the consensus of parents may differ from that of other stakeholders, such as teachers. Our willingness to grapple with these issues is essential if the current research climate of attitude measurement is successfully to be translated into good practice.

It is of particular interest that the deliberate shift in context encouraged by the use of impersonal and plural contexts (children, students, classrooms) can produce instances of teachers and parents disagreeing about individual items (Stanley, Grimbeek, Bryer, & Beamish, 2003)**.** Stanley et al. reported the outcome of administering a modified version of PATI, the Teacher Attitudes to Inclusion (TATI) scale, to 17 teacher delegates at a special education state conference in Queensland, Australia, in which the language of PATI was altered so that "child" became "children." The responses of these teachers as a group did not vary significantly from those of the 10 parents reported in the present study except for two items. This shift in context was important in relation to the two items affirming the likelihood of regular students benefiting or becoming friends with students with disabilities. Teachers were significantly more likely to disagree with this position than parents in their responses to these two items (4 and 8).

As stated by Stanley et al. (2003), one way of interpreting such parent-teacher differences was that parents and teachers disagree on these issues. Another was that the change in context afforded by the shift from personal to impersonal contexts produced the measurable differences. If the latter, then one might conclude that regular students are more likely to benefit from the company of "my child" than from the generic company of "students with disabilities." Likewise, regular students are more likely to become friends with "my child" than with the more impersonal "children with disabilities." It follows that such shifts in context might well have influenced the responses of parents as readily as teachers.

An associated difficulty with the Stanley et al. study was that the coincidence of shifts in the choice of stakeholders coupled with shifts in the use of context in that study, on one level, constituted an obstacle to arriving at a straightforward interpretation of the outcome.

Certainly, it would be have been better to ask either teachers or parents to answer both versions of these items as a way to partition the effect of specific context from effect of belonging to specific classes of stakeholders.

At another level, despite these shortcomings in the research design, such outcomes highlight the potential importance of context in teasing out stakeholder-related incongruities in attitudes to inclusive education. Certainly, the deliberate use of contextual variations could benefit Salend's (1999) agenda of developing tools that help teachers and parents to reflect on existing and desirable practice and to share perspectives with each other. It seems very likely that the perceptions of stakeholders might be explored effectively if the contexts for eliciting these reflections were varied deliberately. Future research could investigate further the influence of context on the attitudes toward inclusive education of larger samples of teachers and parents of students with ASD.

Conclusion

More generally, future research needs to address a variety of issues related to the issue of context if only to further the agenda of identifying precisely where, in the inclusion debate, distinct categories of groups of stakeholders agree and where they differ. In doing so, researchers need to be wary of confusing the consensus position of any group of stakeholders with moral correctness. It could well be the case, for instance, that the most well agreed attitudes and perceptions of parents in relation to inclusion may turn out to be stumbling blocks rather than a guide to good inclusive practice. In short, the step into inclusive practice has an ethical dimension. The values-based literature on inclusion attitudes made the philosophical case for the "right" to inclusion. The step from belief into action brings with it the need to address specific ethical dilemmas about classroom practice and its malleability. To the extent that Queensland [parents are already somewhat more cautious about the benefits of inclusion than are Californian parents and that Queensland teachers are more cautious again than Queensland parents, there is a need for clear communication about how the child will be included.

With respect to the PATI scale, it can be suggested that, there is a need for refined item analysis, reworking of reverse-scored items that interfere with ease of item interpretation and comparison of item data, and conversion of the rating scheme to the more generally preferred method of scoring strong disagreement as 1 and strong agreement as 6 (i.e., the higher score).

The evident relevance of PATI norms to an Australian setting and to another group of children with disabilities (ASD) does not preclude a larger investigation to improve scale validity and to renorm and "retool" the attitudinal field of items. In one sense, this study is a minor exercise based on an existing scale, in order to demonstrate a possible application from belief to practice. In another sense, the search for ways to use data from attitudinal surveys to improve inclusive practice raises some larger conceptual and methodological issues about measurement, meaning, and interpretation of stakeholder views.

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