Special education advocacy among culturally and linguistically diverse families

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As the field of special education advocacy grows and the population of students with disabilities in the United States becomes more diverse, it is crucial to understand how advocates work with culturally and linguistically diverse (CLD) families of individuals with disabilities. In this pilot study, we conducted interviews with twelve CLD advocates who worked primarily with CLD families. We found that CLD advocates faced barriers and supports in connecting with families as well as in working with families and schools. Advocates reported meeting families through informal networks. When working with families, advocates reported supports (e.g., shared cultural, parenting and family experiences) and barriers (e.g., disempowerment and limited access to education and resources). When working within the school, advocates reported two barriers: language and a deficit-based perspective. Implications for policy and practice are discussed.

Under American special education law, the Individuals with Disabilities Education Act (IDEA), students with disabilities are guaranteed the right to a free appropriate public education in the least restrictive environment. Although IDEA is a victory for all individuals with disabilities, it also created a new, legal aspect to special education. As opposed to other types of education legislation in the United States, IDEA mandates rights and safeguards for parents including the right to: (1) participate in meetings; (2) review school records; (3) obtain an independent evaluation; (4) deny consent or disagree with decisions; and (5) resolve disputes using mediation or due process (IDEA, 2004). Given these rights, parents serve as an accountability mechanism to ensure their child receives appropriate services and supports. Indeed, IDEA has an expectation for parents to advocate (Trainor, 2010).

However, the special education system can be difficult for parents to navigate (Fish, 2008). Extant research has identified several barriers to advocacy among parents of children with disabilities. For example, at Individualised Education Program (IEP, the special education document that is revised annually by the school and the parents) meetings, the school is required to offer parents procedural safeguards detailing their rights. However, the safeguards are, on average, written at the 16th grade reading level (Mandic, Rudd, Hehir, et al., 2012). In Tennessee and Illinois, the two states included in this study, such safeguards are written at 11.2 and 16.4 grade levels, respectively (Fitzgerald and Watkins, 2006). Further, historically, parents of children with disabilities have been viewed as peripheral to education (Kalyanpur, Harry and Skrtic, 2000). In addition, parents are often intimidated by the school or afraid to jeopardise relationships with the school (Fish, 2008). To overcome these barriers, parents of students with disabilities may seek an advocate with special education expertise to help them understand their child’s rights and secure services (Bacon and Causton-Theoharis, 2013).

Special education advocacy

The field of advocacy has emerged to support parents in the complex special education process. According to Trainor (2010), ‘Early disability rights literature described advocacy as the act of speaking and acting on behalf of another person or group of people to help address their preferences, strengths and needs (Wolfensberger, 1977)’, (p. 35). In the context of special education, an advocate is someone who understands the law, parent rights and education of students with disabilities (Wakelin, 2008), and who can educate and empower parents in the special education process (Mueller, 2015). Although parents themselves have played key roles in ensuring the rights of students with disabilities, many families want a formal special education advocate to support them in navigating the special education process (Wakelin, 2008).

Existing research about special education advocacy

Although there is a need for advocacy support for parents of students with disabilities, most of the extant research has focused on parents advocating for their own offspring (versus individuals advocating for other families). For example, Trainor (2010) identified four approaches of parents advocating for their own offspring: intuitive advocate, disability expert, strategist and change agent. Strategies similar to these approaches (e.g., strategist advocacy)
may also be used when advocating for other families (Burke and Goldman, 2017). However, in the limited research examining individuals advocating for other families, other strategies have also been identified, including relying on knowledge to resolve the power imbalance between schools and families (Bacon and Causton-Theoharis, 2013; Zaretzky, 2004).

Unfortunately, there has been no empirical research about special education advocates who come from culturally and linguistically diverse (CLD) backgrounds. In this paper, we define CLD to include individuals who do not belong to mainstream culture because of their identity with a minority race, ethnicity or linguistic group (i.e., minority families, Terry and Irving, 2010). Notably, CLD individuals often have multiple identities with respect to disability and culture (Erevelles and Minear, 2010). For example, given that race and income are often intertwined (Williams, Priest and Anderson, 2016) and disability is more common among families living in poverty (Emerson, 2007), the CLD families that CLD advocates work with may also include economically poor families. Although not without its limitations, this term (i.e., ‘CLD’) is considered to include a group of individuals in North American society who experience common marginalisation and challenges during interactions within the special education system (Cobb, 2014; Harry, 2008). Even though American students with disabilities reflect CLD backgrounds (Office of Special Education Programs, 2013), CLD families are largely excluded from educational decision-making (Harry, 2008) and CLD (versus White) children are less likely to receive services (Fountain et al., 2011). Therefore, advocacy supports may be even more imperative for CLD families. The purpose of this study was to examine the intersection of special education advocacy and CLD families. Given the dearth of literature about advocacy for CLD families, we dovetailed social-cultural capital theory along with extant research about CLD families of children with disabilities to frame this study.

**Theoretical framework: social-cultural capital and special education advocacy**

Social-cultural capital theory helps explain how perceived differences between families and schools lead to systemic barriers and power differentials in school and society. According to this theory, social capital (e.g., relationships and social networks) and cultural capital (e.g., material items and knowledge) enable individuals or groups to access resources (Bourdieu, 1985). In contrast, those who do not have the power and status that go along with sociocultural capital struggle to gain access to these same resources, such as high quality education (Trainor, 2010).

In a literature review about CLD parent involvement in special education, Cobb (2014) used social-cultural capital theory to examine three dimensions of parent involvement: perceptions, people (i.e., relationships) and systems. Cobb framed these dimensions in the school context, with the perceptions of CLD parents and school personnel influencing parent–school interactions. According to Cobb (2014), parent–school interactions create certain experiences of systemic processes at school, such as IEP meetings, for parents of students with disabilities. Further, Cobb identified multiple barriers to parent involvement specifically for CLD families. For example, CLD parents and school personnel may hold divergent perceptions; neglecting to recognise and respect the diversity of perspectives may lead to a deficit view of CLD parents, poor parent–school relationships and greater systemic barriers for CLD parents of students with disabilities.

Differences in social-cultural capital can be used not only to frame the experiences of CLD families but also to understand the experiences of CLD advocates. Because of the lack of social-cultural capital (e.g., greater systemic barriers in schools, deficit-based school perspectives towards CLD families) among CLD families, CLD advocates may face unique challenges in advocacy. However, CLD advocates may also bring social-cultural capital to their advocacy work by being able to relate to the experiences of CLD families. Using a cultural-capital framework, Kalyanpur, Harry, and Skrtic (2000) stated that, ‘The advocacy expectation assumes that parents share this understanding with professionals, have access to information and resources, are aware of their rights, the avenues for participation, and for redress’, (p. 127). Consistent with social-cultural capital theory, it is important to consider what CLD advocates bring to a given situation, as well as the institutional cultures (i.e., schools) in which interactions occur (McDermott, Goldman and Varenne, 2006). Specifically, CLD advocates may be able to empower families to meet the ‘advocacy expectation’ (Kalyanpur, Harry, and Skrtic, 2000). In combination, the three dimensions of parent involvement identified by Cobb (2014) and a social-cultural capital framework can be used to explore the shared experiences and relationships between CLD advocates and CLD families.

Despite a need for advocates and the potential benefit, generic approaches to connecting with families such as using parent supports groups or the formal service delivery system (e.g., schools, agencies) may not be effective with CLD populations. Some individuals, for example, may be more likely to respond to warm, personalised attention versus flyers, advertisements and other approaches (Magaña, 2000). Families may also be more likely to respond when an advocate from their own community or culture reaches out. Although one must be cautious of making overgeneralisations about CLD families, such cultural practices that connect individuals may be useful in understanding patterns of engagement and help with recruiting families (Gutierez and Rogoff, 2003).

In addition to connecting with families, there is also little extant research about the challenges that CLD advocates...
face in working with families. Harry (2008) conducted a review of the CLD family literature and identified four common barriers to parent–school collaboration: (1) cross-cultural differences in understanding the meaning of disability; (2) deficit views of CLD families; (3) cultural conflicts in transition goals; and (4) differential understanding of caregivers’ roles in the education system. When CLD advocates work with CLD families, some of these barriers may be overcome, as CLD advocates may share an understanding of culture, disability and family. Race, ethnicity and language may also be shared connections due to CLD advocates’ and families’ potential for similar experiences. For example, given a shared experience of prejudice and discrimination (Gibson, 1991), CLD advocates may bring relevant experiences and methods to advocate for CLD families. However, other challenges may remain. Although the needs of the child remain the same regardless of cultural background, services, goals and parent participation may differ (Gillies, 2013). The expectation of parent advocacy created by IDEA may not culturally align with family beliefs about the parent’s role in the educational system (Kalyanpur, Harry, and Skrtic, 2000). Other challenges to advocacy may also include language barriers and lack of translated documents (Lo, 2008) as well as deficit views of CLD families (Harry, 2008). To maximise the effectiveness of advocacy, it is essential to identify both the barriers and supports in working with CLD families.

Although we know little about CLD advocates, we know that CLD families experience unique challenges in working with schools, where the staff is often White. Such challenges may relate to practices and preconceptions about culture in American schools (Bourdieu and Wacquant, 1992). More generally, a power differential exists between schools and parents that limits advocacy (Mead and Paige, 2008). This power differential is exacerbated for CLD families as schools may perceive CLD families as less committed and less skilled at parenting and subsequently, engage in culturally unresponsive practices (Harry, 2008). For advocacy to be effective, the challenges CLD advocates face in the schools must be also identified.

**Research questions**

By understanding the perspectives of CLD advocates, we can prepare future advocates to effectively serve the diverse population of families of children with disabilities in the United States. For this study, we conducted interviews with CLD advocates in two states. Notably, the regulations in each state were very similar and aligned with the federal legislation (i.e., IDEA). For this pilot study, our research questions were: (1) How do CLD advocates connect with families?; (2) What perceived barriers and supports do CLD advocates face in working with CLD families within schools? and (3) What are the experiences of CLD advocates in working directly with schools on behalf of CLD families? Given that social-cultural capital theory drove our research questions, our findings and discussion align with the dimensions of parental involvement (i.e., perceptions, relationships and systems; Cobb, 2014).

**Method**

**Participants**

Participants included 12 graduates of the Volunteer Advocacy Project (VAP) who completed the training between 2009 and 2014 (see Table 1). Inclusionary criteria for participants included: graduating from the VAP; self-identifying as being from a CLD background and advocating for CLD families of individuals with disabilities. One participant identified herself as an African immigrant from Nigeria, five participants identified themselves as Latina—although they were from a range of countries (e.g., Guatemala, Uruguay, Mexico, Peru)—and one participant identified as an Asian American from Japan. The remaining participants identified as African American. Five of the

**Table 1: Participant characteristics**

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Nationality</th>
<th>Disability connection</th>
<th>Profession</th>
<th>Education</th>
<th>VAP site (year)</th>
<th>No. of families advocated for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel</td>
<td>Latina</td>
<td>Self-advocate</td>
<td>Social Services</td>
<td>Some college</td>
<td>Southeast (2009)</td>
<td>100+</td>
</tr>
<tr>
<td>Vanessa</td>
<td>Latina</td>
<td>Parent</td>
<td>Teacher Aide</td>
<td>Some college</td>
<td>Southeast (2011)</td>
<td>12</td>
</tr>
<tr>
<td>Shirley</td>
<td>African American</td>
<td>Parent</td>
<td>Social Services</td>
<td>Some college</td>
<td>Southeast (2011)</td>
<td>5</td>
</tr>
<tr>
<td>Claudia</td>
<td>Latina</td>
<td>Parent</td>
<td>Social Services</td>
<td>Graduate degree</td>
<td>Southeast (2012)</td>
<td>5</td>
</tr>
<tr>
<td>Mary</td>
<td>Latina</td>
<td>Parent</td>
<td>Bus driver</td>
<td>High school</td>
<td>Midwest (2014)</td>
<td>10</td>
</tr>
<tr>
<td>Inez</td>
<td>Latina</td>
<td>Parent</td>
<td>Social Services</td>
<td>Some college</td>
<td>Midwest (2014)</td>
<td>15</td>
</tr>
<tr>
<td>Meg</td>
<td>African immigrant</td>
<td>Parent</td>
<td>Homemaker</td>
<td>Graduate degree</td>
<td>Southeast (2010)</td>
<td>4</td>
</tr>
<tr>
<td>John</td>
<td>African American</td>
<td>Parent</td>
<td>Professor</td>
<td>Graduate degree</td>
<td>Southeast (2012)</td>
<td>3</td>
</tr>
<tr>
<td>Rosa</td>
<td>African American</td>
<td>Parent</td>
<td>Social Services</td>
<td>College graduate</td>
<td>Midwest (2013)</td>
<td>5</td>
</tr>
<tr>
<td>Mikaya</td>
<td>African American</td>
<td>Parent</td>
<td>Social Services</td>
<td>Some college</td>
<td>Midwest (2013)</td>
<td>2</td>
</tr>
<tr>
<td>Kia</td>
<td>African American</td>
<td>Retired Principal</td>
<td>Retired</td>
<td>Graduate degree</td>
<td>Midwest (2013)</td>
<td>8</td>
</tr>
<tr>
<td>Yui</td>
<td>Asian American</td>
<td>Parent</td>
<td>Homemaker</td>
<td>College graduate</td>
<td>Southeast (2012)</td>
<td>5</td>
</tr>
</tbody>
</table>
participants spoke English as a second language. Six of the participants were educated in the United States; the remaining six individuals immigrated to the United States. Additionally, 10 participants were parents of children with disabilities.

**Training**

The VAP (Burke, 2013) consists of 36-hours of didactic instruction, role playing and case studies. Upon completing the VAP, each graduate commits to advocating, pro bono, for four families of children with disabilities. All 12 participants attended the VAP training in-person at one of two sites. One site, where seven of the 12 participants attended the training, was located in an urban setting in a Southeastern state (i.e., Tennessee). The second site, with five participants from this study, was located in an urban setting in a Midwestern state (i.e., Illinois). Regardless of the site attended, all participants received the same content from the VAP. Topics included: evaluation and eligibility, IEPs, transition, discipline, dispute resolution, transition and assistive technology. Participants also learned about non-adversarial advocacy strategies such as record-reviews and letter writing.

**Procedures**

To explore the perspectives of CLD advocates, we used individual interviews. Data were collected from the participants in two ways: (1) an information sheet and (2) a semi-structured interview protocol. The information sheet included demographic characteristics including: age, gender, educational background, occupation, number of children with and without disabilities, number of families advocated for since completing the training, race and ethnicity.

To develop the interview protocol, we completed an extensive literature search related to CLD families (e.g., Harry, 2008; Jung, 2011) and special education advocacy (Burke, 2013; Stanley, 2015). We then developed an initial, semi-structured interview protocol with a grand tour question (i.e., ‘Walk me through the process of advocating for a family, from beginning to end’) and planned probes. For content validity, we asked experts in CLD families, qualitative methodology and advocacy to review the protocol. Upon revision, the protocol and the study were approved by the Institutional Review Board.

Participants responded to a recruitment e-mail explaining the study and inviting them to participate. We used purposive sampling with maximum variation to provide the broadest range of information to enable others to make transferability judgments (Lincoln and Guba, 1985). All participants reflected CLD backgrounds; however, participants came from diverse cultural and educational backgrounds and personal connections to disability. As such, we were able to consider commonalities and differences across participant characteristics. The sampling process continued until data saturation was reached, as indicated by redundancy of themes.

All participants chose the time and date of the interview. At the Southeastern location, four interviews were conducted in-person. The physical sites for in-person interviews included public spaces (e.g., coffee shops) and work spaces (e.g., offices or cubicles). All other interviews were conducted over the phone. Previous research has indicated that in-person and phone interviews likely yield the same results (Oltmann, 2016).

Before beginning the interview, each author introduced herself, the purpose of the study and her relation to disability and advocacy. The first author described her experiences as a special education teacher, sibling of an individual with a disability and creator of the VAP. The second author described her prior experience as a special education teacher. She also described her personal and professional relationship with the creator of the VAP and her role as the co-ordinator for the VAP at the Southeastern site. By mentioning both personal and professional experiences with disability and advocacy, trust and rapport could be built with the participants. Throughout the data collection and analysis, the authors reflected upon the potential power differential between themselves and the participants as they constructed results with participants.

The first author conducted seven interviews with eight individuals across training sites (one interview was conducted simultaneously with a married couple, John and Yui). The second author conducted four individual interviews with participants from the Southeastern site. Each interview lasted between 45 and 90 minutes. All questions on the interview protocol were asked of each participant, in addition to questions on topics that emerged from earlier interviews. The authors used a modified version of Seidman’s (2006) three-part interview through which the interviewer builds trust and double checks inconsistent statements. The authors took notes throughout each interview; in the last 10–20 minutes of each interview, the authors discussed any unclear statements. Each interview was audio-recorded and transcribed. In addition, field notes with methodological notes, theoretical notes and personal notes were written immediately following each interview. So that, participants could not be identified, pseudonyms were used in transcripts, field notes and this paper.

**Data analysis**

Constant comparative analysis and emergent coding were used to code themes in the interview transcripts as well as to triangulate multiple sources of data (e.g., field notes and interview transcripts). For example, while analysing interview responses, the authors simultaneously examined field notes. The field notes were recorded by the investigators during the interviews to document notes and observations.
such as tone, pauses, emotionality and prosody. Independently, the authors read the transcripts and field notes numerous times, familiarising themselves with the data. Using a line-by-line approach, the authors coded all text related to supports and barriers in working with families and/or the schools, as well as connecting with families. Each piece of data were compared with all other data (Creswell, 2003) as well as highlighted and notated with a phrase. Separately, the authors compared new pieces of data to previously coded data to see if the data represented a new idea or belonged to an existing code. The authors also searched for negative cases to further refine themes (Brantlinger, Jimenez, Klingner, et al., 2005).

After all of the data had been coded, the authors met to discuss the codes and came to a consensus about each code. After debriefing with one another, the authors then independently reanalysed the data. Last, the authors met again to group the revised codes into categories. Together, the authors then organised the categories into themes grounded in the data for each research question. Additionally, two peer debriefers, a student and a faculty member with experience in qualitative research, provided feedback on the representation of findings.

**Validation**
The qualitative design elements of this study were chosen to maximise the trustworthiness (Lincoln and Guba, 1985) of findings. To ensure that findings emerged from participant experiences, the authors built rapport with participants and utilised triangulation of methods and sources, peer debriefing, member checking and negative case analysis. The consistency and accuracy of the findings were established by documenting a natural history of the methodology. In this way, the findings could emerge naturally and unpredictably. Participant responses from initial interviews were used to shape later interviews. Also, multiple coders were involved in the analysis to ensure that the perspective of one did not outweigh others. Further, a list of the themes, with corresponding descriptions, was sent to each interviewee to ensure that their experiences were accurately reflected. All participants responded indicating that their opinions were accurately captured within the themes.

**Findings**

**Connecting with families**
Culturally and linguistically diverse advocates reported using community connections to identify and advocate for CLD families. Perhaps conversely, advocates reported that the formal service delivery system was a barrier to connecting with CLD families. Specifically, advocates reported that disability agencies did not connect with CLD families or educate families about available supports. Within the context of social-cultural capital theory, advocates reported that relationships facilitated connecting with families and identified existing systems as a barrier.

**Support: Community connections (relationships).** Culturally and linguistically diverse advocates reported that they identified families of individuals with disabilities using community connections. By meeting families via informal methods, advocates reported they were better able to establish trust and rapport with families. When discussing how they connected with families, all advocates reported that CLD families were referred to them by friends, church members and community members. A retired school principal, Kia, was very active in her church, which was located in an urban, economically depressed area and served primarily African American families. When asked about how she connected with families, she stated, ‘Well, it started in my church. Because I had decided to do it [advocacy] as a ministry and it just kind of, you know, spreads by word of mouth. People call me’. Inez worked primarily with Spanish-speaking families; she reported similar methods for connecting with families. When asked about how families learned about her, she stated, ‘Word of mouth. A lot of times, I get families calling me and saying ‘Can I give your number to so and so?’ and so it has been word of mouth’. Using their own community connections to meet CLD families, advocates were able to rely on relationships – a form of social-cultural capital – (Cobb, 2014) to connect with CLD families in need of advocacy support.

**Barrier: Formal service delivery system (systems).** Culturally and linguistically diverse advocates reported that formal service delivery systems (i.e., school, early intervention service providers, hospitals and clinics) often failed to reach out to CLD families. Subsequently, CLD advocates could not connect with families via disability agencies. Mikaya explained that existing agencies did not direct resources and information towards CLD families, stating ‘Sometimes, they [CLD parents] just don’t know. They don’t know where to turn. They don’t know what is even out there’. Consequently, Mikaya connected with families using informal mechanisms (e.g., word of mouth) similar to those used by other CLD advocates. Existing systems, such as schools, did not educate families about resources and services. Not receiving accessible information about their rights, many CLD families did not know the services to which their children were entitled, or that they could contact an advocate. Rachel observed:

*You go to an IEP meeting and they give them [parents] the booklet with the rights… and they just go, ‘This is for this, this, and this.’ A brief version of it. And they go, ‘You have any questions?’ How you gonna have questions of something you don’t even understand? So they [parents] just go ahead and take it.*

Consistent with Cobb’s (2014) dimensions, systems, including schools, acted as barriers to CLD advocates connecting with families.
Correspondingly, some CLD families may not realise that they need advocacy help. Field notes indicated that Inez sounded frustrated when discussing the barriers families faced in understanding their rights. Inez stated, "I have found that they really want to do what is best for their child but...they have no idea if they are not getting it from the school and they are not going out to get resources...they are not aware that their very basic rights are being violated."

The importance of knowing one's rights and the inability to rely on the school system was also emphasised by other CLD advocates. When describing barriers in connecting with families, Vanessa stated, ‘Knowing what their rights are. All that stuff we learned [from the VAP] about interacting with the school system and the process part of that...people don’t know that’. Because of this systemic barrier, a lack of connection to the formal disability service system, CLD advocates connected with families and built relationships via informal routes.

Working with families
Advocates reported that shared cultural, disability and familial experiences facilitated their advocacy for CLD families. Advocates also reported barriers in working with CLD families; such barriers included lack of access to education and disempowerment. Grounding our findings within a theoretical framework (Cobb, 2014), relationships facilitated advocacy whereas systems and perceptions were barriers.

Support: Shared experience (relationships). All CLD advocates spoke about the benefit of shared experience related to three domains: culture, disability and family values.

Shared cultural experience—Having similar cultural backgrounds with families was regarded by advocates as a support. The shared experience between the advocate and family may not be attributed to just the physical representation of race or ethnicity but rather to the shared experience of prejudice (Gibson, 1991) or having multiple identities marked by both race and disability (Erevelles and Minear, 2010). Indeed, by having a shared cultural background, the advocate–parent dyad may uniformly address some common barriers (Harry, 2008). Rachel, a Latina parent, reported the benefit of working with other Latino families: ‘With some families, it would have been harder. I don’t know how much I would have been able to do, if I didn’t have that connection’. As an African immigrant herself, Meg mostly advocated for other African immigrant parents. Although she acknowledged the cultural and linguistic differences among parents from different African countries, Meg also reported the benefits of shared culture:

"It helps that I come from the same cultural background because they feel that I understand some of the challenges that they are facing and I won’t judge them if they happened to say something wrong which is outside of the norm...I would understand where they’re coming from."

With her husband who was a native English speaker, Vanessa advocated for many CLD families. Regarding language and culture, she described that Spanish-speaking families were more comfortable with her because she spoke Spanish: ‘I see it when we get a Spanish-speaking family and they meet me and they know that I speak Spanish. They go “Oh!”’. Also, advocates discussed the common cultural stigma of disability. Claudia described relating to families regarding their understanding of disability: ‘...some cultures keep the child at home. If this is the case, be sensitive, but teach them that here, it’s not like that’.

Shared disability experience—For the advocates who were also parents of children with disabilities, they reported that a shared disability connection supported their relationships with families. Meg not only shared with families the challenges she faced in advocating for her daughter, but also comforted families by revealing that she too used an advocate. As Meg stated, ‘You feel it, you understand it. It is not going to be the same as the other person, but you are in the area. You have to understand them and feel what they are going through’. Advocates reported that shared parenting experiences enabled them to support CLD families.

Advocates also reflected that, by having similar disability experiences in navigating the school system, they could better relate to CLD families. Mary described working with a Latino mother of five children – the mother’s youngest child had autism. She described how the mother was frustrated and did not know what her rights were. Mary told the parent, ‘I had a similar situation with both of my kids because they were close in age’. Upon reflecting on this situation – field notes indicated a long, reflective pause during the interview – Mary stated, ‘When I start talking to families, I tell them “I have gone through this and what you are telling me is very similar to my story”’. By bringing their own experiences (i.e., social-cultural capital; McDermott, Goldman, and Varenne, 2006) of parenting a child with disabilities, CLD advocates reported they were creating an open relationship with families.

Shared understanding of family—Advocates reported that having a similar cultural understanding of families was also a support in working with CLD parents. Rachel explained:

"We all have one thing in common – it is the closeness of family. Family is so important, and it’s not only mom, dad, and kids... it’s a relationship that exists all year round. It’s to have the closeness of everybody right there, not all spread out – because our countries..."
are not as big. With the Africans and the Latin Americans, that is the same thing – an understanding of what family is: the protection, the support and help within family.

Meg elaborated on the importance of family especially for immigrant families: ‘I think the main thing is we don’t have family support. We don’t have family here—You’re just on your own’. By connecting with CLD families and sharing her background, Meg was able to help families feel less alone.

**Barrier: Lack of access to education (systems).** Culturally and linguistically diverse advocates reported that many of the families they worked with had little access to education and resources. Rachel expressed that families had trouble understanding their child’s disability because the school did not offer accessible resources or information. She described working with an African American couple who was committed to their son. Rachel stated,

> The mother and the father are not educated. The mother went to 8th grade. The father cannot read. So, they went into these meetings, and the people [school] knew it [the parents were uneducated] and the parents would ask them [the school] to explain things. Then the school would say ‘Well, we have done the best we can do. We don’t know any other way to explain it to you. You just have to take it home and read it’.

Culturally and linguistically diverse advocates perceived that the lack of effort from the school created additional challenges in working with CLD families. To address this barrier, CLD advocates encouraged families to ask questions, request help when they need it, and attend trainings and support groups to develop awareness. Claudia stated, ‘Teaching them [parents] to be partners is important. It’s hard, but it must be done’. CLD advocates reported that it was important to identify strategies for families to receive education and resources.

**Barrier: Disempowerment (perceptions).** Feeling that the school would not listen to their concerns, advocates cited disempowerment among CLD families as a barrier to advocacy. Mikaya reported: ‘It is hard. Some families are really timid. They don’t want to speak up in meetings and so it is hard to empower parents to talk’. Similarly, Rosa stated that empowerment was crucial in working with an African American parent:

> ... She would tell me that she knew I was right in what I was telling her. But, I could not convince her to act upon it. We would put together a plan of action, yet it was usually not acted upon. Each time she came to me, I’d advise what she could do... but there was always an excuse.

Field notes indicated a sound of exasperation in Rosa’s voice that she was unable to empower this parent to fulfill the ‘plan of action’. Other advocates also stated that disempowerment among CLD parents made advocacy difficult. One reason for disempowerment may be the cultural view of the school as an authority figure. Advocates reported that many CLD families believed that they should not challenge the school; instead, they should defer to the professionals. As reported by Claudia, ‘They [parents] tend not to question, not to say “no” – they are not accustomed to giving an opinion’.

A challenge for CLD advocates in empowering families was to re-orient the families’ perspectives of the role of the school to align with the American educational system. Through English as a second language course she taught at church, Yui met a Japanese family of a child with Down syndrome. Yui reported, ‘They [the family] feel awkward or intimidated but I have been telling them that education in American culture is different from Japanese culture. They can stand up and speak and that is ok’. Different cultural expectations of the CLD parents’ role in the educational system related to further disempowerment, creating additional barriers to advocacy.

Advocates also reported that disempowerment was prominent among immigrant families. Rachel worked with several families who emigrated from Mexico. Rachel stated, ‘There’s a lot of immigrants that are undocumented. And they feel like they don’t have any rights... they are afraid of speaking up or asking for things’. Due to previous school experiences or lack of resources (McDermott, Goldman, and Varenne, 2006), CLD advocates reported that many CLD families were disempowered; advocates thus struggled to advocate for and empower families.

**Working with schools**

Advocates reported two barriers in working with schools: language and a deficit view of CLD families. These barriers related to systems and perceptions towards CLD families.

**Language barriers (systems).** With respect to working with schools, CLD advocates reported challenges specifically when the parent did not speak English. Language barriers present even greater systemic barriers (Cobb, 2014), particularly when the school does not provide qualified translators. Previous research has documented that CLD families who do not speak English often do not have access to translation at IEP meetings (Lo, 2008). Advocates reported that, in some instances, the school did not provide translators for linguistically diverse families. Meg described a family from Rwanda; the family’s son was in 11th grade. She stated,

> They’d never had a translator in the meeting so they did not understand what their rights were. They didn’t know that they had the option of saying ‘no’ to what
was on the IEP. So, we got a translator...they are more involved now.

Even if a translator was present, families may still not understand the discourse in IEP meetings. Advocates reported that schools did not understand that simply having a translator present did not mean that CLD families understood the dialogue in IEP meetings. Reflecting on this systemic barrier, Rosa reported:

*A lot of families have very little English and it is hard to translate from English to Spanish. In Spanish, we have two languages. One is the common way [to talk] and one is the more proper way. Some families do not know how to speak the proper way... people with more education are better able to speak the proper way.*

The lack of trained translators was a systemic barrier that made it difficult for advocates to work with schools when advocating for CLD families.

**Deficit view of CLD families (perceptions).** Another barrier to CLD advocates’ work was school personnel’s perceived prejudice towards CLD families. Such perceptions (Cobb, 2014) align with previous research documenting a deficit view of schools towards CLD individuals (Harry, 2008). Consistent with this research, Meg reported that:

*There’s a lot of prejudice against us. The assumption is that we’re ignorant and that we don’t care for our kids. But we’re not – it’s just a cultural difference... there is prejudice in the school system. When I’m talking, I can see the shock on their face.*

Other CLD advocates similarly reported that schools had a negative view towards CLD families and advocates. Shirley stated, ‘Teachers think they are up here and parents are below them. No, honey. We are on the same playing field... I wish teachers would not look down on parents’. Rachel highlighted this deficit view:

*The way that some teachers will express about parents – they don’t think they can do certain things... Parents are asking for communication to know what’s going on. I feel like they’re [teachers] saying, ‘What am I going to communicate with them if they still do not understand what’s going on?’*

The deficit view towards CLD families made advocacy within the school difficult, as school team members were not treating CLD families as equal members in the decision-making process.

**Discussion**

This study identified the barriers and supports that CLD advocates report with respect to connecting and working with CLD families and schools in the United States. These findings are framed within Cobb’s (2014) dimensions of parent involvement: relationships, perceptions and systems. Our findings add to the limited knowledge about advocacy with respect to CLD advocates and the CLD families with whom they work. We had four main findings:

First, CLD advocates identified families to work with through informal (versus formal) mechanisms. CLD advocates reported that some disability organisations did not reach CLD families, resulting in limited available resources and information among these families. CLD families may be more responsive to personalised resources and information (versus generic outreach often conducted by service delivery systems, Magaña, 2000). CLD families may also want to develop a trusting relationship with an agency; because of previous experiences with discrimination, CLD families may be hesitant to engage with formal service delivery systems (Magaña, 2000). Indeed, other families (e.g., low-income families) may also have experiences of discrimination and subsequently be distrustful and detached from formal service delivery agencies. As such, formal disability agencies and service providers may want to consider the informal methods through which CLD advocates connected with CLD families. Specifically, such agencies (including schools) may want to go beyond their practices of providing parents with procedural safeguards (Bourdieu and Wacquant, 1992). Instead, agencies and schools may consider using community resources to distribute information about parent special education rights. By utilising both formal and more personalised methods to connect with CLD families and other families impacted by discrimination, formal service delivery systems may have a broader impact.

Second, although perceptions and systems were perceived as barriers, participants consistently reported that relationships facilitated their advocacy for CLD families. Such shared experiences reflect the importance of relationships (Cobb, 2014). Most research about CLD families has focused on the barriers encountered by CLD individuals. This study extended the literature by identifying a facilitator (i.e., relationships) to advocacy among CLD families. Among CLD and non-CLD families of children with disabilities, the value of relationships in the form of parent peer support has been established (e.g., Singer, Marquis, Powers, et al., 1999). Thus, relationships (i.e., parents of children with disabilities befriending other parents of children with disabilities) may facilitate advocacy among CLD and non-CLD families.

Third, CLD advocates also mentioned some barriers in working with families, including disempowerment. Notably, the CLD advocates in this study completed the VAP, were empowered to advocate, and were able to navigate the school system. Advocacy trainings may need to explicitly offer ways to increase parent empowerment.
across all contexts. A follow-up study of graduates of the VAP found that advocates performed either family-focused or school-focused activities (Goldman, Burke, Mason, et al., 2017). Co-ordinating a parent training or support group, referring a family and meeting with a family were examples of family-focused activities. This study may introduce another family-focused activity: empowering parents. Although disempowerment is a common barrier among all families of children with disabilities (regardless of race or ethnicity; Fish, 2008), given the systemic barriers and historic marginalisation faced by CLD families (Gutierrez, 1990; Harry, 2008), empowerment is especially important.

Fourth, CLD advocates identified barriers in working with schools including language and the school’s deficit-based perspective of families. Indeed, these findings are not new. Such findings support that schools may have pre-conceived notions and habits about culture (Bourdieu and Wacquant, 1992). This study extends the literature by demonstrating that such barriers are perceived to impact the effectiveness of CLD advocates. Advocacy trainings should address this potential bias that CLD families and advocates may experience in working with the schools. Additionally, given the shared experience in confronting systemic and perception-based barriers, CLD advocates may use their shared experience as social-cultural capital to develop rapport with CLD families. Thus, although some of the same barriers persist for advocates and families, the shared presence of such barriers may enable CLD advocates to better support CLD parents.

Taken together, the findings illustrate a tension between advocacy conducted by CLD parents versus advocacy conducted by formal, CLD advocates. Although there are some shared barriers in working with the school as well as shared advocate-family experiences, there are also some differences with CLD advocates being more empowered and struggling to empower CLD families. Further, some barriers for CLD families also exist for non-CLD families whereas other barriers are exacerbated among CLD families. Moving forward, it is important to alleviate shared barriers (e.g., deficit view of CLD families, lack of interpreters) and capitalise on the social-cultural capital (i.e., relationships) between CLD advocates and CLD families. Further, it is important to discern how CLD advocates become empowered – is this because they participated in the VAP? Is increased empowerment related to personality traits or coping mechanisms? By identifying how CLD advocates became empowered, such strategies may also be used to empower CLD families.

Based upon our findings and other research, it seems that, for example, non-English speaking families face unique language barriers. Additionally, immigrant families with minimal experience with the American educational system may be more likely to feel disempowered. Thus, it seems that issues of transnational and migrational parent participation matter (Aldridge and Fraser, 2000). Future studies should examine CLD subpopulations to identify unique challenges for advocates and families.

In a related vein, future research should also determine which of the identified barriers in this study are reflected among other subgroups as well as the broader parent population (i.e., CLD and non-CLD families of children with disabilities) which face systemic barriers to accessing school services. For example, future research could examine whether similar barriers exist among economically poor, rural White families of children with disabilities or whether similar barriers exist more broadly among non-CLD families. Regarding the latter, for example, it seems that CLD and non-CLD families may struggle to understand their special education rights given that such rights are written at, on average, a 16th grade reading level (Mandic, Rudd, Hehir, et al., 2012).

Also, given the importance of the shared experience between the parent and the advocate, a natural next step is to examine the impact of advocacy upon the dyad. Additional studies may include both the advocate and the parent to discern the elements of their relationship. Relatedly, intersectionality should be considered in examining advocate–parent dyads. This study indicates that shared cultural, disability and family experiences enabled CLD advocates to build rapport with CLD families. Thus, it seems that multiple minoritising identities with respect to disability and culture (Erevelles and Minear, 2010) facilitate relationships between CLD advocates and CLD families. Future research needs to uncover the effect of intersectionality by examining the cultural beliefs, practices and attitudes of the CLD advocates and the CLD families. For example, it is not known whether one type of ‘shared experience’ is more important in promoting the advocate–family relationship. Is it most important for advocates and families to share language? Culture? Disability experience? Many questions remain to be addressed in future research.

One important implication for practitioners relates to outreach methods for CLD families. From this study, it seems that more informal methods to connect with CLD families are effective. Based upon the reported lack of access to resources and information among CLD families, agencies may need to consider alternative ways to connect with CLD families. Specifically, Parent Training and Information Centres and Protection and Advocacy Agencies (i.e., federally funded US agencies intended to support families of individuals with disabilities) may want to examine their outreach methods to include informal
methods to better reach CLD families. Specifically, such agencies may want to use word-of-mouth strategies to develop awareness among CLD families that they exist and to communicate the services they provide. Additionally, as found in our study and others’ (Ortiz and Yates, 2008), agencies may rely on religious organisations to disseminate information about their services.

Consistent with the CLD literature, families and advocates faced several barriers in the school system with respect to language. Indeed, many of the barriers faced by CLD advocates related to the culture of practice within schools (Arzubiaga, 2007) – specifically, institutional cultural practices. Practitioners should be aware of these barriers and take steps to eliminate these challenges for CLD families. Such steps could include having qualified and trained translators who not only speak the language and dialect of the family, but also are familiar with special education jargon. American policy-makers should also consider these barriers when drafting the next reauthorisation of IDEA. It seems that more regulations are needed, so linguistically diverse families have qualified translators at IEP meetings.

Although this study provides important knowledge about CLD advocates and the families they serve, this study also has some limitations. First, this study only occurred in two states and we had a small sample size, with only 12 participants. A larger sample size from more states may have made our results more trustworthy. Additionally, the participants were, on average, highly educated. Also, although this study focused on special education advocacy, there may be other ways to ensure equitable services such as facilitated IEP meetings (Mason and Goldman, 2017) and parent training (Burke, 2016). Further, our study was limited to CLD families, which may have excluded other families who also face systemic barriers to advocacy. Finally, although the researchers reflected upon their positionality, it could be that a power differential between themselves and the participants affected the participant responses.

Despite these limitations, this pilot study offers a jumping off point in examining special education advocacy for CLD families conducted by CLD advocates. By understanding the experiences of CLD advocates who work with CLD families, advocacy trainings can be improved to meet the needs of these advocates and families. Additionally, we can identify the challenges and supports experienced by CLD advocates and families to ensure that all students with disabilities receive appropriate services.

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